

Health and Wellbeing Board

Monday 26 March 2018

10.00 am

Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

Membership

Councillor Peter John OBE (Chair)
Dr Jonty Heaversedge (Vice-Chair)
Councillor Maisie Anderson

Andrew Bland
Sally Causer
Kevin Fenton
Eleanor Kelly
Councillor Richard Livingstone
Gordon McCullough
Councillor Victoria Mills
Nick Moberly

Councillor David Noakes
Dr Matthew Patrick
Catherine Negus
Carole Pellicci
David Quirke-Thornton
Dr Yvonneke Roe

Leader of the Council
NHS Southwark Clinical Commissioning Group
Cabinet Member for Public Health and Social
Regeneration
NHS Southwark Clinical Commissioning Group
Executive Director, Southwark Law Centre
Director of Health and Wellbeing
Chief Executive, Southwark Council
Cabinet Member for Adult Care and Financial Inclusion
Chief Executive, Community Southwark
Cabinet Member for Children and Schools
Chief Executive, King's College Hospital NHS
Foundation Trust
Opposition Spokesperson for Health
Chief Executive, SLAM NHS Foundation Trust
Healthwatch Southwark
Southwark Headteachers representative
Strategic Director of Children's and Adults' Services
NHS Southwark Clinical Commissioning Group

INFORMATION FOR MEMBERS OF THE PUBLIC

Access to information

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Contact

Everton Roberts on 020 7525 7221 or email: everton.roberts@southwark.gov.uk

Members of the committee are summoned to attend this meeting

Eleanor Kelly
Chief Executive
Date: 16 March 2018



Health and Wellbeing Board

Monday 26 March 2018
10.00 am

Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
1.	APOLOGIES	
	To receive any apologies for absence.	
2.	CONFIRMATION OF VOTING MEMBERS	
	Voting members of the committee to be confirmed at this point in the meeting.	
3.	NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT	
	In special circumstances, an item of business may be added to an agenda within five clear days of the meeting.	
4.	DISCLOSURE OF INTERESTS AND DISPENSATIONS	
	Members of the committee to declare any interests and dispensation in respect of any item of business to be considered at this meeting.	
5.	MINUTES	
	To agree as a correct record the open minutes of the meeting held on 29 January 2018.	To follow
	MEETING THEME - PLACE AND HEALTH	
6.	FEEDBACK FROM SOUTHWARK CONVERSATION	1 - 69
	To note the initial findings from the Southwark Conversation.	

Item No.	Title	Page No.
7.	ANNUAL PUBLIC HEALTH REPORT 2017	70 - 107
	To note the Annual Public Health Report 2017.	
8.	UPDATE FROM THE CCG ON THEIR APPROACH TO HEALTH AND PLACE	To follow
	CORE BUSINESS	
9.	FIVE YEAR FORWARD VIEW - INTEGRATED PLANNING AND DELIVERY GROUP PROGRESS AND NEXT STEPS	108 - 113
	To note progress from the integrated planning and delivery group (IPDG) to develop a framework for further progressing integration across health and care in Southwark and to review the terms of reference for the Health and Wellbeing Board.	
10.	FINAL DRAFT PHARMACEUTICAL NEEDS ASSESSMENT FOR HEALTH AND WELLBEING BOARD APPROVAL	114 - 272
	To note progress made on the Pharmaceutical Needs Assessment (PNA) and to approve the final version of the PNA for publication.	
11.	JOINT STRATEGIC NEEDS ASSESSMENT 2017-18 UPDATE AND WORK PROGRAMME 2018-19	273 - 301
	To note the programme of work completed during 2017-18, agree the proposed governance structure for the JSNA and agree the proposed work programme for 2018-19.	
12.	VOLUNTARY & COMMUNITY SECTOR STRATEGY PROGRESS REPORT & ACTION PLAN 2017/18	To follow

Date: 16 March 2018

Item No. 6.	Classification: Open	Date: 26 March 2018	Meeting Name: Health and Wellbeing Board
Report title:		Feedback from Southwark Conversation	
Ward(s) or groups affected:		All	
From:		Kevin Fenton, Director of Health and Wellbeing	

RECOMMENDATIONS

That the board:

1. Note the initial findings from the Southwark Conversation, as set out in the report at Appendix 1;
2. Note that the outcomes from analysis will help to further shape the social regeneration policy framework.

BACKGROUND INFORMATION

3. In September 2017 Cabinet received a draft social regeneration policy framework and agreed a definition: “social regeneration is about ensuring that the places where people live, now and in the future, create new opportunities, promote wellbeing and reduce inequalities so people have better lives, in stronger communities and achieve their potential”. This outlines an approach to regeneration that works for all; an approach that harnesses change to reduce inequalities in a borough where people are healthy and resilient, feel connected, and there are opportunities for all.
4. Cabinet also agreed that the draft social regeneration policy framework be further shaped and used as part of the evidence for a wider conversation with residents. This was known as the ‘Southwark Conversation’.

KEY ISSUES FOR CONSIDERATION

Social regeneration and the Southwark Conversation

5. Southwark is developing a policy framework for social regeneration. This emerging framework has proposed a number of starting objectives:
 - A borough-wide approach to improving the wellbeing of current and future generations;
 - A one-Council and partnership approach with the CCG, NHS and VCS to ensure all our assets are used and aligned effectively to bring about improved wellbeing for people and places across Southwark;
 - Wellbeing as a primary outcome of all our work, whether in regeneration or across the broader work that we do together as a Southwark community.
6. The emerging framework puts people at the heart of everything the Council does, engaging with them in an ongoing process to identify priorities and co-design

solutions. In developing the framework, the Council wanted to gain a deeper understanding of what people think about social regeneration and wellbeing in the borough.

7. The Southwark Conversation aimed to engage as many people as possible to understand what they think has worked well, what we as a council and community need to keep doing and do more of, as well as what may need to change in light of the borough and world in which we live, both now and in future years.

Southwark Conversation – headline findings

8. In summary, people generally liked the approach of the Southwark Conversation and welcomed it as a way to actively engage with a wide range of individuals, communities and groups across the borough. The headline finding was that 70% of respondents were positive, either in full or part, about change in the borough.
9. Feedback highlighted that ‘getting out and about’, ‘services and amenities’ and ‘being connected’ were the top three things that most people ranked as important to their health and wellbeing. When asked to specifically talk about what makes a place a ‘good neighbourhood’, almost 60% of people cited a sense of community as the biggest single determining factor for them.
10. Appendix 1 goes into detail across a number of common themes emerging from the Southwark Conversation. Themes included housing, cleanliness and safety of streets, employment and training for young people and more generally the things that people like to do and want to see more of locally.
11. To categorise and present the key findings of the data as set out in Appendix 1, a process commonly known as ‘data reduction’ was deployed. This involves a common qualitative method of coding topics that belong to similar categories. Taking this approach for the Southwark Conversation allowed the researchers to note the most commonly-mentioned issues or views held by respondents.

Southwark Conversation – what, when, who?

12. The Southwark Conversation was launched on 19th October 2017 and ran until 24th December 2017. It involved 109 separate events including community conversations, group discussions, public meetings and other community-led activities. The Conversation generated 2,923 individual responses, representing the largest borough-wide response of its type.
13. Alongside tried and tested methods of engaging with our residents the Conversation included more innovative ways of reaching under-represented groups, for example working with Rerezent Youth radio.
14. Community groups across the borough were encouraged to lead conversations and officers commissioned a series of ‘talkaoke’ events at different locations. The talking version of karaoke, is a pop-up talk show consisting of an illuminated round table with a host sitting in the middle who facilitates the conversation with participants around the table.
15. Appendix 1 summarises the initial findings from the Conversation exercise alongside the demographic profile of respondents to the Southwark

Conversation, comparing this with the general population of the borough to highlight the level of reach and representation of response. It also sets out the methodology of the engagement and analysis of responses, as well as what people told us and what they think, grouping the responses under a series of common themes. It also highlights how people say they could be more involved in the future of the borough.

Next steps

16. This report sets out the initial findings from feedback arising from the Southwark Conversation. Given the richness and complexity of views, the analysis at this stage has focused on initial findings. Further, more detailed work is required to ensure that the analysis gives a fuller understanding of what people told us, what they think and what they would like to see more (and less) of both now and in the future.
17. This next stage of analysis will be important in the further development of the outcome measures that make up the social regeneration policy framework. This will mean that the feedback from the Southwark Conversation will help directly shape priorities for the Council's plans, actions and resources over the medium term.

Policy implications

18. This report sets out initial findings from the Southwark Conversation, as set out in Appendix 1. The feedback report explores local issues and potential solutions as suggested by local people, and gives a sense of what people think of change in the borough. It is important that these findings be triangulated with what we already know from other engagement, research, data analysis and understanding of the borough. As such, in order to ensure the findings are set out within the most appropriate context, they will need to be verified using other sources of information such as previous consultations and local data before identifying local implications or next steps.
19. The Southwark Conversation is the beginning of a co-production approach to social regeneration. The feedback will be used to shape the policy framework for social regeneration and, with that, influence council policies, projects and activities over the short and medium term.

Community impact statement

20. The engagement plan for the Southwark Conversation was designed to be inclusive of all the borough's communities and provide a range of mechanisms to provide all residents with the opportunity to engage.
21. To ensure that the community conversations were accessible to all, survey respondents were asked to provide demographic information which could be compared with the demographic make-up of the population as a whole. This exercise demonstrates that the conversation is broadly representative of the population as whole, giving high levels of confidence that it represents what most people would be likely to say. The demographic profile of those participating in the Conversation is set out within the report in Appendix 1.

Resource implications

22. There is no specific resource implication attached to reporting on the initial findings from the Southwark Conversation.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Draft social regeneration policy framework	Public Health, Tooley Street	Jin.Lim@southwark.gov.uk

APPENDICES

No.	Title
Appendix 1	Southwark Conversation feedback

AUDIT TRAIL

Lead Officer	Professor Kevin Fenton, Director of Health and Wellbeing	
Report Author	Sophie Baird, Public Health Policy Officer Jin Lim, Consultant in Public Health	
Version	Final	
Dated	13 March 2018	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team	13 March 2018	

The Southwark Conversation

Initial findings

Place Section

Southwark Public Health

2 March 2018

 @lb_southwark  facebook.com/southwarkcouncil

Please cite as: Southwark Conversation final report. Southwark Council: London, 2018.

The Southwark Conversation is a discussion with local people about change in the borough

EXECUTIVE SUMMARY

The Southwark Conversation aims to develop a deeper understanding of perceptions and experience of regeneration in the borough

The Southwark Conversation aims to include people from all of our communities

- Creative approaches were used to engage even the most-seldom heard in the borough
- Voices heard are generally representative of people in the borough

The Southwark Conversation took place over nine and a half weeks between October and December

- During this short time we received more responses and attended more events than during any other council consultation undertaken previously

There is positivity about change in the borough and a number of themes have been identified as being important to local people

EXECUTIVE SUMMARY

70% of respondents feel wholly or partly positive about change in the borough and 52% feel they have personally benefitted from change

Nine main themes were identified in the overall analysis of responses but some were mentioned more than others

Question about...	Top theme (%)
Change in the borough	Housing (28%)
How the council can improve people's experience of living in Southwark	Housing (24%)
Leading healthier lives	Transport (27%)
Supporting future generations to succeed in life	Education (35%)
Creating a good neighbourhood to live in	Community (58%)

Engagement and communication are seen as most important in actively involving local people in change

- People like the approach of the Southwark Conversation

Contents

Introduction	4
What did we do and how?	7
Who responded?	11
How did we analyse responses?	16
What did people say?	20
How could people be more involved?	45
Summary	52
Appendix	56

The Southwark Conversation is a discussion with local people about change in the borough

INTRODUCTION

Southwark is developing a new policy framework for social regeneration

- Our approach is already built into the New Southwark Plan
- The Cabinet agreed a draft version of this framework in September which was the focus of the Southwark Conversation

The Southwark Conversation aims to develop a deeper understanding of perceptions and experience of regeneration in the borough

- It asks what people think has worked well, what we need to keep doing and do more of, as well as what may need to change

Community engagement, involvement and co-production are key to the social regeneration approach

- The Southwark Conversation demonstrates the council's commitment to this
- The results of the Conversation will enable us to shape the policy framework, ensuring that everyone has a say and no one is left behind



This report aims to summarise key findings from the Southwark Conversation

INTRODUCTION

This report is a factual representation of people's responses to questions asked in the Southwark Conversation

- Questions gave people the opportunity to identify local issues and offer potential solutions in relation to change in the borough
- Responses identify which themes are important to local people

Key findings are presented both quantitatively and qualitatively

- Recurring broad themes are presented quantitatively
- Topics within these broad themes are further explored through qualitative descriptions

This report does not give any indication of how respondents would prioritise issues raised, nor does it suggest policy solutions

Contents

Introduction	4
What did we do and how?	7
Who responded?	11
How did we analyse responses?	16
What did people say?	20
How could people be more involved?	45
Summary	52
Appendix	56

The Southwark Conversation aims to include people from all of our communities

METHODOLOGY

Questions were developed for the Southwark Conversation to encourage people to speak about their lived experience in the borough

- Most of the questions were open-ended to enable a real conversation, providing rich qualitative data
- Questions were asked in person, online and by telephone

We worked to ensure that voices reflected those who live in the borough

- Outreach took place in a range of venues such as libraries, public spaces, leisure centres, shopping centres, markets and our estates to reach those who are not formally engaged
- We worked with partners to reach the seldom-heard
- The team used creative approaches to promote discussion at some of these venues

21



Slide 8

A range of methods were used to engage people in the Southwark Conversation

METHODOLOGY

Full questionnaire

- 8 questions
- Online & in person (outreach)

Residents Survey

- 5 questions from full questionnaire
- By telephone



'Workshops' & Talkaoke

- Select questions from full questionnaire
- Sometimes specific community groups
- In person

Shortened questionnaire

- 3 questions
- In person

Reprezent Radio interviews

- 3 guiding questions
- Young people in person

Communications

- Promotion of full questionnaire
- Branding
- Digital & print



The Southwark Conversation took place over nine and a half weeks between October and December

METHODOLOGY

Method of engagement	Timeframe	No. of times
Online consultation hub	19 October – 24 December 2017	Continuous
Residents Survey	16 November – 10 December	1
Engagement		
Council events	26 October – 11 December	30
Council services (libraries & leisure centres)	5 November – 16 December	12
Community groups & events	31 October – 16 December	36
Street engagement	5 November – 14 December	13
Staff engagement	24 October – 15 December	17
Communications		
Full page ads in Southwark News & Weekender	November & December	4
Feature in Southwark Life (including questionnaire)	21 November	1
Digital roadside posters	24 November – 24 December	21 locations
Feature in Southwark Life Housing	1 December	1
Print advertising*	November & December	2
Council's Social media channels	November & December	88 posts
Railing banners	December	30 locations
Poster distribution	November	300

* in Dulwich Diverter and Peckham Peculiar

Contents

Introduction	4
What did we do and how?	7
Who responded?	11
How did we analyse responses?	16
What did people say?	20
How could people be more involved?	45
Summary	52
Appendix	56

2,972 people actively responded to the Southwark Conversation

RESPONSES RECEIVED

Full questionnaire

- Total (2,164 responses)
 - Online (1,178 responses)
 - In person (909 responses)
 - Posted (77 responses)

Residents Survey

- By telephone (531 responses)

'Workshops' & Talkaoke

- Community group and in person discussions (227 people*)

Shortened questionnaire

- In person (128 responses)

Reprezent Radio interviews

- Young people in person (149 interviews)



Notes

In addition to the responses received, we have also estimated the potential reach of our physical and digital activities:

- Street outreach including attending events, passing our team in the streets or shopping centres (est. 5,146 people)
- Social and digital media (est. 8,631 engagements)

* Figure included in reach, not responses

We attended a large number of events to ensure we reached every community group

RESPONSES RECEIVED

Events	No. events	Types of event	Demographics engaged	No. people engaged
Housing Fora & TRAs	17	Council meetings	Council tenants/leaseholders	325
Community Councils	5	Council meetings	Residents	797
Patient Participation Groups	1	Health groups	Patients	13
Local events (inc. Fireworks Night)	10	Public events	Residents	605
Baby & Toddler Sessions	9	Library events	Young families	125
Schools & Children's Centres	5	Community groups	Young families	47
Tenant Council	2	Council meeting	Tenants	44
Tenant Conference	1	Council meeting	Tenants	155
Community groups & charities	18	Community groups	BME, LGBT, Pensioners	274
Homeowners' Council	1	Council meeting	Homeowners	35
Leader's Public Question Time	1	Council meeting	Residents	109
Faith groups	8	Community groups	Faith leaders & members	122
Health groups & leisure centres	9	Community groups	Health conditions	57
Youth Council	1	Council meeting	Young people	37
Other	21	Other	Residents	600
TOTAL	109			3,332

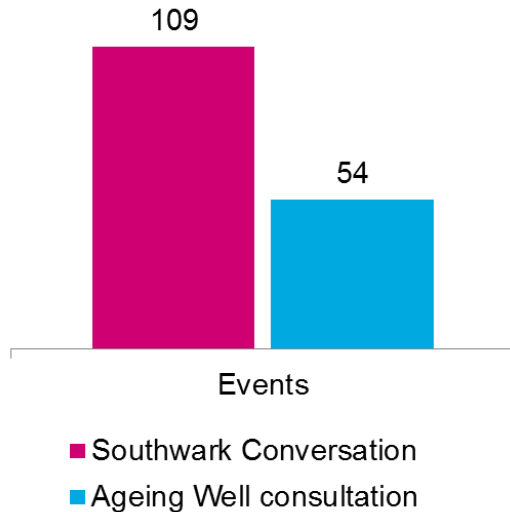
17

The Southwark Conversation is the largest ever engagement by Southwark Council

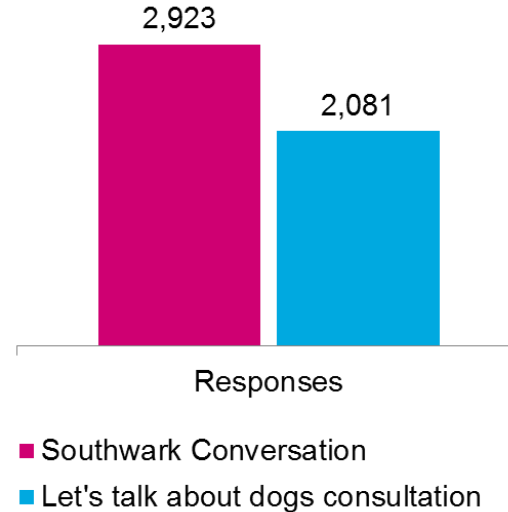
RESPONSES RECEIVED

In the nine and a half weeks of the Southwark Conversation we received more responses and attended more events than during any other council consultation undertaken previously

Comparison of events



Comparison of responses



Respondents to the Southwark Conversation are broadly representative of the general Southwark population

PROFILE OF RESPONDENTS

Demographics		Southwark Conversation respondents		General Southwark Population
		No.	%	%
Age	7-24	403	14%	30%
	25-64	2,005	68%	62%
	65+	369	12%	8%
Sex	Female	1,546	55%	50%
	Male	1,233	44%	50%
Ethnicity	White	1,621	58%	54%
	Black	719	26%	25%
	Asian	199	7%	11%
	Mixed	143	5%	7%
Income	<£20,000	447	16%	31%
	£20,000 - £50,000	754	27%	41%
	£50,000+	531	19%	28%

Note: Proportions may not tally to 100% due to non-response

Please see appendix for additional information on the demographic characteristics of respondents

Contents

Introduction	4
What did we do and how?	7
Who responded?	11
How did we analyse responses?	16
What did people say?	20
How could people be more involved?	45
Summary	52
Appendix	56

Different methods of engagement were analysed separately due to varying questions

ANALYSING RESPONSES

Full questionnaire

- 8 questions
- *2,164 responses*

Residents Survey

- 5 questions from full questionnaire
- By telephone
- *531 responses*

'Workshops' & Talkaoke

- Select questions from full questionnaire
- Sometimes specific community groups
- In person
- *227 people*

Shortened questionnaire

- 3 questions
- More quantitative
- *128 responses*

Reprezent Radio interviews*

- 3 guiding questions
- Young people in person
- *149 interviews*

Analysed together

Analysed separately

Separate report by interviewer

* Not included in this report but available on request

A thematic analysis was performed on responses to the Southwark Conversation

ANALYSING RESPONSES

All responses were collated into themes

- The nature of the questions mean there is qualitative data for all eight questions of the Southwark Conversation
- Themes were identified for all questions, nine of which are common across six of the eight questions
- Other themes are specific to each question
- Responses from questionnaires and workshops, have followed this approach

Responses were analysed by a small group of officers, led by Public Health

- All comments were coded by theme
- An interactive workshop enabled agreement of the analysis by all those involved in data collection, input and analysis

Nine main themes were identified in the overall analysis of responses

ANALYSING RESPONSES



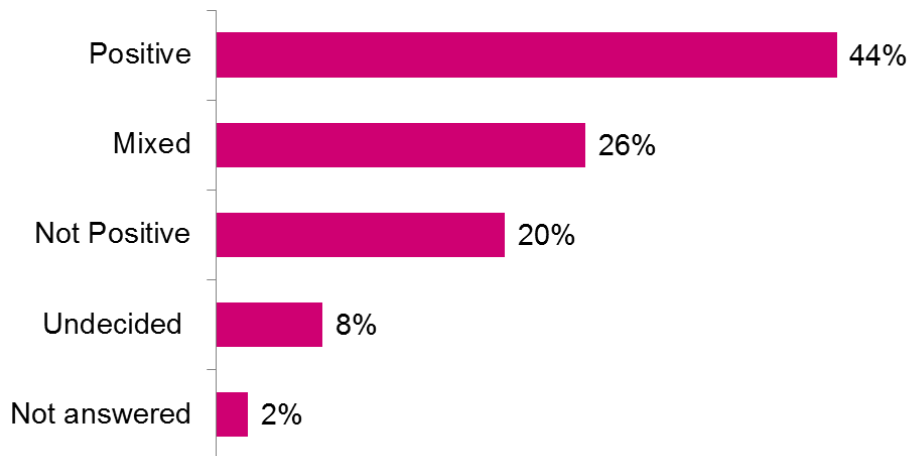
Contents

Introduction	4
What did we do and how?	7
Who responded?	11
How did we analyse responses?	16
What did people say?	20
How could people be more involved?	45
Summary	52
Appendix	56

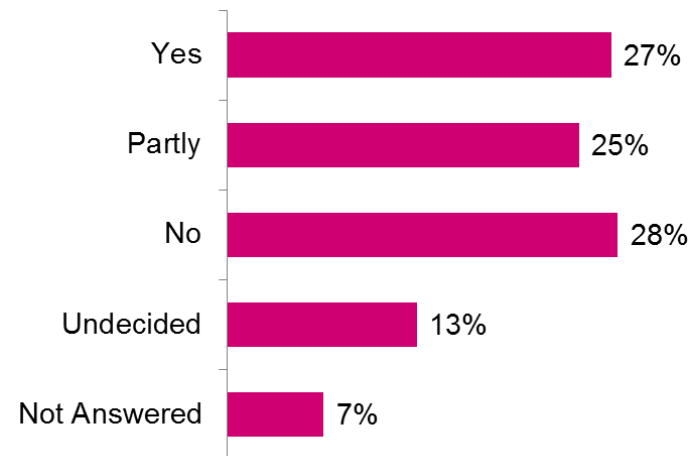
70% of respondents feel wholly or partly positive about change in the borough and 52% feel they have personally benefitted from change

WHAT PEOPLE SAID

How positive/happy do you feel about change in Southwark?

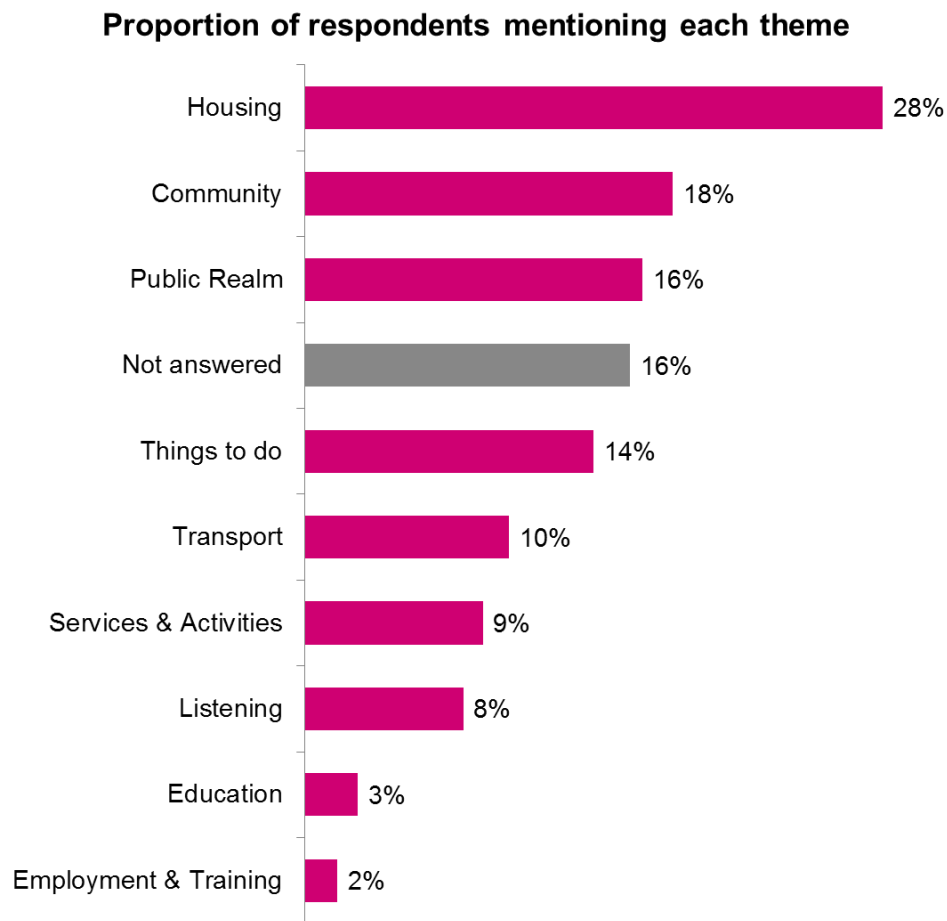


Do you think you have personally benefitted from changes in your area?



When talking about change in the borough, people were most likely to mention 'housing'

WHAT PEOPLE SAID



Q1 of full questionnaire (How positive / happy do you feel about change in Southwark?) and similar to Q1 of Residents Survey (Do you think Southwark is changing for the better and why?)

Percentages are proportions of those who were asked the question (n=2,695)

1. How positive / happy do you feel about change in Southwark?

HOUSING

28% of respondents mentioned housing

Key 'housing' topics raised were:

- Building of housing
- Affordability
- Private development and social/council housing
- Mix of housing in relation to young, single people and families
- Empty properties in the borough
- Maintenance of council housing



1. How positive / happy do you feel about change in Southwark?

COMMUNITY

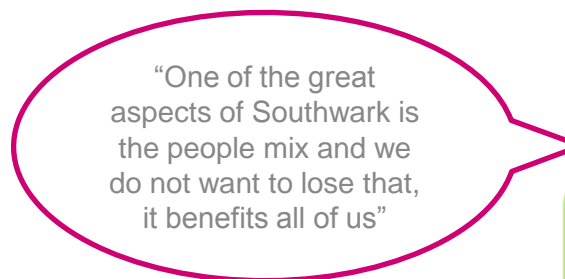
18% of respondents mentioned community

Key 'community' topics raised were:

- Sense of community
- Community identity
- Fragmentation of communities
- Diversity and vibrancy of communities
- Fear of 'gentrification'
- A changing population
- Ensuring change is for everyone



"It is visibly nice to see Southwark's changing landscape and the new businesses and homes being developed... However I can't help to think about the people who feel marginalised by these changes"



"One of the great aspects of Southwark is the people mix and we do not want to lose that, it benefits all of us"

1. How positive / happy do you feel about change in Southwark?

PUBLIC REALM

16% of respondents mentioned public realm

Key 'public realm' topics raised were:

- Green spaces
- Maintenance of open space
- Rubbish and litter
- Lighting in open areas
- Safety
- Anti-social behaviour
- Visible policing



"More social housing is needed and green spaces left alone so that people living in high rise flats have space for their families to play, grow things and integrate as party of a community, feels like community is being lost"

2. Do you think you have personally benefitted from changes in your area?

THINGS TO DO

18% of respondents mentioned things to do

Key 'things to do' topics raised were:

- Libraries, leisure centres, shops and eateries
- Affordability for local businesses
- Free Swim & Gym



“Changes to the area – such as new community and arts spaces have personally benefitted me”

“The library was not here when we moved to Peckham. I use it at least once a week and it is always packed...”

“I think that change has led to a lot of local people leaving the area, which has caused problems for my business. I fear that the area will be full of more wealthy people who won't shop here”

2. Do you think you have personally benefitted from changes in your area?

PUBLIC REALM

16% of respondents mentioned public realm

Key 'public realm' topics raised were:

- Green spaces
- Cleanliness and refuse collection
- Safety, anti-social behaviour and police stations

HOUSING

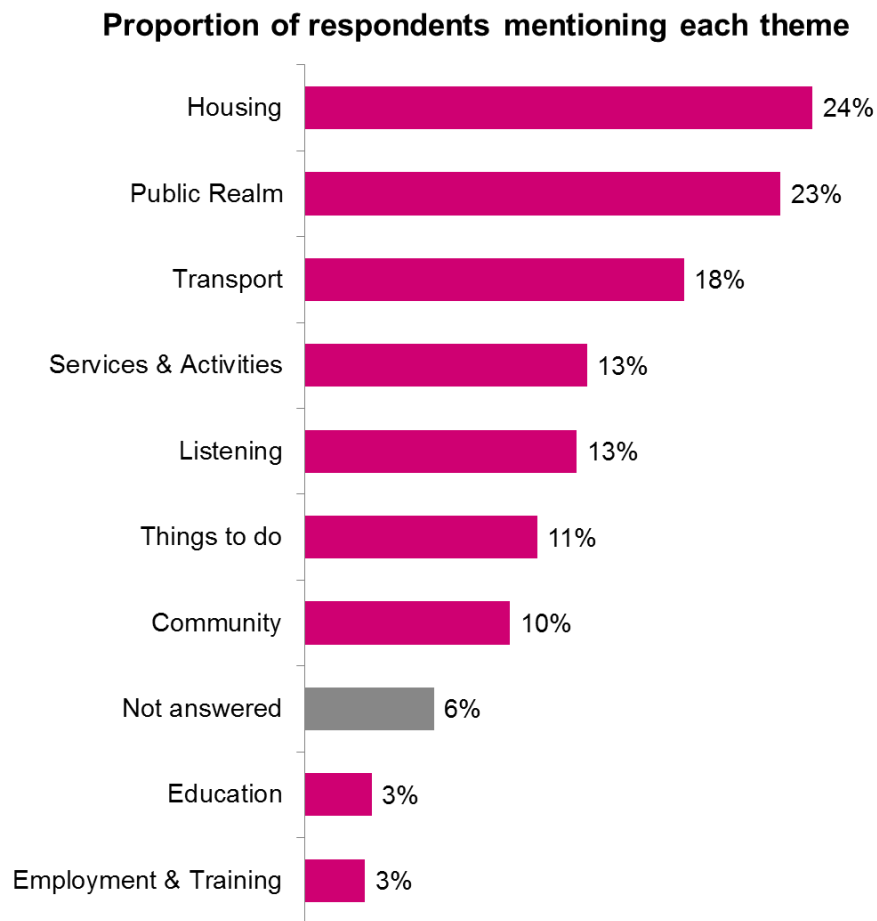
15% of respondents mentioned housing

Key 'housing' topics raised were:

- Affordability
- Aesthetics of local areas
- Availability of council housing
- Standard of housing

When talking about how the council can improve people's experience of living in Southwark, people were most likely to mention 'housing'

WHAT PEOPLE SAID



3. What can the council do to improve your experience of living in Southwark?

HOUSING

24% of respondents mentioned housing

Supply of affordable and social/council housing are of biggest concern, including:

- More affordable housing
- More social/council housing
- Better integration of people from different types of housing
- Housing quality and maintenance
- Housing for those who are less fortunate or homeless
- Empty properties

“As a single tenant in full time employment it would be really beneficial to be able to arrange appointments for repairs, visits etc. outside of standard office hours”

“I would like the council to stop buying into the term ‘affordable housing’, when there are many residents who cannot afford the properties defined as affordable”

3. What can the council do to improve your experience of living in Southwark?

PUBLIC REALM

23% of respondents mentioned public realm

Safety and cleanliness are most important and include:

- More police presence and better lighting on the streets
- Rubbish and fly-tipping
- Value and maintenance of green spaces
- Number of green spaces



“The single most important improvement in our immediate locality would be to make an irresponsible landlord, who owns a number of properties, deal with the rubbish generated by overcrowding in his properties”

“Council should look into the future of Nunhead Cemetery and how it could be improved for the benefit of local residents”

“Work to reduce petty crime”

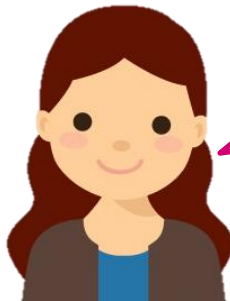
3. What can the council do to improve your experience of living in Southwark?

TRANSPORT

18% of respondents mentioned transport

Traffic and air pollution are particular issues, including:

- The link between traffic volume and air pollution
- The effect of population growth on public transport
- Accessibility of stations for the elderly and disabled
- Reduction in use of cars and increase use of public transport
- Better facilities for cycling (cycle routes and bicycle storage)
- Parking



“Reinstate the cycle scheme and/or bring Santander bicycles to this area”

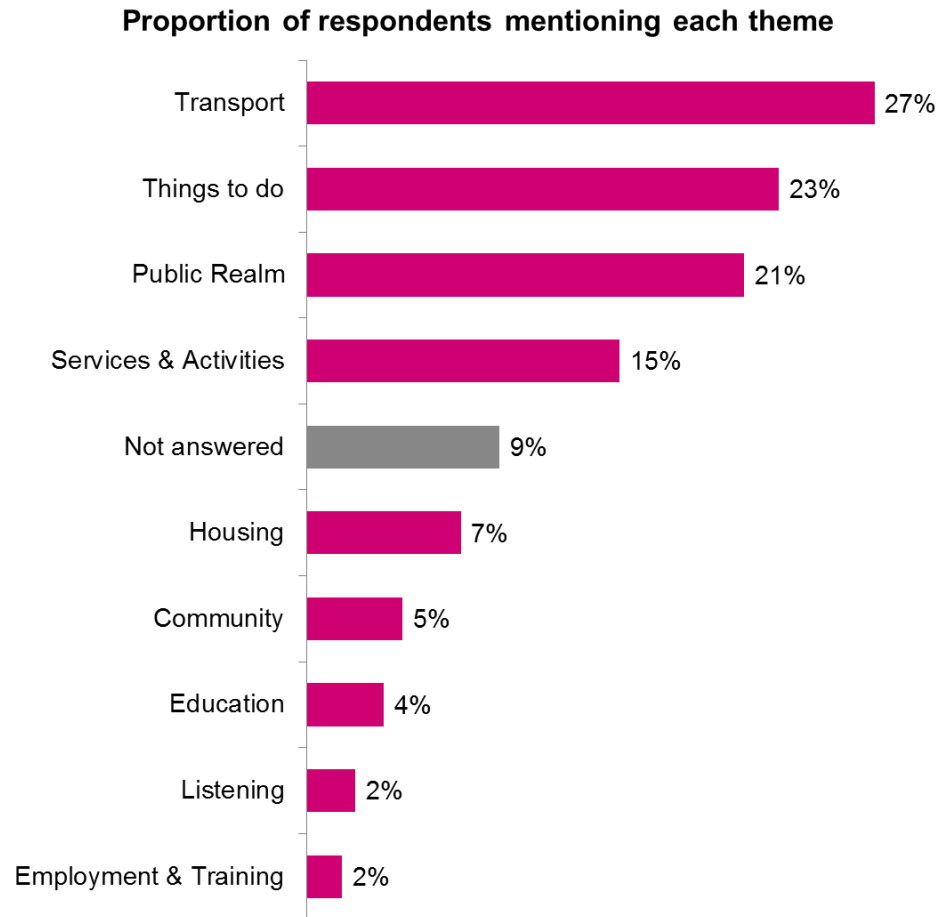
“Continue to prioritise walking and cycling at the expense of car use”

“a staffed bus shelter just made such a difference to Vauxhall - I think the Elephant needs one too”

“Whilst, I understand that efforts are being made to extend the Bakerloo line into Southwark, I do feel that the current station infrastructure could be better set up”

When talking about leading healthier lives in Southwark, people were most likely to mention 'transport'

WHAT PEOPLE SAID



4. What would help you and your family to lead a healthier life in Southwark?

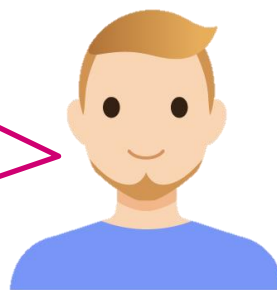
TRANSPORT

27% of respondents mentioned transport

Cycling and air pollution were popular topics in relation to healthier lives, suggesting measures to:

- Improve air quality (generally)
- Reduce air pollution specifically with more people travelling by bicycle and electric cars, as well as controlling high emissions vehicles
- Improve access to cycle hire including free cycle hire
- Improve cycling infrastructure, including safe cycling routes and bicycle storage spaces

“Dramatically reduced traffic pollution. Camberwell’s main arteries are clogged with buses, cars and commercial vehicles churning out diesel and petrol fumes”



“For me, to be able to move around Southwark streets on foot and by bicycle without the daily intimidation one receives from motor vehicles would be enormously liberating”

“please, please IMPROVE AIR QUALITY”

“Cycling has definitely increased since we moved here nearly 5 years ago...this is a good”

37

4. What would help you and your family to lead a healthier life in Southwark?

THINGS TO DO

23% of respondents mentioned things to do

Exercise and healthier eating facilities are important for people to lead healthier lives including:

- Affordable local leisure facilities and membership options
- Continued improvement to leisure facilities and opportunities like Free Swim and Gym
- More women-only swim sessions
- A greater variety of affordable and healthier food shops and less unhealthy fast food outlets



4. What would help you and your family to lead a healthier life in Southwark?

PUBLIC REALM

21% of respondents mentioned public realm

Green spaces are important to people, key themes on this topic being:

- Protecting green space as well as increasing access to more green spaces
- Ensuring parks and green spaces are safe and well maintained
- Access to a variety of outdoor activities, including allotments as well as fitness equipment in parks
- Clean and safe streets (including traffic noise and anti-social behaviour)

SERVICES / THINGS TO DO

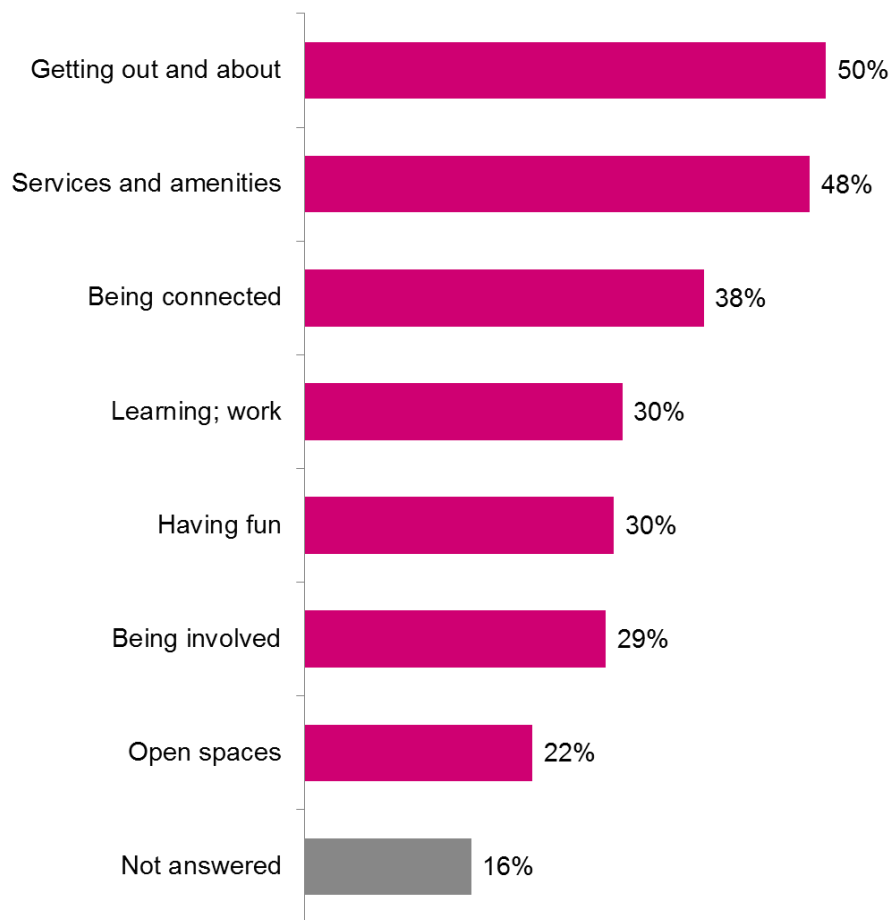
15% of respondents mentioned services/activities

People want better access to GPs and other health provision, specifically:

- Easy access to GP appointments
- Good social care facilities and support for people with disabilities
- Free childcare and/or school clubs

5. Which three things do you think are most important to your health and wellbeing?

WHAT PEOPLE SAID

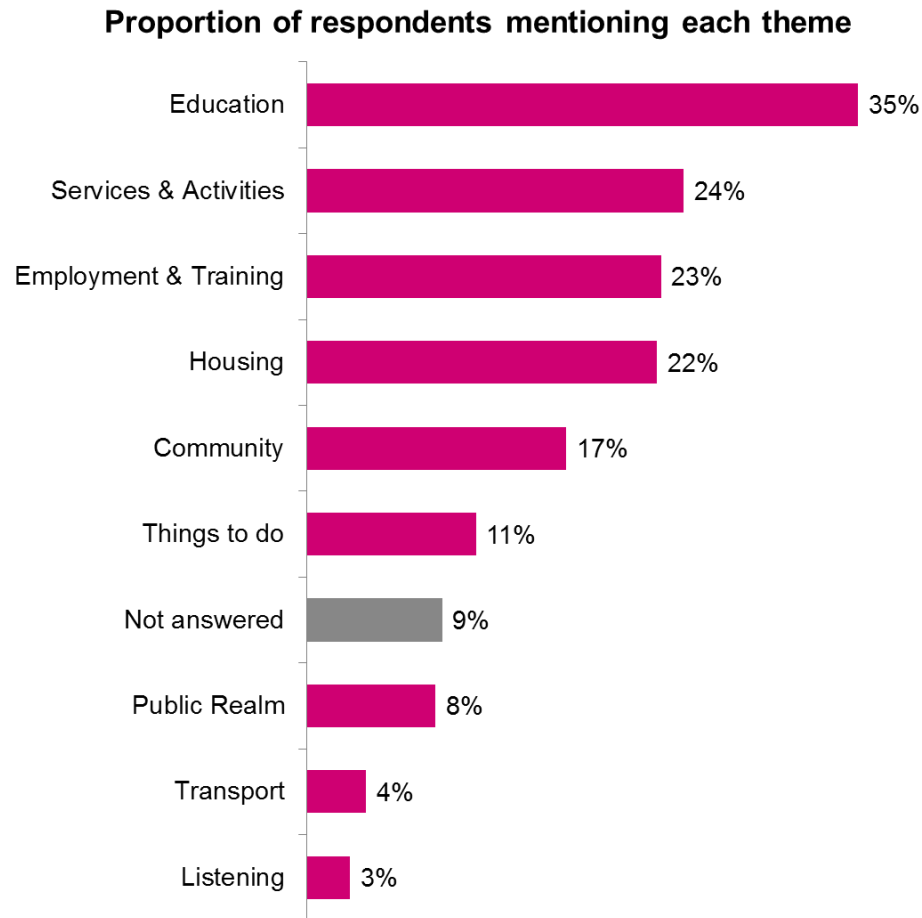


The top three responses to the question about the most important things for health and wellbeing are:

- Getting out and about
- Services and amenities
- Being connected

When talking about supporting future generations to succeed in life, people were most likely to mention 'education'

WHAT PEOPLE SAID



6. Thinking of young people and future generations, what support do you think they will need to succeed in life?

EDUCATION

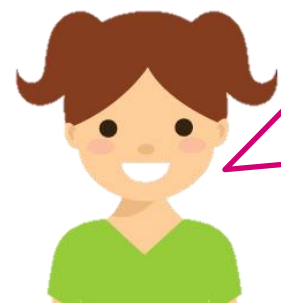
35% of respondents mentioned education

Life skills and access to education are seen as important to help young people succeed in life, with frequent comments on the importance of :

- Local, good quality schools
- Affordable higher education
- Alternative learning opportunities e.g. for vocational and life skills
- Emotional and/or mental health support provision in schools
- Careers advice and mentorship

“My short answer would be to encourage schools and further education institutions to offer more practical courses, not just GCSEs and A levels”

“School’s probably the most important. Attitudes need to change to promote everyone (especially under-represented groups including BAME and girls) into the STEM-type subjects, and getting them interested needs to start at the beginning of primary school”



6. Thinking of young people and future generations, what support do you think they will need to succeed in life?

SERVICES/ACTIVITIES

24% of respondents mentioned services/activities

Youth provision is seen as a good way to help young people succeed in life, with particular emphasis on the importance of:

- Youth services/clubs/centres
 - For extra-curricular opportunities as well as helping young people stay out of trouble
- Free activities and access to arts and culture
- Health and social care and mental health services
- Support for carers, families, school leavers and others who need it



“More places they can go in an evening – to train/learn but needs to be affordable.”

6. Thinking of young people and future generations, what support do you think they will need to succeed in life?

EMPLOYMENT & TRAINING

23% of respondents mentioned employment & training

Training and preparing young people for work is seen as very important, with frequent mention of the importance of:

- Practical training / apprenticeships and support into work (e.g. mentoring)
- Access to opportunities or training to start a business
- Local job opportunities and support for companies to create more jobs
- Reasonable wages and stopping zero-hour contracts

44

HOUSING

22% of respondents mentioned housing

Most commonly people said that for future generations to succeed in life they needed:

- Affordable, safe and quality housing
- But felt young people may have more difficulty 'getting on the property ladder'

6. Thinking of young people and future generations, what support do you think they will need to succeed in life?

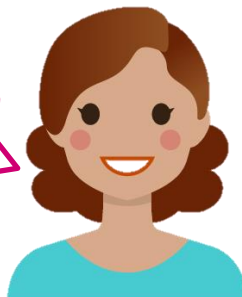
COMMUNITY

17% of respondents mentioned community

The community is felt to have a role to play in creating well-rounded individuals in terms of:

- Providing good role models for young people
- Contributing to a sense of community
- Helping to improve confidence, motivation and good citizenship through community opportunities like volunteering
- Helping to create an environment that discourages anti-social behaviour in public places

“Community – the young people need space to integrate and talk about feelings, interests and dreams”



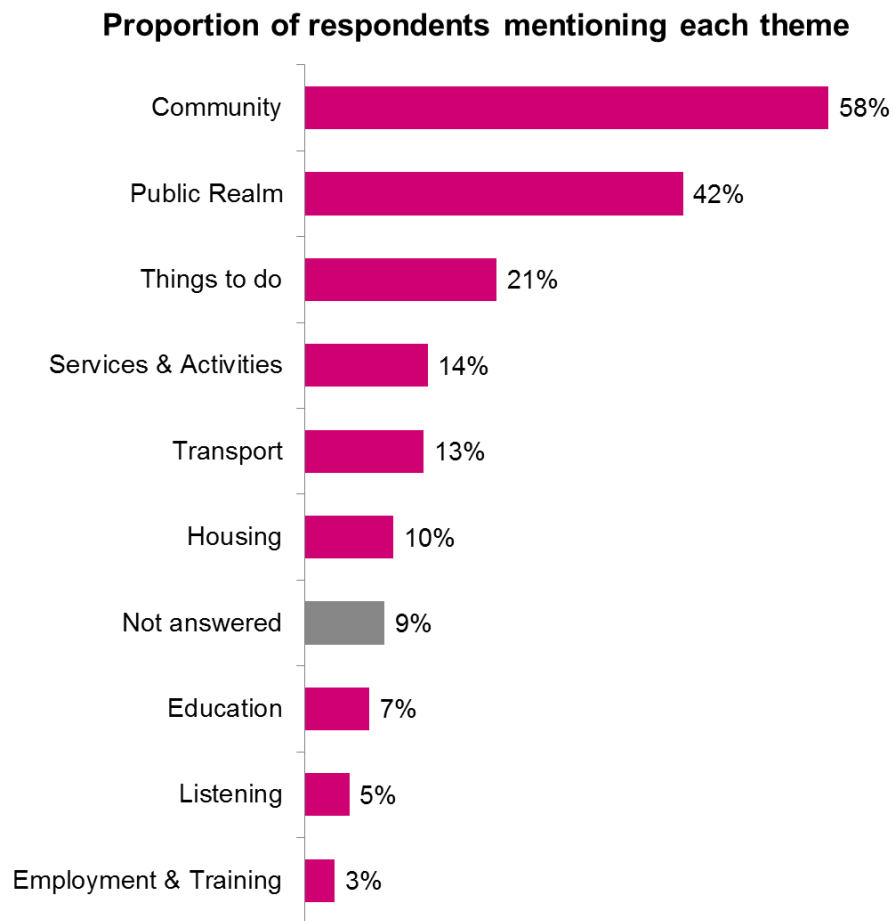
“I think young people and future generations need soft support such as good role models, good networks, and avenues for growing aspirations. But they also need tangible and basic tools to succeed, such as appropriate housing, good housing, financial security, and safe communities”

45

“Mentoring and role models, space where they can learn outside of school, more extra-curricular activities”

When talking about creating a good neighbourhood to live in, people were most likely to mention 'community'

WHAT PEOPLE SAID



Q6 of full questionnaire (In general, what do you think makes a place a 'good neighbourhood to live in?')
Percentages are proportions of those who were asked the question (n=2,164)

7. In general, what do you think makes a place a 'good neighbourhood to live in'?

COMMUNITY

58% of respondents mentioned community

A sense of community and bringing people together are very important to people including:

- Good, friendly and helpful neighbours
- Diversity and cohesive communities
- Stable communities
- Social events and activities for local communities
- A sense of pride in their area



"Community life cannot occur with people just living in their own homes. People need to meet and mingle with each other. Southwark does that well with its support for T&RA, Community Councils."

"Sense of community, neighbours that look out for each other, feeling like a part of something."

"Knowing your neighbours, inclusivity..."



47

"There's a sense of pride and ownership which encourages people to actively engage in improving their communities and surrounding."

"A mix of young and old and all races and cultures and being respectful of differences"

7. In general, what do you think makes a place a 'good neighbourhood to live in'?

PUBLIC REALM

42% of respondents mentioned public realm

People like their neighbourhoods to be:

- Clean, green and safe
- Good places for families
- Well-maintained and clean
- Safe – without crime, excessive noise or anti-social behaviour
- Visible police presence and well-lit areas

THINGS TO DO

21% of respondents mentioned things to do

People like access to a variety of things to do including:

- A range of local shops (including affordable chain shops)
- Other things to do including restaurants and bars, cultural facilities, markets, libraries and leisure centres
- Community spaces for people to meet

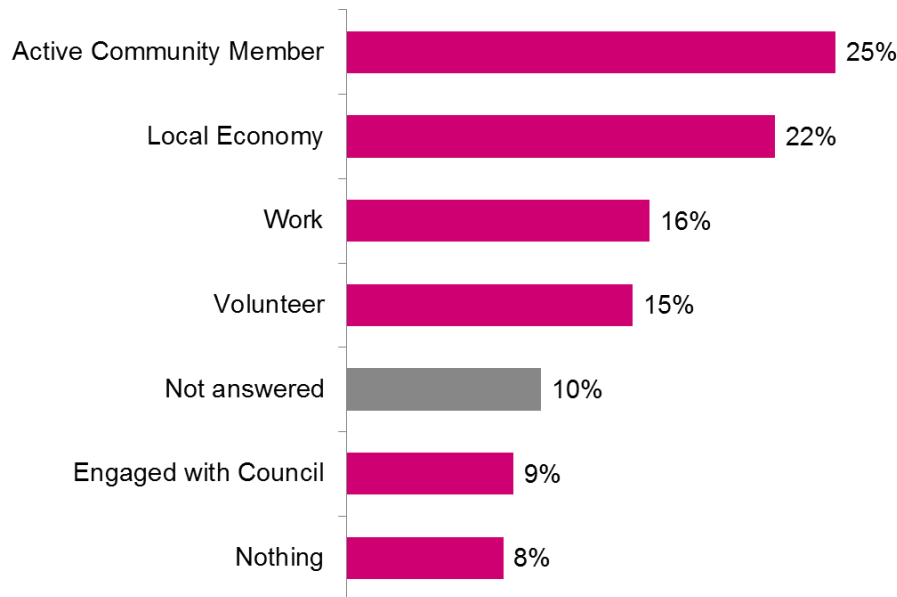
Contents

Introduction	4
What did we do and how?	7
Who responded?	11
How did we analyse responses?	16
What did people say?	20
How could people be more involved?	45
Summary	52
Appendix	56

8. What are some of the ways you are personally involved in contributing to life in Southwark?

ACTIVE INVOLVEMENT

Proportion of respondents mentioning each theme



Respondents are primarily active members of the community or contribute to the local economy

- 1 in 4 people are active members of their communities
- 1 in 5 feel they contribute to the local economy
- 1 in 6 work in the borough
- 1 in 7 volunteer

50

8. What are some of the ways you are personally involved in contributing to life in Southwark?

ACTIVE INVOLVEMENT

Over a quarter of respondents volunteer or are active members of their communities

- Volunteering primarily appears to take place in local charities and facilities, including schools, hospitals and libraries
- Some people are active members of their local housing groups and Community Councils
- Some people actively organise community events/activities or help out those around them

A fifth of people talk about their contribution to life in Southwark as using local things to do and attending local activities and events

A sixth of respondents work in the borough

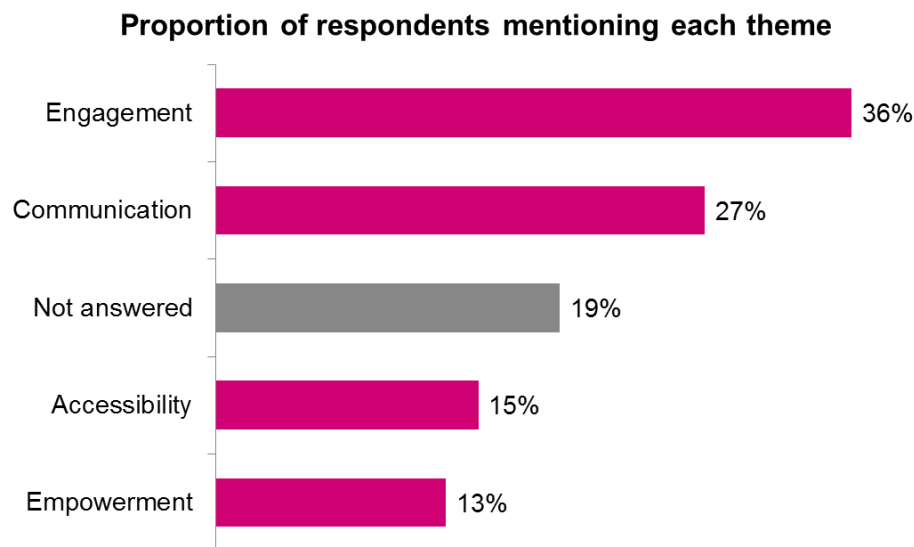
- Some work for the council or local services, a few work for charities and some are local businesses owners, while others didn't specify

9. How do you think local people could become more actively involved in the changes in their communities?

ACTIVE INVOLVEMENT

Engagement and communication are seen as most important in actively involving local people in change

- 1 in 3 people talked about engagement
- 1 in 4 mentioned communication



9. How do you think local people could become more actively involved in the changes in their communities?

COMMUNICATION & ACCESSIBILITY

26% of respondents mentioned communication

15% of respondents mentioned accessibility

Suggestions for strengthening Council engagement include:

- More and different types of consultation or engagement (including digital)
- Better, clearer communication and information including:
 - advertisement of council meetings / consultations / community funding schemes
 - feedback to all local people, not just those who attend meetings
- Wider access to Council meetings (frequency, time and locations)



I would love community groups to be more child friendly. At present I have to look after children, so my voice isn't heard"

"Support networks and inclusion – buddying to help individuals invite other individuals and 'go with' them to events"

"Replace community councils with something more welcoming and accessible to a far wider range of people"

9. How do you think local people could become more actively involved in the changes in their communities?

ENGAGEMENT

34% of respondents mentioned engagement

Other people think it's important to reach out in other ways:

- More effective use of community groups and events can help further our reach into the community
- Link in with and support other organisations to ensure no duplication
- A number of people have suggested taking a problem to the community rather than a solution
- People have applauded the Southwark Conversation in response to this question and more than 700 people have signed up to stay involved in the Southwark Conversation
- Some mentioned the idea of incentives



"I did not realize how important it is that we take part in these consultations/talks and that my views are valid."

"I did not realise that I do also impact on the area that I live in. I am very happy that I have been able to contribute and will do so in the future."

"Better technological solutions for feedback, with acknowledgements (even rewards) for being involved in community development"

54

9. How do you think local people could become more actively involved in the changes in their communities?

EMPOWERMENT

12% of respondents mentioned empowerment

Suggestions to help people feel empowered:

- Check people feel listened to
- Provide clear feedback on actions after consultation
- Involve people through volunteering and organising local stakeholder events

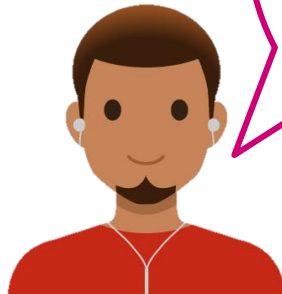
“To get passive people more involved you could appeal on a level of interest... A karaoke night would get me motivated, and my wife, a cooking competition. Integrated into such activities would come your engagement exercise.”

“Put on activities which promote well-being. Activities which support living in the community.”

“People need to be aware of opportunities to participate in initiatives and encouraged so that they believe their participation with ‘make a difference’ not only to the community but to themselves”

“If people are shown how they can make an impact it would be a good way to get people involved”

“Perhaps by bringing proposals/issues out for discussion into local areas when people are about”



Contents

Introduction	4
What did we do and how?	7
Who responded?	11
How did we analyse responses?	16
What did people say?	20
How could people be more involved?	45
Summary	52
Appendix	56

The Southwark Conversation has engaged a range of people from across the borough

SUMMARY

The Southwark Conversation is a discussion with local people about change in the borough

- It aims to develop a deeper understanding of perceptions and experience of regeneration in the borough

The Southwark Conversation aims to include people from all of our communities

- Creative approaches were used to engage even the most-seldom heard in the borough
- Voices heard are generally representative of people in the borough

The Southwark Conversation took place over nine and a half weeks between October and December

- During this short time we received more responses and attended more events than during any other council consultation undertaken previously

People like the approach of the Southwark Conversation

There is positivity about change in the borough and a number of themes have been identified as being important to local people

SUMMARY

70% of respondents feel wholly or partly positive about change in the borough and 52% feel they have personally benefitted from change

Nine main themes were identified in the overall analysis of responses but some were mentioned more than others

Question about...	Top theme (%)
Change in the borough	Housing (28%)
How the council can improve people's experience of living in Southwark	Housing (24%)
Leading healthier lives	Transport (27%)
Supporting future generations to succeed in life	Education (35%)
Creating a good neighbourhood to live in	Community (58%)

Engagement and communication are seen as most important in actively involving local people in change

- People like the approach of the Southwark Conversation

The Southwark Conversation provides rich insight but should not be viewed in isolation

SUMMARY

This report explores local issues and potential solutions as suggested by local people

- It gives a sense of what people think of change in the borough but does not allow respondents to prioritise the issues that are of greatest importance to them

Findings should be triangulated with what we already know

- Findings should be verified using other sources of information such as previous consultations and local data before identifying local implications

The Southwark Conversation is the beginning of a co-production approach to social regeneration

Contents

Introduction	4
What did we do and how?	7
Who responded?	11
How did we analyse responses?	16
What did people say?	20
How could people be more involved?	45
Summary	52
Appendix	56

Appendix

Demographic profile of respondents

Southwark Public Health
Southwark Community Engagement

 @lb_southwark  facebook.com/southwarkcouncil

Please cite as: Appendix to Southwark Conversation final report. Southwark Council: London, 2018.

It is important that the feedback collected during the Southwark Conversation was representative

INTRODUCTION

This appendix compares the demographic profile of respondents to the Southwark Conversation with the general population of the borough

- Ensuring our respondents are representative gives us confidence that the response reflects the general view in Southwark and crucially, that we have not neglected the views of any particular group

This demographic covers the following demographics:

- Age
- Gender
- Ethnicity
- Religion / belief
- Household income
- Education
- Place of residence (by Community Council area)
- Housing tenure
- Disability

Respondents to the Conversation are presented in blue and the general population of Southwark in grey

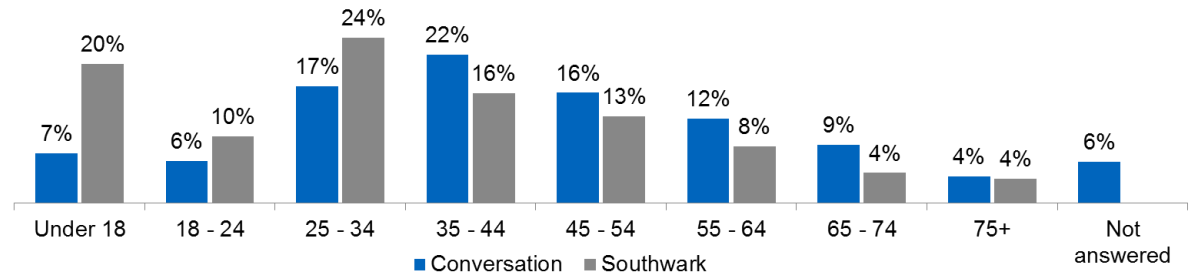
- The demographic information is based on respondents of the online questionnaire, the shortened questionnaire and the Residents Survey but does not include those who participated in workshops

Age and gender of respondents

DEMOGRAPHIC COMPARISONS

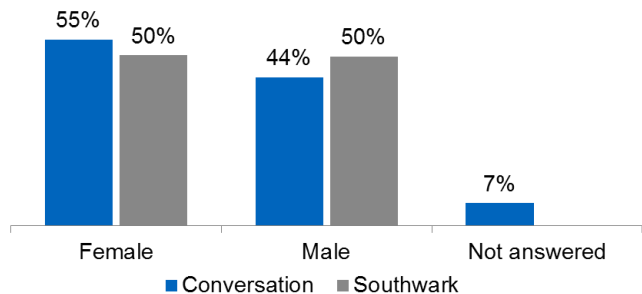
Age

Fewer under 35's responded to the Southwark Conversation but age follows a similar pattern to the general Southwark population. The youngest participants were 7 years old.



Sex

More women responded to the Conversation than men, following a similar pattern to many online consultations.

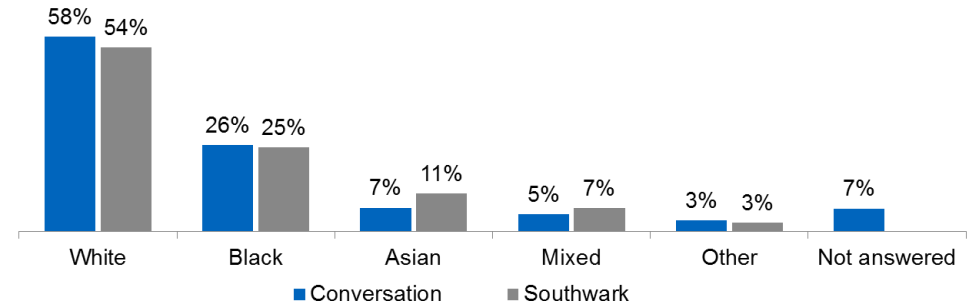


Ethnicity and religion / belief of respondents

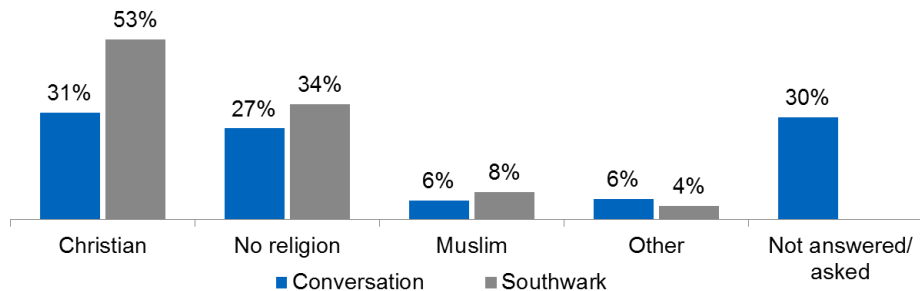
DEMOGRAPHIC COMPARISONS

Ethnic group

All ethnicities were well-represented in respondents to the Southwark Conversation.



Religion / belief



The data indicates a large under-representation of people of a Christian religion but follows a similar pattern to the general Southwark population. Nearly a third of respondents did not answer or were not asked this question.

Data sources of comparators:

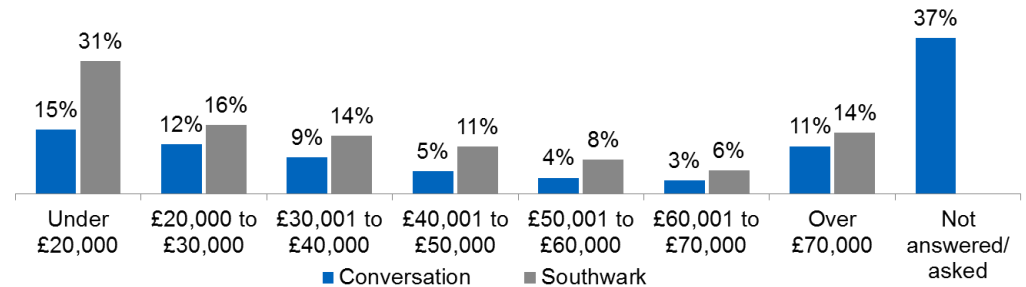
[GLA, 2016-based ethnic group population projection](#); [GLA 2011, Percentage of Population by Religion, Borough](#)

Income and education level of respondents

DEMOGRAPHIC COMPARISONS

Household income

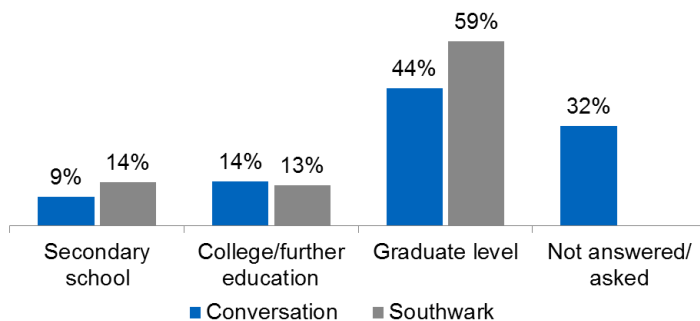
The data indicates a large under-representation of households with a low income but follows a similar pattern to the general Southwark population. We don't have household income data for a large proportion of respondents.



65

Educational achievement

The data indicates an under-representation of those with at least graduate level education but follows a similar pattern to the general Southwark Population. A third of respondents did not answer or were not asked the question.



Data sources of comparators:

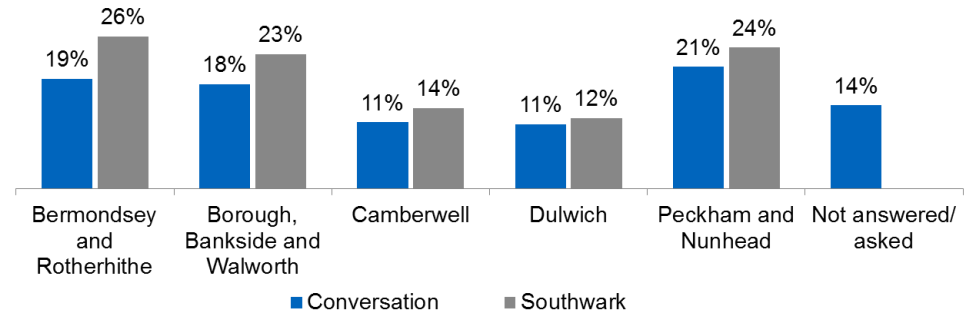
[Southwark Council 2015, Southwark Key Housing Data](#); [Nomis 2016, Labour Market Profile](#)

Place of residence and housing tenure of respondents

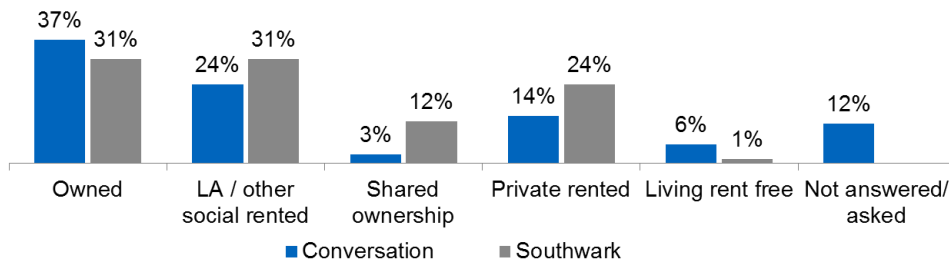
DEMOGRAPHIC COMPARISONS

Community Council area

There was a fairly even distribution of respondents from different Community Council areas.



Housing tenure



Those who own their own home were slightly over-represented in respondents. Reaching people in the private rented sector remains a challenge but this data may also be linked to the age of those who responded; a higher proportion of under 35's live in the private rented sector.

Data source of comparator:

[ONS, Ward Level Mid-2016 Population Estimates](#); [Southwark Council 2015, Southwark Key Housing Data](#)

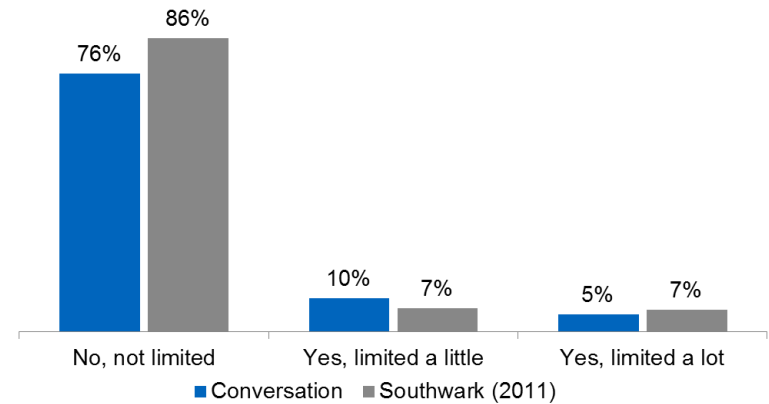
Disability status of respondents

DEMOGRAPHIC COMPARISONS

Limitations to daily activities

Fewer respondents are without a disability than the general Southwark population.

N.B. The only available data for the general Southwark population is from 2011, so may not accurately reflect the current picture.



In general, the final distributions are encouraging and suggest a broadly representative sample

FINDINGS

During comment collection, we undertook an interim comparison to get an understanding of which groups were under-represented

- We took corrective action through
 - Targeted street interviews
 - Targeted digital marketing
 - Targeted consultation events

 - Progress made to reach those identified in the interim report can be seen below
- | | |
|--|---|
| - Males | ✓ |
| - People under the age of 35 | ✓ |
| - The black population | ✓ |
| - People in Bermondsey & Rotherhithe | ✓ |
| - Those with a household income of less than £20,000 | ✓ |
| - Those in social and private rented housing | ✓ |



CONTACT DETAILS

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Acknowledgements: Nora Cooke O'Dowd, Public Health Analyst
Sean Backhurst, Programme Manager
Jess Leech, Community Engagement Manager
Sarab Atwal, Marketing Officer

Approved by: Kevin Fenton, Director of Health & Wellbeing

Item No. 7.	Classification: Open	Date: 26 March 2018	Meeting Name: Health and Wellbeing Board
Report title:		Annual Public Health Report 2017	
Ward(s) or groups affected:		All wards	
From:		Professor Kevin Fenton, Director of Health and Wellbeing	

RECOMMENDATION(S)

1. The Health and Wellbeing Board are invited to:
 - Note the Annual Public Health Report 2017.

BACKGROUND INFORMATION

2. The Health and Social Care Act 2012 places a statutory requirement for Local Authority Directors of Public Health to report on the health of the local population, and for Local Authorities to subsequently publish that report.

KEY ISSUES FOR CONSIDERATION

3. The attached document is the independent report of the Director of Health and Wellbeing (incorporating the role of the Director of Public Health), published on 13 March 2018, and intended to cover the period January to December 2017.
4. The report is provided in three parts:
 - Part A provides a thematic review of the importance of place in shaping health and addressing inequalities;
 - Part B takes the form of a statistical bulletin that reviews the current state, recent achievements and next steps for childhood obesity, sexual health, mental health, long-term conditions and air quality;
 - Part C is a compilation of additional resource including a specially developed video that showcases the history of public health in Southwark and explains how public health will engage in shaping regeneration for healthier and happier lives in the years ahead (see Appendix 2). Additional slide resources and infographics will be added to the website in due course.
5. The report makes five recommendations to be taken forward in 2018/19:
 - Leadership: Develop and enhance cross-council governance, partnership and communication opportunities on social regeneration efforts to raise awareness, facilitate collaboration, and encourage more systematic evaluation of the opportunities and impact of urban renewal to improve health and wellbeing, reduce inequalities and improve life chances.

- Strategy: Ensure local health and wellbeing plans are in place for all major regeneration efforts taking place across the borough and that these are developed through wide engagement with local communities and stakeholders.
 - Evidence-based policy: Further accelerate the use of local health, social and other relevant data into local planning decisions to ensure that a more comprehensive understanding of the wellbeing needs and potential health and inequalities impacts are considered.
 - Monitoring and Evaluation: Develop a standard set of key indicators for social regeneration, working collaboratively with a wide partners including local communities, to guide the evaluation of all urban renewal projects in the borough.
 - Partnership: Develop and maintain robust governance, communication and other opportunities to support community participation and to engage key stakeholders on the Council's progress on social regeneration and identify opportunities for collaboration.
6. We provide updates within the Statistical Bulletin on demography in Southwark, highlighting the borough's diversity, that the population will grow 20% over the course of the next decade and that important inequalities remain. Childhood obesity remains a particular challenge for public health in Southwark and in the last year we've undertaken a wide range of work on the back of our obesity strategy: we've worked closely with planners and received a number of accreditations and awards. While we report some of the highest rates of sexually transmitted infections (STI) in the country, the trajectories on both new STI diagnoses and HIV are improving. Poor mental health afflicts many of our residents and our rates of suicide are among the highest in London. In 2017 we developed strategies for mental health and for suicide and 2018 will see the implementation of our plans. We are working closely with our NHS partners to better understand and meet the need arising from long term conditions. Air quality has been another area of work where the council has undertaken analysis and built air quality into policy through its New Southwark Plan. We have worked with schools and other partners in an effort to mitigate the risks that air quality present.
7. Within the statistical bulletin we have identified a number of key areas for work in 2018/19 among which are commitments to:
- Collaborate with Guy's and St Thomas' Charity, local faith groups and other council departments to deliver sustainable, community-driven interventions around obesity and multiple long term conditions.
 - Develop a new sexual and reproductive health strategy in partnership with Lambeth and Lewisham.
 - Work with NHS Southwark Clinical Commissioning Group and partners across the council to more closely integrate physical and mental health in Southwark in connection with the Southwark Bridges to Health and Wellbeing model.

- Pilot a digital NHS Health Check and improve uptake and health outcomes.
 - Promote School Travel Plans and increase the number of local schools attaining Transport for London's STARs Silver or Gold accreditation each year.
8. A communications plan has been developed the materials have been disseminated across council platforms and with strategic partners. Further engagement will take place following purdah (commencing 27 March 2018).

Community impact statement

9. The report identifies a range of public health priorities, and for each considers the inequalities (including both protected and non-protected characteristics) that arise.

Resource implications

10. No further resource is required.

Legal implications

11. This report fulfils the Director's responsibility to report annually on the state of public health in Southwark.

Financial implications

12. None.

Consultation

13. None. This report is a statutory requirement and an independent responsibility of the Director of Public Health.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
The Report of the Director of Public Health 2016	Southwark Public Health Directorate	Richard Pinder 07825 693 831
Link: http://www.southwark.gov.uk/health-and-wellbeing/public-health/for-professionals?chapter=2		

APPENDICES

No.	Title
Appendix 1	Southwark APHR 2017 interactive 20180312.pdf
Appendix 2	Healthy People in Healthy Places – APHR Video, reachable via youtube.com/user/southwarkcouncil

AUDIT TRAIL

Lead Officer	Professor Kevin Fenton, Director of Health and Wellbeing	
Report Author	Richard Pinder, Consultant in Public Health	
Version	Final	
Dated	13 March 2018	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	Yes	NA
Date final report sent to Constitutional Team	13 March 2018	

Healthy People in Healthy Places

Annual Public Health Report of the
Director of Health & Wellbeing 2017

Tap here to
go to contents >>>



Foreword from the Director of Health & Wellbeing

Each year, Directors of Public Health in local authorities across England fulfil a statutory requirement to write an annual report on the health of their population. The Annual Public Health Report (APHR) is a vehicle for informing local people about the health of their community, as well as providing necessary information for decision makers in local health services and authorities on health gaps and priorities that need to be addressed. It is often an extremely powerful tool both to engage with local communities and fellow professionals in public health, health and social care.

Since starting as Southwark's Director of Health and Wellbeing in April 2017 I have had the privilege of working across the Council and alongside a range of healthcare, community, business, academic and other partners to help ensure that the health and wellbeing of current and future generations of Southwark's residents are at the centre of everything we do. Our public health team have identified five overarching priorities in support of the [Council's Fairer Future for All](#) promises: social regeneration; providing effective and high quality care for all; improving health outcomes; making health everyone's business; and investing in our staff. Today, our work is underpinned by three core values: tackling inequalities; promoting effective partnerships, and using data and evidence to inform practice and policies.

With this renewed strategic focus and streamlined approach to our population health priorities, the past year has seen a strengthening of our visibility and relationships across the Council. We now have innovative and robust partnerships with colleagues in Education, Planning, Social Care, Regeneration, Culture, Leisure, the Environment and Communities. We have

strengthened our work with the Southwark CCG, local health providers, and the wider primary care family. And we are increasingly working alongside local businesses and communities to tackle a range of issues including mental ill health, food poverty, and social regeneration. These partnerships form the cornerstone of our [health in all policies](#) approach and address to the fundamental truth that [health](#) is much more than healthcare, but a state of complete physical, mental, social and spiritual wellbeing.

This year's APHR provides an opportunity to reflect on our collective progress in improving health and tackling inequalities in Southwark over the past year. The report's theme, "Healthy People in Healthy Places", reflects Southwark's commitment to place individual and community wellbeing at the heart of its efforts to revitalise communities. From major regeneration projects currently planned or underway across the borough, to efforts to create healthier high streets, place matters. We now have unparalleled opportunities to be global exemplars in leveraging regeneration efforts to fundamentally change our borough's health profile, including improving increasing healthy life expectancy and reducing the wellbeing gap, for new and existing communities.

Our "Healthy People in Healthy Places" report is in three parts. In Part A we provide a thematic review of the importance of place in shaping health and addressing inequalities. We identify a few key recommendations to our system partners to help accelerate our progress on place shaping for health in the year ahead. In Part B, we provide a statistical bulletin which builds upon the comprehensive review of our community health profile covered in our [APHR 2016](#). This section focuses on a

few areas where we have made good progress in the past year, but where further action is required. Part C includes links to key resources on health and wellbeing in the borough including our new APHR video, PowerPoint slides, with links to other data and intelligence tools and resources. We will be adding new infographics to this resource pack in the coming months.

In summary, this year's report sets out where we will focus our efforts over the next year, from prioritising place shaping for health and wellbeing and relentlessly striving to address the borough's key health priorities, to improving the ways in which we communicate, engage and work with partners and local communities, and providing useful and innovative tools to inform decision making. In all of this, we will be engaging further with stakeholders including and beyond the traditional realms of healthcare, ensuring the most effective use of our resources, tailoring our support to where we can have the greatest impact, and pushing for even greater influence where it matters most.



PROFESSOR KEVIN FENTON MD PhD FRCR
Director of Health and Wellbeing
incorporating the role of Director of Public Health

March 2018

Acknowledgments

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Contents

[Foreword](#) from Professor Kevin Fenton 3

[Part A: The Report](#)

[Healthy people in healthy places](#) 5



Tap on a chapter to jump pages...

[Part B: Statistical Bulletin](#) 12

Demographics 14

Childhood obesity 19

Sexual health 21

Mental health 23

Long term conditions 25

Air quality 27

[Part C: Media and Resources](#) 32

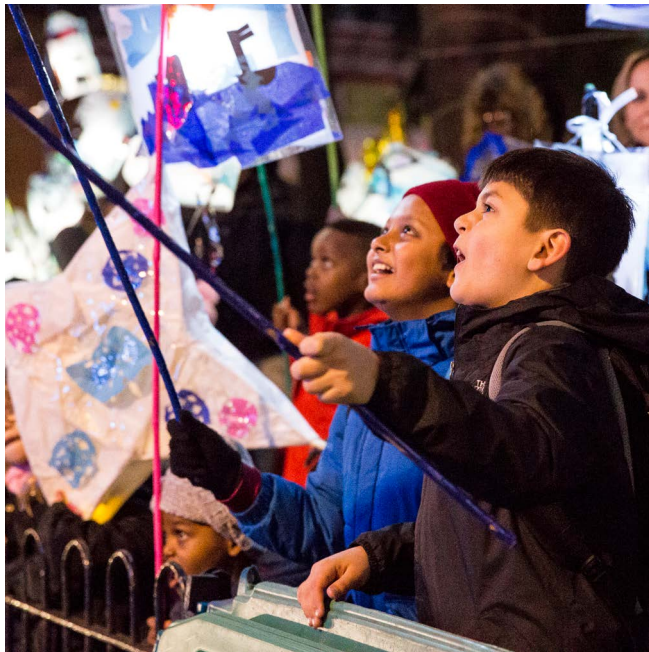
Healthy People in Healthy Places

Annual Public Health Report of the
Director of Health & Wellbeing 2017

Part A. The role of place in shaping health and
wellbeing in Southwark



Place and health



"...the places in which we are **born, live, work and age** influence our health and wellbeing..."

Introduction

From the air we breathe to the streets we walk, the places in which we are born, live, work and age influence our health and wellbeing by enabling or hindering healthy lifestyles. The fabric of our neighbourhoods can bear heavily on what we eat, how active we are, how we interact with others, and what activities we take part in. How these places and spaces are designed, maintained and evolve is therefore vital to the health and wellbeing of the people and communities within them.

Healthy places are those which enable:

- Connection with others
- Healthy affordable homes
- Active living and travel
- Affordable quality food
- Safe, attractive public spaces for play and recreation
- Contact with nature in everyday life
- Access to quality services and amenities.

Shaping place for health is an active process. Local authorities are strategic leaders in place-shaping, able to respond to residents' ambitions and aspirations and work with partners to deliver relevant services. Indeed, it is an exciting time for shaping place to health given local authorities' focus on economic development and economic purpose for local communities; new statutory arrangements;

new local strategic partnerships that can influence place; new institutional arrangements and ways of working.

Today, Southwark's annual residents survey provides evidence of residents' requirements and aspirations. Our rolling programme of Joint Strategic Needs Assessments provide evidence of local needs across a range of functions and support the Council and our partners to deliver its place-shaping role effectively.

Place-shaping is a highly important concept for those involved both in revitalising existing, and building new communities to understand. In some areas of the borough, the volume of new housing compared to the number of existing homes, where they exist, will be large. And their development will affect the character of a place and therefore this is a process that needs to be managed. In other areas, even limited development can be used to influence health, whether through changing the high-street, increasing opportunities for health promoting retailers and spaces, or improving the built environment. To support this, Southwark have been one of ten local authorities exploring an improved understanding and relationship with developers through the Town and Country Planning Association's Developer and Wellbeing programme. This is an important step in working towards a shared vision for health through place shaping that can account for local health needs, meet the viability test and also satisfy healthy planning policy requirement.

Place and health

Shaping place for health: the role of regeneration

Urban regeneration describes a process of redevelopment and renewal in cities, and is one of many options available for shaping place to improve health and wellbeing by influencing the built and social environment within a locality. Regeneration improves geographical areas with complex challenges by transforming housing, streets, transport and green spaces.

Regeneration is too often only considered in terms of the built environment and the physical conditions in which we live. In Southwark, our approach to regeneration is also about ensuring access to quality services and amenities and supporting the creation of jobs. Regeneration has a fundamental role in improving the health, wellbeing and life chances of communities.

Southwark is delivering some of Europe's most exciting and complex regeneration schemes which are helping to shape neighbourhoods at Elephant and Castle, Aylesbury, Canada Water and the London Bridge Quarter.

In the ten years prior to 2015, Southwark fell from being the 10th most deprived local authority in the UK to the 41st. This has had a visible impact on people in Southwark with more adults in employment, more young people in education, employment or training, and fewer children living in deprivation. Of all the wider determinants of health and causes of health inequalities, deprivation is perhaps the most influential, meaning this economic growth will have a positive impact on the health of local people.



"Regeneration has a fundamental role in improving the health, wellbeing and life chances of communities."

Place and health

The health of Southwark's population

Southwark is a densely populated and diverse inner London borough situated on the south bank of the River Thames, with Lambeth to the west and Lewisham to the east. Home to some 313,000 people, Southwark is a patchwork of communities: from leafy Dulwich, to bustling Peckham and Camberwell, and the rapidly changing Rotherhithe peninsula.

There have been a number of significant improvements in health outcomes in Southwark in recent years [1]:

- Life expectancy in the borough continues to increase. Latest figures show that boys born today can expect to live to 79.1 years; just over five years longer than a boy born in Southwark in 2001. Girls born today can expect to live almost four years longer than their counterparts born in 2001, with a life expectancy today of 83.8 years. Life expectancy is still lower than the London average by 1.3 years for men and 0.4 years for women, however the gaps have been narrowing over time and have decreased by one-third for men and by half for women since 2001-03.
- Infant mortality is often used as a measure of the overall health and wellbeing of the population, reflecting a wide range of factors that influence health, such as economic development and living conditions as well as maternal health and wellbeing. Since 2001 the infant mortality rate in Southwark has fallen by 62% and is now below the national average.
- There have also been significant reductions in the rate of premature mortality in the borough,

with the levels of cardiovascular mortality falling by more than half since 2001, and cancer falling by a fifth.

- Levels of teenage pregnancy in Southwark are at their lowest levels since monitoring began, numbers have fallen by over 200 per year compared to 1998, a much sharper reduction than seen in London as a whole.

While there have been improvements in many areas, challenges remain, particularly in relation to sexual health, childhood obesity and mental health.

- Southwark has high levels of sexual health need due to its young, mobile and diverse population. Nationally, Southwark has the second highest rate of new STIs (excluding chlamydia). In 2016, 8,117 new sexually transmitted infections (STIs) were diagnosed in residents. The borough also has the second highest prevalence of HIV in England, with 2,557 residents diagnosed with the condition.
- Healthy weight continues to be a complex challenge faced by many people in our communities. The prevalence of being overweight or obese among eleven year olds in Southwark is among the highest in London, and above the national average.
- Severe mental illness (SMI) affects about 0.9% of people nationally, although Southwark demonstrates a higher burden: about 1.2% of the population (close to 4,000 people) are recorded by their GP as having a psychotic disorder – schizophrenia, bipolar affective disorder and schizoaffective disorder.

- While nearly two-thirds of the general population of children in the borough are achieving high GCSE attainment, just half of children with free school meal status and only 18% of children in care achieve the same level. Homelessness has increased since 2010/11 with more families living in temporary accommodation, and violent crime rates have not reduced.

We also know that there is a strong association between social economic deprivation and experience of poorer health. Unemployment or poor quality of employment, low income, low levels of education attainment and poor housing are all factors that impact on lifetime health outcomes.

Between the most and least deprived in the borough, there is a 5½-year life expectancy difference among women and a 9½-year difference among men. While for women this inequality has not changed over the last three years, it has increased by two years in men. There is also a strong social dimension to health behaviours such as smoking, unhealthy weight, physical activity and uptake of screening and preventive interventions.

"Since 2001 the infant mortality rate in Southwark has fallen by 62%..."

Place and health

Making regeneration work for everyone

Improving wellbeing and population health in Southwark will require action on many fronts. There is an opportunity to leverage urban renewal taking place across the borough to be a key driver of change in improving economic opportunities and productivity, health, wellbeing, sustainability and cohesion for local communities.

Place shaping through regeneration will be critical to help tackle the wider social determinants of health. The evidence suggests that this may be achieved by ensuring that communities and health and wellbeing are at the centre of our regeneration process and that there is a “whole council approach” that drives regeneration so that changes in the physical environment contribute to the delivery of positive outcomes across the system: from affordable housing, to new schools and health and community facilities to improved health and wellbeing. Southwark has embarked upon a whole council approach on maximising the opportunities from urban renewal, and the 2017 Southwark Conversation was the council’s largest event consultation with local residents about their aspirations, expectations and recommendations for changes in the borough.

In Southwark, we are integrating health and wellbeing into planning. This approach is evident in how the New Southwark Plan (NSP), currently out to consultation, captures the many ways that the physical environment can affect health. The NSP is more than just about land use: through high quality spatial planning, we want to ensure that place shaping for health works for everyone. The NSP will support economic growth and provide affordable housing. Health and wellbeing is embedded throughout the NSP. Strategic policies within the

NSP aim to encourage healthy lives by tackling the causes of ill-health and inequalities in Southwark, such as employment, active travel, poor air quality, protection and improvements to green space and are underpinned by management policies on training and apprenticeships, hot food takeaways, betting shops, pay day loans and active design, all of which will have a positive impact on health and wellbeing locally.

We are also developing evidence informed strategic health and wellbeing plans in urban renewal areas, ensuring that all opportunities to improve health are realised. In Southwark, we have made use of the practical toolkits and checklists provided by the Town and Country Planning Association [2], the Healthy Urban Development Unit [3] as well as learning from the Healthy New Towns programme [4], to inform how we work across the Council and with developers. Key among these are the development of locality specific health and wellbeing plans; promoting active travel; ensuring viable requirements for play areas, open spaces, leisure and access to food growing and healthy food choices; mitigating the impacts of pollution and noise; responding to local health needs and developing relevant performance indicators/targets for health-related policies. In our major regeneration areas, such as Canada Water, Bermondsey and Old Kent

Road, we are working on health plans, charters and outcome frameworks to ensure that regeneration impacts positively on health and wellbeing.

Together with NHS Southwark Clinical Commissioning Group (CCG) and NHS partners, our Five Year Forward View outlines an ambition to create a much stronger emphasis on prevention and early action as well as deeper integration across health and social care, and wider council services [5]. Our ambition is informing not just service developments but how and where some of them will be made real through regeneration, innovative co-location and investment in community infrastructure.

Working with local communities

We have an opportunity to work towards achieving the best possible outcomes from redevelopment and renewal taking place across the borough. Evidence suggests that this means local communities must be engaged from the earliest point to be involved in the co-identification of needs and co-design of solutions and to bridge communities to local resources. Engaging and empowering local communities can improve community health and wellbeing, promote equity and increase people’s control over their health and lives, which are key to addressing health inequalities.

"Place shaping through regeneration will be critical to help tackle the wider social determinants of health."

Place and health

Next steps

The recent consultation (the Southwark Conversation) provides a rich source of information to help us further shape our borough so that the environment in which we live supports healthier lives. We will be working closely across the Council and with our NHS, voluntary and community sector partners and businesses to draw out implications for how we create healthier urban environments. We will want to continue listening to communities and ensuring that there is strong community engagement and participation in developing local regeneration plans.

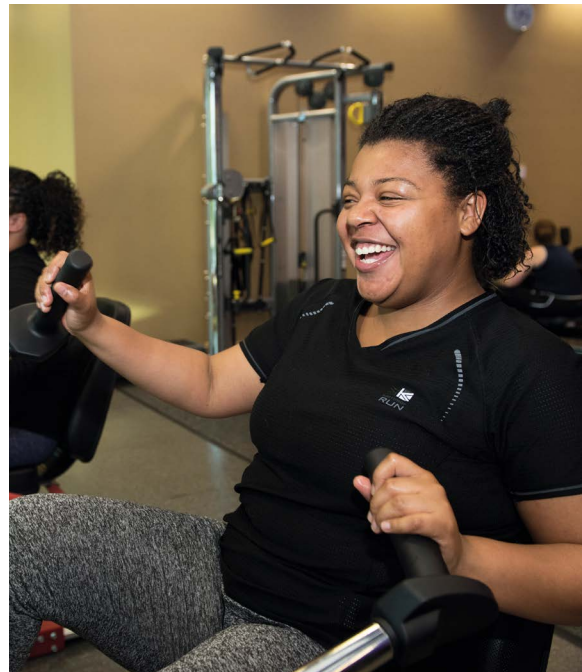
A priority for us will be the development of sound health plans for our major regeneration areas. We know that deprivation, poorer life chances and poor health are all inextricably connected. Our health plans will test and question our assumptions so that we help ourselves and partners to think creatively outside the box to address some of our complex health concerns such as childhood obesity.

While we will aim to create healthier places where the 'healthier choice is the easier choice' we will also be looking at opportunities for integration, co-location and bringing services closer to communities. This will help us to drive improvement and equity in population health, both within and outside services. Supporting the CCG in the future development of 'community hubs' will provide one opportunity to explore a more integrated 'upstream' prevention model that could see housing and benefits advice provided alongside sign posting to health improvement services, improved models for brief advice and broader mental wellbeing services.

Finally, we are developing high level indicators which will enable us to assess inequalities in health across the borough and to measure not just how regeneration impacts on people in local areas but to demonstrate that the benefits extend to people in other parts of the borough too.

Recommendations

In summary, given Southwark's commitment to shaping place for health and wellbeing and reducing health inequalities through regeneration, there are five key recommendations to accelerate progress and demonstrate the impact of this important strategic imperative:



1. **Leadership:** Develop and enhance cross-council governance, partnership and communication opportunities on social regeneration efforts to raise awareness, facilitate collaboration, and encourage more systematic evaluation of the opportunities and impact of urban renewal to improve health and wellbeing, reduce inequalities and improve life chances.
2. **Strategy:** Ensure local health and wellbeing plans are in place for all major regeneration efforts taking place across the borough and that these are developed through wide engagement with local communities and stakeholders.
3. **Evidence-based policy:** Further accelerate the use of local health, social and other relevant data into local planning decisions to ensure that a more comprehensive understanding of the wellbeing needs and potential health and inequalities impacts are considered.
4. **Monitoring and Evaluation:** Develop a standard set of key indicators for social regeneration, working collaboratively with a wide partners including local communities, to guide the evaluation of all urban renewal projects in the borough.
5. **Partnership:** Develop and maintain robust governance, communication and other opportunities to support community participation and to engage key stakeholders on the Council's progress on social regeneration and identify opportunities for collaboration.

Place and health



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Healthy People in Healthy Places

Annual Public Health Report of the
Director of Health & Wellbeing 2017

Part B. Statistical Bulletin 2017: A summary of
Southwark's progress against key health priorities



OVERVIEW

The Statistical Bulletin to this year's Report focuses on a smaller number of key health and wellbeing priorities in the borough that affect our residents across the life course. It builds upon the more detailed review of public health priorities undertaken in the Annual Public Health Report 2016. By focusing on fewer areas, we aim to provide a more thorough review of each topic, including analysis of demographic, epidemiological and geographical inequalities within the borough. We also reflect on some of the key accomplishments in these areas over the past year and highlight priority action for the year ahead.

This year's Statistical Bulletin consists of the following sections:

1. Changing demographics in Southwark
2. Childhood obesity
3. Sexual health
4. Mental health
5. Long-term conditions and co-morbidities
6. Air quality

The selected public health priorities represent particular challenges in health and wellbeing across the life-course in Southwark. In some areas we are making steady progress and in others the improvements are slow and modest. In all areas, our commitment to partnership working, building upon the available evidence, and adopting multi-level approaches to improving health and tackling inequalities are paramount. These approaches have already yielded benefits in other areas in Southwark, including scaling up the NHS Health Check programme, promoting physical activity through our free swim and gym programme, introducing healthy and free school meals, transforming our local sexual health services, delivering new strategic approaches to suicide prevention and mental health and wellbeing, and strengthening our collaboration with planning and regeneration colleagues to ensure regeneration works for all and has the wellbeing of communities as a key outcome.

Looking ahead, key to our success will be working with our partners to do a few things well, efficiently and at scale. The priorities highlighted in this report reflect areas where there are existing and potential opportunities to achieve prevention at scale and truly improve population health outcomes. Key to this will be strengthening our health in all policies approach in our collaboration with the council, with our NHS partners, business, education, academic, community and other sectors to realise our shared ambitions for success.



DEMOGRAPHY

Southwark is a densely populated and diverse inner London borough situated on the south bank of the River Thames, with Lambeth to the west and Lewisham to the east. Home to some 313,000 people, Southwark is a patchwork of communities: from leafy Dulwich in the south, to bustling Peckham and Camberwell, and the rapidly changing Rotherhithe peninsula. Towards the north, Borough and Bankside are thriving with high levels of private investment and development. Yet there remain areas affected by high levels of deprivation, where health outcomes fall short of what any resident should expect.

1.1 Population trends and projections

The population of Southwark has been growing since the late 1980s, surpassing 300,000 inhabitants in 2014. This trend is set to continue across almost all areas of the borough in the next decade. In particular, redevelopments around Old Kent Road, South Bermondsey and Elephant and Castle, will lead to significant population increases in these communities.

Population projections from the GLA for all London boroughs estimate 10% growth in Southwark, which is comparable to 10% growth in greater London and across other boroughs in south east London between 2016 and 2026, as seen in Figure 2. However, the projections used locally for service planning suggest the increase could be as high as 20%.

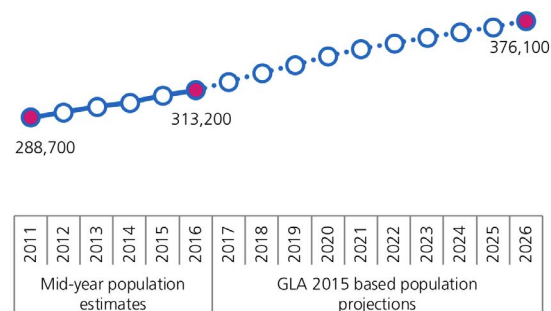


Figure 1. Population projections in Southwark, 2011-2026

Source: GLA 2017, 2015 Southwark Borough Preferred Option Projections

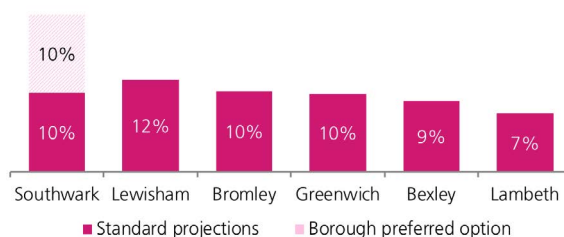


Figure 2. Proportionate increase in population across South East London boroughs, 2016-26

Source: GLA 2017, 2016-based population projections & borough preferred option

1.2 Age

The average age in Southwark is 32.9 years; almost seven years younger than the national average and two years younger than the London average. The young average age of the borough, stems not from a large number of children, but from a large number of young working age residents. Over 40% of the Southwark population consists of those aged 20 to 39, compared to 34% in the rest of London. Looking at the older age ranges, only 8% of the population of Southwark is aged over 65 compared to 12% in London and 18% in England.

The ethnic diversity of the borough varies markedly across age groups and the population under 20 is much more diverse than other age groups, with a similar proportion of young people from white and black ethnic backgrounds.

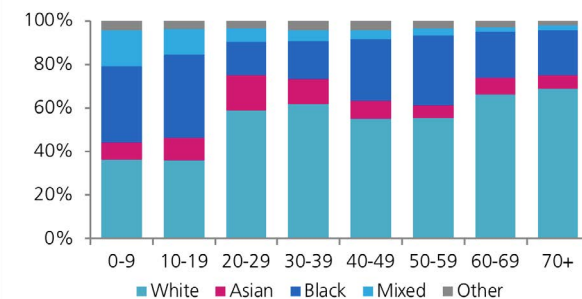


Figure 3. Population of Southwark in 10-year age bands, by ethnicity, 2016

Source: GLA 2017, Round trend-based ethnic group projections, 2016



1.3. Diversity

Southwark is a diverse borough with people from a wide range of ethnicities and backgrounds. Over 120 languages are spoken here, and 11% of households have no members who speak English as a first language. According to the 2011 census, 39% of Southwark residents were born outside the UK, showing not only the ethnic diversity of the borough, but also the cultural diversity.

Just over half (54%) of Southwark's population is of white ethnicity, a quarter (25%) black and a third (11%) or other (10%) ethnicities (Figure 5). This differs from the rest of London where a considerably smaller proportion identify as black (13%) and a considerably larger proportion identify as Asian (21%).

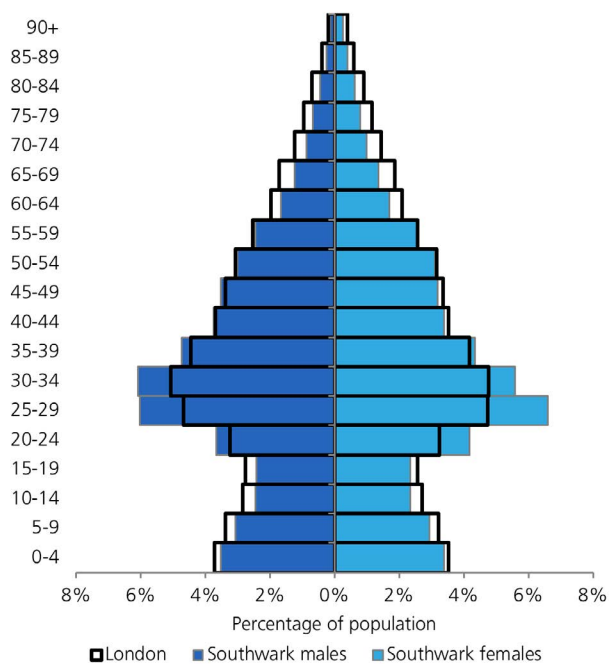


Figure 4. Age and sex distribution of the population in in Southwark, London and England, 2016

Source: ONS 2017, Mid-year 2016 resident population estimates

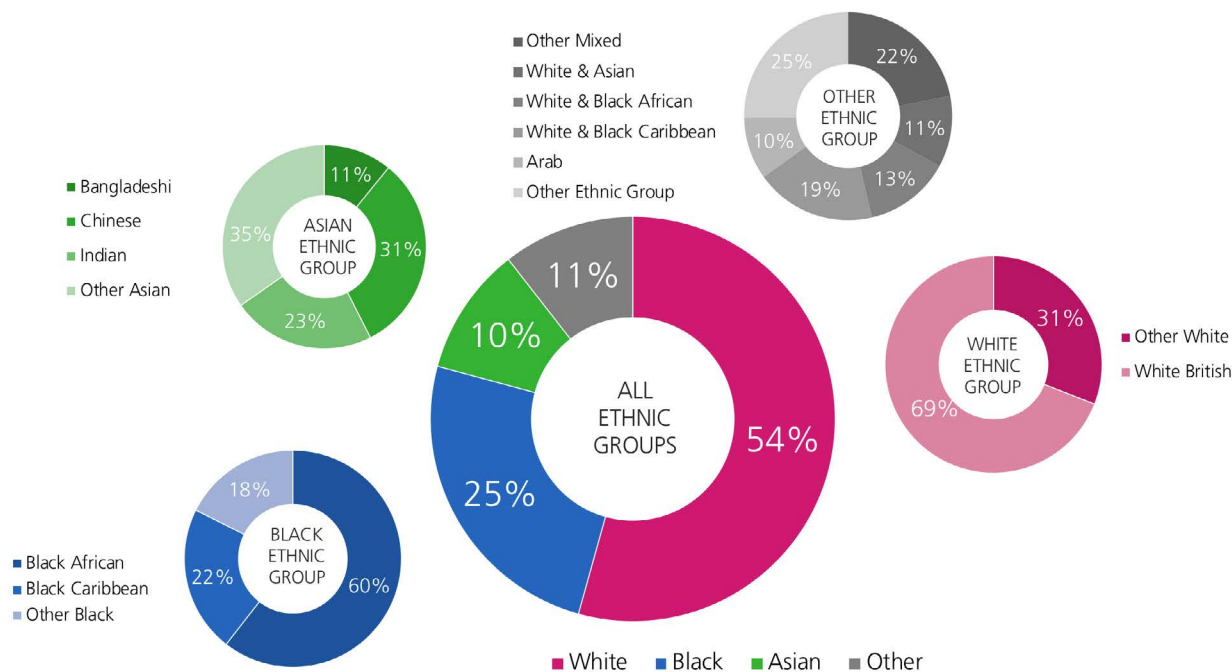


Figure 5. Population of Southwark, by ethnicity, 2016

Source: GLA 2017, Round trend-based ethnic group projections, 2016

1.4. Sexual orientation

Research from the Office for National Statistics suggests that Southwark has one of the largest gay and lesbian populations in the country, where 5% (12,000 people) of the population of Southwark identify as being gay or lesbian, compared to only 2% of the entire London population and 1% in England. Estimates of those identifying as either bisexual, transgender are not considered reliable enough for practical use.

Table 1. Age and sex distribution of the population in in Southwark, London and England, 2016

Source: ONS, Subnational sexual identity estimates, UK: 2003 to 2015

	Adults aged 16 or older	Southwark	London	England
Heterosexual	215,000	88.0%	90.2%	93.6%
Gay or lesbian	12,000	5.0%	1.9%	1.1%
Bisexual	2,000	0.8%	0.7%	0.6%
Other	2,000	0.9%	0.3%	0.3%
Don't know / refuse	13,000	5.2%	6.9%	4.5%

1.5. Deprivation

The Indices of Deprivation 2015 is used to measure levels of relative deprivation between communities in England.

- Southwark is the 40th most deprived of 326 local authorities in England and ninth most deprived out of 32 local authorities in London
- There is significant variation in deprivation across the borough, with around 119,000 (38%) Southwark residents living in communities ranked in the 20% most deprived areas nationally.
- By contrast, only around 6,700 (2%) of residents live in communities considered the least deprived nationally.
- Around 15,000 children (28%) in Southwark aged under 16 live in low income families

The most deprived areas are situated in Peckham through to Elephant and Castle in the north-west. However, there are pockets of deprivation across the borough. Parts of the river front and Dulwich are the least deprived parts of the borough.

Deprivation has an important impact on health, as more deprived areas have lower life expectancy and higher prevalence of many behavioural risk factors than less deprived areas. These health inequalities are underpinned by inequalities in the broad social and economic circumstances which influence health.

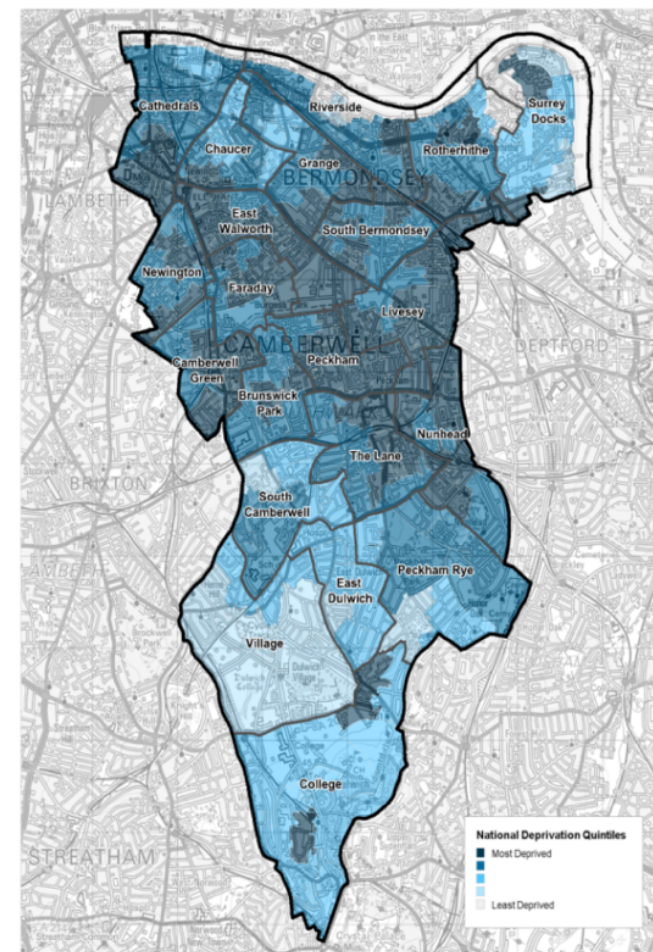


Figure 6. Indices of deprivation 2015

Source: Department of Communities and Local Government, English Indices of Deprivation 2015

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Statistical Bulletin

1.6. Life expectancy

Life expectancy at birth has been increasing steadily over time. This is true across London and England, but the improvement has been more pronounced in Southwark. In 2014-16, life expectancy at birth for men was 79.1 years and 83.8 years for women in Southwark.

Between 2001-03 and 2014-16, the average number of years that a new-born baby would expect to live, based on contemporary mortality rates, increased by four years for women and five years for men. However, life expectancy in Southwark is still below the London average and ranks 26 out of the 32 boroughs in London for both men and women.

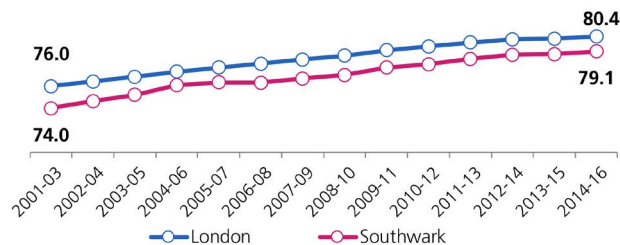


Figure 7. Trends in life expectancy for men, 2001-03 to 2014-16

Source: ONS 2017, Life expectancy at birth by local areas, UK, 2001-03 to 2014-16

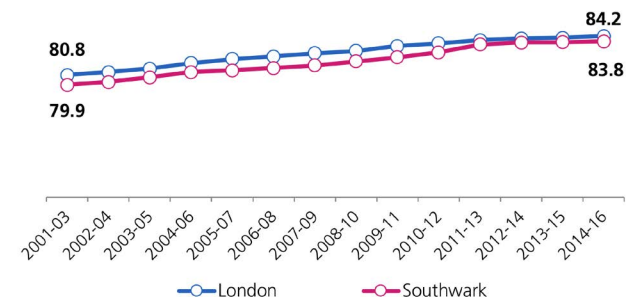


Figure 8. Trends in life expectancy for women, 2001-03 to 2014-16

Source: ONS 2017, Life expectancy at birth by local areas, UK, 2001-03 to 2014-16

Table 2. Absolute and relative increase in life expectancy in Southwark and London, 2001-03 to 2014-16

Source: ONS 2017, Life expectancy at birth by local areas, UK, 2001-03 to 2014-16

	Life expectancy at birth		Change over time
	2001-03	2014-16	
MEN			
Southwark	74.0	79.1	+5.1 yrs
London	76.0	80.4	+4.4 yrs
Gap	2.0	1.3	-33%
WOMEN			
Southwark	79.9	83.8	+3.9 yrs
London	80.8	84.2	+3.4 yrs
Gap	0.9	0.4	-49%

In 2014-16, life expectancy for men in Southwark was 1.3 years below the London average and 0.4 years for women. It's worth noting however, that these gaps have been narrowing over time and have decreased by one-third for men and by half for women since 2001-03.

Whilst there has been a significant increase in life expectancy in Southwark over time, this improvement has not been the same across all our communities. The Slope Index of Inequality tells us how much life expectancy at birth varies between our most and least deprived neighbourhoods.

The range in years of life expectancy from the most to least deprived areas in Southwark was 5.5 years for women in 2014-16 and 9.5 years for men. This discrepancy has been increasing over time for men, but has stayed roughly the same for women.

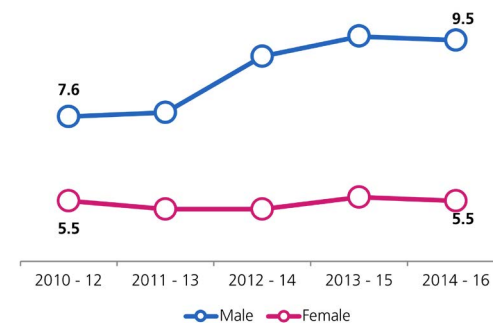


Figure 9. Slope index of inequality in Southwark, 2010-12 to 2014-16

Source: PHE 2017, Public Health Outcomes Framework



1.7. Healthy life expectancy

Whilst our local residents are living longer, the length of the time spent living in good health is also an important factor. Healthy life expectancy is often considered a measure of whether we are adding life to years, as well as years to life. In 2014-16, there was a 17.9 year gap between life expectancy and healthy life.

National intelligence indicates that not everyone can expect the same number of years spent living in good health. The gap in healthy life expectancy between the most and least deprived areas of the country stands at 19 years for both males and females.



Figure 10. Gap in life expectancy in Southwark, by sex 2014-16

Source: ONS 2017, Health state life expectancy at birth and at age 65 by local areas, UK



CHILDHOOD OBESITY

2.1. Why is this important?

Healthy weight (BMI above 2nd centile but less than the 85th centile) continues to be a complex challenge faced by many people in our communities. Excess weight (BMI greater than or equal to the 85th centile) in childhood typically persists into adulthood and is associated with increased risk of a range of health consequences such as diabetes, hypertension and exacerbation of asthma, childhood obesity also puts children at risk of psychological problems.

The National Child Measurement Programme (NCMP) measures the height and weight of children in Reception (aged four to five years) and Year 6 (aged 10-11 years) in state maintained primary schools across England.

2.2. What is the picture like in Southwark?

Obesity among children in Southwark is consistently above London and national levels. In 2016-17, Southwark had the third highest level of



Figure 11. Percentage of children who are overweight or obese in Reception and Year 6, in Southwark, London and England, 2016-17

Source: National Child Measurement Programme 2016-17

excess weight (overweight and obese) out of the 32 London Boroughs for children in Reception (26%) and fourth highest for children in Year 6 (43%).

Trends indicate that there has been little change in the prevalence of excess weight since measuring began in 2007, mirroring the national and regional picture. Southwark's Healthy Weight Strategy Everybody's Business aims to reduce obesity by 2020-21 to 11% among children in Reception and 25% among Year 6 children.

Excess weight and obesity in Reception is significantly higher than the Southwark average in the areas immediately south of the Old Kent Road, from Peckham through to Walworth and Elephant and Castle in the north west. By Year 6 there is little significant difference across the borough, indicating a whole population approach is required by this age.

NCMP results show that excess weight and obesity among children are strongly associated with socio-economic status. The association grows stronger between Reception and Year 6, by which time children in the most deprived areas are 1.7 times more likely to be overweight or obese than children in the least deprived areas nationally.

National results also show that excess weight and obesity is highest among children from Black or Black British ethnic groups for both Reception (29%) and Year 6 (46%) cohorts. Excess weight and obesity is lowest among children from Chinese ethnic background among both Reception (16%) and Year 6 (34%) cohorts. By Year 6 all ethnic groups, except Chinese, have a significantly higher level of excess weight or obesity than children who have a White ethnic background.

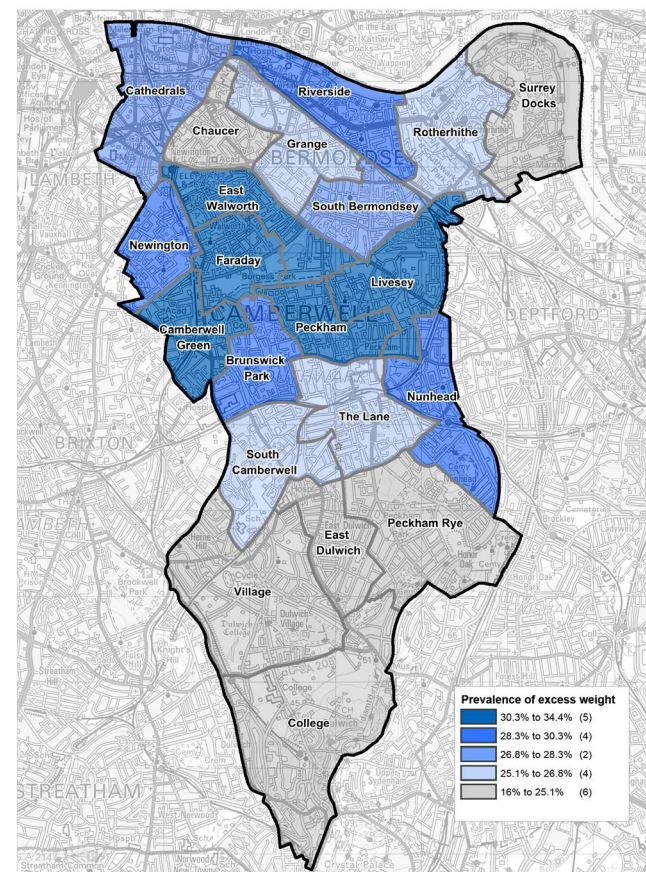


Figure 12a. Prevalence of excess weight among Reception Year children, 2013-14 to 2015-16

Source: National Child Measurement Programme 2013-2016

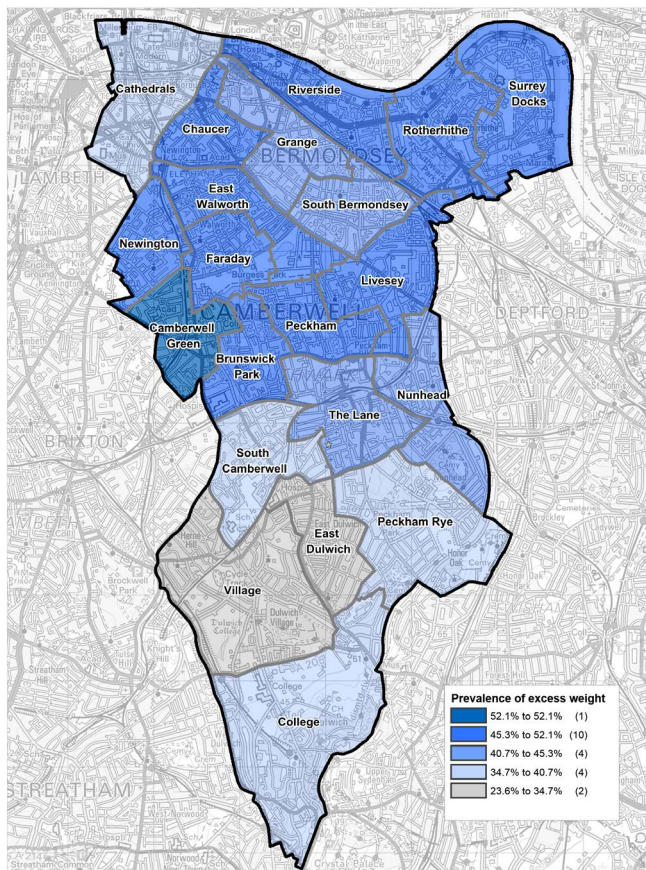


Figure 12b. Prevalence of excess weight among Year 6 children, 2013-14 to 2015-16

Source: National Child Measurement Programme 2013-2016

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Key achievements in 2017

- In 2017 we enhanced our commitment to early years by progressing to Stage 1 Baby Friendly accreditation, commissioning the Breastfeeding Welcome Scheme, and becoming a Healthy Early Years pilot borough. These initiatives will further develop in 2018.
- In 2017 we linked public health and planning policy teams to ensure resident and community health is a key consideration of all Council planning decisions.
- In 2017 we were formally recognised by the GLA and Sustain for our work addressing food poverty across the borough. We are currently developing a Food Poverty Action Plan to deliver targeted work using a strategic, coordinated approach with community partners.

Key areas of work in 2018

1. In 2018 we will work to improve the confidence and competence of health and non-health professionals to effectively communicate healthy weight messages through a newly commissioned online training service.
2. In 2018 we will increase levels of physical activity by developing tailored support to schools with the highest levels of excess weight and by piloting a unique Clinical Advice Pad prescribing physical activity to residents.
3. In 2018 we will collaborate with Guy's and St Thomas' Charity, local faith groups and other Council departments to develop sustainable, community-driven interventions around obesity and multiple long term conditions to extend the reach of healthy weight services across the borough.



SEXUAL HEALTH

3.1. Why is this important?

Poor sexual and reproductive health and ongoing transmission rates of HIV have major impacts on population mortality, morbidity and wider wellbeing, and result in significant costs for health service and local authority budgets. Promoting and improving sexual health involves initiatives aimed not only at individual behaviour, but also a wide range of social and environmental interventions.

Young people between 15 and 24 years of age experience high rates of new Sexually Transmitted Infections (STIs) nationally. Teenagers may also be at increased risk of re-infection because they lack the skills and confidence to negotiate safer sex.

3.2. What is the picture like in Southwark?

There were 8,117 new STI diagnoses in Southwark in 2016. With a rate of 2,628 new STI diagnoses per 100,000 population in 2016, Southwark has almost double the rate of STI diagnoses in London, and is the second highest of any borough in England, behind neighbouring Lambeth.

Just over one-third of new STI diagnoses were made up of those aged 15 to 24. Young people are also more likely to become re-infected with STIs, contributing to infection persistence. In Southwark, an estimated 14% of 15-19 year old women and 13% of 15-19 year old men presenting with a new STI from 2012 to 2016 became re-infected within 12 months.

Chlamydia was the most common STI in Southwark in 2016, with three times as many new diagnoses (1,155 per 100,000) than in London (571

per 100,000), followed by Gonorrhoea (498 per 100,000) and genital warts (226 per 100,000). 56% of all new STIs diagnoses were in men who have sex with men. Figure 13 shows the count of new diagnoses in 2016 for the most common STIs.

The highest rates of new STIs are concentrated in the north-western part of the borough, while the south of the borough had far fewer cases of new STIs in 2016 (See map on next page). The overwhelming majority (84%) of all new STI diagnoses in Southwark occurred in the two most deprived quintiles.

Half of the new STIs diagnosed in Southwark in 2016 were people who identified as white, one quarter in people who identified as black or black British; this roughly reflects the proportions of the different ethnic groups across the whole population of Southwark. It is worth noting that our infection rates are higher than the national average among all ethnic groups, with particularly large differences among white and mixed groups



Figure 13. New STI diagnosis per 100,000 in Southwark, 2012-16

Source: PHE 2017, Sexual and Reproductive Health Profiles

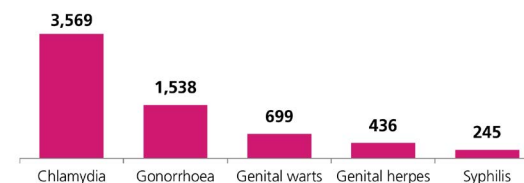


Figure 14. New diagnoses of most common STIs in Southwark, 2016

Source: PHE 2017, Sexual and Reproductive Health Profiles

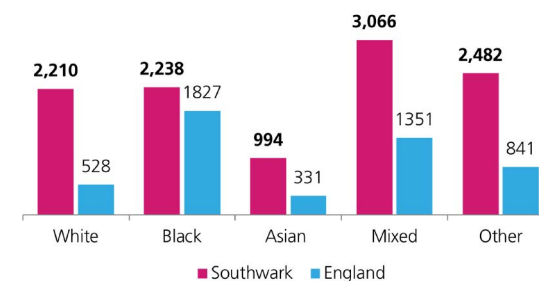


Figure 15. Rates per 100,000 population of new STIs by ethnic group in Southwark and England, 2016

Source: PHE 2017, Southwark Local authority HIV, sexual and reproductive health epidemiology report (LASER): 2016



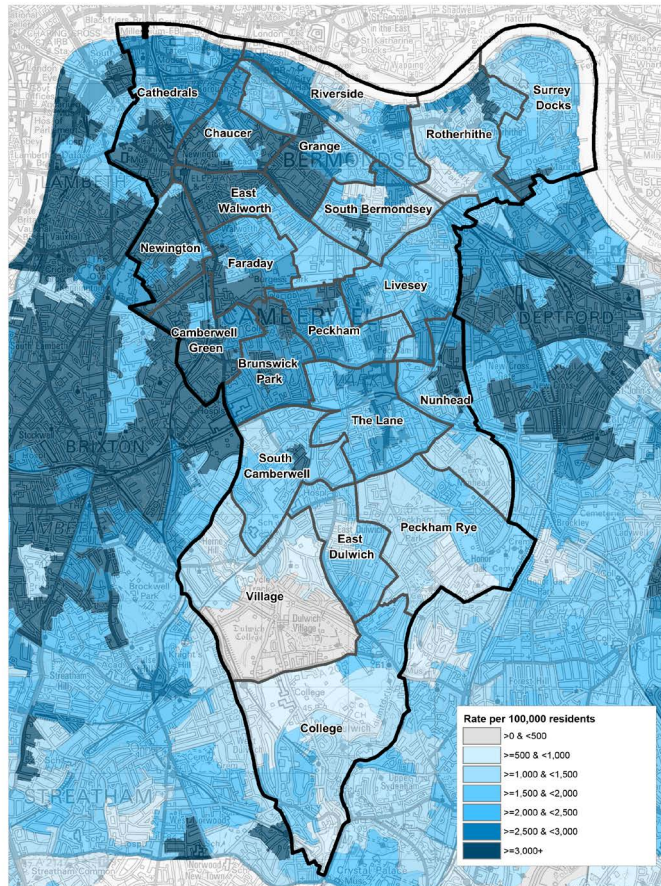


Figure 16. Incidence of new sexually transmitted infections across Southwark in 2015

Source: PHE 2017, GUMCAD & CTAD systems

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Levels of HIV in Southwark are particularly high, with the borough having the second highest prevalence in England, behind neighbouring Lambeth. There are currently 2,557 people living in the borough who have been diagnosed with HIV. Over half (58%) of all diagnosed HIV cases in Southwark were acquired through sex between men, and 37% through sex between a man and a woman.

In 2016, more than 100 people in Southwark were newly diagnosed with HIV, with diagnosis rates significantly higher than the London average. The rate of new HIV diagnosis was 44 per 100,000 in Southwark in 2016, compared to 28 in London. While this is a big discrepancy, the gap has narrowed significantly over time as new diagnoses in Southwark have more than halved since 2011.

Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality and this has also improved in Southwark over time. However, still over one-third (37%) of adults newly diagnosed with HIV were diagnosed late in Southwark between 2014 and 2016.

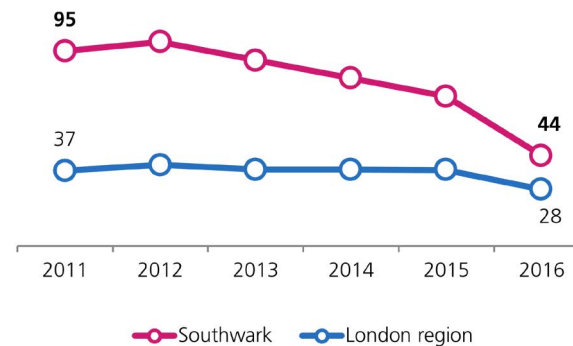


Figure 17. New HIV diagnosis rate per 100,000 in Southwark and London, 2016

Source: PHE 2017, Sexual and Reproductive Health Profiles

Key achievements in 2017

- Between 2015 and 2016 (latest available data), new diagnoses of STIs declined by 9% and new diagnoses of HIV declined by 40%, while rates of testing continued to increase.
- In 2017, we agreed integrated sexual health contracts with our two local hospital trusts, maintaining high quality services while reducing contract costs by £9.3m over the next 4.5 years.
- In 2017, an innovative integrated young peoples' wellbeing service was commissioned to better meet the multiple needs of young people, including sexual health, drugs and alcohol, and mental wellbeing. We are currently working with the service provider (Brook and cgl Southwark) to embed the new service.

Key areas of work for 2018

1. In 2018, we will develop a new sexual and reproductive health strategy in partnership with Lambeth and Lewisham councils, which will include annual action plans.
2. Following a pilot, we will explore options for access to oral contraception online, in order to reduce GP appointments and additional demand on specialist GUM clinics.
3. We will develop and implement, in partnership with Lambeth Council, a new model for the delivery of pharmacy sexual health services for our residents, with the aim of improving access to contraceptive options and reducing repeat use of emergency contraception.

MENTAL HEALTH

4.1. Why is this important?

As stated in the Joint Mental Health and Wellbeing Strategy, good mental health and a sense of wellbeing are central to living a purposeful, healthy and enjoyable life, because there is no health without mental health. Yet, for too many people, the reality is that they are living with poor mental health and its wide-ranging and long-lasting consequences for themselves, their family, friends and community.

Mental ill health is driven by a wide range of other factors and can themselves cause problems such as unemployment, homelessness and substance misuse. It is estimated one in every four people will experience a mental health issue in any given year. It is estimated that £1 in every £8 spent in England on long term conditions is linked to poor mental health (King's Fund, 2012).

4.2. What is the picture like in Southwark?

It is estimated that almost 47,600 adults in Southwark experience a common mental disorder

(CMD), which comprises different types of depression and anxiety, and this is expected to rise to approximately 52,000 individuals over the next decade as our population grows. All types of CMD are more prevalent in women than among men: one in five women report experiencing CMD, compared to one in eight men. The gender gap is particularly pronounced among those aged 16-24, where more than three times the number of women have a common mental disorder than men.

Severe mental illness refers to psychotic conditions such as schizophrenia and bipolar affective disorder, which affects 1.2% of Southwark residents (4,000 people), compared to 1.1% in London. The prevalence of SMI increases with age among both men and women, peaking among those in their fifties. In contrast to the estimated prevalence of common mental disorders, the number of men diagnosed with SMI in Southwark is greater than women across each age group up to 70.

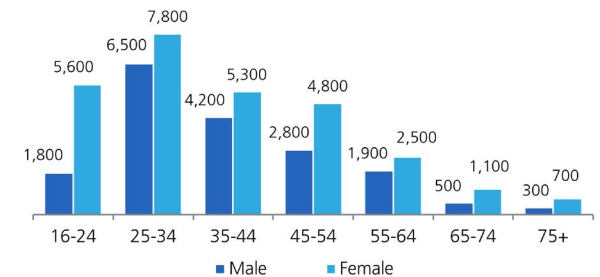


Figure 18. People with an experience of common mental disorders in the past week, by gender and sex in Southwark

Source: NHS Digital, Adult Psychiatric Morbidity Survey, 2014

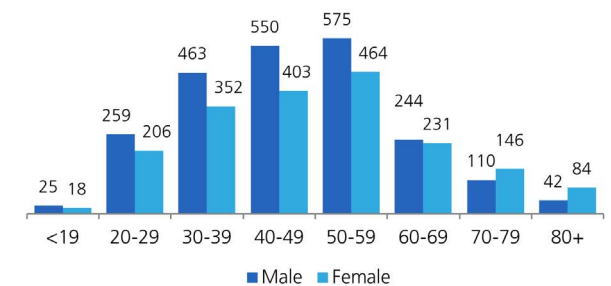


Figure 19. People registered with GP as having SMI in Southwark by age and sex, 2016

Source: SMI Register, Southwark General Practice; EMIS Web Extract, December 2017



With approximately 13 people taking their life every day in England, suicide and self-harm are a major public health and social concern. The national suicide rate has been increasing year on year since 2006-08 and it is now the leading cause of death among men below the age of 50.

For each of the last three years, between 14 and 32 Southwark residents have taken their own lives. While local figures fluctuate each year due to the small number of cases, there has been a general increasing trend in the number of suicides in Southwark since 2007-09, reflecting the national picture. However, this change is not statistically significant.

The overwhelming majority of suicides in Southwark occur among men, mirroring the national picture. Consistently since 2001-03, almost four out of five local suicides were among men. Southwark is one of five London boroughs to report higher suicide rates than the national average in 2013/15.

Whilst suicide is more common among men, women are much more likely to report having self-harmed. In 2015/16, there were 286 emergency hospital admissions for intentional self-harm in Southwark, 62% of these were women. Young people are also more likely to self-harm. The admission rate for young people is comparable to the overall rate for London (210 per 100,000), but significantly lower than the national average (431 per 100,000). Although the trend in London has stayed stable over time, Southwark has mirrored the national picture of a steady increase over the last five years.

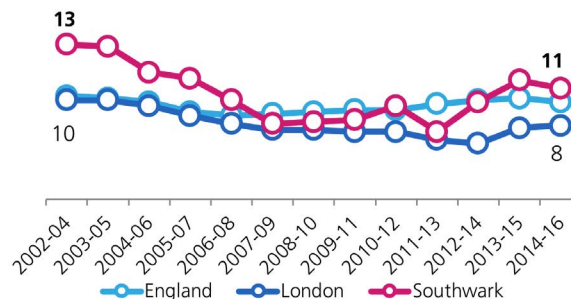


Figure 20. Directly age-standardised rates of suicide per 100,000, 2002-04 to 2014-16

Source: ONS 2017, Suicides in England and Wales by local authority

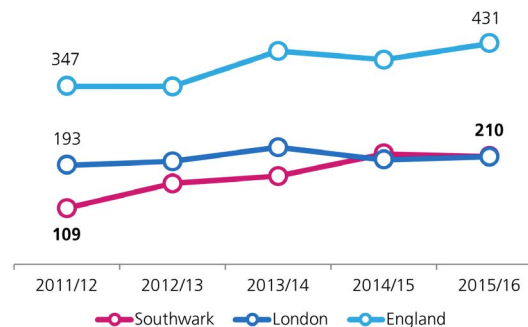


Figure 21. Directly age-standardised rates of hospital admission as a result of self-harm per 100,000 population aged 10-24

Source: PHE, Hospital admissions as a result of self-harm, 2011/12 to 2015/16

Key achievements in 2017

- Southwark's Public Health Team have established a new multi-stakeholder Suicide Prevention Steering Group and facilitated the co-production of a local Suicide Prevention Strategy and Action Plan 2017-2022.
- Southwark Council and Southwark NHS Clinical Commissioning Group have worked in partnership to develop a Joint Mental Health and Wellbeing Strategy 2018-2021.
- In order to improve care for patients in crisis in A&E, Southwark CCG and Southwark Council have been part of the implementation of a centralised 'Place of Safety' on the Maudsley hospital site.

Key areas of work for 2018

1. To support the commitment of the Council and Southwark CCG to prevent mental ill health and promote wellbeing, we will work with partners to complete a needs assessment focusing on mental health promotion and wellbeing.
2. We will work with Southwark CCG to ensure the integration of physical health and mental health in Southwark, including work on long term conditions and mental health linked to the delivery of the Southwark Bridges to Health and Wellbeing segmentation model.
3. We will create an improved pathway to promote recovery and step down from high support mental health accommodation placements and also review placements that are out of borough to ensure quality care is being delivered, and ensure that care is provided in Southwark where appropriate.



LONG-TERM CONDITIONS

5.1 Why is this important?

It is estimated that 15 million people in England have a long-term condition (LTC). People with an LTC are said to account for 50% of all GP appointments and around £7 out of every £10 of the total health and care spend is attributed to caring for people with LTCs (Department of Health, 2012).

5.2 What is the picture like in Southwark?

Data from General Practices provide a register of recorded disease prevalence for a number of LTCs. Hypertension (11%), Depression (8%), and Diabetes (6%) are the most prevalent measured diagnoses in Southwark, mirroring the national picture.

General Practice data represent only those people who have been diagnosed with the condition, not those who may be living with a long term condition that is yet to be identified. Table 4 provides an estimate of the expected prevalence of certain conditions, by comparison to the diagnosed prevalence in the Southwark population. It is estimated that just under half of hypertension cases are undiagnosed in Southwark, and as many as fourth-fifths of Coronary Heart Disease cases.

Increasingly, patients have to manage more than one LTC at a time. In Southwark, approximately 1% of the registered population have three or more chronic conditions, equivalent to over 3,500 patients. The large majority of people with multiple long term conditions in Southwark are aged over 50 and more than half of people with multiple LTCs are aged 70 and over.

Table 3. Long term conditions in Southwark by GP Federation

Source: NHS Digital, Quality and Outcomes Framework, 2016/17

Group	Condition	IHL*	QHS**	Southwark		London	England
				Cases	Prevalence	Prevalence	Prevalence
Mental health and neurological conditions	Dementia	0.5%	0.3%	1,216	0.4%	0.5%	0.8%
	Depression (18+)	7.6%	7.4%	19,562	7.5%	6.6%	9.1%
	Epilepsy (18+)	0.6%	0.5%	1,377	0.5%	0.6%	0.8%
	Learning Disabilities	0.3%	0.3%	1,001	0.3%	0.4%	0.5%
Cardiovascular conditions	Mental Health	1.3%	1.2%	4,001	1.2%	1.1%	0.9%
	Atrial Fibrillation	0.8%	0.7%	2,470	0.8%	1.1%	1.8%
	CHD	1.4%	1.4%	4,401	1.4%	2.0%	3.2%
	Stroke & TIA	1.0%	0.8%	2,900	0.9%	1.1%	1.7%
Respiratory conditions	Heart Failure	0.4%	0.5%	1,475	0.5%	0.5%	0.8%
	Hypertension	11.1%	10.2%	34,338	10.6%	11.1%	13.8%
	COPD	1.1%	1.6%	4,415	1.4%	1.1%	1.9%
	Asthma	4.6%	4.2%	14,138	4.4%	4.6%	5.9%
Other	Cancer	1.5%	1.4%	4,732	1.5%	1.8%	2.6%
	Chronic Kidney Disease (18+)	1.9%	2.4%	5,630	2.2%	2.4%	4.1%
	Diabetes (17+)	6.5%	5.8%	16,121	6.1%	6.5%	6.7%

* IHL - Improving Health Limited, the GP federation in the south of the borough

** QHS - Quay Health Solutions, the GP federation in the north of the borough

The GP Patient Survey assesses the health related quality of life of respondents, including those who identified as having a long term condition. A score out of one (which represents perfect health), gives an indication of a person's physical, mental and social well-being. From those who responded to the GP Patient survey in 2017 in Southwark, the average score was 0.81, while people with a LTC scored an average of 0.73, and those with three or more conditions had a score of 0.47 on average. This suggests that those respondents with multiple LTCs had considerably lower well-being and impairments to some aspect of their daily life such as mobility, self-care or participating in usual activities.

Poor mental health is a big issue for people with long-term conditions and it is estimated that 30% of people with a physical long term condition also have a mental health problem. However, evidence indicates that a significant proportion of these cases go undetected, meaning many people do not get the support they may need.

Table 4. Expected versus diagnosed prevalence in Southwark

Source: NHS Digital, Quality and Outcomes Framework, 2016/17; PHE, Disease and risk factor prevalence; PHE, prevalence estimates for local and regional populations

Condition	Expected prevalence	Diagnosed prevalence
Hypertension	19.4%	10.6%
Depression	11.0%	7.5%
Diabetes*	9.2%	6.1%
Coronary Heart Disease*	7.2%	1.4%
Chronic Kidney Disease*	3.3%	2.2%
Stroke*	3.2%	0.9%
COPD	1.5%	1.4%
Atrial Fibrillation	1.5%	0.8%
Peripheral Arterial Disease*	0.9%	0.4%

* Diagnosed prevalence from 2016/17 is mapped against the most recent modelled prevalence in the population

Key achievements in 2017

- Between 1 April 2014 and 31 December 2017, 31,686 Health Checks have been completed in Southwark.
- We provided support to commissioning workstreams and the clinical effectiveness programme with NHS Southwark CCG, including intelligence support and the delivery of Protected Learning Time (PLT) sessions for local GPs.
- We conducted a cardiovascular disease (CVD) risk factors needs assessment, with a focus on primary prevention, to drive better outcomes for CVD at a local level.

Key areas of work for 2018

1. We will develop and pilot a Digital NHS Health Check which is easy to access and simple to use to further increase uptake and improve health outcomes.
2. Further work is planned for 2018 to assess the CVD profile locally in terms of secondary prevention, and explore benefits of using prevalence and/or budget modelling approaches while setting priorities for public health interventions in the future.
3. We will continue to support the Southwark CCG in their programme of work to improve outcomes for people with long term conditions.



AIR QUALITY

6.1 Why is this important?

Air pollution affects everyone and is one of the six Mayoral objectives for London. Exposure to poor air quality is associated with both ill-health and premature death and is estimated by the Institute for Health Metrics & Evaluation to be ranked as the 10th largest risk factor for mortality and ill-health in England. The health impacts of air pollution cost the UK more than £20bn every year.

There is a strong body of evidence which shows that short-term exposure to high levels of air pollution has a range of adverse health effects. These range from exacerbation of respiratory conditions such as asthma and chronic respiratory disease, through to an increase in emergency admissions to hospital. Poor air quality disproportionately affects the health outcomes of the very young, the elderly and the ill and can contribute to local health inequalities.

While short-term exposure to air pollution is known to adversely affect health, the relative risk associated with long-term exposure is much greater, contributing to the initiation, progression and exacerbation of disease. It is estimated that the average reduction in UK life expectancy associated with air pollution is six months.

In London recent studies have calculated that poor air quality affects the health of approximately 9,500 people every year. The majority of pollutants within London are now at concentrations below national air quality standards, but levels of nitrogen dioxide (NO₂) and particulate matter (PM₁₀) continue

to exceed these standards in some areas and locations, including parts of Southwark.

These key pollutants have varying effects on health. NO₂ can irritate and damage lungs while particulate matter increases the risk of respiratory disease, lung damage, cancer and premature death. PM_{2.5} is the pollutant most evidently linked to poorer health outcomes as particulate matter of this size is small enough to pass through lungs into the bloodstream.

6.2 What is the picture like in Southwark?

Air pollution data show a decrease in total emissions for nitrogen oxides (NO_x) and particulate matter (PM) in Southwark.

- NO_x is the largest pollutant in Southwark with around 1,200 tonnes emitted in 2013 alone, over a quarter less than in 2008.
- Around 110 tonnes of PM₁₀ were emitted in Southwark in 2013 – a decrease of a fifth since 2008.
- Around 56 tonnes of PM_{2.5} were emitted in 2013 – a decrease of over a quarter since 2008.
- These reductions in air pollution have been achieved through legislative standards and improved technology, as well as London-wide and local initiatives.
- All emissions are predicted to continue decreasing until the year 2020. After that it is difficult to predict due to, as yet unplanned interventions and other actions both nationally and locally.

Table 5. Tonnes per year of emissions of NO_x and PM in Southwark, over time with projections to 2020

Source: GLA, London Atmospheric Emissions Inventory (LAEI) 2013

Year	NO _x	PM ₁₀	PM _{2.5}
2008	1,639	136	77
2010	1,452	126	69
2013	1,200	110	56
2020	641	96	42



Figure 22. Trend in proportion of deaths linked to PM_{2.5}

Source: PHE 2015, Fraction of all-cause adult mortality attributable to anthropogenic particulate air pollution (measured as fine particulate matter, PM_{2.5})

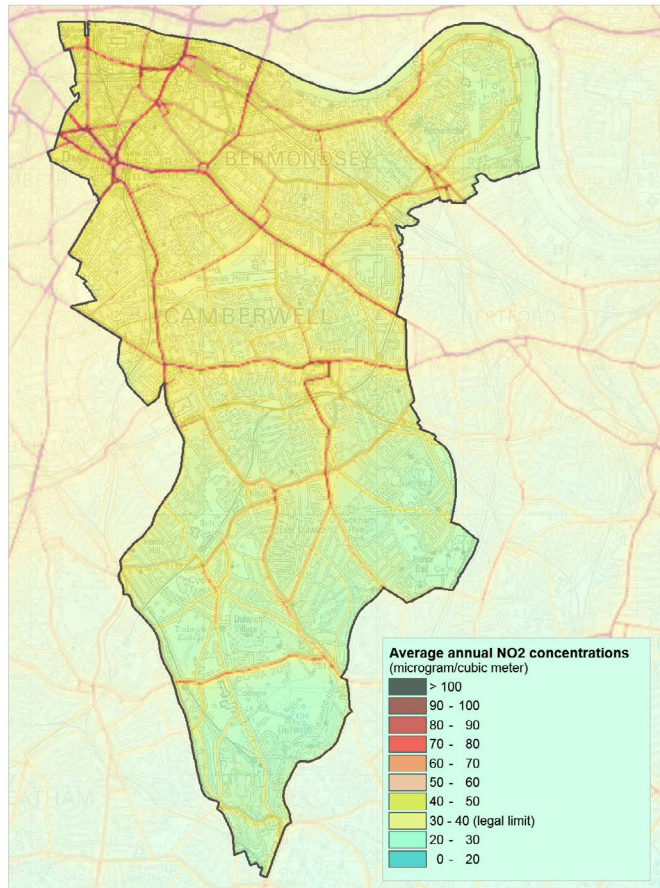


Figure 23. Average annual NO₂ concentrations in Southwark

Source: GLA, London Atmospheric Emissions Inventory (LAEI) 2013

As well as impacting health conditions, long-term exposure to air pollution can increase the risk of premature mortality and PM2.5 is thought to have an effect equivalent to over 80 deaths per year in Southwark, comparable to the number of deaths caused by lung cancer. The effect of PM2.5 on mortality is higher in Southwark than in London or England, but rates are falling due to reductions in emission rates.

While emissions are decreasing, concentrations of NO₂ remain above the legal limit along major roads in Southwark, particularly in the north west of the borough (part of the Congestion Charge zone). This is a particular issue for those with long-term conditions and those living along main roads. As there is a social gradient associated with housing on busy main roads, this is likely to contribute to local health inequalities. Estimates show that 45% of people living in Southwark are regularly exposed to high NO₂ levels.

Southwark Council has recently developed a new Air Quality Strategy and Action Plan for 2017-22, outlining cross-council action to address air pollution and has been included in the New Southwark Plan. Air quality is a Public Health priority in Southwark and action is being taken to encourage walking and cycling in the borough, increase public awareness of air quality and protect the health of vulnerable groups.

Successes in the last year include extensive work with schools to support them in reducing children's exposure to air quality. This includes providing guidance, undertaking air quality audits, enforcing vehicle idling and nuisance parking regulations and applying to be part of the pilot scheme, School Streets. Public Health has also undertaken a health

needs assessment on outdoor air quality to create a picture of the local health impacts of poor air quality. This outlines a number of recommendations for action to meet the identified needs in Southwark.

Key achievements in 2017

- In 2017 Southwark Council undertook a needs assessment on the health impacts of air quality and a new Air Quality Strategy and Action Plan for 2017-22.
- The New Southwark Plan (currently out to consultation) includes a development management policy on air quality.
- We have worked extensively with schools to identify and implement a variety of air quality measures to reduce children's exposure to air pollution.

Key areas of work for 2018

1. We will be engaging NHS partners in Southwark identify opportunities to improve health outcomes for those most affected by air pollution.
2. We will continue to develop the air quality communications campaign and advocate for wider, regional action to address air quality.
3. We will promote School Travel Plans and increase the number of schools attaining TfL STARs Silver or Gold accreditation each year



Statistical Bulletin

Table 6. Summary table of health indicators in Southwark, March 2018

Source: PHE 2017, Public Health Outcomes Framework

Domain	Indicator	Period	London ranking*	Southwark	London	England
Wider determinants	Life expectancy at birth among males (years)	2014-16	28	79.1	80.4	79.5
	Life expectancy at birth among females (years)	2014-16	22	83.8	84.2	83.1
	Healthy life expectancy among males (years)	2014-16	27	61.2	63.5	63.3
	Healthy life expectancy among females (years)	2014-16	24	62.6	64.4	63.9
Childhood obesity	Excess weight - Reception (%)	2016/17	3	26.3	22.3	22.6
	Excess weight - Year 6 (%)	2016/17	4	43	38.5	34.2
Sexual Health	All new STI diagnosis (rate per 100,000)	2016	2	2,628	1,355	750
	New HIV diagnosis (rate per 100,000 aged 15+)	2016	5	44.2	27.6	103
Mental Health	Diagnosed prevalence of serious mental illness (%)	2016/17	11	1.2	1.1	0.9
	Self-harm hospital admissions (per 100,000 population aged 10-24)	2015/16	15	210.3	209.5	430.5
	Age standardised suicide (rate per 100,000 population)	2014-16	3	10.6	8.7	9.9
Long term conditions	Diagnosed prevalence of Hypertension (%)	2016/17	19	10.6	11.1	13.8
	Diagnosed prevalence of Depression (%)	2016/17	8	7.5	6.6	9.1
	Diagnosed prevalence of Diabetes (%)	2016/17	21	6.1	6.5	6.7
Air Quality	Fraction of all-cause adult mortality attributable to particulate air pollution (%)	2015	8	6.1	5.6	4.7

* - out of 32, 1 being the highest



Data sources, references and further reading

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Healthy People in Healthy Places

Annual Public Health Report of the
Director of Health & Wellbeing 2017

Part C. Accompanying media and resources



Videos



HEALTHY PEOPLE IN HEALTHY PLACES (06:42)

Find out about about the problems that we face for the health of those living, working and learning in Southwark. We'll introduce you to some of the innovative projects run by our voluntary and community sector partners and how we plan to shape regeneration to maximise health and wellbeing over the years ahead.

BITESIZE VIDEOS ON PUBLIC HEALTH IN SOUTHWARK



HISTORY (00:54)

Learn about Southwark's pioneers in health and wellbeing: from London's first female mayor Ada Salter to the Peckham Pioneer Centre



TODAY'S CHALLENGES (00:50)

Today we're faced with high rates of childhood obesity, poor sexual health, mental illness and substantial inequalities



THE WAY FORWARD (01:06)

We're building health into all our work: shaping places that enable people to make healthier choices and live more fulfilling lives

You Tube SUBSCRIBE TO SOUTHWARK COUNCIL'S YOUTUBE CHANNEL
Visit <https://www.youtube.com/user/southwarkcouncil> to learn more

Additional resources

Over the course of the year we'll be releasing further resources including:

- Infographics
- Joint Strategic Needs Assessments (JSNA)
- Ward health summaries
- Additional video content

You can already download last year's report along with a wide range of needs assessments and a Microsoft PowerPoint compatible form of this report (including graphics) on our JSNA website available at southwark.gov.uk/jsna

If you are seeking public health expertise for your project or want to discuss a matter in greater detail, please contact the team via email at publichealth@southwark.gov.uk

Healthy People in Healthy Places

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Item No. 9.	Classification: Open	Date: 26 March 2018	Meeting Name: Health and Wellbeing Board
Report title:		Five year forward view – Integrated planning and delivery group (IPDG) progress and next steps	
Ward(s) or groups affected:		All wards	
From:		Councillor Richard Livingstone, Adult Care and Financial Inclusion	

RECOMMENDATION(S)

That the Health and Wellbeing Board:

1. Notes progress from the integrated planning and delivery group (IPDG) and that work will continue to develop a framework for further progressing integration across health and care in Southwark, with a report back in summer 2018;
2. Agrees that, in the light the IPDG work, a review of the terms of reference for the Health and Wellbeing Board (HWBB) commence to ensure continued fitness for purpose, with review outcomes reported to HWBB in summer 2018.

SUMMARY

3. The IPDG was a one year task and finish group set up by senior leaders of the Southwark Clinical Commissioning Group (CCG) and Southwark Council in February 2017. Its purpose was to explore opportunities for integration across health and care in Southwark, including governance options, informed by learning from elsewhere. Key achievements include:
 - putting in place a *Southwark's Bridges to Health and Wellbeing* segmentation approach to commissioning and planning of activity which genuinely focuses on populations rather than services across health and social care;
 - using learning from elsewhere to inform the initial steps towards a framework for integration;
 - improved understand of baseline governance arrangements upon which to develop future plans;
 - a deeper understanding of the values, culture and organisational design features that can assist with integration plans locally.
4. Outputs from the IPDG will be taken forward to develop a framework for progressing integration, across the whole system of health and care, including commissioners and providers together, in Southwark. Plans will be developed for how such a framework can be delivered by 2020. It is anticipated that these plans be brought to the HWBB for further review later in 2018.

BACKGROUND INFORMATION

5. Southwark Council and the CCG are committed to improving the health and wellbeing of residents in Southwark. Across Southwark there is a strong commitment to improving the health and wellbeing of our residents. Outcomes are generally good and many people in Southwark have told us how they are benefitting from the enormous opportunities that living in central London offers – whether that’s by taking up new employment opportunities created through local economic growth, spending time with families and friends in our award winning parks and open spaces, getting the most from world class health and education provision or taking up free access to swim and gym use in new and refurbished leisure centres.
6. There is an ongoing shared ambition for the very best outcomes for all Southwark residents, directly tackling health inequalities and ensuring that we use our collective resources to best effect. In 2016 the Council and CCG set out a shared “Southwark Five Year Forward View (FYFV)” for health and social care to 2020/21. This sets out a clear framework for improving the everyday experience and life outcomes of Southwark residents, in particular focusing on doing things differently; addressing complex and longstanding issues; and putting in place plans that will support change to happen so local people receive more co-ordinated care and experience better outcomes.
7. The FYFV (and Southwark Council Plan) is therefore a key starting point for progressing plans for integration across health and social care. Supporting this ambition requires a greater alignment of commissioning budgets and contracting arrangements alongside a focus on specific populations, especially vulnerable groups, putting greater emphasis on the outcomes achieved and people’s experiences attached to improved services.
8. Given the ambition - and also in recognition of the need to create space for wider conversation on how best to further progress integration across health and care in Southwark - in February 2017 the IPDG was set up.
9. The purpose of the IPDG was to explore opportunities for integration across health and care in Southwark, including governance options, informed by learning from elsewhere. Terms of reference for IPDG are set out at Appendix 1.
10. The IPDG involved senior representatives across the Council and CCG with a primary objective to maximise the biggest, most important and most immediate opportunities to align commissioning activities. Working collaboratively, the group sought to achieve this by:
 - progressing the integration between the Council and CCG, and delivering on plans that achieve alignment of resources to develop a whole-system approach to a high quality public health and care system in Southwark that is financially sustainable for 2018/19 and into future years;
 - adding value to delivery of the financial challenge both organisations face in 2017-18 (complementing, not duplicating, the budget recovery board in the Council and the associated budget monitoring boards in the CCG).

11. A target date of March 2018 was set for the conclusion of the work and for progress to be reported back to the HWBB. Ongoing progress on the work of IPDG was presented to HWBB in July and November 2017 and again in January 2018. This report now sets out the highlights of the outputs from the IPDG.

IPDG progress and highlights

12. In terms of progressing integration, the Council and the CCG have undertaken joint work in developing an integrated approach to outcome based commissioning, ultimately adapting the “Bridges to Health” population segmentation model which has been operating in ‘trailblazer’ areas for integration such as Stockport to reflect the unique demographics of Southwark, and our determination to ensure that the model is an holistic rather than clinical model. The adapted model is *Southwark’s Bridges to Health and Wellbeing*. It genuinely focuses on populations rather than services and there are segments dedicated to children and young people rather than being grouped with maternity.
13. IPDG oversaw the adaptation and implementation of the segmentation model to make it Southwark’s Bridges to Health and Wellbeing model. The model and approach were previously presented to the HWBB in November 2017 and January 2018.
14. The group has also identified two priority ‘segments’ of the population where officers recommend that effort could be focused – these being children and young people and adult community-based care. Further plans will be developed in 2018/19, taking into account the criteria for selection, before arriving at a firm recommendation for the selected priority segments.
15. A further key focus of the work on integration was to establish appropriate governance arrangements for decision making and resourcing purposes. To inform this work, the group carried out learning from elsewhere, looking at plans developed in places such as Stockport, Torbay, NE Lincolnshire and East Sussex; the latter being visited by Council and CCG representatives in November 2017.
16. The Council and CCG representatives visited the East Sussex Better Together (ESBT) partnership on 24 November. The ESBT Alliance is a formal partnership between East Sussex County Council (ESCC), Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG), Hastings and Rother Clinical Commissioning Group (HR CCG), East Sussex Healthcare NHS Trust (ESHT) and Sussex Partnership NHS Foundation Trust (SPFT). It covers a population of circa 370,000, within the county of East Sussex which has a total population of 547,800.
17. The ESBT began in August 2014 with an initial 150 week whole-system transformation programme designed to invest to best effect a health and social care spend of circa £850 million (rising to £1 billion with income). To date ESBT have put in place integrated health and social care teams, a health and social care connect single point of access and improvements to urgent, out of hours and primary care services. The programme concluded in June 2017 and transitioned to ‘business as usual’ to embed the new ways of working as the norm. The next phase of the work is to develop a new model of accountable

care to deliver the ESBT vision of sustainable integrated care by 2020/21.

18. The learning from elsewhere has assisted officers in designing the framework for progressing integration locally and putting in place specific plans around governance, budgets and service re-design.
19. Alongside learning from elsewhere, work was undertaken on clarifying existing local governance arrangements across the Council and CCG, in so far as it related to areas of integration. By clarifying existing arrangements the purpose was to give each organisation a stronger foundation from which to build arrangements going forward. This work highlighted the key strategic position of the HWBB, which has representation from the Council, CCG and VCS and is thus in principle able to provide collective direction via its decision making processes.
20. Sitting alongside any development work on organisational design, governance and systems of decision making, is the crucial issue of values and culture. Work has therefore been progressed through the IPDG on collectively understanding the behaviours and values that will assist us in developing a shared sense of culture moving forward.
21. To underpin both the segmentation and broader integration work, a data integration exercise has been underway to match NHS and council records. Specifically, this is about having an NHS number which acts as a unique identifier across organisations to maintain a seamless and fully up to date health record against an individual. Work has progressed well. There is an 81% match in records now in place across adult social care and 95% match in children's social care.
22. The Council and CCG already have respective budget planning and monitoring processes in place. The IPDG was therefore not set up in any way to duplicate that work or work with regards budget recovery in adult social care. The purpose of IPDG was however to add value to ongoing resource discussions by maintaining a level of oversight on such issues and ensuring there was space for broader discussion on contextual resourcing matters. The intent being to create a greater level of understanding on common issues and so better informing decision making as further integration proposals come forward. This aspect of the work of IPDG remains very much work in progress, not least as both organisations continue to face challenging resource environments in the immediate and short term.
23. Part of developing a framework for further progressing integration will therefore involve how both organisations create a greater level of transparency and understanding about each other's budgets to better support identifying opportunities for integration projects and programmes.

Next steps

24. Outputs from the IPDG will be taken forward to develop a framework for progressing integration, across the whole system of health and care, including commissioners and providers together, in Southwark. Plans will be developed for how such a framework can be delivered by 2020. It is anticipated that these plans be brought to the HWBB for further review later in 2018.

25. In the light of the findings of the work from IPDG agreement is sought to commence a review of the terms of reference for the HWBB. This is so that they remain fit for purpose and create the infrastructure for the delivery of further integration in future years. The outcomes of this review should be completed in time for the newly elected Council and 2018/19 administrative cycle and reported back to HWBB in summer 2018.

Policy implications

26. In 2016, the CCG and Council agreed a FYFV for improving health and social care outcomes across Southwark. Over the same period, the Council refreshed its Council Plan to 2018 for a fairer future for all, including renewing specific commitments attached to helping people achieve healthy, active lives, revitalised neighbourhoods and providing the best start in life for young people across Southwark.
27. Taken together, these provide the local policy framework in which the senior leadership of the CCG and Council has agreed, as per this report, to prioritise further integration and the opportunity for better alignment between the two organisations, whilst simultaneously achieving financial sustainability across the health and social care sector. Ultimately the key test of success is that residents achieve better health and social care outcomes through the changes driven forward by this work.

Community impact statement

28. The public sector equality duty requires public bodies to consider all individuals when carrying out their day to day work, in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out their activities.
29. This report provides an update on the work undertaken by the IPDG and how the outputs of this work should inform onward development of a framework for further progressing integration across health and care in Southwark. The aim of this joint work is to further improve the everyday experience and life outcomes of Southwark residents, in particular focusing on doing things differently; addressing complex and longstanding issues; and putting in place plans that will support change to happen so local people receive more coordinated care and experience better outcomes. Overall this is about improving quality and value so that people in Southwark have access to the best quality health and social care within the resource envelope available for the borough.

Resource implications

30. There are no financial implications from this report. The recommendation to commence a review of the terms of reference for the Health and Wellbeing Board will need to be considered as part of the Council and CCG normal budget planning and governance processes.

Legal implications

31. There are no legal implications arising from this report.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark Five Year Forward View – a local vision for health and social care: 2016/17 to 2020/21	160 Tooley Street, London SE1 2QH	Stephen Gaskell Stephen.gaskell@southwark.gov.uk
Link: (Copy and paste into browser) http://www.southwarkccg.nhs.uk/news-and-publications/publications/policies-strategies-registers/Documents/Southwark%20Five%20Year%20Foward%20View.pdf		
Southwark Council Plan 2014-2018 (summer refresh, 2016)	160 Tooley Street, London SE1 2QH	Stephen Gaskell Stephen.gaskell@southwark.gov.uk
https://www.southwark.gov.uk/council-and-democracy/fairer-future/council-plan		

APPENDICES

No.	Title
Appendix 1	Integrated Planning and Delivery Group (IPDG) – terms of reference

AUDIT TRAIL

Cabinet Member	Councillor Richard Livingstone, Adult Care and Financial Inclusion	
Lead Officer	Kevin Fenton, Director of Health and Wellbeing Ross Graves, Managing Director, Southwark CCG David Quirke-Thornton, Strategic Director Children's and Adults' Services	
Report Author	Stephen Gaskell, Head of Chief Executive's Office Mark Kewley, Director of Transformation (CCG)	
Version	Final	
Dated	16 March 2018	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team	16 March 2018	

Item No. 10.	Classification: Open	Date: 26 March 2018	Meeting Name: Health and Wellbeing Board
Report title:		Final draft PNA for Health and Wellbeing Board approval	
Ward(s) or groups affected:		All Southwark wards and all population groups	
From:		Professor Kevin Fenton, Director of Health and Wellbeing	

RECOMMENDATION(S)

1. Southwark Public Health invites the Health and Wellbeing Board to:
 - Note the progress made on the Pharmaceutical Needs Assessment (PNA) by reviewing the results of the consultation (Appendices section) and amended draft PNA; and
 - Approve this as the final version of the PNA for publication on or before 31 March 2018.

BACKGROUND INFORMATION

2. Southwark’s Health and Wellbeing Board is required by law¹ to undertake and publish a pharmaceutical needs assessment that sets out the existing provision of pharmaceutical services available to local residents, and assess current and future needs.
3. The PNA is used by:
 - NHS England, as the basis for determining market entry to a pharmaceutical list: whether a new pharmacy should open or an existing pharmacy relocate; and, for commissioning services; and
 - Southwark Council, NHS Southwark Clinical Commissioning Group (CCG) and other organisations to inform current and future commissioning decisions.
4. The last PNA was undertaken three years ago. There is a duty for the Health and Wellbeing Board to ensure that a revised PNA is published before the start of April 2018.

KEY ISSUES FOR CONSIDERATION

5. The aim of the PNA process is to enable commissioners and providers to better meet current need within Southwark and take steps to ensure that needs continue to be met in the future.

¹ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: (No.349; Part 2 - Regulation 6). Available online at: <http://www.legislation.gov.uk/uksi/2013/349/regulation/6/made>

6. Southwark's PNA 2018 examines the following key areas:
- Health needs profile for Southwark. This section will examine the Southwark population profile; life expectancy and healthy life expectancy; main causes of mortality and morbidity including trends over time as well as leading lifestyle risk factors; and,
 - Assessment of current pharmaceutical services. This section identifies and maps the current provision of pharmacy services across the borough and highlight any gaps to the following services:
 - Essential services (distribution of pharmacies / opening hours and access / dispensing)
 - Premises (consultation areas / access for those with a disability)
 - Advanced services (Medicines Use Reviews / New Medicines Service / Appliance Use Reviews / Seasonal Flu vaccination /Stoma appliance Customisation service, and /NHS Urgent Medicine Supply)
 - Enhanced services (Enhanced Flu vaccination service)
 - Locally commissioned services (Stop smoking / Sexual health (SH Level 1 & 2 and Oral contraception) / Supervised consumption / Needle and syringe exchange service / NHS Health Checks / Minor Ailments Scheme / Vitamin D supplementation)
 - Stakeholder consultation began on 7 December 2017 and lasted until 6 February 2018.
7. As required by the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulation 2013², we carried out a stakeholder consultation on the draft Southwark PNA 2018 report. The consultation was opened to:
- Southwark residents
 - All community pharmacies
 - Local Medical Committee (LMC)
 - Local Pharmaceutical Committee (LPC)
 - NHS Southwark CCG
 - Guy's and St Thomas' NHS Foundation Trust;
 - King's College Hospital NHS Foundation Trust;
 - South London and Maudsley (SlaM) NHS Foundation Trust; and
 - Neighbouring HWBs (Lambeth and Lewisham)
 - Healthwatch Southwark and Community Southwark
8. At the end of the consultation process we have received:
- 5 responses to our online survey (3 from community pharmacies, one from the LPC, and one from the NHS England)
 - 3 additional responses (one from the LMC and two from community pharmacies sent via email to the LPC office); and
 - A detailed and lengthy report from the NHS England

² <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

9. We have responded to all comments made as part of the consultation process(Appendices section) and amended the PNA document as necessary to reflect any additional information or changes made to the previous draft version. We have also highlighted key messages for the Health and Wellbeing Board related to current and future service provision within the borough by clearly stating any potential gaps and/or additional needs identified.

Legal implications

10. The publication of this document in March 2018 will fulfil the statutory duty of this Board.

Financial implications

11. None.

Consultation

12. Consultation scope and timings.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark Pharmaceutical Needs Assessment 2015	Public Health Department, 160 Tooley Street, SE1 2QH	Dr Leidon Shapo Tel: 020 7525 7705 Phone number
Link: (Copy and paste into browser) http://www.southwark.gov.uk/health-and-wellbeing/public-health/health-and-wellbeing-in-southwark-jsna/health-conditions-and-health-care?chapter=7		

APPENDICES

No.	Title
Appendix 1	Southwark Pharmaceutical Needs Assessment 2018-2021, Draft 0.1, pre-consultation version

AUDIT TRAIL

Lead Officer	Professor Kevin Fenton, Director of Health and Wellbeing	
Report Author	Dr Leidon Shapo, Head of Programmes for Health & Social Care	
Version	Final	
Dated	13 March 2018	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team	13 March 2018	

Southwark Pharmaceutical Needs Assessment 2018 – 2021

Southwark Health & Wellbeing Board
Final draft version for approval

14 March 2018

CONTENTS

EXECUTIVE SUMMARY	8
Background	8
PNA Process	8
Overview of Southwark	9
Overview of Pharmaceutical Services	10
Conclusions	16
1 BACKGROUND	18
1.1 Legislative context and function	18
1.2 Requirements for a Pharmaceutical Needs Assessment.....	18
1.3 Scope and summary of commissioned services.....	19
1.4 Revision.....	22
2 DEVELOPING THE PNA	23
2.1 Drafting phase, methods and engagement	23
2.2 Post-drafting methods and engagement	24
2.3 Aim and objectives.....	24
2.4 Understanding Southwark’s geographies.....	24
3 HEALTH NEEDS PROFILE FOR SOUTHWARK.....	25
3.1 Southwark population profile	25
3.1.1 Geography.....	25
3.1.2 Population estimates and population density	26
3.1.3 Deprivation	27
3.1.4 Age profile	28
3.1.5 Ethnic profile and languages.....	29
3.2 Life expectancy and healthy life expectancy	30
3.2.1 Life expectancy.....	30
3.2.2 Healthy life expectancy	32
3.3 Mortality	33
3.3.1 Trends in all-cause mortality	33
3.3.2 Major causes of death.....	34

3.3.3	Preventable mortality	34
3.4	Morbidity	35
3.4.1	Physical health.....	35
3.4.2	Mental health	35
3.5	Behavioural risk factors.....	37
3.5.1	Smoking.....	37
3.5.2	Alcohol.....	38
3.5.3	Substance Misuse	38
3.5.4	Healthy Weight	39
3.5.5	Physical Activity	40
3.5.6	Sexual Health	40
3.6	Other considerations.....	42
3.6.1	Influenza.....	42
3.6.2	Immunisations.....	42
3.6.3	Vitamin D Deficiency.....	43
3.6.4	Older People.....	43
3.7	Summary of Health Needs	44
4	ASSESSMENT OF CURRENT PHARMACEUTICAL PROVISION	45
4.1	Overview.....	45
4.2	Essential Services.....	46
4.2.1	Dispensing and Services	46
4.2.2	Distribution of Pharmacies	47
4.2.3	Benchmarking Pharmacy Provision	51
4.2.4	Opening Hours and Access	53
4.2.5	Health Promotion Campaigns	56
4.3	Advanced Services	58
4.3.1	Consultation Areas	59
4.3.2	Medicines Use Reviews	61
4.3.3	New Medicines Services	62
4.3.4	Appliance Use Reviews	63
4.3.5	Seasonal Influenza Vaccination	64
4.3.6	Stoma Appliance Customisation Service.....	65
4.3.7	NHS Urgent Medicine Supply Advanced Service	66
4.4	Enhanced Services.....	67

4.4.1	Enhanced Flu Service.....	67
4.5	Other NHS services: <i>Locally Commissioned Services</i>	68
4.5.1	Stop Smoking Services.....	70
4.5.2	Level 1 Sexual Health Services.....	71
4.5.3	Level 2 Sexual Health Services.....	72
4.5.4	Oral Hormonal Contraceptive Services	73
4.5.5	Supervised Consumption.....	74
4.5.6	Needle Exchange Service.....	75
4.5.7	NHS Health Checks.....	76
4.5.7	Minor Ailments Service	77
4.5.8	Vitamin D Supplementation.....	78
4.6	Summary of Current Provision	79
5	FUTURE PLANNING	85
6	APPENDICES.....	87
6.1	Appendix A: Stakeholder Consultation	87
6.2	Appendix B: Additional Tables and Figures.....	125
	REFERENCES	154

LIST OF TABLES

Table 1:	Diagnosed disease prevalence in 2015-16.....	35
Table 2:	Population vaccination coverage in high risk groups, 2016-17	42
Table 3:	Distribution of community pharmacies by locality and ward	48
Table 4:	Advanced Services.....	58
Table 5:	Self-reported consultation facilities available in community pharmacies	59
Table 6:	Locally Commissioned Services	68
Table 7:	Response to online questionnaire	92
Table 8:	Survey comments and PNA team response	94
Table 9:	Comments by NHS England and the PNA team response	101
Table 10:	Glossary of terms and definitions	125

Table 11: List of Southwark pharmacies	128
Table 12: Opening times and locations of pharmacies open on Saturdays.....	134
Table 13: Opening times and locations of pharmacies open on Sunday	135
Table 14: Pharmacies providing locally commissioned services by locality and ward.....	136
Table 15: List of Pharmacies providing advanced services	137
Table 16: List of Pharmacies providing enhanced services	140
Table 17: Core opening hours for pharmacies in Southwark	143
Table 18: Total opening hours for pharmacies in Southwark	147
Table 19: Opening hours of community pharmacies in Southwark	151

LIST OF FIGURES

Figure 1: Southwark electoral wards, town centres and location in London Area	25
Figure 2: Population density in Southwark, 2015.....	26
Figure 3: National index of multiple deprivation - Southwark quintiles	27
Figure 4: Population age distribution in Southwark wards, 2015	28
Figure 5: Southwark ethnic groups in 2016	29
Figure 6: Male life expectancy at birth by Southwark electoral ward, 2013-15.....	31
Figure 7: Female life expectancy at birth by Southwark electoral ward, 2013-15.....	31
Figure 8: Southwark life expectancy and healthy life expectancy (years)	32
Figure 9: Directly standardised all-cause mortality rates	33
Figure 10: Directly standardised all-cause mortality rates by Southwark ward, 2015.....	33
Figure 11: Causes of death in Southwark, 2015.....	34
Figure 12: Patients on Southwark severe mental illness register.....	36
Figure 13: Smoking prevalence trends among the general adult population.....	37
Figure 14: Alcohol dependency in Southwark, 2014.....	38
Figure 15: Age distribution for substance misuse related hospital admissions in Southwark and London.....	39
Figure 16: Levels of physical activity, 2014-15	40
Figure 17: Trends in all new STI diagnostic rates.....	41
Figure 18: Prevalence of HIV in Southwark by age and ethnicity, 2015.....	41
Figure 19: Services used by public respondents	47
Figure 20: Map of pharmacy coverage in Southwark.....	49
Figure 21: Map of pharmacy coverage by ward in Southwark	49

Figure 22: Community pharmacies with 500m and 1km buffer	50
Figure 23: Southwark pharmacies mapped against deprivation	50
Figure 24: Number of community pharmacies per 100,000 residents.....	51
Figure 25: Survey respondents by age group.....	52
Figure 26: Survey respondents by ethnic group	52
Figure 27: Reasons for visiting a particular pharmacy	53
Figure 28: Hours of normal use.....	54
Figure 29: Useful hours beyond the normal opening hours	54
Figure 30: Mode of travelling to a pharmacy	55
Figure 31: Pharmacies providing Medicine User Reviews.....	61
Figure 32: Pharmacies providing New Medicines Service	62
Figure 33: Pharmacies providing Appliance Use Reviews (AUR).....	63
Figure 34: Pharmacies providing Seasonal Influenza Vaccination	64
Figure 35: Pharmacies providing Stoma Appliance Service	65
Figure 36: Pharmacies providing NUMSAS.....	66
Figure 37: Pharmacies providing Enhanced Flu Service	67
Figure 38: Pharmacies providing Stop Smoking Services	70
Figure 39: Pharmacies providing Level 1 Sexual Health Services.....	71
Figure 40: Pharmacies providing Level 2 Sexual Health Services.....	72
Figure 41: Pharmacies providing Oral Contraception	73
Figure 42: Pharmacies providing Supervised Consumption	74
Figure 43: Pharmacies providing Needle Exchange.....	75
Figure 44: Pharmacies providing NHS Health Checks	76
Figure 45: Pharmacies providing Minor Ailments Service.....	77
Figure 46: Pharmacies providing Vitamin D Supplementation.....	78
Figure 47: Projected population change across Southwark (2016 and 2021).....	85
Figure 48: Distribution of pharmacies by localities/wards	130
Figure 49: Map showing location of GP practices in Southwark	131
Figure 50: Southwark localities	132
Figure 51: Pharmacies providing 100 hour service.....	133

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EXECUTIVE SUMMARY

Background

A Pharmaceutical Needs Assessment (PNA) is a structured approach to assessing the needs of an area for pharmaceutical services that are provided as part of the National Health Service (NHS). The Health and Social Care Act (2012) transferred the responsibility for developing and updating PNAs to local Health and Wellbeing Boards (HWB).

The PNA provides a statement of need for pharmaceutical service provision within Southwark based on the demographics and health profile of the borough. This mapping of pharmaceutical services against local health needs will be used by NHS England, the organisation responsible for commissioning local pharmacies, to determine if new pharmacy services should be commissioned under the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations, 2013.¹ The regulations also apply to applications from pharmacies to change existing services. In addition to the core services community pharmacies provide, they are also commissioned to deliver additional services that reflect and address local needs.

The PNA will help commissioners of pharmaceutical services and other local services decide which services to buy to meet the needs of the community. More specifically the PNA will enable pharmaceutical service providers and commissioners to:

- Understand the health and pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided and to address any identified gaps
- Commission appropriate and accessible services from community pharmacy
- Target services that will help to reduce health inequalities within local health communities.

PNA Process

Southwark Council's Public Health team led the production of the PNA. The process was overseen by a steering group established in April 2017 that included representatives from:

- Medicines Optimisation Team, NHS Southwark CCG
- Primary Care Commissioning Team, NHS Southwark CCG
- Southwark Community Pharmacist Forum
- Lambeth, Southwark and Lewisham Local Pharmaceuticals Committee
- People & Health Intelligence Section, Public Health Directorate, Southwark Council.

Furthermore, the following parties were engaged as the document was developed:

- Healthwatch Southwark
- Pharmacy Contracts Team, NHS England
- PNA Steering Group Lead, London Borough of Lambeth
- PNA Steering Group Lead, London Borough of Lewisham.

Overview of Southwark

Southwark is a densely populated and diverse inner London borough situated on the south bank of the River Thames, with Lambeth to the west and Lewisham to the east. Home to some 310,000 people, Southwark is a patchwork of communities: from leafy Dulwich in the south, to bustling Peckham and Camberwell, and the rapidly changing Rotherhithe peninsula. Towards the north, Borough and Bankside are thriving with high levels of investment and development. Yet there remain areas affected by high levels of deprivation, where health outcomes fall short of what any resident should expect.

Key messages

- Southwark's population is younger and consists of more working age individuals than the national average. The projected population growth will create additional demand for pharmaceutical services across Southwark's pharmacy network, particularly among older people. New housing developments will also alter the way in which our population use services and the demands placed on community pharmacy.
- Southwark has an ethnically diverse population, with almost half of local residents identifying as either Black, Asian or other ethnic minority group (BAME) and over 100 languages spoken across the borough. Given the diversity of the Southwark population, it is crucial that pharmacies across the borough are able to deliver services that are accessible and inclusive of their local communities. In doing so, pharmacies can contribute and support work to reduce health inequalities that exist in Southwark.
- While life expectancy in Southwark is constantly improving, healthy life expectancy remains an area of concern. The most deprived people in the borough are not only more likely to suffer from ill health than the more affluent; they also tend to spend a greater proportion of their lives sicker with multiple long term conditions.
- High blood pressure and diabetes, as key risk factors for CVD, are the most commonly diagnosed long term conditions in Southwark. The mental health needs of the local population, particularly in more deprived areas, are also high. Not everyone with a long term condition has been diagnosed and current estimates suggest that there are people living with undiagnosed long term conditions within the borough.
- While smoking prevalence in Southwark is similar to the London and England averages, the high burden of disease associated with smoking means that supporting people to quit remains a high priority within the borough. Similarly, supporting people to maintain a healthy weight is also important given the associated risks of developing long term conditions.
- Southwark has a high alcohol dependency rate and ranks eighth worst of the 32 London boroughs for substance misuse related admissions. The borough also has high rates of sexually transmitted infections and HIV. Levels of teenage pregnancy in the borough are also high, with Southwark ranked fourth in London.

Overview of Pharmaceutical Services

Services	Current service level	Gaps identified	Potential improvements (2018-2021)
Essential services			
Mandatory and necessary services. Negotiated nationally. Provided by all community pharmacies.			
	<ul style="list-style-type: none"> ▪ Southwark has 62 community pharmacies, the same number of pharmacies as 2013. ▪ There are no local pharmaceutical services contractors, dispensing appliance contractors, dispensing doctors, mail order or internet based pharmacies. ▪ Fifty-nine pharmacies (95%) have the standard 40 hours contract and out of these 28 are open longer than the 40 core contract hours. ▪ The majority of community pharmacies (86%) are open on a Saturday for at least part of the day and 11 pharmacies are open on a Sunday for at least part of the day. 	<ul style="list-style-type: none"> ▪ Compared to previous (2015) PNA, only College ward does not contain a pharmacy. However this part of the borough has a number of community pharmacies within 1 kilometre in adjacent boroughs (Lambeth, Lewisham and Croydon). All remaining wards, with the exception Surrey Docks which did not have any pharmacy in 2015, have at least two pharmacies and offer a choice for the public. ▪ Consideration could be given to extending opening hours at the weekends to improve access and choice. This is particularly important given the vision from the Southwark Five Year Forward View to extend access to primary care (seven days a week 8am-8pm). 	<ul style="list-style-type: none"> ▪ Consider commissioning a number of pharmacies to open on Sundays or work extra hours if deemed necessary. ▪ A coordinated approach to public health campaigns that involve NHS England, Southwark Public Health and local pharmacies. ▪ Clarification of the PH campaigns that all pharmacies should be involved in (based on local priorities).
Advanced services			
Relevant services. Negotiated nationally. Community pharmacies can choose to provide advanced services if they meet the Secretary of State Directions requirements.			

Services	Current service level	Gaps identified	Potential improvements (2018-2021)
Medicine Use Reviews (MUR)	<p>In 2016-17:</p> <ul style="list-style-type: none"> ▪ 54 pharmacies undertook approximately 19,000 MURs. ▪ 30 pharmacies claimed at or near the maximum number of MURs. ▪ College ward does not contain a pharmacy to provide this service. 	<ul style="list-style-type: none"> ▪ There is potential for the MUR service to be made available to more residents in Southwark. ▪ From the pharmacy survey, five pharmacies reported that they do not currently provide MURs but intend to do so within the next 12 months. 	<ul style="list-style-type: none"> ▪ Encourage all community pharmacies to offer MURs ▪ Engage with existing providers with a view to all providers performing more than 380 MURs per annum.
New Medicine Service (NMS)	<p>In 2016-17:</p> <ul style="list-style-type: none"> ▪ 45 pharmacies (73%) declared that they provided at least one NMS. ▪ 3,961 NMS reviews were undertaken (17% higher than the previous year). ▪ The average number of NMS reviews per pharmacy was 64, which is comparable to London average (65). ▪ College ward does not contain a pharmacy to provide this service. 	<ul style="list-style-type: none"> ▪ Analysis indicates that the provision of NMS in Southwark is comparable with London average and there is adequate distribution of provision across the borough. 	<ul style="list-style-type: none"> ▪ Responses to the pharmacy survey suggest that seven community pharmacies in Southwark intend on providing NMS in 2018/19.
Appliance Use Reviews (AUR)	<ul style="list-style-type: none"> ▪ Currently three pharmacies in Southwark provide AURs. ▪ There is a provider in each locality except Bermondsey and Rotherhithe. 	<ul style="list-style-type: none"> ▪ Analysis indicates that Bermondsey and Rotherhithe locality has no AUR provider. This is a service gap – however, patients may receive the support required from the hospital or clinics responsible for their on-going care. 	<ul style="list-style-type: none"> ▪ Responses to the pharmacy survey suggest that eight community pharmacies in Southwark intend on providing AURs in 2018/19.

Services	Current service level	Gaps identified	Potential improvements (2018-2021)
Stoma Appliance Customisation (SAC)	<ul style="list-style-type: none"> ▪ Currently three pharmacies in Southwark provide SAC (these also provide the AUR service) ▪ There is a provider in each locality except Bermondsey and Rotherhithe. 	<ul style="list-style-type: none"> ▪ Analysis indicates that Bermondsey and Rotherhithe locality has no AUR provider. This is a service gap – however, patients may receive the support required from the hospital or clinics responsible for their on-going care. 	<ul style="list-style-type: none"> ▪ Responses to the pharmacy survey suggest that eleven community pharmacies in Southwark intend on providing SACs in 2018/19.
NHS Urgent Medicine Supply Advanced Service	<ul style="list-style-type: none"> ▪ All localities had at least one pharmacy providing the service. 	<ul style="list-style-type: none"> ▪ This is a new service and as such there is insufficient information available to assess utilisation. 	<ul style="list-style-type: none"> ▪ Ongoing review of service utilisation is required.
Seasonal Influenza Vaccination	<p>In 2016-17:</p> <ul style="list-style-type: none"> ▪ 39 pharmacies provided over 3,000 seasonal influenza vaccinations ▪ Overall seasonal influenza vaccine uptake in Southwark was below the national targets. ▪ 40 pharmacies are providing this service for 2017/18. 	<ul style="list-style-type: none"> ▪ The coverage of this service is adequate for the needs of the Southwark population, however overall uptake of the seasonal flu vaccine is low within the borough. 	<ul style="list-style-type: none"> ▪ Further engagement with existing providers including community pharmacies may help to improve uptake of the vaccination service. ▪ Responses to the pharmacy survey suggest that eleven community pharmacies in Southwark intend on providing this service in 2018/19.
<p>Enhanced Services Relevant services. Negotiated locally to address local health needs. Provided from selected pharmacies, specifically commissioned.</p>			
Enhanced Flu service	<p>This is the only enhanced service commissioned locally by NHS England's area team.</p> <p>In 2016-17:</p> <ul style="list-style-type: none"> ▪ NHS England list 27 pharmacies (44%) in Southwark as providing the Enhanced Vaccination Service. 	<ul style="list-style-type: none"> ▪ The coverage of this service is considered adequate for the needs of the Southwark population and in particular to specific at risk groups. ▪ This service also provides flu jabs for those patients that are not qualified and consequently not 	<ul style="list-style-type: none"> ▪ Further engagement with existing providers including community pharmacies may help to improve the coverage of the enhanced flu vaccination service.

Services	Current service level	Gaps identified	Potential improvements (2018-2021)
	<ul style="list-style-type: none"> 26 pharmacies (42%) within the borough offer both seasonal flu vaccination (advanced) and the enhanced flu services. 	<p>covered under the National advanced flu service.</p>	
<p>Locally Commissioned Services Relevant services. Commissioned by Southwark Council and SCCG to address identified local health priorities</p>			
<p>Stop Smoking Service</p>	<ul style="list-style-type: none"> Currently 20 pharmacies in Southwark are commissioned to provide this service. Services are also provided by specialist providers and a pilot telephone helpline. 	<ul style="list-style-type: none"> Availability of community pharmacy stop smoking services broadly reflects the local pattern of deprivation, with the exception of a small area of Camberwell in the west of Southwark. In addition, there are areas of the borough with multiple pharmacies providing this service and a redistribution of this service provision should be considered. 	<ul style="list-style-type: none"> Some areas have multiple pharmacy providers in a small geographical area; consideration should be given to redistributing providers to increase coverage. Responses to the pharmacy survey indicate that a number of additional pharmacies would be willing to provide the service if commissioned.
<p>Level 1 Sexual Health Services (see 4.5.2)</p>	<ul style="list-style-type: none"> Currently 21 pharmacies in Southwark are commissioned to provide this service. 	<ul style="list-style-type: none"> Some areas of the borough are greater than 1km from the nearest provider; however, there are no pharmacies in these areas to meet this need. 	<ul style="list-style-type: none"> Provision should be reviewed in partnership with neighbouring borough(s) to ensure access to these services meets population needs, and is aligned with local strategies.
<p>Level 2 Sexual Health Services (see 4.5.3)</p>	<ul style="list-style-type: none"> Currently four pharmacies in Southwark are commissioned to provide this service. 	<ul style="list-style-type: none"> There are fewer community pharmacies in Southwark that deliver Level 2 Sexual Health Services than those that deliver Level 1; and there are several geographical gaps in this provision. 	<ul style="list-style-type: none"> Provision should be reviewed in partnership with neighbouring borough(s) to ensure access to these services meets population needs, and is aligned with local strategies.

Services	Current service level	Gaps identified	Potential improvements (2018-2021)
Oral Hormonal Contraception (OHC) Services	<ul style="list-style-type: none"> Currently two pharmacies in Southwark are commissioned to provide this service. 	<ul style="list-style-type: none"> Just two pharmacies offer this service across the borough, both in the north of the borough. 	<ul style="list-style-type: none"> Provision should be reviewed in partnership with neighbouring borough(s), and more closely aligned with integrated sexual and reproductive health services.
Supervised Consumption	<ul style="list-style-type: none"> Currently 18 pharmacies in Southwark are commissioned to provide this service. 	<ul style="list-style-type: none"> No service gap or additional needs identified. 	<ul style="list-style-type: none"> Continue to assess population needs as part of ongoing service development.
Needle Exchange Service	<ul style="list-style-type: none"> Currently 14 pharmacies in Southwark are commissioned to provide this service. 	<ul style="list-style-type: none"> No service gap or additional needs identified. 	<ul style="list-style-type: none"> Continue to assess population needs as part of ongoing service development. Responses to the pharmacy survey suggest that an additional 14 community pharmacies (28 in total) in Southwark would be willing to provide the service if commissioned.
NHS Health Checks	<ul style="list-style-type: none"> Currently three pharmacies in Southwark are commissioned to provide this service. Services are also provided by General Practices through the Southwark GP Federations. 	<ul style="list-style-type: none"> No service gap or additional needs identified. 	<ul style="list-style-type: none"> Consider assessing the contribution of community pharmacies as part of the ongoing development of the NHS Health Check programme. In particular the self-check pilot (via digital services) followed by a GP final check, in the near future.
Minor Ailments Scheme (MAS)	<ul style="list-style-type: none"> Currently all (N=62) pharmacies provide this service. 	<ul style="list-style-type: none"> Currently there is no gap and the service is adequate and widespread across the borough. MAS were considered a 'potential future service' in the previous 	<ul style="list-style-type: none"> The service should be reviewed in future to ensure it is working as planned as it is currently over budget.

Services	Current service level	Gaps identified	Potential improvements (2018-2021)
		2015 PNA.	
Vitamin D Supplementation	<ul style="list-style-type: none"> ▪ Currently 21 pharmacies in Southwark are commissioned to provide this service. 	<ul style="list-style-type: none"> ▪ No service gap or additional needs identified. 	<ul style="list-style-type: none"> ▪ Continue to assess population needs as part of ongoing service development.

Conclusions

The pharmaceutical service coverage in Southwark is considered adequate taking into consideration the pharmacy/population ratio (20.1/100,000 population) which is similar to neighbouring boroughs and compares favourably with the national average (18.3/100,000).

The distribution of community pharmacies correlates well with areas and indices of deprivation in the borough. Southwark residents have a choice of pharmacy in the majority of wards, and our public survey suggests that the majority of respondents (95%) find it quite easy to get to a local pharmacy.

Essential Servicesⁱ

These services are fundamental for patients to obtain prescribed medicines in a safe and reliable manner. All pharmacies are required to deliver and comply with the specifications for all essential services.

We found that between normal opening hours of 9:30am and 5:00pm and Saturdays 9:00am to 1:00pm, there is adequate access and choice within Southwark, with the majority of our residents being afforded a reasonable choice of pharmacy either within their own ward or from a neighbouring ward. However access to pharmacies open on Sunday and to those open 100 hours a week is more limited. Consideration could be given to extending opening hours at weekends to improve access and choice. This is particularly relevant with the delivery of extended access to primary care (seven days a week 8:00am-8:00pm).

The Health and Wellbeing Board consider that the current and future needs for essential pharmaceutical services in Southwark are met by the current pharmaceutical service provision within the borough. However there may be a need for increased Sunday provision. In case of any significant change to current circumstances or when a need for new or additional essential service is identified in the future, the PNA will be reviewed and a supplementary statement will be released as per regulations.

Advanced Servicesⁱⁱ

Currently Southwark pharmacies are not reaching the maximum threshold of 400 MURs per annum, suggesting there is capacity within the existing network of community pharmacies in Southwark to meet the anticipated increased demand.

Enhanced Servicesⁱⁱ

Provision of enhanced services by community pharmacies augments and complements existing strategies and services designed to improve the health and wellbeing of Southwark residents. There is potential for improvement in uptake of services or redistribution of existing provision in relation to certain locally commissioned programmes such as NHS Health Checks and Seasonal Influenza Vaccination.

ⁱ These services are considered for the purposes of this PNA in the context of the *Pharmacy Regulations 2013* as 'necessary services'.

ⁱⁱ These services are considered for the purposes of this PNA in the context of the *Pharmacy Regulations 2013* as 'relevant services'. These are services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless are deemed likely to have secured improvements or better access to pharmaceutical services.

Health Promotion Campaigns

Important themes for future health promotion campaigns include:

- Promoting awareness of symptomless diseases such as hypertension
- Obesity support
- Mental health
- Self-care for minor ailments
- Cancer awareness
- Smoking cessation

Monitoring and Evaluation

Improvements in data collection are important to provide assurance that commissioned services are accessible to all those in need. All services should include a requirement to collect information relating to all the protected characteristics as covered under the Equality Act 2010.² These include: age, sex, race, disability, religion or belief, pregnancy and maternity, sexual orientation, and gender reassignment.

1 BACKGROUND

1.1 Legislative context and function

Southwark's Health and Wellbeing Board is required by law³ to undertake and publish a Pharmaceutical Needs Assessment (PNA) that sets out the existing provision of pharmaceutical services available to local residents, and assess current and future needs.

The PNA is used by:

- NHS England, as the basis for determining market entry to a pharmaceutical list - whether a new pharmacy should open or an existing pharmacy relocate - and for commissioning services
- Southwark Council, NHS Southwark Clinical Commissioning Group (CCG) and other organisations to inform current and future commissioning decisions.

This document has been prepared by Southwark Council's Public Health Directorate in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations, 2013 ("the 2013 Regulations"), and replaces the Pharmaceutical Needs Assessment published in March 2015. The regulations also require a revised PNA to be published at three year intervals therefore necessitating a new PNA to be published by the end of March 2018.

1.2 Requirements for a Pharmaceutical Needs Assessment

The minimum requirements for the PNA are set out in the 2013 Regulations and require that the PNA includes:

- A statement on the provision of services deemed necessary to meet pharmaceutical need and the provision of other relevant services that have secured improvement or better access to pharmaceutical services currently and in the future; this includes providers and premises within the area and adjacent to it
- A statement on the provision of other services provided or arranged by NHS partners that impact upon the need for pharmaceutical services or which would secure improvements in, or better access to, pharmaceutical services.

The regulations go on to require:

- A description of how the assessment was carried out, including information and justification for the geographical localities used and the different needs of localities and people who share a protected characteristic
- Geospatial analysis of existing pharmaceutical service provision
- An estimation of future need
- Reporting on the consultation work undertaken.

The Health and Wellbeing Board is also required to have regard, in so far as it is practicable to do so, to:

- Demography
- Whether there is sufficient choice with regard to obtaining pharmaceutical services

- Any different needs of localities within its area
- The needs of different groups who share a protected characteristic as defined within the Equality Act 2010⁴
- The extent to which the need for pharmaceutical services are affected by services outside the area and other NHS services.

1.3 Scope and summary of commissioned services

The scope of this PNA covers pharmaceutical services commissioned by NHS England (Box 1.1):

- i. Essential Services (NHS England)
- ii. Advanced Services (NHS England)
- iii. Enhanced Services (NHS England)
- iv. Locally commissioned services (Southwark Council and Southwark CCG).

A range of other providers are included within the scope:

- Pharmacy Contractors
- Dispensing Appliance Contractors
- Local Pharmaceutical Services Contractors
- Dispensing Doctors.

In Southwark there are 62 Pharmacy Contractors (“community pharmacies”). None of the other above mentioned providers operate within the borough.

The following services are considered out of scope for the purposes of this PNA:

- Non-NHS services provided by pharmacy contractors
- Pharmacy services provided within secondary and tertiary care including those of Guy’s and St Thomas’ NHS Foundation Trust, King’s College Hospital NHS Foundation Trust and the South London and Maudsley NHS Foundation Trust.

Box 1.1. Overview of Pharmaceutical Services

Essential Services

As set out in the 2013 Regulations all community pharmacy contractors must provide the full range of services which encompass:

- Dispensing medication appliances and actions associated with dispensing
- Disposal of unwanted medicines
- Public health
- Repeat dispensing/electronic repeat dispensing (eRD)
- Signposting to other services
- Support for self-care

Advanced Services

Medicines Use Reviews (MURs)

Conducted by an accredited pharmacist with patients on multiple medications.

New Medicine Services (NMS)

Aimed at people with long term conditions and newly prescribed medications to improve adherence.

Appliance Use Reviews (AUR)

Conducted by a pharmacist or a specialist nurse; designed to improve use of an appliance such as a catheter or drainage bag.

Seasonal Influenza Vaccination Service

Seasonal flu service - community pharmacies offer patients in at-risk groups.

Stoma Appliance Customisation Service (SAC)

Ensures patients with more than one stoma appliance have comfortable fitting appliances and are aware of their proper use.

NHS Urgent Medicine Supply Advanced Service (NUMSAS)

Pilot of a national Advanced Service.

Enhanced Services

Enhanced Flu Vaccination Service

These services are commissioned locally by NHS England's area teams. In Southwark these services include a range of immunisations provided under the London Enhanced Flu Vaccination service.

Locally Commissioned Services

Stop Smoking Service

A smoking cessation service that provides advice, support and supplies medications (where appropriate).
Sexual Health Service (Level 1 and Level 2)
Level 1 Sexual Health Services include: Emergency hormonal contraception, urine screening for chlamydia and gonorrhoea, sexual health promotion, signposting to appropriate sexual health services, and condom distribution. Level 2 Sexual Health Services also include treatment for chlamydia.
Oral Hormonal Contraception
Oral hormonal contraceptive (OHC) services provided via community pharmacies are intended to improve access to contraceptive services, supplementing existing primary care services.
Supervised Consumption
This is a service for the provision of supervised consumption of controlled drugs prescribed for the management of opiate detoxification; appropriately qualified pharmacists dispense medication and observe its consumption.
Needle Exchange Service
The service includes provision of sterile injecting equipment and equipment to ensure the safe disposal of used needles.
NHS Health Checks
The NHS Health Check Programme is the responsibility of Southwark Council's Public Health directorate. There is a statutory duty to offer Health Checks to all eligible people between the ages of 40 and 74.
Minor Ailments Scheme
The Minor Ailment Scheme is provided through the Pharmacy First scheme in Southwark. These pharmacies offer residents quick and local access to advice and treatment about common illnesses.
Vitamin D Supplementation
This service offers free Vitamin D to all pregnant women; mothers with children aged less than 12 months; and all children under the age of four.

1.4 Revision

The Health and Wellbeing Board has a duty to ensure that the PNA is up to date. This may require supplementary statements or a full revision of the document.

Supplementary statements will be published where necessary at six monthly intervals on the Southwark Council website where a full revision would be deemed “disproportionate”. Such statements typically involve notices of pharmacies opening, closing or changing their business hours.

A full revision will of the PNA will be undertaken if there are substantial changes in the need or nature of pharmaceutical services provision.

Notwithstanding the above, the next full review of the pharmaceutical needs assessment is scheduled to be published no later than 31 March 2021.

2 DEVELOPING THE PNA

2.1 Drafting phase, methods and engagement

Southwark's PNA 2018 has made use of a wide range of intelligence sources (Box 2.1).

Box 2.1. Intelligence sources for Southwark's PNA 2018

Domain	Source
Demography and health needs	<ul style="list-style-type: none"> ▪ Annual Public Health Report 2016, Southwark Council ▪ Joint Strategic Needs Assessment, Southwark Council ▪ Bespoke intelligence analyses from Southwark Council Public Health's People & Health Intelligence Section drawing on data from Office of National Statistics, Public Health England and Greater London Authority, and local intelligence from NHS Southwark CCG
Local priorities	<ul style="list-style-type: none"> ▪ Southwark Health and Wellbeing Strategy 2015-2020, Southwark Health and Wellbeing Board ▪ New Southwark Plan 2017, Southwark Council
Availability and accessibility of services	<ul style="list-style-type: none"> ▪ Online questionnaires of local pharmacy contractors, supported by the Lambeth, Southwark and Lewisham Local Pharmaceutical Committee; N = 51, 83% response rate, June - July 2017 ▪ Service data from NHS England and NHS Southwark CCG including other general practice data and prescribing information (ePACT)
Patient experience	<ul style="list-style-type: none"> ▪ Online and paper questionnaires of local residents and patients, supported by the Lambeth, Southwark and Lewisham Local Pharmaceutical Committee; N = 207, July - August 2017

A steering group for the PNA was established in April 2017 led by Southwark Council's Public Health Directorate and includes representation from:

- Medicines Optimisation Team, NHS Southwark CCG
- Primary Care Commissioning Team, NHS Southwark CCG
- Southwark Community Pharmacist Forum
- Lambeth, Southwark and Lewisham Local Pharmaceuticals Committee
- People & Health Intelligence Section, Public Health Directorate, Southwark Council.

Furthermore, the following parties were invited to attend the Steering Group and were updated on progress:

- Healthwatch Southwark
- Pharmacy Contracts Team, NHS England
- PNA Steering Group Leads, London Borough of Lambeth
- PNA Steering Group Lead, London Borough of Lewisham.

2.2 Post-drafting methods and engagement

Two further phases of consultation need to be carried out with the PNA draft:

- Pharmacy contractor workshop held on 23 November 2017
- Statutory consultation for 60 days via online questionnaire with members of the public and other interested parties between December 2017 and January 2018.

2.3 Aim and objectives

The aim of the PNA process is to enable commissioners and providers to better meet current need within Southwark and take steps to ensure that needs continue to be met in the future.

Southwark's PNA 2018 examines the following key areas:

- Health needs profile for Southwark. This section will examine the Southwark population profile; life expectancy and healthy life expectancy; main causes of mortality and morbidity including trends over time as well as leading lifestyle risk factors
- Assessment of current pharmaceutical services. This section identifies and maps the current provision of pharmacy services across the borough.

2.4 Understanding Southwark's geographies

Southwark's Health and Wellbeing Board has responsibilities for the populations of the London Borough of Southwark and its co-terminous NHS Clinical Commissioning Group. Despite this, a number of spatial groupings have historically been used by the council or the NHS for electoral purposes or service provision. Southwark's previous PNA (from 2015) used a mixture of council defined neighbourhoods based on electoral ward boundaries.

For health services provision more recently, Southwark Council and NHS Southwark CCG have moved towards a system of local care networks which are based on existing GP Federation arrangements that, as of 30 November 2017, group 19 general practices in the north of the borough and 20 in the south. The overlapping nature of General Practice 'lists' means that there is no geographically defined boundary – making spatial analysis challenging. Pharmacy services at present do not align to these groupings.

Therefore for Southwark's PNA 2018, electoral wards have been used as the primary geospatial unit of analysis with other units utilised where necessary or appropriate. It should be noted that all of Southwark's electoral wards will be changing following the Boundary Commission review in May 2018. A view will be taken by the Health and Wellbeing Board on how best these new geographies should or can be represented in the future.

3 HEALTH NEEDS PROFILE FOR SOUTHWARK

Community pharmacies have an important role to play in improving health and wellbeing and reducing health inequalities, through:

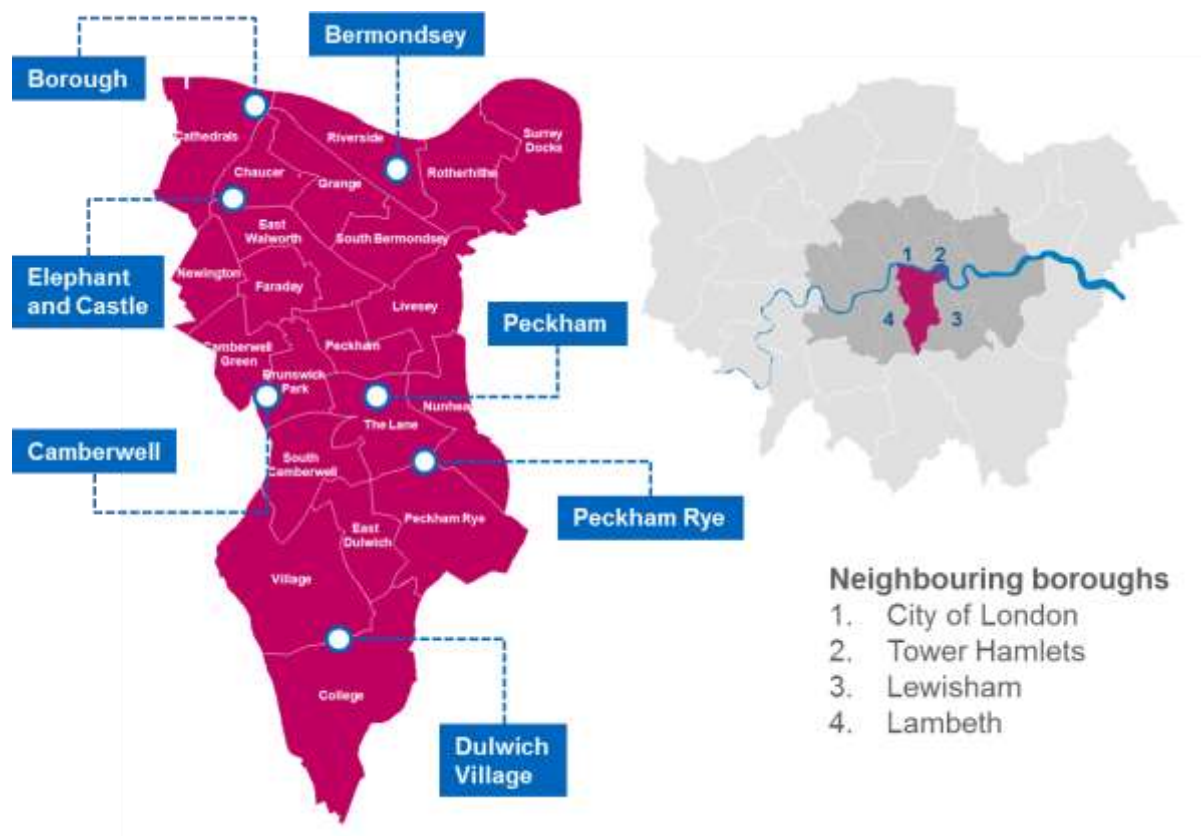
- Providing advice to patients regarding self-care, management of long-term conditions and the use of medication
- Services and interventions to promote healthier lifestyle choices
- Health promotion campaigns.

3.1 Southwark population profile

3.1.1 Geography

Southwark is an inner London borough in South East London with 21 electoral wards. The River Thames is the northern boundary, with Lambeth to the west, Lewisham to the east and Bromley to the south (Figure 1).

Figure 1: Southwark electoral wards, town centres and location in London Area

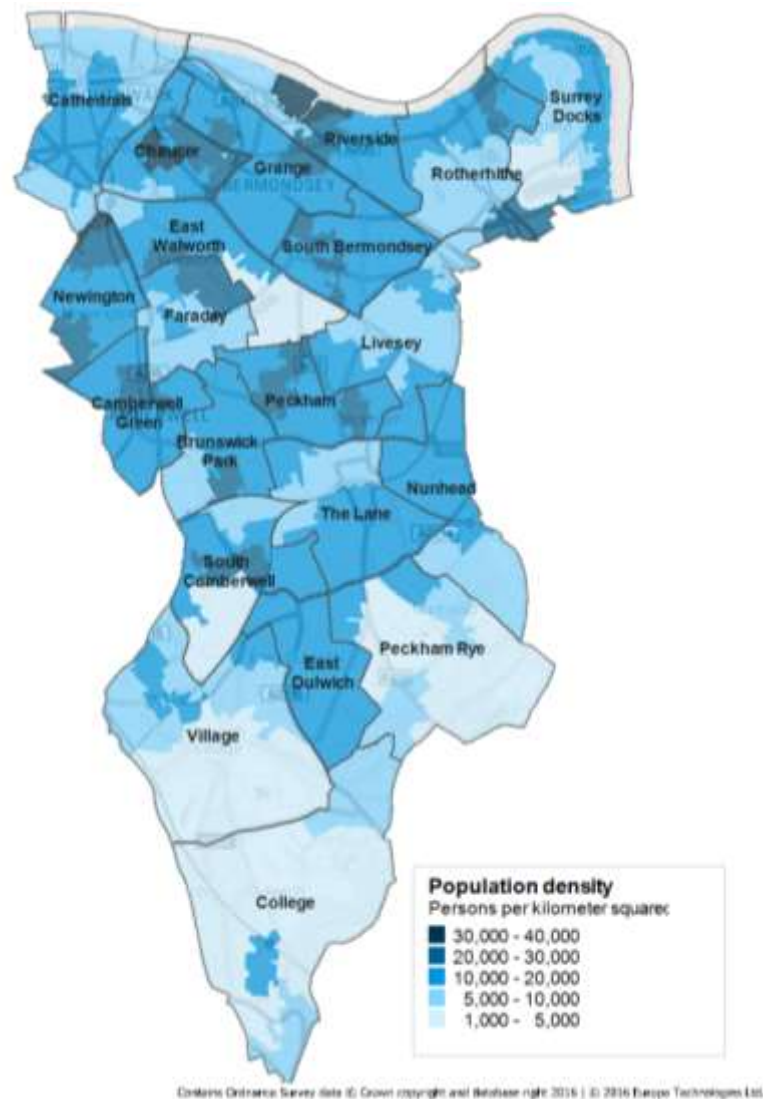


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3.1.2 Population estimates and population density

According to data from the Office for National Statistics there are approximately 313,000 residents in Southwark. The population density of the borough is estimated to be approximately 10,800 persons per square kilometre, making Southwark one of the most densely populated areas in the country. Several areas are particularly densely populated, with densities reaching almost 48 times the national average (Figure 2).

Figure 2: Population density in Southwark, 2015



Source: ONS, 2015

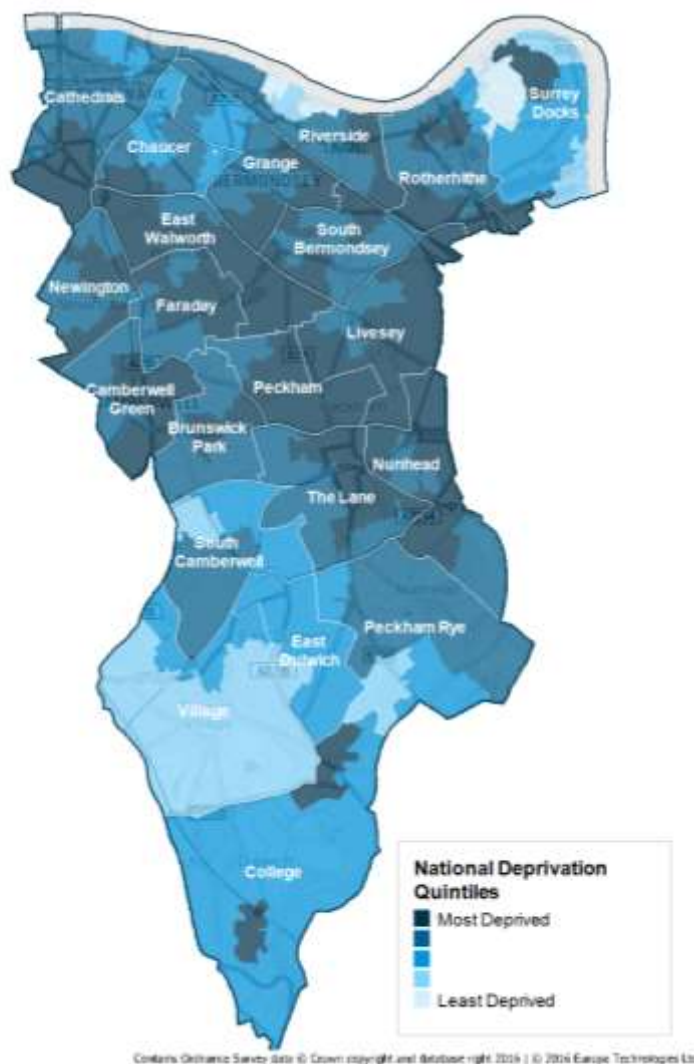
3.1.3 Deprivation

The Indices of Deprivation is the official measure of relative deprivation for England and combines information across seven domains, including:

- Income
- Employment
- Education
- Health
- Crime
- Barriers to housing and services
- Living environment

Deprivation is recognised as having a negative impact on health and wellbeing throughout the course of a person's life.⁵ Approximately 119,000 (38%) of Southwark residents live in communities ranked in the top 20% most deprived areas nationally.⁶ Areas with particularly high levels of deprivation include Bermondsey, Camberwell and Peckham (Figure 3).

Figure 3: National index of multiple deprivation - Southwark quintiles



Source: Department for Communities & Local Government Indices of Deprivation 2015

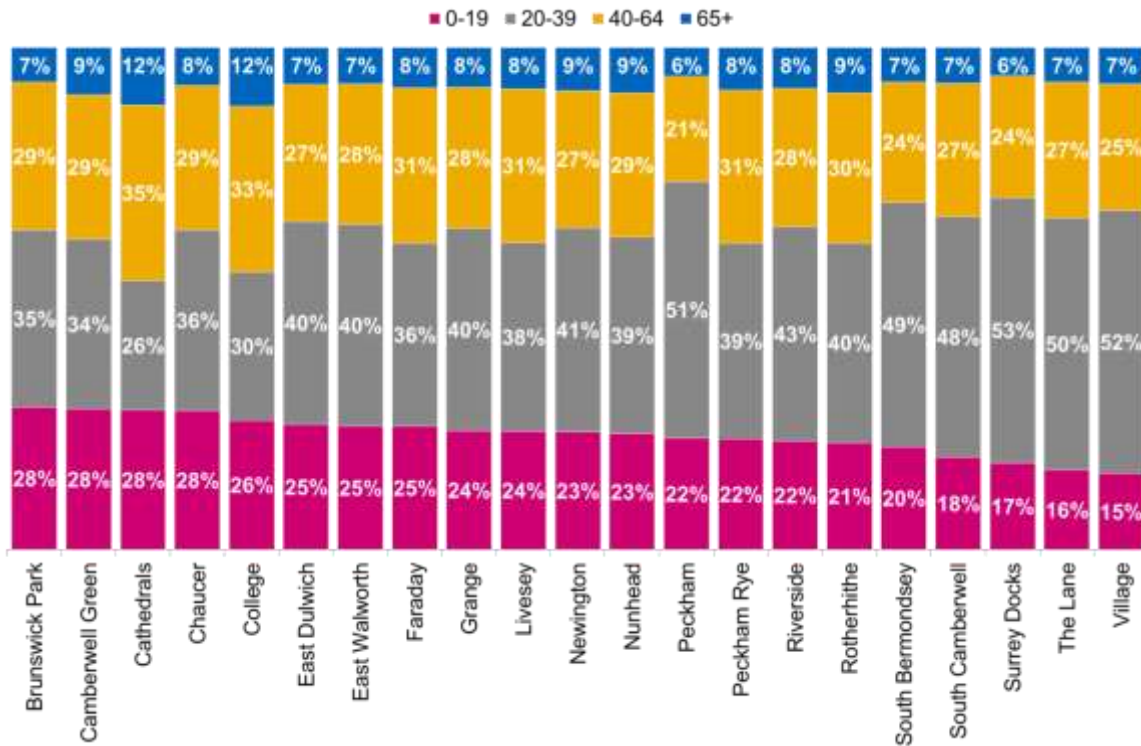
3.1.4 Age profile

Southwark has a comparatively young population, with a median age of 32.9 years, compared to London (34.8 years) and England (39.8 years).⁷

92% of Southwark’s population are under the age of 65: a much higher proportion than the national average of 82%.

The proportion of people aged 65 and over is relatively low in the majority of wards, with the highest proportions (12%) living in Cathedrals and College wards. Village, The Lane, Surrey Docks, and Peckham wards have a particularly large number of people aged 20 to 39 – approximately a half of the total ward population.

Figure 4: Population age distribution in Southwark wards, 2015



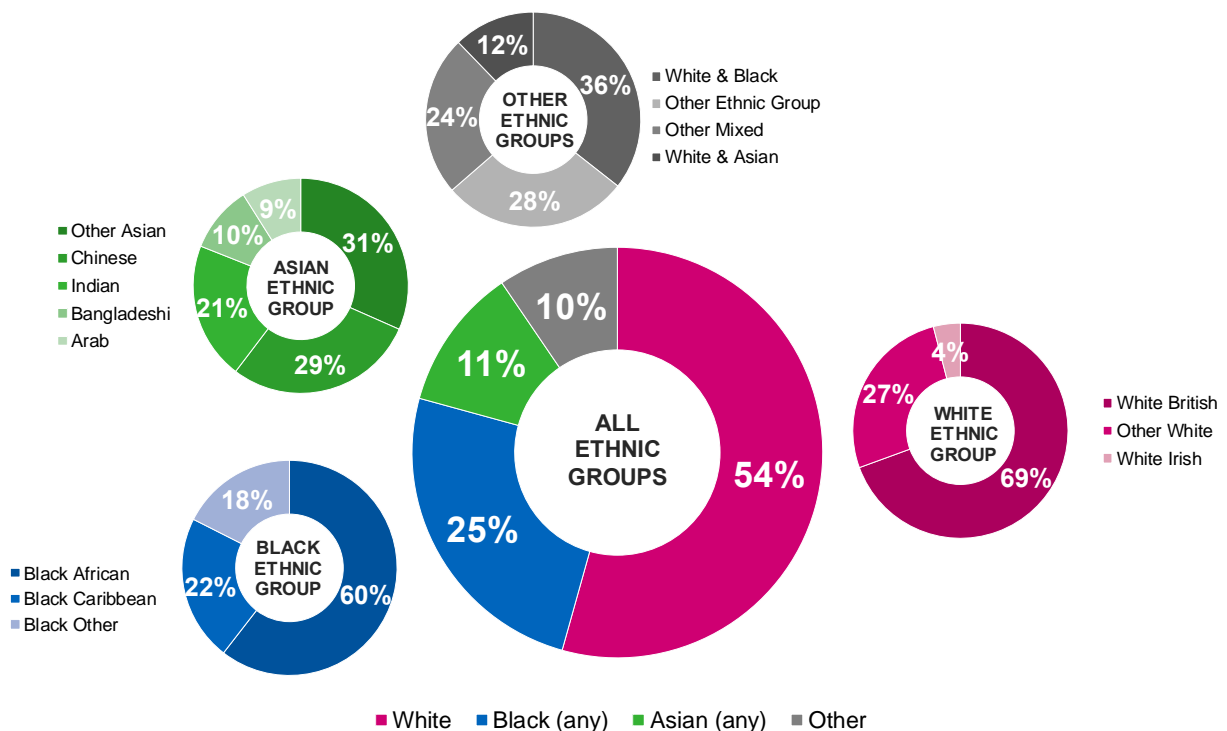
Source: ONS mid-year population estimates 2015

3.1.5 Ethnic profile and languages

The demographics of an area can affect the demand for services including those provided by pharmacies. In addition, English language proficiency can be a significant barrier for service uptake.

The ethnic diversity of Southwark has changed substantially since the turn of the century, with a decline in the proportion of the population identifying themselves as White since 2001. However, over the next 10 years the ethnic diversity of Southwark is projected to remain relatively stable. The latest population projections show that almost half of Southwark residents identify as being Black, Asian and other ethnic minority (BAME) (Figure 5).

Figure 5: Southwark ethnic groups in 2016



Source: GLA 2015-round ethnic projections EGPP trend LTM

Areas such as Peckham and Camberwell have a particularly high proportion of residents from Black, Asian and other ethnic minority groups (BAME). The highest proportion of residents from BAME backgrounds live in Peckham electoral ward (around 70%) and the lowest proportion – in Village ward (around 20%).⁸

The most recent Census (2011) estimated that more than 100 languages were spoken in Southwark, although over 80% of residents report that their main language is English.⁹ Other prevalent language groups identified include European (around 5%), African (around 3%) and East Asian languages (around 3%).

Approximately 90% of the respondents to the patient experience survey (Box 2.1) stated that their main language was English, with 8% saying it was a language other than English and 2% did not provide an answer. There was no single predominant language among those

who reported their main language not to be English. The questionnaire was only available in English.

3.2 Life expectancy and healthy life expectancy

3.2.1 Life expectancy

Overall life expectancy in Southwark is rising. A male infant born in Southwark today has a life expectancy of 79 years compared to 75 years in 2001-03. Female life expectancy has seen a similar increase, currently 84 years compared to 80 years in 2001-03. However, there remains a significant gap in life expectancy between the sexes, with males expected to live on average 5 years less than their female counterparts.

When comparing life expectancy between electoral wards in Southwark, results show that life expectancy among males varies from 86.7 years in Village to 74.4 years in Nunhead – a difference of 12.3 years (Figure 6). Female life expectancy varies from 87.6 years in Brunswick Park to 80.4 years in Nunhead – a difference of 7.2 years (Figure 7).

When comparing life expectancy between areas with different levels of deprivation it is clear that people from the most deprived areas of the borough live shorter lives compared to those living in the most affluent areas. In the past five years, these differences have become more prominent. In 2010-12, males from the most deprived areas of the borough were expected to live around 7.6 years, and females around 5.5 years shorter compared to those living in the most affluent areas. By 2013-15, the life expectancy gap increased to around 9.6 years for males and around 5.6 years for females.

The reason for the gap in life expectancy between residents living in most and least deprived areas of the borough relates to higher mortality rates from cardiovascular disease, cancer and respiratory conditions. The higher mortality rates from these conditions account for around 60% and 50% of the male and female life expectancy gap respectively. Furthermore, mental and behavioural disorders account for an additional 10% and 14% of the gap in male and female life expectancy respectively.

Figure 6: Male life expectancy at birth by Southwark electoral ward, 2013-15

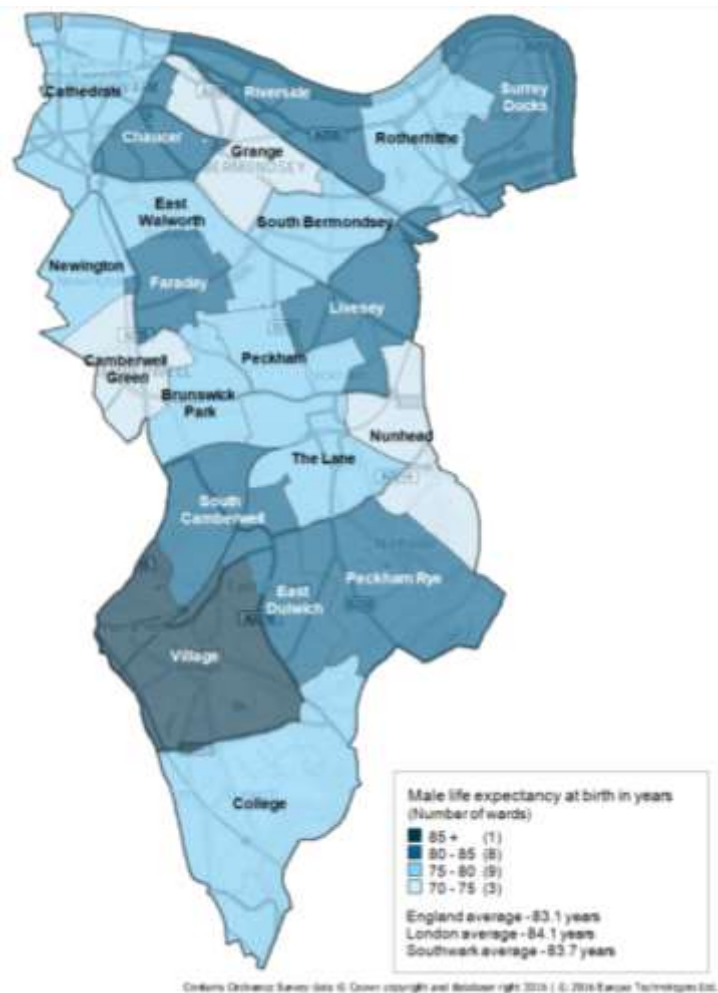
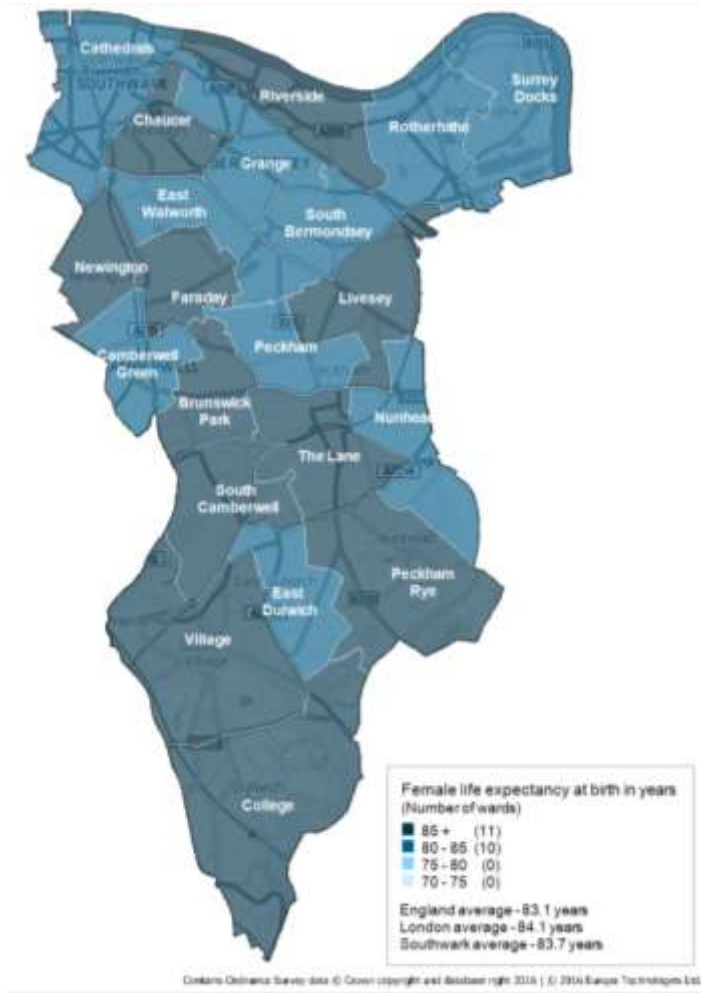


Figure 7: Female life expectancy at birth by Southwark electoral ward, 2013-15



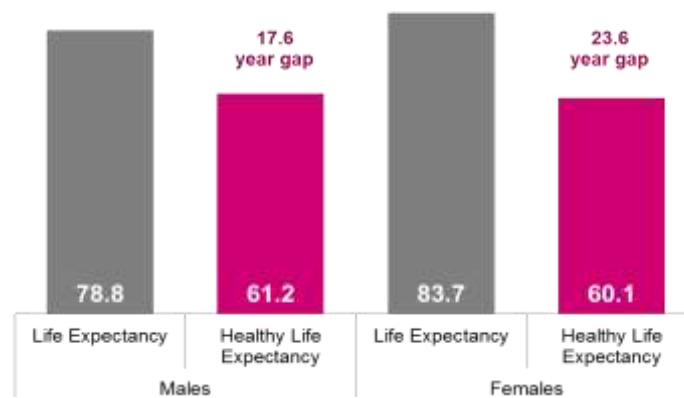
Source: NHS Digital Primary Care Mortality Database, ONS mid-year population estimates

3.2.2 Healthy life expectancy

Healthy life expectancy is an estimate of how many years a person is expected to live in full health. While overall life expectancy in the borough has increased significantly, healthy life expectancy has remained relatively stable. This has led to an increase in the average number of years local people spend in poor health.

Despite having a longer life expectancy, female healthy life expectancy in Southwark is shorter compared to males. Therefore, females spend more years in poor health compared to males: 24 years versus 18 years respectively (Figure 8).

Figure 8: Southwark life expectancy and healthy life expectancy (years)



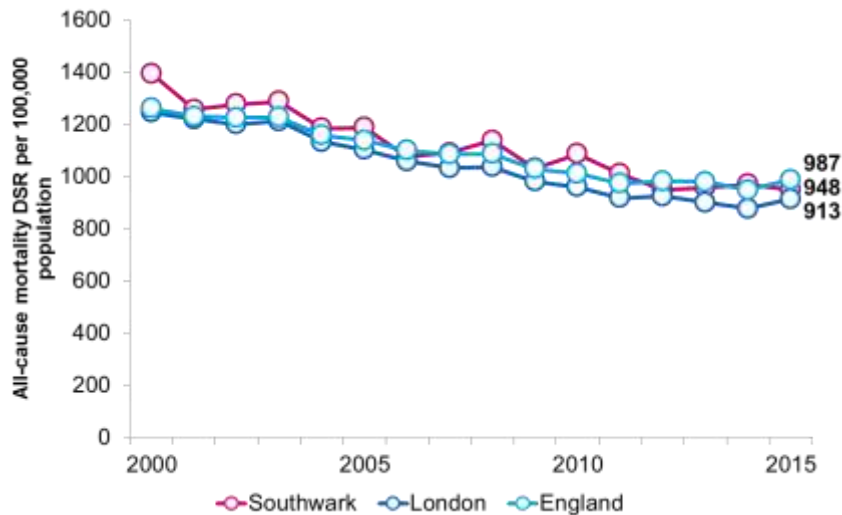
Source: ONS healthy life expectancy by local authority 2013-15

3.3 Mortality

3.3.1 Trends in all-cause mortality

Over the last 15 years there has been a significant reduction in the overall mortality rate in Southwark, mirroring the London and national picture, with rates falling by around a third from 1,393 per 100,000 to 948 per 100,000 population (Figure 9).

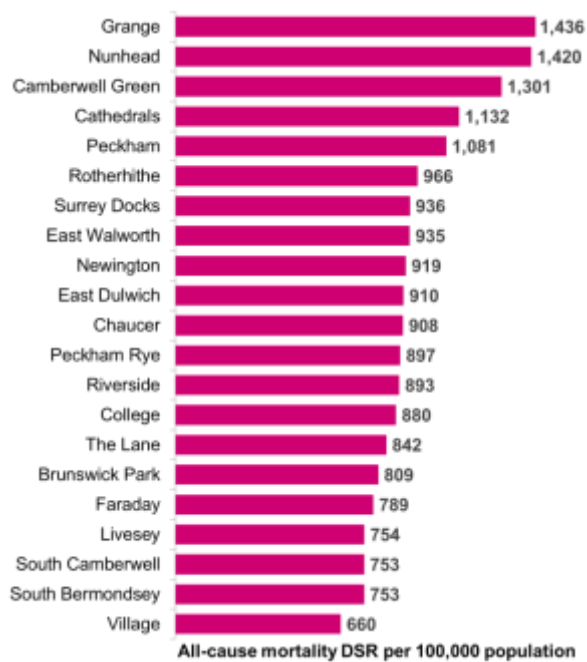
Figure 9: Directly standardised all-cause mortality rates



Source: ONS Vital Statistics; ONS mid-year population estimates

There is significant variation in all-cause mortality across the borough. In 2015 the mortality rate in Grange ward was more than double the rate in Village ward (Figure 10).

Figure 10: Directly standardised all-cause mortality rates by Southwark ward, 2015

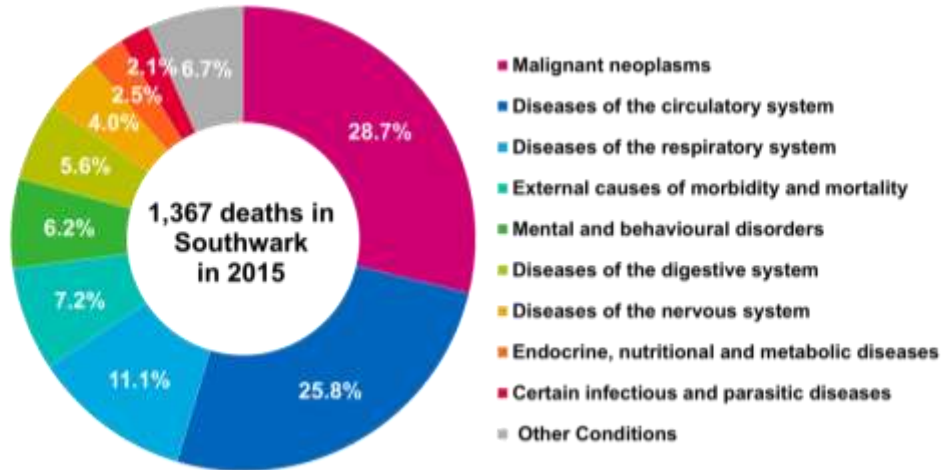


Source: ONS Vital Statistics; ONS mid-year population estimates

3.3.2 Major causes of death

Mirroring the national picture, cancer, cardiovascular diseases and respiratory diseases are the leading causes of death in Southwark, accounting for two thirds of all deaths in 2015 (Figure 11).

Figure 11: Causes of death in Southwark, 2015



Source: ONS Vital Statistics Outputs

3.3.3 Preventable mortality

Reducing preventable mortality rates is considered a key public health goal. Preventable mortality includes deaths, which could be avoided if there had been more effective public health and medical interventions in place.¹⁰ Premature mortality is preventable and includes all potentially avoidable deaths under the age of 75.

The main contributors to premature mortality nationally are cancer, cardiovascular, respiratory and liver diseases. This picture is reflected locally. The standardised mortality rates for these conditions have been reducing over the past 15 years. Compared to 2001-03 the highest reduction in mortality rates was for cardiovascular conditions, the rates for which have more than halved. Preventable mortality rates from respiratory conditions have reduced by around 40% and rates for cancer and liver disease have reduced by 20%. Levels of premature mortality in Southwark remain above regional and national levels across all four conditions, significantly so for cancer and respiratory disease.

3.4 Morbidity

3.4.1 Physical health

In Southwark, 44% or approximately 138,000 residents report having a long-standing health condition.¹¹ The diagnosed prevalence of most major long-term conditions (LTC) in Southwark is either similar to or lower than the national and London averages and there is little variation between the two General Practitioner (GP) Federations, North and South.

It is important to note that these are crude prevalence rates and may be affected by the population age structure. Therefore, the prevalence of these long-term conditions in Southwark may change as the population age structure changes.

Table 1: Diagnosed disease prevalence in 2015-16

Condition Group	Condition	Diagnosed Cases in Southwark	Prevalence		
			Southwark	London	England
Mental health and neurological conditions	Dementia	1,183	0.4%	0.5%	0.8%
	Depression*	17,624	6.9%	6.0%	8.3%
	Epilepsy*	1,372	0.5%	0.6%	0.8%
	Learning Disabilities*	941	0.3%	0.3%	0.5%
	Severe Mental Illness	3,856	1.2%	1.1%	0.9%
Cardiovascular conditions	Atrial Fibrillation	2,262	0.7%	1.0%	1.7%
	CHD	4,420	1.4%	2.0%	3.2%
	Stroke & TIA	2,836	0.9%	1.1%	1.7%
	Heart Failure	1,461	0.5%	0.5%	0.8%
	Hypertension	33,523	10.6%	11.0%	13.8%
Respiratory conditions	COPD	4,430	1.4%	1.1%	1.9%
	Asthma	13,634	4.3%	4.6%	5.9%
High dependency and other long term conditions	Cancer	4,449	1.4%	1.7%	2.4%
	Chronic Kidney Disease*	5,157	2.0%	2.4%	4.1%
	Diabetes**	15,228	5.9%	6.3%	6.6%

Source: NHS Digital Quality Outcomes Framework 2015-16

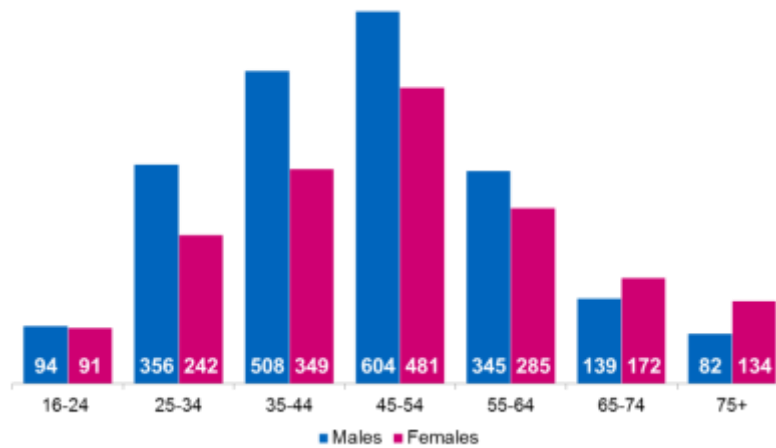
Comorbidities

In addition to individuals with a diagnosed LTC (Table 1), people with comorbidities and those with three or more LTCs often present with complex health and social care needs. Community pharmacies can assist local GPs with meeting these health needs, for example by providing support with treatment compliance and health advice.

3.4.2 Mental health

The prevalence of severe mental illness (SMI), comprising bipolar affective disorder, schizophrenia and other psychoses, was the only health indicator with higher prevalence in Southwark than the national average (Table 1). Approximately 54% of Southwark's SMI population are male and the condition is most common amongst individuals aged between 30-60 years (Figure 12).

Those from a Black ethnic background are at a higher risk of developing SMI. Those diagnosed with a SMI are vulnerable and at higher risk of developing other conditions or comorbidities. Because of these vulnerabilities, the SMI cohort generally present with complex needs and represents a significant burden in terms of health and social care costs.

Figure 12: Patients on Southwark severe mental illness register

Source: SMI Register, Southwark General Practice; EMIS Web 2014 Extract

Common mental health disorders (CMD) such as depression and anxiety are more prevalent than SMI. The prevalence of diagnosed depression among adults is higher in Southwark compared to the London average and it is estimated that depression alone affects around 18,000 residents (Table 1). These numbers are likely to be an underestimate, as not all residents with depression will seek help.

The specific number of children and adolescents affected by CMD is not known. The latest estimates from PHE (2017) suggest that at least 1,500 Southwark children aged 5-16 years may be suffering from anxiety and depression.

Perinatal mental health problems are estimated to affect up to 20% of women during pregnancy and the first year after having a baby.¹² Mental health problems complicate pregnancy and the postpartum year and can have long-standing effects on a child's emotional, social and cognitive development. It is estimated that each year approximately 2,600 Southwark women might be affected by mental health disorders during the perinatal period.

3.5 Behavioural risk factors

The five leading risks for death and disability in the UK are tobacco, dietary risks, high blood pressure, high body mass index and alcohol and drug use.¹³ These risk factors increase the likelihood of major long-term conditions such as respiratory, cardiovascular diseases as well as cancers.

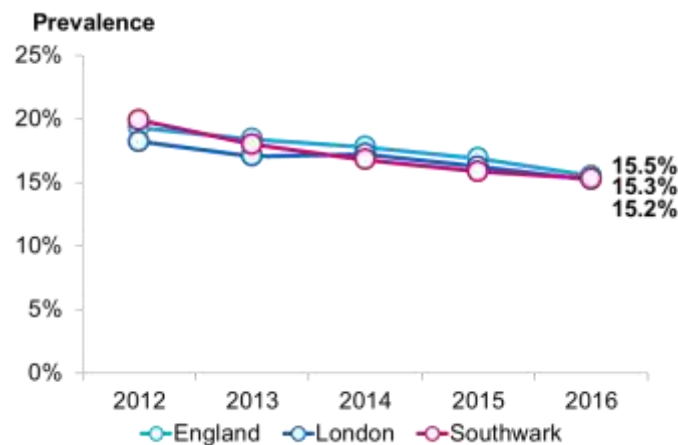
3.5.1 Smoking

Smoking is a major risk factor for many conditions including lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. Estimates suggest that there were some 34,300 smokers in Southwark in 2016.¹⁴

Smoking prevalence in Southwark is statistically comparable to the regional and national averages (Figure 13). Prevalence varies among different population groups; with Southwark residents employed in routine and manual occupations being more likely to smoke.

According to 2016 data, smoking prevalence in this population group was around 19%. Due to the relatively small sample size, there is a degree of uncertainty and a significant year-on-year fluctuation in the estimates of smoking prevalence among residents employed in routine and manual occupations.

Figure 13: Smoking prevalence trends among the general adult population



Source: Public Health England Local Tobacco Control Profiles 2016

The number of current and regular smokers among 15-year-olds in Southwark in 2014-15 was similar to the London average and significantly lower compared to the national average. 5% of 15 years old were current smokers compared to the London average of 6% and the national average of 8%; 3% were regular smokers versus 3% and 5% respectively.¹⁴

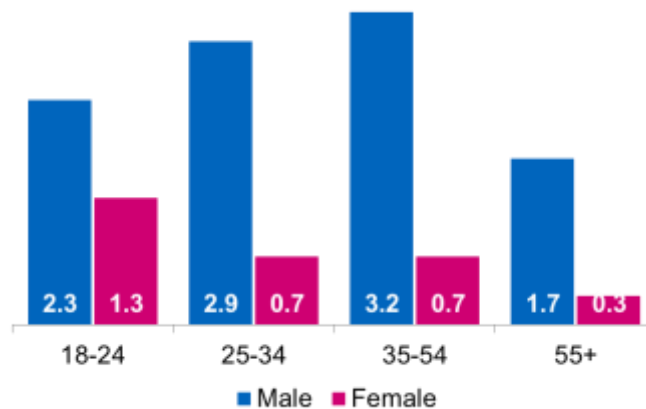
Although over the past 15 years smoking prevalence in England has reduced from around 27% to 15%, smoking remains the single largest cause of preventable death and ill-health. In 2015-16 there were 1,786 smoking-attributable hospital admissions in Southwark, with rates significantly higher compared to both the London and England averages. Furthermore, despite the downward trend in smoking-attributable mortality, Southwark's smoking mortality rate remains significantly above the London and England averages. In 2013-15 there were 794 smoking-attributable deaths in the borough.

3.5.2 Alcohol

Harmful use of alcohol represents a significant health, social and economic burden.¹⁵ Excessive alcohol consumption is a contributing factor to both emergency hospital admissions and mortality from a range of conditions including liver disease, several types of cancer, and cardiovascular disease. In addition, a significant proportion of the disease burden attributable to alcohol consumption arises from unintentional and intentional injuries, including those due to road traffic collisions, violence and suicide.

Alcohol dependency ratios are a measure of the proportion of the population classified as alcohol dependent. Southwark has the 6th highest level of alcohol dependency in London, with an estimated 4,000 people in the borough dependent on alcohol. Alcohol dependency among males is higher than females across all age groups. Male dependency ratios peak at the 35-54 age group before declining. For females, the highest ratios can be found among the 18-24 age group (Figure 14).

Figure 14: Alcohol dependency in Southwark, 2014



Source: Estimates of Alcohol dependence in England based on APMS 2014. Sheffield University, 2014

While the alcohol specific mortality rate in Southwark is comparable to national levels, it remains significantly above the London average. In 2013-15 Southwark had the highest rate of alcohol specific mortality in the capital, with 79 deaths over the three year period.¹⁶

In 2015-16 there were 1,357 hospital admissions related to alcohol among Southwark residents. The rate of alcohol-related hospital admission in Southwark is significantly below national levels and has declined year on year since 2011-12. However, admission rates are consistently higher than the London average.

3.5.3 Substance Misuse

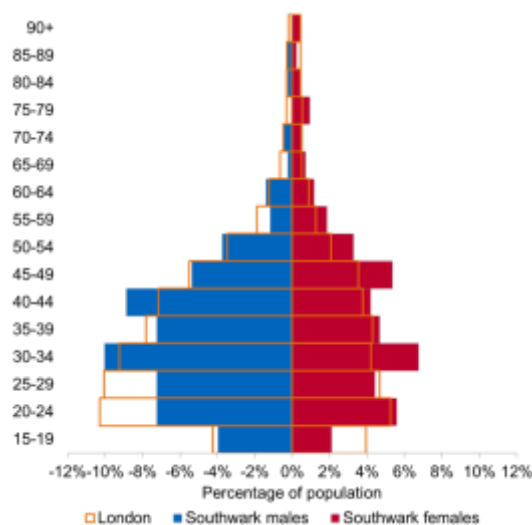
Recreational drug use, particularly among young people, continues to be one of the most significant public health challenges in England and a key policy concern for the government. People who use drugs recreationally are at higher risk of mental health problems, respiratory conditions and viral infections, such as hepatitis B and C, leading to liver disease. In addition

they are more likely to engage in risky behaviours, putting them at higher risk of injury and sexually transmitted infections.

Recent data show that 1,500 people were registered with Southwark drug misuse services. Over 700 people were known to use intravenous drugs. Figures from Public Health England show that 35 people in Southwark died of drug misuse in 2013-15.

Southwark has the 8th highest hospital admission rate for substance misuse in London. Between 2012-13 and 2014-15 there were 429 admissions, with the majority being male patients (approximately 60%).¹⁷ The highest number of admissions was recorded for the age group 30 to 34 years old (Figure 15).

Figure 15: Age distribution for substance misuse related hospital admissions in Southwark and London



Source: Hospital Episode Statistics; ONS mid-year population estimates 2016

3.5.4 Healthy Weight

A healthy weight is defined as body mass index (BMI) between 18 and 25kg/m². A person with a BMI score above this level is considered to have excess weight, which is linked to an increased risk of developing serious health conditions like cardiovascular disease, type 2 diabetes, liver disease, and several types of cancer. Being overweight can also affect a person's quality of life and lead to mental health problems, such as depression and low self-esteem.¹⁸ Over half of adults in Southwark have a BMI over 25kg/m².

Both diet and physical activity have a major role in maintaining healthy weight. The latest data from Public Health England shows that a significantly smaller proportion of Southwark residents are eating the recommended number of fruit and vegetable portions a day compared to London and England averages: approximately 46% versus 49% and 51% respectively.

3.5.5 Physical Activity

Physical inactivity is one of the leading risk factors for morbidity and premature mortality in the UK. It has a significant financial burden on the UK healthcare service. The direct financial cost is estimated to be as high as £1.2 billion each year.¹⁹ Regular physical activity is associated with a reduced risk of cardiovascular disease, diabetes, obesity, osteoporosis, colon, and breast cancer as well as with improved mental health and wellbeing.²⁰

Approximately six in ten Southwark residents are meeting the national physical activity guidelines (Figure 16). The proportion of active residents in Southwark has increased from 57% in 2012-13 to 63% in 2014-15, which was higher compared to the London average of 58% and the England average of 57%.

Figure 16: Levels of physical activity, 2014-15



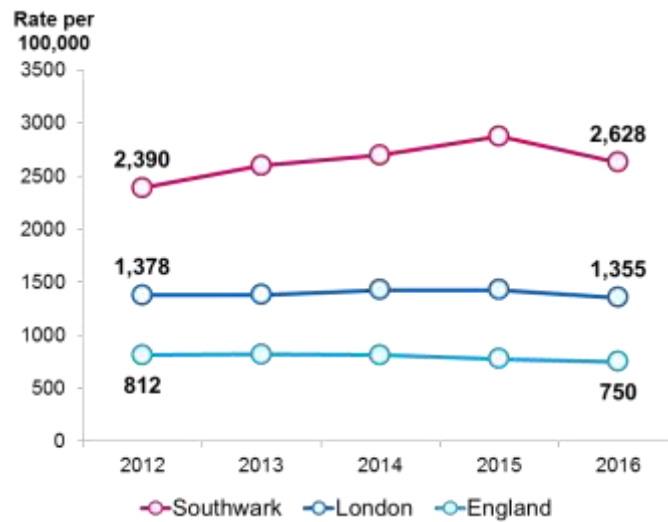
Source: Sport England, Active People Survey, 2016

Men were more likely to meet the national physical activity guidelines than women. Approximately 71% of males are classified as active compared to around 55% of females in Southwark in 2014-15. Levels of inactivity increases with body weight; approximately 17% of Southwark residents classified as healthy weight are inactive compared to 32% of those who were overweight and 41% of those who were obese.²¹

3.5.6 Sexual Health

Southwark has some of the highest levels of sexual health need nationally due to its young, mobile and ethnically diverse population. The 2015 rates of all new sexual transmitted infections (STI) have increased to around 2,600 per 100,000 population compared to approximately 2,400 per 100,000 population in 2012 (Figure 17). Southwark's STI diagnostic rates are among the highest in London and are significantly higher compared to the national and London averages.

Figure 17: Trends in all new STI diagnostic rates



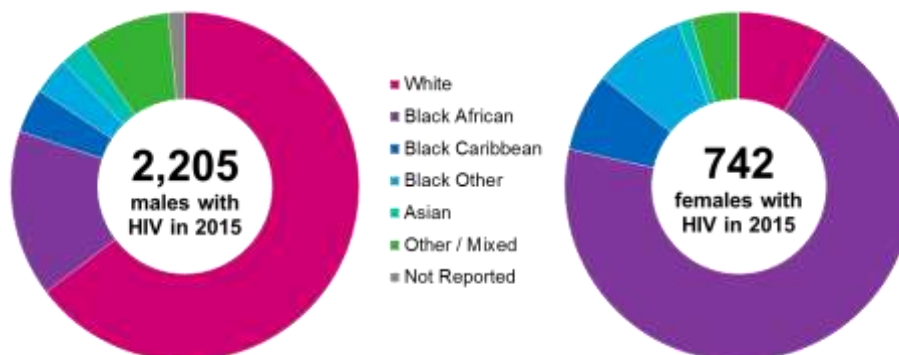
Source: PHE sexual and reproductive health profiles

Southwark also has a high prevalence of HIV and ranks the second highest for newly diagnosed HIV rates in England, after Lambeth. In 2015 there were 153 new cases of HIV diagnosed in Southwark. Males account for around 75% of diagnosed HIV cases in the borough in 2015.

There are significant variations in the number of HIV cases among different population groups in Southwark. Data for 2015 show that 65% of male HIV cases were for males of White ethnic background, while the majority of female cases were for females from Black African ethnic group (Figure 18). Levels of deprivation are correlated with the number of HIV cases - the number of people diagnosed with HIV is highest in most deprived areas.

Late diagnosis is significantly higher among those from a Black African background (58%) compared to those from a White ethnic background (28%).²²

Figure 18: Prevalence of HIV in Southwark by age and ethnicity, 2015



Source: PHE Survey of Prevalent HIV Infections Diagnosed (SOPHID), 2015

3.6 Other considerations

3.6.1 Influenza

Influenza (flu) is a viral infection predominantly affecting breathing. Complications include bacterial pneumonia, and can be life threatening especially in older people and those with certain underlying health conditions, particularly for people with chronic respiratory conditions such as asthma, diabetes or heart disease or those with a weakened immune system.²³

To reduce the impact of flu and flu-like illness, Public Health England encourages uptake of the flu vaccine among most at-risk groups: those aged 65 and over, pregnant women, people in clinical risk groups, residential care home residents, children age 2 to 4 years old, and carers. Southwark data for 2016-17 show that vaccination coverage for high risk groups was comparable to the London average, but lower than the national average (Table 2).

Table 2: Population vaccination coverage in high risk groups, 2016-17

Population Group	England	London	Southwark
Age 2 to 4	38%	29%	28%
At risk individuals	49%	47%	47%
Age 65+	70%	65%	65%

Source: PHE Public Health Outcomes Framework 2016

3.6.2 Immunisations

Immunity is the ability of the body to protect itself from infectious disease. Immunisation programmes provide protection to vaccinated individuals and can provide protection to the wider unvaccinated population; also referred to as ‘herd immunity’. If enough people in a community are vaccinated, it is harder for a disease to pass between people who have not been vaccinated.

Vaccination programmes aim to protect people for life. They often concentrate on young children, who are particularly vulnerable to many potentially dangerous infections. Southwark’s performance against national vaccination targets for childhood immunisations varies with coverage tending to be significantly lower than the England average.

3.6.3 Vitamin D Deficiency

Populations at particular risk of vitamin D deficiency include children under five years of age, all pregnant and breastfeeding women and all darker skinned populations, such as African, African-Caribbean and South Asian ethnic groups. One condition that is caused by profound vitamin D deficiency is rickets – a childhood disease that can affect developing bones.

There has been an increase in the number of cases of vitamin D deficiency and rickets nationally. Given the high proportion of BAME populations in Southwark, vitamin D deficiency is likely to be higher than the national average.

Latest data from the National Diet and Nutrition Survey 2016 shows that approximately a fifth of adults aged 19 to 64 years and a sixth of children aged 11 to 18 years have low levels of vitamin D. This is not the same as having a deficiency, but results in a greater risk of developing a deficiency. Locally this would equate to over 44,000 adults and almost 4,000 young people respectively.

3.6.4 Older People

Age is an independent risk factor for major long-term conditions such as cardiovascular disease, cancer and for events resulting from musculoskeletal conditions like fractures, arthritis, osteoporosis, knee and hip conditions. Older people will often have more than one long-term condition resulting in increasing dependency on health and social health systems.

Pharmacies can support older residents to stay independent for longer.²⁴ They can:

- Make sure older people are taking the right medicines, in the right way and are supported to manage any side effects
- Support older people with advice on medicines adherence, in particular those with long term conditions
- Work closely and/or as part of GP practices to resolve day to day medicine issues, particularly for patients with long term conditions and who are taking a number of different medications.

Important tools to facilitate this include mobility and daily living aids, monitored dosage systems, medication home delivery and NHS transportation providers. Pharmacy teams can further help older customers by signposting them to sources of support such as charities, volunteering organisations as well as local groups and activities targeted at older individuals.

3.7 Summary of Health Needs

- Southwark's population is younger and consists of more working age individuals than the national average. The projected population growth in the next ten years will create additional demand for pharmaceutical services across Southwark's pharmacy network, particularly among older people. New housing developments will also alter the way in which our population use services and the demands placed on community pharmacy.
- Southwark has an ethnically diverse population, with almost half of local residents identifying as either Black, Asian or other ethnic minority group (BAME) and over 100 languages spoken across the borough. Given the diversity of the Southwark population, it is crucial that pharmacies across the borough are able to deliver services that are accessible and inclusive of their local communities. In doing so pharmacies can contribute and support work to reduce health inequalities that exist in Southwark.
- While life expectancy in Southwark is improving, healthy life expectancy remains an area of concern. The most deprived people in the borough are not only more likely to suffer from ill health than the more affluent; they also tend to spend a greater proportion of their lives in ill health with multiple long term conditions.
- High blood pressure and diabetes, as key risk factors for cardiovascular diseases, are the most commonly diagnosed long term conditions in Southwark. There is also a high prevalence of mental health need locally, particularly in more deprived areas. Not everyone with a long term condition has been diagnosed and current estimates suggest that there are undiagnosed long term conditions within the borough.
- While smoking prevalence in Southwark is similar to the London and England averages, the high burden of disease associated with smoking, in particular amongst routine and manual occupations means that supporting people to quit remains a high priority within the borough. Similarly, tackling childhood obesity and supporting the adult population to maintain a healthy weight is also important given the associated risks of developing long term conditions.
- Southwark has a high alcohol dependency rate and ranks eighth worst of the London boroughs for substance misuse related admissions. The borough also has high rates of sexually transmitted infections and HIV. Levels of teenage pregnancy in the borough are also high, with Southwark ranked fourth in London.

4 ASSESSMENT OF CURRENT PHARMACEUTICAL PROVISION

Pharmacy is a regulated profession, both pharmacists and pharmacies need to be registered with the regulator in order to practice and provide services to the public. The General Pharmaceutical Council is the regulatory body responsible for pharmacists, pharmacy technicians and pharmacy premises in accordance with the UK healthcare regulation standards. The General Pharmaceutical Council's vision is for pharmacy regulation that helps improve quality in pharmacy practice and ultimately improve the health and wellbeing of the nation.

This section describes the current provision of pharmaceutical services available in Southwark using the data sources listed below:

- Results of postal/electronic questionnaire sent to members of the public
- Results of the electronic questionnaire (PharmOutcomes) sent to pharmacy contractors in Southwark
- Data held by Southwark Council in relation to commissioned pharmacy services
- Data held by Southwark Clinical Commissioning Group (SCCG) in relation to commissioned pharmacy services
- Data held by NHS England (London Region) in relation to commissioned pharmacy services.

Community pharmacies operate under a contractual framework agreed in 2005, which sets three levels of service provision: essential, advanced and enhanced. There is a fourth level of pharmacy service provision that is commissioned at a local level either by Southwark Council or SCCG in areas of need.

4.1 Overview

Southwark hosts 62 community pharmacies, the same number of pharmacies as in 2013. There are no local pharmaceutical services contracts, dispensing appliance contractors (DACs) or dispensing doctors or mail order or Internet based pharmacies.

Pharmacies ownership

The following ownership types can be found of all 62 community pharmacies in Southwark:

- Company Chemist Association (large multiples) - 17 pharmacies
- Association of Independent Multiple Pharmacies - 11 pharmacies
- Independent - 34 pharmacies

There is no assessment on how different ownership types may affect patient choice for accessing the services provided within the borough.

Southwark has a similar number of pharmacies (20.1 pharmacies per 100,000 population) to neighbouring boroughs, higher than England average (18.3 per 100,000), but lower than the London average (22 per 100,000).

4.2 Essential Services

These services are fundamental for patients to obtain prescribed medicines in a safe and reliable manner. All pharmacies are required to deliver and comply with the specifications for all essential services.

4.2.1 Dispensing and Services

There were over 4 million prescriptions dispensed in 2016-17 that were prescribed by Southwark GP practices. However, we could assume that not all were dispensed by Southwark pharmacies due to cross boundary provision and electronic dispensing of prescriptions. Trends indicate that the number of prescriptions being dispensed has increased since the 2015 PNA. Comparing the period September to November 2014 with the same period in 2016, the number of prescriptions dispensed has increased by almost 7%.

Repeat dispensing

Repeat dispensing allows patients who have been issued with a repeatable prescription, to collect their repeat medication from a pharmacy without having to request a new prescription from their GP.

Benefits of repeat dispensing include:

- Reduced GP practice workload, freeing up time for clinical activities
- Greater predictability in workload for pharmacies which facilitates the delivery of a wider range of pharmaceutical services
- Reduced waste as pharmacies only dispense medicines which are needed
- Greater convenience for patients.

Electronic prescription service

All pharmacies have access to Electronic Prescription Service, which has been implemented across England for the electronic transfer of prescriptions to a patients chosen pharmacy. In addition, whilst all pharmacies have enabled access to summary care records only 69% are currently using NHS mail for secure transfer of information.

Home delivery service

Approximately half of pharmacies responding to the pharmacy survey stated they provide a home delivery service to residents who are housebound. This is a voluntary unpaid service.

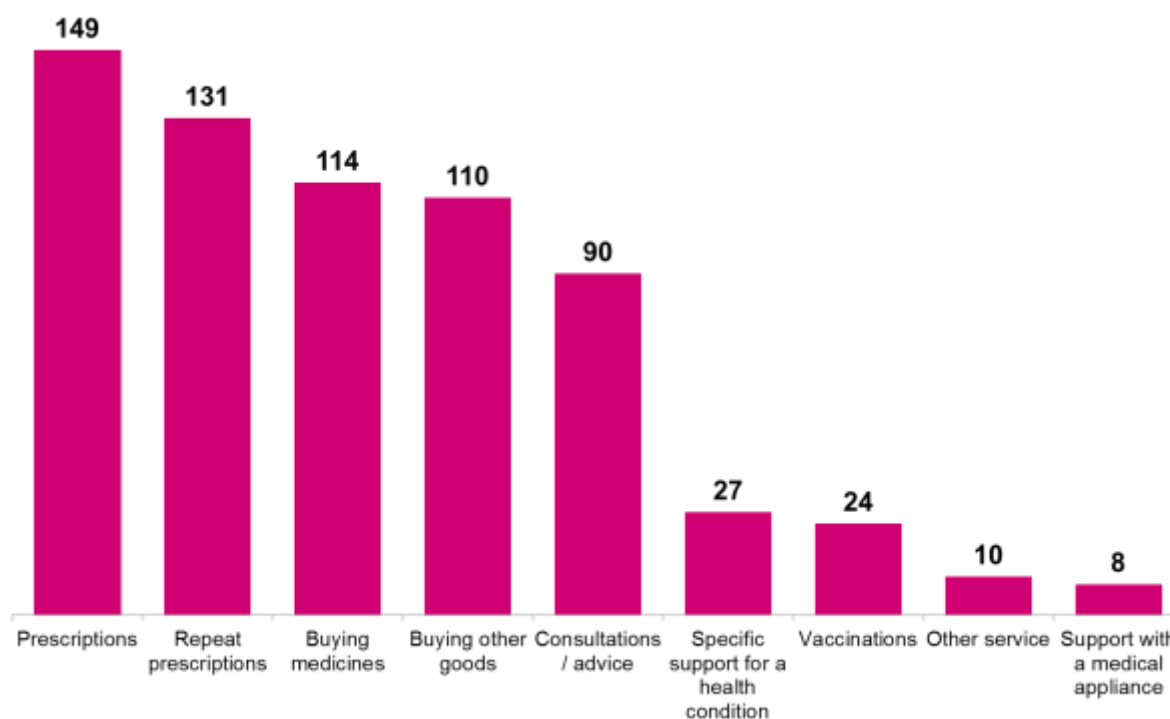
Insights from public engagement

The results of the public survey show that over three-quarters of respondents (76.1%) use their pharmacy to obtain prescription medication. Just less than half of respondents (46.3%) use the consultations/advice service (Figure 19). However it is possible that consultation and advice takes place as part of buying medicines.

Approximately 40% of respondents reported having at least one occasion where they had not been able to get a prescription dispensed when needed. Of these, the majority said it

was because pharmacy was out of stock (32%) rather than due to opening hours. The most common time when pharmacy stock level had led to respondents not being able to obtain a prescription, was on a weekday evening.

Figure 19: Services used by public respondents



4.2.2 Distribution of Pharmacies

The distribution of community pharmacies across the borough is shown on and Figure 20.

The majority of pharmacies are situated in the north and middle of the borough where levels of deprivation are higher.

There is some variation in the number of pharmacies between localities:

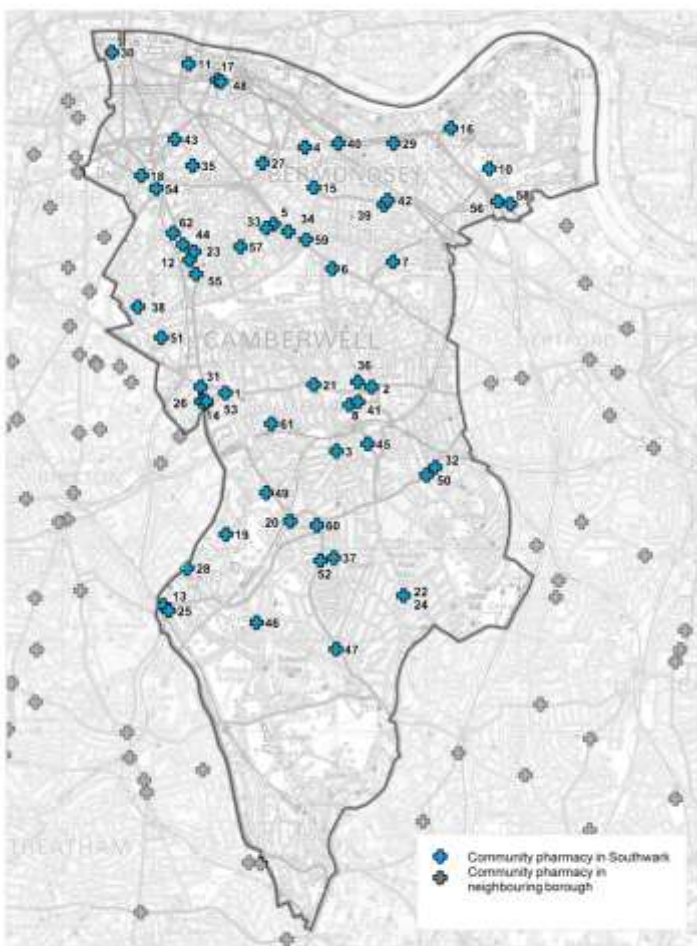
- College ward is the only ward in Southwark to not contain a pharmacy
- All remaining wards (with the exception of Nunhead and Livesey) have at least two pharmacies and therefore offer a choice in provider
- In four wards there is one or no pharmacy. There is access to pharmacies in other wards or over the border in neighbouring HWB areas
- There is good alignment between GP surgeries and pharmacies
- The number of pharmacies per 100,000 population varies across the four localities (from 21.6 to 36.4 per 100,000) which is similar to the England average
- The population in College ward increased from 3,657 in 2015 to 12,044 but no new pharmacy was opened
- The population in Village ward increased from 4,445 to 12,814 and two additional pharmacies opened since the last PNA (2015).

Table 3: Distribution of community pharmacies by locality³ and ward

Locality	Ward	Number of pharmacies	Pharmacies/ 100,000 population
Bermondsey & Rotherhithe	Grange	3	16.9
	Riverside	2	11.1
	Rotherhithe	3	18.7
	South Bermondsey	3	20.0
	Surrey Docks	1	7.1
Bermondsey & Rotherhithe		12	14.8
Borough & Walworth	Cathedrals	3	18.6
	Chaucer	5	31.9
	East Walworth	6	50.1
	Faraday	4	33.1
	Newington	2	12.6
Borough & Walworth		20	29.3
Dulwich	College	0	-
	East Dulwich	5	39.9
	Peckham Rye	2	14.1
	Village	4	31.2
	South Camberwell	2	14.6
Dulwich		12	20.0
Peckham & Camberwell	Brunswick Park	2	14.8
	Camberwell Green	5	31.8
	Nunhead	2	13.0
	Peckham	3	20
	The Lane	4	24.5
	Livesey	1	6.6
Peckham & Camberwell		17	18.5
Southwark		62	20.1

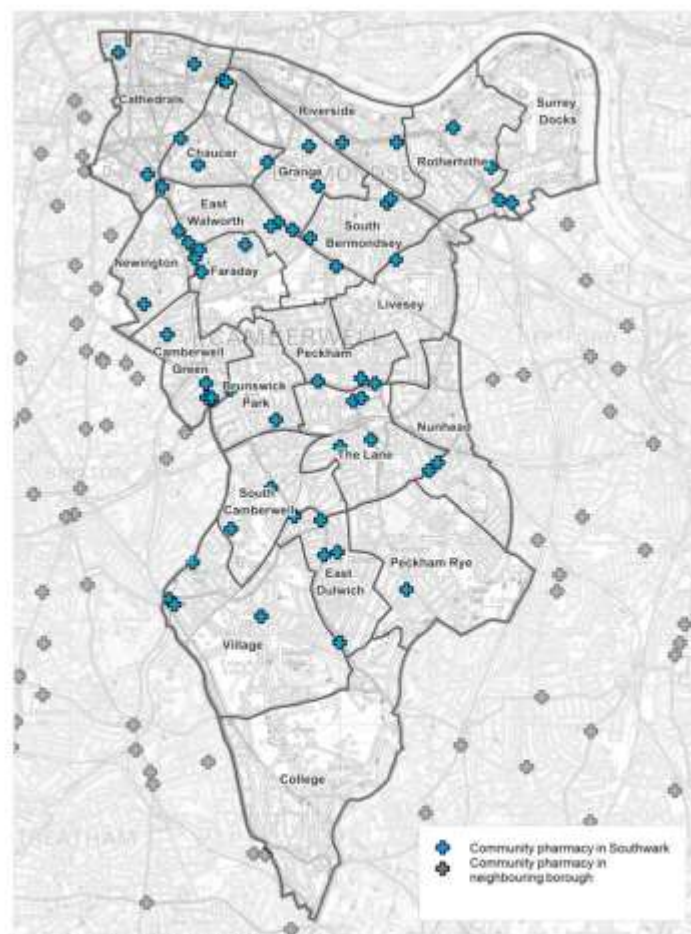
³ Map of Southwark localities can be found in Appendixes (Appendix B; Fig.50)

Figure 20: Map of pharmacy coverage in Southwark



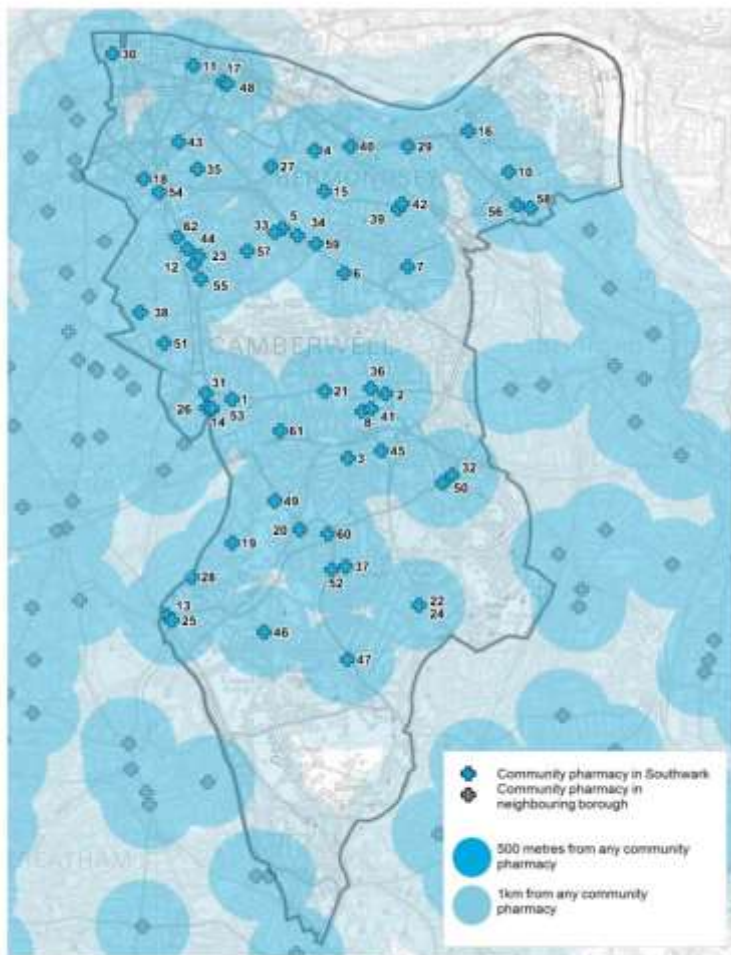
Southwark pharmacies
 Data source: NHS England - London Region
 Southwark Public Health Department | People & Health Intelligence | chris.williams@southwark.gov.uk
 September 2017
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Figure 21: Map of pharmacy coverage by ward in Southwark



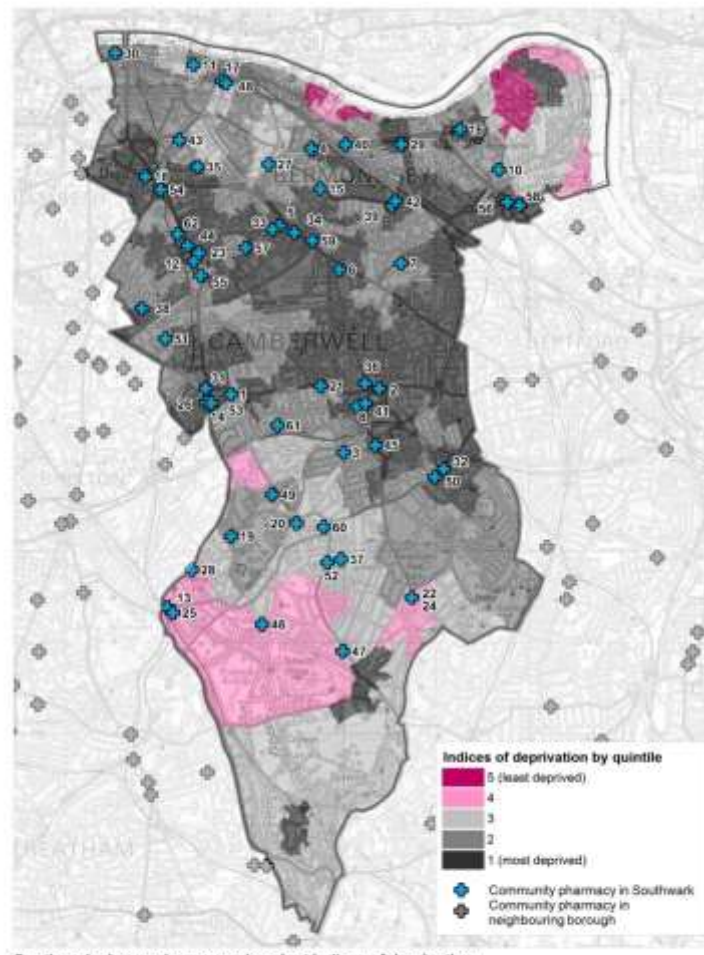
Southwark pharmacies with electoral wards
 Data source: NHS England - London Region
 Southwark Public Health Department | People & Health Intelligence | chris.williams@southwark.gov.uk
 September 2017
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Figure 22: Community pharmacies with 500m and 1km buffer



Southwark pharmacies with 500 metre and 1km buffer
 Data source: NHS England - London Region
 Southwark Public Health Department / People & Health Intelligence | chris.williamson@southwark.gov.uk
 September 2017.
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Figure 23: Southwark pharmacies mapped against deprivation

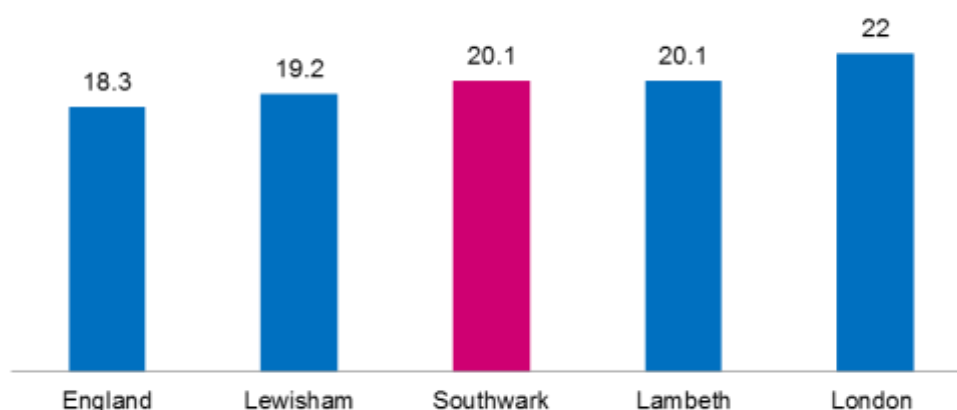


Southwark pharmacies mapped against indices of deprivation
 Data source: NHS England - London Region
 Southwark Public Health Department / People & Health Intelligence | chris.williamson@southwark.gov.uk
 September 2017.
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4.2.3 Benchmarking Pharmacy Provision

Whilst it should be noted that there is no published evidence as to what constitutes an appropriate number of pharmacies per head of population, the data suggest that Southwark has the number of pharmacies that is consistent with a borough of this size and type.

Figure 24: Number of community pharmacies per 100,000 residents



Results from the patient survey

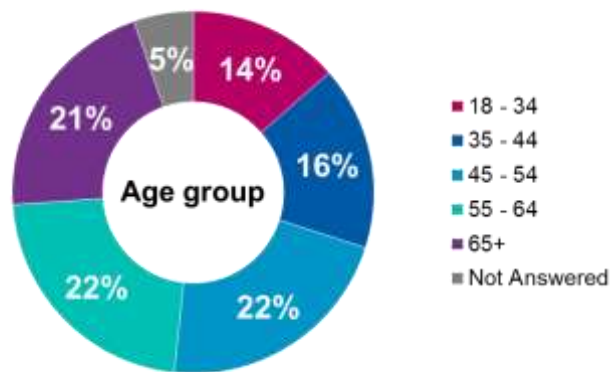
Southwark's 2017 pharmaceutical services patient survey aimed to provide information on access to pharmacies and use of pharmaceutical services. The survey was available online between 12 June 2017 and 13 August 2017. It was disseminated through Council channels (Consultation Hub, My Southwark) as well as through various community groups locally. In addition, five paper copies of the questionnaire were sent to each pharmacy in Southwark alongside a letter requesting pharmacists' participation in collecting patients' views on pharmaceutical services in the borough.

The patient survey assessed the following domains:

- Demographics
- Service use
- Accessibility.

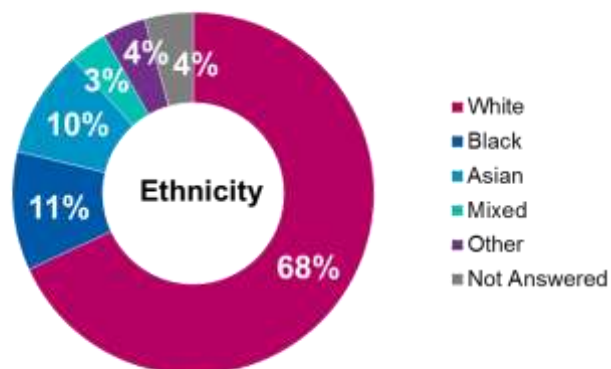
General information

A large majority of the 207 respondents (89%) were Southwark residents, with around 10% working in Southwark and only around 1% neither living nor working in Southwark. Of the 207 respondents 119 (57%) were female, 68 (33%) were male and 20 (10%) did not disclose their sex. Respondents' age distribution is presented in Figure 25.

Figure 25: Survey respondents by age group

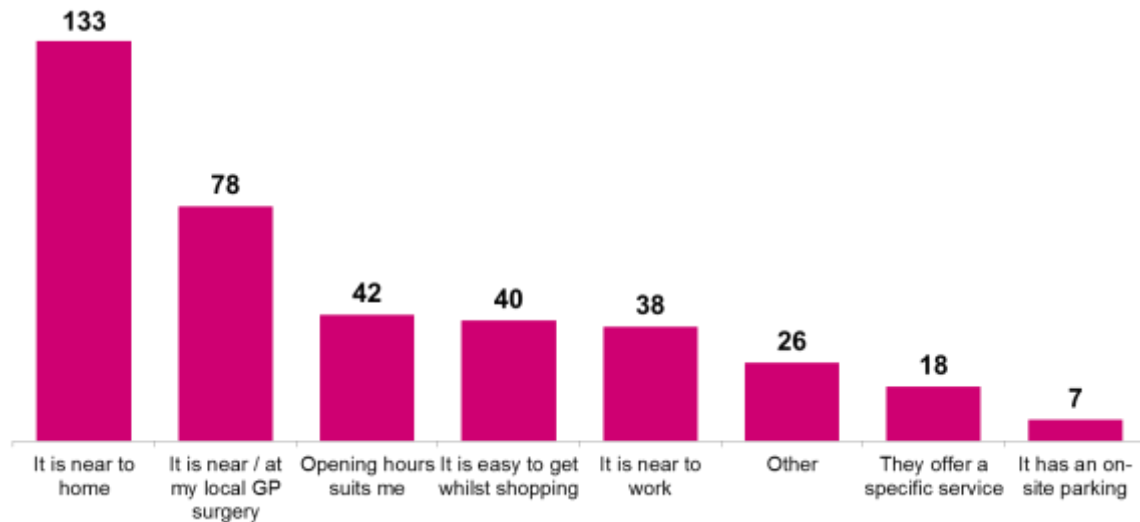
Approximately 90% of the respondents stated their main language was English, 8% said it was a language other than English and 2% did not provide an answer. No single language predominated among those who reported their main language was not English.

When asked about the ease of getting health information in their own language, only three out of 207 respondents noted that information was not available. It is not known whether the lack of availability had an impact on service use. Survey respondents were predominantly white (68%); the breakdown by ethnic group is presented below in Figure 26.

Figure 26: Survey respondents by ethnic group

Insight from public engagement

Just over 80% of the respondents said they had a preferred pharmacy. The most frequently mentioned reasons for visiting a particular pharmacy were proximity to home or local GP surgery (Figure 27).

Figure 27: Reasons for visiting a particular pharmacy

Over a half of all respondents visited pharmacies on a monthly basis and around a fifth said they visited weekly. A minority of respondents (approximately 6%) stated they visited a pharmacy on a daily basis.

4.2.4 Opening Hours and Access

Pharmacies are required to open at specific core hours by their contractual terms of service. A community pharmacy must be open for a minimum of 40 hours core hours except if it has been granted a 100-hour contract. Additional hours over and above the core hours are termed “supplementary hours” and can be provided at the discretion of the pharmacy.

Of the 62 community pharmacies in Southwark:

- Fifty-nine have the standard 40 hours per week contract, with twenty-eight of these open longer than the minimum 40 hours
- Three community pharmacies in the borough are contracted to provide 100 hours per week
- The majority of community pharmacies (86%) are open on Saturday for at least part of the day with eleven being open for at least part of the day on a Sunday.

The vast majority of our neighbourhoods are within 1km of a Southwark community pharmacy, as illustrated in Figure 22, with some areas of the borough served by pharmacies based in Lambeth and Lewisham. There are two areas of the borough that are greater than 1km from any community pharmacy:

- The area in Surrey Docks ward in the north east of Southwark is residential and all access routes (foot, bus, tube or road) to it pass by existing community pharmacies
- The southern tip of Southwark within College ward has a number of community pharmacies within 1km in neighbouring Lambeth, Lewisham and Croydon. There is a small area of the ward that is greater than 1km from any community pharmacy, however this is mainly non-residential
- There are good transport links locally for the population to access pharmacy services.

Taking the above into account, it is considered that there is adequate provision of community pharmacy services in Southwark.

Insights from public engagement

Nine in ten of the respondents agreed that they can easily find an open pharmacy when they need it and in close proximity. Approximately 70% agreed that they can easily find an open pharmacy in the evening and on weekends.

Most frequently mentioned times of day for using a pharmacy were weekdays 9am to 6pm and Saturdays (Figure 28). Respondents said that they would find it useful if their local pharmacy was opened 9 am to 6 pm on the weekends and until 11pm on the weekdays (i.e. beyond normal opening hours) - Figure 29.

Figure 28: Hours of normal use

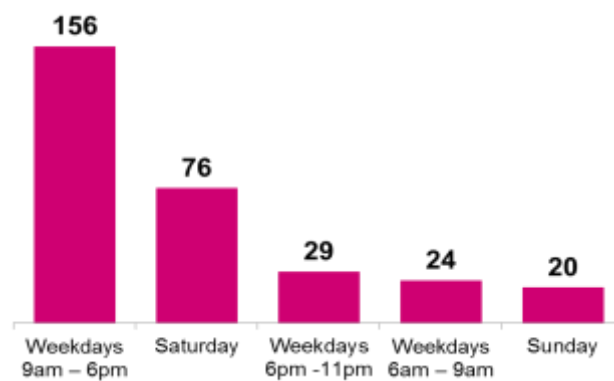
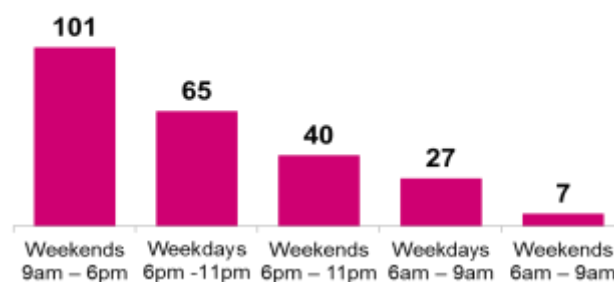
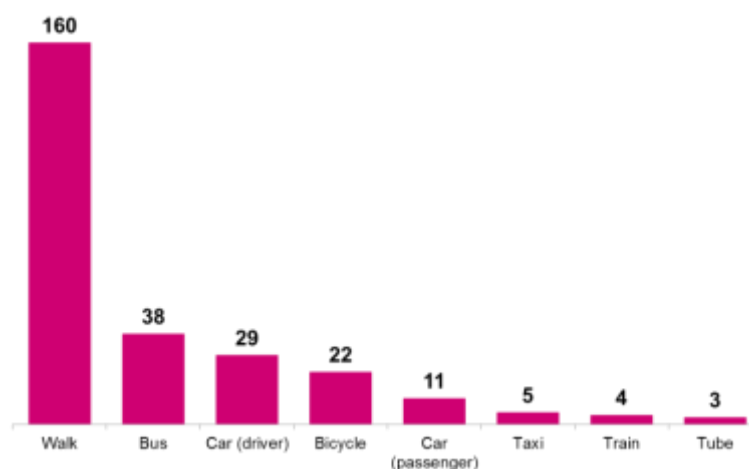


Figure 29: Useful hours beyond the normal opening hours



Almost all respondents (95%) said that it was very easy or quite easy to get to a pharmacy. Approximately 70% of survey respondents reported that it takes them ten minutes or less and a further 23% said it takes within 20 minutes to get to a pharmacy. Approximately 90% of the respondents agreed that 20 minutes is a reasonable travel time to a pharmacy. Walking was the most frequently mentioned mode of travel to a pharmacy (Figure 30).

Figure 30: Mode of travelling to a pharmacy

Conclusions on Essential Services

All essential services including dispensing of NHS prescriptions are fundamental services commissioned nationally by the NHS. We have used provision of these services to explore a range of factors that are relevant to the pharmaceutical needs of our population. Many of the findings in this section e.g.: access in relation to opening hours, are relevant to other pharmacy based services and the conclusions should be considered when reviewing the remainder of the PNA.

We have identified that essential services are necessary to meet the pharmaceutical needs of our population for the following reasons:

- Through pharmacies, the population can obtain the prescribed medicines, which they need in a safe and reliable manner
- Through participating in local public health campaigns and through a proactive approach to delivering health promotion and signposting advice, community pharmacy plays a valuable role in addressing the health needs and tackling the health inequalities of Southwark's population
- The current access to community pharmacies meets the essential pharmaceutical needs of our population.

Distribution of pharmacies

- Southwark has a level of pharmacy provision that is comparable with neighbouring boroughs, higher than England average and appropriate for the size of the population.
- There is a good correlation between deprivation and the number of pharmacies within each locality.
- Southwark residents have a choice of pharmacy in the majority of our communities. In the four electoral wards where there is only one or no community pharmacy, there is provision within close proximity.

- Our public survey suggests that the majority of respondents (95%) find it quite easy to get to a pharmacy with 93% of them able to access a pharmacy within 20 minutes. This is similar to England average and similar to figures from the previous PNA survey (2014). However it is a better estimate of our population need due to a significantly higher response rate.

Opening hours

Between the hours of 9:00am and 5:00pm and Saturdays 9:00am to 1:00pm, there is adequate access and choice within Southwark. However outside these hours, access and choice is more limited particularly on:

- Weekday and Saturday mornings before 9:00am
- Saturday evenings after 7:00pm and on
- Sundays when there are only three pharmacies opened within Southwark.

Generally, the majority of people will visit a pharmacy during the working day (8:30am to 6:00pm) Monday to Friday following a visit to the GP. However there will be times when people need access to a pharmacy outside of these core hours. Access during these times may be due to having a prescription dispensed following visit to out of hours GP service, extended hours provision by GP practices, or to access other services provided by a pharmacy outside the individual's normal working day.

All pharmacies said their NHS Choices information was up to date making it easier for the public to locate open pharmacies.

Consideration could be given to extending opening hours at weekends to improve access and choice. This is particularly important with the delivery of extended access to primary care (seven days a week 8:00am-8:00pm).²⁵ A resourced rota service in each locality could be considered to further improve access and choice.

4.2.5 Health Promotion Campaigns

Each year pharmacies are required to participate in up to six campaigns as part of essential services at the request of NHS England.²⁶ This involves the display and distribution of leaflets provided by NHS England. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.

The purpose of these campaigns is two-fold:

- To raise awareness of the importance of specific health issues
- To particularly encourage informed decision making in areas of low uptake of a specific public health interventions e.g. Bowel cancer screening.

Southwark pharmacies can assist deliver various health promotion campaigns locally, which can be coordinated under Healthy Living Pharmacy initiative. Key priorities in Southwark will include:

- Promoting awareness of symptomless diseases such as hypertension
- Obesity support

- Mental health
- Self-care for minor ailments
- Cancer awareness
- Smoking cessation.

4.3 Advanced Services

There are six advanced services as illustrated in Table 4, that community pharmacies may choose to offer providing they meet the requirements set out in the Secretary of State's Directions.

Table 4: Advanced Services

Medicines Use Review / Prescription Intervention	The service aims to improve medicines adherence and outcomes for patients on multiple medications including those with long term conditions.
New Medicine Service	This service supports patients with long term conditions who are newly prescribed certain medicines, to help improve concordance.
Appliance Use Review	The service aims to improve a patient's ability to use a prescribed appliance.
Seasonal Influenza Vaccination	The pharmacy flu vaccination service offers seasonal flu vaccination for certain patient groups.
Stoma Appliance Customisation	The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.
NHS Urgent Medicines Supply Advanced Service	This service forms part of the urgent care system and is designed to ensure that patients are able to access medications urgently without attending either an emergency department or their GP.

A detailed list of provision of advanced services is contained within Appendices: Table 15.

4.3.1 Consultation Areas

Consultation areas provide a place in which private discussions may be held within a pharmacy. These areas are a pre-requisite for the provision of advanced, enhanced and locally commissioned services and also facilitate confidentiality when a pharmacy user wishes to seek advice on a sensitive matter.

The minimum requirements of a pharmacy consultation area include:

- A sign designating the private consultation area.
- The area must be kept clean and not used for the storage of any stock.
- The area must be organised so that any materials or equipment, which are on display are healthcare related.
- Designed to ensure that when the consultation begins the patient's confidentiality and dignity is respected. The consultation area must enable the patient and pharmacist to sit down and speak at a normal volume without being overheard.

When designing consultation areas, pharmacies should consider adjustments that may be required in order to meet the needs of those with disability. Forty-eight of the responding pharmacy premises reported having an on-site consultation room of which 82% included wheelchair access. Three pharmacies have plans to have a consultation room within 12 months.

Table 5: Self-reported consultation facilities available in community pharmacies

Feature	Rationale	Number of pharmacies	% of pharmacies responding to survey
Consultation area	Required for advanced, enhanced or locally commissioned services	48	94.1
Closed room	For confidentiality	46	90.2
Hand washing facilities available	Required for services which include examination or taking samples	45	88.2
Wheelchair access to consultation room	Improves access to a confidential area for those with physical disability	42	82.4
Access to toilet facilities	Facilitates provision of samples	10	17.6
Additional language support available within pharmacy	Improves consultation for those who require additional language support as part of the consultation process	41	80.4

It is possible for community pharmacies to utilise consultation areas in other premises, such as General Practices. Currently no pharmacies in Southwark report having access to offsite consultation areas.

Insights from public engagement

With regards to privacy and dignity, thirty-seven (18%) of those responding to the public survey reported that there was insufficient privacy to discuss sensitive issues at their local pharmacy.

Findings from the public survey indicate that a minority of respondents (3%) report that their usual pharmacy is not easily accessible for wheelchair and/or pram use. Sixteen respondents (8%) said they had a hearing impairment, with fewer than 5 (<1%) reporting their usual pharmacy did not have facilities to aid communication.

Conclusions

The majority of community pharmacies who responded to the survey in the borough have consultation areas available on their premises, most of which are wheelchair accessible. Additional language support is available in the over 80% of those pharmacies that responded to the survey.

There is limited reported access to toilet facilities, which may impair the ability of community pharmacies to offer a full range of services, such as chlamydia testing, which is a service commissioned only in areas of need.

While most pharmacies in the borough provide access to consultation areas, findings from the public survey indicate that further improvements could be made with regards to privacy and dignity.

The Secretary of State's Directions require all pharmacies wishing to provide advanced services to have a consultation area.

4.3.2 Medicines Use Reviews

Medicines user reviews (MURs) are intended to improve medicines adherence and outcomes for patients on multiple medications including those with long-term conditions. A report is shared with the patient and if necessary the prescriber. At least 70% of MURs undertaken within a year must be with patients that fall within one of the national target groups.

In 2016-17 approximately 19,000 MURs were provided by 54 pharmacies in Southwark (87%). The maximum number of MURs that a pharmacy can claim payment for is 400 per annum. Thirty pharmacies claimed at or near the maximum number of MURs (>380); with an average of 309 MURs per pharmacy.

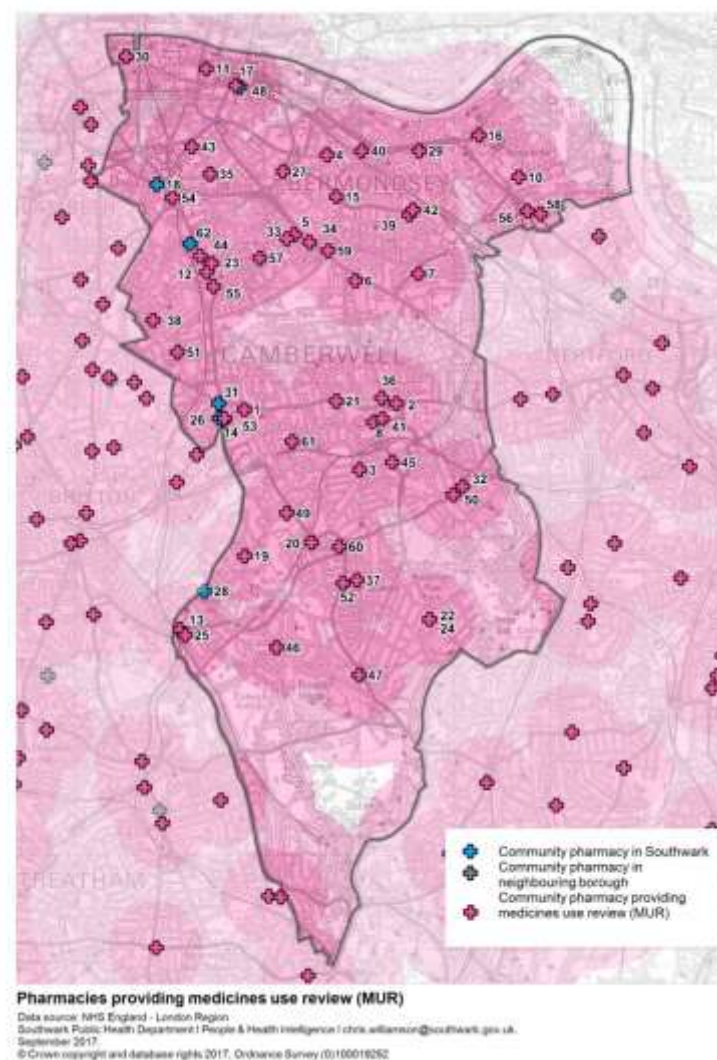
Conclusions

Southwark has 62 community pharmacies, creating a theoretical capacity for up to 24,800 MURs per annum. However, 10 pharmacies are not providing the service (figures based on claims for 2016-17) therefore the actual number of MURs that could have been achieved is 20,800 per annum.

Although MURs are accessible through the majority of pharmacies, there is potential for this service to be accessed by more people and those pharmacies that do not provide MURs should be encouraged to do so.

There is potential to improve the use of MURs if more community pharmacies provide this service. Where pharmacies are providing this service they should be encouraged to undertake the maximum of 400 MURs per annum.

Figure 31: Pharmacies providing Medicine User Reviews



4.3.3 New Medicines Services

The aim of the New Medicine Service (NMS) is to support patients with long-term conditions, who are taking a newly prescribed medicine, to help improve medicines adherence. The service is focused on the following patient groups and conditions:

- Asthma and COPD
- Diabetes (Type 2)
- Antiplatelet / anticoagulant therapy
- Hypertension

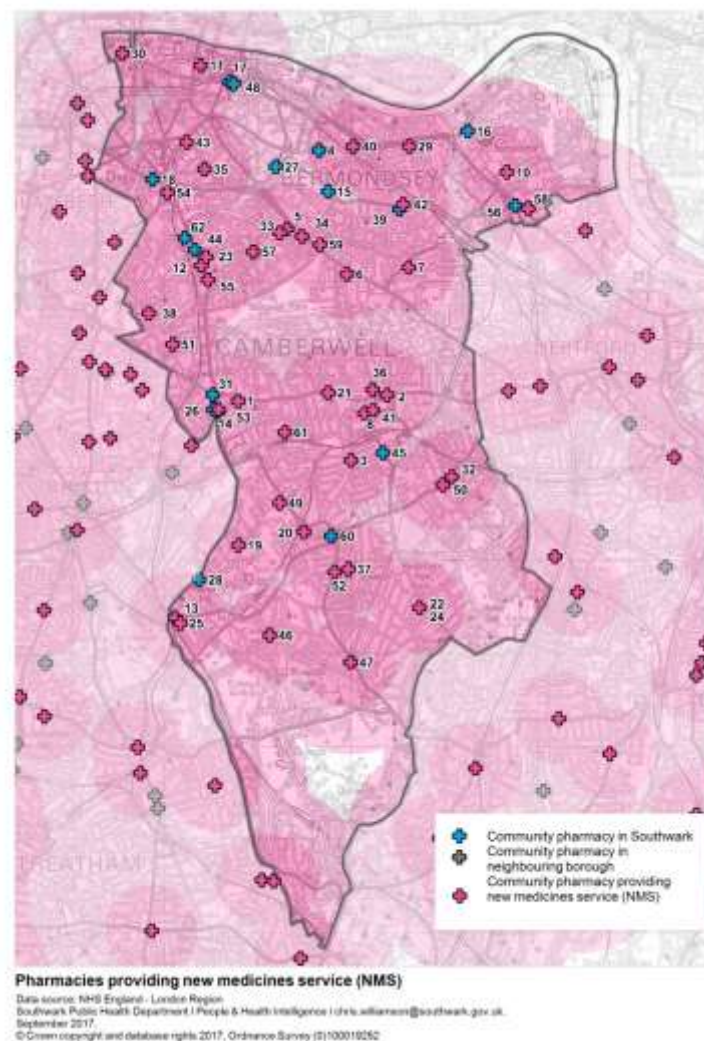
The number of NMS interventions, which a pharmacy may undertake is proportional to the number of items dispensed. An overview of the distribution of the pharmacies offering NMS in Southwark is shown in Figure 32.

In 2016-17, 45 pharmacies (73%) in Southwark declared that they provided at least one NMS. The total number of NMS provided was 3,961 (17% higher than the previous year 2015/16). Data for 2016/17 shows that in Southwark the average number of NMS provided per pharmacy (64) is comparable to the London average (65).

Conclusions

Analysis indicates that the provision of NMS in Southwark is comparable with the London average and there is adequate distribution of provision across the borough.

Figure 32: Pharmacies providing New Medicines Service



4.3.4 Appliance Use Reviews

Appliance use reviews (AURs) help to improve the patient's knowledge and use of any 'specified appliance' that the pharmacy would normally dispense. This may include catheter and tracheostomy appliances. The number of AURs a pharmacy may undertake is limited to the volume of appliances dispensed, and can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home.

According to records provided by NHS England, three pharmacies in Southwark provide Appliance Use Review:

- Borough & Walworth locality: 1 pharmacy
- Dulwich locality: 1 pharmacy
- Peckham & Camberwell locality: 1 pharmacy.

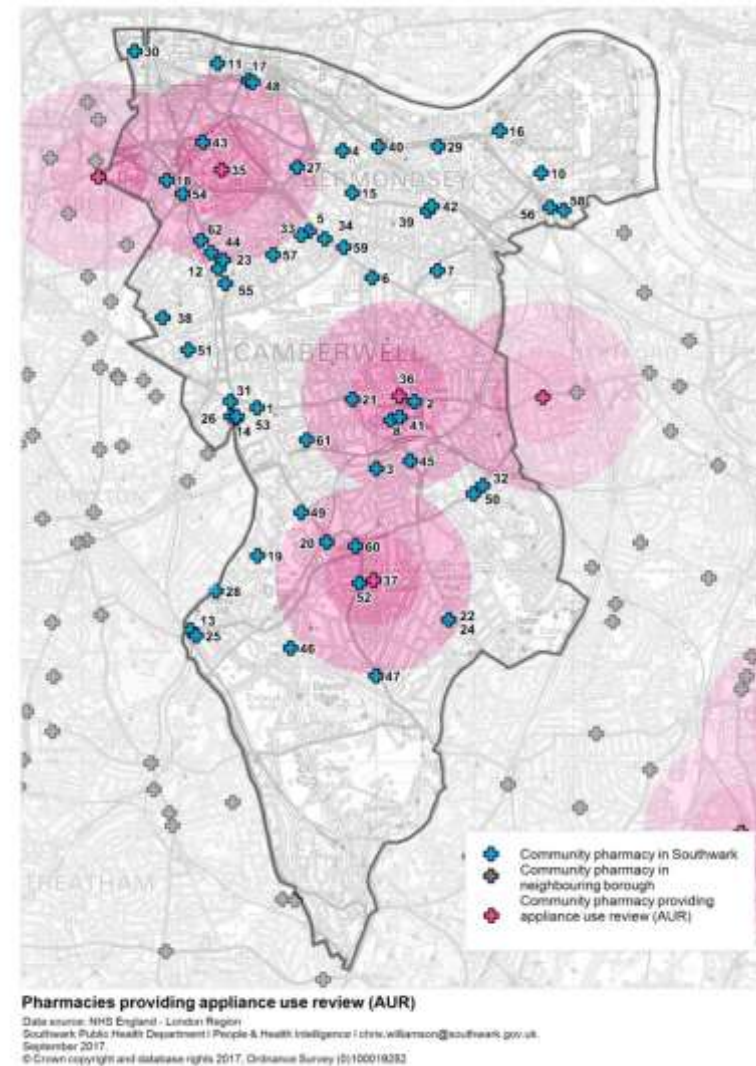
However in the pharmacy survey, eight providers stated that they provide AURs with another 14 intending to commence in the next 12 months.

The NHS England PNA data pack does not contain information regarding the utilisation of the AUR service. However, no concerns or complaints have been received regarding the availability or support for residents who use appliances.

Conclusions

Appliance use reviews require specialist knowledge, and while a limited number of pharmacies in Southwark offer this service, patients may receive the support they need from the hospital or clinic responsible for their on-going care.

Figure 33: Pharmacies providing Appliance Use Reviews (AUR)



4.3.5 Seasonal Influenza Vaccination

The pharmacy flu vaccination is a national advanced service that offers seasonal flu vaccination for patients aged 65 years and over and those aged 18 to 64, who are within an ‘at higher risk’ category, such as those with a chronic disease. This is in conjunction with the GP providers who also offer seasonal influenza vaccination. Children’s vaccines are not part of the pharmacy flu vaccination service.

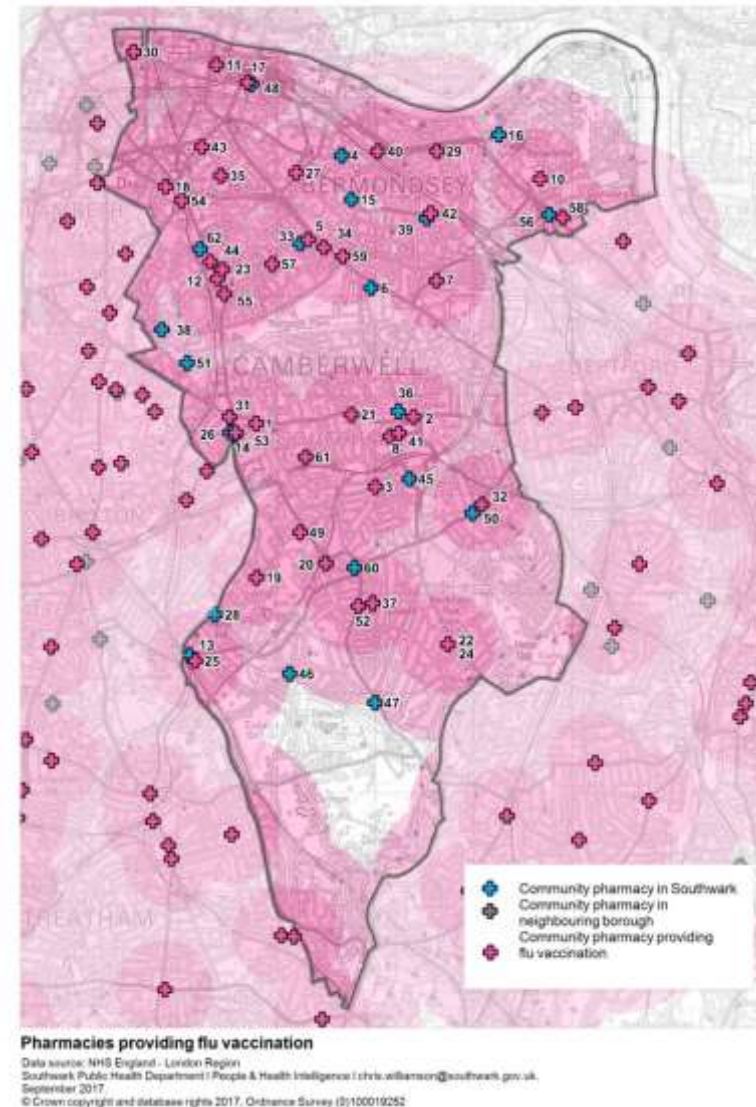
Pharmacies are well placed to improve uptake of the flu vaccination as they are an accessible community service, often open for extended hours and may provide the vaccine without the need for an appointment. Also pharmacy medication records can be used to identify and target those who would benefit from immunisation.

In 2016-17, seasonal influenza vaccination uptake in Southwark was below the coverage target of 75% for adults aged 65+ (66%) and 55% for those aged 6 months to 65 years in “at risk groups” (48%). In Southwark, 39 (63%) pharmacies provide seasonal influenza vaccination. Over 3,000 vaccinations were provided by pharmacies within Southwark during 2016/17 flu campaign; and, 40 pharmacies have signed up for 2017/18 flu season.

Conclusions

Local pharmacies play an important role in the delivery of the seasonal flu vaccine. Analysis indicates the majority of Southwark residents live within 1km of a pharmacy that provides seasonal flu vaccination. It is considered that the pharmacy offering in combination with other service providers, is likely to meet the needs of our population. The existing infrastructure for flu vaccination service provides an opportunity for future vaccination programmes based on local need.

Figure 34: Pharmacies providing Seasonal Influenza Vaccination



4.3.6 Stoma Appliance Customisation Service

The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. There are no limits on the number of Stoma Appliance Customisations (SACs) that a pharmacy may claim for per annum.

Three pharmacies in Southwark provide Stoma Appliance Customisation, the same pharmacies that provide the AURs. This represents an increase from 2015 when only two pharmacies in the borough provided this service.

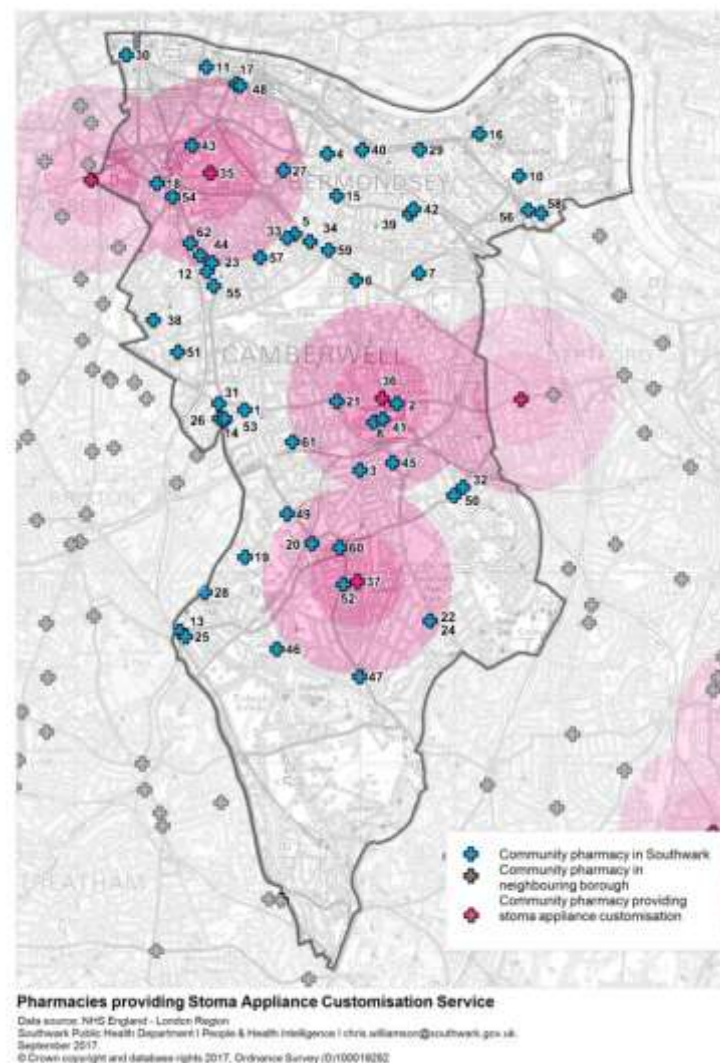
- Borough & Walworth locality: 1 pharmacy
- Dulwich locality: 1 pharmacy
- Peckham & Camberwell locality: 1 pharmacy

The NHS England PNA data pack does not contain information regarding the utilisation of the SAC service. However, no concerns or complaints have been received regarding the availability or support for residents who use stoma appliances.

Conclusions

Stoma Appliance Customisation is a specialised service, and while a limited number of pharmacies in Southwark offer this service, patients may receive the support they need from the hospital or clinic responsible for their on-going care.

Figure 35: Pharmacies providing Stoma Appliance Service



4.3.7 NHS Urgent Medicine Supply Advanced Service

The NHS Urgent Medicine Supply Advanced Service (NUMSAS) forms part of the urgent care system and is designed to ensure that patients are able to access medications urgently without attending either an emergency department or their GP. The objectives of this service are to:

- Manage NHS 111 requests for urgent medicine supply
- Reduce demand on the rest of the urgent care system
- Resolve problems leading to patients running out of their medication
- Increase patient awareness of electronic repeat dispensing.

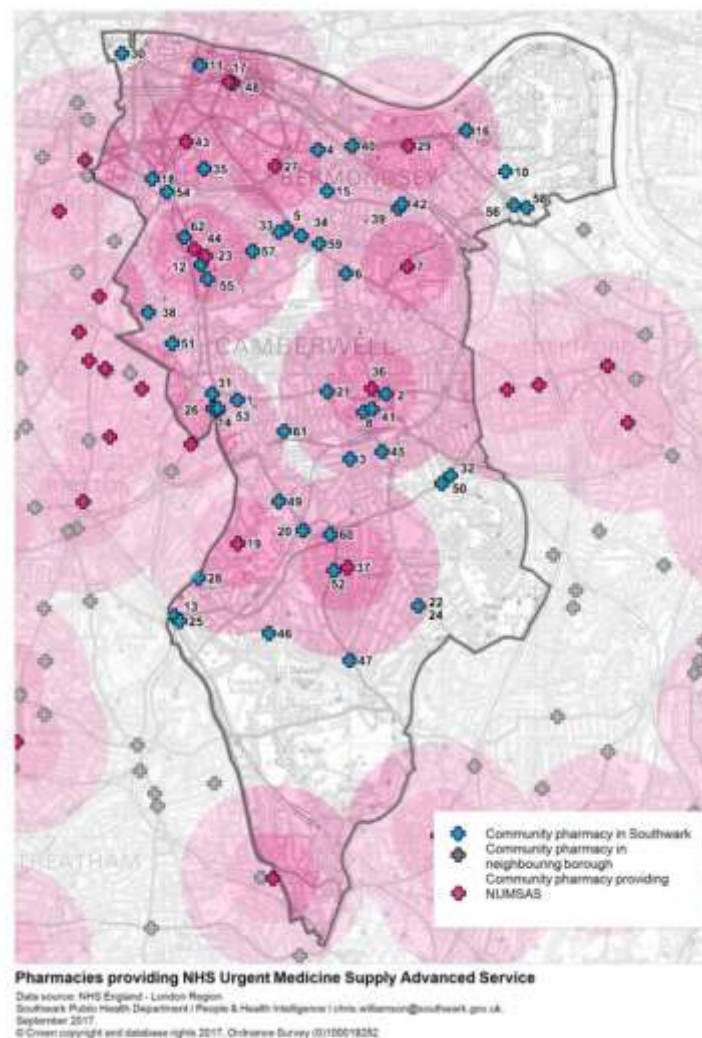
There were ten pharmacies providing this service during 2016/17. All localities had at least one pharmacy providing the service:

- Borough & Walworth locality: 5 pharmacies
- Dulwich locality: 2 pharmacies
- Peckham & Camberwell locality: 2 pharmacies
- Bermondsey & Rotherhithe locality: 1 pharmacy

Conclusions

The NHS Urgent Medicine Supply Advanced Service is a new service being offered through pharmacies. On-going review regarding the utilisation of this service is required to ensure the needs of our local population are being met.

Figure 36: Pharmacies providing NUMSAS



4.4 Enhanced Services

Enhanced Services are those services commissioned locally by NHS England's area team. In Southwark these services include a range of immunisations provided under the London Enhanced Flu Vaccination service.

4.4.1 Enhanced Flu Service

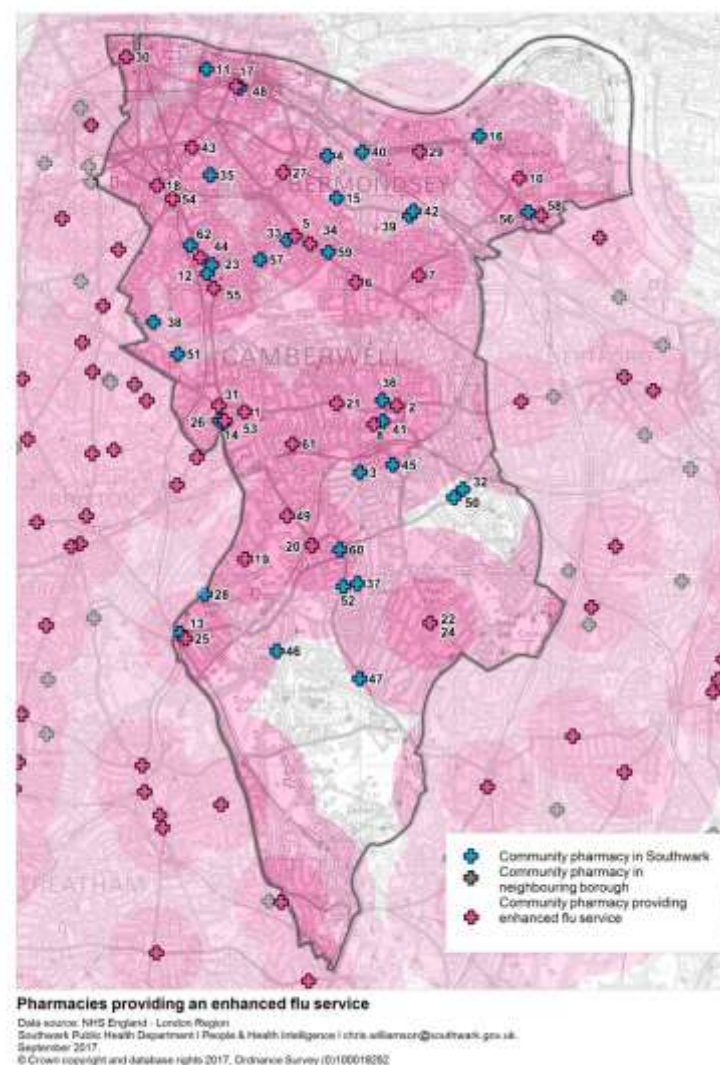
In addition to the London Pharmacy Vaccination service, NHS England also commission pneumococcal polysaccharide (PPV), and additional vaccines for adults aged 65 and over who have a higher risk of developing pneumococcal infections or other vaccine preventable conditions. NHS England list 27 pharmacies (44%) in Southwark that are providing the Enhanced Vaccination Service. 26 pharmacies (42%) within the borough offer both advanced and enhanced flu services.

In addition, the same enhanced flu service also cover the flu jab for those patients that are not qualified and consequently not covered under the national advanced flu service.

Conclusions

Local pharmacies play an important role in the delivery of both seasonal flu and the enhanced flu vaccination services. There is a good geographical distribution of local pharmacies providing the enhanced flu service, particularly around the north of the borough where most of the community care homes are located. The current infrastructure and service provision either locally or from our neighbouring boroughs is likely to meet the needs of our population.

Figure 37: Pharmacies providing Enhanced Flu Service



4.5 Other NHS services: *Locally Commissioned Services*

These services can be commissioned by a range of organisations including Local Authorities and Clinical Commissioning Groups. This section explores the provision of these services in Southwark and draws on the results of the pharmacy contractor questionnaire and data already held by Southwark Council.

Table 6: Locally Commissioned Services

Stop Smoking Service	<p>This service provides advice, support and medications to aid smoking cessation.</p> <p>This service is restricted to Southwark residents or those registered with Southwark General Practice.</p>
Level 1 Sexual Health Services	<p>This service includes:</p> <ul style="list-style-type: none"> ▪ Emergency hormonal contraception ▪ Provision of cards to access screening for chlamydia and gonorrhoea (15-24 years only) ▪ Signposting to appropriate sexual health, primary care, or other health services <p>This service is restricted to Southwark residents.</p>
Level 2 Sexual Health Services	<p>In addition to services provided at Level 1, pharmacies commissioned to deliver Level 2 services also provide chlamydia treatment and condoms.</p> <p>This service is restricted to Southwark residents.</p>
Oral Contraception	<p>Oral contraceptive services provided via community pharmacies are intended to improve access to contraceptive services, supplementing existing primary care services.</p> <p>This service is restricted to Southwark residents.</p>
Supervised Consumption Service	<p>This service entails a pharmacist personally supervising consumption of medications prescribed in the management of opiate addiction.</p> <p>There is no restriction on access to this service.</p>
Needle Exchange Service	<p>The service includes provision of sterile injecting equipment and equipment to ensure the safe disposal of used needles.</p> <p>There is no restriction on access to this service.</p>
NHS Health Checks	<p>The NHS Health Checks programme aims to detect heart disease, hypertension, diabetes, chronic kidney disease and lifestyle risk factors in 40 to 74 year olds with no pre-existing disease.</p> <p>This service is restricted to Southwark residents or those registered with Southwark General Practice.</p>
Minor Ailments Service	<p>The aim of the service is to improve access and choice for people with minor ailments by promoting self-care through the pharmacy, including provision of advice and where appropriate, medicines without the need to visit their GP practice.</p>

Healthy Vitamins Starts

This service offers free Vitamin D supplementation to: all pregnant women; mothers with children aged less than 12 months; and all children under four.

4.5.1 Stop Smoking Services

Public Health England report that 1 in 6 adults in Southwark currently smoke. However we know that the prevalence is actually higher among certain population groups. Smoking remains the single largest cause of preventable ill-health and driver of inequalities between the richest and poorest. Stop smoking services have an important role to play in improving the health of our residents.

The service was redesigned in March 2017 reflecting changes in patterns of local need. Current provision includes:

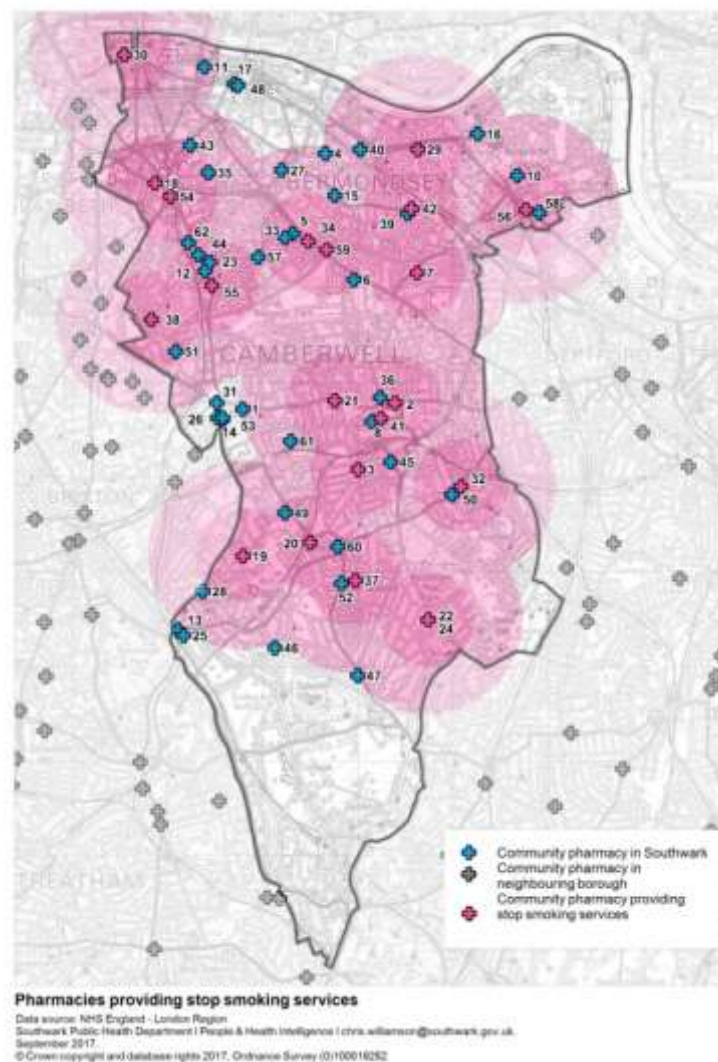
- 20 community pharmacies providing advice, support and medications where appropriate
- Specialist services targeted at high risk population groups
- A pilot telephone helpline offering stop smoking advice.

The majority of our neighbourhoods are in close proximity to a Southwark community pharmacy that provides stop smoking services. There are five areas of the borough that are greater than 1km from this local service (Figure 38).

Conclusions

Availability of community pharmacy stop smoking services broadly reflects the local pattern of deprivation, with the exception of a small area of Camberwell in the west of Southwark. In addition, there are areas of the borough with multiple pharmacies providing this service and a redistribution of this service provision should be considered. Results from the pharmacy survey indicate a number of additional pharmacies would be willing to provide this service if commissioned.

Figure 38: Pharmacies providing Stop Smoking Services



4.5.2 Level 1 Sexual Health Services

Southwark remains in the top five areas for sexually transmitted infection and HIV nationally, with high levels of repeat infection. Sexual health services in Southwark are delivered through a variety of settings, including:

- General practice
- Community pharmacies
- Integrated sexual and reproductive health services
- Online services
- Targeted provision; e.g. young people's services

Sexual health services delivered through community pharmacies are structured into two levels, each restricted to Southwark residents.

Level 1 Sexual Health Services include:

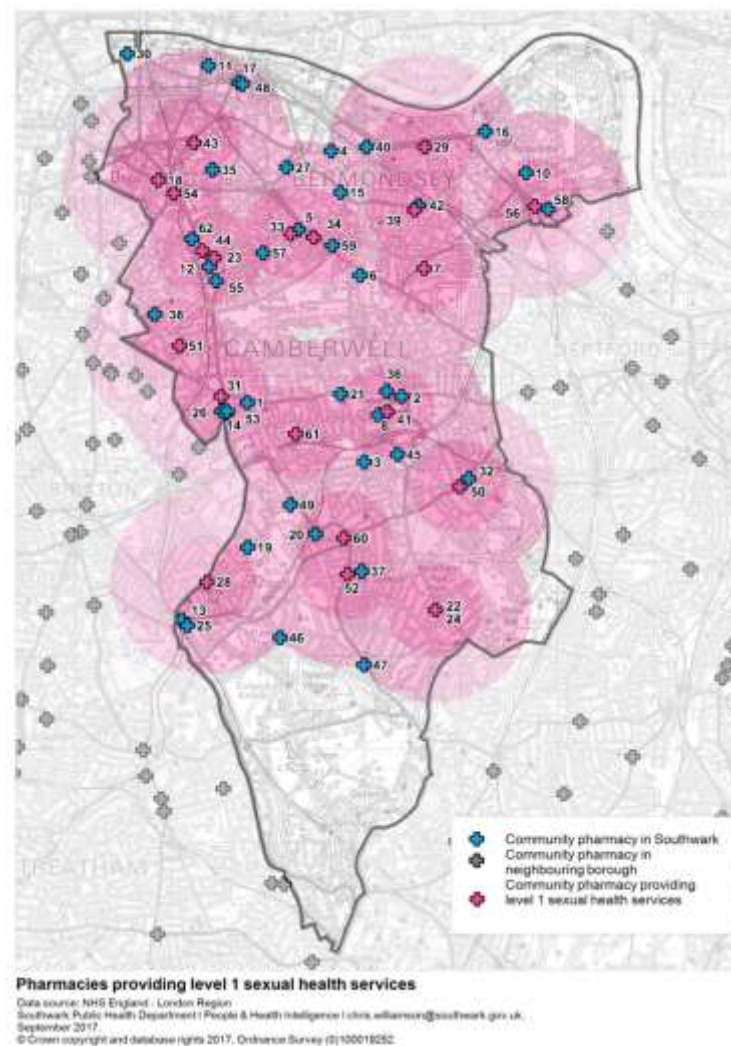
- Emergency hormonal contraception
- Provision of cards to access screening for chlamydia and gonorrhoea (15-24 years only)
- Signposting to appropriate sexual health, primary care, or other health services.

The majority of neighbourhoods in Southwark are in close proximity to a community pharmacy that provides Level 1 Sexual Health Services. There are a number of communities greater than 1km from this local service (Figure 39).

Conclusions

The provision of community pharmacy Level 1 Sexual Health Services should complement the wider sexual health system in Southwark. Provision through pharmacies should be reviewed to ensure access to services meets needs and is aligned with local strategies.

Figure 39: Pharmacies providing Level 1 Sexual Health Services



4.5.3 Level 2 Sexual Health Services

Southwark remains in the top five areas for sexually transmitted infection and HIV nationally, with high levels of repeat infection.

Sexual health services in Southwark are delivered through variety of settings, including:

- General practice
- Community pharmacies
- Integrated sexual and reproductive health services
- Online services
- Targeted provision; e.g. young people's services.

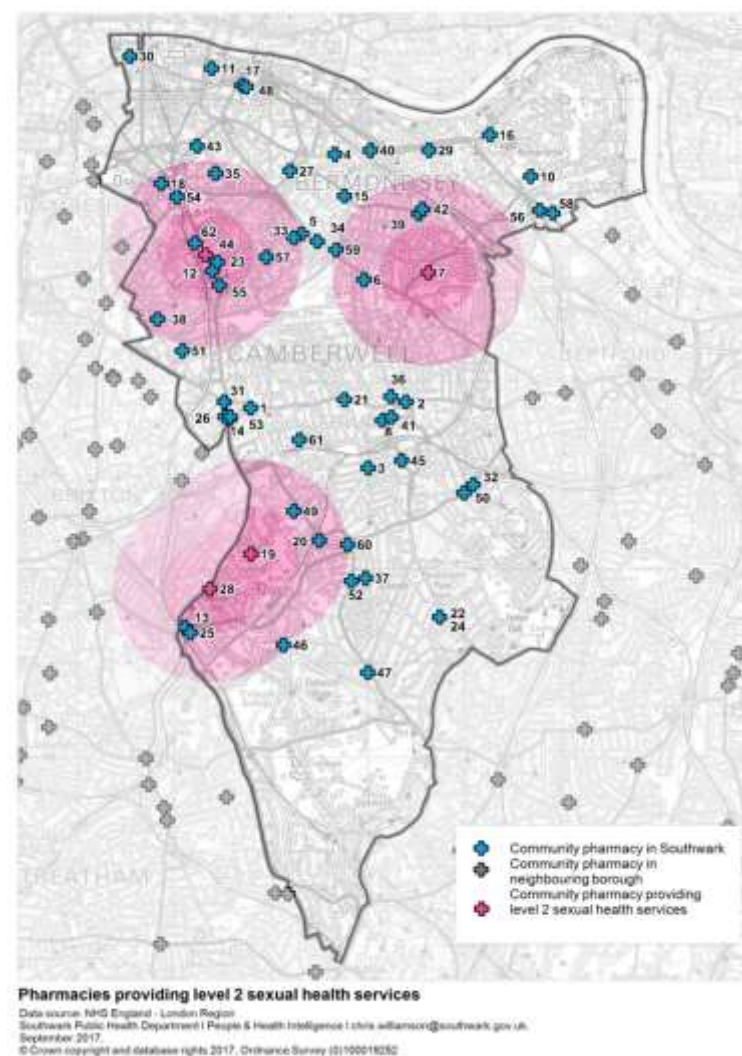
Sexual health services delivered through community pharmacies are structured into two levels, each restricted to Southwark residents. In addition to services provided at Level 1, pharmacies commissioned to deliver Level 2 services provide chlamydia treatment and condom packs.

There are four pharmacies in Southwark that provide Level 2 Sexual Health Service (Figure 40).

Conclusions

There are fewer community pharmacies in Southwark that deliver Level 2 services. Whilst chlamydia treatment is also available via integrated sexual and reproductive health services, provision of all community pharmacy sexual health services should be reviewed to ensure provision is in line with need.

Figure 40: Pharmacies providing Level 2 Sexual Health Services



4.5.4 Oral Hormonal Contraceptive Services

Oral hormonal contraceptive (OHC) services provided via community pharmacies are intended to improve access to contraceptive services, supplementing existing primary care services.

Pharmacies commissioned to provide this service offer oral hormonal contraception to women aged 16 and over as specified in the Patient Group Direction (PGD). This is restricted to Southwark residents. Other health promotion messages are also offered as part of this service.

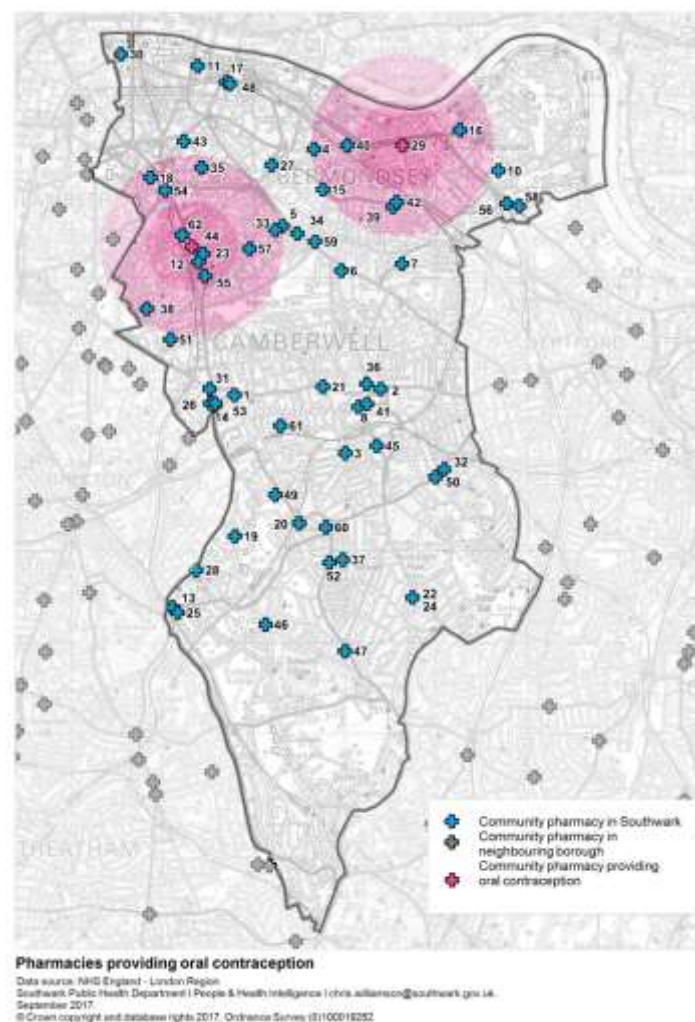
Two pharmacies in the borough are commissioned to provide oral contraceptive services (Figure 41).

Conclusions

This service complements the wider sexual and reproductive health system. However, these services could be more aligned with specialist services in order to contribute to the delivery of the national and local aim of improving uptake of long-acting methods of contraception (LARC).

The number of community pharmacies delivering oral hormonal contraception should be reviewed to ensure access to services meets needs and is aligned with local strategies.

Figure 41: Pharmacies providing Oral Contraception



4.5.5 Supervised Consumption

Medications such as methadone may be prescribed to patients suffering from opiate addiction. Generally these prescriptions are dispensed in instalments, and in some cases prescribers may request for consumption to be supervised by a pharmacist. The overall aim and objectives of the service include:

- Promoting compliance within an agreed care plan
- Reducing the risk of drug related death or health complications
- Reducing the likelihood of illicit drug leakage into the community and reducing crime associated with drug misuse.

In order to be eligible to provide this commissioned service, community pharmacies should:

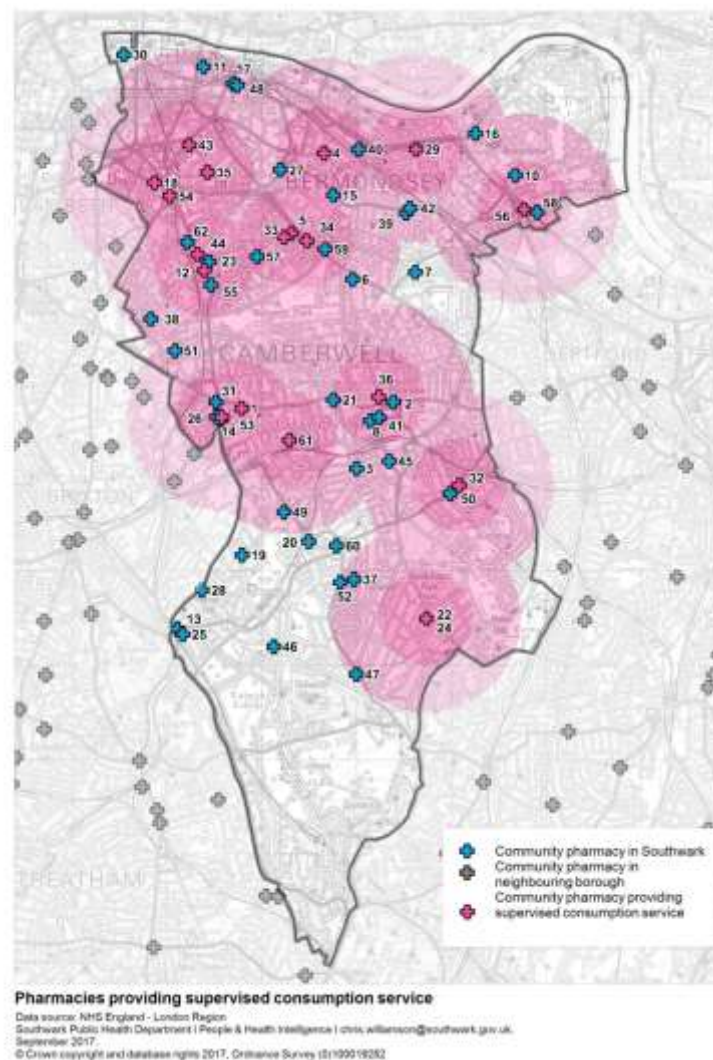
- Ensure pharmacists are adequately trained
- Ensure pharmacists personally supervise consumption
- Have a consultation area/ a private space
- Demonstrate policies for safeguarding, complaints and data protection.

In Southwark, 18 pharmacies provide supervised consumption service. Whilst there are no supervised consumption services in some neighbourhoods of the borough, services are available in each locality.

Conclusions

There is adequate and widespread availability of the supervised consumption service across the borough, particularly in areas of greatest deprivation.

Figure 42: Pharmacies providing Supervised Consumption



4.5.6 Needle Exchange Service

This service assists service users to remain healthy until they are ready and willing to cease injecting and ultimately achieve a drug-free life with appropriate support. The service includes provision of sterile injecting equipment as well as equipment to ensure the safe disposal of used needles.

The service aims to reduce the rate of blood-borne infections and drug related deaths among service users by:

- reducing the rate of sharing and other high risk injecting behaviours
- providing sterile injecting equipment and other support
- promoting safer injecting practices; and
- providing and reinforcing harm reduction messages including safe sex advice and advice on overdose prevention.

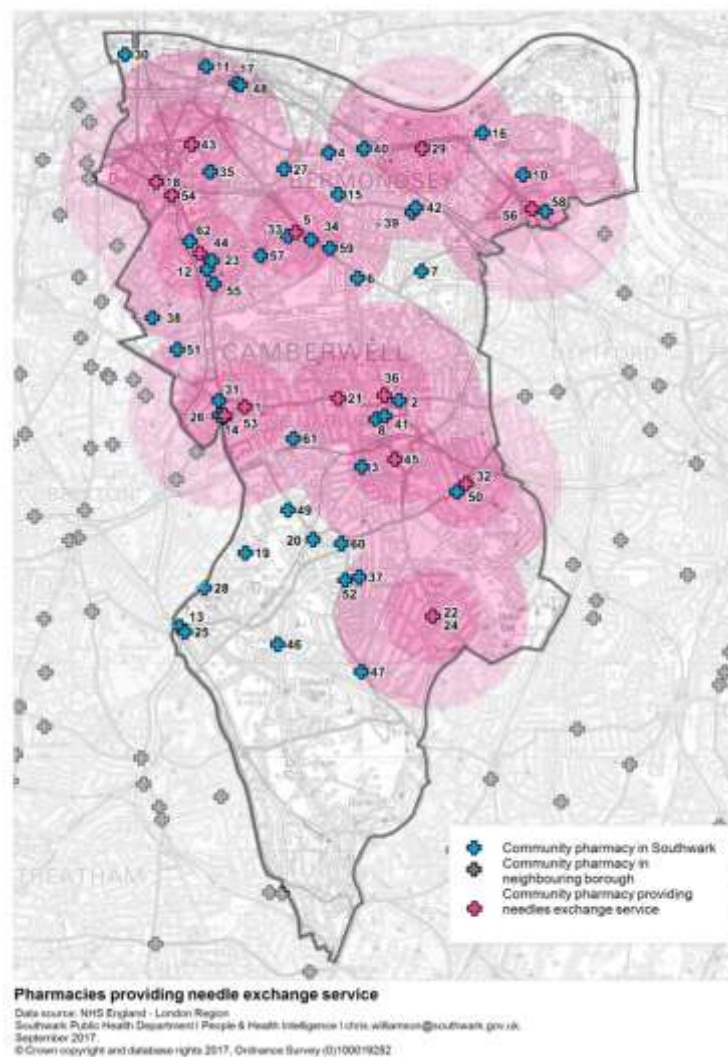
Fourteen pharmacies have been commissioned to provide a needle exchange service, with no restriction on access to this service. There is an overlap in the geographical coverage of the needle exchange service in a number of areas of the borough (Figure 43).

Conclusions

There is adequate and widespread availability of the needle exchange service across the borough, particularly in areas of greatest deprivation. Provision broadly mirrors that of the supervised consumption service.

Geographical distribution of this service should be reviewed to ensure access to services meets needs, whilst minimising duplication of provision.

Figure 43: Pharmacies providing Needle Exchange



4.5.7 NHS Health Checks

NHS Health Checks are a national programme that aims to detect cardiovascular diseases and risk factors in 40 to 74 year olds with no pre-existing disease.

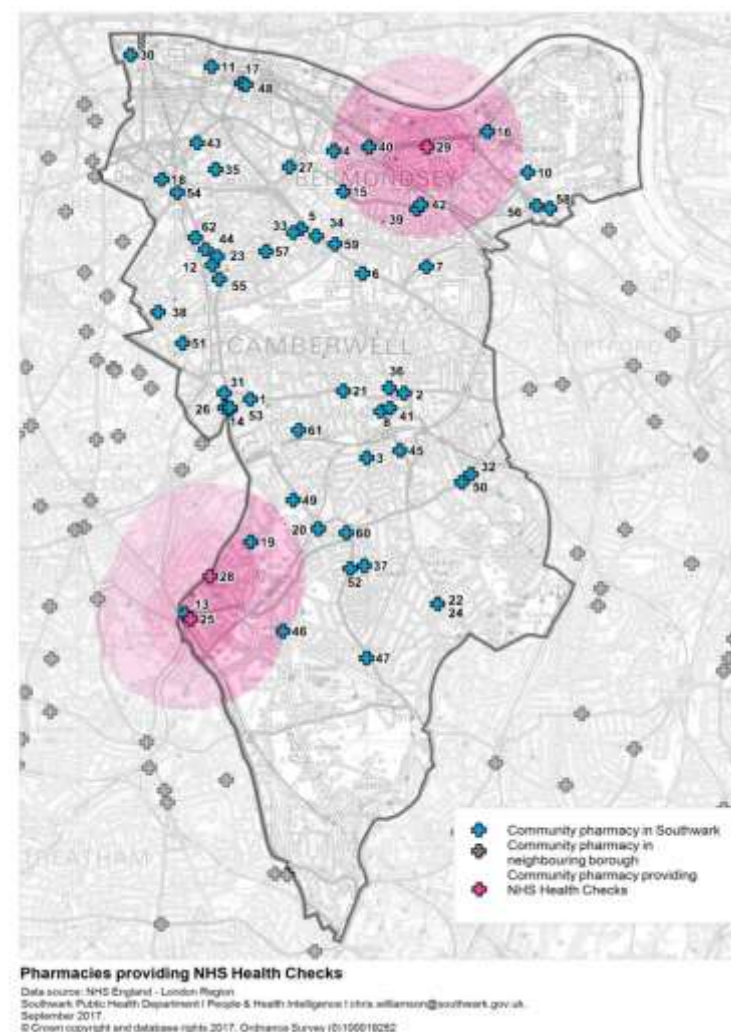
Residents of Southwark (or those registered with a Southwark GP) that are invited for a health check are offered lifestyle advice, referral to another service or medical intervention as appropriate. Each year a set number of health checks are commissioned and providers receive a fixed fee per health check conducted. In Southwark the programme is primarily delivered by local General Practices with three community pharmacies supplementing this provision (Figure 44).

Many of the diseases and risk factors detected by this programme are symptomless and as such it is important that the service is convenient to access in order to maximise uptake. This is particularly relevant in hard to reach or vulnerable communities. Community pharmacies provide access at times and locations that may be convenient to people who are busy during working hours.

Conclusions

Expansion and/or redistribution of the community pharmacy element of this service may provide an opportunity to improve access to the NHS Health Check Programme in Southwark. Ongoing evaluation of this programme should include analysis of uptake with particular regard to ensuring the service is accessible to those most at need.

Figure 44: Pharmacies providing NHS Health Checks



4.5.7 Minor Ailments Service

The aim of the service is to improve access and choice for people with minor ailments by promoting self-care through the pharmacy, including provision of advice and where appropriate, medicines without the need to visit their GP practice. As a skilled professional group, pharmacists already have the knowledge and training required to provide minor ailment consultations.

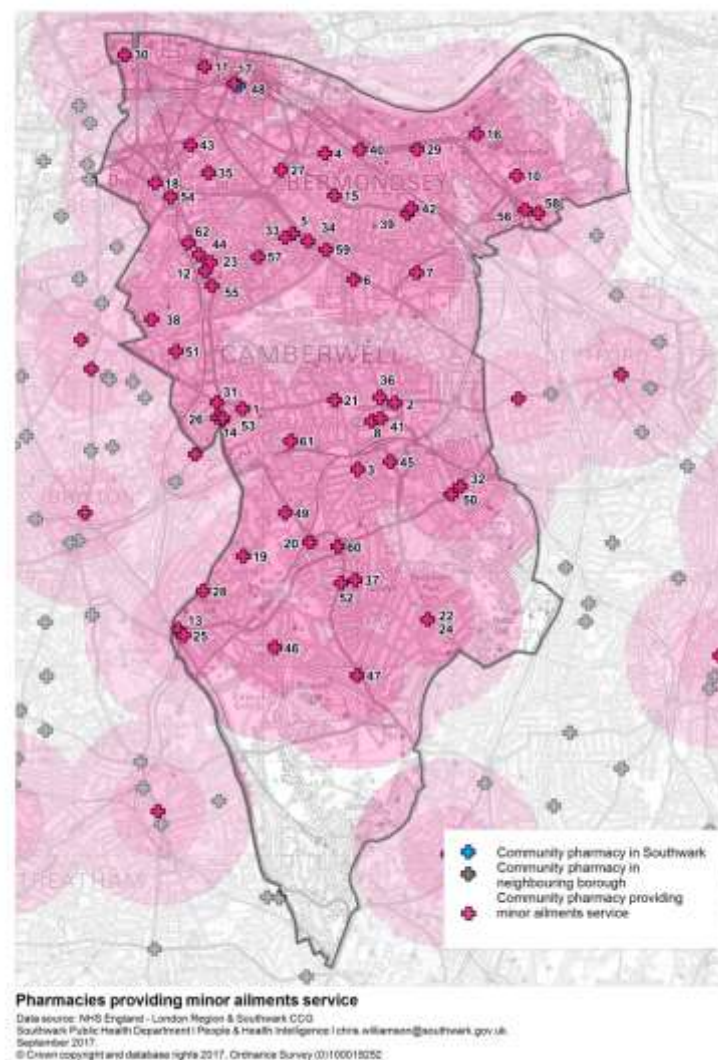
The service provides additional benefit by creating capacity within general practice to provide services to patients requiring more complex management such as the management of long term conditions. Access has now been restricted to those registered with a Southwark GP as the service is designed to relieve pressure on primary care.

Information from Southwark CCG suggests that all pharmacies in Southwark (N=62) currently provide the Minor Ailment Service. This was considered to be a 'potential future service' in the previous 2015 PNA.

Conclusions

There is adequate and widespread access of this service across the borough. The service should be reviewed in future to ensure it is working as planned and within budget.

Figure 45: Pharmacies providing Minor Ailments Service



4.5.8 Vitamin D Supplementation

This service offers free Vitamin D to all pregnant women; mothers with children aged less than 12 months; and all children under the age of four. This initiative has been commissioned in Southwark since 2014.

The following population groups are considered to be particularly at risk of Vitamin D deficiency:

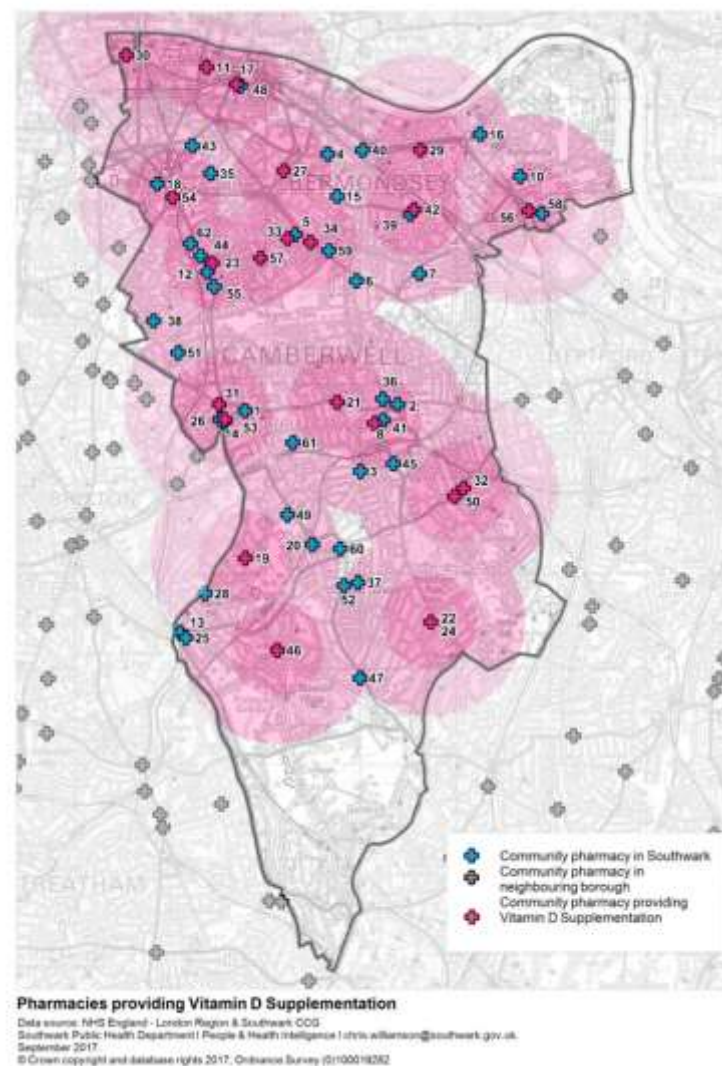
- Children under five years
- Those of Asian, African-Caribbean or Middle Eastern origin
- Those with limited exposure to sunlight.

There are 21 community pharmacies in the borough that are commissioned to deliver the Vitamin D programme. This includes registering mothers/carers and children to a client database so that they can receive the Vitamin D Card for subsequent supplies.

Conclusions

This is a pharmaceutical service commissioned by NHS Southwark CCG on behalf of Southwark Council with a third of our local pharmacies providing this service. We consider this to be sufficient for current local needs.

Figure 46: Pharmacies providing Vitamin D Supplementation



4.6 Summary of Current Provision

Services	Current service level	Gaps identified	Potential improvements (2018-2021)
Essential services			
Mandatory and necessary services. Negotiated nationally. Provided by all community pharmacies.			
	<ul style="list-style-type: none"> ▪ Southwark has 62 community pharmacies, the same number of pharmacies as 2013. ▪ There are no local pharmaceutical services contractors, dispensing appliance contractors, dispensing doctors, mail order or internet based pharmacies. ▪ Fifty-nine pharmacies (95%) have the standard 40 hours contract and out of these 28 are open longer than the 40 core contract hours. ▪ The majority of community pharmacies (86%) are open on a Saturday for at least part of the day and 11 pharmacies are open on a Sunday for at least part of the day. 	<ul style="list-style-type: none"> ▪ Compared to previous (2015) PNA, only College ward does not contain a pharmacy. However this part of the borough has a number of community pharmacies within 1 kilometre in adjacent boroughs (Lambeth, Lewisham and Croydon). All remaining wards, with the exception Surrey Docks which did not have any pharmacy in 2015, have at least two pharmacies and offer a choice for the public. ▪ Consideration could be given to extending opening hours at the weekends to improve access and choice. This is particularly important given the vision from the Southwark Five Year Forward View to extend access to primary care (seven days a week 8am-8pm). 	<ul style="list-style-type: none"> ▪ Consider commissioning a number of pharmacies to open on Sundays or work extra hours if deemed necessary. ▪ A coordinated approach to public health campaigns that involve NHS England, Southwark Public Health and local pharmacies. ▪ Clarification of the PH campaigns that all pharmacies should be involved in (based on local priorities).
Advanced services			
Relevant services. Negotiated nationally. Community pharmacies can choose to provide advanced services if they meet the Secretary of State Directions requirements.			

Services	Current service level	Gaps identified	Potential improvements (2018-2021)
Medicine Use Reviews (MUR)	<p>In 2016-17:</p> <ul style="list-style-type: none"> ▪ 54 pharmacies undertook approximately 19,000 MURs. ▪ 30 pharmacies claimed at or near the maximum number of MURs. ▪ College ward does not contain a pharmacy to provide this service. 	<ul style="list-style-type: none"> ▪ There is potential for the MUR service to be made available to more residents in Southwark. ▪ From the pharmacy survey, five pharmacies reported that they do not currently provide MURs but intend to do so within the next 12 months. 	<ul style="list-style-type: none"> ▪ Encourage all community pharmacies to offer MURs ▪ Engage with existing providers with a view to all providers performing more than 380 MURs per annum.
New Medicine Service (NMS)	<p>In 2016-17:</p> <ul style="list-style-type: none"> ▪ 45 pharmacies (73%) declared that they provided at least one NMS. ▪ 3,961 NMS reviews were undertaken (17% higher than the previous year). ▪ The average number of NMS reviews per pharmacy was 64, which is comparable to London average (65). ▪ College ward does not contain a pharmacy to provide this service. 	<ul style="list-style-type: none"> ▪ Analysis indicates that the provision of NMS in Southwark is comparable with London average and there is adequate distribution of provision across the borough. 	<ul style="list-style-type: none"> ▪ Responses to the pharmacy survey suggest that seven community pharmacies in Southwark intend on providing NMS in 2018/19.
Appliance Use Reviews (AUR)	<ul style="list-style-type: none"> ▪ Currently three pharmacies in Southwark provide AURs. ▪ There is a provider in each locality except Bermondsey and Rotherhithe. 	<ul style="list-style-type: none"> ▪ Analysis indicates that Bermondsey and Rotherhithe locality has no AUR provider. This is a service gap – however, patients may receive the support required from the hospital or clinics responsible for their on- 	<ul style="list-style-type: none"> ▪ Responses to the pharmacy survey suggest that eight community pharmacies in Southwark intend on providing AURs in 2018/19.

Services	Current service level	Gaps identified	Potential improvements (2018-2021)
		going care.	
Stoma Appliance Customisation (SAC)	<ul style="list-style-type: none"> Currently three pharmacies in Southwark provide SAC (these also provide the AUR service) There is a provider in each locality except Bermondsey and Rotherhithe. 	<ul style="list-style-type: none"> Analysis indicates that Bermondsey and Rotherhithe locality has no AUR provider. This is a service gap – however, patients may receive the support required from the hospital or clinics responsible for their on-going care. 	<ul style="list-style-type: none"> Responses to the pharmacy survey suggest that eleven community pharmacies in Southwark intend on providing SACs in 2018/19.
NHS Urgent Medicine Supply Advanced Service	<ul style="list-style-type: none"> All localities had at least one pharmacy providing the service. 	<ul style="list-style-type: none"> This is a new service and as such there is insufficient information available to assess utilisation. 	<ul style="list-style-type: none"> Ongoing review of service utilisation is required.
Seasonal Influenza Vaccination	<p>In 2016-17:</p> <ul style="list-style-type: none"> 39 pharmacies provided over 3,000 seasonal influenza vaccinations Overall seasonal influenza vaccine uptake in Southwark was below the national targets. 40 pharmacies are providing this service for 2017/18. 	<ul style="list-style-type: none"> The coverage of this service is adequate for the needs of the Southwark population, however overall uptake of the seasonal flu vaccine is low within the borough. 	<ul style="list-style-type: none"> Further engagement with existing providers including community pharmacies may help to improve uptake of the vaccination service. Responses to the pharmacy survey suggest that eleven community pharmacies in Southwark intend on providing this service in 2018/19.
Enhanced Services			
Relevant services. Negotiated locally to address local health needs. Provided from selected pharmacies, specifically commissioned.			
Enhanced Flu service	<p>This is the only enhanced service commissioned locally by NHS England's area team.</p> <p>In 2016-17:</p> <ul style="list-style-type: none"> NHS England list 27 pharmacies 	<ul style="list-style-type: none"> The coverage of this service is considered adequate for the needs of the Southwark population and in particular to specific at risk groups. This service also provides flu jabs 	<ul style="list-style-type: none"> Further engagement with existing providers including community pharmacies may help to improve the coverage of the enhanced flu vaccination service.

Services	Current service level	Gaps identified	Potential improvements (2018-2021)
	<p>(44%) in Southwark as providing the Enhanced Vaccination Service.</p> <ul style="list-style-type: none"> ▪ 26 pharmacies (42%) within the borough offer both seasonal flu vaccination (advanced) and the enhanced flu services. 	<p>for those patients that are not qualified and consequently not covered under the National advanced flu service.</p>	
<p>Locally Commissioned Services Relevant services. Commissioned by Southwark Council and SCCG to address identified local health priorities</p>			
<p>Stop Smoking Service</p>	<ul style="list-style-type: none"> ▪ Currently 20 pharmacies in Southwark are commissioned to provide this service. ▪ Services are also provided by specialist providers and a pilot telephone helpline. 	<ul style="list-style-type: none"> ▪ Availability of community pharmacy stop smoking services broadly reflects the local pattern of deprivation, with the exception of a small area of Camberwell in the west of Southwark. ▪ In addition, there are areas of the borough with multiple pharmacies providing this service and a redistribution of this service provision should be considered. 	<ul style="list-style-type: none"> ▪ Some areas have multiple pharmacy providers in a small geographical area; consideration should be given to redistributing providers to increase coverage. ▪ Responses to the pharmacy survey indicate that a number of additional pharmacies would be willing to provide the service if commissioned.
<p>Level 1 Sexual Health Services (see 4.5.2)</p>	<ul style="list-style-type: none"> ▪ Currently 21 pharmacies in Southwark are commissioned to provide this service. 	<ul style="list-style-type: none"> ▪ Some areas of the borough are greater than 1km from the nearest provider; however, there are no pharmacies in these areas to meet this need. 	<ul style="list-style-type: none"> ▪ Provision should be reviewed in partnership with neighbouring borough(s) to ensure access to these services meets population needs, and is aligned with local strategies.

Services	Current service level	Gaps identified	Potential improvements (2018-2021)
Level 2 Sexual Health Services (see 4.5.3)	<ul style="list-style-type: none"> Currently four pharmacies in Southwark are commissioned to provide this service. 	<ul style="list-style-type: none"> There are fewer community pharmacies in Southwark that deliver Level 2 Sexual Health Services than those that deliver Level 1; and there are several geographical gaps in this provision. 	<ul style="list-style-type: none"> Provision should be reviewed in partnership with neighbouring borough(s) to ensure access to these services meets population needs, and is aligned with local strategies.
Oral Hormonal Contraception (OHC) Services	<ul style="list-style-type: none"> Currently two pharmacies in Southwark are commissioned to provide this service. 	<ul style="list-style-type: none"> Just two pharmacies offer this service across the borough, both in the north of the borough. 	<ul style="list-style-type: none"> Provision should be reviewed in partnership with neighbouring borough(s), and more closely aligned with integrated sexual and reproductive health services.
Supervised Consumption	<ul style="list-style-type: none"> Currently 18 pharmacies in Southwark are commissioned to provide this service. 	<ul style="list-style-type: none"> No service gap or additional needs identified. 	<ul style="list-style-type: none"> Continue to assess population needs as part of ongoing service development.
Needle Exchange Service	<ul style="list-style-type: none"> Currently 14 pharmacies in Southwark are commissioned to provide this service. 	<ul style="list-style-type: none"> No service gap or additional needs identified. 	<ul style="list-style-type: none"> Continue to assess population needs as part of ongoing service development. Responses to the pharmacy survey suggest that an additional 14 community pharmacies (28 in total) in Southwark would be willing to provide the service if commissioned.
NHS Health Checks	<ul style="list-style-type: none"> Currently three pharmacies in Southwark are commissioned to provide this service. Services are also provided by General Practices through the 	<ul style="list-style-type: none"> No service gap or additional needs identified. 	<ul style="list-style-type: none"> Consider assessing the contribution of community pharmacies as part of the ongoing development of the NHS Health Check programme. In

Services	Current service level	Gaps identified	Potential improvements (2018-2021)
	Southwark GP Federations.		particular the self-check pilot (via digital services) followed by a GP final check, in the near future.
Minor Ailments Scheme (MAS)	<ul style="list-style-type: none"> ▪ Currently all (N=62) pharmacies provide this service. 	<ul style="list-style-type: none"> ▪ Currently there is no gap and the service is adequate and widespread across the borough. ▪ MAS were considered a 'potential future service' in the previous 2015 PNA. 	<ul style="list-style-type: none"> ▪ The service should be reviewed in future to ensure it is working as planned as it is currently over budget.
Vitamin D Supplementation	<ul style="list-style-type: none"> ▪ Currently 21 pharmacies in Southwark are commissioned to provide this service. 	<ul style="list-style-type: none"> ▪ No service gap or additional needs identified. 	<ul style="list-style-type: none"> ▪ Continue to assess population needs as part of ongoing service development.

5 FUTURE PLANNING

In *'Pharmacy – A Way Forward for Public Health'* Public Health England highlighted the importance of pharmacists, and outlined the pivotal role community pharmacies have in enabling a healthier nation.²⁷

The NHS England *'GP Forward View'*, makes a commitment of integrating 1,500 patient facing pharmacists into General Practice by 2020-21.²⁸ This type of collaboration will create further opportunities to Make Every Contact Count (MECC), thereby further promoting public health interventions particularly amongst those with long term conditions.

Any future needs will be commissioned using the existing pharmacy network in Southwark.

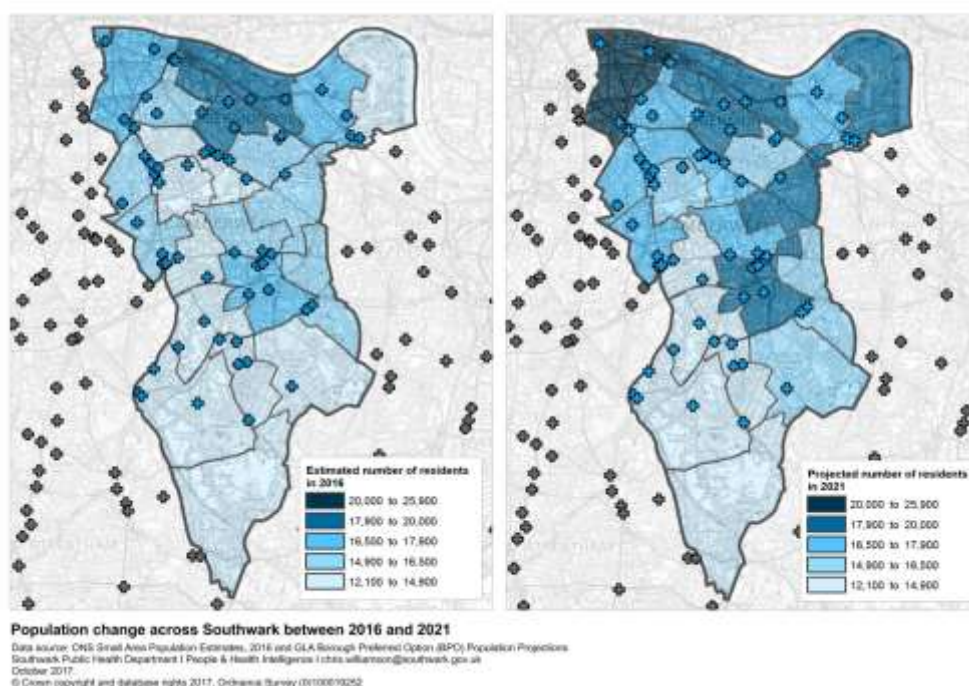
Southwark Five Year Forward View

Southwark CCG together with the Council wish to change the way they commission services locally, to drive integration across health and social care, bringing together General Practice, Community Pharmacy, Community Services and other providers. The local intention is to develop a stronger emphasis on prevention and early intervention.

Projected Population Change

The population in Southwark is predicted to grow by over 12% from around 313,200 in 2016 to 351,100 in 2021. The increase in population is predicted to vary across the borough with the largest growth projected to occur in the north, particularly in Cathedrals ward where the population is projected to increase by over 9,000 people in the coming years. Current areas of large-scale urban regeneration include Elephant and Castle, Old Kent Road and the Aylesbury estate.

Figure 47: Projected population change across Southwark (2016 and 2021)



The current network of (62) pharmacies corresponds to where future new housing developments will be located within the borough. The PNA has carefully considered the likely changes to the number of people requiring pharmaceutical services, the demography of each area and the risks to the health and wellbeing of people in the borough. The Health and Wellbeing Board consider that the current and the future needs of the population can be adequately addressed through the current service provision. In case of any significant change to current circumstances or when a need for new and/or additional pharmaceutical service is identified in the future, the PNA will be reviewed and a supplementary statement will be released as per Regulations.

Social Regeneration

Southwark Council's regeneration work aims to ensure that the places where people live, now and in the future, create new life opportunities, promote wellbeing and reduce inequalities for both existing and new residents. Social regeneration is about harnessing change to reduce inequalities in a borough where people are healthy and resilient, feel connected, and there are opportunities for all.

It is important that the right infrastructure is in place to support the projected rapid population growth in Southwark, including through provision of pharmacy services. Community pharmacies have a key role to play in supporting all residents to access, not only the services that pharmacies offer, but also the opportunities that regeneration provides, for example access to Free Swim and Gym in new and improved leisure centres.

To address health inequalities, it is important that we support everyone to access these opportunities, especially those who face particular disadvantages, are vulnerable or at risk of certain health conditions.

6 APPENDICES

6.1 Appendix A: Stakeholder Consultation

Introduction

As required by the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulation 2013⁴, we carried out a stakeholder consultation on the draft Southwark PNA 2018 report. The consultation process commenced on 7 December 2017 and ended on 6 February 2018, thus meeting the requirement of giving stakeholders a minimum of 60 days to respond. The consultation was opened to:

- Southwark residents
- All community pharmacies
- Local Medical Committee (LMC)
- Local Pharmaceutical Committee (LPC)
- NHS Southwark CCG
- Guy's and St Thomas' NHS Foundation Trust;
- King's College Hospital NHS Foundation Trust;
- South London and Maudsley (SlaM) NHS Foundation Trust; and
- Neighbouring HWBs (Lambeth and Lewisham)
- Healthwatch Southwark and Community Southwark.

Process

The draft PNA 2018 report was made available via the Southwark Council website. A questionnaire was available for online submission and information on how to request a hard copy (or easy read version) of the report was provided. At the beginning of the PNA consultation, Southwark Council, the SCCG communication teams as well as the LPC promoted the exercise via various media throughout the process.

Below we have included copies of the cover letter and the online questionnaire:

⁴ <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

Southwark Pharmaceutical Needs Assessment (2018 – 2021)

Cover letter

Dear Sir / Madam,

Pharmaceutical Needs Assessment (PNA) Consultation: Invitation to Participate

Southwark's Health and Wellbeing Board has developed a new Pharmaceutical Needs Assessment (PNA). This document assesses the need for pharmaceutical services within the borough, and compares this to pharmaceutical and other services that are currently provided, together with when and where these services are available.

NHS England will use the PNA to consider applications to open a new pharmacy, move an existing pharmacy or to commission additional services from pharmacies. Other commissioning bodies such as Southwark Clinical Commissioning Group and Southwark Council will also use the document to decide whether to commission additional services through pharmacies.

During the PNA process, we have engaged with our local residents and all pharmacy contractors in the borough to seek their views and experiences around access and provision of pharmacy services. The results of this engagement process are reflected in the PNA consultation document.

As part of developing the PNA locally, Pharmaceutical Regulations require that a formal consultation period is undertaken on the draft Pharmaceutical Needs Assessment, with the purpose of:

- Encouraging constructive feedback from a variety of stakeholders
- Ensuring a wide range of primary care health professionals provide opinions and views on what is contained within the PNA

The consultation will run from **7 December 2017 to the 6 February 2018**.

The draft PNA and relevant document, including online questionnaire are available at www.southwark.gov.uk/pna

All feedback received by 6 February 2018 will be collated for consideration and a consultation report will be included within the final PNA document which will be completed by 31 March 2018.

If you have any questions, you can contact the consultation team via email PublicHealth@southwark.gov.uk

We look forward to receiving your feedback on the draft report.

Yours faithfully,

Professor Kevin Fenton | Director of Health and Wellbeing | Environment and Social Regeneration | London Borough of Southwark

ONLINE SURVEY: Consultation response form

Note: All section numbers refer to the PNA report.

1. Has the information included in the PNA been clear and in a way that is easy to understand?

- a. Yes
- b. No
- c. Not Sure

If No, please suggest how could that be improved?

2. Has the purpose of the PNA been explained sufficiently within Section 1 (Background: Pg 17-21) of the PNA?

- a. Yes
- b. No
- c. Not Sure

If No, please suggest how could be improved?

3. Does Section 3 (Health needs profile for Southwark: Pg 24-43) clearly set out the local context relating to the health needs of Southwark residents?

- a. Yes
- b. No
- c. Not Sure

If No, please suggest how could be improved?

4. Does the information in Section 4 (Assessment of current pharmaceutical provision: Pg 44-81) provide a reasonable description of the services that are provided by pharmacies in Southwark?

- a. Yes
- b. No
- c. Not Sure

If No, please suggest how this could be improved?

5. Do you think that the pharmaceutical needs of the population have been accurately reflected in the draft PNA?

- a. Yes
- b. No
- c. Not Sure

If No, please suggest how this could be improved?

6. Do you agree with the key findings regarding pharmaceutical services in Southwark as outlined in the executive summary (Overview table: Pg 9-15)?

- a. Yes
- b. No
- c. Not Sure

Please tell us why?

7. If you have any further comments please tell us here:

8. Do you live or work in Southwark?

- a. I live in Southwark
- b. I work in Southwark
- c. I both live and work in Southwark
- d. I don't live or work in Southwark

9. Please let us know if you are answering this questionnaire:

An answer is required

- a. As an individual
- b. On behalf of an organisation
- c. On behalf of a Pharmacy

Note: If the respondent is completing the questionnaire as an individual add a section 'About you' (optional): Age/Disability and health/Ethnicity/religion or belief/Sex/Gender reassignment/ Sexual orientations.

Community Pharmacies and Dispensing Appliances Contractors information

10. Please review the information shown in the appendices (Opening Hours) for accuracy. If you identify any inaccuracies please provide details below:

11. Are you aware of any commissioned pharmaceutical services currently provided in Southwark that have not been included within the PNA?

- a. Yes
- b. No
- c. Not Sure

If you answered yes please let us know about these services

12. If you are responding on behalf of an organisation or pharmacy please provide your details below.

- a. Name:
- b. Job title:
- c. Pharmacy name or organisation:
- d. Address:
- e. Telephone number:
- f. Email address:

Please return this feedback form:

- Via email to: publichealth@southwark.gov.uk
- Via post to the following address:

PNA Consultation, Public Health, Southwark Council, 1st Floor Hub 2, PO BOX 64529, London, SE1 5LX

Results

Online Survey

A total of five respondents completed the online questionnaire. The breakdown of response to various questions is presented in table 1 and the related qualitative feedback with suggested action is presented in Table 7.

Two community pharmacies have provided their comments to us via email to LPC office – these are listed separately (Table 8).

Table 7: Response to online questionnaire

Questions	Number of respondents			
	Yes	No	Not sure	Not answered
Has the information included in the PNA been clear and presented in a way that makes it easy to understand?	5 (100%)	0	0	0
Has the purpose of the PNA been explained sufficiently within Section 1 (Background: Pg 17-21) of the PNA?	5 (100%)	0	0	0
Does Section 3 (Health needs profile for Southwark: Pg 24-43) clearly set out the local context relating to the health needs of Southwark residents?	4 (80%)	0	1 (20%) <i>No comment made</i>	0
Does the information in Section 4 (Assessment of current pharmaceutical provision: Pg 44-81) provide a reasonable description of the services that are provided by pharmacies in Southwark?	2 (40%) Table 2 Respondent 2 (R2) only	2 (40%) Table 2 (R4 & R5)	1 (20%) Table 2 (R4)	0
Do you think that the pharmaceutical needs of the population have been accurately reflected in the draft PNA?	1 (20%)	3 (60%) Table 2 (R3-R5)	1 (20%) Table 2 (R4)	0
Do you agree with the key findings regarding pharmaceutical services in Southwark as outlined in the executive summary (Overview table: Pg 9-15)?	3 (60%)	1 (20%) Table 2 (R5)	1 (20%) Table 2 (R4)	0
If you have any further comments please tell us here	4 responses (Table 2)			
Do you live or work in Southwark?	5 (100%) 4 work in Southwark; and 1 don't work or live in Southwark			

Questions	Number of respondents			
	Yes	No	Not sure	Not answered
Please let us know if you are answering this questionnaire	5 (100%) 2 (40%) on behalf of an organisation 3 (60%) on behalf of a Pharmacy			
Please review the information shown in the appendices (opening hours) for accuracy. If you identify any inaccuracies please provide the details	4 responses See Table 2 (R1/2 & R4/5)			
Are you aware of any commissioned pharmaceutical services currently provided in Southwark that have not been included within the PNA?	1 (20%) <i>No comments provided</i>	3 (60%)	1 (20%)	0

Table 8: Survey comments and PNA team response

Issues	PNA (Lead/Team) response
<p>Question: Does the information in Section 4 (Assessment of current pharmaceutical provision: Pg 44-81) provide a reasonable description of the services that are provided by pharmacies in Southwark?</p>	
<p>Respondent 1 (R1) – community pharmacy</p> <p>I am under impression all PHARMACIES in Southwark provided Minor Aliment Services, when in information section have selected few only.</p>	<p>That is correct. Both summary tables in the PNA document as well as table 12 will be amended to reflect that all pharmacies in Southwark (N=62) provide the service (MAS).</p>
<p>Respondent 2 (R2) – LSL LPC</p> <p>As commissioners are no longer commissioning pharmacy services at scale and in areas of need and deprivation, this should be mentioned in the PNA.</p> <p>Also if a need arises for a particular service in Southwark the current network of pharmacies should be considered to provide the service.</p> <p>Also as the pharmacy landscape is rapidly changing supplementary statements will need to be issued as required to accurately document the pharmacy service in Southwark</p>	<p>The main scope of the PNA is provide a background around health needs of our local population and assess how these are met by the existing pharmaceutical services.</p> <p>Local health and wellbeing services are commissioned based on levels of need within our communities, and are contracted through a range of providers, based on the needs identified within the PNA and the JSNA. The Southwark Five Year Forward View sets out how the CCG and Council will commission for our population outcomes. We are currently working with our providers through the Local Care Networks on what this could look like. Pharmacies are represented on Local Care Networks.</p> <p>Changes in provision will be reflected in supplementary statements to the PNA in line with regulations (as mentioned under section 1.4).</p>
<p>Respondent 4 (R4) – community pharmacy</p> <p>We have Branches in Southwark:</p> <p>Maddock provides Flu Service and this is not mentioned;</p> <p>East St provides Supervised consumption and this is not mentioned</p>	<p>We have contacted NHS England area team for clarification re Maddock pharmacy service provision, but haven't heard from them. We noted the respondent comment that this pharmacy provides Flu services.</p> <p>We can confirm that the East Street (Medimpo Ltd Pharmacy) is not commissioned to deliver supervised consumption at Southwark. However, the pharmacy may provide this service independently of the</p>

Issues	PNA (Lead/Team) response
	commissioned service.
<p>Respondent 5 (R5) – NHS England</p> <p>There are some services that are not listed or not listed correctly.</p> <p>The PNA does not list the total opening hours, just the core hours.</p>	<p>NHSE specified those services in their detailed report. Answer provided under Table 9 below.</p> <p>A table outlining total opening hours has been included within the appendices (Table 18).</p>
<p>Question: Do you think that the pharmaceutical needs of the population have been accurately reflected in the draft PNA?</p>	
<p>R1</p> <p>Currently we have had shift in population where Hispanic people have come and settled with business and living in Southwark.</p> <p>I feel interpreter services would be welcomed by them and it will help both Pharmacy and patient.</p>	<p>Section 3.1.5 of the PNA outlines both the ethnic and linguistic diversity in Southwark.</p> <p>The overview of the borough on page 8 specifies the need for pharmacies to deliver services that are accessible and inclusive of their communities.</p>
<p>R3</p> <p>Obesity is not addressed.</p> <p>Weight management programmes can be set up in Pharmacies perhaps linked to Health checks.</p>	<p>Tackling childhood obesity in particular is a key council commitment and as such the Council has commissioned family based, group activity programmes with our leisure contractor (Everyone Health).</p> <p>Healthy weight of residents in Southwark is covered in section 3.5.4 of the report. We have focused the PNA on existing services provided through community pharmacies - however obesity support is highlighted as a priority for health promotion campaigns.</p> <p>Adult weight management programmes in Southwark are commissioned by Southwark CCG, also in a group setting. The opportunities for pharmacies to contribute to this area would be through increasing the referral rates, potentially by performing a greater number of NHS Health Checks in the community.</p>
<p>R4</p>	<p>There are no community pharmacies based within College ward - however there is provision of community pharmacy services in close</p>

Issues	PNA (Lead/Team) response
No Pharmacy in College Ward	proximity in both Lambeth and Lewisham.
<p>R5</p> <p>There are parts missing as per the regulations, which may impact on this.</p>	See detailed comments and response on Table 9.
<p>Question: Do you agree with the key findings regarding pharmaceutical services in Southwark as outlined in the executive summary (Overview table: Pg 9-15)?</p>	
<p>Respondent 2 (R2) – LSL LPC</p> <p>As commissioners are no longer commissioning pharmacy services at scale and in areas of need and deprivation, this should be mentioned in the PNA.</p> <p>Also if a need arises for a particular service in Southwark the current network of pharmacies should be considered to provide the service.</p> <p>Also as the pharmacy landscape is rapidly changing supplementary statements will need to be issued as required to accurately document the pharmacy service in Southwark</p>	<p>The main scope of the PNA is provide a background around health needs of our local population and assess how these are met by the existing pharmaceutical services.</p> <p>Local health and wellbeing services are commissioned based on levels of need within our communities, and are contracted through a range of providers, based on the needs identified within the PNA and the JSNA. The Southwark Five Year Forward View sets out how the CCG and Council will commission for our population outcomes. We are currently working with our providers through the Local Care Networks on what this could look like. Pharmacies are represented on Local Care Networks.</p> <p>Changes in provision will be reflected in supplementary statements to the PNA in line with regulations (as mentioned under section 1.4).</p>
<p>Respondent 4 (R4) – community pharmacy</p> <p>We have Branches in Southwark:</p> <p>Maddock provides Flu Service and this is not mentioned;</p> <p>East St provides Supervised consumption and this is not mentioned</p>	<p>We have contacted NHS England area team for clarification re Maddock pharmacy service provision, but haven't heard from them. We noted the respondent comment that this pharmacy provides Flu services.</p> <p>We can confirm that the East Street (Medimpo Ltd Pharmacy) is not commissioned to deliver supervised consumption at Southwark. However, the pharmacy may provide this service independently of the</p>

Issues	PNA (Lead/Team) response
	commissioned service.
R5. There are a number of amendments that need to be made urgently to ensure that the PNA complies with the regulations, currently the PNA will make market entry decisions difficult due to the information that is missing.	See detailed comments and response on Table 9
Question: Please review the information shown in the appendices (opening hours) for accuracy. If you identify any inaccuracies please provide the details	
<p>R1</p> <p>We noticed, majority if not all pharmacies are not open on Saturday. When the table of opening and closed pharmacies does not reflect this as only CORE hours are stated.</p> <p>General public may be misguided.</p> <p>A table of actual hours of opening would be more appropriate.</p>	A table outlining total opening hours has been included within the appendices (Table 18).
<p>R2</p> <p>Need to ensure these align with NHSE data on a regular basis and issue supplementary statements as required</p>	We intend to review the PNA on a regular basis for accuracy and issue supplementary statements as required (see section 1.4).
<p>R4</p> <p>Maddock Pharmacy does provide Flu Service</p> <p>And East St - Supervised Consumption</p>	<p>We have contacted NHS England area team for clarification re Maddock pharmacy service provision, but haven't heard from them. We noted the respondent comment that this pharmacy provides Flu services.</p> <p>The only Medimpo Ltd Pharmacy that is currently commissioned by Southwark to deliver supervised consumption is Ridgeway Pharmacy on Walworth Road.</p>
<p>R5</p> <p>We will send this under separate cover as the hours listed are only</p>	A table outlining total opening hours has been included within the appendices (Table 18).

Issues	PNA (Lead/Team) response
core hours and cannot be changed.	
Question: Are you aware of any commissioned pharmaceutical services currently provided in Southwark that have not been included within the PNA?	
<p>R1</p> <p>PNA findings about AUR and SUR (stoma) reflect only LLOYDS pharmacies doing it.</p> <ul style="list-style-type: none"> ▪ Why? ▪ Who is responsible for training? ▪ What implication this has on Southwark patients? ▪ Doctors are concerned or not? If not discontinue the service and save money. If needed, train interested pharmacists. 	<p>These services are commissioned by NHSE as an Advanced service. Community Pharmacists can notify the NHSBSA if they wish to provide this service. There is no requirement for the local NHS England team to accredit or approve the pharmacy before the service starts. Payment for this service is via the BSA.</p>
<p>R3</p> <p>Sexual Health services need to be improved. Pharmacies providing Emergency contraception and oral contraception could be commissioned to provide a full sexual health service.</p>	<p>Under section 4.5 (summary of current provision: Table 4.6) we have identified that 'there are several geographical gaps re Level 2 SHS provision and that the current provision should be reviewed in partnership with neighbouring borough/s, and more closely aligned with integrated sexual and reproductive health services.</p> <p>Sexual health is a locally commissioned service and is currently being redesigned in partnership with the LPC, specialist clinicians, and Lambeth Council to more effectively meet the needs of the population and be more aligned with the strategic aims of the local sexual health system.</p>
<p>R4</p> <p>Further Support of Health Checks and Flu vaccination is required for all Southwark Pharmacies</p>	<p>Southwark Council Public Health team:</p> <ul style="list-style-type: none"> ▪ Are working in partnership with our commissioning partner Southwark CCG to support and expand the provision provided by Southwark's pharmacy sector in the delivery of the NHS Health Check programme. This will be informed by the PNA; and

Issues	PNA (Lead/Team) response
	<ul style="list-style-type: none"> ▪ Will facilitate any necessary discussion between local pharmacies and the commissioner of the flu programme, NHS England, in order to further support Southwark pharmacies.
<p>R5</p> <p>The recommendation is that the PNA does not address all aspects of the requirements for a PNA and is not explicit in any plans for the future except in the details of housing development in the area.</p>	<p>See detailed comments and response on Table 9.</p>

Additional comments received outside the online survey

<p>Local Medical Committee (LMC) comment:</p> <ul style="list-style-type: none"> ▪ What will be needed in the areas such as Elephant and Castle where new builds are on-going? ▪ Certainly the overall estimate of population increase of over 12% over 5 years is high (and this increase will be much higher in the areas being developed). The concerns are similar to those regarding general practice access in the areas of increasing population. ▪ The LMC notes that there is a page on future planning with projected population change and social regeneration but cannot see anything in the document which gives an idea as to what may be needed. 	<p>A wide range of enhanced or locally commissioned services are offered from community pharmacies across the borough including areas such as Elephant & Castle, supporting the health and wellbeing needs of the local population.</p> <p>The current distribution of (62) pharmacies does correspond to where future new housing developments will be located. The PNA has carefully considered the likely changes to the number of people requiring pharmaceutical services, the demography of each area and the risks to the health and wellbeing of people in the borough; and, in due process have identified any future needs and the current capacity of meeting such needs by providers currently on the pharmaceutical list. The Health and Wellbeing Board (HWB) consider that the current and the future needs of the population can be adequately addressed through the current service provision.</p> <p>Finally, HWB will monitor and note any significant changes to population numbers, demographic composition and housing plans, and will make</p>
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Issues	PNA (Lead/Team) response
	revisions to this PNA if deemed necessary, in accordance with regulations.
Comments from two community pharmacies (emailed to the LPC office)	
<p>LINGS CHEMIST (Trading name)</p> <p>There are a few inaccuracies on the draft PNA for LINGS CHEMIST.</p> <ul style="list-style-type: none"> ▪ For the advanced services, we also offer NUMSAS and Minor Ailments. ▪ Also we are open on Saturdays too (although these are our supplementary hours 9-2pm). 	<p>Both points raised have now been corrected (Table 15 - Appendices section); and specific sections of the PNA.</p>
<p>HARFLEUR PHARMACY (V. U. CHEM LTD.)</p> <p>I have checked the PNA for Southwark.</p> <p>There are some inaccuracies. Can you please get them amended:</p> <p>For the services – we provide the following:</p> <p>MUR NMS FLU NUMSAS MINOR AILMENT ENHANCED FLU</p> <p>Yet the PNA states that we do not provide NMS, AUS, SAC and MINOR AILMENT. This is inaccurate.</p>	<p>We have corrected these inaccuracies by amending:</p> <ul style="list-style-type: none"> ▪ the services as shown in Table 15 (Appendices section); and ▪ specific advance services section of the PNA.

NHS England response to the PNA consultation document

Table 9: Comments by NHS England and the PNA team response

Does the PNA include a statement outlining this provision?	NHS England Officer Response	PNA (Lead/Team) Response
<p>A statement of the pharmaceutical services that the HWB has identified as services that are provided:</p> <p>(a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and</p>	<p>The PNA lists the pharmacies in the HWB and the number of pharmacies listed is correct at 62. However on page 12 (N=61) is listed, this is a possible error?</p> <p>The PNA informs that College ward does not contain a pharmacy but there are a number of community pharmacies in adjacent boroughs that are less than a kilometre away.</p> <p>Surrey Docks ward, which previously did not have pharmacy provision, now has one pharmacy.</p> <p>The information on provision is included in the overview section, Table 3 and the summary section.</p>	<p>That was a data error related to the number of pharmacies within the borough providing Minor Ailment Services. After checking the information with local commissioning team the figure on page 12 (under 'Minor Ailment Scheme') has been corrected to show that all pharmacies (N=62) provide this locally commissioned service.</p>
<p>(b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).</p>	<p>The PNA does not mention services outside the HWB other than in reference to College ward as detailed above and in 4.2.2 in reference to Nunhead and Livesey wards.</p> <p>4.2.4 states: "The vast majority of our neighbourhoods are within 1km of a Southwark community pharmacy, as illustrated in Figure 22, with some areas of the borough served by pharmacies based in Lambeth and Lewisham".</p>	<p>The PNA includes reference to provision in the neighbouring boroughs of Lambeth and Lewisham in sections:</p> <ul style="list-style-type: none"> ▪ 4.2 - Essential Services ▪ 4.3 - Advanced Services ▪ 4.4 - Enhanced Services <p>The maps shown in these sections illustrate the geographical provision of services covered in the PNA across Southwark and these HWB areas.</p>

Does the PNA include a statement outlining this provision?	NHS England Officer Response	PNA (Lead/Team) Response
		A statement about 'service provision outside the HWB area' has been included wherever possible based on our local analyses and available data.
Does the PNA include a statement outlining any gaps?	NHS England Officer Response The PNA has stated that there are no gaps for the following areas below:	PNA (Lead/Team) response
<p>Schedule 1, paragraph 2 – necessary services: gaps in provision</p> <p>2. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied-</p> <p>(a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;</p>	<p>The PNA has stated that essential services are necessary, but there are no further statements regarding necessary services, so we have to assume that the remaining services are relevant only.</p> <p>The statement regarding necessary services needs to be clearer as this is lost in the text and easy to miss.</p> <p>The HWB has considered the following:</p> <ol style="list-style-type: none"> 1. Access to essential services 2. Access to essential services normal working hours 3. Access to essential services outside normal working hours <p>The PNA states the following:</p> <p>Access to Essential services</p> <p>The HWB has a similar number of pharmacies to neighbouring boroughs (20 per 100,000 population) but lower than the London average.</p>	<p>This is correct. Essential services are now been identified as 'necessary services' and all the remaining services (including advanced, enhanced and locally commissioned services) as relevant services.</p> <p>Both Tables summarising the pharmaceutical provision within the borough (page 9 and page 76), as well as the 'Executive summary – conclusions' section now include a clear statement about the necessary and relevant services.</p>

Does the PNA include a statement outlining this provision?	NHS England Officer Response	PNA (Lead/Team) Response
	<p>Through a patient survey the HWB has identified reasons for choosing a specific pharmacy, opening hours required and modes of transport used.</p> <p>Access to essential services normal working hours The HWB has determined that the average journey time and opening hours of pharmacies in the majority of wards are reasonable.</p> <p>The PNA notes that there are two areas of the borough that are greater than one kilometre from a community pharmacy. One is a small area in the College ward but this is mainly non-residential. The second is in Surrey Docks ward but all routes into this area pass an existing community pharmacy.</p> <p>Southwark HWB considers that “There is adequate provision of community pharmacy services in Southwark.” (Page 52)</p> <p>Access to Essential Services outside normal working hours</p> <p>The PNA lists that there are:</p> <ul style="list-style-type: none"> ▪ Three 100-hour contract pharmacies across the localities. ▪ Three pharmacies open ‘late night’ (beyond 8pm) Monday-Friday (Lloyds listed as 11:00 instead of 	

Does the PNA include a statement outlining this provision?	NHS England Officer Response	PNA (Lead/Team) Response
	<p>23:00)</p> <ul style="list-style-type: none"> ▪ Four pharmacies open beyond 8pm on Saturday. ▪ Three pharmacies open on Sunday, one of which is late night (21:00). <p>Mapping was only provided for the 100 hour contract pharmacies and distribution was not even across the HWB, no provision was evident in neighbouring boroughs.</p> <p>Southwark HWB states “Consideration could be given to extending the opening hours at weekends to improve access and choice.” (Page 55)</p> <p>The PNA states that the population of Southwark is predicted to grow by 12% by 2021. The increase in out of hours and weekend provision would be the most beneficial change for patients.</p> <p>The wording above does not correspond to the regulations. A gap is not necessarily a need. Does the HWBB determine that the gap needs to be filled or not. It should state this clearly, but can go no further than that, the market and commissioners will consider how a need can be fulfilled.</p>	<p>Incorrect. Figure 51 shows the local distribution and provision for 100 hour contract, and, also shows provision in neighbouring boroughs (Lambeth and Lewisham) in a radius of 1km.</p> <p>Based on the available information, we believe that the current pharmaceutical provision is adequate to cope with the current and future needs of the population (including the projected population grow of 12% by 2021). This is now clearly stated on section 5 (Future planning).</p> <p>‘Gap vs need’ comment is noted. We have clarified in both Tables (page 9 and page 76) for each service where a gap (related to the lack of service provision) is identified - for e.g. in College ward that contain no pharmacies; versus any additional or unmet needs for a specific pharmaceutical service were identified. Our comments can be found under ‘gaps identified’ column on both Tables.</p>

Does the PNA include a statement outlining this provision?	NHS England Officer Response	PNA (Lead/Team) Response
<p>(b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.</p>	<p>The PNA has not specified future circumstances where there will be a need to provide additional pharmaceutical services.</p>	<p>Comment noted. As mentioned elsewhere in our responses, the HWB consider that the current and any future needs of Southwark population are met by the current pharmaceutical service provision within the borough. In case of any significant change to current circumstances or when a need for new and/or additional pharmaceutical service is identified in the future, the PNA will be reviewed and a supplementary statement will be released as per Regulations. A clear statement has been included on the 'Executive summary – conclusions' section.</p>
<p>Schedule 1, paragraph 3 – other relevant services: current provision</p> <p>3. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided-</p> <p>(a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured</p>	<p>Southwark HWB has not identified any “other services”.</p> <p>Access to advanced services</p> <p>Medicines Use Reviews (MURs) are available in 52 of 62 pharmacies across localities (Page 59). Table 12 shows a figure of 54.</p> <p>New Medicines Service (NMS) is available in 45 of 62 pharmacies (73%) across localities (Page 60). Table 12 shows a figure of 44.</p> <p>The PNA does not mention that College ward does not</p>	<p>This is correct. Table 12 is now Table 15. There are 54 pharmacies providing this service within the borough and now the text on 4.3.2 reflects that figure.</p> <p>Table 12 is now Table 15. We checked the no of pharmacies providing NMS service and the numbers correspond to the text (under 4.3.3). There are 45 pharmacies across all localities providing</p>

Does the PNA include a statement outlining this provision?	NHS England Officer Response	PNA (Lead/Team) Response
<p>improvements, or better access to pharmaceutical services in its area;</p>	<p>have either service.</p> <p>At present, there is no recorded data for NHS Urgent Medicines Supply Advanced Service (NUMSAS) provision from NHS England so it is not possible to draw any conclusions from the provision of this service. The PNA identified 10 pharmacies providing NUMSAS (2016-17).</p> <p>Southwark HWB will continue to review the utilisation of this service to ensure the needs of their local population are met.</p> <p>Southwark HWB has not identified any gaps but states that MURs could be more accessible if those pharmacies currently not providing the service are encouraged to do so and for all pharmacies to undertake the maximum 400 per annum.</p> <p>Access to enhanced services</p> <p>The PNA states “Enhanced Services are those services commissioned, developed and negotiated locally based on the needs of the local population. In Southwark this is limited to the Minor Ailments Service.” (Page 65 and 77)</p> <p>This is incorrect as only services commissioned by NHS England qualify as enhanced services.</p> <p>Table 12 indicates that 27 pharmacies deliver the enhanced</p>	<p>this service.</p> <p>Both Tables on ‘overview of pharmaceutical provision’ (page 9 and page 76) now mention that both these services (MURs and NMSs) are not provided on the College ward. This is the only ward that does not contain any pharmacies within the borough. However, no gap to service provision has been identified. College ward does not currently have a pharmacy, but there are a number of community pharmacies in the neighbouring adjacent boroughs less than 1km away. There are adequate transport links to access these services within the HWB area and adjacent Boroughs.</p> <p>Comment noted.</p> <p>The text and both respective Tables ‘Overview of Pharmaceutical Services’ (page 9 and page 76) have been corrected:</p>

Does the PNA include a statement outlining this provision?	NHS England Officer Response	PNA (Lead/Team) Response
	<p>flu service which does qualify as an enhanced service. However, this service is not mentioned anywhere else in the PNA.</p> <p>The conclusion that there are no gaps identified for enhanced services is irrelevant as MAS is not an enhanced service.</p> <p>The PNA has identified enhanced services as “those services commissioned, developed and negotiated locally based on the needs of the local population.”</p> <p>The PNA states that the Minor Ailments Service is the only enhanced service in Southwark. This is incorrect.</p>	<p>Minor Ailment Scheme is now under Locally Commissioned Services (4.5.7); and Enhanced Flu Vaccination Service (4.4.1) is added as an Enhanced service (4.4).</p>
<p>(b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;</p>	<p>The PNA does not reference any specific services provided outside the HWB, but has noted that those patients in the College ward may access pharmacies in neighbouring HWBs and wards.</p> <p>Some service maps do indicate which pharmacies outside the HWB provide specific services but these are not referenced directly.</p>	<p>Comment noted. No action required.</p>
<p>(c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the</p>	<p>Not referenced</p>	

Does the PNA include a statement outlining this provision?	NHS England Officer Response	PNA (Lead/Team) Response
HWB of the need for pharmaceutical services in its area.		
Does the PNA include a statement outlining this provision?	NHS England Officer Response	PNA (Lead/Team) response
<p>Schedule 1, paragraph 4 – improvements and better access: gaps in provision</p> <p>4. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied-</p> <p>(a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type, in its area,</p>	<p>Improvement and better access – Gaps in provision</p> <p>Current and future access to essential services Southwark HWB has not identified services that would, if provided either now or in the future, secure improvements or better access to essential services in the area.</p> <p>The PNA recognises that College ward does not contain a pharmacy but residents may access services in pharmacies less than one kilometre away in adjacent boroughs.</p> <p>The PNA states that consideration be given to extending opening hours to improve access in line with the Southwark Five Year Forward View.</p> <p>Current and future access to advanced services</p> <p>Table 12 indicates that MURs are available in 54 of the pharmacies. In 2016-17 52 pharmacies undertook approximately 19,000 MURs. Of those, 30 pharmacies claimed at or near the maximum number of MURs.</p>	<p>Comment re ‘current and future access to essential services’ is noted.</p> <p>We have identified a number of services mentioned as key priorities under ‘Health Promotion Campaigns’ (4.2.5). In particular, improvements or better access in the future include:</p> <ul style="list-style-type: none"> ▪ Promotion of healthy lifestyles - as part of the six public health campaigns; and ▪ Support for self-care

Does the PNA include a statement outlining this provision?	NHS England Officer Response	PNA (Lead/Team) Response
	<p>Table 12 indicates that NMS is available at 44 of the pharmacies. In 2016-17, 45 pharmacies declared that they provided at least one NMS. A total of 3,961 NMS reviews were undertaken (17% higher than the previous year).</p> <p>Where applicable, NHS England will encourage all pharmacies and pharmacists to become eligible to deliver the service so that more patients are able access and benefit from this service.</p> <p>39 pharmacies provided over 3,000 seasonal influenza vaccinations. Figure 34 indicates there are gaps in provision for some parts of College and Village wards but the PNA states “The coverage of this service is adequate for the needs of the Southwark population”. Uptake of the vaccine is low within the borough.</p> <p>There are three pharmacies that currently provide Stoma Appliance Customisation (SAC) and Appliance Use Reviews (AUR). These cover all localities except Bermondsey and Rotherhithe. An additional eight pharmacies intend to provide AUR within the next year and 11 intend to provide SAC.</p> <p>NHS Urgent Medicine Supply Advanced Service (NUMSAS) is provided by at least one pharmacy in each locality. As this is a new service there is insufficient</p>	<p><i>Vaccine uptake:</i> comment noted. A combination of the National Seasonal Flu vaccination programme with the London Enhanced Flu vaccination service will achieve a better coverage in the future. We expect vaccine uptake will also be improved as part of that process. Geographical distribution and accessibility of pharmacies providing seasonal flu vaccination is adequate for the needs of the population but the HWB would like to see an increase the coverage and uptake for seasonal flu vaccinations as part of the wider programme of London vaccination programme. The document now reflects the above statements (specific services and/or Tables on pages 9 and 76).</p>

Does the PNA include a statement outlining this provision?	NHS England Officer Response	PNA (Lead/Team) Response
	<p>information available to assess utilisation. Pharmacies and Dispensing Appliance Contractors (DACs) may choose which appliances they provide and may also choose whether to provide the two related advanced services.</p> <p>NHS England will encourage those contractors in the area that do provide appliances to become eligible to deliver these advanced services where appropriate. Southwark HWB has not identified any gaps in the provision of advanced services.</p> <p>Current and future access to enhanced services As in the previous 2015 PNA, NHS England commissioned an immunisation service from pharmacy providers, as well as other service providers, namely GP practices. NHSE continues to commission an immunisation service as part of the London vaccination service as part of the London vaccination service, despite the introduction of the National Flu Vaccination Advanced service.</p> <p>The 2015 PNA also included a Pharmacy Urgent Repeat Medication (PURM) service, but this is no longer commissioned as there is now access to the national NHS Urgent Medicines Supply Advanced Service (NUMSAS). Some of the enhanced services listed in the 2013 Directions (see Section 1.3.1) are now commissioned by Southwark CCG or LBH and therefore fall outside of the definition of both enhanced services and pharmaceutical</p>	<p>Comment noted. No action required.</p> <p>Comment noted. No action required.</p>

Does the PNA include a statement outlining this provision?	NHS England Officer Response	PNA (Lead/Team) Response
	<p>services.</p> <p>Southwark HWB has not correctly identified any enhanced services.</p>	<p>We have now identified the correct Enhanced Services (section 4.4)</p>
<p>(b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services or a specified type, in its area.</p>	<p>No gaps identified.</p>	<p>No action required.</p>
Does the PNA include a	NHS England Officer Response	PNA (Lead/Team) response

Does the PNA include a statement outlining this provision?	NHS England Officer Response	PNA (Lead/Team) Response
statement outlining the services identified in the assessment which affect pharmaceutical needs?	Yes	
<p>Schedule 1, paragraph 5 – other services</p> <p>5. A statement of any NHS services provided or arranged by the HWB, NHS CB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect-</p> <p>(a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its in its area; or</p>	<p>Other NHS Services The PNA should list the LCS as other services and any other services that are being provided.</p> <p>Locally-commissioned services With regard to enhanced services and locally-commissioned services, the HWB should be mindful that only those commissioned by NHS England are regarded as pharmaceutical services.</p> <p>The absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through Southwark CCG.</p> <p>The HWB has identified the following locally-commissioned services (LCS)</p> <ul style="list-style-type: none"> • Stop smoking service • Level 1 sexual health service • Level 2 sexual health service • Oral hormonal contraception service • Supervised consumption • Needle exchange service • NHS health checks • Vitamin D supplementation 	<p>This is now corrected. LCSs are now listed under 'Other NHS services' – section 4.5.</p> <p>Comment noted.</p>

Does the PNA include a statement outlining this provision?	NHS England Officer Response	PNA (Lead/Team) Response
	(within the table some services have been duplicated and need to be removed.)	Incorrect. Each service has only been listed once and we have included the Minor Ailment Scheme to the listed LCSs.
(b) whether further provision of pharmaceutical in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.	<p>Stop smoking services PNA identifies lack of provision a small area of Camberwell in the west of Southwark. No provision in College ward but this is not addressed. Suggests possible redistribution of service.</p> <p>Level 1 sexual health service PNA identifies gaps and recommends provision should be reviewed.</p> <p>Level 2 sexual health service PNA identifies gaps and recommends provision should be reviewed.</p> <p>Oral hormonal contraception services PNA identifies large gaps and recommends provision should be reviewed.</p> <p>No gaps were identified for supervised consumption, needle exchange service, NHS health checks or vitamin D supplementation.</p>	<p>The lack of provision in College ward is due to this area not containing any pharmacies. However as mentioned above this area is served well by pharmacies in the neighbouring adjacent areas less than 1 km away with good transport links.</p> <p>All other statements are correct. No action required.</p>
Does the PNA include a statement setting out how the HWB has determined the	NHS England Officer Response	PNA (Lead/Team) Response
	YES	

Does the PNA include a statement outlining this provision?	NHS England Officer Response	PNA (Lead/Team) Response
localities; and a report on the consultation undertaken on the PNA?		
<p>Schedule 1, paragraph 6 – how the assessment was carried out</p> <p>6. An explanation of how the assessment has been carried out, in particular –</p> <p>(a) how it has determined what are the localities in its area;</p>	<p>The PNA states, for Southwark’s PNA 2018, electoral wards have been used as the primary geospatial unit of analysis with other units utilised where necessary or appropriate. It should be noted that all of Southwark’s electoral wards will be changing following the Boundary Commission review for May 2018, however a view will be taken by the Health and Wellbeing Board on how best these new geographies should or can be represented in the future.”</p> <p>In table 3 the PNA sets out the localities as:</p> <ul style="list-style-type: none"> • Bermondsey & Rotherhithe • Borough & Walworth • Dulwich • Peckham & Camberwell <p>The PNA is undertaken in the context of the health, care and wellbeing needs of the local community. The PNA sets out the process for the developing the PNA in section 2 of the document. A PNA steering group was set up.</p>	<p>That is correct. No action required.</p>
(b) how it has taken into account (where applicable)-	<p>The PNA has taken into account the following patient groups with protected characteristics:</p> <ul style="list-style-type: none"> • Age 	<p>That is correct. No action required.</p>

Does the PNA include a statement outlining this provision?	NHS England Officer Response	PNA (Lead/Team) Response
<p>(i) the different needs of different localities in its area, and</p> <p>(ii) the different needs of people in its area who share a protected characteristic; and</p>	<ul style="list-style-type: none"> • Gender • Race and ethnicity <p>The PNA has identified the following patient groups that do not have protected characteristics:</p> <ul style="list-style-type: none"> • Deprivation • Languages • Life expectancy • Healthy life expectancy • Mortality • Morbidity • Mental Health • Smoking • Alcohol • Substance misuse • Healthy weight • Physical activity • Sexual health • Immunisations • Vitamin D deficiency • Older people 	
<p>(c) a report on the consultation that it has undertaken.</p>	<p>Not at present.</p>	
Does the PNA consider the following factors in terms of “benefits of sufficient choice”?	NHS England Officer Response	PNA (Lead/Team) Response

Does the PNA include a statement outlining this provision?	NHS England Officer Response	PNA (Lead/Team) Response
<p>What is the current level of access within the locality to NHS pharmaceutical services?</p>	<p>Southwark hosts 62 community pharmacies, the same number of pharmacies as 2013. These serve a population of 313,000, which equates to 20 pharmacies per 100,000 population. This figure is similar to neighbouring boroughs, higher than the England average (18 per 100,000) but lower than the London average (22 per 100,000).</p> <p>The PNA states, “Whilst it should be noted that there is no published evidence as to what constitutes an appropriate number of pharmacies per head of population, the data suggest that Southwark has the number of pharmacies that is consistent with a borough of this size and type.” (Page 50)</p> <p>The public survey suggests that the majority of respondents (95%) find it “quite easy” to get to a local pharmacy. Page 16) (However, 94% quoted on page 53)</p> <p>The PNA states that extending opening hours should be considered.</p>	<p>This minor discrepancy is now corrected. The quoted percentage in both pages is now 95%.</p>
<p>What is the extent to which services in the locality already offer people a choice, which may be improved by the provision of additional facilities?</p>	<p>The PNA identifies College ward as containing no pharmacies but states there is adequate provision.</p>	<p>That is correct. No action required.</p>

Does the PNA include a statement outlining this provision?	NHS England Officer Response	PNA (Lead/Team) Response
<p>What is the extent to which there is sufficient choice of providers in the locality, which may be improved, by additional providers?</p>	<p>The PNA does not refer to the ownership types of the pharmacies within the borough or how this may affect patient choice.</p> <p>The results of the public survey showed that “Approximately 40% of respondents reported having at least one occasion where they had not been able to get a prescription dispensed when needed. Of these, the majority said it was because pharmacy was out of stock (32%) rather than due to opening hours. The most common time when pharmacy being out of stock had led to not being able to obtain a prescription was on a weekday evening.”</p> <p>The PNA does not make any recommendation to address this issue.</p>	<p>With regards to Southwark pharmacy contractor information:</p> <p>The following ownership types can be found of all 62 community pharmacies in Southwark:</p> <ul style="list-style-type: none"> ▪ Company Chemist Association [large multiples] - 17 pharmacies ▪ Association of Independent Multiple pharmacies - 11 pharmacies ▪ Independent - 34 pharmacies <p>There is no assessment on ‘how different ownership pharmacy types’ may affect patient choice for accessing the services provided within the borough. The above statement has been included under 4.1 ‘Overview of current pharmaceutical provision’.</p> <p><i>Dispensed prescriptions:</i> We believe this may be due to medicines shortages.</p>
<p>What is the extent to which current service provision in the locality is adequately responding to the changing needs of the community it serves?</p>	<p>Not referenced in the PNA</p>	
<p>Is there a need for specialist or other services, which would</p>	<p>Not referenced in the PNA</p>	

Does the PNA include a statement outlining this provision?	NHS England Officer Response	PNA (Lead/Team) Response
improve the provision of, or access to, services such as for specific populations or vulnerable groups?		
What is the HWB's assessment of the overall impact on the locality in the longer-term?	<p>The population in Southwark is predicted to grow by over 12% from around 313,200 in 2016 to 351,100 in 2021.</p> <p>The increase in population is predicted to vary across the borough with the largest growth projected to occur in the north, particularly in Cathedrals ward where the population is projected to increase by over 9,000 people in the coming years.</p> <p>Current areas of large-scale urban regeneration include Elephant and Castle, Old Kent Road and the Aylesbury estate.</p> <p>The PNA does not fully explain the impact of the changes to population.</p>	<p>This is correct.</p> <p>The current distribution of pharmacies within the borough does correspond to where future new housing developments will be located. The PNA has carefully considered the likely changes to the number of people requiring pharmaceutical services, the demography of each area and the risks to the health and wellbeing of people in the borough. The Health and Wellbeing Board (HWB) consider that the current and the future needs of the population (2018-2021) can be adequately addressed through the current service provision.</p>

Does the PNA demonstrate that the following have been taken into consideration with regard to “identifying future needs”?	NHS England Officer Response	PNA (Lead/Team) Response
Are there known firm plans for the	The PNA states “Current areas of large-scale urban regeneration include Elephant and Castle, Old Kent Road	We consider the current and future pharmaceutical needs of our local

development/expansion of new centres of population i.e. housing estates, or for changes in the pattern of population i.e. urban regeneration, local employers closing or relocating?	and the Aylesbury estate.” (Page 82). No assessment is made of these developments.	population will be met by the current service provision.
Are there known firm plans in and arising from local joint strategic needs assessments or joint health and wellbeing strategies?	There is nothing in the document which relates to this, so we will assume there are none, however if this is incorrect please ensure this is picked up and included in the PNA.	This is correct. No action required.
Are there known firm plans for changes in the number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area?	The PNA does not include information on changes in the number and/or sources of prescriptions. If Southwark HWB are aware of any these should be included in the PNA	At this stage, Southwark HWB is not aware of any firm plans for changes in the number and/or sources of prescriptions. The PNA will be reviewed accordingly if such changes are to be notified in the future.
Are there known firm plans for developments which would change the pattern of local social traffic and therefore access to services, i.e. shopping centres or significant shopping developments whether these are in town, on the edge of town or out of town developments?	Although not mentioned specifically changes to Elephant & Castle shopping centre (which contains two pharmacies) are planned.	That is correct. No action required.
Are there plans for the	The PNA does not include details about any plans for the development of NHS Services	The PNA will inform any such commissioning decisions and HWB will

development of NHS services?		reflect on that.
Are there plans for changing the commissioning of public health services by community pharmacists, for example, weight management clinics, and life checks?	The PNA does not include details about any plans for changing the commissioning of public health services by community pharmacists.	That is correct.
Are there plans for introduction of special services commissioned by clinical commissioning groups?	The PNA does not include details about any plans for introduction of special services commissioned by clinical commissioning groups	That is correct.
Are there plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors?	The PNA does not include details about any plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors	That is correct.

Details of opening hours change

Details of pharmacies with differences in supplementary hours, which PSRC are being asked to approve, as changes with less than 90 days' notice:	No supplementary hours have been supplied with the PNA.	That is correct.
Details of pharmacies with differences in core hours:	It should be noted that both the list of pharmacies in Appendix A and the opening hours have been checked and where there is a difference the correct hours have been recorded in the attached sheet (Appendix C).	Comment noted.

<p>Additional information from NHS England Officer</p>	<p>On page 80 the locally commissioned services OHC, supervised consumption and needle exchange service are duplicated as they already appear on page 79.</p> <p>Pages 12 and 22 appear to contain “look ups” rather than numbers required.</p> <p>In table 13 the closing time for the first Lloyds pharmacy is not in the 24 hour clock format.</p> <p>It would be useful if table 12 gave a total for each advanced service. Some figures in the body of the PNA do not match the information provided in the table.</p> <p>Page 65 discusses enhanced services and states this is limited to MAS is Southwark, MAS is a locally commissioned service and should be listed in section 4.5 and table 6, it should also be repositioned in 4.6 summary of current provision.</p> <p>Information on pharmacies providing the enhanced flu service is included in table 12 which lists advanced services. The enhanced flu service should be listed in section 4.4.</p> <p>Page 55. The PNA appears to suggest a solution; the PNA should only be looking at the need rather than the solution. Therefore the suggestion of a rota should be removed.</p> <p>Page 64, the NUMSAS service is a pilot service only that will run until September 2018 when it will be evaluated. As the service is accessed via NHS 111, call handlers will allocate the nearest pharmacy to the caller, the pharmacy may not be in the HWBB</p>	<p>We could not find any duplication between the mentioned services. These services are only mentioned once.</p> <p>That’s probably due to a copy-paste error. Both pages checked and they include the correct numbers.</p> <p>Corrected.</p> <p>All figures in the body of the PNA now corrected to match the info provided on table 15 (previously table 12).</p> <p>This is now corrected. MAS is now under locally commissioned services and both Tables (Overview of pharmaceutical services) reflect that change.</p> <p>This information is now corrected. We have added a new Table 16 to show the list of pharmacies providing this service locally.</p> <p>Comment noted. The suggestion of a rota on the fourth paragraph under ‘opening hours’ has been removed.</p>
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	<p>therefore, it will not matter how many pharmacies are providing in the area. The PNA only lists the core hours for pharmacies, many are open over and above the core hours and this does not appear to have been taken account of.</p> <p>The PNA should contain all the information or reference to it, which has been taken account of when coming to the conclusions. This means that if an unforeseen benefit application is presented (one that looks as items excluded from the PNA) it is easy to see what information was available at the time an assessment was made.</p>	<p>A new Table showing total opening hours has been added (Table 18).</p> <p>We believe to have now included and referenced all the information required on the PNA. Consequently, we believe that the available information has been taken into account when coming to a conclusion with regards to any gaps to the current and future service provision and/or any unmet population needs.</p>
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NHS England has recommended the following:

NHS England recommendation	PNA (Lead/Team) Response
<ul style="list-style-type: none"> ▪ The recommendation is that the PNA does not address all aspects of the requirements for a PNA and is not explicit in any plans for the future except in the details of housing development in the area. ▪ The PNA does not refer to the different types of pharmacy ownership or the volumes of dispensing. It is recommended that this information is included. ▪ Pages 9 and 75 (overview and summary respectively) identify issues with pharmacy provision in College ward and recommend extending opening hours over the weekend and commissioning a number of pharmacies to open on Sunday. This could potentially allow a successful application for a new pharmacy. If this is not what the HWB was intending the wording should be reviewed. 	<ul style="list-style-type: none"> ▪ We have addressed various aspects of the requirements for our PNA and these are reflected to our responses to previous comments made by NHSE (see above sections under Table 9). ▪ As mentioned above, the different types of pharmacy ownership has been included (under 4.1). The volume of dispensing was already included under 'dispensing and services' (section 4.2.1). ▪ As mentioned to above comments made by NHS England (Table 9), College ward is the only area within the borough that doesn't contain any pharmacies. The Health and Wellbeing Board consider that the current and future needs for pharmaceutical services in that area will be met by the current pharmaceutical service provision within the borough and services provided by

<ul style="list-style-type: none"> ▪ The PNA should clearly define the services that it considers necessary and others that it considers are relevant and have secured improvements and better access as explained on page 17. Without these statements clearly identified, it makes assessing the PNA quite difficult and will cause issues with applications and the market entry process. This needs to be urgently addressed. - It is not clear how the PNA has made an assessment under schedule 1, paragraph 6 (b). - No analysis of choice of pharmacies has been undertaken and articulated in the PNA. No analysis of additional providers providing additional choice has been provided. The PNA does not articulate how localities are responding to the changing needs of the community. - The PNA does not indicate if there is a need for specialist or other services to improve provision or access to services for specific populations or vulnerable groups. 	<p>adjacent boroughs. However, we have suggested there may be a need for increased Sunday provision.</p> <ul style="list-style-type: none"> ▪ The PNA now clearly define the essential services as ‘necessary’ services and all other services (advanced, enhanced and locally commissioned services) as ‘relevant’ services. - The PNA (as stated by NHS England response to schedule 1, paragraph 6b - Table 9) has: (i) taken into account the following patient groups with protected characteristics (age, gender, race and ethnicity); and has (ii) identified the followed patients groups that do not have protected characteristics (sixteen categories). - That is correct. We have analysed the available data (including the survey responses) based on the list of community pharmacies within the borough; and also provided additional information by localities/wards (for e.g. Table 14, Table 19). However, we have not undertaken any analyses of choice of pharmacy and/or analysed on any additional providers providing additional choice. Maps have been created to show the geographical location of pharmacies providing a specific service. The available data analysed for the purpose of the PNA do not indicate how different localities are responding to any changing needs of the community. This is an area we will monitor in the future and the PNA will be reviewed based on any significant changes identified. Supplementary statements will also be released if deemed necessary. - We have responded to the remaining recommendations/comments under the previous section (Table 9).
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- NHS England recommends that if there are any firm plans for the following that these should be included in the PNA
 - o the development/expansion of new centres of population i.e. housing estates, or for changes in the pattern of population i.e. urban regeneration, local employers closing or relocating?
 - o firm plans for changes in the number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area?
 - o firm plans for developments which would change the pattern of local social traffic and therefore access to services, i.e. shopping centres or significant shopping developments whether these are in town, on the edge of town or out of town developments?
 - o plans for the development of NHS services?
 - o plans for changing the commissioning of public health services by community pharmacists, for example, weight management clinics, and life checks?
 - o plans for introduction of special services commissioned by clinical commissioning groups?
 - o plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors?

There are a number of amendments that need to be made urgently to ensure that the PNA complies with the regulations, currently the PNA will make market entry decisions difficult due to the information that is missing.

We have addressed key comments made by adding new tables, figures and making amendments throughout the PNA document (as mentioned to our responses on Table 9) to ensure the PNA complies with the regulations to facilitate any market entry decisions for the live course of this document (2018-2021).

Next steps

The Public Health team led by Dr Leidon Shapo have undertaken an extensive review of the PNA report taking into consideration feedback received from the consultation process. A revised draft with responses to all comments received and amends has been discussed with key members of the PNA steering group.

6.2 Appendix B: Additional Tables and Figures

Table 10: Glossary of terms and definitions

PNA	<p>Pharmaceutical Needs Assessment</p> <p>A structured approach to assessing the needs of an area for pharmaceutical services which are provided as part of the National Health Service (NHS).</p>
HWB	<p>Health and Wellbeing Board</p> <p>Health and wellbeing boards are statutory bodies introduced in England under the Health and Social Care Act 2012. The aim of the Health and Wellbeing Boards is to improve population health outcomes. It also serves to promote integration between practitioners in local health care, social care, public health and related public services so that patients and other service-users experience more “joined up” care, particularly in transitions between health care and social care. The boards are also responsible for leading locally on reducing health inequalities.</p>
CCG	<p>Clinical Commissioning Group</p> <p>Clinical Commissioning Groups commission most of the hospital and community NHS services in the local areas for which they are responsible. Southwark CCG (NCCG) now also co-commissions GP services with NHS England. Commissioning involves assessing needs, deciding what services are needed, and ensuring that they are provided. CCGs are overseen by NHS England, which retains responsibility for commissioning dental services, as well as some specialized hospital services. All GP practices now belong to a CCG, but groups also include other health professionals, such as nurses.</p>
JSNA	<p>Joint Strategic Needs Assessment</p> <p>A JSNA provides local policy-makers and commissioners with a profile of the health and wellbeing needs of the local population. The aim of the JSNA is to improve commissioning and policy development to improve population health outcomes and to reduce health inequalities by identifying current and future health trends within a local population.</p>

LPC	<p>Local Pharmaceutical Committee Represents pharmacy contractors within Southwark borough. The NHS and local government consult LPC on all matters relating to the NHS and public health work undertaken by community pharmacies in Southwark. They are also responsible for advancing the enhanced role of community pharmacy in the provision of healthcare for the community.</p>
MUR	<p>Medicines Use Review MUR service is intended to improve patients' understanding of their medicines; highlight problematic side effects & propose solutions where appropriate; improve adherence; and reduce medicines wastage, usually by encouraging the patient only to order the medicines they require.</p>
AUR	<p>Appliance Use Review AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs are aimed at improving the patient's knowledge and use of any prescribed appliance.</p>
SAC	<p>Stoma Appliance Customisation The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.</p>
NMS	<p>New Medicine Service This service supports patients with long term conditions who are newly prescribed certain medicines, to help improve concordance.</p>
NUMSAS	<p>NHS Urgent Medicine Supply Advanced Service This is a pilot of a national Advanced Service as part of the Community Pharmacy Contractual Framework. The evaluation of the pilot is under development and a key part of that is the patient feedback.</p>
Healthy Living Pharmacy	<p>Healthy Living Pharmacy A population health outcomes model for pharmacies that aims at enabling community pharmacies to participate in helping improve whole population health outcomes and to reduce health inequalities by delivering consistent and high quality health and wellbeing services, promoting health in the local population and providing proactive health improvement advice and interventions.</p>
EQIA	<p>Equality Impact Assessment An equality impact assessment is a process designed to ensure that a policy, project or scheme does not discriminate against any disadvantaged or vulnerable people such as women, black, Asian and ethnic-minority, children and young people, older people, disabled, gay, bisexual, transsexual people or people from different faith groups.</p>

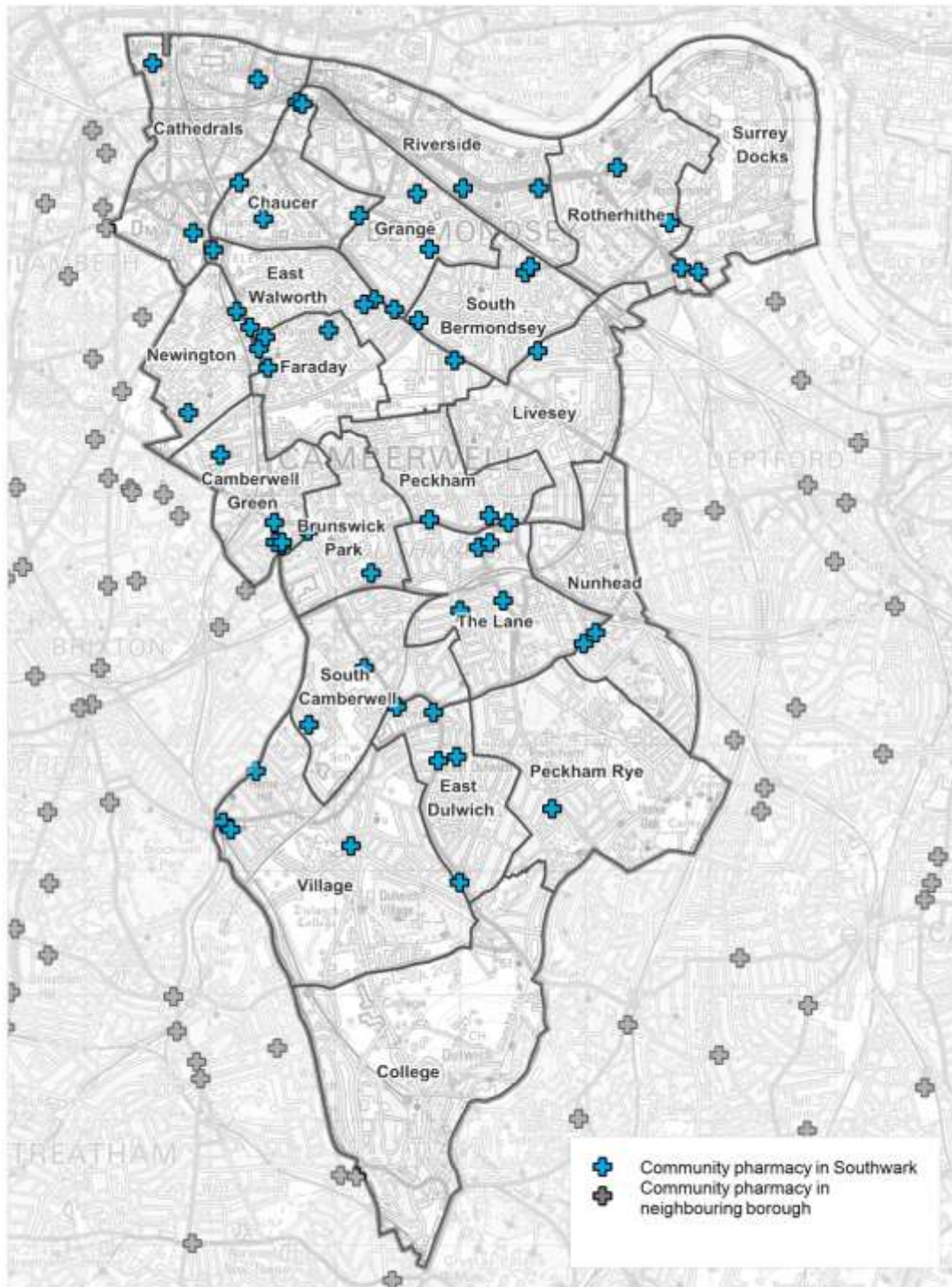
<p>NHS England</p>	<p>NHS England is an executive non-departmental public body (NDPB) of the Department of Health.</p> <p>NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012. It holds the contracts for GPs and NHS dentists. The Secretary of State publishes, annually, a document known as the mandate which specifies the objectives which the Board should seek to achieve. National Health Service (Mandate Requirements) Regulations are published each year to give legal force to the mandate.</p>
<p>NHS Pharmaceutical Regulations 2013</p>	<p>NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013</p> <p>The regulations came into effect on 1 April 2013. They contain provisions for pharmaceutical lists, pharmaceutical needs assessments, market entry, performance related sanctions and the terms of service for pharmacy contractors, dispensing appliance contractors and dispensing doctors. They also include provisions for local pharmaceutical services</p>
<p>Local Pharmaceutical Services contracts</p>	<p>Local Pharmaceutical Services (LPS)</p> <p>LPS contracts allow NHS England to commission pharmaceutical services tailored to meet specific local requirements. LPS complements the national contractual framework for community pharmacy but is an important local commissioning tool in its own right. LPS provides flexibility to include within a single local contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements.</p>

Table 11: List of Southwark pharmacies

Map ID	Contractor Name	Trading Name	Address of Contractor 1	Postcode
1	ABC DRUGSTORES LTD	ABC PHARMACY	13 Camberwell Church Street	SE5 8TR
2	ABC DRUGSTORES LTD	ABC PHARMACY	151 Peckham High Street	SE15 5SL
3	ABC PHARMACIES LTD	ABC PHARMACY	127 Bellenden Road	SE15 4QY
4	K AMADI	AMADI'S CHEMIST	107 Abbey Street	SE1 3NP
5	AAM PHARM LTD	AR CHEMISTS	176-178 Old Kent Road	SE1 5TY
6	ASDA STORES LIMITED	ASDA PHARMACY	Old Kent Road	SE1 5AG
7	MILDCARE LTD	BONAMY PHARMACY	355 Rotherhithe New Road	SE16 3HF
8	BOOTS UK LTD	BOOTS THE CHEMIST	20 Rye Lane	SE15 5BS
9	BOOTS UK LTD	BOOTS THE CHEMIST	333-334 Elephant & Castle	SE1 6TB
10	BOOTS UK LTD	BOOTS THE CHEMIST	Unit 11-13	SE16 7LL
11	BOOTS UK LTD	BOOTS THE CHEMIST	Units 8-11 Hays Galleria	SE1 9HD
12	BOOTS UK LTD	BOOTS THE CHEMIST	289-291 Walworth Road	SE17 2TG
13	DULWICH PHARMACIES LTD	BROCKWELL PARK PHARMACY	7 Half Moon Lane	SE24 9JU
14	TARGETGRANGE LTD	BUTTERFLY PHARMACY	17 Butterfly Walk	SE5 8RP
15	CAMBELLE LTD	CAMBELLE CHEMIST	135 Grange Road	SE1 3GF
16	CAREFIELD LTD	CAMPION & CO CHEMIST	38 Albion Street	SE16 7JQ
17	P PATEL	CITY PHARMACY	39-41 Borough High Street	SE1 1LZ
18	ST GEORGES HEALTHCARE LTD	CLASSIC PHARMACY	46 St.Georges Road	SE1 6JP
19	MEDIMPO LTD	DAVIS CHEMIST	10 Crossthwaite Avenue	SE5 8ET
20	DAY LEWIS PLC	DAY LEWIS PHARMACY	1-3 Melbourne Terrace	SE22 8RE
21	DAY LEWIS PLC	DAY LEWIS PHARMACY	103 Peckham Road	SE15 5LJ
22	DAY LEWIS PLC	DAY LEWIS PHARMACY	34 Forest Hill Road	SE22 0RR
23	MEDIMPO LTD	EAST STREET CHEMIST	18 East Street	SE17 2DN
24	MONOKOVE LTD	FOSTER & SONS CHEMIST	14 Forest Hill Road	SE22 0RR
25	FOURWAY PHARMACY LTD	FOURWAY PHARMACY	12 Half Moon Lane	SE24 9HU
26	TARGETGRANGE LTD	FOURWAYS CHEMISTS	36 Denmark Hill	SE5 8RZ
27	V.U. CHEM LTD	HARFLEUR CHEMIST	107 Tower Bridge Road	SE1 4TW
28	DULWICH PHARMACIES LTD	HERNE HILL PHARMACY	75 Herne Hill	SE24 9NE
29	FLEXIHEALTH LTD	JAMAICA ROAD PHARMACY	182 Jamaica Road	SE16 4RT
30	KALMAK CHEMISTS LTD	KALMAK CHEMISTS LTD	9 Upper Ground,	SE1 9LP

31	TARGETGRANGE LTD	KEMBERS & LAWRENCE PHARMACY	10-11 Camberwell Green	SE5 7AF
32	JAFFER M	KRISTAL PHARMACY	127-129 Evelina Road	SE15 3HB
33	DP & SP LTD	LENNY CHEMIST	303 East Street	SE17 2SX
34	BARNTWIST LTD	LINGS CHEMIST	269 Old Kent Road	SE1 5LU
35	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	18 Harper Road	SE1 6AD
36	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	147-149 Peckham Hill Street	SE15 5JZ
37	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	43-45 Northcross Road	SE22 9ET
38	MEDIMPO LTD	MADDOCK PHARMACY	5 Maddock Way	SE17 3NH
39	MR M SHAH & MR S PATEL	MEDICA PHARMACY	202 Southwark Park Road	SE16 3RW
40	BUTT & HOBBS LTD	HOBBS PHARMACY	Eyot House	SE16 4TE
41	MORRISONS SUPERMARKETS PLC	MORRISONS PHARMACY	Aylesham Centre	SE15 5EW
42	PYRAMID PHARMA PHARMACEUTICAL	PYRAMID PHARMACY	193-221 Southwark Park Rd	SE16 3TS
43	QRYSTAL PHARMACY LTD	QRYSTAL PHARMACY	7 Newington Causeway	SE1 6ED
44	MEDIMPO LTD	RIDGWAY PHARMACY	251-253 Walworth Road	SE17 1RL
45	VRP LTD	ROPHARM CHEMISTS	169 Rye Lane	SE15 4TL
46	DULWICH PHARMACIES LTD	RUMSEY CHEMISTS	47 Dulwich Village	SE21 7BN
47	Y C LAU	SADLERS PHARMACY	389 Lordship Lane	SE22 8JN
48	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	Guys Hosptial	SE1 9RT
49	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	Sainsburys Store	SE22 8AA
50	SHEEL PHARMACY LTD	SHEEL PHARMACY	8 Nunhead Green	SE15 3QF
51	SHEEL PHARMACY LTD	SHEEL PHARMACY	3 Sir John Kirk Close	SE5 0BB
52	SOGIM LTD	SOGIM PHARMACY	115 Lordship Lane	SE22 8HU
53	SUPERDRUG STORES PLC	SUPERDRUG PHARMACY	Unit 4 Butterfly Walk	SE5 8RW
54	SUPERDRUG STORES PLC	SUPERDRUG PHARMACY	339 Elephant & Castle	SE1 6TB
55	SUPERDRUG STORES PLC	SUPERDRUG PHARMACY	371-375 Walworth Road	SE17 2AL
56	CAREFIELD LTD	SURDOCK PHARMACY	162 Lower Road	SE16 2UN
57	M & R ENTERPRISES LTD	TAPLOW PHARMACY	Unit 5, Ground Floor	SE17 2UQ
58	TESCO STORES LTD	TESCO INSTORE PHARMACY	Surrey Quays Shopping Ctre	SE16 2LL
59	TESCO STORES LTD	TESCO INSTORE PHARMACY	Old Kent Road	SE1 5HG
60	PHARMVILLE LTD	VALE PHARMACY	104 Grove Vale	SE22 8DR
61	SHIELDASSET LTD	VE LETTSOM CHEMIST	84 Vestry Road	SE5 8PQ
62	TARGETGRANGE LTD	WALWORTH PHARMACY	192 Walworth Road	SE17 1JJ

Figure 48: Distribution of pharmacies by localities/wards



Southwark pharmacies with electoral wards

Data source: NHS England - London Region
 Southwark Public Health Department | People & Health Intelligence | chris.williamson@southwark.gov.uk
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Figure 49: Map showing location of GP practices in Southwark

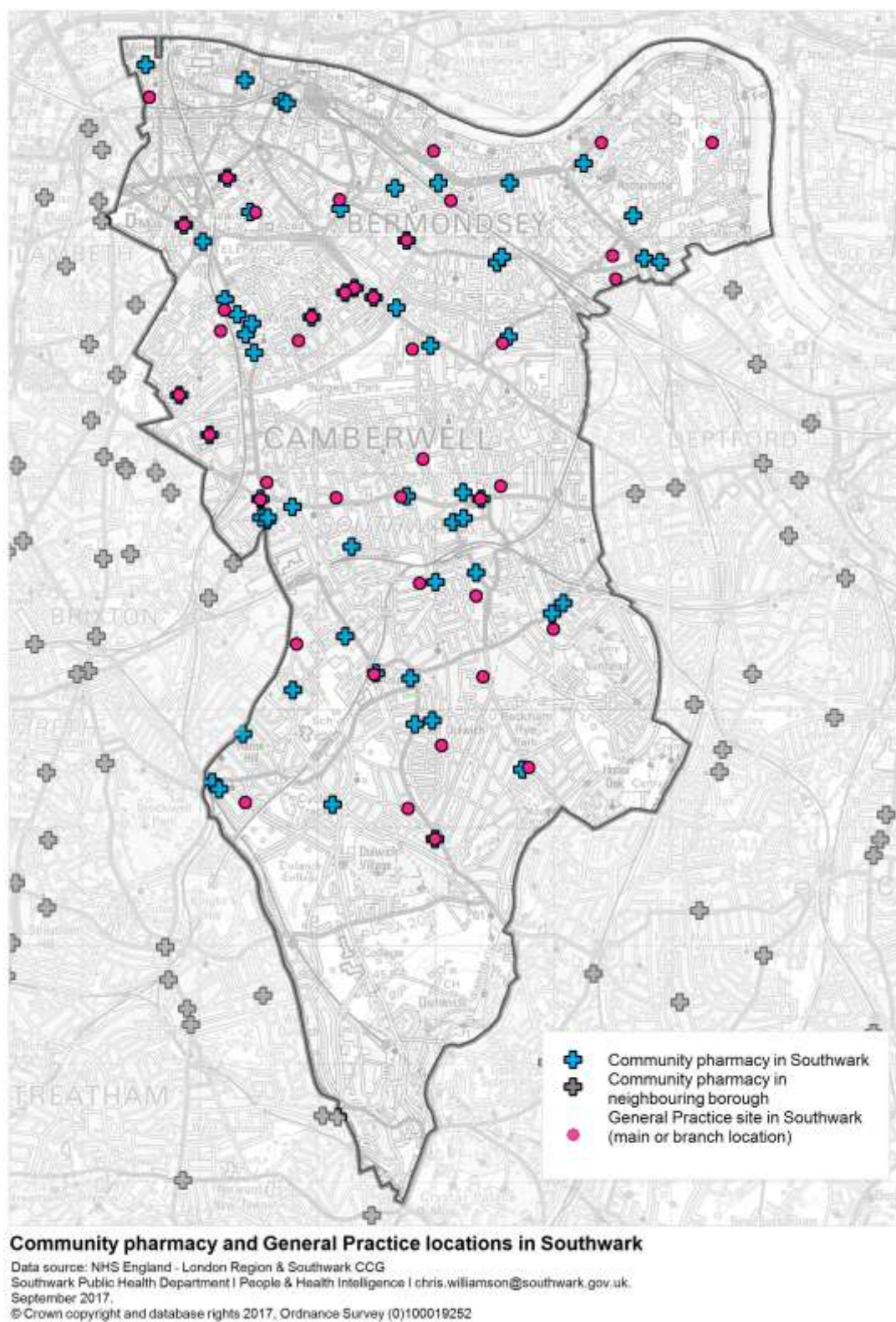
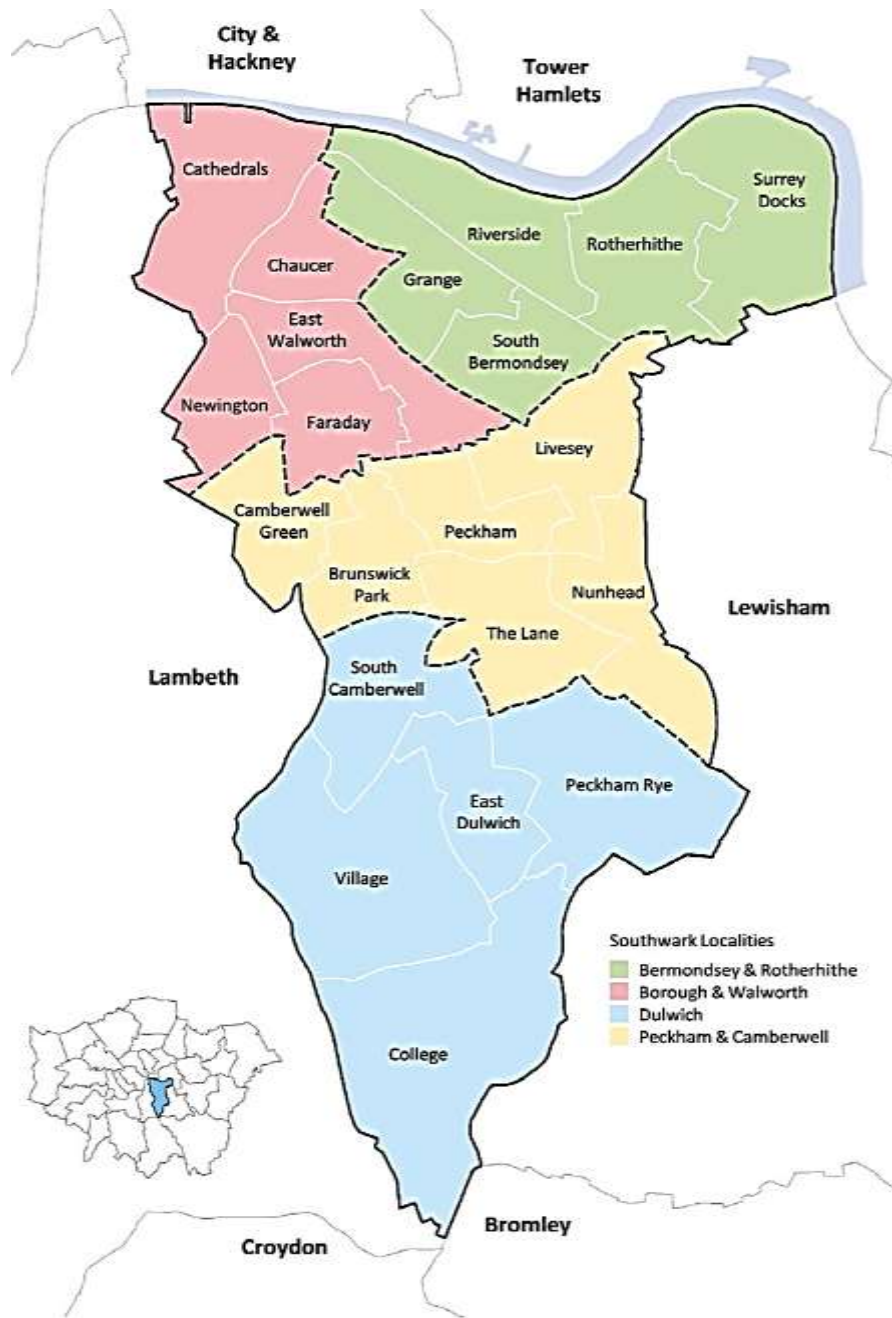
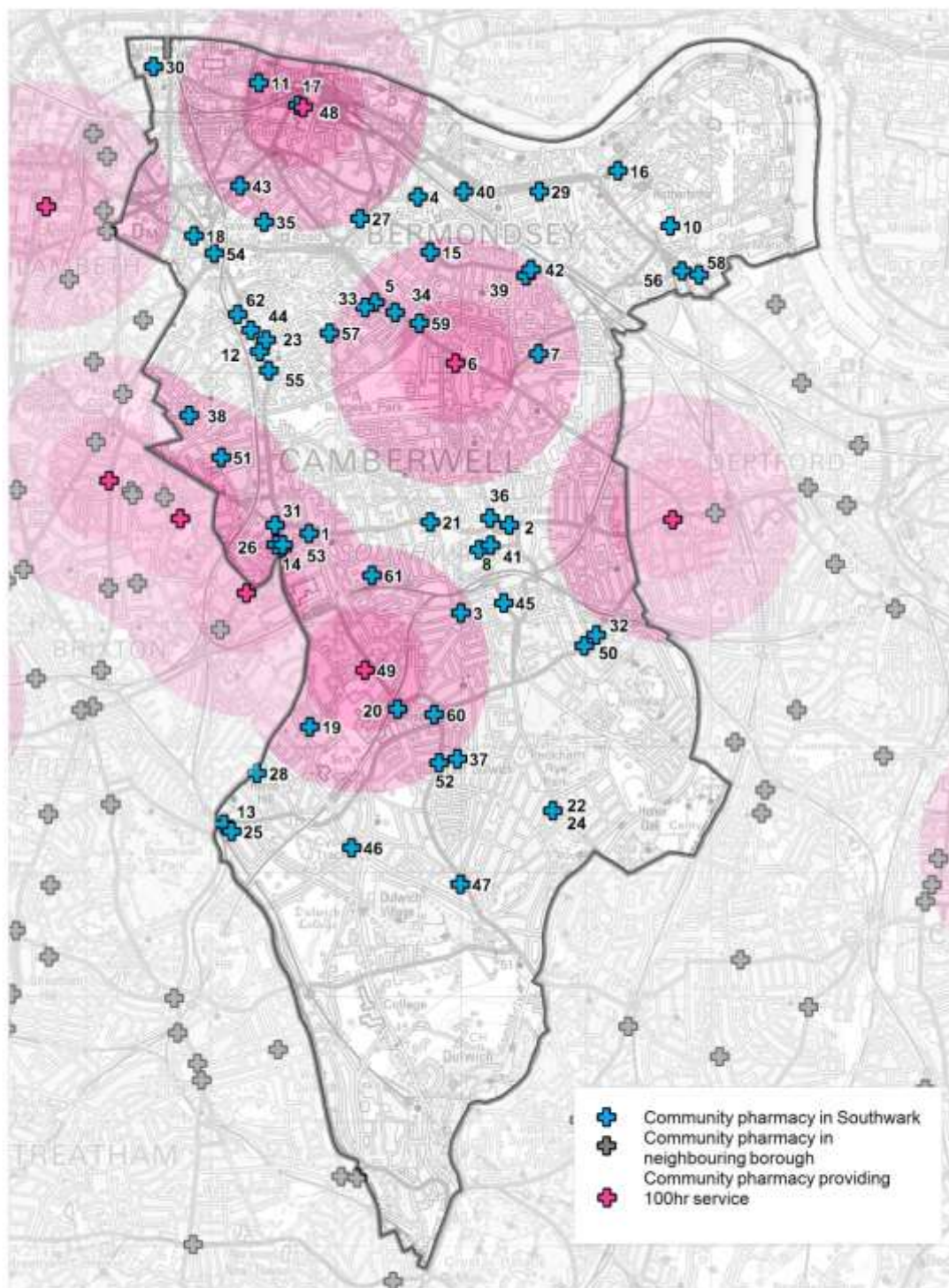


Figure 50: Southwark localities



Source: 2015 PNA

Figure 51: Pharmacies providing 100 hour service



Pharmacies providing 100 hours service

Data source: NHS England - London Region
 Southwark Public Health Department | People & Health Intelligence | chris.williamson@southwark.gov.uk
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Saturday opening

Table 12: Opening times and locations of pharmacies open on Saturdays

Trading Name	Postcode	Sat Open (Core)	Sat Close (Core)	Sat Lunch (Core)
ASDA PHARMACY	SE1 5AG	7:00	22:00	12:00 AM
BONAMY PHARMACY	SE16 3HF	09:00	13:00	12:00 AM
BOOTS THE CHEMIST	SE15 5BS	09:00	17:30	0:00
BOOTS THE CHEMIST	SE1 6TB	12:00 AM	12:00 AM	12:00 AM
BOOTS THE CHEMIST	SE17 2TG	09:30	15:30	0:00
BUTTERFLY PHARMACY	SE5 8RP	09:00	16:00	Closed
EAST STREET CHEMIST	SE17 2DN	10:00	15:00	Closed
FOSTER & SONS CHEMIST	SE22 0RR	09:00	13:00	Closed
FOURWAY PHARMACY	SE24 9HU	09:00	13:00	Closed
FOURWAYS CHEMISTS	SE5 8RZ	09:00	16:00	Closed
HARFLEUR CHEMIST	SE1 4TW	09:00	18:00	Closed
HERNE HILL PHARMACY	SE24 9NE	10:00	17:00	13:00 to 15:00
JAMAICA ROAD PHARMACY	SE16 4RT	10:00	14:00	Closed
KEMBERS & LAWRENCE PHARMACY	SE5 7AF	09:00	16:00	Closed
KRISTAL PHARMACY	SE15 3HB	09:00	18:00	00:00
LLOYDS PHARMACY	SE22 9ET	09:00	14:00	Closed
MORRISONS PHARMACY	SE15 5EW	09:00	14:00	Closed
QRYSTAL PHARMACY	SE1 6ED	10:00	13:00	00:00
RIDGWAY PHARMACY	SE17 1RL	10:00	15:00	00:00
RUMSEY CHEMISTS	SE21 7BN	09:00	13:00	00:00
SADLERS PHARMACY	SE22 8JN	09:00	13:00	00:00
LLOYDS PHARMACY	SE1 9RT	09:00	22:00	
LLOYDS PHARMACY	SE22 8AA	7:00	22:00	Closed
SHEEL PHARMACY	SE15 3QF	09:00	15:00	Closed
SHEEL PHARMACY	SE5 0BB	09:00	15:00	Closed
SOGIM PHARMACY	SE22 8HU	09:00	17:30	Closed
SUPERDRUG PHARMACY	SE5 8RW	09:00	17:30	Closed
SUPERDRUG PHARMACY	SE1 6TB	09:00	17:30	Closed
SUPERDRUG PHARMACY	SE17 2AL	09:00	17:30	Closed
SURDOCK PHARMACY	SE16 2UN	09:00	13:00	Closed
TAPLOW PHARMACY	SE17 2UQ	10:00	13:00	Closed
TESCO INSTORE PHARMACY	SE16 2LL	09:00	17:00	Closed

TESCO INSTORE PHARMACY	SE1 5HG	09:00	17:00	Closed
VALE PHARMACY	SE22 8DR	09:00	18:00	00:00
WALWORTH PHARMACY	SE17 1JJ	09:00	16:00	00:00
LINGS CHEMIST				

Sunday opening

Table 13: Opening times and locations of pharmacies open on Sunday

Trading Name	Postcode	Sun Open (Core)	Sun Close (Core)	Sun Lunch (Core)
ASDA PHARMACY	SE1 5AG	11:00	17:00	N/A
LLOYDS PHARMACY	SE1 9RT	09:00	21:00	
LLOYDS PHARMACY	SE22 8AA	11:00	17:00	N/A

Table 14: Pharmacies providing locally commissioned services by locality and ward

Locality	Ward	Number of pharmacies providing Needle exchange	Number of pharmacies providing sexual health level 1	Number of pharmacies providing sexual health level 2	Number of pharmacies providing oral contraception	Number of pharmacies providing stop smoking service	Number of pharmacies providing health checks
Bermondsey & Rotherhithe	Grange	0	1	0	0	1	0
	Riverside	1	1	0	1	1	1
	Rotherhithe	1	1	0	0	1	0
	South Bermondsey	0	1	0	0	2	0
	Surrey Docks	0	0	0	0	0	0
Borough & Walworth	Cathedrals	1	1	0	0	2	0
	Chaucer	1	1	0	0	0	0
	East Walworth	3	3	1	1	1	0
	Faraday	0	1	0	0	1	0
	Newington	0	0	0	0	1	0
Dulwich	College	0	0	0	0	0	0
	East Dulwich	0	1	0	0	2	0
	Peckham Rye	1	2	0	0	1	0
	Village	0	1	1	0	0	1
	South Camberwell	0	0	1	0	1	0
Peckham & Camberwell	Brunswick Park	1	1	0	0	0	0
	Camberwell Green	1	2	0	0	0	0
	Nunhead	1	1	0	0	1	0
	Peckham	2	0	0	0	2	0
	The Lane	1	1	0	0	2	0
	Livesey	0	1	1	0	1	0
Southwark	Total	15	20	4	2	20	2

Table 15: List of Pharmacies providing advanced services

Trading Name	Postcode	MUR	NMS	AUR	SAC	Flu	NUMSAS	Minor Ailments
ABC PHARMACY	SE5 8TR	Yes	Yes	No	No	Yes	No	Yes
ABC PHARMACY	SE15 5SL	Yes	Yes	No	No	Yes	No	Yes
ABC PHARMACY	SE15 4QY	Yes	Yes	No	No	Yes	No	Yes
AMADI'S CHEMIST	SE1 3NP	Yes	No	No	No	No	No	Yes
AR CHEMISTS	SE1 5TY	Yes	Yes	No	No	Yes	No	Yes
ASDA PHARMACY	SE1 5AG	Yes	Yes	No	No	No	No	Yes
BONAMY PHARMACY	SE16 3HF	Yes	Yes	No	No	Yes	Yes	Yes
BOOTS THE CHEMIST	SE15 5BS	Yes	Yes	No	No	Yes	No	Yes
BOOTS THE CHEMIST	SE1 6TB	Yes	Yes	No	No	No	No	Yes
BOOTS THE CHEMIST	SE16 7LL	Yes	Yes	No	No	Yes	No	Yes
BOOTS THE CHEMIST	SE1 9HD	Yes	Yes	No	No	Yes	No	Yes
BOOTS THE CHEMIST	SE17 2TG	Yes	Yes	No	No	Yes	No	Yes
BROCKWELL PARK PHARMACY	SE24 9JU	Yes	Yes	No	No	No	No	Yes
BUTTERFLY PHARMACY	SE5 8RP	No	No	No	No	No	No	Yes
CAMBELLE CHEMIST	SE1 3GF	Yes	No	No	No	No	No	Yes
CAMPION & CO CHEMIST	SE16 7JQ	Yes	No	No	No	No	No	Yes
CITY PHARMACY	SE1 1LZ	Yes	No	No	No	Yes	Yes	Yes
CLASSIC PHARMACY	SE1 6JP	No	No	No	No	Yes	No	Yes
DAVIS CHEMIST	SE5 8ET	Yes	Yes	No	No	Yes	Yes	Yes
DAY LEWIS PHARMACY	SE22 8RE	Yes	Yes	No	No	Yes	No	Yes

DAY LEWIS PHARMACY	SE15 5LJ	Yes	Yes	No	No	Yes	No	Yes
DAY LEWIS PHARMACY	SE22 0RR	Yes	Yes	No	No	Yes	No	Yes
EAST STREET CHEMIST	SE17 2DN	Yes	Yes	No	No	Yes	Yes	Yes
FOSTER & SONS CHEMIST	SE22 0RR	No	No	No	No	No	No	Yes
FOURWAY PHARMACY	SE24 9HU	Yes	Yes	No	No	Yes	No	Yes
FOURWAYS CHEMISTS	SE5 8RZ	No	No	No	No	No	No	Yes
HARFLEUR CHEMIST	SE1 4TW	Yes	Yes	No	No	Yes	Yes	Yes
HERNE HILL PHARMACY	SE24 9NE	No	No	No	No	No	No	Yes
JAMAICA ROAD PHARMACY	SE16 4RT	Yes	Yes	No	No	Yes	Yes	Yes
KALMAK CHEMISTS LTD	SE1 9LP	Yes	Yes	No	No	Yes	No	Yes
KEMBERS & LAWRENCE PHARMACY	SE5 7AF	No	No	No	No	Yes	No	Yes
KRISTAL PHARMACY	SE15 3HB	Yes	Yes	No	No	Yes	No	Yes
LENNY CHEMIST	SE17 2SX	Yes	Yes	No	No	No	No	Yes
LINGS CHEMIST	SE1 5LU	Yes	Yes	No	No	Yes	No	Yes
LLOYDS PHARMACY	SE1 6AD	Yes	Yes	Yes	Yes	Yes	No	Yes
LLOYDS PHARMACY	SE15 5JZ	Yes	Yes	Yes	Yes	No	Yes	Yes
LLOYDS PHARMACY	SE22 9ET	Yes	Yes	Yes	Yes	Yes	Yes	Yes
MADDOCK PHARMACY	SE17 3NH	Yes	Yes	No	No	No	No	Yes
MEDICA PHARMACY	SE16 3RW	Yes	No	No	No	No	No	Yes
HOBBS PHARMACY	SE16 4TE	Yes	Yes	No	No	Yes	No	Yes
MORRISONS PHARMACY	SE15 5EW	Yes	Yes	No	No	Yes	No	Yes
PYRAMID PHARMACY	SE16 3TS	Yes	Yes	No	No	Yes	No	Yes
QRYSTAL PHARMACY	SE1 6ED	Yes	Yes	No	No	Yes	Yes	Yes

RIDGWAY PHARMACY	SE17 1RL	Yes	No	No	No	Yes	Yes	Yes
ROPHARM CHEMISTS	SE15 4TL	Yes	No	No	No	No	No	Yes
RUMSEY CHEMISTS	SE21 7BN	Yes	Yes	No	No	No	No	Yes
SADLERS PHARMACY	SE22 8JN	Yes	Yes	No	No	No	No	Yes
LLOYDS PHARMACY	SE1 9RT	No	No	No	No	No	No	Yes
LLOYDS PHARMACY	SE22 8AA	Yes	Yes	No	No	Yes	No	Yes
SHEEL PHARMACY	SE15 3QF	Yes	Yes	No	No	No	No	Yes
SHEEL PHARMACY	SE5 0BB	Yes	Yes	No	No	No	No	Yes
SOGIM PHARMACY	SE22 8HU	Yes	Yes	No	No	Yes	No	Yes
SUPERDRUG PHARMACY	SE5 8RW	Yes	Yes	No	No	Yes	No	Yes
SUPERDRUG PHARMACY	SE1 6TB	Yes	Yes	No	No	Yes	No	Yes
SUPERDRUG PHARMACY	SE17 2AL	Yes	Yes	No	No	Yes	No	Yes
SURDOCK PHARMACY	SE16 2UN	Yes	No	No	No	No	No	Yes
TAPLOW PHARMACY	SE17 2UQ	Yes	Yes	No	No	Yes	No	Yes
TESCO INSTORE PHARMACY	SE16 2LL	Yes	Yes	No	No	Yes	No	Yes
TESCO INSTORE PHARMACY	SE1 5HG	Yes	Yes	No	No	Yes	No	Yes
VALE PHARMACY	SE22 8DR	Yes	No	No	No	No	No	Yes
VE LETTSOM CHEMIST	SE5 8PQ	Yes	Yes	No	No	Yes	No	Yes
WALWORTH PHARMACY	SE17 1JJ	No	No	No	No	No	No	Yes

Table 16: List of Pharmacies providing enhanced services

Trading Name	Postcode	Enhanced Flu Service
ABC PHARMACY	SE5 8TR	Yes
ABC PHARMACY	SE15 5SL	Yes
ABC PHARMACY	SE15 4QY	No
AMADI'S CHEMIST	SE1 3NP	No
AR CHEMISTS	SE1 5TY	Yes
ASDA PHARMACY	SE1 5AG	Yes
BONAMY PHARMACY	SE16 3HF	Yes
BOOTS THE CHEMIST	SE15 5BS	Yes
BOOTS THE CHEMIST	SE1 6TB	No
BOOTS THE CHEMIST	SE16 7LL	Yes
BOOTS THE CHEMIST	SE1 9HD	No
BOOTS THE CHEMIST	SE17 2TG	No
BROCKWELL PARK PHARMACY	SE24 9JU	No
BUTTERFLY PHARMACY	SE5 8RP	No
CAMBELLE CHEMIST	SE1 3GF	No
CAMPION & CO CHEMIST	SE16 7JQ	No
CITY PHARMACY	SE1 1LZ	Yes
CLASSIC PHARMACY	SE1 6JP	Yes
DAVIS CHEMIST	SE5 8ET	Yes
DAY LEWIS PHARMACY	SE22 8RE	Yes

DAY LEWIS PHARMACY	SE15 5LJ	Yes
DAY LEWIS PHARMACY	SE22 0RR	Yes
EAST STREET CHEMIST	SE17 2DN	No
FOSTER & SONS CHEMIST	SE22 0RR	No
FOURWAY PHARMACY	SE24 9HU	Yes
FOURWAYS CHEMISTS	SE5 8RZ	No
HARFLEUR CHEMIST	SE1 4TW	Yes
HERNE HILL PHARMACY	SE24 9NE	No
JAMAICA ROAD PHARMACY	SE16 4RT	Yes
KALMAK CHEMISTS LTD	SE1 9LP	Yes
KEMBERS & LAWRENCE PHARMACY	SE5 7AF	Yes
KRISTAL PHARMACY	SE15 3HB	No
LENNY CHEMIST	SE17 2SX	No
LINGS CHEMIST	SE1 5LU	Yes
LLOYDS PHARMACY	SE1 6AD	No
LLOYDS PHARMACY	SE15 5JZ	No
LLOYDS PHARMACY	SE22 9ET	No
MADDOCK PHARMACY	SE17 3NH	No
MEDICA PHARMACY	SE16 3RW	No
HOBBS PHARMACY	SE16 4TE	No
MORRISONS PHARMACY	SE15 5EW	No
PYRAMID PHARMACY	SE16 3TS	No
QRYSTAL PHARMACY	SE1 6ED	Yes

RIDGWAY PHARMACY	SE17 1RL	Yes
ROPHARM CHEMISTS	SE15 4TL	No
RUMSEY CHEMISTS	SE21 7BN	No
SADLERS PHARMACY	SE22 8JN	No
LLOYDS PHARMACY	SE1 9RT	No
LLOYDS PHARMACY	SE22 8AA	Yes
SHEEL PHARMACY	SE15 3QF	No
SHEEL PHARMACY	SE5 0BB	No
SOGIM PHARMACY	SE22 8HU	No
SUPERDRUG PHARMACY	SE5 8RW	Yes
SUPERDRUG PHARMACY	SE1 6TB	Yes
SUPERDRUG PHARMACY	SE17 2AL	Yes
SURDOCK PHARMACY	SE16 2UN	No
TAPLOW PHARMACY	SE17 2UQ	No
TESCO INSTORE PHARMACY	SE16 2LL	Yes
TESCO INSTORE PHARMACY	SE1 5HG	No
VALE PHARMACY	SE22 8DR	No
VE LETTSOM CHEMIST	SE5 8PQ	Yes
WALWORTH PHARMACY	SE17 1JJ	No

Table 17: Core opening hours for pharmacies in Southwark

Trading Name	Postcode	Monday-Friday (Core opening)	Monday - Friday (Core Close)	Lunch (close)	Sat Open (Core)	Sat Close (Core)	Sun Open (Core)	Sun Close (Core)	Sun Lunch (Core)	Total Core Hours
ABC PHARMACY	SE5 8TR	09:00	17:00	0:00	Closed	Closed	Closed	Closed	N/A	40
ABC PHARMACY	SE15 5SL	09:00	17:00	0:00	Closed	Closed	Closed	Closed	N/A	40
ABC PHARMACY	SE15 4QY	09:00	18:00	0:00	Closed	Closed	Closed	Closed	N/A	45
AMADI'S CHEMIST	SE1 3NP	10:00	18:00	0:00	Closed	Closed	Closed	Closed	N/A	40
AR CHEMISTS	SE1 5TY	09:00	17:00	0:00	Closed	Closed	Closed	Closed	N/A	40
ASDA PHARMACY	SE1 5AG	08:00	23:00	0:00	07:00	22:00	11:00	17:00	N/A	100
BONAMY PHARMACY	SE16 3HF	09:00	17:00	0:00	09:00	13:00	Closed	Closed	N/A	40
BOOTS THE CHEMIST	SE15 5BS	09:00	18:30	0:00	09:00	17:30	Closed	Closed	N/A	51
BOOTS THE CHEMIST	SE1 6TB	09:00	18:00	14:00-15:00	0:00	00:00	Closed	Closed	N/A	40
BOOTS THE CHEMIST	SE16 7LL	09:00	18:00	0:00	Closed	Closed	Closed	Closed	N/A	45
BOOTS THE CHEMIST	SE1 9HD	09:00	17:00	0:00	Closed	Closed	Closed	Closed	N/A	40
BOOTS THE CHEMIST	SE17 2TG	09:30	18:30	0:00	09:30	15:30	Closed	Closed	N/A	50
BROCKWELL PARK PHARMACY	SE24 9JU	09:00	18:00	13:00-14:00	Closed	Closed	Closed	Closed	N/A	40
BUTTERFLY PHARMACY	SE5 8RP	09:00	18:00	0:00	09:00	16:00	Closed	Closed	N/A	52
CAMBELLE CHEMIST	SE1 3GF	09:00	17:00	0:00	Closed	Closed	Closed	Closed	N/A	40
CAMPION & CO CHEMIST	SE16 7JQ	09:00	17:00	0:00	Closed	Closed	Closed	Closed	N/A	40
CITY PHARMACY	SE1 1LZ	09:00	17:00	0:00	Closed	Closed	Closed	Closed	N/A	40
CLASSIC PHARMACY	SE1 6JP	09:00	17:00	0:00	Closed	Closed	Closed	Closed	N/A	40
DAVIS CHEMIST	SE5 8ET	09:00	18:00	13:00-14:00	Closed	Closed	Closed	Closed	N/A	40

Trading Name	Postcode	Monday-Friday (Core opening)	Monday - Friday (Core Close)	Lunch (close)	Sat Open (Core)	Sat Close (Core)	Sun Open (Core)	Sun Close (Core)	Sun Lunch (Core)	Total Core Hours
DAY LEWIS PHARMACY	SE22 8RE	08:00	17:00	14:00-15:00	Closed	Closed	Closed	Closed	N/A	40
DAY LEWIS PHARMACY	SE15 5LJ	09:00	18:00	14:00-15:00	Closed	Closed	Closed	Closed	N/A	40
DAY LEWIS PHARMACY	SE22 0RR	09:00	17:00	0:00	Closed	Closed	Closed	Closed	N/A	40
EAST STREET CHEMIST	SE17 2DN	10:00	17:00	0:00	10:00	15:00	Closed	Closed	N/A	40
FOSTER & SONS CHEMIST	SE22 0RR	09:00	18:30	13:00-14:15	09:00	13:00	Closed	Closed	N/A	45.5
FOURWAY PHARMACY	SE24 9HU	09:00	18:00	13:00-14:00	09:00	13:00	Closed	Closed	N/A	40
FOURWAYS CHEMISTS	SE5 8RZ	09:00	18:30	0:00	09:00	16:00	Closed	Closed	N/A	54.5
HARFLEUR CHEMIST	SE1 4TW	09:00	18:30	0:00	09:00	18:00	Closed	Closed	N/A	56.5
HERNE HILL PHARMACY	SE24 9NE	10:00	19:00	13:00-15:00	10:00	17:00	Closed	Closed	N/A	40
JAMAICA ROAD PHARMACY	SE16 4RT	09:30	17:30	13:30-14:30	10:00	14:00	Closed	Closed	N/A	40
KALMAK CHEMISTS LTD	SE1 9LP	09:00	17:00	0:00	Closed	Closed	Closed	Closed	Closed	40
KEMBERS & LAWRENCE PHARMACY	SE5 7AF	09:00	18:00	0:00	09:00	16:00	Closed	Closed	N/A	52
KRISTAL PHARMACY	SE15 3HB	09:00	18:00	0:00	09:00	18:00	Closed	Closed	N/A	54
LENNY CHEMIST	SE17 2SX	09:30	17:30	0:00	Closed	Closed	Closed	Closed	N/A	40
LINGS CHEMIST	SE1 5LU	09:00	18:00	13:30-14:30	09:00	14:00	Closed	Closed	N/A	40
LLOYDS PHARMACY	SE1 6AD	09:00	17:00	0:00	Closed	Closed	Closed	Closed	N/A	40
LLOYDS PHARMACY	SE15 5JZ	09:00	17:00	0:00	Closed	Closed	Closed	Closed	N/A	40
LLOYDS PHARMACY	SE22 9ET	10:00	17:00	0:00	09:00	14:00	Closed	Closed	N/A	40
MADDOCK PHARMACY	SE17 3NH	09:00	18:00	13:00-14:00	Closed	Closed	Closed	Closed	N/A	40
MEDICA PHARMACY	SE16 3RW	09:00	18:00	0:00	Closed	Closed	Closed	Closed	N/A	45

Trading Name	Postcode	Monday-Friday (Core opening)	Monday - Friday (Core Close)	Lunch (close)	Sat Open (Core)	Sat Close (Core)	Sun Open (Core)	Sun Close (Core)	Sun Lunch (Core)	Total Core Hours
HOBBS PHARMACY	SE16 4TE	09:00	17:00	0:00	Closed	Closed	Closed	Closed		40
MORRISONS PHARMACY	SE15 5EW	09:00	17:00	0:00	09:00	14:00	Closed	Closed	N/A	45
PYRAMID PHARMACY	SE16 3TS	09:00	17:00	0:00	Closed	Closed	Closed	Closed	N/A	40
QRYSTAL PHARMACY	SE1 6ED	10:00	18:00	0:00	10:00	13:00	Closed	Closed	N/A	43
RIDGWAY PHARMACY	SE17 1RL	10:00	17:00	0:00	10:00	15:00	Closed	Closed	N/A	40
ROPHARM CHEMISTS	SE15 4TL	09:00	17:00	0:00	Closed	Closed	Closed	Closed	N/A	40
RUMSEY CHEMISTS	SE21 7BN	09:00	18:00	13:00-14:00	09:00	13:00	Closed	Closed	N/A	44.5
SADLERS PHARMACY	SE22 8JN	09:00	17:00	0:00	09:00	13:00	Closed	Closed	N/A	44
LLOYDS PHARMACY	SE1 9RT	08:00	11:00		09:00	22:00	09:00	21:00		100
LLOYDS PHARMACY	SE22 8AA	07:00	23:00	0:00	07:00	22:00	11:00	17:00	N/A	101
SHEEL PHARMACY	SE15 3QF	09:00	17:00	0:00	09:00	15:00	Closed	Closed	N/A	40
SHEEL PHARMACY	SE5 0BB	09:00	17:00	0:00	09:00	15:00	Closed	Closed	N/A	46
SOGIM PHARMACY	SE22 8HU	09:00	18:00	0:00	09:00	17:30	Closed	Closed	N/A	53.5
SUPERDRUG PHARMACY	SE5 8RW	09:00	18:30	13:30-14:30	09:00	17:30	Closed	Closed	N/A	45
SUPERDRUG PHARMACY	SE1 6TB	09:00	18:00	0:00	09:00	17:30	Closed	Closed	N/A	53
SUPERDRUG PHARMACY	SE17 2AL	09:00	18:00	0:00	09:00	17:30	Closed	Closed	N/A	53
SURDOCK PHARMACY	SE16 2UN	09:00	18:00	13:00-14:00	09:00	13:00	Closed	Closed	N/A	40
Taplow Pharmacy	SE17 2UQ	09:00	18:00	0:00	10:00	13:00	Closed	Closed	N/A	48
TESCO INSTORE PHARMACY	SE16 2LL	09:00	17:00	0:00	09:00	17:00	Closed	Closed	N/A	47.5
TESCO INSTORE PHARMACY	SE1 5HG	09:00	17:00	0:00	09:00	17:00	Closed	Closed	N/A	47.5

Trading Name	Postcode	Monday-Friday (Core opening)	Monday - Friday (Core Close)	Lunch (close)	Sat Open (Core)	Sat Close (Core)	Sun Open (Core)	Sun Close (Core)	Sun Lunch (Core)	Total Core Hours
VALE PHARMACY	SE22 8DR	09:00	19:30	0:00	09:00	18:00	Closed	Closed	N/A	61.5
VE LETTSOM CHEMIST	SE5 8PQ	09:00	18:00	0:00	Closed	Closed	Closed	Closed	N/A	40
WALWORTH PHARMACY	SE17 1JJ	09:00	18:00	0:00	09:00	16:00	Closed	Closed	N/A	52

Table 18: Total opening hours for pharmacies in Southwark

Pharmacy		Total Opening Hours						
Trading Name	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day Lewis Pharmacy	SE5 8TR	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	10:00-17:00	Closed
Day Lewis Pharmacy	SE15 5SL	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:30	Closed
Day Lewis Pharmacy	SE15 4QY	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	Closed	Closed
AMADI'S CHEMIST	SE1 3NP	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-15:00	Closed
AR Chemists	SE1 5TY	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	10:00-17:00	Closed
ASDA PHARMACY	SE1 5AG	08:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	11:00-17:00
BONAMY PHARMACY	SE16 3HF	09:00-19:00	08:00-19:00	09:00-19:00	09:00-14:00	08:00-19:00	09:00-14:00	Closed
BOOTS THE CHEMIST	SE15 5BS	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	11:00-17:00
BOOTS THE CHEMIST	SE1 6TB	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:00	Closed
BOOTS THE CHEMIST	SE16 7LL	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	11:00-17:00
BOOTS THE CHEMIST	SE1 9HD	09:00-19:00	09:30-19:00	09:30-19:00	09:30-19:00	09:30-19:00	10:00-18:00	11:00-17:00
BOOTS THE CHEMIST	SE17 2TG	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	10:00-16:00
BROCKWELL PARK PHARMACY	SE24 9JU	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:00	Closed
BUTTERFLY PHARMACY	SE5 8RP	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:00	Closed
CAMBELLE CHEMIST	SE1 3GF	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	Closed	Closed
CAMPION & CO CHEMIST	SE16 7JQ	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	Closed	Closed
CITY PHARMACY	SE1 1LZ	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	09:00-16:00	Closed
CLASSIC PHARMACY	SE1 6JP	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	09:00-12:00	Closed
DAVIS CHEMIST	SE5 8ET	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
DAY LEWIS PHARMACY	SE22 8RE	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	09:00-13:00	Closed

Pharmacy		Total Opening Hours						
Trading Name	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
DAY LEWIS PHARMACY	SE15 5LJ	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	Closed	Closed
DAY LEWIS PHARMACY	SE22 0RR	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	09:00-14:00	Closed
EAST STREET CHEMIST	SE17 2DN	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-18:30	09:00-18:30	Closed
FOSTER & SONS CHEMIST	SE22 0RR	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	Closed
FOURWAY PHARMACY	SE24 9HU	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:00	Closed
FOURWAYS CHEMISTS	SE5 8RZ	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	Closed
HARFLEUR CHEMIST	SE1 4TW	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:00	Closed
Herne Hill Pharmacy	SE24 9NE	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:00	Closed
JAMAICA ROAD PHARMACY	SE16 4RT	09:00-18:30	09:00-18:30	09:30-18:30	09:30-18:30	09:30-18:30	10:00-14:00	Closed
KALMAK CHEMISTS Ltd	SE1 9LP	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	Closed	Closed
Kembers & Lawrence Pharmacy	SE5 7AF	08:30-19:30	08:30-19:30	08:30-19:30	08:30-19:30	08:30-19:30	09:00-18:00	Closed
KRISTAL PHARMACY	SE15 3HB	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:30	Closed
Lenny Chemist	SE17 2SX	09:30-18:30	09:30-18:30	09:30-18:30	09:30-18:30	09:30-18:30	09:30-14:30	Closed
LINGS CHEMIST	SE1 5LU	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-14:00	Closed
LLOYDS PHARMACY	SE1 6AD	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-13:00	Closed
LLOYDS PHARMACY	SE15 5JZ	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:00	Closed
LLOYDS PHARMACY	SE22 9ET	09:00-19:30	09:00-19:30	09:00-19:30	09:00-19:30	09:00-19:30	09:00-18:00	Closed
MADDOCK PHARMACY	SE17 3NH	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:00		Closed
MEDICA PHARMACY	SE16 3RW	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:00	Closed
Hobbs Pharmacy	SE16 4TE	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	Closed	Closed
MORRISONS	SE15 5EW	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-19:00	10:00-16:00

Pharmacy		Total Opening Hours						
Trading Name	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
PHARMACY								
PYRAMID PHARMACY	SE16 3TS	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:00	Closed
QRYSTAL PHARMACY	SE1 6ED	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	10:00-13:00	Closed
RIDGWAY PHARMACY	SE17 1RL	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:00	10:00-15:00
ROPHARM CHEMISTS	SE15 4TL	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Rumsey Chemists	SE21 7BN	09:00-18:00	09:00-18:00	09:00-13:00	09:00-18:00	09:00-18:00	09:00-18:30	Closed
SADLERS PHARMACY	SE22 8JN	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
Lloyds Pharmacy	SE1 9RT	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-21:00	09:00-21:00
Lloyds Pharmacy	SE22 8AA	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	11:00-17:00
SHEEL PHARMACY	SE15 3QF	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:00	Closed
SHEEL PHARMACY	SE5 0BB	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:00	Closed
SOGIM PHARMACY	SE22 8HU	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:30	Closed
SUPERDRUG PHARMACY	SE5 8RW	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:30	Closed
SUPERDRUG PHARMACY	SE1 6TB	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:30	Closed
SUPERDRUG PHARMACY	SE17 2AL	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed
SURDOCK PHARMACY	SE16 2UN	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:30	Closed
Taplow Pharmacy	SE17 2UQ	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	10:00-13:00	Closed
TESCO INSTORE PHARMACY	SE16 2LL	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	11:00-17:00
TESCO INSTORE PHARMACY	SE1 5HG	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	11:00-17:00
VALE PHARMACY	SE22 8DR	09:00-19:30	09:00-19:30	09:00-19:30	09:00-19:30	09:00-19:30	09:00-18:00	Closed

Pharmacy		Total Opening Hours						
Trading Name	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
VE LETTSOM CHEMIST	SE5 8PQ	09:00-18:30	09:00-18:30	09:00-13:00	09:00-18:30	09:00-18:30	09:00-13:00	Closed
WALWORTH PHARMACY	SE17 1JJ	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	Closed

Table 19: Opening hours of community pharmacies in Southwark

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Bermondsey & Rotherhithe	Grange	0	3	0	1	0	2	2	0	0	0
	Riverside	1	3	1	1	0	2	2	0	0	1
	Rotherhithe	1	4	3	0	1	3	3	1	0	2
	South Bermondsey	1	3	3	0	1	3	3	1	0	1
	Surrey Docks	0	0	0	0	0	0	0	0	0	0
	Total	3	13	7	2	2	10	10	2	0	4
Borough & Walworth	Cathedrals	2	2	0	0	0	1	0	0	0	0
	Chaucer	2	5	2	0	0	4	2	1	0	1
	East Walworth	1	6	4	1	1	6	6	1	1	2

	Faraday	0	4	0	0	0	4	3	0	0	1
	Newington	0	2	0	1	0	1	1	0	0	0
	Total	5	19	6	2	1	16	12	2	1	4
Dulwich	College	0	0	0	0	0	0	0	0	0	0
	EastDulwich	1	5	2	1	0	5	3	0	0	0
	Peckham Rye	0	2	0	1	0	2	1	0	0	0
	South Camberwell	1	2	1	1	1	2	1	1	0	1
	Village	0	4	3	0	0	4	4	0	0	0
	Total	2	13	6	3	1	13	9	1	0	1
Peckham & Camberwell	Brunswick Park	0	2	1	0	0	2	1	0	0	0
	Camberwell Green	1	5	3	1	0	5	5	0	0	0
	Livesey	0	1	1	0	0	1	1	0	0	0
	Nunhead	0	1	1	0	0	1	1	0	0	0

	Peckham	0	3	3	1	0	2	2	0	0	0
	The Lane	0	5	2	0	0	3	3	1	0	2
	Total	1	17	11	2	0	14	13	1	0	2
Southwark Total	Grand Total	11	62	30	9	4	53	44	6	1	11
	% of total	17.7%	100.0%	48.4%	14.5%	6.5%	85.5%	71.0%	9.7%	1.6%	17.7%

REFERENCES

- ¹ National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations, 2013. www.legislation.gov.uk/ukxi/2013/349/contents/made
- ² Equality & Human Rights Commission. Public Sector Equality Duty. www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty Accessed on 13/11/2017.
- ³ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. No. 349. Part 2 - Regulation 6. www.legislation.gov.uk/ukxi/2013/349/regulation/6/made
- ⁴ Equality Act 2010. www.legislation.gov.uk/ukpga/2010/15/contents
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Item No. 11.	Classification: Open	Date: 26 March 2018	Meeting Name: Health and Wellbeing Board
Report title:		Joint Strategic Needs Assessment 2017-18 Update and Work Programme 2018-19	
Ward(s) or groups affected:		All Southwark wards and all population groups	
From:		Prof Kevin Fenton, Director of Health and Wellbeing	

RECOMMENDATIONS

1. The Health and Wellbeing Board is asked to:
 - Note the programme of work completed during 2017-18.
 - Agree the proposed governance structure for the Joint Strategic Needs Assessment in Southwark.
 - Agree the proposed JSNA work programme for 2018-19.

BACKGROUND INFORMATION

2. Joint Strategic Needs Assessment (JSNA) is a process designed to inform and underpin the Joint Health and Wellbeing Strategy (JHWS) by identifying areas of unmet need, both now and into the future. It is a statutory requirement for Local Authorities and their partners (under both the Health and Social Care Act 2012 and the Local Government and Public Involvement in Health Act 2007 s116 and s116A).
3. Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data to be included.
4. In Southwark, the annual work programme for the JSNA is aligned to four themes to ensure it covers the breadth of issues affecting health and wellbeing:
 - Domain 1 - population groups
 - Domain 2 - behaviours and risk factors
 - Domain 3 - wider determinants of health
 - Domain 4 - health conditions and healthcare
5. This report has three objectives:
 - To provide an update against the 2017-18 work programme
 - To outline the JSNA process in Southwark and a proposed governance structure
 - To outline the proposed work programme for 2018-19

KEY ISSUES FOR CONSIDERATION

JSNA programme 2017-18

6. Table 1 outlines the range of JSNA projects that have been completed and are in the process of being uploaded to the redeveloped JSNA webpages: www.southwark.gov.uk/jsna. The projects span the four domains outlined above and have involved partners from across both the local authority and the CCG.

Theme	Topic	Partners
Cross cutting	JSNA website redevelopment	LBS web team
	Annual Public Health Report	Public Health
Wider determinants	Active travel	Planning, Transport
	Air Quality	Environmental Protection
	Housing and health	Planning, Housing
Population groups	School age health	CYP CDG
	Special Educational Needs & Disabilities	CCG, SEND Team
	Protected characteristics	CCG
Behaviours and risk factors	Childhood obesity	Public Health
	Alcohol	DAAT
	Evaluation of cumulative impact zones	Licensing
	Drug related deaths	DAAT
	Substance misuse admissions	Public Health
	Club drugs	Public Health
Health conditions and healthcare	Pharmaceutical Needs Assessment	CCG, LPC
	Mental health	CCG
	Suicide and self-harm	Public Health
	Cardiovascular Disease risk factors and prevention	Public Health

7. In addition to the completed work above, a number of additional projects are currently underway on the following topics:

Theme	Topic	Partners
Population groups	Learning disabilities	Adult Social Care
	CYP with no recourse to public funds	CCG, Home Office, Barry House
Behaviours and risk factors	Sexual health	LSL
	Dental health of CYP	Public Health, CYP CDG
Health conditions and healthcare	Emotional health CYP	Public Health, CYP CDG
	Bowel screening	Public Health, CCG

	Prescription medications	Public Health, CCG
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Governance Structure for the JSNA

8. Following the pilot of a new JSNA process in 2017-18, the following governance arrangements are proposed for the JSNA in Southwark:
- The Health & Wellbeing Board in Southwark maintains overall responsibility for the JSNA, with the Director of Health & Wellbeing acting as the Board sponsor. The Health & Wellbeing Board approves the annual work programme at the start of each financial year, and receives an update on work undertaken in the previous year.
 - The Health & Social Care Partnership Board provides on-going oversight of the JSNA annual work programme throughout the year on behalf of the Health & Wellbeing Board.
 - The Public Health Management Team and Head of Public Health Intelligence provide operational management of the JSNA annual work programme and are responsible for prioritising JSNA projects and developing the draft annual work programme for approval by the Health & Wellbeing Board. The Director of Health & Wellbeing provides publication approval for completed JSNA projects on behalf of the Health & Wellbeing Board.

Developing the JSNA programme for 2018-19

9. Each winter an engagement process is undertaken to identify potential JSNA projects for the upcoming financial year. Key strategic groups and officers are consulted, including:
- Child & Young People Commissioning Development Group
 - Adult Commissioning Development Group
 - Mental Health Commissioning Development Group
 - Health & Social Care Partnership Board
 - Council Directors
10. Public Health Intelligence lead the development of the draft annual work programme, based on the engagement with partners. The draft programme is discussed and agreed with the Director of Health & Wellbeing and Public Health Management Team.
11. A number of criteria are considered by the Public Health Management Team when selecting projects for inclusion in the proposed annual work programme, including:
- Impact (scale, severity and comparison with other areas)
 - Commissioning Priority
 - Policy Priority
 - Gap in Knowledge

Projects are also favoured where there is a clear and specific research question.

12. Table 3 below outlines the proposed projects that the JSNA will focus on during 2018-19. Following approval, detailed project initiation documents will be developed in collaboration with partners to ensure the scope and timing of

projects meet the needs of the target audience.

Domain	Topic	Project Sponsors
Cross Cutting	Annual Public Health Report	Kevin Fenton
Wider determinants	Housing and frailty – supporting older people to remain independent	Richard Pinder / Jin Lim
	Health related worklessness	Jin Lim
	Food poverty	Jin Lim
	Knife crime	Kirsten Watters
Population groups	Health needs of the street population	Richard Pinder
	Early years	Kirsten Watters
	Vulnerable children & young people inc. Looked After Children and Young Offenders.	Kirsten Watters
Behaviours & risk factors	Smoking	Jin Lim
Health conditions and healthcare	Cardiovascular disease management	Richard Pinder
	Self-harm	Richard Pinder
	Outcome based pilot project	Richard Pinder

13. Co-production is an important aspect to the development of JSNA projects. There is an expectation that partners will play an active role in the development of projects within their area of expertise. Through this co-production process the JSNA can better reflect the local picture and ensure recommendations for future action have the support of all partners.

Policy implications

14. The JSNA process should underpin the development of the Joint Health & Wellbeing Strategy of the Health & Wellbeing Board and other local plans and policies designed to improve health and wellbeing in the borough.

Community impact statement

15. A key component to the JSNA process is to develop our understanding of health inequalities in the borough. All JSNA reports will consider how different population groups and communities are affected by the issue being considered. This includes the protected characteristics outlined in the Equality Act 2010, along with other factors such as socio-economic status.

Resource implications

16. The JSNA will be undertaken in-house and led by the Public Health department on behalf of the Health & Wellbeing Board. While the majority of the resource for producing the JSNA will come from within the Public Health department, co-production is an important aspect to the development of JSNA projects. There is an expectation that partners will play an active role in the development of projects within their area of expertise. Through this co-production process the JSNA can better reflect the local picture and ensure recommendations for future action have

the support of all partners.

Legal implications

17. Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare the Joint Strategic Needs Assessment, through the Health and Wellbeing Board, outlined in the Health and Social Care Act 2012.

Financial implications

18. There are no financial implications. The JSNA will be undertaken in-house, led by Public Health with contribution from partners as required.

Consultation

19. The JSNA work programme proposed for 2018-19 has been developed following the engagement of key partners across Southwark Council and Southwark CCG. Lead authors for each project are encouraged to engage with partners and community and voluntary organisations in the development of their reports.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark Joint Strategic Needs Assessment reports	www.southwark.gov.uk/jsna	Chris Williamson Tel: 020 7525 1774

APPENDICES

No.	Title
Appendix 1	Our approach to the JSNA in Southwark

AUDIT TRAIL

Lead Officer	Kevin Fenton, Director of Health & Wellbeing	
Report Author	Chris Williamson, Head of Public Health Intelligence	
Version	Final	
Dated	9 March 2018	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	-
Strategic Director of Finance and Governance	No	-
Cabinet Member	No	
Date final report sent to Constitutional Team	13 March 2018	

Our approach to the JSNA in Southwark

People & Health Intelligence

Public Health

9 March 2018

GATEWAY INFORMATION

Report title:	Our approach to the JSNA in Southwark
Status:	Public
Prepared by:	C Williamson
Contributors:	R Pinder
Approved by:	K Fenton
Suggested citation:	Our approach to the JSNA in Southwark. Southwark's JSNA. Southwark Council: London. 2018.
Contact details:	publichealth@southwark.gov.uk
Date of publication:	March 2018

CONTENTS

1. Background

2. JSNA Governance

3. JSNA Structure

4. JSNA Work Programme

5. JSNA Communication

6. JSNA Evaluation

7. Appendices

The JSNA is an ongoing process that underpins the local plans and policies to improve health

BACKGROUND

- The Joint Strategic Needs Assessment (JSNA) is the **ongoing process** through which we seek to identify the current and future health and wellbeing needs of our local population.
- These needs can relate to medical issues such as heart disease or dementia, through to wider influences on an individual's health and wellbeing, such as housing and employment.
- A key element to the JSNA process is to understand how different population groups may be more adversely affected than others i.e.: to understand our inequalities in health.
- The JSNA informs and underpins the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- It is a statutory requirement for Local Authorities and their partners (under both the Health and Social Care Act 2012 and the Local Government and Public Involvement in Health Act 2007 s116 and s116A).

CONTENTS

1. Background

2. JSNA Governance

3. JSNA Structure

4. JSNA Work Programme

5. JSNA Communication

6. JSNA Evaluation

7. Appendices

The Health & Wellbeing Board maintains overall responsibility for our Joint Strategic Needs Assessment

JSNA GOVERNANCE

Local Authorities and Clinical Commissioning Groups (CCGs) have equal and joint duties to prepare the JSNA through the Health & Wellbeing Board.

Southwark Health & Wellbeing Board

The Health & Wellbeing Board in Southwark maintains **overall responsibility** for the JSNA, with the Director of Health & Wellbeing acting as the Board sponsor.

The Health & Wellbeing Board approves the annual work programme at the start of each financial year, along with an update on work undertaken in the previous year.

Health & Social Care Partnership Board

The Health & Social Care Partnership Board provides **on-going oversight** of the JSNA annual work programme throughout the year on behalf of the Health & Wellbeing Board.

Public Health Management Team

The Public Health Management Team and Head of Public Health Intelligence provide **operational management** of the JSNA annual work programme and are responsible for prioritising JSNA projects and developing the draft annual work programme for approval by the Health & Wellbeing Board.

The Director of Health & Wellbeing provides **publication approval** for completed JSNA projects on behalf of the Health & Wellbeing Board.

CONTENTS

1. Background

2. JSNA Governance

3. JSNA Structure

4. JSNA Work Programme

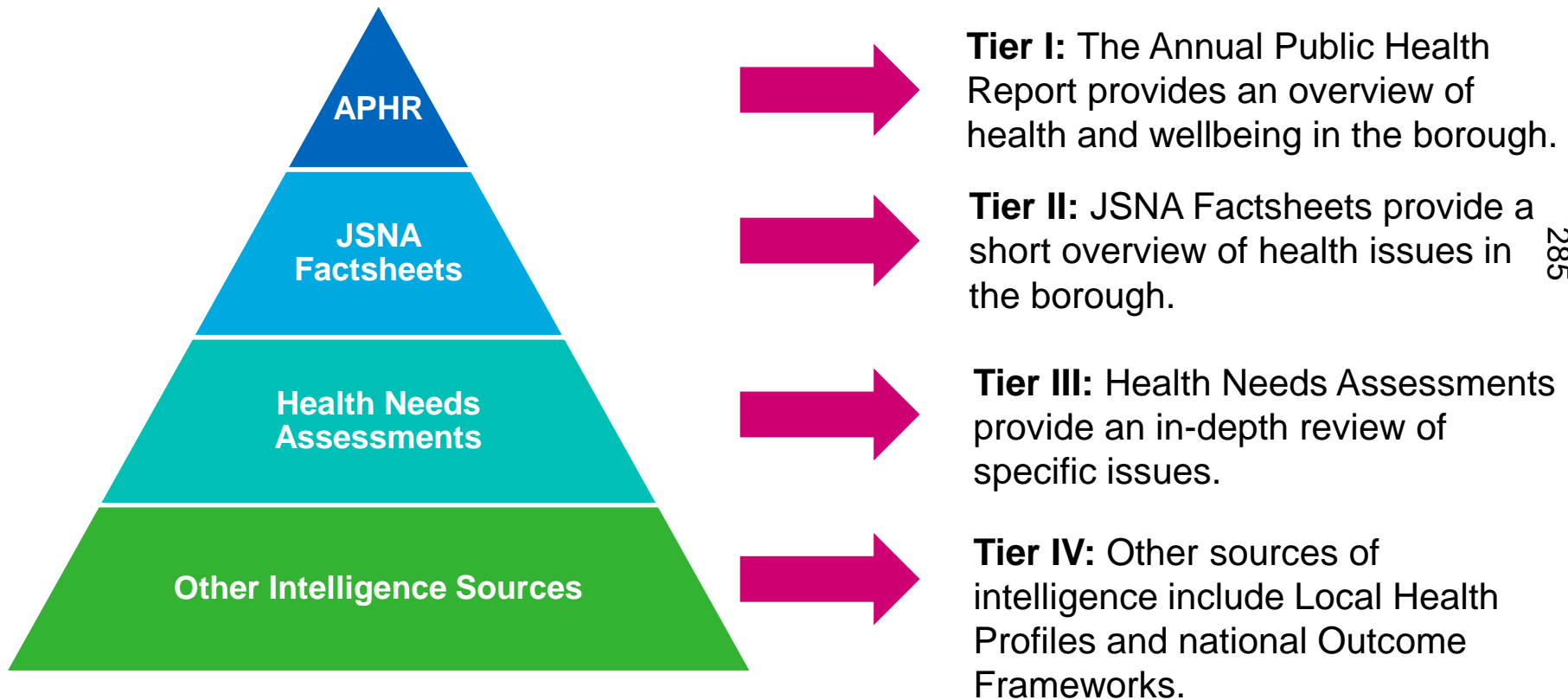
5. JSNA Communication

6. JSNA Evaluation

7. Appendices

Our JSNA is comprised of a range of resources that contribute to our understanding of need in Southwark

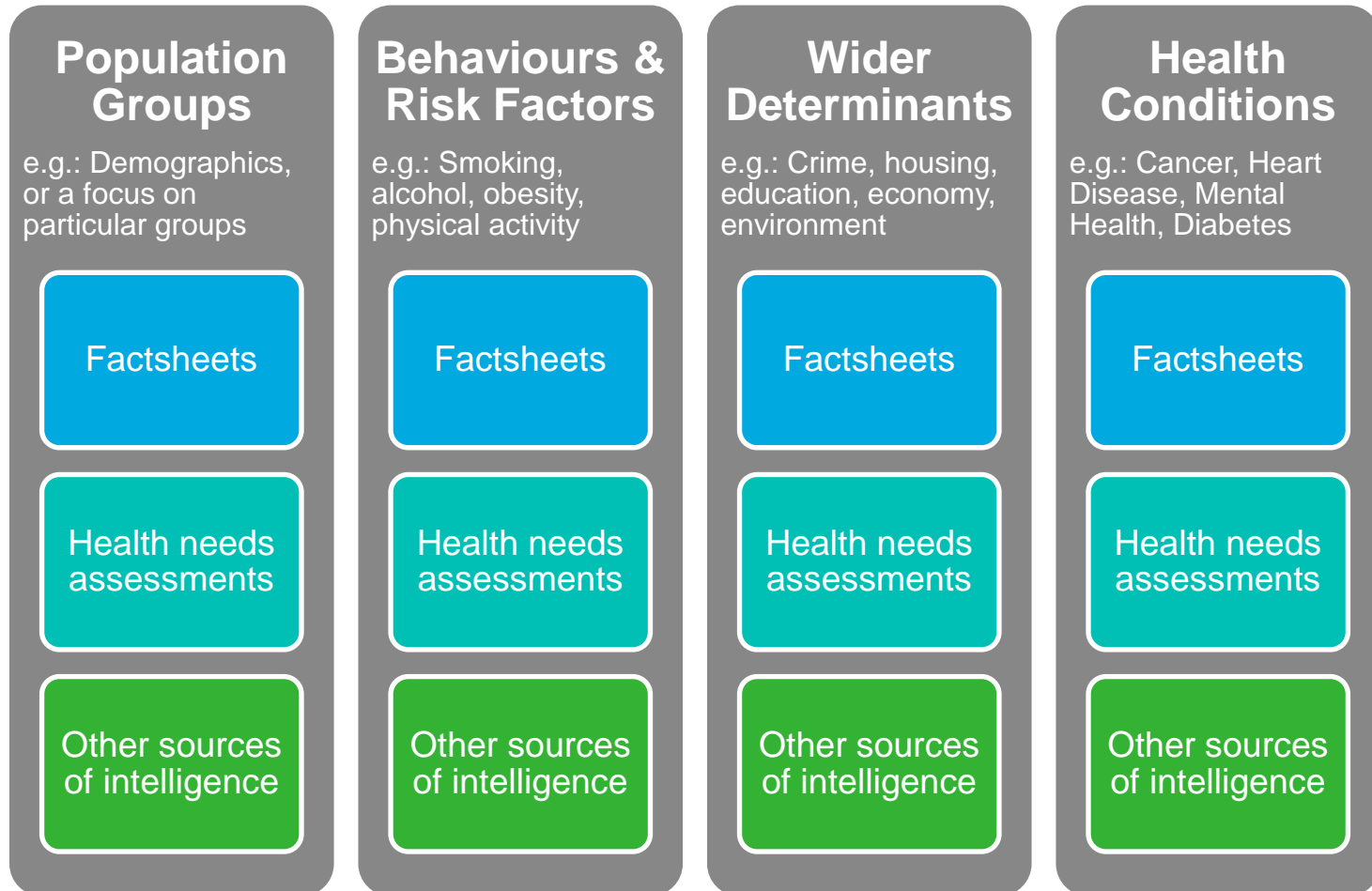
JSNA STRUCTURE



All our resources are available via: www.southwark.gov.uk/JSNA

We divide our JSNA in Southwark into four key domains to ensure we cover the full spectrum of needs

JSNA STRUCTURE



CONTENTS

1. Background
2. JSNA Governance
3. JSNA Structure
4. JSNA Work Programme
5. JSNA Communication
6. JSNA Evaluation
7. Appendices

There are four key stages in the development and delivery of the annual JSNA work programme

JSNA WORK PROGRAMME

Stage 1: Scoping

- Each winter an engagement process is undertaken to identify potential JSNA projects for the upcoming financial year.
- Key strategic groups are consulted, including: each of the Commissioning Development Groups, the Health & Social Care Partnership Board, Council Directorates and others e.g.: CCG Quality & Safety Committee.

Stage 2: Development

- Public Health Intelligence lead the development of the draft annual work programme, based on findings from the scoping stage. The draft programme is agreed by the Director of Health & Wellbeing and Public Health Management Team in each February.
- The draft work programme is provided to the Health & Wellbeing Board each March for their approval.

Stage 3: Production

- Partners across the Council and CCG are responsible for leading the production of their JSNA topic areas, with support provided by the Public Health Intelligence team.
- Each report should identify a senior officer who acts as project sponsor.
- Recommendations should be developed in collaboration with relevant partners.
- First complete drafts of JSNA reports should be shared with the project sponsor and Director of Health & Wellbeing for comment.
- Final drafts of JSNA reports should be shared with the Director of Health & Wellbeing for publication approval.

Stage 4: Approval & Oversight

- The Health & Wellbeing Board maintains overall responsibility for the JSNA and the Director of Health & Wellbeing acts as the Board sponsor.
- The annual work programme is provided to the Health & Wellbeing Board each March for their approval, along with an update on the developments over the previous year.
- The Health & Social Care Partnership Board provides on-going oversight to the JSNA throughout the year.

Projects are prioritised for inclusion in the annual work programme based on a number of considerations

SCOPING & DEVELOPMENT

During the winter period the Head of Public Health Intelligence engages partners to identify potential topics for the JSNA in the coming financial year. Following this engagement process the Public Health Management Team and Head of Public Health Intelligence use a number of criteria to develop a draft work programme based around the topics proposed by partners.

Inclusion Criteria	Considerations
Impact	<ul style="list-style-type: none">What is the scale of the local impact?What is the severity of the local impact?Is the local situation improving or deteriorating?How do local outcomes compare to other areas?
Commissioning priority	<ul style="list-style-type: none">Will the work underpin the commissioning of a local service?
Policy priority	<ul style="list-style-type: none">Will the work underpin the development of a local policy / action plan / strategy?
Gap in knowledge	<ul style="list-style-type: none">Is there a lack of understanding of the issue that needs to be addressed?

- Projects are also favoured where there is a clear and specific “research question”.
- Where projects suggested by partners are not included within the draft JSNA work programme, alternative options will be discussed with the sponsor.

There is an expectation that partners will play an active role in the development of projects in their field

PRODUCTION

- Each project will include a **project lead** who is responsible for the delivery of the work. The lead will be identified in discussion with the Public Health Management Team, Head of Public Health Intelligence and those proposing each project.
- A **project sponsor** will also be identified for each project and will be responsible for providing oversight for the piece of work. The sponsor may be a senior officer in Southwark Council or CCG, or a working group/board that has responsibility for the agenda.
- The project sponsor will also be responsible for approving the project initiation document developed by the project lead (see appendix 1).
- To ensure that JSNA projects accurately reflect the local picture and the local response, there is an expectation that partners play an active role in the development of projects within their field of expertise.
- The project sponsor will also be responsible for working with the project lead to develop recommendations for future action.
- Advice and guidance in developing JSNA projects is available from the Head of Public Health Intelligence, with analytical support also available from the Public Health Intelligence team.

All JSNA reports should be shared with the project sponsor and Director of Health & Wellbeing for approval

APPROVAL

All JSNA reports in Southwark go through a structured approval process to ensure our products are consistent in their approach and are cleared by senior officers.

- When a first draft has been developed the project lead should consider the following checklist:
 1. Did the project meet the original objectives set out in the PID?
 2. Did the project set out how risk factors and the wider determinants impact on outcomes?
 3. Did the project explicitly consider inequalities and the impact on different population groups?
 4. Did the project establish the main outcomes of interest?
 5. Did the project establish SMART recommendations?

- **First drafts** of JSNA reports should be shared with the project sponsor and Director of Health & Wellbeing for comment and review.

- **Final drafts** of JSNA reports should be shared with the Director of Health & Wellbeing for publication approval.

A range of materials are available to support those leading on a JSNA project

SUPPORT MATERIALS

To ensure a consistent approach to the JSNA the Public Health team have developed a range of resources to support project leads.

Report templates

- To ensure a consistent approach to JSNA products in Southwark report templates have been developed for JSNA Factsheets and JSNA Needs Assessments.
- The templates also include notes and guidance to support the project lead in developing their report.
- In Southwark we have chosen to base our JSNA products around PowerPoint slide decks. Our aim is to ensure reports are concise and accessible, drawing out the key issues that partners should be aware of.
- A project initiation template has also been developed to support authors in scoping out potential JSNA projects.

Workshops

- The Public Health Intelligence team run a series of JSNA workshops through the year to provide training to potential project leads.
- The workshops cover the background to the JSNA process here in Southwark, the process of conducting a health needs assessment and advice from those who have recently been project leads.

On-going advice and guidance

- In addition to the report templates and JSNA workshops, the Head of Public Health Intelligence is available to provide on-going advice and guidance to project leads.
- The Public Health Intelligence team is also available to provide analytical support.

CONTENTS

1. Background
2. JSNA Governance
3. JSNA Structure
4. JSNA Work Programme
5. JSNA Communication
6. JSNA Evaluation
7. Appendices

There is an expectation that all JSNA projects will be made publicly available via the council website

COMMUNICATION & DISSEMINATION

In order for the JSNA to have maximum impact it is important that information is easily accessible and widely promoted.

- All completed JSNA projects will be published on the Southwark Council website: www.southwark.gov.uk/jsna
- Project leads will be responsible for presenting and promoting their work to the project sponsor and any other relevant partners.
- Updates on the JSNA work programme will be provided by the Head of Public Health Intelligence:
 - Quarterly to the Public Health Management Team
 - Bi-annually to the Health & Social Care Partnership Board
 - Annually to the Health & Wellbeing Board
- A JSNA event will be held each year to promote the raise awareness of health and wellbeing issues in the borough, engage partners in identifying potential projects for the future and improve the dissemination of findings.

CONTENTS

1. Background
2. JSNA Governance
3. JSNA Structure
4. JSNA Work Programme
5. JSNA Communication
6. JSNA Evaluation
7. Appendices

Reflecting on the impact of projects is an important part of improving the JSNA process

JSNA EVALUATION

There is an expectation that the JSNA will include an evaluation phase in order to understand the impact of the work and how it may have supported change.

- Public Health are committed to supporting the regular evaluation of the JSNA in Southwark.
- A number of key questions have been identified to ensure a consistent approach to the evaluation, including:
 1. How has the JSNA project been used since publication?
 2. How did the project contribute to our understanding of local needs?
 3. How did the project contribute to our understanding of the local response?
 4. What impact have the recommendations from the project made?
 5. What impact did the project have on the work of our stakeholders and partners?
 6. What were the main challenges and lessons that have been learnt through the process and how can this inform future projects?

CONTENTS

1. Background
2. JSNA Governance
3. JSNA Structure
4. JSNA Work Programme
5. JSNA Communication
6. JSNA Evaluation
7. Appendices

A Project initiation document has been developed to help JSNA authors scope out their project

APPENDIX 1: JSNA PROJECT INITIATION DOCUMENT

Project title	
JSNA theme	Population / Behaviour & Risk Factors / Wider Determinants / Health Conditions
Lead author	
Project sponsor	Include name and job title of senior officer and / or the board sponsoring the project. The sponsor will sign off project initiation and completion.
Target audience	Who are the key people or groups that the project is aimed at? Who will take forward any recommendations from this work?
Suggested timeline	Include suggested start date, key milestones and completion date.
Background	Include an overview of the project, outlining the general context and why it may be necessary. Include estimated impact of the issue and what the project is intended to inform e.g.: commissioning, policy, filling a gap in knowledge.
Aims & Objectives of the project	<ul style="list-style-type: none"> ▪ Project aim ▪ Key questions the project seeks to answer ▪ Areas in scope of the project ▪ Areas out of scope of the project
Existing resources	Include details of any previous JSNA work that has been conducted, and any other material that may be relevant to the project e.g.: national profiles, evidence reviews, consultations or surveys.
Project deliverables	Consider whether a full health needs assessment required, or whether a JSNA factsheet more appropriate.
Key stakeholders	Who are the key people or organisations that should be involved in the project? Consider the level of involvement that may be necessary for different partners. For large projects a steering group may be appropriate.
Risks and mitigating actions	Consider any risks to the successful completion of the project, and how you might mitigate against these, e.g.: Lack of engagement from stakeholders or access to information / data

Templates have been developed for the JSNA outlining the key sections to be covered within our reports

APPENDIX 2: JSNA REPORT TEMPLATE

Background and Introduction	<ul style="list-style-type: none">• The background should outline why the issue is important and how it can impact on health and wellbeing. This should set the context for the rest of the document.• The introduction should set out aims and objectives of the project including its scope.
Policy context	<ul style="list-style-type: none">• The policy context should set out the national and local policies relevant to the issue.• Set out key policies and their objectives that may frame how we respond to the issue locally.
The local picture	<ul style="list-style-type: none">• Outline how the issue affects residents, now and looking to the future.• Consider how different groups are affected, including the nine protected characteristics. Where information is unavailable this should be explicitly stated.• Consider how we compare to other areas similar to Southwark.
The local response	<ul style="list-style-type: none">• Outline what we are doing in Southwark to improve things.• This may be through local services, through local policies, or a combination of the two.• It should also look at what might be happening outside of the Public Sector e.g.: local assets.
Community & stakeholder Views	<ul style="list-style-type: none">• This section should set out the views of local residents and stakeholders regarding the issue. Views could be collected through consultations, surveys, focus groups or meetings.
Key findings and recommendations	<ul style="list-style-type: none">• This section should bring the JSNA report to a conclusion, outlining gaps in our response, challenges and opportunities that have been identified.• Recommendations should be developed in collaboration with partners and be SMART.

An evaluation template has been developed to assess the quality and impact of our needs assessments

APPENDIX 3: JSNA EVALUATION

A number of key themes are included as part of the evaluation of JSNA projects in Southwark, including

1. How have you used the JSNA project since publication?
2. How did the project contribute to our understanding of local needs?
3. How did the project contribute to our understanding of the local response?
4. What impact have the recommendations from the project made?
5. What impact did the project have on the work of our stakeholders and partners?
6. What were the main challenges and lessons that have been learnt through the process and how can this inform future projects?

Find out more at
southwark.gov.uk/JSNA

People & Health Intelligence Section
Southwark Public Health

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