

## Health and Wellbeing Board

Monday 7 March 2022

3.00 pm

This will be a virtual meeting

### Membership

Councillor Kieron Williams (Chair)	Leader of the Council
Dr Nancy Kuchemann (Vice-Chair)	GP and NHS SE London CCG Clinical Lead
Councillor Evelyn Akoto	Cabinet Member for Health and Wellbeing
Councillor Jasmine Ali	Deputy Leader and Cabinet Member for Children, Young People and Education
Sarah Austin	Chief Executive Integrated and Specialist Medicine for Guy's and St Thomas' NHS Foundation Trust
David Bradley	Chief Executive of South London and Maudsley NHS Foundation Trust
Cassie Buchanan	Southwark Headteachers Representative
Shamsur Choudhury	Healthwatch Southwark
Sam Hepplewhite	Placed Based Director (Southwark), NHS SE London Clinical Commissioning Group
Clive Kay	Chief Executive, King's College Hospital NHS Foundation Trust
Eleanor Kelly	Chief Executive, Southwark
Sangeeta Leahy	Director of Public Health
Krzysztof Mikata-Pralat	Director, Community Southwark
Councillor David Noakes	Opposition spokesperson for Health
David Quirke-Thornton	Strategic Director of Children's and Adults' Services
Andrew Ratcliffe	Guy's and St. Thomas' Foundation
Anuradha Singh	Independent Chair of Partnership Southwark

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## INFORMATION FOR MEMBERS OF THE PUBLIC

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### **Access to information**

You have the right to request to inspect copies of minutes and reports on this agenda as well as the background documents used in the preparation of these reports.

### **Babysitting/Carers allowances**

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### **Contact**

Maria Lugangira email: [maria.lugangira@southwark.gov.uk](mailto:maria.lugangira@southwark.gov.uk)

Webpage: <https://moderngov.southwark.gov.uk/ieListMeetings.aspx?CommitteId=365>

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Members of the committee are summoned to attend this meeting

**Eleanor Kelly**

Chief Executive

Date: 25 February 2022



# Health and Wellbeing Board

Monday 7 March 2022  
3.00 pm

This will be a Virtual Meeting

## Order of Business

**1. WELCOME AND INTRODUCTIONS**

**2. APOLOGIES**

To receive any apologies for absence.

**3. CONFIRMATION OF VOTING MEMBERS**

Voting members of the committee to be confirmed at this point in the meeting.

**4. 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.

**5. 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.

**6. MINUTES**

To Follow

To agree as a correct record the open minutes of the meeting held on 13 January 2022.

**7. PUBLIC QUESTION TIME (15 MINUTES)**

To receive any question from members of the public which have been submitted in advance of the meeting in accordance with the Cabinet Procedure Rules. The deadline for the receipt of a public question is midnight Tuesday, 1 March 2022.

- |   |               |
|---|---------------|
| <b>8. COVID-19 UPDATE</b>   | Verbal Report |
| To receive an update at the meeting.  |               |
| <b>9. VACCINATION UPDATE</b>  | Verbal Report |
| To receive an update at the meeting.  |               |
| <b>10. UPDATE FROM THE HEALTH AND WELLBEING VACCINATION SUB-GROUP</b>   | Verbal Report |
| To receive an update from the Chair of the Health and Wellbeing Vaccination Sub-Group, Councillor Evelyn Akoto. |               |
| <b>11. JSNA PROGRAMME UPDATE</b>  | 1 - 60        |
| <b>12. JOINT HEALTH AND WELLBEING STRATEGY 2022 - 27</b>  | 61 - 96       |
| <b>13. LOCAL CARE PARTNERSHIP DEVELOPMENT WITHIN OUR HEALTHIER SOUTH EAST LONDON INTEGRATED CARE SYSTEM</b>     | 97 - 110      |
| <b>14. ANY OTHER BUSINESS</b>   |               |
| <b>15. NEXT MEETING</b>   |               |
| 7 July 2022   |               |

Date: 25 February 2022

<b>Item No.</b>	<b>Classification:</b> Open	<b>Date:</b> 7 March 2022	<b>Decision Taker:</b> Health and Wellbeing Board
<b>Report title:</b>		JSNA Programme Update	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Sangeeta Leahy - Director of Public Health	

### RECOMMENDATION(S)

1. The board note the findings of the State of the Borough report, and agree an annual update.
2. The board note the population groups and communities identified with the poorest outcomes.
3. The board note and agree the JSNA projects recommended for 2022/23.

### BACKGROUND INFORMATION

4. 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).
5. 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.
6. In Southwark, prior to the COVID-19 pandemic we had an annual work programme for the JSNA that aligned to four themes, ensuring it covered 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
7. This report has two main objectives:
  - To update the board on the State of the Borough report, undertaken as part of the JSNA programme.
  - To outline next steps for the JSNA.

## KEY ISSUES FOR CONSIDERATION

### *State of the Borough Report*

8. The State of the Borough report provides an update on health and wellbeing in Southwark. It seeks to provide an analysis of our population, along with details of the health inequalities that exist in the borough.
9. The report forms part of the borough's Joint Strategic Needs Assessment (JSNA) work programme, and informs the Joint Health & Wellbeing Strategy (JHWS) and it is envisaged other local action to improve health and wellbeing in Southwark.
10. Across the borough there have been significant improvements in health and wellbeing in recent years, and there are many areas of success that should be celebrated:
  - Our residents are living longer and healthier lives than ever before, with life expectancy comparable or better than the national average.
  - Levels of relative deprivation in the borough continue to reduce.
  - Around 9 in 10 children in Southwark achieve a good level of development at 2-2<sup>1/2</sup> years.
  - Key risk factors such as smoking, alcohol and physical inactivity are comparable or better than the national average.
  - Preventable mortality has reduced by almost half since 2001, narrowing the gap with England.
11. Southwark also benefits from a wide range of social and physical assets that help our communities to maintain and sustain good health and wellbeing, from our extensive network of community, voluntary and faith organisations through to our libraries, leisure centres, parks and green spaces.
12. Although there have been substantial improvements in health outcomes in Southwark, many challenges remain. The COVID-19 pandemic has exposed and exacerbated the inequalities that too many people experience. These inequalities are both avoidable and unfair.
13. Across a wide range of health, social and economic measures, from child poverty through to obesity, hospital admissions and life expectancy, outcomes are poorer in central and northern parts of Southwark. In particular, communities in Faraday and Peckham wards. However, it is important to acknowledge that pockets of deprivation also exist within areas of affluence.
14. There are also significant gaps in outcomes between population groups in Southwark. These often mirror the inequalities we see at a national level, with those from Black, Asian and minority ethnic groups experiencing poorer outcomes compared to those from a White ethnic background. In particular, residents from a Black African and Black Caribbean

background are more likely to live in communities with high levels of deprivation, develop a greater number of long-term conditions, have poorer mental health, and experience discrimination and racism when accessing services.

15. It is estimated that Southwark has one of the largest LGBTQI+ communities in the country. There is increasing academic evidence that key public health challenges disproportionately impact this population group, with higher levels of smoking, alcohol use, incidence of some cancers and mental ill-health. LGBTQI+ individuals also experience discrimination and homophobia when accessing health, care and other services.
16. As we plan interventions, services and strategies to improve outcomes and reduce inequalities within the borough it is important to consider how different demographic and social characteristics overlap and intersect, magnifying disadvantage.

### ***JSNA Programme***

17. A number of projects are currently underway as part of the JSNA programme:

- Air Quality Needs Assessment
- Severe & Multiple Disadvantage Needs Assessment

On completion, summaries of these reports will be shared with the board, with the full documents placed on the JSNA webpages.

18. In addition to the projects currently underway it is recommended the JSNA programme focuses on a number of areas over the coming year, including:

- **Pharmaceutical Needs Assessment.** This is a statutory requirement of the Health & Wellbeing Board and is required to be published by October 2022.
- **Analysis of 2021 Census.** Results of the Census will start to be released from the summer, with data being released over an 18-month period. This data will give a rich understanding of the changing demography and social determinants of health, along with intersectionality within key groups from ethnic minorities to sexual orientation.
- **Cancer Screening.** Previous local needs assessments published in 2018 and 2019 highlighted significant inequalities in coverage, particularly among residents from an ethnic minority background. National research has pointed to a significant fall in cancer screening as a result of the pandemic. Recovery of cancer screening programmes will be a key area of work over the coming years.
- **Special Educational Needs & Disabilities.** This group experiences significantly poorer health outcomes than the general population. The last needs assessment on this was published in 2018, and colleagues in Education welcome a refresh of this work.

### **Policy framework implications**

19. 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.
20. The JSNA should inform plans of borough the Council and NHS partners, including the emerging South East London Integrated Care System.

### **Community, equalities (including socio-economic) and health impacts**

#### **Community impact statement**

21. Lead authors for each JSNA project included within the future programme are encouraged to engage with partners, community and voluntary organisations, and residents in the development of their reports.

#### **Equalities (including socio-economic) impact statement**

22. A key component to the JSNA programme is to develop our understanding of health inequalities in the borough. All JSNA reports 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.

#### **Health impact statement**

23. The JSNA programme is designed to consider the direct and indirect influences on health and wellbeing in the borough i.e. health and its wider determinants.

### **Climate change implications**

24. The JSNA programme will include work assessing the wider determinants of health, including environmental impacts e.g. air quality.

### **Resource implications**

25. The JSNA is undertaken in-house and led by the Public Health division on behalf of the Health & Wellbeing Board. While the majority of the resource for producing the JSNA will come from within Public Health, 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**

26. Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare the Joint Strategic Needs Assessment, through the Health & Wellbeing Board, outlined in the Health and Social Care Act 2012.

### **Financial implications**

27. There are no financial implications. The JSNA programme delivered in-house, led by the Public Health division with contributions from partners.

### **Consultation**

28. The JSNA work programme will be developed following the engagement of key partners across Southwark Council, NHS and other partners. Lead authors for each project included within the programme are encouraged to engage with partners and residents in the development of their reports.

## **SUPPLEMENTARY ADVICE FROM OTHER OFFICERS**

### **Director of Law and Governance**

29. None sought.

### **Strategic Director of Finance and Governance**

30. None sought.

### **Other officers**

31. None sought.

## **REASONS FOR LATENESS**

32. The report was unavailable at initial circulation of meeting papers due to annual leave of the report author.

## **BACKGROUND DOCUMENTS**

<b>Background Papers</b>	<b>Held At</b>	<b>Contact</b>
JSNA Programme Update	Public Health Division, Environment & Leisure.	Chris Williamson 02075251774

**APPENDICES**

<b>No.</b>	<b>Title</b>
Appendix 1	State of the Borough Report 2022

**AUDIT TRAIL**

<b>Lead Officer</b>	Sangeeta Leahy	
<b>Report Author</b>	Chris Williamson	
<b>Version</b>	1.0	
<b>Dated</b>	9 February 2022	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Law and Governance	No	No
Strategic Director of Finance and Governance	No	No
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>	23 September 2021	

# State of the Borough Report 2022

## *Southwark's Joint Strategic Needs Assessment*

**OVERVIEW OF HEALTH & WELLBEING**

**PUBLIC HEALTH DIVISION**

**ENVIRONMENT & LEISURE DEPARTMENT**

LONDON BOROUGH OF SOUTHWARK

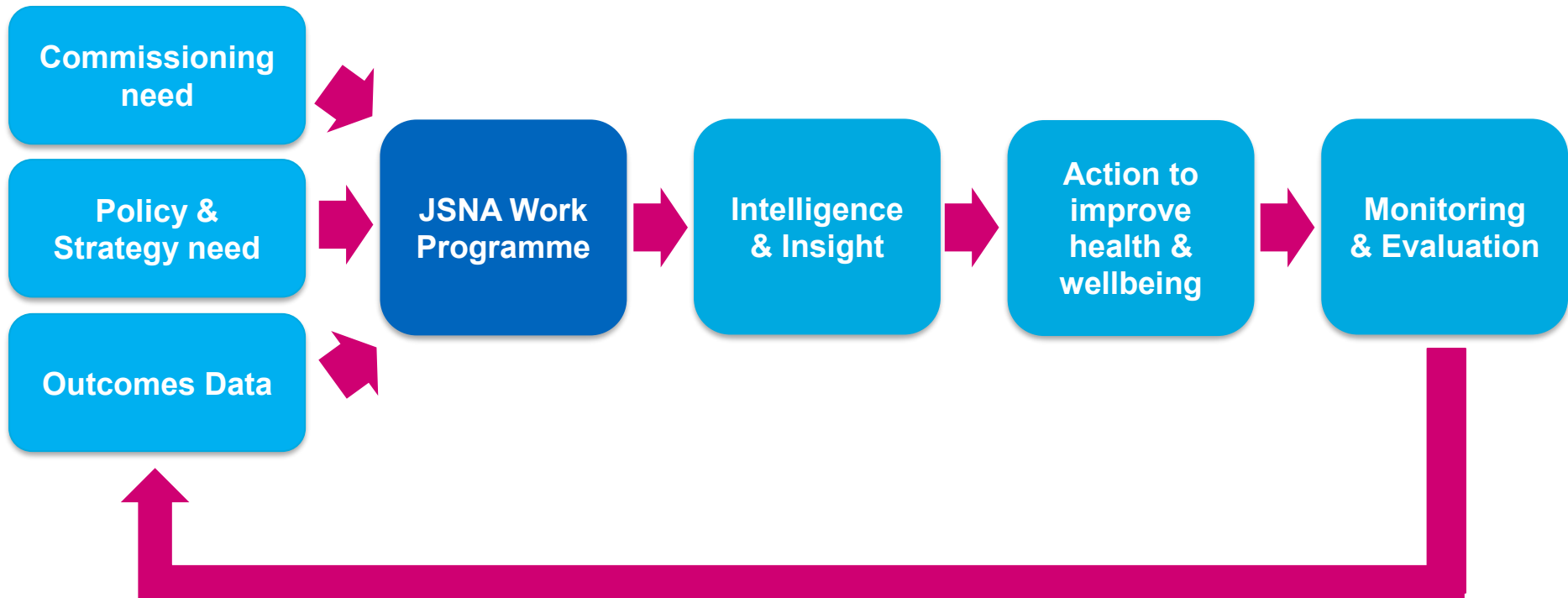


# 1. BACKGROUND

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The State of the Borough report provides a broad overview of health and wellbeing in Southwark. It seeks to provide an analysis of our population, along with details of the health inequalities that exist in the borough. These quantitative data are intended to complement the Annual Public Health Report, which this year focuses on the impact of the COVID-19 pandemic.

The report forms part of the borough's Joint Strategic Needs Assessment (JSNA) work programme, and helps inform the Joint Health & Wellbeing Strategy (JHWS) and other local action to improve health and wellbeing in Southwark.



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### 3. PEOPLE

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. The borough is made up of 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.

#### 3.1 Current population

Home to some 320,000 people, Southwark has a comparatively young population. The average age (33.9 years) is almost two years younger than London, and almost seven years younger than England.

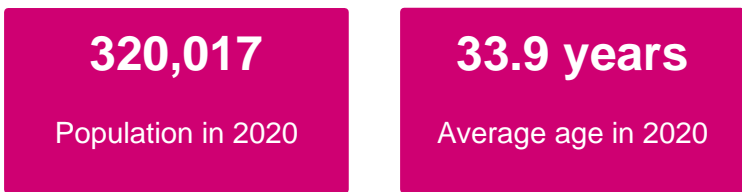


Figure 1: Mid-year resident population estimate, 2020  
 Source: [ONS, 2021. Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2020](#)

Figure 2 shows the age structure of Southwark compared to England (black outline). The chart demonstrates that the low average age in the borough stems not from a large number of children, but from a large number of young working age residents: 39% of the Southwark population is aged 20 to 39, compared to just 32% in London and 26% in England.

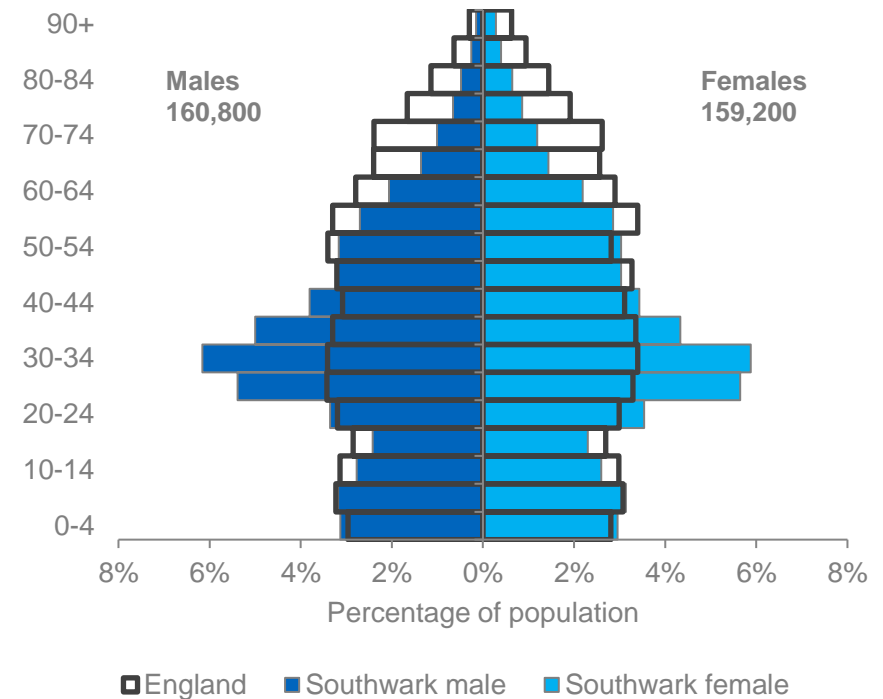


Figure 2: Age structure of Southwark compared to England, 2020  
 Source: [ONS, 2021. Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2020](#)



### 3.2 Trends and projections

The population of Southwark has been growing at a much faster pace than the national average, with numbers increasing by a quarter since 2001.

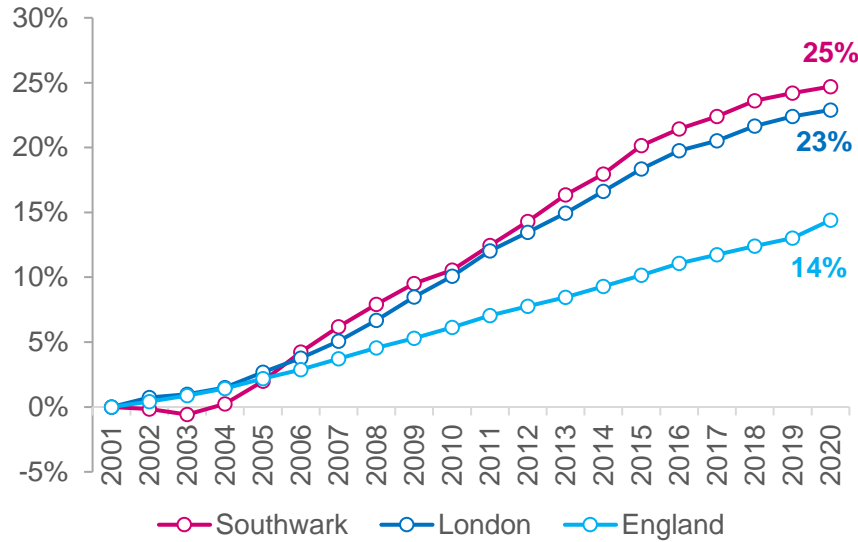


Figure 3: Percentage change in resident population, 2001 to 2020  
 Source: [ONS, 2021. Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2020](#)

The latest population projections suggest that our population will continue to grow, with over 17,000 additional people living in the borough by 2030. Population growth is set to take place across almost all parts of the borough, but the largest increases are expected in redevelopment areas around Old Kent Road, Canada Water, and Elephant and Castle.

### 3.3 Ethnicity

Southwark is a diverse borough with residents from a wide range of ethnicities and backgrounds.

Latest estimates indicate that 51% of people living in Southwark have a white ethnic background compared to 84% nationally. A much larger proportion of our residents come from black and mixed ethnic backgrounds when compared to England.

The diversity of Southwark is much greater among our children and young people, with roughly equal proportions of young people from white and black ethnic backgrounds.

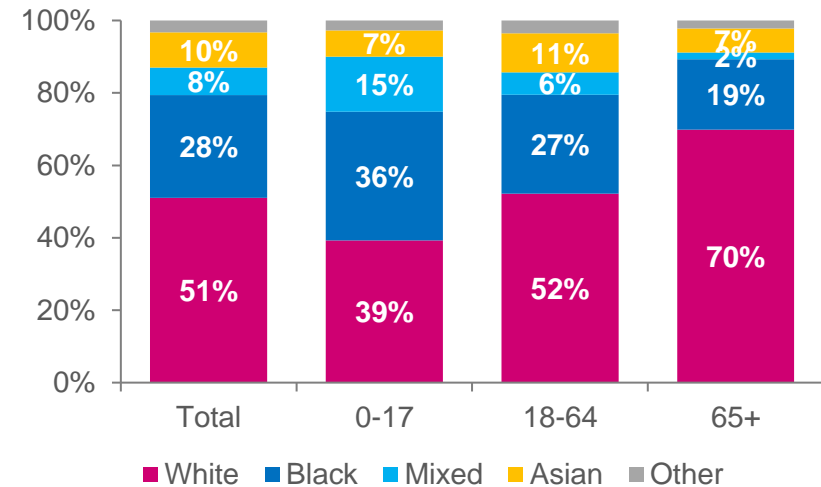


Figure 4: Southwark population by broad ethnic group and age, 2019  
 Source: [ONS 2020, Population denominators by broad ethnic group and local authorities in England & Wales: 2011-2019](#)

Over 120 languages are spoken here, with just over 1 in 10 households having no members who speak English as a first language. The top five main languages (other than English) spoken at the time of the 2011 Census were:

- Spanish (2.3%)
- French (1.6%)
- Portuguese (1.3%)
- Polish (1.2%)
- Italian (0.9%)

A large proportion of our residents were also born overseas, with latest estimates suggesting around 4 in 10 people living in the borough were born outside the UK.

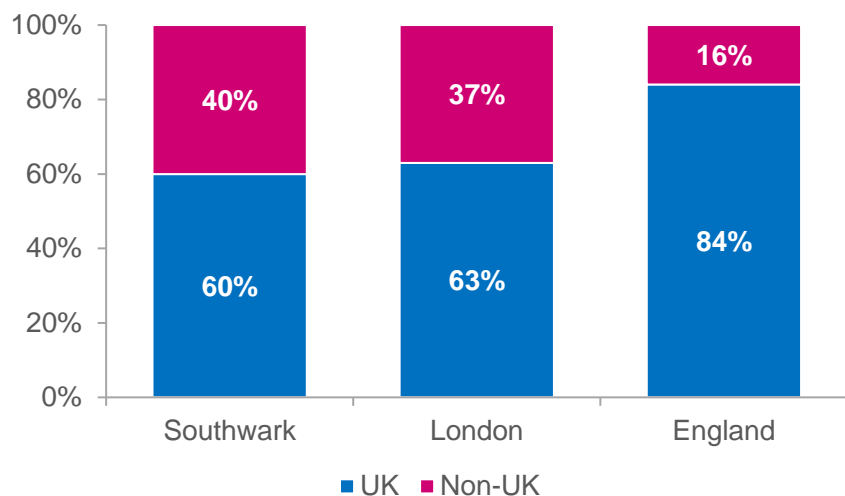


Figure 5: Resident population by country of birth, 2021  
 Source: [ONS 2021, Population of the UK by country of birth and nationality, July 2020 to June 2021](#)

It is estimated that 13% of those born overseas are from other countries in the European Union, 14% from Sub-Saharan Africa, and 4% from Central and South America.

### 3.4 Sexual Orientation

Research from the Office of National Statistics and the GP Patient Survey suggests that Southwark has one of the largest gay, lesbian and bisexual populations in the country, where 7% (23,000 people) of the adults in the borough identify as being gay, lesbian or bisexual, compared to only 4% of the entire London population and 3% nationally.

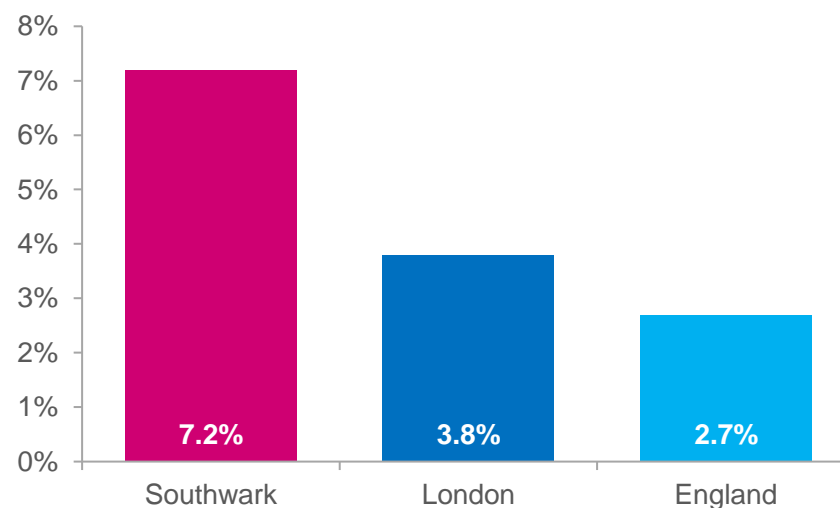


Figure 6: Residents identifying as gay or lesbian

Source: [ONS 2021, Sexual Orientation, UK: 2012-2019](#); NHS 2020, GP Patient Survey: 2019.

### 3.5 Disability & Impairment

The Family Resources Survey (FRS) collects extensive information on disability in the UK and is a key source of information on disabled adults and children.

The definition of disability used within the survey is consistent with the core definition of disability under the Equality Act 2010. A person is considered to have a disability if they have a long-standing illness, disability or impairment that causes substantial difficulty with day-to-day activities.

Figures for 2019/20 suggest 14% of residents in inner-London have a disability. For Southwark this would equate to 44,800 people.

The survey results also highlight the main impairment types for those with a disability, with the largest impairment being mobility. The chart opposite presents extrapolated figures for Southwark and should be treated as a guide to the scale of impairment in the borough, rather than exact figures.

### 3.6 Carers

Unpaid or informal carers play an integral role in supporting the family members and friends they care for. Estimates vary, however at the start of 2020 Southwark was thought to have at least 25,700 unpaid carers, with numbers expected to increase further in the future.

Never has the importance of carers been emphasised more than during the pandemic. The increased demand for care since the emergence of COVID-19 has disproportionately affected women, people from Black African ethnic backgrounds, and those who themselves live with disability and complex care needs.

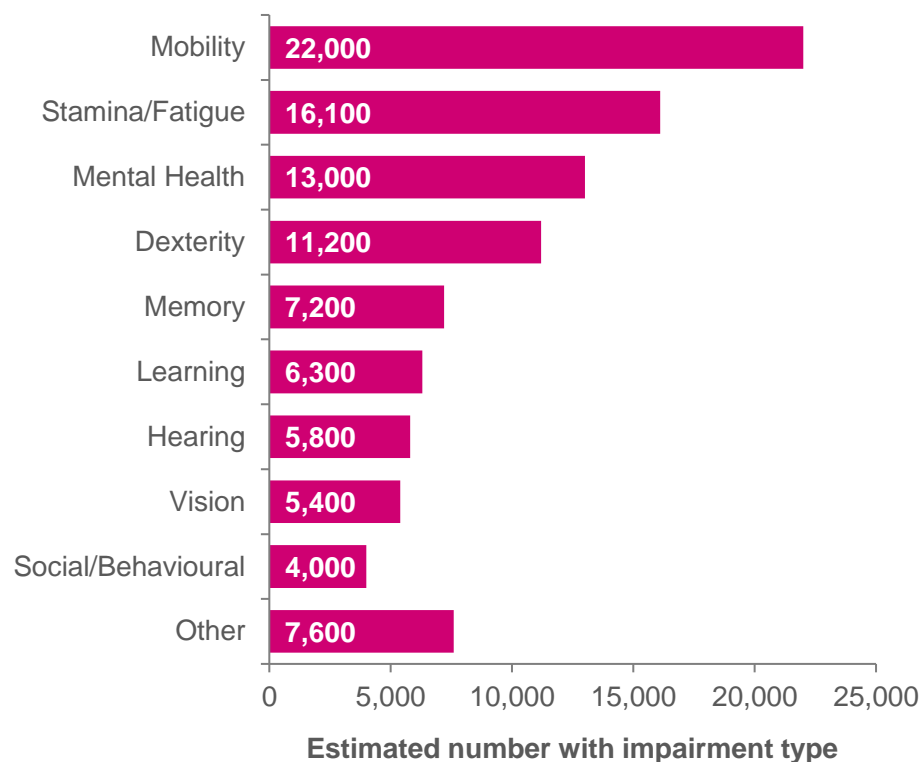


Figure 7: Extrapolated prevalence of key impairment types for those with a disability in Southwark, 2019/20

Source: [Department for Work & Pensions, 2021. Family Resources Survey 2019/20.](#)

## 4. PLACE

### 4.1 Deprivation

The Indices of Deprivation (IoD) is the official measure of relative deprivation in England, encompassing a wide range of indicators assessing living conditions.

Southwark has seen an improvement in its' ranking relative to other local authorities since 2015, yet remains one of the most deprived in the country.

Measure	Ranking out of 317 local authorities	
	IoD 2015	IoD 2019
Rank of average rank	23 <sup>rd</sup>	43 <sup>rd</sup>
Rank of average score	40 <sup>th</sup>	72 <sup>nd</sup>

Table 1: Indices of Deprivation – Southwark ranking in 2015 & 2019

Source: [Ministry of Housing, Communities & Local Government](#)

It is important to acknowledge that the Indices of Deprivation measures relative deprivation. While the ranking of Southwark has improved relative to other local authorities, this does not necessarily indicate that there has been a reduction in absolute levels of deprivation.

Approximately 21% of Southwark's population live in communities ranked within the most deprived nationally. This increases to 23% among those aged under 18.

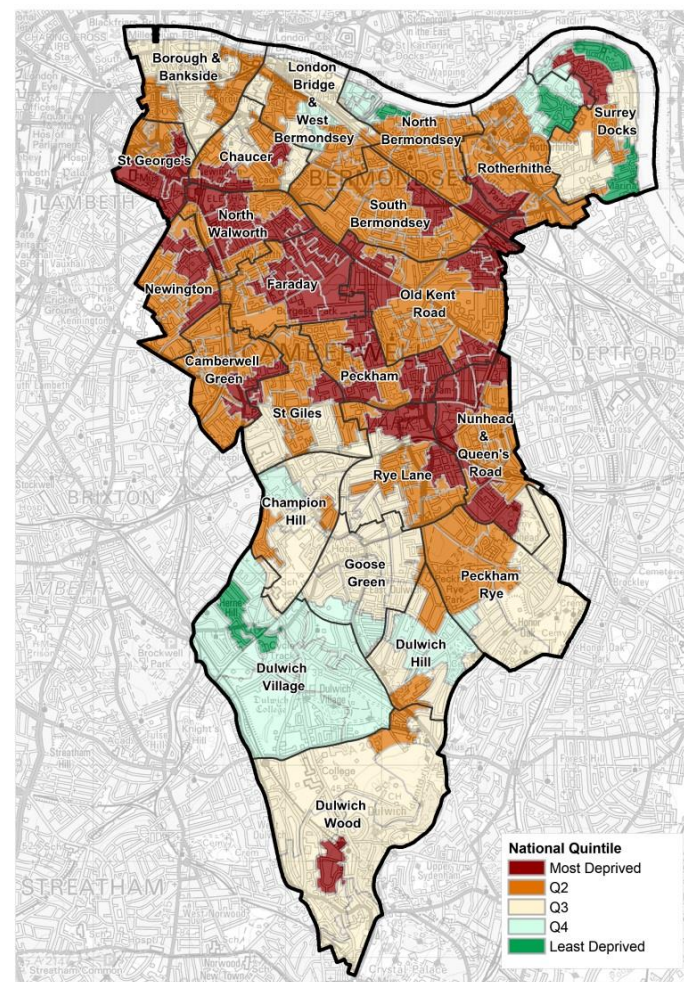


Figure 8: Indices of Deprivation 2019. © OS crown copyright and database rights 2021. Ordnance Survey (0)100019252.

## 4.2 Urban Health Index

Impact on Urban Health have worked with the Social Progress Imperative to create an index that assesses social progress. The index they have developed uses 42 social and environmental indicators to show how different aspects of urban living vary across the boroughs and how the environment impacts on resident's health. The indicators are grouped under three themes:

- Basic human needs
- Foundations of wellbeing
- Opportunity

The index looks at 68 neighbourhoods across Southwark and Lambeth, ranking them as strong (ranked in the top 20 areas), weak (ranked in the bottom 20 areas) or neutral (ranked in between). In the south of the borough, all neighbourhoods were ranked in the top 20, whilst several the neighbourhoods in the middle and towards the north of the borough were ranked in the bottom 20. Southwark has a more polarised distribution of neighbourhoods compared to Lambeth, where most of the neighbourhoods had a neutral score.

A neighbourhood with a weak score, however, does not mean it is weak across all aspects. Many of the neighbourhoods in the bottom 20 rank highly on active and engaged community score, whilst the trend for obesity in children follows the overall rank more closely.

The Urban Health Index acts as a useful tool to both understand how the wider determinants of health differ across Southwark and Lambeth. It also enables us to understand the factors that contribute to a neighbourhood's good or poor health, at a population level.

The Urban Health Index can be accessed [here](#).

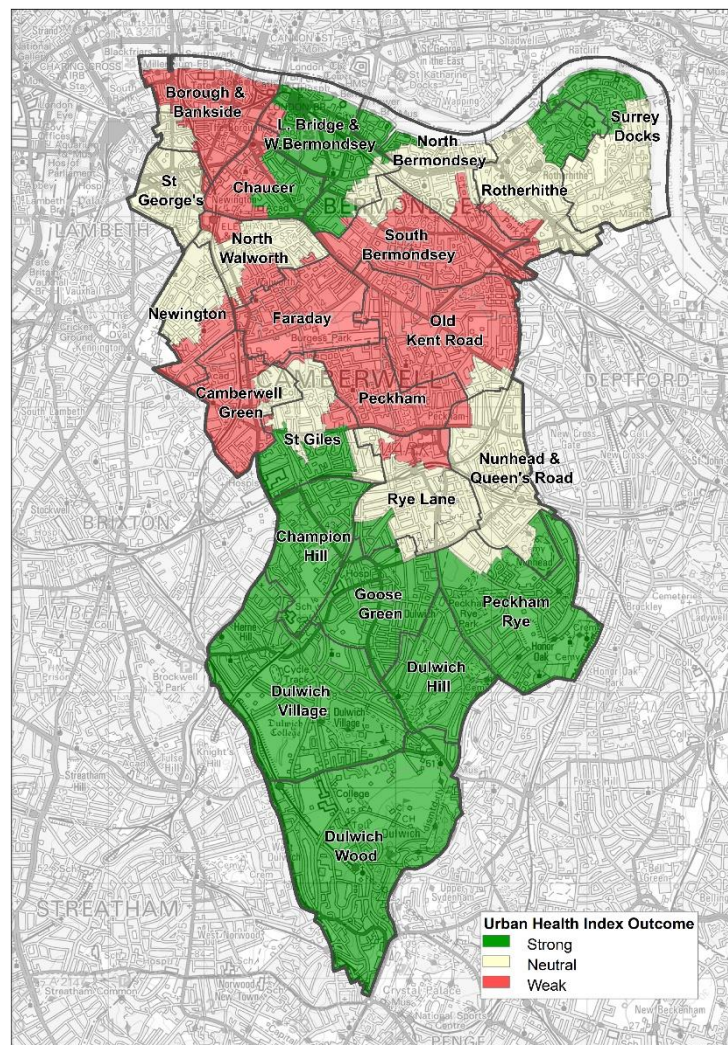


Figure 9: Urban Health Index Score 2021. © OS crown copyright and database rights 2021. Ordnance Survey (0)100019252.

### 4.3 Employment & Income

The Annual Population Survey shows that economic activity levels in Southwark are higher than both London and England. At the end of June 2021 there were approximately 233,400 working age adults in Southwark, with more than three quarters in employment.

Economic inactivity in Southwark is significantly below regional and national levels. While the majority of this group do not want a job, a much larger proportion of this group in Southwark would like a job when compared to London and England.

The main group of those who are economically inactive and not seeking work are students, with 16,500 in the borough, followed by those who are long-term sick, with over 10,000 in this group.

Measure	Southwark		London	England
	Number	%		
<b>Economically active</b>	<b>193,200</b>	<b>82.8%</b>	<b>79%</b>	<b>78.8%</b>
In employment	178,000	76.2%	73.8%	74.7%
Unemployed	15,200	7.9%	6.6%	5.2%
<b>Economically inactive</b>	<b>40,200</b>	<b>17.2%</b>	<b>21.2%</b>	<b>21.0%</b>
Who want a job	10,000	24.9%	22.9%	21.0%
Who do not want a job	30,200	75.1%	77.1%	79.0%

Table 2: Economic activity in Southwark, London and England. July 2020 to June 2021.

Source: [Nomis, 2021. Annual Population Survey](#)

Note: Unemployment figures are modelled. Figures may not tally due to rounding.

Figures for 2020 suggest there were 15,000 workless households in the borough, with levels comparable to London and England.

The median (average) household income in Southwark in 2021 was £33,848 broadly comparable to the national average of £32,549. There is a wide range of income in Southwark with around 1 in 7 households in the borough having an income less than £15,000 per year, and a similar proportion earning over £75,000.

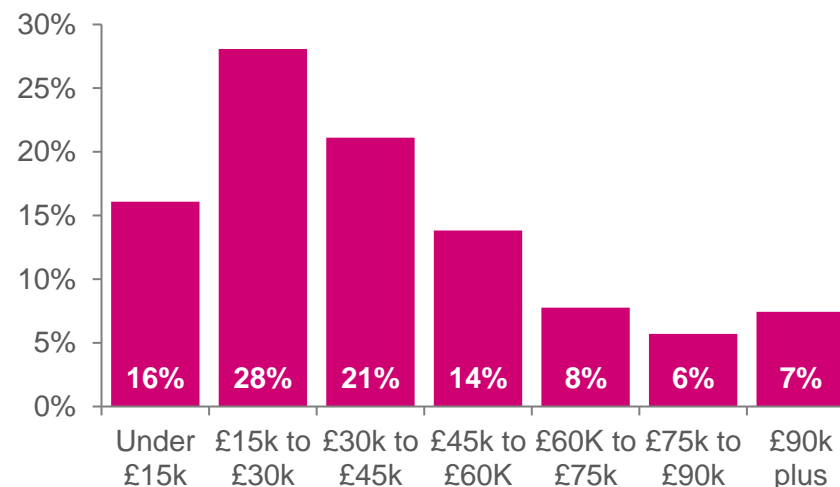


Figure 10: Percentage of Southwark households by income bracket, 2021

Source: CACI Paycheck Directory, 2021

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While average income in Southwark is in line with national levels there are significant geographical inequalities within the borough, with levels highest in Dulwich Village (£61,271) and lowest in Old Kent Road (£24,632).

#### 4.4 Child Poverty

There are a range of indicators of child poverty, and the table below shows the estimates for Southwark for 2019/20 before housing costs are factored in.

Measures	Number in 2019/20
Under 16	11,970
Under 18	13,800
All Dependent Children	15,020

Table 3: Children living in poverty in Southwark, before housing costs  
Source: [End Child Poverty, 2021. Before Housing Cost ward data, 2019/20.](#)

While the official figures of child poverty shown above are considered reliable, they do not take account of housing costs. The chart below shows estimates of child poverty for those aged under 16 after including the impact of housing cost. Almost 25,700 children in Southwark are included in this broader measure.

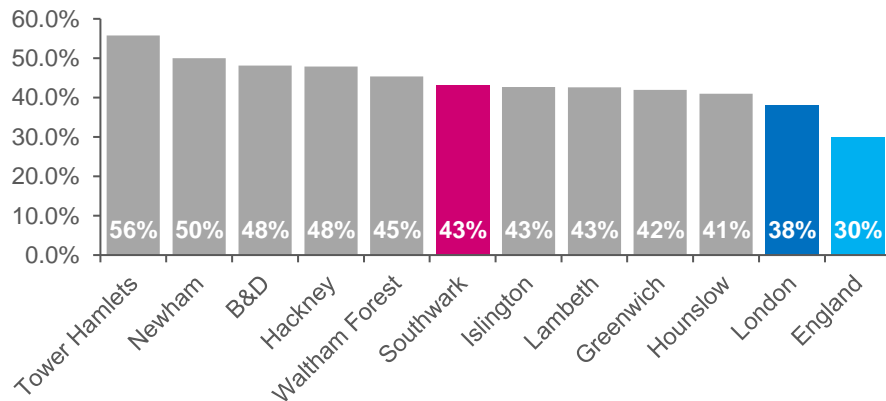


Figure 11: Top London boroughs for child poverty after housing costs  
Source: [End Child Poverty, 2021. Child poverty after housing costs, 2019/20.](#)

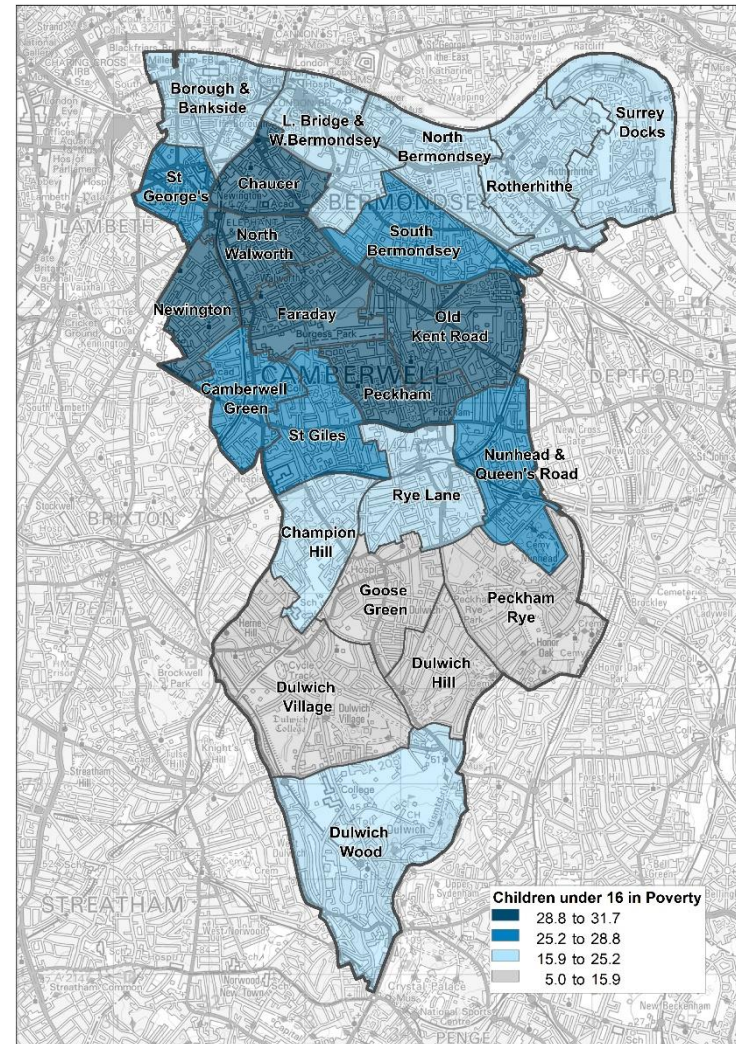


Figure 12: Percent under 16 living in poverty in by ward, before housing costs  
Source: [End Child Poverty, 2021. Before Housing Cost ward data, 2019/20.](#)

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## 4.5 Food Security

Food insecurity is a limited or uncertain availability of nutritionally adequate and safe food or limited or uncertain ability to acquire acceptable food in socially acceptable ways.

In June 2019, an estimated one in four aged 16 years or older (75,000) in Southwark were food insecure, based on a survey where respondents were asked about running out of money to buy food, skipping meals or cutting down on quantities eaten due to lack of money and not being able to afford balanced meals.

Parents were also asked about whether their child was food insecure, with one in four children aged 0-16 years old (16,000) estimated to be food insecure. The estimated prevalence in Southwark was higher than London, for both adults and children.

There are significant inequalities in the distribution of food insecurity between different population groups in the borough.

- More respondents from a Black ethnic background were food insecure (46%), compared to those from a White ethnic background (9%).
- Almost half (44%) of those who lived in social-rented housing reported food insecurity, much higher than those who lived in private-rented housing (14%) or who lived in a property they owned (8%).
- More adults with dependent children reported being food insecure (43%), compared to adults who did not (18%).

There are also significant geographical inequalities in households at high risk of food insecurity, with higher levels across central and northern parts of the borough.

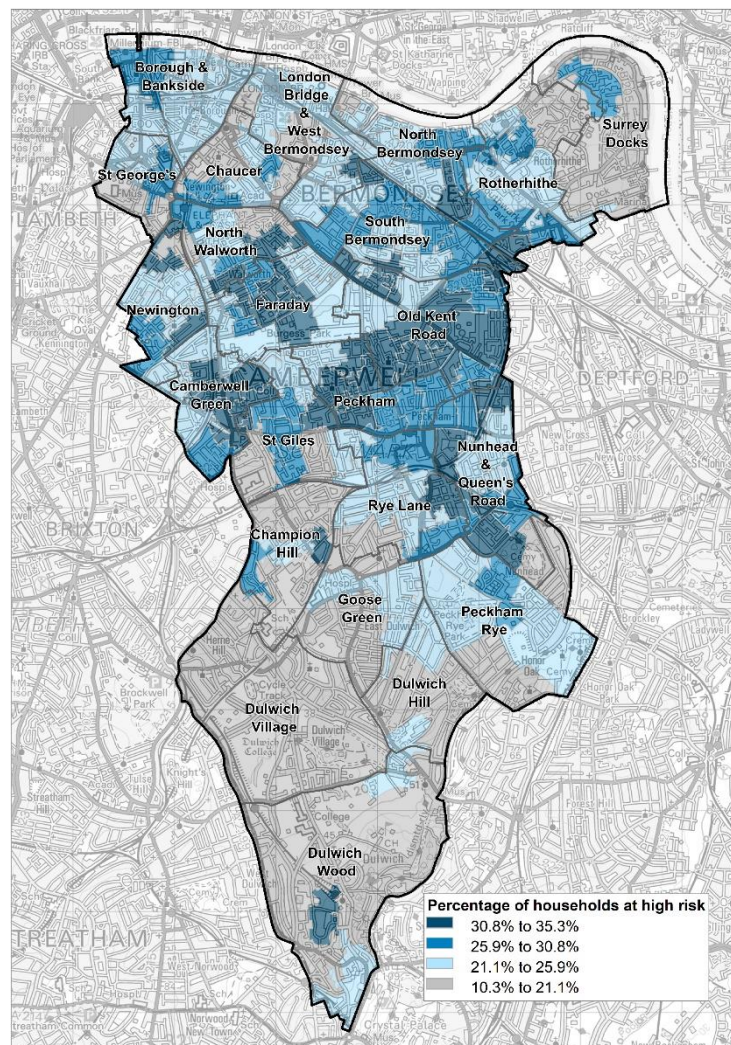


Figure 13: Households at high risk of food insecurity

Source: Smith, Thompson et al 2018.

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## 4.6 Housing & Homelessness

There are almost 143,000 residential dwellings in Southwark, with 39% being social housing and 61% being privately owned.

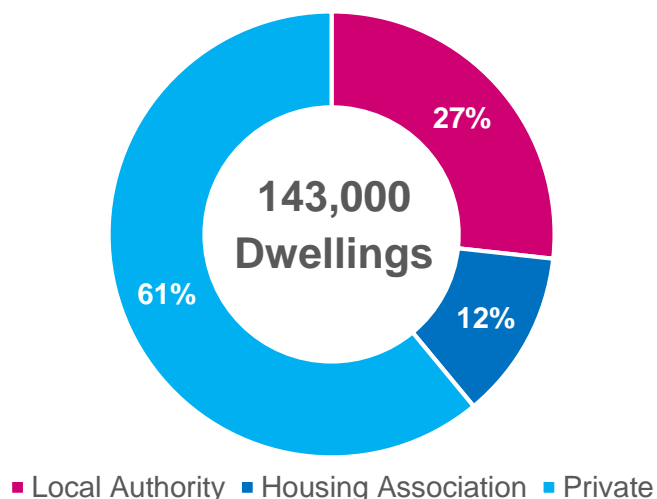


Figure 14: Housing tenure profile in Southwark in 2020

Source: [Southwark Council, 2020. Southwark Key Housing Stats 2020.](#)

Overall, the number of homes in the borough increased by 14% between 2010 and 2020, driven by a large increase in the number of private sector homes (up by 24%). Although the number of local authority owned homes fell by almost 5% in the same period, Southwark still has the largest social housing stock in London with over 38,000 homes in the borough (including those owned by other local authorities).

Housing of decent quality is important factor in supporting good health, particularly for vulnerable people. Poor housing conditions, such as overcrowding, damp, indoor air pollutants and cold, are known to be associated with illnesses such as eczema, hypothermia and heart disease. They are also linked to increased incidence of infections, respiratory disease and asthma.

To meet the decent homes standard a home must meet the statutory minimum standard for housing (i.e. not have a category 1 hazard), and be in a reasonable state of repair, and have reasonably modern facilities and services, and provide a reasonable degree of thermal comfort.

In April 2020, just over 3,100 local authority owned homes in Southwark were classed as non-decent. However, a study in 2019 predicted 8,500 private rented sector homes in the borough had at least one Category 1 hazard. This equates to around 20% of privately rented homes.

Sector	Assessment Date	Non-decent homes
Local authority	April 2020	3,137
Housing association	2019	128
Privately rented	2019	8,497

Table 4: Non-decent home estimates for Southwark

Source: [Southwark Council, 2020. Southwark Key Housing Stats 2020.](#)

Southwark has the sixth largest population of rough sleepers in London. Over the year 2020/21, 567 individuals were identified by outreach teams as rough sleepers in the borough, with numbers increasing by over 80% since 2017/18. Levels of rough sleeping are generally highest in the north west of the borough, around London Bridge, with pockets around Burgess Park and Peckham.

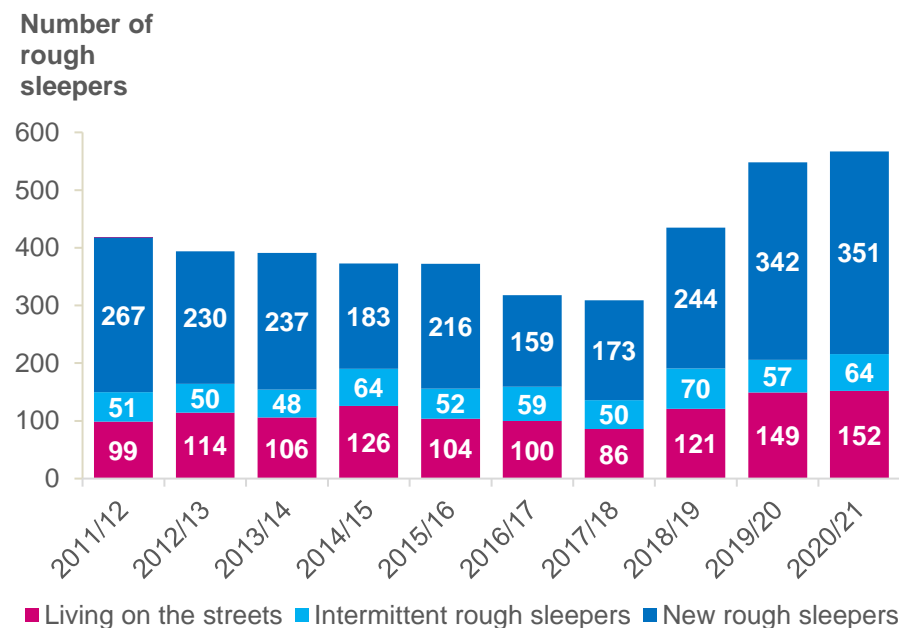


Figure 15: Number of rough sleepers identified by outreach teams in Southwark 2011/12 to 2020/21  
Source: [GLA, 2021. CHAIN Annual Report: Southwark. 2020/21.](#)

The majority of rough sleepers identified in Southwark in 2020/21 were male (88%). The main ethnic groups were White (60%) or Black (26%). About a third (31%) were 26-35 years old, with a further third aged 36-45 years old. Three in four (72%) had at least one complex

need identified as part of a support needs assessments, with about a third (34%) having at least two support needs.

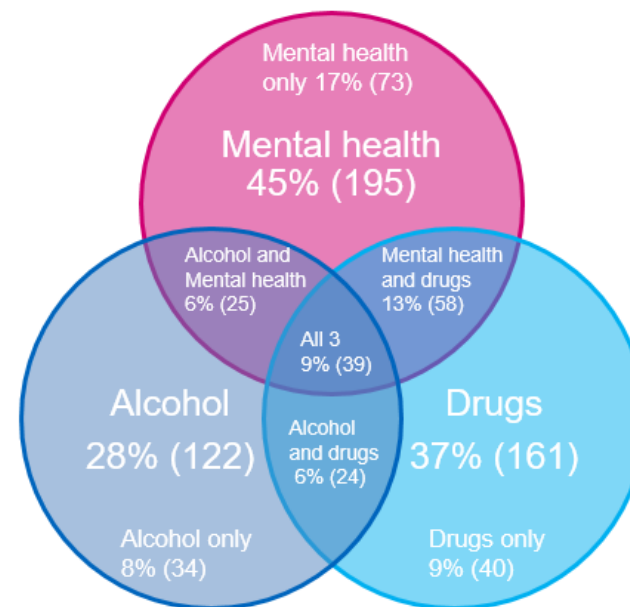


Figure 16: Recorded support needs of rough sleepers in Southwark, 2020/21  
Source: [GLA, 2021. CHAIN Annual Report: Southwark. 2020/21.](#)  
Note: (n=433)

## 4.7 Crime

Crime can have a significant impact on the health and wellbeing of our residents and communities. From April 2020 to March 2021, there were over 30,000 recorded offences in Southwark, a rate significantly higher than the London average, but lower than previous years. The recent decline in criminal offences is likely related to the impact of national lockdowns related to COVID-19.

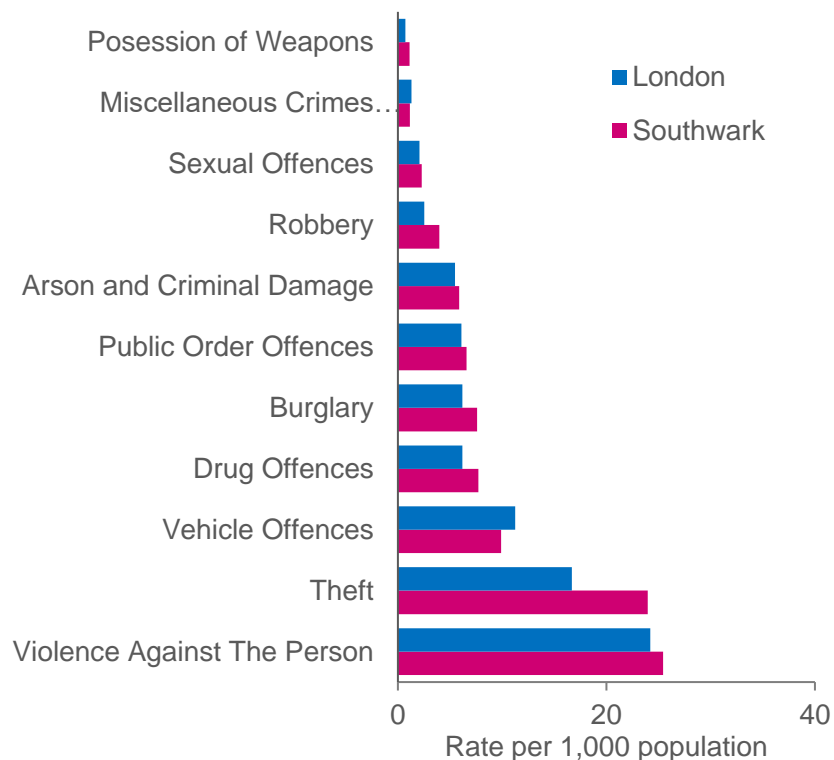


Figure 17: Top ten recorded offences by group in 2020-21  
Source: [Metropolitan Police, 2021. Crime Data Dashboard](#)

The pattern of recorded offences in Southwark mirrors that for London as a whole, with violence against the person and theft being the most common. In 2020/21 there were 7,672 recorded cases of theft in the borough and 8,143 cases of violence against the person. In both cases the crime rate in Southwark is above levels for London.

While emergency hospital admissions related to violence are above regional and national levels there has been a significant reduction in the last six years. Over the three year period 2017/18 to 2019/20, there were 480 such emergency admissions in Southwark.

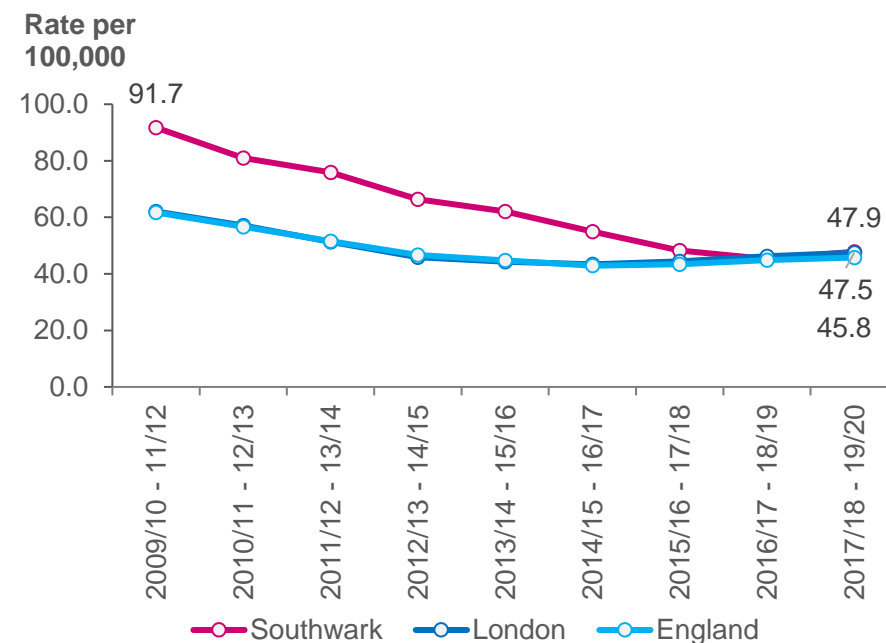


Figure 18: Emergency hospital admissions for violence  
Source: [OHID, 2021. Public Health Profiles](#).

## 4.8 Air Quality

There is strong evidence to show the impacts of air pollution on health. This ranges from exacerbation of respiratory conditions such as asthma and chronic respiratory disease, through to an increase in emergency admissions to hospital.

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.

As well as impacting health conditions, long-term exposure to air pollution can increase the risk of premature death. The effect of PM<sup>2.5</sup> on mortality is higher in Southwark than in London or England, but rates have fallen since 2010 following reductions in emission rates.

The largest single source of air pollution in Southwark is road transport, contributing around a third of PM<sup>2.5</sup> emissions. Domestic and commercial fuels, which come mostly from cooking and heating, are another significant pollutant in the borough.

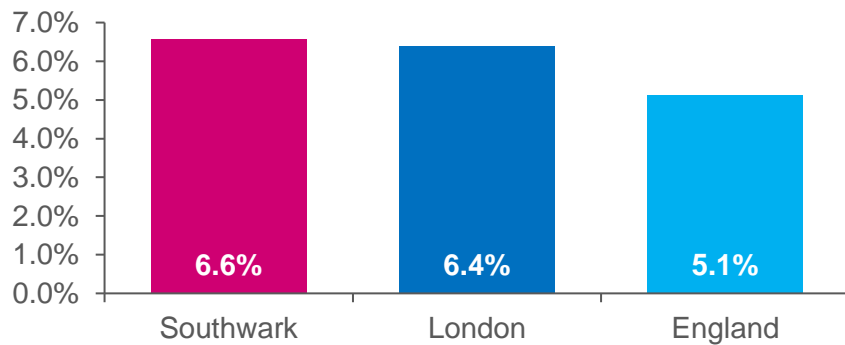


Figure 19: Percentage of deaths in those aged 30+ attributable to particulate air pollution (PM<sub>2.5</sub>) in 2019

Source: [OHID, 2021. Public Health Profiles](#)

## 5. COMMUNITY VOICE

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There has been a wide range of community engagement over the course of the last two years, through which local residents have raised their views and concerns regarding health and wellbeing in the borough.

A common finding of the engagement has been concerns regarding the extent of inequalities that existed before, and exacerbated by, the COVID-19 pandemic.

### 5.1 Southwark Stands Together

Southwark Stands Together is the borough wide initiative established in 2020 in response to the killing of George Floyd. It aims to better understand the injustice and racism experienced by Black, Asian and minority ethnic communities in order to help deliver a fairer and more equal society.

The initiative highlighted inequalities and experiences of racism and discrimination across a range of settings, including health and care, by people from Black, Asian, and minority ethnic backgrounds.

Following on from the findings of the Southwark Stands Together initiative, the following recommendations relating to health and care were proposed by the council:

- Develop a strong partnership approach across the whole health sector to address the wider health inequalities that disproportionately impact Black, Asian and minority ethnic communities and their physical, mental and emotional wellbeing.

- Recognise that discrimination can occur in many different ways from front line to backroom functions and adopt and embed organisation wide approaches to improve the experiences of Black, Asian and minority ethnic patients in health and care.
- Commission and co-produce health services and interventions with Black, Asian and minority ethnic communities.
- Work with key partners to ensure health services and initiatives are culturally appropriate and accessible for Black, Asian and minority ethnic residents.
- Increase the uptake of preventive programmes such as screening, health improvement and education (i.e. awareness, myth busting and health literacy) amongst Black, Asian and minority ethnic communities.

### 5.2 South London Listens

South London Listens is an urgent mental ill-health prevention response to ensure that communities in south London can recover from the impacts of the COVID-19 pandemic. It was launched in 2020 by the three mental health Trusts in South London and is a partnership of community organisations, local authorities, and the NHS. The programme is working to deliver pledges across four priority areas:

- Loneliness, social isolation and digital exclusion
- Work and wages
- Children, young people and parental mental health
- Access to mental health services for migrants, refugees and diaspora communities

### 5.3 Understanding Southwark

Social Life carried out a year long, in-depth research project between April 2020 and August 2021 on behalf of Southwark Council. The research looked at the impact of COVID-19 across Southwark and daily life in six areas going through change; Camberwell, Elephant and Castle, Old Kent Road, Peckham, Walworth, and the social housing estates in Dulwich.

The research highlighted that existing challenges faced by people in Southwark have been exacerbated by the COVID-19 pandemic but also the importance of local assets that have supported people over this time. Themes from the research included:

- The role of multiple vulnerabilities and concern that vulnerable people are falling through gaps in support schemes.
- The importance of support groups and networks.
- Concerns about digital and data exclusion.
- Food poverty and food insecurity.
- Impacts on mental health.
- The impact of structural racism.
- The need for more provision to support young people.
- The importance of decent and affordable housing.
- Difficulties for small businesses and traders.
- Communication and engagement by the council.
- Conversations about planned and ongoing local change.
- Parks, green spaces, diversity, and strong local community organisations as major assets.

### 5.4 Life After COVID-19

The COVID-19 pandemic changed the way local services work as the borough took urgent action to respond, kept vital frontline services operating and supported residents and businesses through the crisis. In light of this change a survey of almost 2,800 took place in 2021, supplemented by a series of conversations and focus groups, to understand resident aspirations and hopes for the future including on jobs and the economy and take a temperature check on the big issues facing the borough.

Key themes which emerged from the research included:

- A feeling of positivity about the future but concern around health and wellbeing. Significantly, one in four did not feel positive.
- Areas of concern highlighted included COVID-19 specifically, climate change and traffic. Priorities for action were air pollution, crime, and less traffic.
- For our Black, Asian and minority ethnic communities concerns were more focused on financial and economic issues such as employment, cost of living, rental affordability as well as crime.
- Impact on mental health and wellbeing has been high and remains a significant factor shaping future needs.
- Local community is important to people and community autonomy is valued.
- What is valued most by respondents in their neighbourhoods are green spaces, public transport, restaurants/pubs and cafes, shops and neighbours
- Different communities are failing to connect with services and initiatives that have been designed to address the very concerns they raise.

## 6. STARTING WELL

### 6.1 Births

The total number of babies born in Southwark has been decreasing year on year since 2010. There were just under 3,600 live births in 2020, down from over 5,100 in 2010.

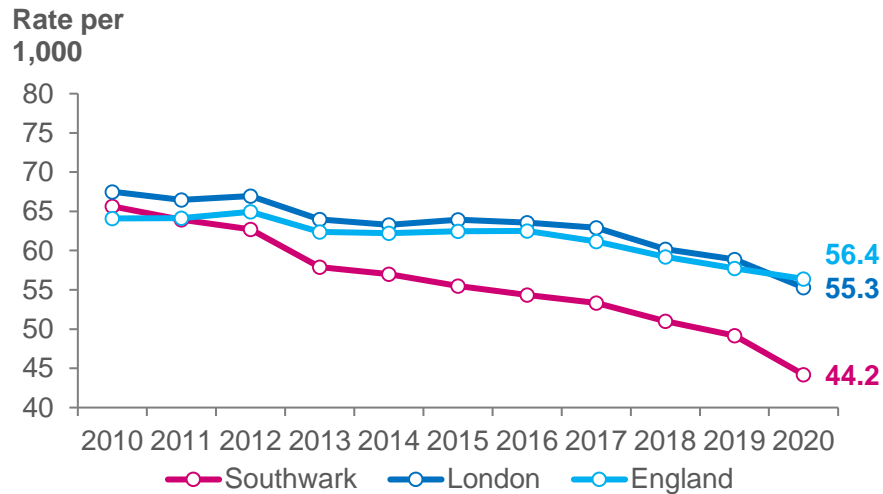


Figure 20: General fertility rate per 1,000 females aged 15-44  
Source: [OHID, 2021. Child & Maternal Health Profiles](#)

The decline in the fertility rate in Southwark is seen across all age groups, but particularly among younger women. The average age of mothers giving birth in Southwark is now just over 33 years.

Across the borough there is substantial variation in the number of births each year, with rates much higher in central and south Southwark compared to the north of the borough.

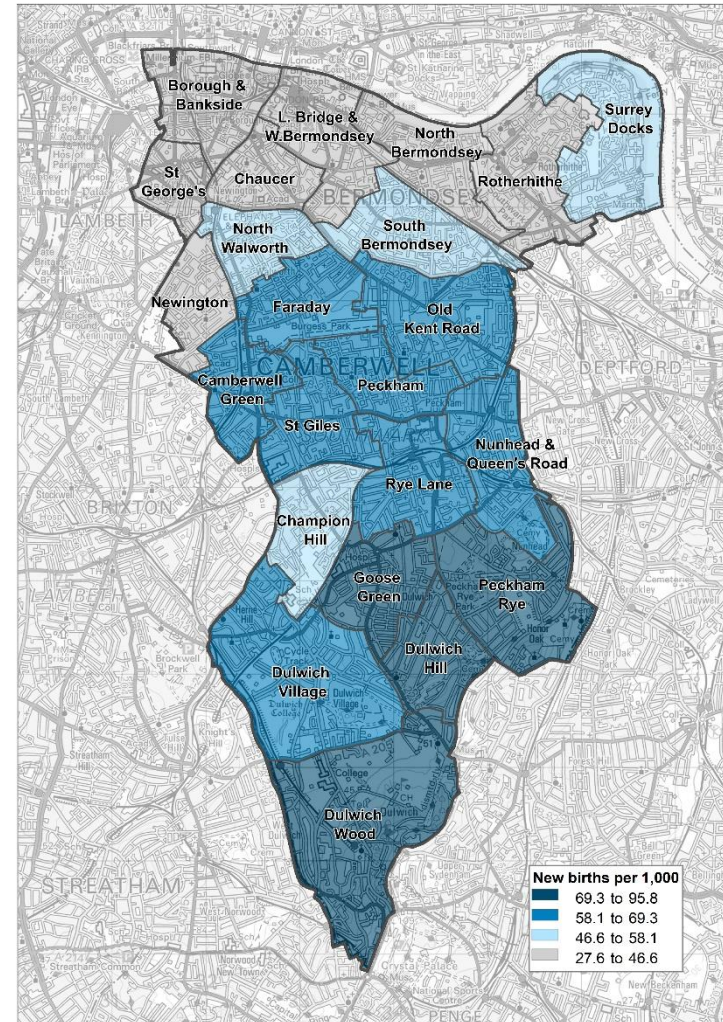


Figure 21: General fertility rate by ward, 2015-19. © OS crown copyright and database rights 2019. Ordnance Survey (0)100019252.

## 6.2 Infant mortality

Infant mortality refers to deaths within the first 28 days of life, and is a key indicator of the general health of the population. It is associated with many modifiable risk factors such as smoking during pregnancy and obesity.

There has been a significant reduction in infant mortality in Southwark since 2001, with rates more than halving over that period. Levels of infant mortality in the borough are now comparable with London and England. There were 37 infant deaths in Southwark in 2018-20, with the majority of these occurring in the first week of life.

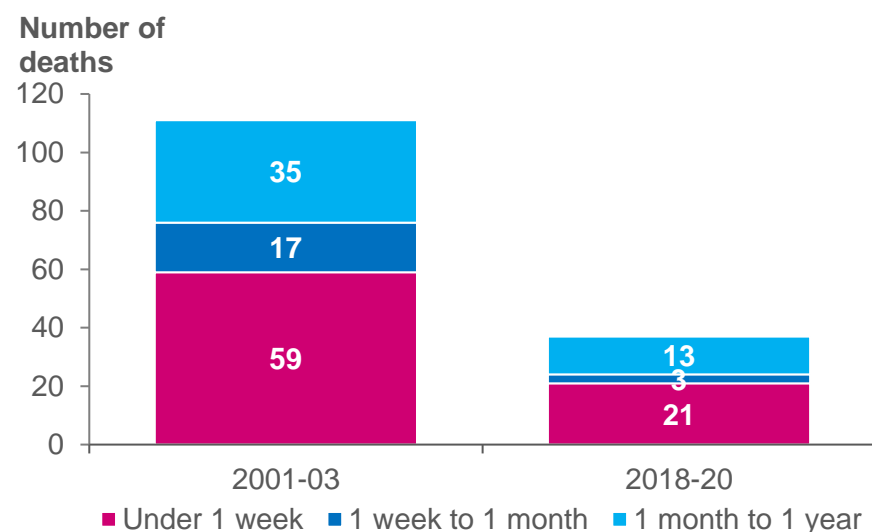


Figure 22: Infant mortality by age

Source: [ONS, 2021. Deaths Registered in England & Wales](#)

## 6.3 Childhood vaccinations

Vaccination is the safest and most effective way of protecting individuals and communities from vaccine preventable diseases. National immunisation programmes have led to exceptional reductions in the incidence of previously common disease, and related deaths.

Uptake of childhood vaccinations in Southwark is generally above London as a whole, although fall below target levels.

Vaccination	Southwark	London	England
DTaP/IPV/Hib/HepB at 1yr	<b>87.8%</b>	86.7%	92.0%
MMR1 at 2yrs	<b>84.1%</b>	82.4%	90.3%
MMR1 at 5yrs	<b>91.2%</b>	88.8%	94.3%
MMR2 at 5yrs	<b>83.1%</b>	75.1%	86.6%
DTaP/IPV/Hib at 5yrs	<b>92.6%</b>	91.2%	95.2%

Table 5: Childhood vaccination coverage, 2020/21

Source: [NHS Digital, 2021. Child Vaccination Coverage Statistics 2020/21](#)

Whilst efforts have been made to improve uptake among vulnerable groups, inequalities may remain: children with additional health, social or safeguarding needs; new migrants to Southwark, and later-born children of large families are all thought to be at risk of going unimmunised.



## 6.4 Healthy weight

Excess weight in childhood typically persists into adulthood and is associated with increased risk of a range of health consequences such as diabetes, hypertension and heart disease.

Levels of excess weight in Southwark are consistently above London and national levels. Approximately 1 in 4 local children in Reception are overweight or obese, with levels increasing significantly by Year 6.

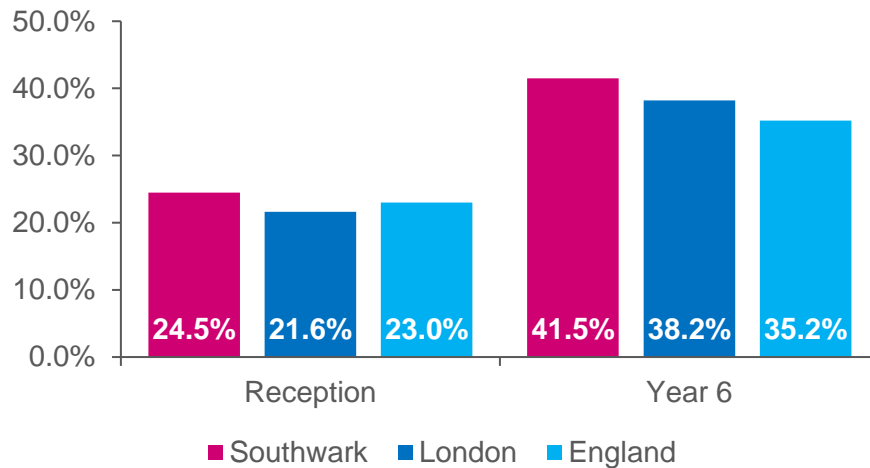


Figure 23: Prevalence of excess weight in 2019/20

Source: [OHID 2021. Obesity Profiles](#).

Within the borough there are significant inequalities in the prevalence of excess weight, with children from Black ethnic groups significantly more likely to be overweight or obese compared to other ethnic groups, along with those living in more deprived communities.

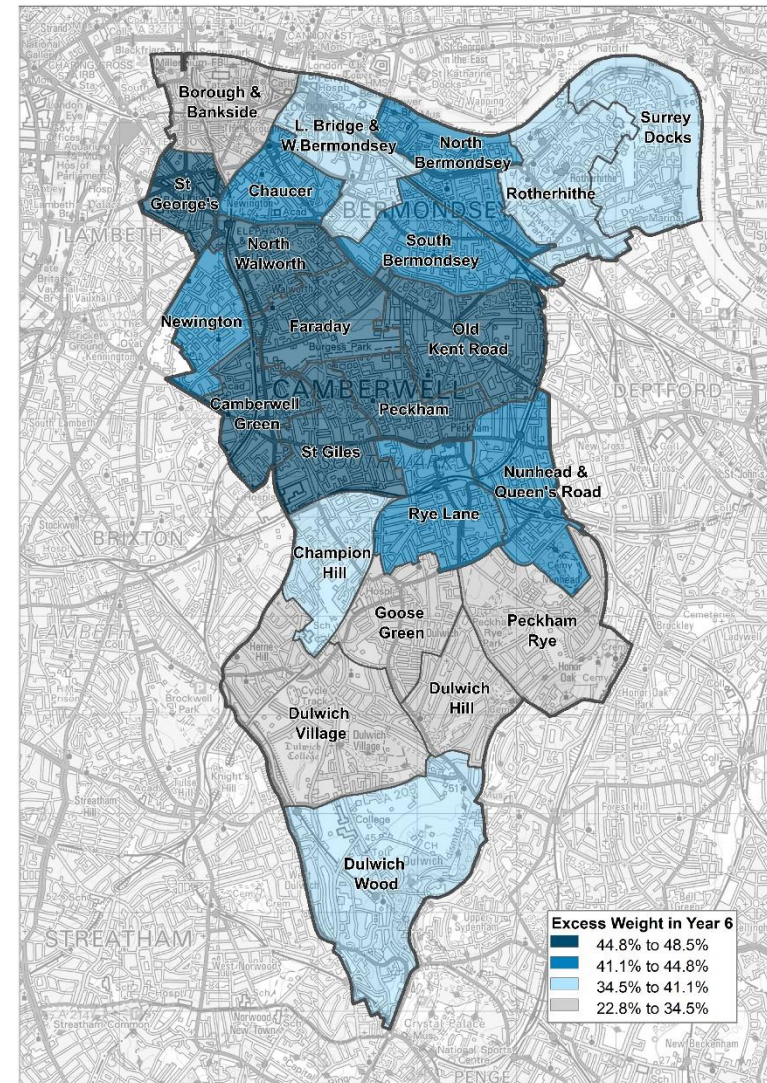


Figure 24: Excess weight in Year 6, 2017/18 to 2019/20. © OS crown copyright and database rights 2019. Ordnance Survey (0)100019252.

## 6.5 Vulnerable Children

### Adverse Childhood Experiences

Early adverse experiences can affect a child’s ability to form secure attachments and are strongly associated with an increased risk of poor physical and mental health later in life. Adverse childhood experiences (ACEs) are common, however it is the multiplicity of ACEs that is most concerning and most strongly associated with poor outcomes and risk behaviour.



Figure 25: Adverse childhood experiences

Approximately 2,000 children aged 0-4 years in Southwark (10%) may be living in a household affected by four or more ACEs. As they develop into adulthood these children are more likely to use illicit drugs, have unhealthy diets, experience an unplanned teenage pregnancy, become involved in violence, and have poor mental wellbeing.

### Children in Need

A child in need is defined as “...a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of services, or the child is disabled.”

At the end of March 2021 there were 2,771 children in need in Southwark, with levels above both London and England. This is down slightly from 2,820 at the end of March 2020. The most common primary need of assessed children in Southwark was abuse or neglect, mirroring the national picture.

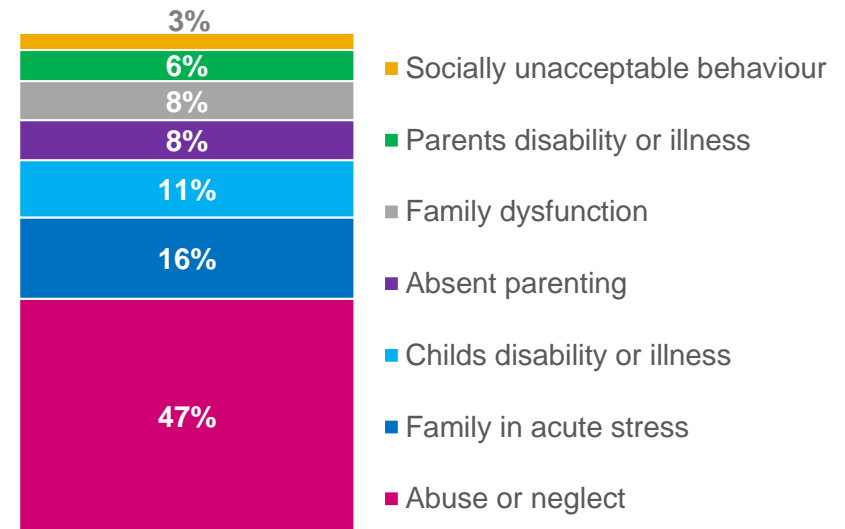


Figure 26: Percentage of children in need in Southwark at March 2021 by primary need at assessment

Source: [Department for Education, 2021. Characteristics of Children in Need, 2020/21.](#)

In addition to the primary need, a range of factors that contribute to the child being in need are recorded as part of the assessment. The top five factors identified in Southwark in 2020/21 were:

- Domestic Violence (1,846 cases)
- Mental Health (1,100 cases)
- Emotional Abuse (772 cases)
- Drug or Alcohol Misuse (768 cases)
- Physical Abuse (426 cases)

### ***Child Protection Plans***

Children at risk of significant harm have a child protection plan, the aim of which is to:

- To ensure the child is safe and prevent any further significant harm by supporting the strengths of the family, by addressing the risk factors and vulnerabilities and by providing services to meet the child's assessed needs
- To promote the child's welfare, health and development
- Provided it is in the best interests of the child, to support the family and wider family members to safeguard and promote the welfare of their child.

At the end of March 2021 there were 392 children in Southwark with a child protection plan. The most common underlying cause is emotional abuse, mirroring the national pattern.

Locally and nationally, three factors have combined to place children at greater risk of abuse: increase in stressors to parents and care givers, increase in children's vulnerabilities and changes in access to universal services as a result of the COVID-19 pandemic.

## 6.6 Healthcare use

Emergency department attendances in young children are often preventable, and commonly caused by accidental injury or by minor illnesses which could have been treated in primary care.

Each year there are over 15,000 emergency department attendances by children under 5 years in Southwark, with rates significantly above the national average and increasing over time.

While rates of emergency department attendance among young children are high, rates of emergency admission into hospital are significantly below the national average and comparable with London. In 2019/20 there were 2,160 emergency hospital admissions among children under 5 years.

There are substantial inequalities within the borough in levels of emergency admission among children, with significantly higher levels seen in the north of the borough

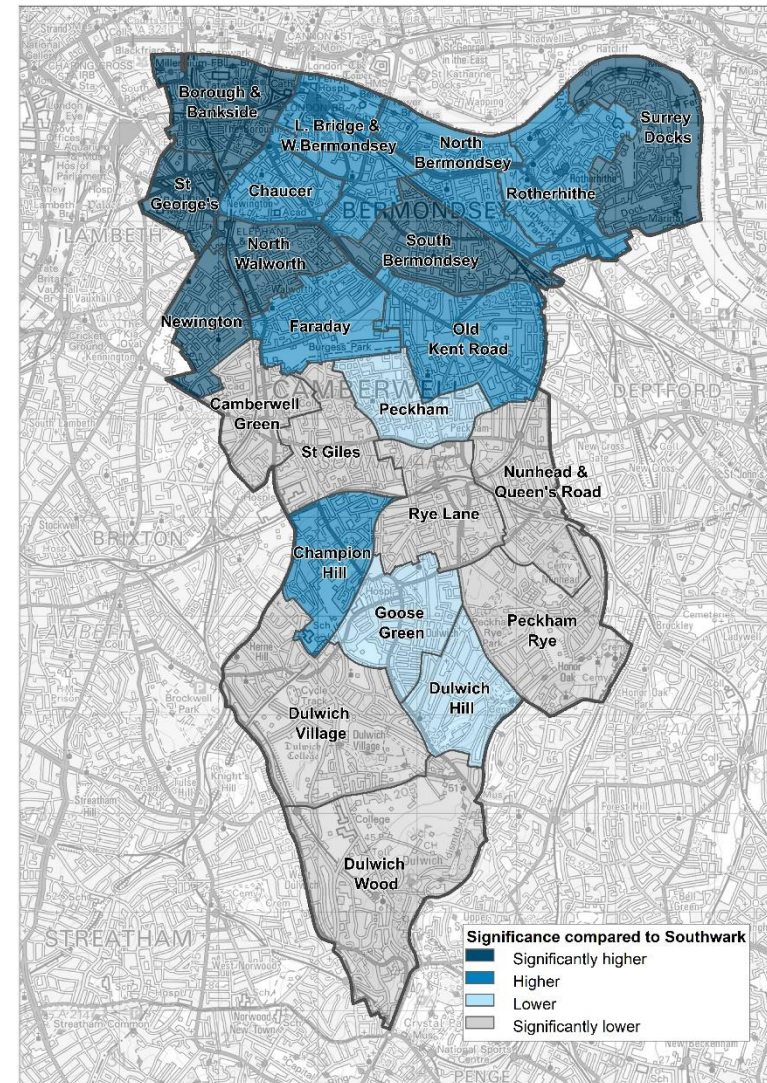


Figure 27: Emergency admissions among under 5s, 2017/18 to 2019/20. © OS crown copyright and database rights 2019. Ordnance Survey (0)100019252.

## 7. LIVING WELL

### 7.1 Risk factors

Data from the Global Burden of Disease study outlines the top ten risk factors for poor health. Southwark mirrors the national picture, with smoking, obesity, poor diet among the top risks impacting on healthy life in our borough.

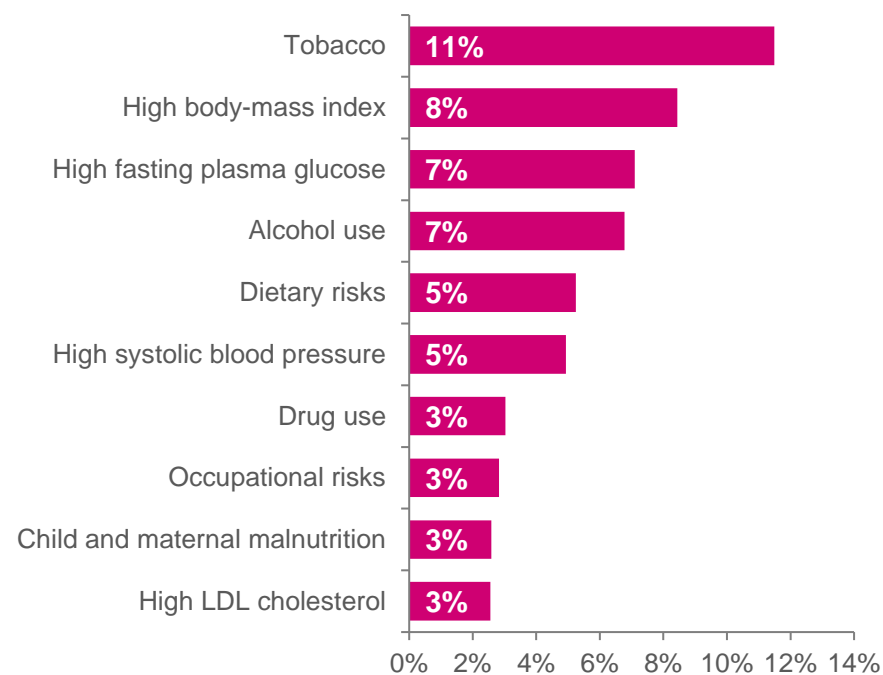


Figure 28: Percentage of years of life lost to disability or premature death (DALYs) in Southwark by risk factor, 2019

The table opposite illustrates the latest prevalence of key risk factors among adults in Southwark compared to London and England.







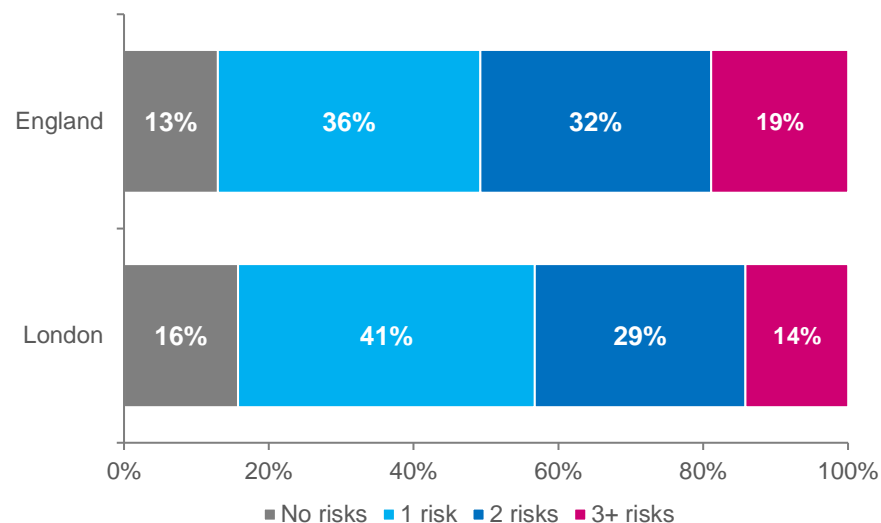
	<ul style="list-style-type: none"> <li>50.4% of adults in Southwark in 2019/20 were classified as either overweight or obese.</li> <li>This was significantly below both London (55.7%) and England (62.8%).</li> </ul>
	<ul style="list-style-type: none"> <li>53.4% of adults in Southwark in 2019/20 ate the recommended '5-a-day' on a usual day.</li> <li>This was comparable to London (55.8%) and England (55.4%).</li> </ul>
	<ul style="list-style-type: none"> <li>20.4% of adults in Southwark in 2019/20 were physically inactive.</li> <li>This was comparable to London (23.8%) and England (22.9%).</li> </ul>
	<ul style="list-style-type: none"> <li>15.6% of adults in Southwark in 2019 were current smokers.</li> <li>This was comparable to London (12.9%) and England (13.9%).</li> </ul>
	<ul style="list-style-type: none"> <li>1.6% of adults in Southwark in 2018/19 were estimated to be dependent drinkers.</li> <li>This was statistically comparable to London (1.3%) and England (1.4%).</li> </ul>
	<ul style="list-style-type: none"> <li>46 people in Southwark died from drug misuse in 2018-20.</li> <li>This was statistically comparable to both London and England.</li> </ul>

Table 6: Prevalence of key risk factors in Southwark

There is increasing evidence that many people experience more than one of the risk factors shown above, and these often cluster within population groups. This not only increases the risk of poor health outcomes for the individual, but also increases health inequalities between communities.

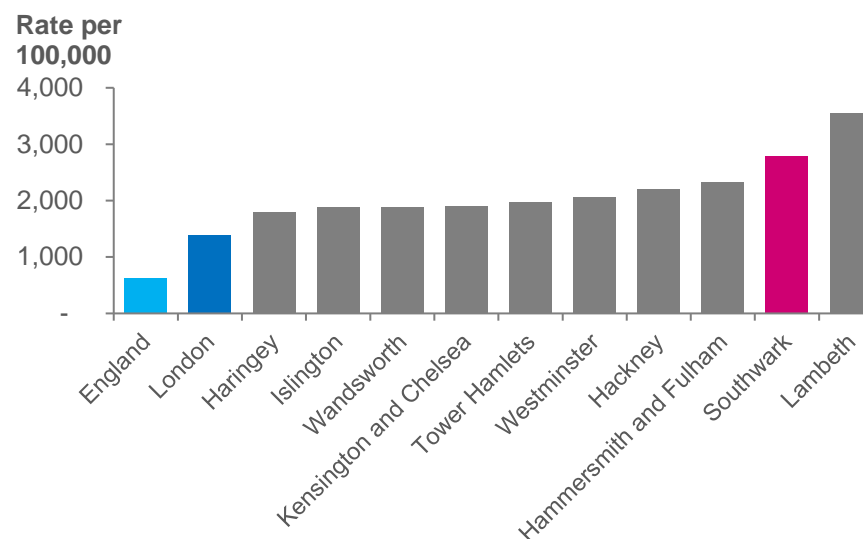
The 2017 Health Survey for England captured evidence regarding the prevalence of multiple risk factors, focusing on smoking, alcohol consumption, poor diet, physical inactivity and obesity. Results showed that 14% of adults aged 16 and over in London had 3 or more of risk factors, slightly behind the national average of 19%. The prevalence of 3 or more risk factors in London was also significantly higher among men (17%) when compared to women (11%).



**Figure 29: Prevalence of multiple risk factors in adults aged 16+**  
 Source: [NHS Digital, 2018. Health Survey for England, 2017. Multiple Risk Factors.](#)

## 7.2 Sexual health

In addition to obesity, poor diet and smoking, poor sexual and reproductive health has a significant impact on health and wellbeing in Southwark. The borough has the second highest levels of sexually transmitted infections in England, just behind Lambeth. In 2020 there were over 6,500 new STI diagnoses among local residents, with rates more than four times the national average.



**Figure 30: Local authorities with highest new STI diagnoses in 2020**  
 Source: [OHID 2021. Sexual & Reproductive Health Profiles.](#)

When looking at inequalities in sexual health, infection rates in Southwark are highest in the following groups:

- Men – accounting for almost 70% of cases
- 15-24 year olds – accounting for over a quarter of cases
- Gay, bisexual and men who have sex with men – accounting for two thirds of cases

Rates of new diagnoses are also unequal across the borough, with the highest levels seen in the north-west corner of the borough, around Elephant & Castle, Borough and Camberwell.

In addition to high levels of sexually transmitted infections, levels of HIV in Southwark are also high, with the borough having the second highest prevalence in England, behind neighbouring Lambeth. Figures for 2020 show there are 2,881 people currently living in the borough who have been diagnosed with HIV, with the highest prevalence in the north west of the borough. However, the number of new cases of HIV in the borough each year continues to reduce, with levels falling by more than half since 2011.

Late diagnosis of HIV is an important predictor of poor health and premature death. Recent figures show levels in Southwark (44%) are comparable to London (38%) and England (42%), however there are wide inequalities in late diagnosis in the borough, with levels highest among heterosexual women.

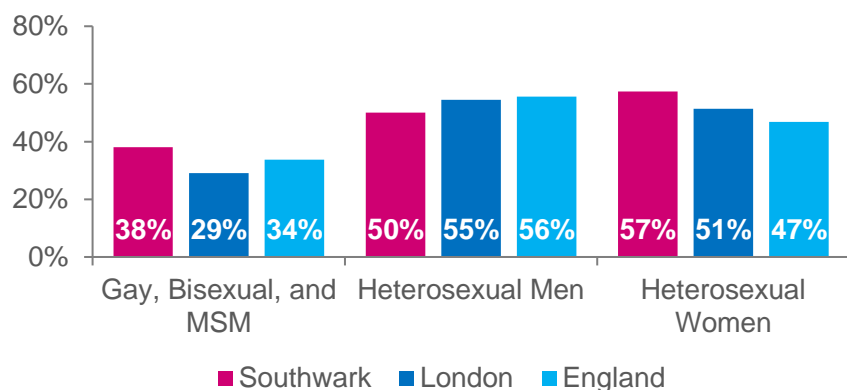


Figure 31: Percentage of HIV cases with a late diagnosis, 2018-20  
Source: [OHID 2021. Sexual & Reproductive Health Profiles.](#)

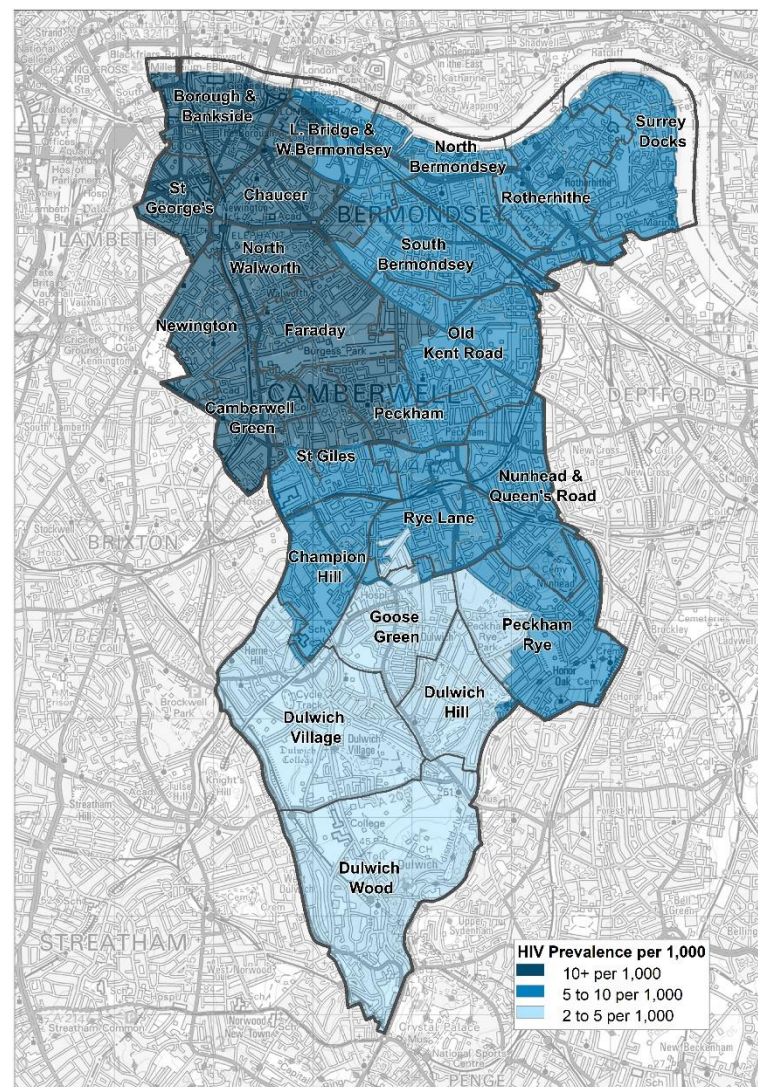


Figure 32: Diagnosed HIV prevalence among people of all ages, 2019. © OS crown copyright and database rights 2019. Ordnance Survey (0)100019252.

### 7.3 Long-term conditions

The Department of Health & Social Care defines a long-term condition as: “...one that cannot currently be cured but can be controlled with the use of medication and/or other therapies.”

Long-term conditions are the main driver of cost and activity in the NHS, accounting for around 70% of overall health and care spend in England. People with long-term conditions are disproportionately higher users of health services, representing:

- 50% of GP appointments
- 70% of inpatient bed days
- 70% of acute & primary care budgets



Figure 33: Top diagnosed conditions in Southwark, 2020/21

Source: [NHS Digital 2021, Quality & Outcomes Framework, 2020/21](#)

Note: Figures rounded to the nearest 100

While it is thought the proportion of people with any individual long-term condition will remain relatively stable in the short/medium term, it is estimated that there will be a substantial increase in the number of people with multiple conditions.

Our knowledge and understanding regarding the development and progression to multiple long-term conditions continues to develop, however key findings from national and local research indicates that:

- People in the UK are developing multiple long-term conditions at an increasingly younger age.
- Those from a Black and Asian background are also more likely to develop multiple long-term conditions at a younger age than those from a White background.
- Multiple long-term conditions are often concentrated in communities experiencing higher levels of socio-economic deprivation. Those living in the most deprived areas of the country can expect to develop two or more long-term conditions up to 10years earlier than those living in the most affluent communities.

This increase in the number of people with multiple long-term conditions requires a greater shift towards co-ordinated and holistic care, rather than the provision of unconnected episodes of care. Research increasingly points to the importance of addressing both the social and economic context in which residents live in order to prevent and slow the progression to multiple long-term conditions.



In 2019 just under 16,000 people registered with a Southwark GP were included in the care co-ordination cohort which focuses on improving outcomes for people with multiple long-term conditions. The most prevalent conditions among this group were diabetes and depression.

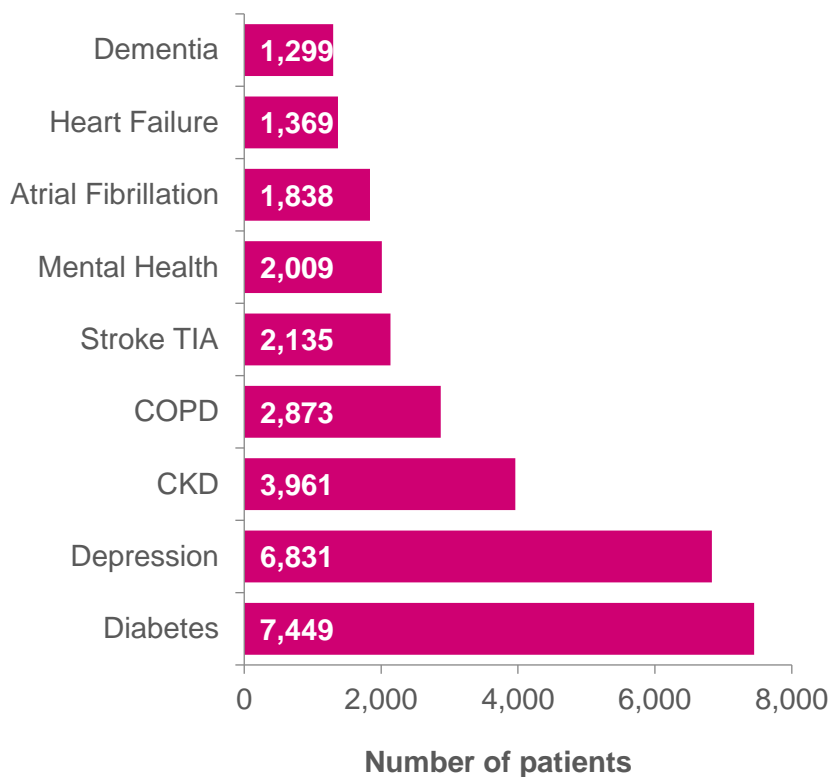


Figure 34: Top diagnosed conditions for those in the care coordination cohort in 2019

Source: Southwark GP Federations

The term ‘ambulatory care sensitive conditions’ refers to long-term conditions that should not normally require hospitalisation. These include conditions such as diabetes and high blood pressure, which can effectively be managed within the community.

Reducing the number of hospital admissions for ambulatory care sensitive conditions is a key ambition of the NHS. Figures for 2019/20 show there were almost 2,400 emergency hospital admissions in Southwark for these conditions. While rates are comparable to neighbouring Lambeth, they are significantly higher than both the London and national average, changing little over time.

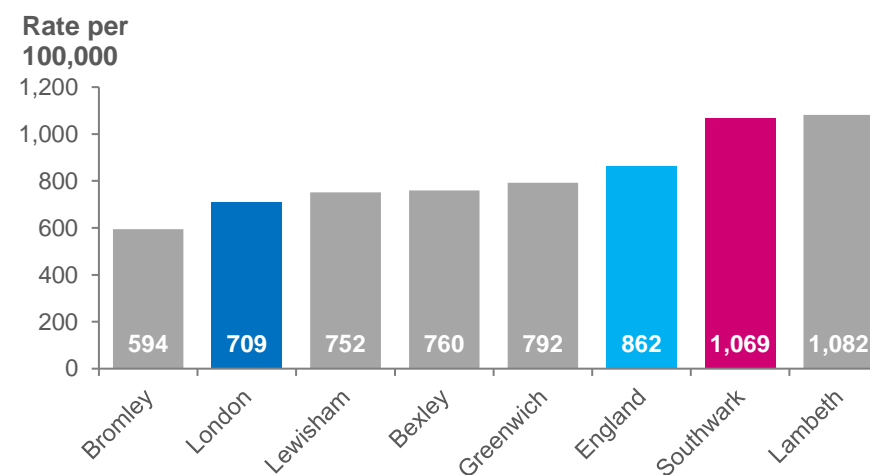


Figure 35: Unplanned admissions for ambulatory care sensitive conditions per 100,000 residents, 2019/20

Source: [NHS Digital 2021](#), [NHS Outcomes Framework, 2021](#)

## 7.4 Hospital Waiting Times

'Incomplete pathways' are the waiting times for patients waiting to start treatment. These patients will be at various stages of their care, for example, waiting for diagnostics, an appointment with a consultant, or for admission for a procedure. These are sometimes referred to as the NHS waiting list. The NHS Constitution standard sets out that more than 92% of patients on 'incomplete pathways' should have been waiting no more than 18 weeks from referral.

While the number of people on hospital waiting lists was increasing before the pandemic, we know the situation has deteriorated further over the last two years. Figures for November 2021 published by NHS England show there are almost 6million patients waiting to start treatment, with 66% waiting within the 18 weeks standard.

Our local hospital trusts perform better than the national average for waiting times, with a much larger percentage of patients waiting within the standard set out in the NHS Constitution. However, over 151,000 people are waiting for treatment at our two main hospital trusts, with over 2,000 people waiting longer than a year.

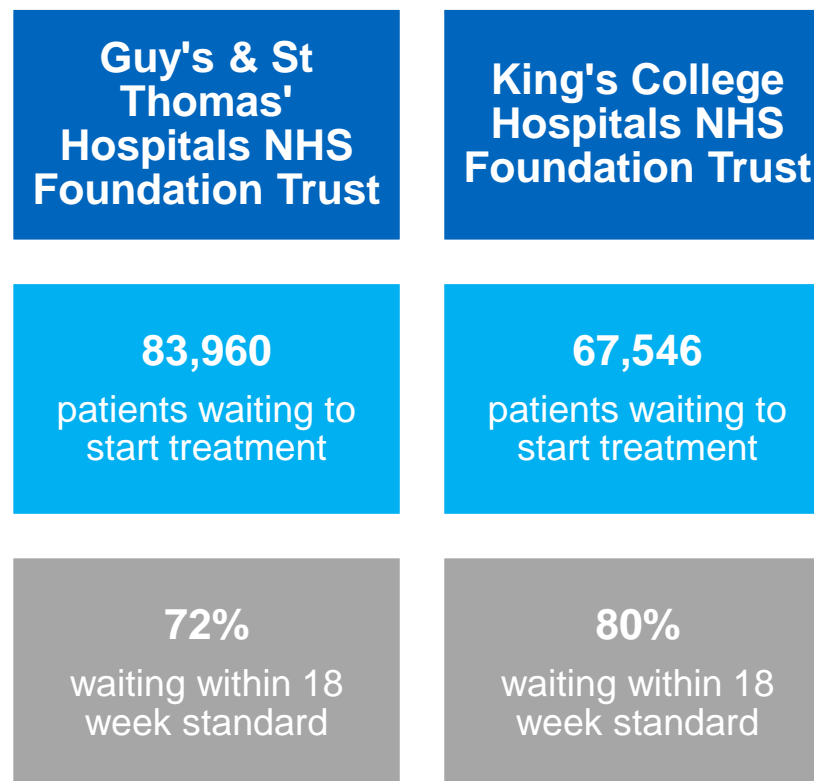
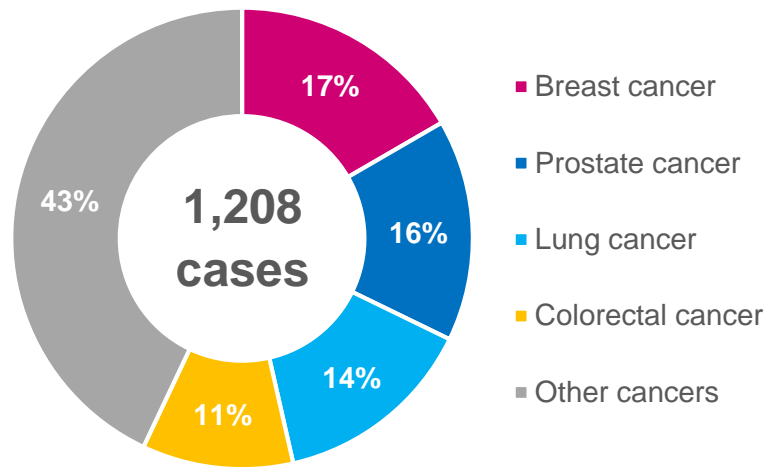


Figure 36: Consultant-led Referral to Treatment Waiting Times Data, November 2021  
Source: [NHS England, 2022. Incomplete provider data November 2021.](#)

## 7.5 Cancer

In 2018 there were just over 1,200 new cases of cancer diagnosed among Southwark residents. Over half of these were from four key cancer types, as shown below.

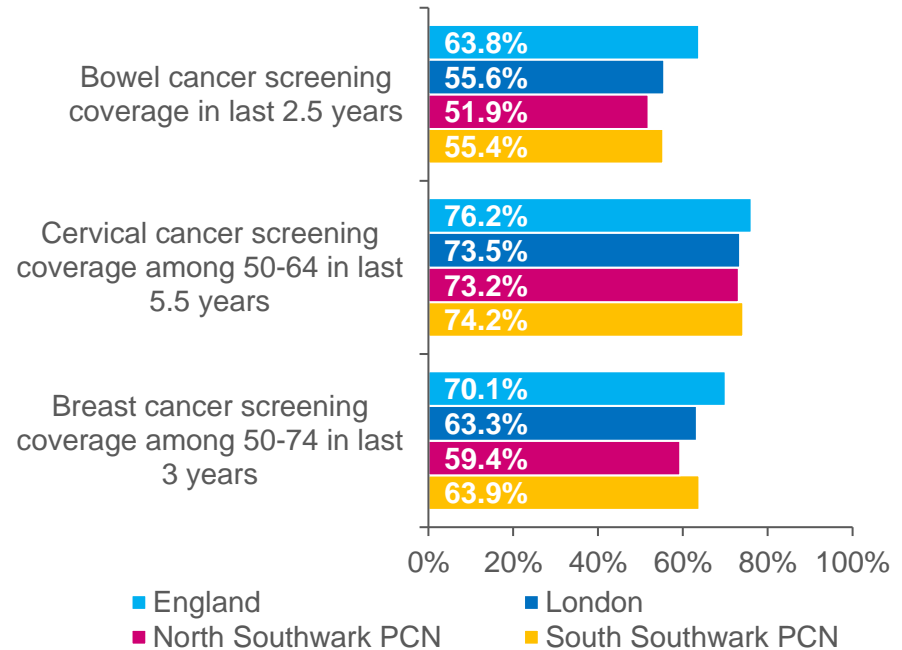


**Figure 37: Cancer incidence by tumour site in Southwark in 2018**  
Source: National Cancer Registration & Analysis Service

The overall incidence of new cancer cases in Southwark is comparable to England, however rates of both lung cancer and prostate cancer are significantly higher than the national average.

National evidence shows that age is one of the largest risk factors for the development of cancer, with more than a third of all cancers occur in those aged 75 and over. There is also a strong association between cancer incidence and deprivation. Evidence from [CancerResearchUK](https://www.cancerresearchuk.org/) points to almost 17,000 additional cases of cancer each year in England due to socio-economic inequalities.

Prior to the pandemic cancer screening coverage in Southwark was broadly comparable to the London average in the south of the borough, with levels lower in the north. However, coverage was below the national average for all programmes.



**Figure 38: Coverage of cancer screening programmes in 2019/20 by Primary Care Network**

Source: [OHID, 2021. Cancer Services Profile.](#)

The early diagnosis of cancer is an important factor in ensuring the best health outcome. There is a national ambition for 75% of cancers in England to be diagnosed at Stage1 or Stage 2 by 2028. Figures for 2018 show 55% of cancers in Southwark are diagnosed at this point, comparable to neighbouring boroughs.

## 7.6 Mental Health

Mental illness covers a wide range of conditions such as depression, anxiety disorders and obsessive compulsive disorders, through to more severe conditions like schizophrenia. It is thought one in four people will experience a mental health problem in any given year.

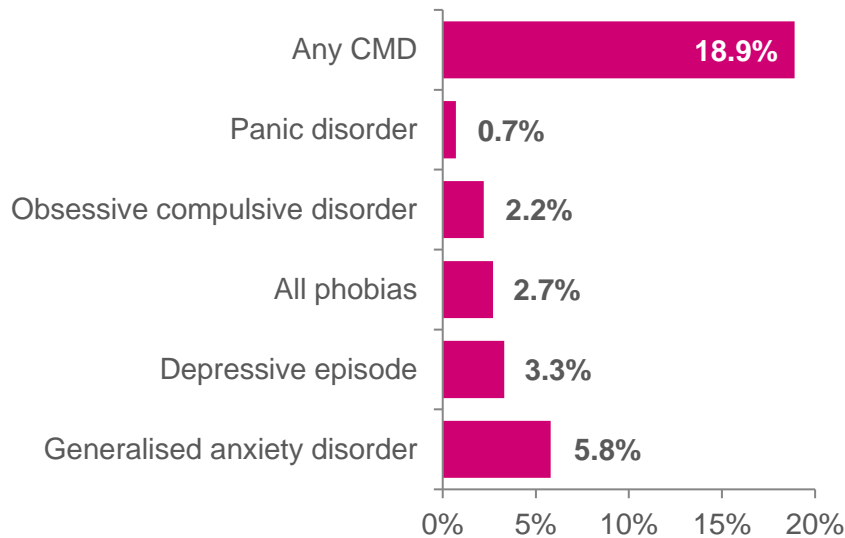


Figure 39: Prevalence of common mental disorders among adults in London  
Source: [NHS Digital, 2016. Adult Psychiatric Morbidity Survey, 2014.](#)

Results from the 2014 Adult Psychiatric Morbidity Survey show that 1 in 6 adults had a common mental disorder (CMD) in the week prior to the survey, rising to almost 1 in 5 adults in London. Applying the London prevalence to Southwark would equate to almost 48,700 adults in the borough experiencing a CMD.

All types of common mental disorders are more prevalent in women than among men: 1 in 5 women report experiencing CMD, compared

to 1 in 8 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.

Figures for 2020/21 show that just over 10,100 people in Southwark were referred to psychological therapy services. The most represented groups referred were females (70% of referrals) and adults aged 18-35 (63% of referrals).

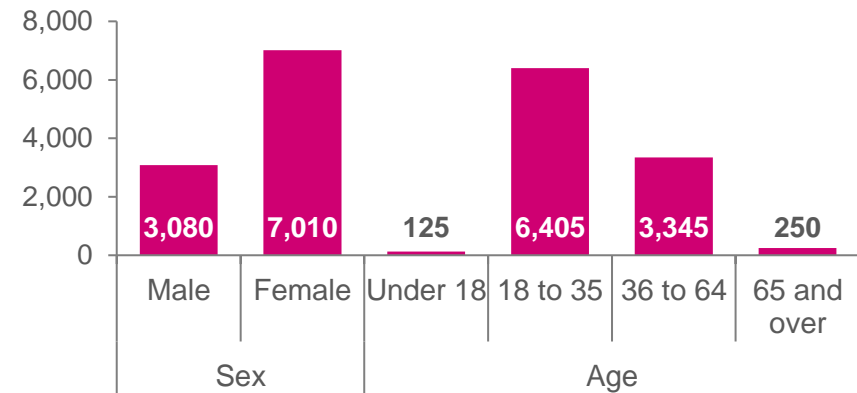


Figure 40: Number of referrals to Southwark IAPT in 2020/21 by group  
Source: [NHS Digital, 2021. Psychological Therapies, Annual Reports on the use of IAPT services.](#)

At the other end of the spectrum, Severe Mental Illness (SMI) refers to a range of conditions which include schizophrenia, bipolar affective disorder and depression with psychosis. Figures for 2020/21 show over 4,100 patients registered with a Southwark GP have been diagnosed with severe mental illness.

This cohort has significant health needs and also experiences great socio-economic disadvantage. People with SMI in Southwark are more likely to be male, older and from a Black ethnic background.

## 8. AGEING WELL

### 8.1 Adult Social Care

Adult Social Care provide information, advice and services to local residents to support them to remain independent. In 2020/21 Southwark Adult Social Care received 5,145 new requests for support, compared to 4,760 in 2019/20. Rates of requests for support in the borough are below regional and national levels among both working age adults and older people.



Figure 41: Requests for support from new clients per 100,000 in 2020/21  
Source: Southwark Adult Social Care Division

The requests for support are broadly equal, with 49% coming from residents of working age and 51% coming from those aged 65 or over.

Adult Social Care provided support to 3,456 long-term service users in 2020/21. The most common primary support reason was physical support (59%), with the majority of these service users requiring help with personal care.

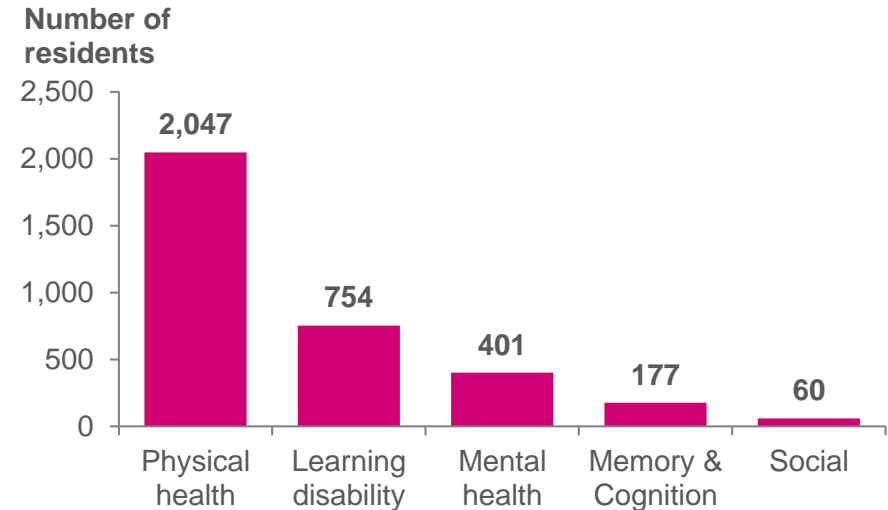


Figure 42: Primary support reason for long-term service users in 2020/21  
Source: Southwark Adult Social Care Division

The vast majority of long-term service users receive a community-based service, with 16% of long-term service users based in a Residential or Nursing Care Home.

In 2020/21, Southwark Adult Social Care also provided support to 1,487 unpaid carers, including 484 newly identified carers.

## 8.2 Falls

Falls are the largest cause of emergency hospital admissions among older people and can significantly affect longer term outcomes. Those aged over 65 are at greatest risk of falling, with around a third of this group falling at least once a year, increasing to around half among those aged 80 and over.

Emergency hospital admissions for injuries due to falls in older people in Southwark are consistently above national and regional levels. Latest figures show there were 615 admissions in Southwark between during 2019/20, with the borough consistently having the highest admission rate in South East London.

Admission rates also increase significantly with age, mirroring the national pattern. Rates among those aged 80 and over are more than four times those under 80.

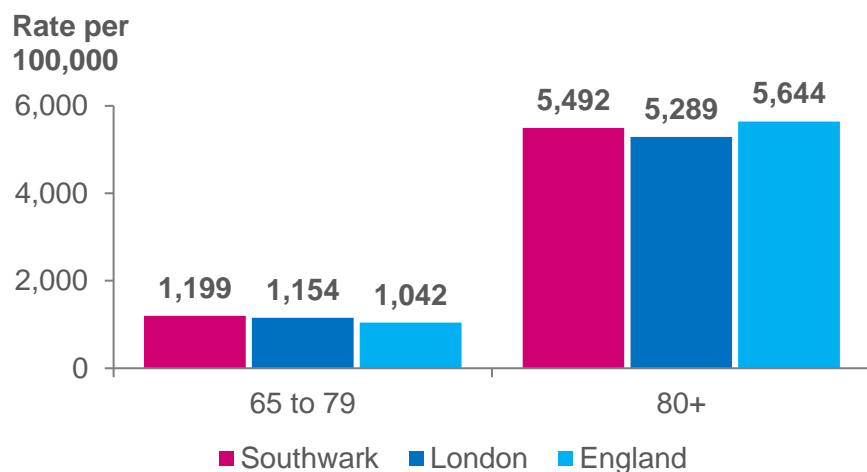


Figure 43: Emergency admissions for falls in 2019/20  
Source: [OHID, 2021. Productive & Healthy Ageing Profile.](#)

## 8.3 Dementia

Dementia is a group of symptoms characterised by difficulties with one or more areas of mental function. These areas may include memory, language, ability to complete activities of daily living, behavioural changes including self-neglect and out of character behaviour and psychiatric problems. Because they are less able to perform activities of daily living, people with dementia often require additional community support and long-term care.

Figures for 2020 show 1,178 people in Southwark aged 65 or over have been diagnosed with dementia, and our recorded prevalence (4.0%) is comparable both London (4.2%) and England (4.0%).

Research shows a timely diagnosis of dementia can have a significantly positive impact on a person's quality of life. Latest estimates suggest that just over two thirds of those thought to be living with dementia in Southwark have received a diagnosis; comparable to regional and national levels.

In 2019/20 there were over 1,620 emergency hospital admissions by Southwark residents with a diagnosis of dementia. The borough has the highest rate of emergency hospital admission for dementia in the capital with rates significantly above both London and England.

## 8.4 Mortality

Deaths are considered preventable if, in the light of the understanding of the determinants of health at the time, all or most of them could potentially be avoided by public health interventions in the broadest sense.

In 2020 there are 261 deaths among those aged under 75 in Southwark that were considered preventable, equating to around one quarter of all cases. However, there have been significant reductions in preventable mortality since 2001, with rates in Southwark falling by 48%, compared to a reduction of 29% nationally.

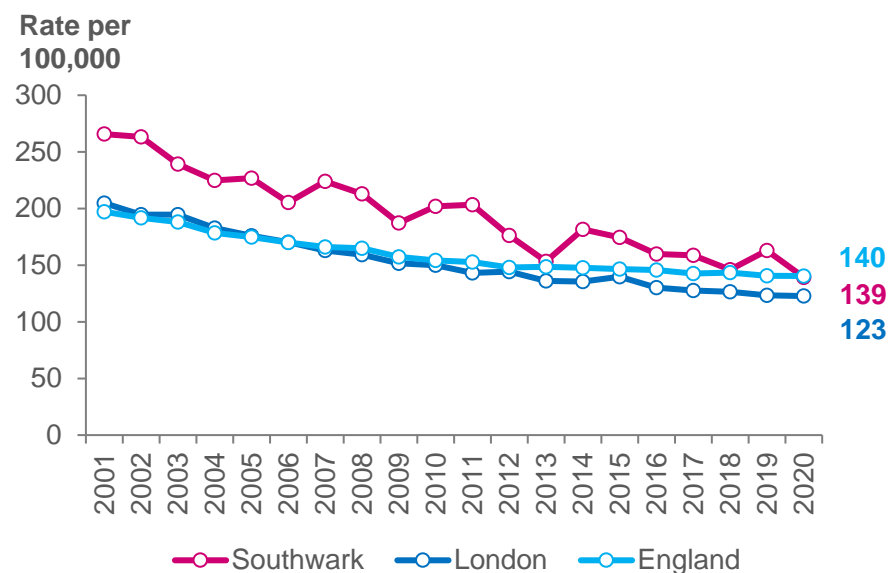


Figure 44: Trends in preventable mortality among those aged under 75  
Source: [OHID, 2021. Public Health Outcomes Framework.](#)

Geographical inequalities in preventable mortality mirror many of the underlying health issues in the borough, with levels highest in our more deprived communities. St George's, Nunhead & Queen's Road and Newington wards in particular have high levels of preventable mortality.

Latest figures show that cancer remains the largest cause of preventable deaths, both locally and nationally. When compared to other areas, preventable mortality in Southwark is statistically similar to both London and England for all three disease groups.

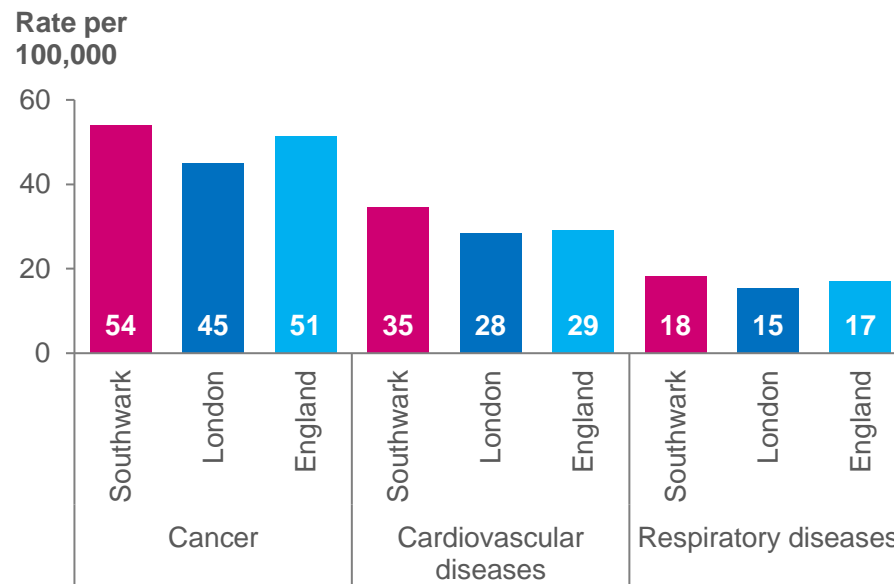


Figure 45: Preventable mortality among those aged under 75 by condition in 2020  
Source: [OHID, 2021. Public Health Outcomes Framework.](#)

## 8.5 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 2018-20, life expectancy at birth for men was 79.6 years and 84.1 years for women in Southwark.

Male	Life expectancy at birth		Change over time
	2001-03	2018-20	
Southwark	74.0	79.6	+5.7
London	76.0	80.3	+4.3
England	76.2	79.4	+3.2

Female	Life expectancy at birth		Change over time
	2001-03	2018-20	
Southwark	79.9	84.1	+4.2
London	80.8	84.3	+3.5
England	80.7	83.1	+2.4

Table 7: Life expectancy at birth in Southwark, London & England  
Source: [OHID, 2021. Productive Healthy Ageing Profile.](#)

Since 2001-03, the gap in life expectancy at birth between Southwark and England has been overturned, with both men and women in the borough now living longer than the national average.

While life expectancy in Southwark is increasing, this improvement has not been the same across the borough. Overall levels of life expectancy remain lowest in communities with higher levels of socio-economic deprivation such as Peckham and highest in our more affluent communities, such as Dulwich.

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.

Figures for 2017-19 show that while life expectancy among females in Southwark is higher than their male counterparts, these extra years are spent in poor health.

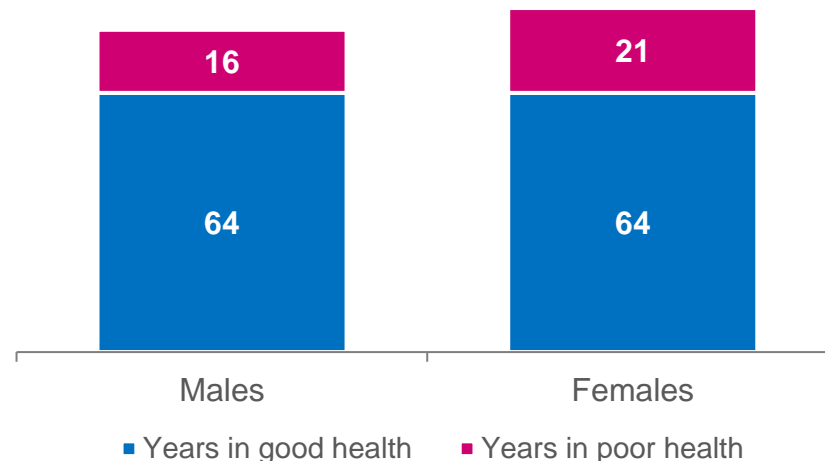


Figure 46: Healthy life expectancy at birth in Southwark by sex 2017-19  
Source: [OHID, 2021. Productive Healthy Ageing Profile.](#)



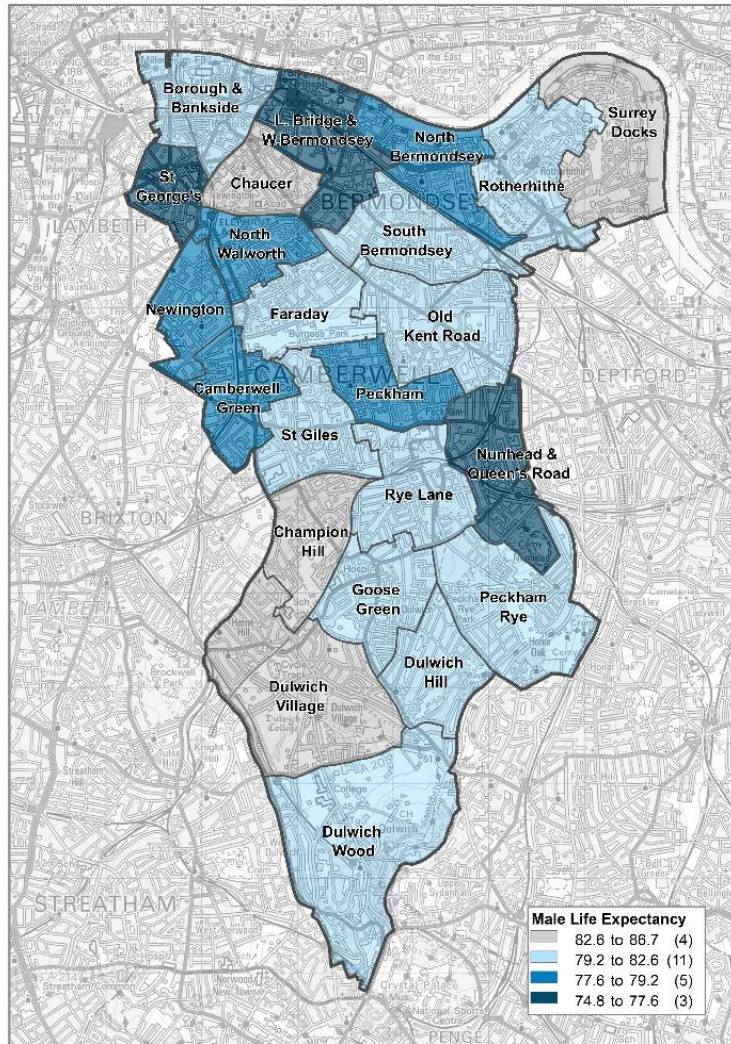


Figure 47: Male life expectancy at birth, by ward. 2017-19 © OS crown copyright and database rights 2021. Ordnance Survey (0)100019252.  
 Source: [OHID, 2021. Local Health tool.](#)

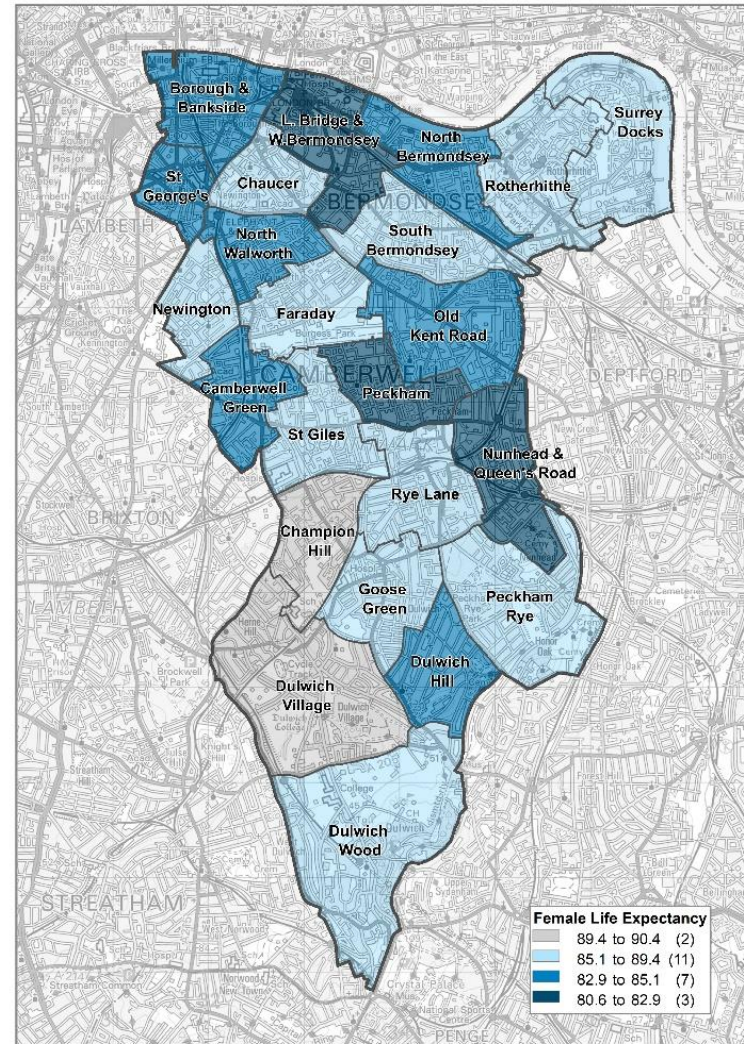


Figure 48: Female life expectancy at birth, by ward. 2017-19 © OS crown copyright and database rights 2021. Ordnance Survey (0)100019252.  
 Source: [OHID, 2021. Local Health tool.](#)

## 9. SUMMARY

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### 9.1 Achievements

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

- Our residents are living longer and healthier lives than ever before, with life expectancy comparable or better than the national average.
- Levels of relative deprivation in the borough continue to reduce.
- Around 9 in 10 children in Southwark achieve a good level of development at 2-2<sup>1/2</sup> years.
- Key risk factors such as smoking, alcohol and physical inactivity are comparable or better than the national average.
- Preventable mortality has reduced by almost half since 2001, narrowing the gap with England.

### 9.2 Assets

Southwark benefits from a wide range of social and physical assets that help our communities to maintain and sustain good health and wellbeing.

- The borough has an active and large range of community, voluntary and faith organisations working to support local residents. Embedded within our communities, these groups are key partners in efforts to tackle the inequalities we see in Southwark.

- Southwark also has a network of modern libraries located across the borough. These facilities provide access to more than just books, but act as spaces for the whole community to use, whether that be through baby sensory sessions, community group activities, or accessing local council services.
- There are a diverse range of high quality open spaces in Southwark, from the Thames pathway, to our extensive network of parks and community gardens. These outdoor spaces are complimented by a range of modern leisure facilities such as the Castle Centre and Peckham Pulse. Such facilities provide opportunities for physical activity, sport and play, helping reduce stress and prevent the development of long-term conditions.
- The borough is also home to a number of world-class health and care facilities, from our large hospital trusts, through to our community based clinics and hubs. These services provide our residents with access to high quality support and care for those in need.

These are just some examples of the social and physical assets in Southwark that partners and residents can draw on as we seek to improve health and reduce inequalities in our borough.

### 9.3 Challenges

Although there have been substantial improvements in health outcomes in Southwark, many challenges remain. The COVID-19 pandemic has exposed and exacerbated the inequalities that too many people experience. These inequalities are both avoidable and unfair.

While inequalities vary across different issues, there are a number of communities and population groups within the borough that consistently experience poorer outcomes than others.

#### *Geographic Inequalities*

Across a wide range of health, social and economic measures, from child poverty through to obesity, hospital admissions and life expectancy, outcomes are poorer in central and northern parts of Southwark. In particular, communities in Faraday and Peckham wards. However, it is important to acknowledge that pockets of deprivation also exist within areas of affluence, such as the Kingswood estate in Dulwich Wood and Downtown estate in Surrey Docks.

#### *Population Inequalities*

There are also significant gaps in outcomes between population groups in Southwark. These often mirror the inequalities we see at a national level, with those from Black, Asian and minority ethnic groups experiencing poorer outcomes compared to those from a White ethnic background. In particular, residents from a Black African and Black Caribbean background are more likely to live in communities with high levels of deprivation, develop a greater number of long-term conditions, have poorer mental health, and experience discrimination and racism when accessing services.

While we have indications and examples of the inequality in outcomes between different ethnic groups, there remain gaps in our understanding at a local level. A number of national reviews have identified the continued need to improve the recording and the analysis of ethnicity data. Locally, as nationally, additional work is required to improve the quality of ethnicity data, to ensure we support those most in need and reduce inequalities. This is particularly the case for groups that are too often excluded from national data collections, such as residents with a Latin American background.

It is estimated that Southwark has one of the largest LGBTQI+ communities in the country. There is increasing academic evidence that key public health challenges disproportionately impact this population group, with higher levels of smoking, alcohol use, incidence of some cancers and mental ill-health. LGBTQI+ individuals also experience discrimination and homophobia when accessing health, care and other services. While the evidence base continues to improve, robust data on health outcomes is lacking at both a national and local level. As with ethnicity, additional work is required to collect data on sexual orientation within local services to enable better monitoring and tackle local inequalities.

There are also a number of notable health inclusion groups in Southwark. These are groups that are often socially excluded, have multiple risk factors for poor health, and experience stigma and discrimination, including:

- People with learning disabilities
- Carers
- Rough sleepers
- Asylum seekers and refugees

### **Intersectionality**

The national and local evidence base regarding the health inequalities experienced by different population groups continues to improve. However it is important to acknowledge that these groups are not homogenous. The experiences and outcomes of specific ethnic groups, or those with the same sexual orientation are not equal. As we plan interventions, services and strategies to improve outcomes and reduce inequalities within the borough it is important to consider how different demographic and social characteristics overlap and intersect, magnifying disadvantage.

### **Wider Determinants of Health**

The importance of addressing the wider determinants of health was clearly outlined in the Marmot Review in 2010: *“This link between social conditions and health is not a footnote to the ‘real’ concerns with health – health care and unhealthy behaviours – it should become the main focus.”* What was true in 2010 remains true today. Only by improving the social and economic conditions in which our residents live can we make meaningful and sustainable improvements in health and reduce inequalities.

We have seen notable improvements in many social and economic measures, and Southwark achieves outcomes that are often comparable to the national average. However, this masks significant inequalities experienced by many of our residents. More than 4 in 10 of our children live in poverty when housing costs are considered, and significant numbers live in homes suffering from food insecurity. Our updated Joint Health & Wellbeing Strategy seeks to address these challenges head on, placing tackling inequality and the wider determinants of health at the heart of our work.

## **9.4 Approach to Monitoring Outcomes**

To support the refreshed Joint Health & Wellbeing Strategy an updated approach to monitoring health outcomes and inequalities is being developed, including:

- An annual update of this State of the Borough report that provides the narrative of health, wellbeing and inequalities in Southwark.
- A series of themed ‘*deep dives*’ each year, enabling the Health and Wellbeing Board to consider both outcomes and local action.
- A borough level outcomes framework, tracking key indicators associated with the priorities and objectives of the strategy.

### **Outcomes Framework**

The table below presents a working draft of an outcomes framework that will underpin the refreshed Joint Health & Wellbeing Strategy. This framework is in development, and it is envisaged the indicators will be further refined and baselines established as we continue to consult partners. Wherever possible these will be aligned to other plans and strategies in the borough to ensure partners work to a common goal.

### **Future Opportunities**

To support the approach outlined above, the Public Health Division are working in collaboration with [\*Impact on Urban Health\*](#), to explore the development of a health and wellbeing survey across Southwark and Lambeth. The survey will aim to improve understanding of local health, social and economic outcomes in our boroughs.

Such a survey would also significantly enhance our understanding of inequalities that exist between neighbourhoods and population groups in the borough. If repeated, the survey would also enable the monitoring of changes over time.

## Draft Southwark Health & Wellbeing Outcomes Framework

Priority	Objective	How will we measure this?
<b>Ensure the best start in life for every child</b>	Ensure there is holistic support and care for families during pregnancy and the first years of life	<ul style="list-style-type: none"> <li>▪ Proportion of infants who received a 6-8 week review by the time they were 8 weeks old</li> </ul>
	Support every child to develop and maximise school readiness	<ul style="list-style-type: none"> <li>▪ Percentage of children achieving a good level of development at the end of Reception</li> </ul>
	Protect and safeguard children from harm using a whole-family approach	<ul style="list-style-type: none"> <li>▪ <i>TBC with Children's Social Care</i></li> </ul>
	Improve the mental health and wellbeing of children and young people	<ul style="list-style-type: none"> <li>▪ Percentage of children in Year 4 and Year 6 with high self-esteem scores</li> <li>▪ Number of young people accessing The Nest, including by ethnicity</li> <li>▪ Number of young people referred to CAHMS, including by ethnicity</li> </ul>
<b>Enable all children, young people and adults to maximise their capabilities and have control over their lives</b>	Support all children to achieve their potential in education – including through tackling the underlying causes of school exclusions, and supporting children with special educational needs and disabilities and children in contact with children's services	<ul style="list-style-type: none"> <li>▪ Percentage of Year 1 pupils meeting the extended standard of phonic decoding, including by ethnicity and free school meals status</li> <li>▪ Percentage of pupils reaching the expected standard in reading, writing and maths by end of Key Stage 2, including by ethnicity and free school meals status</li> <li>▪ Percentage of pupils achieving a good pass in English and Maths GCSE, including by ethnicity and free school meals status</li> <li>▪ Permanent exclusions rate</li> <li>▪ <i>Indicators relating to SEND education to be informed by SEND strategy – in development and will be included in 2023 update</i></li> <li>▪ <i>Indicators relating to children in contact with children's services TBC with Children's Social Care</i></li> </ul>
	Enable young people to thrive in all areas of their lives – including through youth services and opportunities in higher education, training, and employment	<ul style="list-style-type: none"> <li>▪ 16-17 year olds not in education, employment or training (NEET) or whose activity is unknown</li> <li>▪ Progression rate of pupils to higher education, including by ethnicity and free school meals status</li> </ul>
	Ensure young people shape their local areas and services through collaboration and co-design	<ul style="list-style-type: none"> <li>▪ <i>Indicators will be developed with Youth Parliament</i></li> </ul>
	Support adults of all ages to access lifelong learning and skills development	<ul style="list-style-type: none"> <li>▪ <i>TBC with Adult Education team</i></li> </ul>
<b>Create fair employment and</b>	Increase access to good quality jobs, creating new routes to employment and providing holistic support to those facing barriers to employment, with a particular	<ul style="list-style-type: none"> <li>▪ Percentage of employers who are Good Work Standard accredited</li> <li>▪ Gap in the employment rate between those with a long-term health condition and the overall employment rate</li> </ul>

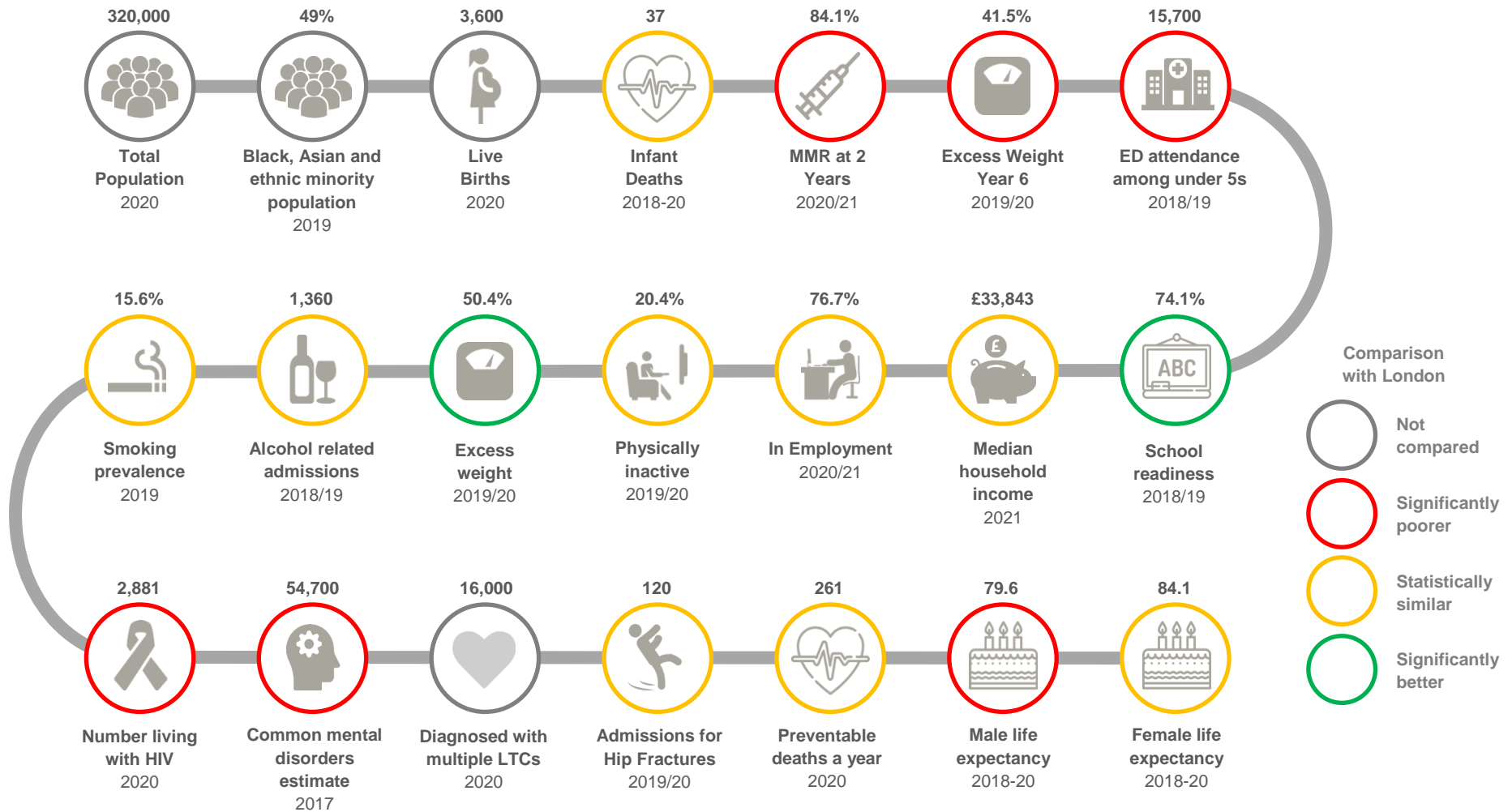
<b>good work for all</b>	focus on those facing systemic inequality such as those from Black, Asian and minority ethnic backgrounds, women and disabled people	<ul style="list-style-type: none"> <li>▪ Gap in the employment rate between those with a mental health condition and the overall employment rate</li> <li>▪ Gap in the employment rate between those from White ethnic backgrounds and those from Black, Asian and minority ethnic backgrounds</li> <li>▪ Number of new job starts through Southwark Works</li> </ul>
	Reduce in-work poverty, by promoting the London Living Wage and improving access to support for those facing financial difficulties	<ul style="list-style-type: none"> <li>▪ Percentage of employers signed up to London Living Wage</li> <li>▪ Number of Universal Credit claimants in work (in-work poverty)</li> </ul>
	Maintain a skills and training offer that is aligned to the needs of key economic sectors and provides the high-quality training needed to access good quality jobs	<ul style="list-style-type: none"> <li>▪ Number of Southwark residents who take up higher apprenticeships (degree level)</li> <li>▪ Number of Southwark Works contacts who complete training (accredited, pre-employment or non-accredited)</li> </ul>
	Champion and promote health and wellbeing across the economy, through improving access to integrated wellbeing and employment support	<ul style="list-style-type: none"> <li>▪ TBC with Local Economy team</li> </ul>
	Support businesses to become more resilient and to thrive, particularly those providing essential goods and services and those more prone to and less capable of recovering from economic shocks with less access to social and financial capital such as Black, female and disabled entrepreneurs.	<ul style="list-style-type: none"> <li>▪ Number of good jobs in the foundational economy</li> <li>▪</li> </ul>
	Develop a diverse, inclusive and culturally competent workforce	<ul style="list-style-type: none"> <li>▪ Percentage of Southwark Council workforce at grade 14 and above from Black and ethnic minority backgrounds by grade</li> <li>▪ Gender pay gap</li> <li>▪ Disability pay gap</li> </ul>
<b>Ensure a healthy standard of living for all</b>	Improve food security and access to healthy and sustainable food	<ul style="list-style-type: none"> <li>▪ Percentage uptake of Healthy Start vouchers by those eligible</li> <li>▪ Percentage self-reporting food insecurity (including ethnicity gap)</li> </ul>
	Identify and act on opportunities to mitigate the impacts of poverty	<ul style="list-style-type: none"> <li>▪ Households with significant priority debts (rent and council tax debt)</li> <li>▪ Children in absolute low income families (under 16s)</li> </ul>
	Support our residents to manage debt	<ul style="list-style-type: none"> <li>▪ Percentage uptake of Step by Step recovery payment scheme by those eligible</li> </ul>
	Ensure that services are accessible to and meet the needs of the most excluded groups - including people facing multiple disadvantage, the homeless, refugees, asylum seekers, and vulnerable migrants	<ul style="list-style-type: none"> <li>▪ <i>TBC with Adult Social Care, Housing and Public Health</i></li> </ul>
	Improve digital inclusion	<ul style="list-style-type: none"> <li>▪ <i>TBC with Digital team</i></li> </ul>

	Make the borough a safer place for everyone – including through tackling violence and domestic abuse and protecting and safeguarding vulnerable adults and understanding and tackling exploitation	<ul style="list-style-type: none"> <li>Hospital admissions for violence (including sexual violence)</li> <li>Number of domestic abuse offences</li> </ul>
<b>Create and develop healthy and sustainable places and communities</b>	Have strong and connected communities	<ul style="list-style-type: none"> <li>Percentage of residents who say they belong to their local area</li> <li>Percentage of residents who say they feel lonely often or always</li> <li>Percentage of residents who agree that their local areas is a place where people from different backgrounds get on well together</li> <li>Percentage of residents who have participated in formal or informal volunteering in the last year</li> </ul>
	Ensure everyone has access to good quality parks and green spaces	<ul style="list-style-type: none"> <li>Rank in top 5 boroughs in Parks for London award</li> <li></li> </ul>
	Improve the quality, security, and affordability of housing	<ul style="list-style-type: none"> <li>House price to earnings ratio</li> <li>Number of non-decent homes (local authority, housing association, private rented)</li> </ul>
	Plan town centres, high streets, and public spaces that are inclusive and promote health	<ul style="list-style-type: none"> <li><i>TBC with Planning team</i></li> </ul>
	Improve air quality and reduce the impact of air pollution	<ul style="list-style-type: none"> <li>Fraction of mortality attributable to particulate air pollution</li> </ul>
	Tackle climate change	<ul style="list-style-type: none"> <li>On-track to carbon neutral by 2030</li> </ul>
<b>Strengthen the role and impact of ill health prevention</b>	Promote good mental health across all ages	<ul style="list-style-type: none"> <li>Proportion of adults in contact with secondary mental health services in paid employment</li> <li><i>Additional indicators TBC with Public Health, NHS</i></li> </ul>
	Ensure there are effective and accessible services that help prevent ill-health – including immunisations, screening, and measures to tackle “The Vital 5”	<ul style="list-style-type: none"> <li>Cancer screening coverage – bowel cancer</li> <li>NHS health check annual uptake</li> <li>First dose MMR vaccine coverage at 2 years</li> </ul>
	Support everyone to be physically active - including through active travel	<ul style="list-style-type: none"> <li>Percentage of physically active adults</li> <li>Percentage of residents doing at least two x 10 minutes of active travel a day</li> <li>Percentage of school pupils who actively travel (walk/ bike/ scooter) to school</li> </ul>
	Reduce the impact of COVID-19	<ul style="list-style-type: none"> <li>COVID-19 vaccination coverage, including booster programmes</li> </ul>
<b>Deliver high quality, joined up, person-</b>	Ensure access to the services and support that each person needs, close to home or in their home, in order to stay healthy and independent	<ul style="list-style-type: none"> <li>Overall satisfaction of people who use services with their care and support</li> <li>Proportion of people who feel they have choice and control over daily life</li> <li>Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services</li> </ul>

<b>centred health and social care</b>	Support carers and families to look after their own wellbeing	<ul style="list-style-type: none"> <li>▪ Proportion of adult carers who have found it easy to find information and advice about support, services or benefits</li> <li>▪ Proportion of adult carers who have as much social contact as they want</li> </ul>
	Make community voices central to the ways that health and social care services are shaped and delivered	<ul style="list-style-type: none"> <li>▪ YTD average attendance at Provider forums</li> </ul>
	Develop joined up approaches to delivering care at a neighbourhood and communities level	<ul style="list-style-type: none"> <li>▪ <i>TBC with Adult Social Care</i></li> </ul>
	Provide community and accommodation-based services which maximise people's independence	<ul style="list-style-type: none"> <li>▪ Overall satisfaction of people who use services with their care and support</li> <li>▪ Proportion of people who feel they have choice and control over daily life</li> </ul>



# 10. SOUTHWARK HEALTH & WELLBEING INFOGRAPHIC



# 11. HEALTH & WELLBEING GEOGRAPHIC INEQUALITY INFOGRAPHIC

There is a wide and growing range of data which highlight the geographical inequality in health and wellbeing outcomes in the borough, often linked to socio-economic deprivation.

## Faraday

has the highest level of socio-economic deprivation



## Dulwich Village

has the lowest level of socio-economic deprivation

**60.1%** are from a Black and minority ethnic background



**19.2%** are from a Black and minority ethnic background

**31.7%** of children under 16 live in poverty



**5%** of children under 16 live in poverty

**5.2%** of adults are unemployed



**1.2%** of adults are unemployed

**14.3%** of adults have a limiting long-term illness



**9.6%** of adults have a limiting long-term illness

**5% above** the national average for emergency hospital admissions



**44% below** the national average for emergency hospital admissions

**79.3** male life expectancy



**86.7** male life expectancy

## 12. HEALTH & WELLBEING ETHNICITY INEQUALITY INFOGRAPHIC

Local data on inequalities between demographic groups highlight the poorer outcomes among those from Black African and Black Caribbean backgrounds. However this data is limited at a local level, often relying on bespoke data collection or research projects.

### Black African & Black Caribbean

residents have amongst the poorest health & wellbeing outcomes



**29%**

of Black residents live in the most deprived neighbourhoods



**31%**

Black children in Year 6 are overweight or obese



**53%**

Black students achieve a strong pass in English & Maths



**46%**

Black adults experience food insecurity



**44%**

COVID-19 dose 1 vaccine coverage in Black Caribbean population



**38%**

Bowel cancer screening uptake in Black population



### White

residents have amongst the best health & wellbeing outcomes

**17%**

of White adults live in the most deprived neighbourhoods

**20%**

White children in Year 6 are overweight or obese

**62%**

White students achieve a strong pass in English & Maths

**9%**

White adults experience food insecurity

**71%**

COVID-19 dose 1 vaccine coverage in White population

**44%**

Bowel cancer screening uptake in White population

# 13. HEALTH & WELLBEING WARD MATRIX

Multi Ward Area	Electoral Ward	Place			Start Well			Live Well				Age Well			
		IMD Score	Unemployed	Overall Crime	A&E visits in under 5s	Emergency admissions in under 5s	Excess Weight - Year 6	Cancer Incidence	Emergency hospital admissions	Deaths from all causes	Deaths from cancer	Deaths from CVD	Deaths from resp. diseases	Male L.E.	Female L.E.
		2019	2019/20	2020/21	2017/18 - 2019/20	2017/18 - 2019/20	2017/18 - 2019/20	2014 - 2018	2015/16 - 2019/20	2015-19	2015-19	2015-19	2015-19	2015-19	2015-19
		Score	%	Rate per 1,000	Rate per 1,000	Rate per 1,000	%	Ratio	Ratio	Ratio	Ratio	Ratio	Ratio	Years	Years
North East	North Bermondsey	22.4	2.6	176	645.0	115.0	41.1	95.1	92.3	105.0	105.5	111.9	81.8	78.8	82.9
	Rotherhithe	24.6	2.8	212	636.4	108.5	37.5	93.0	89.7	89.9	83.4	79.5	107.2	79.9	85.2
	South Bermondsey	28.3	4.3	166	793.4	121.2	43.9	107.6	103.7	87.5	99.9	95.3	89.1	79.9	85.5
	Surrey Docks	16.8	2.0	154	671.2	137.3	37.5	89.6	81.4	75.7	95.9	76.5	76.0	84.7	85.1
North West	Borough & Bankside	21.1	2.6	497	885.5	132.2	30.8	115.5	96.3	97.3	127.3	84.2	85.3	79.6	83.4
	Chaucer	26.4	3.3	215	828.3	121.1	41.2	93.6	95.1	73.3	102.7	64.6	66.2	85.3	85.8
	L.Bridge & W.Berm.	23.3	3.0	398	712.4	115.2	38.9	108.5	98.0	128.5	127.2	115.3	143.9	75.7	80.6
	St George's	32.6	4.5	343	930.6	155.9	46.9	100.0	126.4	118.3	108.0	145.2	76.1	76.0	83.0
East Central	Nunhead & Q. Road	33.9	4.3	153	733.6	88.0	42.4	94.5	101.7	141.3	109.2	141.1	129.7	74.8	80.8
	Old Kent Road	32.0	5.1	225	765.0	116.0	46.0	105.8	102.9	94.2	108.3	85.1	109.6	79.6	84.4
	Peckham	34.0	5.8	159	782.8	91.5	45.4	100.5	102.4	108.9	105.9	102.2	93.0	78.1	81.4
	Peckham Rye	21.3	3.4	105	629.2	75.0	26.3	98.5	73.8	84.5	96.0	78.0	64.5	80.7	85.9
	Rye Lane	27.2	4.2	258	706.8	80.7	41.6	107.1	80.2	87.5	103.7	92.4	95.7	79.7	85.4
West Central	Camberwell Green	31.2	4.9	220	826.5	90.3	48.5	100.0	91.4	108.4	101.8	109.5	85.2	78.2	83.4
	Faraday	34.3	5.2	213	763.8	116.9	44.8	96.4	105.1	86.1	98.4	72.8	93.6	79.3	85.9
	Newington	30.0	4.6	134	781.8	132.8	43.3	114.3	108.0	92.6	106.0	92.2	87.1	77.6	86.2
	North Walworth	33.6	4.0	366	852.0	143.4	46.7	109.0	111.1	101.0	92.8	125.3	116.0	78.0	84.4
	St Giles	27.2	4.3	187	851.5	90.0	48.2	105.4	89.2	90.4	102.5	101.6	85.7	80.0	85.2
South	Champion Hill	18.2	3.2	110	789.3	111.3	35.0	99.1	72.4	67.0	85.9	61.0	45.3	82.6	90.4
	Dulwich Hill	18.1	2.6	124	698.0	93.3	26.5	97.2	82.6	97.8	98.6	101.6	96.6	79.2	83.8
	Dulwich Village	9.8	1.2	120	549.0	72.1	23.1	90.2	56.2	56.1	64.8	64.3	37.5	86.7	89.4
	Dulwich Wood	20.3	3.3	129	573.9	66.1	34.5	97.3	77.3	81.2	92.9	79.3	71.1	80.2	86.9
	Goose Green	16.4	2.5	140	684.4	104.5	22.8	98.3	72.2	83.9	99.2	79.7	67.7	80.6	86.1
<b>Southwark</b>		<b>25.8</b>	<b>3.7</b>	<b>205</b>	<b>734.2</b>	<b>104.9</b>	<b>40.3</b>	<b>100.8</b>	<b>91.7</b>	<b>93.8</b>	<b>100.2</b>	<b>93.6</b>	<b>88.0</b>	<b>79.4</b>	<b>84.6</b>

Outcome significantly poorer than Southwark
Outcome poorer than Southwark, but not significantly
Outcome better than Southwark, but not significantly
Outcome significantly better than Southwark

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Find out more at:  
[southwark.gov.uk/jsna](https://southwark.gov.uk/jsna)

**OVERVIEW OF HEALTH & WELLBEING**  
**PUBLIC HEALTH DIVISION**

LONDON BOROUGH OF SOUTHWARK



<b>Item No.</b>	<b>Classification:</b> Open	<b>Date:</b> 7 March 2022	<b>Decision Maker:</b> Health and Wellbeing Board
<b>Report title:</b>		Joint Health and Wellbeing Strategy 2022 - 27	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Sangeeta Leahy, Director of Public Health	

### RECOMMENDATION(S)

1. The Southwark Health and Wellbeing Board is asked to provide comment on the draft Joint Health and Wellbeing Strategy and agree that a final version be returned to the Board in July for adoption.

### BACKGROUND INFORMATION

2. Southwark's Joint Health and Wellbeing Strategy was adopted by the Health and Wellbeing Board in 2015 and ran until 2020. In June 2021, the Board agreed that the Health Inequalities Framework and the impacts of the pandemic would shape, inform and form the basis of the refresh of the Joint Health and Wellbeing Strategy. The Board agreed that a Joint Health and Wellbeing Strategy steering group would be established to develop the draft strategy.
3. The steering group was established comprising leadership from Southwark Council's Public Health Team, Partnership Southwark, South East London CCG, Healthwatch Southwark and Community Southwark. The Strategy has been shaped by the Steering group, informed by:
  - A review of data, research and needs assessments;
  - Reviewing local strategies, plans and partnerships that are relevant to the priority objectives;
  - Collation of community and stakeholder engagement including Understanding Southwark research, engagement through Southwark Stands Together and South London Listens;
  - Workshops with the Board in July and December 2021, to shape the priorities and objectives;
  - Meetings with partnerships and colleagues across the system to ensure that the strategy objectives reflect priorities in their areas of expertise.
4. The focus of the strategy is on tackling health inequalities that lead to differences in health and life expectancy within the borough. This was agreed by the Board in June 2021.

5. Existing inequalities in Southwark have been exacerbated by the Covid-19 pandemic. The poorest outcomes are concentrated for people living in deprived neighbourhoods, with an 11 year gap in male life expectancy between wards within the borough. The Covid-19 pandemic has exposed and exacerbated existing inequalities within Southwark. It has had a disproportionate impact on Black, Asian and minority ethnic communities, deprived areas and people living in care homes. The need to address these inequalities underpins the strategy itself, and the work to empower communities through coproduction.
6. Comments received on the Strategy will help to shape the final version, which will be returned to the Board in July 2022 for adoption.

## KEY ISSUES FOR CONSIDERATION

### Key principles underpinning the Strategy

7. The strategy is underpinned by four key principles:
  - Embedding an approach to tackling health inequalities across all our policy making, services and delivery;
  - Making sustainability and tackling climate change an integral part of protecting and improving health;
  - Place-based approach and population groups;
  - Community empowerment and co-production.
8. These principles reflect the priorities in the Southwark borough plan, including tackling health inequalities and the climate emergency, and the aim in the Partnership Southwark Recovery Plan to improve population health outcomes and reduce inequalities.

### Priorities and objectives

9. There are seven priorities in the strategy. Six of these focus on the upstream factors that contribute to health inequalities, with the final objective focused on the health and social care system:
  - *Ensure the best start in life for every child;*
  - *Enable all children, young people and adults to maximize their capabilities and have control over their lives;*
  - *Create fair employment and good work for all;*
  - *Ensure a healthy standard of living for all;*
  - *Create and develop healthy and sustainable places and communities;*
  - *Strengthen the role and impact of ill health prevention;*
  - *Deliver high quality, joined up, and person-centred health and social care.*
10. Objectives have been developed under each priority which focus on reducing inequalities and improving health for people in Southwark. The

Strategy sets out the key strategies and action plans which relate to each objective, helping to identify how these objectives will be delivered in more detail.

#### Systems delivery and governance

11. The priorities and objectives in this strategy tackle complex issues that are shaped by multiple factors. Many of them will require the whole system to work together to achieve progress.
12. The Board will maintain strategic oversight over delivery of the Strategy, through the approach to monitoring outcomes described in para 22.
13. Partnership Southwark Executive will have more detailed responsibility for the delivery of the Strategy. A working group will be established within Southwark Council, to join up local authority work on the wider determinants of health. This will report directly in to Partnership Southwark Executive and ensure that there is partnership oversight of this work.

#### Enabling systems transformation – Transformational Fund

14. An transformational fund is being developed and will be launched in 2022/23. The fund will seek to embed the four strategy principles and transform day-to-day work: tackling health inequalities, addressing climate change, place based and targeted approaches and empowering communities. The purpose of the fund will be to support the development of new ways of working, rather than small-scale health initiatives.
15. This will be funded by Southwark Council and the CCG and seek to align investment in integration to the Health and Wellbeing Board and SEL ICS priorities.

#### Community empowerment and coproduction

16. Community empowerment and coproduction is a principle underpinning the strategy, and a key factor in how the strategy will be delivered.
17. The strategy includes a commitment to embed community voices into the work of the Health and Wellbeing Board, creating lasting commitments to work together.
18. This will be supported by delivery of a coproduction programme in the first year of delivery, to co-produce specific actions for priority objectives. The long-term aim of this work is to develop approaches to enable local communities to shape and contribute to how the Health and Wellbeing Board improves population health in Southwark on an on-going basis.

### Monitoring outcomes and accountability

19. Outcomes will be monitored in three ways:
  - An annual 'State of the Borough' report, providing the story of health and wellbeing in Southwark;
  - A borough level outcomes framework, tracking key indicators associated with the priorities and objectives of the strategy;
  - A series of themed 'deep dives', enabling the Board to review specific areas of health and wellbeing.

### **Community, equalities (including socio-economic) and health impacts**

#### **Community impact statement**

20. The focus within the Strategy is to tackle health inequalities in the borough by addressing and improving the determinants of health for our most vulnerable populations and community groups. This should have a positive community impact, by reducing inequalities within the borough and empowering communities to help drive that change.
21. The Public Sector Equality Duty has been considered and the impact of the Strategy on people possessing "protected characteristics", as outlined in the Equality Act 2010.
22. An Equality and Health Impact Analysis has been completed during the development of the Strategy. Owing to the Strategy's focus on targeting population groups to tackle health inequalities, it is expected that the strategy will have a positive impact on people with protected characteristics. There is a need to ensure that, in the delivery of the Strategy, the voices of people who are often underrepresented in decision-making are amplified.

#### **Climate change implications**

23. Tackling the climate emergency is one of the key principles underpinning the Strategy. This will require joint working on key areas such as improving air quality and consideration of sustainability in areas such as food security.

#### **Resource implications**

24. The health and wellbeing innovation fund is in development to support the delivery of this Strategy. This will align investment from the NHS and the Council to deliver shared priorities.
25. Any new projects/initiatives that arise through the Strategy which require additional or reallocation of funding would need to be considered through the normal budget, monitoring and governance processes.
26. Officer time will be required to support the delivery of the Strategy, including

the establishment working group and oversight from Partnership Southwark Executive.

### Consultation

27. This Strategy has already been shaped by extensive community engagement.
28. Community engagement and co-production will shape the delivery of the strategy by identifying shared actions linked to the objectives.

Background Papers	Held At	Contact
Equality Impact Analysis	Public Health Division / Southwark Council	Rebecca Harkes, 07936 036116
State of the Borough Report	Public Health Division / Southwark Council	Chris Williamson, 020 7525 1774

### APPENDICES

No.	Title
Appendix 1	Draft Joint Health and Wellbeing Strategy

### AUDIT TRAIL

<b>Lead Officer</b>	Jin Lim, Deputy Director of Public Health	
<b>Report Author</b>	Rebecca Harkes, Public Health Policy Officer for Health Inequalities	
<b>Version</b>	Final	
<b>Dated</b>	22nd February 2022	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Law and Governance	No	No
Strategic Director of Finance and Governance	No	No
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>		24 February 2022

**DRAFT**

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

Southwark Health and Wellbeing Board  
4<sup>th</sup> March 2022

# Foreword

DRAFT

**Councillor Kieron Williams**

Leader, Southwark Council

Chair of the Health and Wellbeing Board

**Dr Nancy Kuchemann**

GP Clinical Lead,  
SELCCG

Deputy Chair of the  
Health and Wellbeing  
Board

**Councillor Evelyn Akoto**

Cabinet Member for  
Health and Wellbeing,  
Southwark Council

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- Ensure a healthy standard of living for all	16
- Create and develop healthy and sustainable places and communities	20
- Strengthen the role and impact of ill health prevention	22
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## Background

Southwark's Joint Health and Wellbeing Strategy sets out our aims for the health and wellbeing of people in the borough. The development of the strategy has been led by Southwark's Health and Wellbeing Board. Engagement with stakeholders and our communities has helped shape the priorities and objectives. The strategy focuses on the factors that affect health and wellbeing and lead to health inequalities, including the conditions in which people are born, live, work and age in Southwark.

### **The Health and Wellbeing Board**

The Health and Wellbeing Board provides the leadership for health and wellbeing in Southwark, bringing together partners and organisations in the borough that have a role in improving health. Our board in Southwark includes Southwark Council, South East London Integrated Care System, Community Southwark, Healthwatch Southwark, the three NHS Trusts which provide care to people in Southwark (Guy's and St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust, and South London and Maudsley NHS Foundation Trust), and Guy's and St Thomas' Foundation.

There is a statutory responsibility for the Board to produce a Joint Health and Wellbeing Strategy that addresses the needs and improves the health of our population<sup>i</sup>. The strategy does not stand alone and must be considered alongside the accompanying thematic strategies, action plans and evolving work that is taking place to integrate health and social care. Key population needs are identified through a programme of Joint Strategic Needs Assessments.

### **Addressing local population needs**

The strategy is informed by the evidence reviews by the UCL Institute of Health Equity and the work of the Marmot Team<sup>ii</sup>. Existing research and health literature has been reviewed to determine the key priorities to improve health and wellbeing in Southwark.

The national research and evidence base alongside the Southwark Joint Strategic Needs Assessments (JSNAs) on the health of the population in Southwark have shaped the core principles that underpin the strategy. This includes the State of the Borough report, which provides an overview of health, wellbeing and inequalities in Southwark. The priorities and objectives in the strategy have also been shaped by what local people have told us, through community engagement and listening, and existing local strategies and plans.

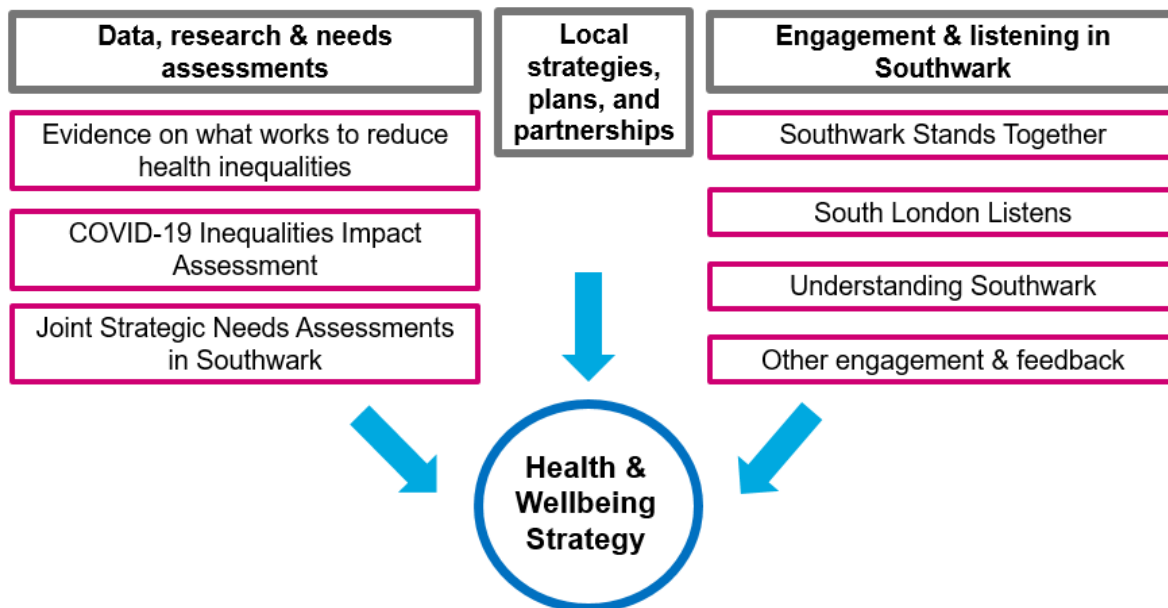


Figure 1: Summary of evidence used to shape Joint Health and Wellbeing Strategy

### Box 1. Joint Strategic Needs Assessment in Southwark

There is a statutory responsibility to produce a Joint Strategic Needs Assessment (JSNA), which identifies the key issues affecting the health and wellbeing of people in Southwark, now and in the future<sup>iii</sup>. To do this, we review a wide range of data and information, as well capturing the views of people who use our services or live in the borough.

The Southwark JSNA is in the form of a work programme across four themes: population groups, behaviours and risk factors, wider determinants of health, health conditions and healthcare. Each JSNA topic takes a systematic approach to looking at health issues that affect people in Southwark and makes recommendations to improve health and reduce health inequalities. In the past five years, JSNAs have covered a broad range of groups and topics, from school-age children to mental health, long term chronic health conditions, air quality and healthy weight.

A State of the Borough report is also produced as part of the JSNA programme, providing the story of health and wellbeing in Southwark.

The JSNA programme is used to inform the development of key policies and action plans. They are public documents and have also been used as a resource by wider Voluntary and Community Sector organisations for community conversations and to support local action.

For more information, please see: [www.southwark.gov.uk/jsna](http://www.southwark.gov.uk/jsna)

## Informed and shaped by our communities

Extensive community and stakeholder engagement have helped to shape our priorities and objectives. Local people have told us what matters. Telephone and online surveys, focus groups, stakeholder discussions, street interviews and walking ethnographies have all contributed to our understanding of local issues and informed our strategy.

Engagement cannot be a one-off. There will be further work with communities to co-produce actions, feedback on our achievements and identify where our responses can be strengthened. This will take place over the next 12 months with the aim of developing and adopting an even stronger community voice in the Health and Wellbeing Board's work on the Joint Health and Wellbeing Strategy.

### Box 2. Understanding Southwark (Social Life)

Social Life carried out an extensive and in-depth community research programme between April 2020 and August 2021 on behalf of Southwark Council.



Figure 2: Summary of engagement in Social Life's research, 2021

Source: [Understanding Southwark: Daily Life and the impact of Covid-19 across the borough](#)

The research looked at daily life across the whole of the borough as well as in-depth research into six of the most deprived parts of the borough undergoing change and regeneration. There were interviews with residents and stakeholders, surveys and case studies. The research provides insight into people's experiences of their local areas and the impact of the COVID-19 pandemic on people and businesses. A set of themes and local issues are identified which highlight the assets in Southwark that supported people during the pandemic, local people's concerns and the inequalities present in the borough. The research reinforces the importance of tackling the priorities that are proposed in the Joint Health and Wellbeing Strategy and have helped inform the development of objectives.

For more information, please see: [www.social-life.co/publication/understanding\\_southwark\\_an\\_indepth\\_account/](http://www.social-life.co/publication/understanding_southwark_an_indepth_account/)

### **Box 3. The strong voices from local communities**

#### Southwark Stands Together

Southwark Stands Together is the borough wide initiative established in 2020 as a response to Black Lives Matter, the murder of George Floyd and the disproportionate impact of the Covid-19 pandemic on our Black, Asian and minority ethnic communities. It sets an ambitious programme to tackle the injustice and racism experienced by Black, Asian and minority ethnic communities to bring about a fairer and more equal society. The programme involved extensive engagement in 2020 including listening events, face-to-face engagement sessions, and themed round-tables. The action plan includes actions on street scape and the physical environment, initiatives to support educational achievement, support for good employment and investigating potential systemic bias in commissioning.

For more information, please see: [www.southwark.gov.uk/engagement-and-consultations/southwark-stands-together](http://www.southwark.gov.uk/engagement-and-consultations/southwark-stands-together)

#### South London Listens

The South London Listens programme started as an urgent mental ill-health prevention response to the COVID-19 pandemic and was launched in 2020 by the NHS mental health trusts in South London. It is a partnership involving local authorities, the South London Mental Health and Community Partnership, Citizens UK, local Healthwatch organisations, South East and South West London Integrated Care Systems, and over 100 community organisations including schools, colleges, universities, faith organisations and small charities. The programme has so far included a listening campaign and three digital summits, leading to a series of asks made by the community to the NHS and local authorities. The South London Listens Action Plan has now been published, which sets out what work will be done to meet those asks.

For more information, please see: [www.slam.nhs.uk/about-us/get-involved/south-london-listens/](http://www.slam.nhs.uk/about-us/get-involved/south-london-listens/)

We have reviewed national<sup>iv</sup> and local evidence<sup>v</sup> to further understand the impact of Covid-19 on people in Southwark. The pandemic has impacted everyone but some groups have been impacted more than others, particularly those that were already experiencing inequalities.

## The state of health and health inequalities in Southwark

Southwark is a diverse inner-London borough with a growing population and home to around 320,000 people<sup>vi</sup>. Before the pandemic, life expectancy was improving for people in Southwark and preventable deaths had been falling. However, there were large health inequalities in the borough, with life expectancy being lowest in communities with higher levels of socio-economic deprivation such as Peckham and highest in our more affluent communities, such as Dulwich. Considered over time, the within borough inequalities are widening.

### There is an 11 year inequality gap in male life expectancy along a 15 minute train journey

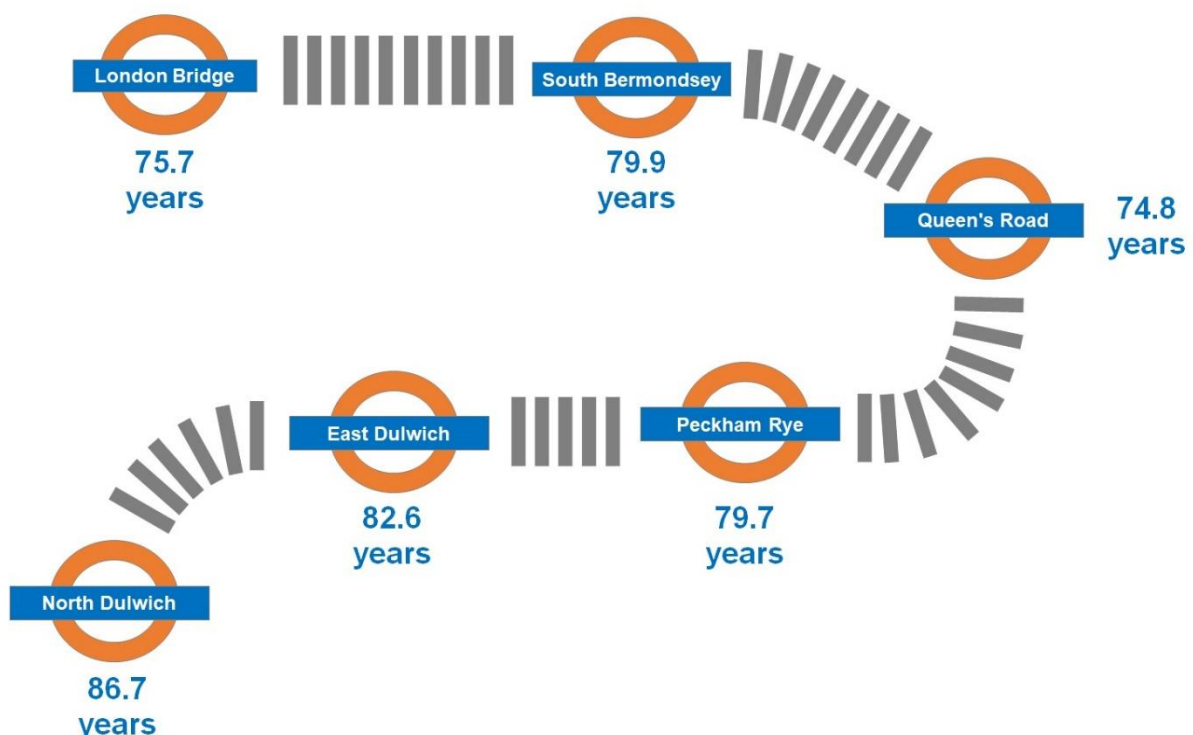


Figure 3: Life expectancy gaps within Southwark

For more information, please see the *State of the Borough* report which accompanies the Joint Health and Wellbeing Strategy.

### What are health inequalities?

Health inequalities are preventable and unfair differences in health across the population and between different groups of people.

These differences in health can include differences in health status (such as life expectancy), in access to care, in the quality and experience of care, in behaviours that affect health (such as smoking), and in the wider determinants of health<sup>vii</sup>. The wider or social determinants of health are the broad conditions that people experience over their lifetimes, including in education and employment, and the

places, communities, and homes in which people live. These conditions together have a large impact on people's health and make a big contribution to health inequalities. These wider determinants of health are a focus of the new strategy.

Health inequalities affect many different groups and are closely linked to disadvantage. From national evidence we know that people who live in more deprived areas have a lower life expectancy and spend more of their lives in ill-health compared to people in less deprived areas<sup>viii</sup>. Socially excluded groups, such as people experiencing homelessness, often have much worse health outcomes than the rest of the population<sup>ix</sup>. There are also inequalities in health between people with different characteristics, such as by gender or ethnicity.

### Our poorest outcomes are concentrated in our most deprived neighbourhoods

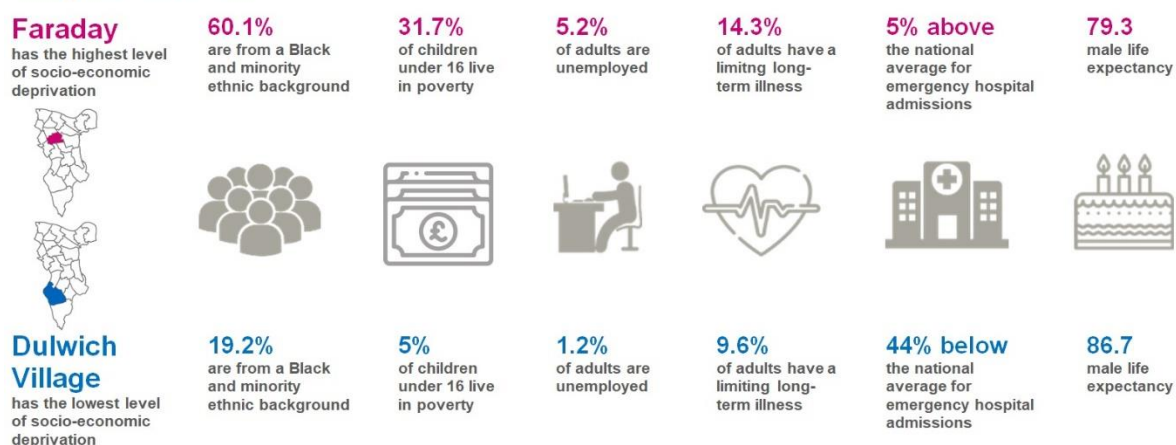


Figure 4: Health and wellbeing geographic inequalities infographic  
Source: Southwark Council (2022). State of the Borough Report.

While inequalities are often measured according to one factor (for example income), disadvantages interact and multiply. Within disadvantaged groups, experiences of inequalities are not homogenous; people can experience multiple disadvantage, which will overlap and cumulate. This means that some people, groups, and communities experience even greater health inequalities. Health inequalities also collect over the course of people's lives. This means that it is important to intervene at multiple different stages and in particular at critical stages such as early childhood.

Structural racism creates and exacerbates health inequalities, through inequalities in the wider determinants of health and differences in experiences of health services. National and local inequalities in health disproportionately impact Black, Asian and minority ethnic groups. These issues have been exacerbated by the Covid-19 pandemic.

## Residents from Black African and Black Caribbean backgrounds have amongst the poorest outcomes in the borough

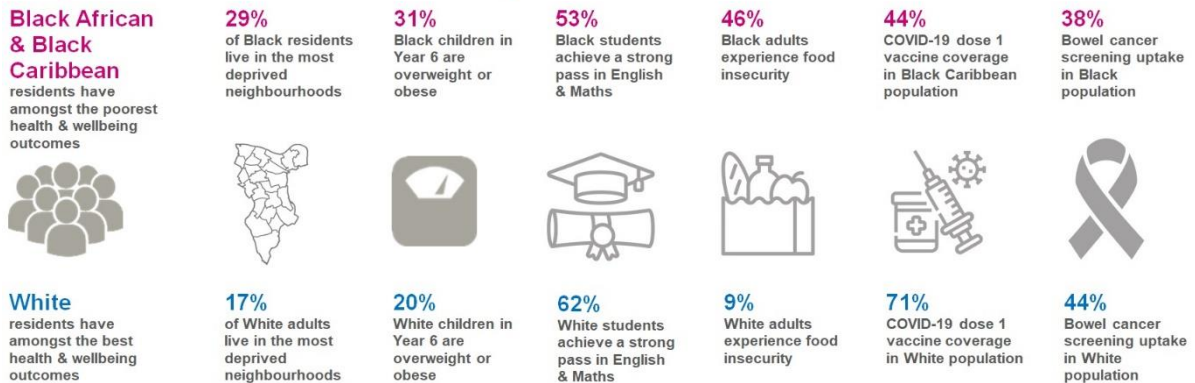


Figure 5: Health and wellbeing ethnicity inequalities infographic  
Source: Southwark Council (2022). State of the Borough Report.

### Box 4: Investigating potential systemic bias in commissioning

The pandemic has shone a spotlight on pre-existing structural inequalities. An innovative approach is being piloted to investigate potential biases in how services are commissioned and to develop a toolkit to address these biases.

Commissioning describes the full process of assessing population needs, designing and procuring services, and monitoring how services are addressing needs. Each of these stages, separately and together, may create or exacerbate barriers to services and contribute to poorer outcomes for Black, Asian and minority ethnic communities. We are undertaking work to review our processes during these stages, to better understand the impact of bias.

The pilot will focus on the commissioning practice of Southwark Council's Public Health team. The toolkit developed from this work should be transferable across the wider health and social care system.

### National and local impacts of Covid-19

Evidence suggests that local and national health inequalities have widened as a result of the pandemic. There have been inequalities in serious illness and death from COVID-19 infection<sup>x</sup>.

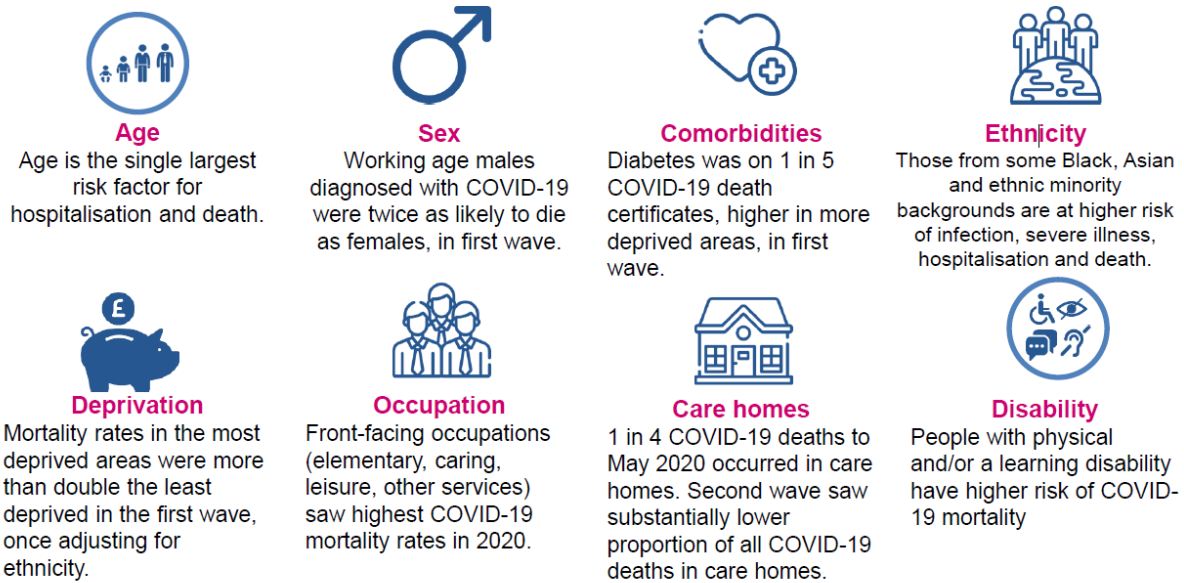


Figure 6: Groups disproportionately affected by Covid-19 nationally  
Source: Covid-19 Inequalities Impact Assessment. Southwark Council. London. 2021

The wider health, social and economic aspects of the pandemic have also hit some groups harder. In Southwark, people who already experience health inequalities have been further impacted by the pandemic. This will likely continue with issues such as economic recession and a long-term recovery for the NHS impacting some more than others.

Examples of COVID-19 impacts on our population and services		
Health Impacts	Social Impacts	Economic Impacts
<ul style="list-style-type: none"> <li>Acute healthcare</li> <li>Chronic and long-term conditions</li> <li>Long COVID-19 disease</li> <li>COVID-19 vaccinations</li> </ul>	<ul style="list-style-type: none"> <li>Wellbeing</li> <li>Loneliness</li> <li>Mental health</li> <li>Education</li> </ul>	<ul style="list-style-type: none"> <li>Job security</li> <li>Household income</li> <li>Financial security</li> <li>Homelessness</li> <li>Food security</li> </ul>

For further information, please see: [Covid-19 Impact Assessment, Southwark Council](#)



## The Southwark Joint Health and Wellbeing Strategy

### Principles

Four principles are central to the delivery of this strategy:

1. **Embedding an approach to tackling health inequalities across all our policy making, services and delivery.** Health inequalities are preventable and unfair differences in health across the population and between different groups of people. We will ensure that all of our services embed an approach to reducing health inequalities, including recognising the role of structural inequalities and discrimination. This principle is accompanied by a training programme to make tackling health inequalities every body's business, from ensuring the use of equality impact assessments, to enhanced Making Every Contact Count training for the workforce and wider system.
2. **Making sustainability and tackling climate change an integral part of protecting and improving health.** The climate emergency will have a direct impact on the residents of Southwark and it is often those who are vulnerable who are most directly impacted. Tackling climate change is therefore an integral part of our approach to reducing inequalities.
3. **Place-based approach and population groups.** We will target services and support to communities who need them most. Recognising inequity and levelling up to ensure equity is key. This means that we must give special consideration to parts of the borough and neighbourhoods that are most deprived and population groups with the highest needs and those who face challenges in accessing services.
4. **Community empowerment and co-production.** We recognise that individuals are experts in their own lives and their local communities. We will work in partnership with our communities to deliver this strategy, embedding community-led work and ambitions to improve health and wellbeing in Southwark.

## Priorities and objectives

Our strategy has seven priority areas that span the wider factors that affect health and life chances. Under each priority, we have set out a series of objectives describing the ways we can work to improve health and reduce health inequalities. We have also included the key action plans and strategies through which each objective will be implemented.

The objectives are interlinked - for instance, increasing opportunities for active travel will have knock-on effects on air quality and on reducing carbon emissions. By bringing these objectives together, there is an opportunity to identify where the system is working together effectively to improve health and wellbeing and where further attention is required.

<p><b>Ensure the best start in life for every child</b> Includes maternal health, infant mortality, early years health &amp; development</p>
<p><b>Enable all children, young people and adults to maximise their capabilities and have control over their lives</b> Includes education, skills &amp; training</p>
<p><b>Create fair employment and good work for all</b> Includes the quality &amp; security of employment, the local economy</p>
<p><b>Ensure a healthy standard of living for all</b> Includes multiple deprivation, poverty, debt, food insecurity, digital inclusion</p>
<p><b>Create and develop healthy and sustainable places and communities</b> Includes housing, the built environment, air quality, social cohesion, climate change</p>
<p><b>Strengthen the role and impact of ill health prevention</b> Includes good mental health, screening &amp; preventative programmes, healthy lifestyles</p>
<p><b>Deliver high quality, joined up, and person-centred health and social care</b> Includes working together, quality/accessibility of care, carers support</p>

## Priority 1: Ensure the best start in life for every child

### *Why is this important?*

Early childhood experiences can have lifelong effects on health and wellbeing. Supporting children and families during this time is critical to reducing health inequalities. This includes taking action to prevent and reduce the impact of traumatic and stressful experiences in childhood (sometimes referred to as Adverse Childhood Experiences) and to enable children to develop to the best of their potential.

### *What have we heard from communities and stakeholders in Southwark?*

Over the course of the pandemic, strong concerns were voiced about vulnerable parents, children and young people including families who are struggling financially<sup>xi</sup>. The mental health of children and young people and their families is important to people. Peer support for parents' mental health was an ask in the South London Listens work<sup>xii</sup>. Concern about mental health in children and young people has been a consistent theme in engagement<sup>xiii</sup>.

### *Our objectives:*

- 1.1. Ensure there is holistic support and care for families during pregnancy and the first years of life
- 1.2. Support every child to develop and maximise school readiness
- 1.3. Protect and safeguard children from harm using a whole-family approach
- 1.4 . Improve the mental health and wellbeing of children and young people.

### *What strategies and action plans do these link to?*

[Southwark's Joint Mental Health and Wellbeing Strategy](#)

[South London Listens](#)

[Southwark Safeguarding Priorities and Themes](#)

[Southwark Family Early Help Offer](#)

[Partnership Southwark Recovery Plan](#)

## **Priority 2: Enable all children, young people and adults to maximise their capabilities and have control over their lives**

*Why is this important?*

Education and skills are important factors in future life-chances, employment, and income and as a result, these impact on physical and mental health. Nationally, there are inequalities in which children are excluded from school and exclusions are associated with poor lifelong outcomes<sup>xiv</sup>. As well as being crucial for educational outcomes in children and young people, schools and colleges are also important in many other ways and can help to improve health and promote healthy behaviours. Young people are key stakeholders in decisions about their areas. Collaborating with young people will lead to decision-making and services which better reflect young people's experiences and ambitions. Adult learning and skills development can help people achieve in different stages of their life, creating fairer futures for people in Southwark.

*What have we heard from communities and stakeholders in Southwark?*

During the Understanding Southwark research, people reported that more visible provision is needed to support young people including hubs and services that can share information about mentorships, apprenticeships, and employment<sup>xv</sup>. Young people told us that they did not always feel seen as an audience for local change.

*Our objectives:*

2.1. Support all children to achieve their potential in education – including through tackling the underlying causes of school exclusions and supporting children with special educational needs and disabilities and children in contact with children's social care

2.2. Enable young people to thrive in all areas of their lives – including through youth services and opportunities in higher education, training, and employment

2.3. Reduce serious youth violence by tackling the root causes, preventing adverse childhood experiences and building resilience in children

2.4. Ensure young people shape their local areas and services through collaboration and co-design

2.5. Support adults of all ages to access lifelong learning and skills development.

*What strategies and action plans do these link to?*

Southwark Council's Youth New Deal

[Southwark Council's Economic Renewal Plan](#)

[Southwark Skills Strategy 2018-2022](#)

[Special Educational Needs and Disability: Education Provision Strategy](#)

### Priority 3: Create fair employment and good work for all

#### *Why is this important?*

People who are unemployed often have worse health than people in work. We also know that the quality of work matters, including getting a wage that prevents poverty and provides safe and secure working conditions. Supporting the local economy, including through procurement practices, is one tool to improve the wellbeing of people in Southwark.

Unequal access to employment, low incomes and zero-hours contracts are some of the challenges which people in Southwark face. Southwark residents from Black, Asian and minority ethnic groups, and people with disabilities, are more likely to be unemployed and receive disproportionately lower earnings.

The organisations represented on Southwark's Health and Wellbeing Board have a responsibility to champion equality, diversity, and inclusion within their workforces. Through doing this we can develop workforces and leadership that reflect the diversity of people and communities in Southwark.

#### *What have we heard from communities and stakeholders in Southwark?*

Work and wages emerged as one of the priority areas of South London Listens<sup>xvi</sup>. The Understanding Southwark research highlighted the importance of employment and the local economy to residents, and the difficulties traders and small business owners experienced during the pandemic<sup>xvii</sup>.

Employment and business is one of the Southwark Stands Together workstreams. In a local survey conducted under the workstream, two thirds of ethnic minority respondents had experienced racial discrimination within their employment, three times more than white British respondents.

#### *Our objectives:*

3.1 Increase access to good quality jobs, creating new routes to employment and providing support to those facing barriers to employment, with a particular focus on those facing systemic inequality such as those from Black, Asian and minority ethnic backgrounds, women and disabled people

3.2. Reduce in-work poverty, by promoting the London Living Wage and improving access to support for those facing financial difficulties

3.3. Maintain a skills and training offer that is aligned to the needs of key economic sectors and provides the high-quality training needed to access good quality jobs

3.4. Champion and promote health and wellbeing across the economy, through improving access to integrated wellbeing and employment support

3.5. Support businesses to become more resilient and to thrive, particularly those providing essential goods and services and those more vulnerable to economic shocks

3.6. Provide additional support for entrepreneurs who are underrepresented in specialist and growth sectors, including women, disabled and Black entrepreneurs

3.7. Develop a diverse, inclusive, and culturally competent workforce.

*What strategies and action plans do these link to?*

[Southwark Council's Economic Renewal Plan](#)

[Southwark Skills Strategy 2018-2022](#)

[Southwark Council's Fairer Future Procurement Framework](#)

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## Priority 4: Ensure a healthy standard of living for all

### *Why is this important?*

This priority is about making sure that people of all ages and backgrounds in Southwark have a good standard of living. This includes having enough food and healthy food to eat, being able to afford to live healthily and heat homes during the winter, having the skills and devices to use digital services and being safe. All of these have benefits for health. Socially excluded groups often have worse health outcomes compared to the rest of the population and to narrow this gap it is important to make sure that our services are easy to access and appropriate.

### *What have we heard from communities and stakeholders in Southwark?*

Many residents have experienced economic precarity and food insecurity during the pandemic. Vulnerable people have become increasingly visible and local people have voiced concern about some groups falling through gaps in support<sup>xviii</sup>. Digital exclusion has contributed to loneliness and social isolation during the pandemic<sup>xix</sup>.

### *Our objectives:*

4.1. Improve food security and access to healthy and sustainable food

4.2. Identify and act on opportunities to mitigate the impacts of poverty

4.3. Support our residents to manage debt

4.4. Ensure that services are accessible to and meet the needs of the most excluded groups – including people facing multiple disadvantage, people experiencing homelessness, refugees, asylum seekers and vulnerable migrants

4.5. Improve digital inclusion

4.6. Make the borough a safer place for everyone – including through tackling violence and domestic abuse, protecting and safeguarding vulnerable adults and understanding and tackling exploitation

### *What strategies and action plans do these link to?*

[Southwark Food Security Action Plan](#)

[Southwark Digital Infrastructure Strategy](#)

[Southwark Council's Economic Renewal Plan](#)

[Southwark Community Safety Partnership Plan 2017-2020](#)

[Southwark Violence Against Women and Girls Strategy 2019-2024](#)

*Case Study: The 'Step-by-Step pilot'- supporting local people to manage their debt*

Southwark Council is the largest landlord by numbers of homes owned and managed in the borough. More than one in five of all households live in Council social rented homes.

The pandemic has seen a significant increase in debts among social housing tenants – with total rent arrears among council tenants rising by more than forty percent since March 2020. Other debts including council tax debt have also risen. Combined with the increasing cost of living and the withdrawal of emergency protections against creditors, tenants face risks relating to their inability to manage debts that could include homelessness, destitution and deteriorating physical and mental health.

The Council had been testing new and fairer approaches to managing resident debts before the pandemic and expects to build upon and expand that work as we emerge from the pandemic.

Step by Step enables a single view of debt owed to the Council. Under Step by Step, a resident with multiple debts to the Council may opt to combined them into one debt pot enabling the Council to take a more coherent and fairer approach to managing that debt. All entrants to Step by Step also benefit from a local version of Breathing Space where the Council unconditionally pauses all collection and enforcement activity for up to three months. Crucially, Step by Step allows debts to be repaid over a much longer period. In August 2021, the Council extended Step by Step to include current rent arrears as part of a series of pilots to take place until summer 2022.

A Vulnerable Renters Fund has also been created to support vulnerable tenants with arrears.



## **Priority 5: Create and develop healthy and sustainable places and communities**

### *Why is this important?*

The places and communities in which we live have a big impact on our health. Community networks, relationships, and connectedness benefit mental wellbeing and have onwards effects on physical health. Community links can be strengthened in many ways, including through the arts and culture, community organisations, and community initiatives and volunteering.

Housing is an important determinant of health and unaffordable, insecure, or poor quality housing has impacts on mental health and physical health (for instance due to overcrowding and the effects of damp on respiratory conditions)<sup>xx</sup>. Access to green spaces has many benefits for health including positive impacts on mental health<sup>xxi</sup>. Well-designed parks, high streets, and town centres mean that these places can be used by people of all ages and backgrounds and can support healthy behaviours like walking and cycling.

Climate change is already affecting the health of people worldwide and it is likely to have the biggest impacts, locally and internationally, on people already experiencing health inequalities.

### *What have we heard from communities and stakeholders in Southwark?*

Local community organisations, parks and green spaces are seen as valuable assets by residents<sup>xxii</sup>. In the Understanding Southwark research, there was a strong theme on the need for decent and affordable housing and the effects of new developments on people already living in an area. Residents in some areas of the borough reported concerns about local air quality and pollution.

### *Our objectives:*

5.1. Have strong and connected communities

5.2. Ensure everyone has access to good quality parks and green spaces

5.3. Improve the quality, security and affordability of housing

5.4. Plan town centres, high streets and public spaces that are inclusive and promote health

5.5. Improve air quality and reduce the impact of air pollution

5.6. Tackle climate change.

### *What strategies and action plans do these link to?*

[Southwark's Voluntary and Community Sector Strategy 2017-2022](#)

[Southwark Council Cultural Strategy 2017-22](#)

[Southwark Libraries and Heritage Strategy 2019-22](#)

[Southwark Open Space Strategy](#)

[Southwark Nature Action Plan](#)

[Southwark Housing Strategy 2020](#)

[Air Quality Strategy and Action Plan 2017-2022](#)

[Southwark Climate Change Strategy](#)

[Guy's and St Thomas' NHS Foundation Trust Sustainability Strategy 2021-2031](#)

[Sustainable healthcare for all: A green plan for King's \(2021-2026\)](#)

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## Priority 6: Strengthen the role and impact of ill health prevention

### *Why is this important?*

Prevention of ill-health is important over the whole life-course, from immunisations in childhood to measures to prevent falls in older adults. Inequalities in the “Vital 5” (obesity, smoking, alcohol intake, high blood pressure, and mental ill-health) contribute to many of the most substantial health inequalities and tackling these is an important local aim. We have heard through Southwark Stands Together about the importance of understanding the needs of people from Black, Asian, and minority ethnic backgrounds, addressing barriers to accessing prevention and other services, and making sure that services are appropriate and effective. Physical activity is important for physical and mental health and has other benefits for communities (for instance through volunteering) and for air quality and climate change (through active travel).

### *What have we heard from communities and stakeholders in Southwark?*

The effects of the pandemic on mental health emerged as a key theme from residents and stakeholders in the Understanding Southwark research<sup>xxiii</sup>. Through South London Listens, people have told us in detail what they need from us to support their recovery from the mental health impacts of the pandemic. People have told us about barriers to accessing prevention services for Black, Asian and minority ethnic communities, which our services must address to ensure they are effective.

### *Our objectives:*

6.1 Promote good mental health across all ages

6.2 Ensure there are effective and accessible services that help prevent ill-health – including immunisations, screening, and measures to tackle “The Vital 5”

6.3 Support everyone to be physically active – including through active travel

6.4 Reduce the impact of Covid-19

### *What strategies and action plans do these link to?*

[Southwark’s Joint Mental Health and Wellbeing Strategy](#)

[South London Listens programme](#)

[Lambeth, Southwark, and Lewisham Sexual and Reproductive Health strategy 2019-24](#)

[Southwark Tobacco Control Strategy](#)

[Southwark’s Alcohol Action Plan](#)

[Southwark Healthy Weight Strategy 2016-2021](#)

[Southwark Council Sport and Physical Activity Strategy 2019-2023](#)

[Southwark Movement Plan](#)

[Partnership Southwark Recovery Plan](#)

#### **Box 5. Community health ambassadors**

The Community Health Ambassadors Network was set up by Southwark Council in partnership with Community Southwark and Healthwatch Southwark. They have helped to inform, empower and support the community during the Covid-19 pandemic. Ambassadors are provided with accurate information about Covid-19 guidance, vaccines, testing, health and wellbeing, food and financial support. Ambassadors also provide feedback about barriers and challenges the community is facing. Ambassadors are helping to break down these barriers, to ensure that communities receive information from trusted sources and we develop a better understanding of access barriers for local people.

To see the community ambassadors in action, please watch Southwark Community Health Ambassadors Network clip here: [Community Health Ambassadors Network - YouTube](#)

## **Priority 7: Deliver high quality, joined up, person-centred health and social care**

*Why is this important?*

Supporting people to maintain their independence and keep healthy is a key strand of tackling inequalities over the life course. Unpaid carers' contributions to supporting the health and wellbeing of those being cared for is substantial, and yet evidence suggests carers themselves are at risk of poor physical, mental and financial health outcomes<sup>xxiv</sup>.

We want local health and care services to work for local people; we know we can only achieve that if our local communities shape those services. We also know that joined-up care, delivered close to people's homes, will lead to better outcomes for local people.

*What have we heard from communities and stakeholders in Southwark?*

Listening exercises through Southwark Stands Together highlighted the need for regular engagement with communities, to ensure that barriers to accessing services for Black, Asian and minority ethnic communities are fully understood. Communities have also told us that too often organisations do not function as one, and that from a community perspective, differing criteria for accessing services can be confusing.

*Our objectives:*

7.1. Ensure access to the services and support that each person needs, close to home or in their home, in order to stay healthy and independent

7.2. Support carers and families to look after their own wellbeing

7.3. Make community voices central to the ways that health and social care services are shaped and delivered

7.4. Develop joined-up approaches to delivering care at a neighbourhood and communities level

7.5. Ensure community and accommodation-based care services maximise people's independence

*What strategies and action plans do these link to?*

[Partnership Southwark Recovery Plan](#)

Southwark Adult Social Care Business Plan

## Systems transformation

The priorities and objectives in this strategy tackle complex issues that are shaped by multiple factors. Many of them will require the whole system to work together to achieve progress.

### Systems delivery: modernisation and transformation

Changes are already making to how the Health and Wellbeing Board partner organisations work together to improve the health and wellbeing of people in Southwark.

Partnership Southwark is Southwark's local care partnership within the Our Healthier South East London Care System. It brings together local health, care and VCS organisations to better join up care, improve health and wellbeing outcomes and address inequalities within our communities in Southwark. Partnership Southwark is working to join up services and support, and the 'Start Well', 'Live Well', 'Age Well' and 'Care Well' workstreams will play a key role in coordinating local work to improve health.

An ambitious modernisation and transformation programme will be launched in 2022/23 which will seek to embed the 4 core principles of the Joint Health and Wellbeing Strategy across the system and change how day to day business is conducted.

#### **Box 6. Transformational fund – enabling systems transformation through the Joint Health and Wellbeing Strategy**

A transformational fund is being developed and will be launched in 2022/23. The fund will seek to embed the four strategy principles and transform day-to-day work: tackling health inequalities, addressing climate change, place based and targeted approaches and empowering communities. The fund will be established by Southwark Council and the CCG and seek to align social care and NHS investment in integration to the Health and Wellbeing Board and SEL ICS priorities.

The Health and Wellbeing Board brings together organisations with a key systems leadership role in shaping the health and wellbeing of people in the borough – in the commissioning and delivery of health services, and in our responsibility for other areas such as housing, social care, education. The way in which resources are used and services planned will have a significant impact on the wellbeing of people in Southwark.

### **Box 7. Anchor institutions**

Anchor institutions are large public-sector organisations that do not move from an area (they are “anchored”). Through their resources and as an employer they can have a big impact on people living nearby, for instance by becoming more environmentally sustainable, widening job opportunities, and spending money locally<sup>xxv</sup>. The organisations that are part of the Health and Wellbeing Board, such as the NHS Foundation Trusts, recognise the impact they have on the local communities and environments. There is work taking place to develop an Anchor Network to leverage strategic influence and investment to improve health and reduce health inequalities.

For more information, please see:

[Part of the community | Guy's and St Thomas' NHS Foundation Trust \(guysandstthomas.nhs.uk\)](https://www.guysandstthomas.nhs.uk)

<https://www.slam.nhs.uk/about-us/who-we-are/our-strategy/>

<https://www.guysandstthomas.nhs.uk/about-us/part-of-the-community/part-of-the-community.aspx>

### **Working together with communities**

People who live and work in Southwark have helped to shape this strategy through previous engagement. Their input has deepened our understanding of the borough – of how people experience their local areas, assets in the borough and challenges that people face. Much of the skills and expertise to reduce health inequalities in Southwark are recognised to be within communities. Similarly, much of the activities delivered by communities through support networks, faith groups, grassroots initiatives, all contribute immeasurably to the health and prosperity of the borough. The Joint Health and Wellbeing Strategy is a commitment by the Health and Wellbeing Board to work with communities to co-design and co-deliver actions to reduce health inequalities.

### **Embedding community voices into our work**

The Joint Health and Wellbeing Strategy will create and support opportunities to work with communities in a way that builds on and strengthens community relationships. This means working with people over time and creating lasting commitments to work together.

### **Box 8. Ongoing community engagement and coproduction in the Joint Health and Wellbeing Strategy – Year 1**

In the first year of the strategy, there is further work taking place with communities to co-produce specific actions for priority objectives. These can be actions that communities want to take forward themselves with our support or community views that can inform wider statutory and VCS activity. The longer term aim is to develop approaches to enable local communities to feed into and strengthen how the Health and Wellbeing Board engages with communities, holds community conversations, as well as being accountable for improving health and wellbeing. There is an opportunity to align this community engagement work to shape and inform on the development of the SEL Integrated Care System.

### **Box 9. Partnerships for People and Place**

Southwark has been chosen as one of 13 pilot areas in England to work with local partners and central government on the 'Partnerships for People and Place' pilot<sup>xxvi</sup>. The pilot will take a whole neighbourhood approach, aimed at improving connectivity and developing a social safety net for people in the Walworth area. The pilot will bring together a new community of residents, policy makers and practitioners, building on the cross-sector and central/local collaboration and insights generated during the pandemic. It is hoped that this will strengthen resilience in the community and lead to long-term and lasting change – making a positive impact on inequalities in Walworth.

## **Monitoring Outcomes & Inequality**

Local data and intelligence is critical for helping us understand health inequalities locally. To support this strategy, an updated approach to monitoring health outcomes and inequalities has been developed. This includes:

- A borough level **outcomes framework**, tracking key indicators associated with the priorities and objectives of the strategy. The framework will sit alongside this strategy and help us to monitor improvements over time for Southwark as a whole. We are working with partners to ensure indicators align with other plans in the borough to ensure that the best available data is utilised. As part of this process, we are also seeking to identify a number of indicators that can be used to monitor change in inequalities within the borough.
- An annual update of the '**State of the Borough**' report that provides the story of health and wellbeing in Southwark. The report will provide the narrative as well as analysis of health, wellbeing and inequalities in the borough, including wider determinants of health such as income or crime.
- A series of themed '**deep dives**' each year, enabling us to review specific areas of health and wellbeing, along with local action. This will help provide deep insight into local action and what has been achieved in particular areas. This



approach should be particularly useful in areas where it is more difficult to track progress through quantitative measures.

The outcomes framework will show the measures used to demonstrate progress on the objectives, why these measures have been chosen and the relevant partners who will work towards this objective. Examples are shown in the table in Appendix 1, and will be completed for all measures once finalised.

#### **Box 10. Developing community-led accountability**

A community approach to monitoring and accountability will be proposed and piloted in 2022/23. We want our communities to have a bigger say in the monitoring and feedback on the actions being taken to improve health and wellbeing and to reduce health inequalities. We will build on work already taking place within the Integrated Care System and from the Council to develop mechanisms of community accountability.

#### **Governance**

The Joint Health and Wellbeing Strategy is ambitious and touches on much of the work of each organisation represented on the Health and Wellbeing Board. The seven priorities and associated objectives provide the clear framework against which the partnership and organisational strategies will deliver. Key strategies and action plans are identified for the relevant priorities and objectives.

The Health and Wellbeing Board will maintain strategic oversight of the strategy, and monitor progress through the borough level outcomes framework, the annual update of the 'State of the Borough' report and the deep dive themes.

Partnership Southwark Executive will maintain regular oversight of:

- 1) The delivery and the impact of the transformation investment programme;
- 2) The outcomes achieved through the strategy, via the data, monitoring and intelligence programme;
- 3) Ensuring empowerment remains embedded into the delivery of the strategy;
- 4) Ensuring that the strategy continues to reflect the priorities of all of our stakeholders;
- 5) The content of the JSNA work programme.

A working group will be established within Southwark Council, to join up local authority work on the wider determinants of health that sits outside the traditional remit of health and social care. This will report in to the Partnership Southwark Executive.

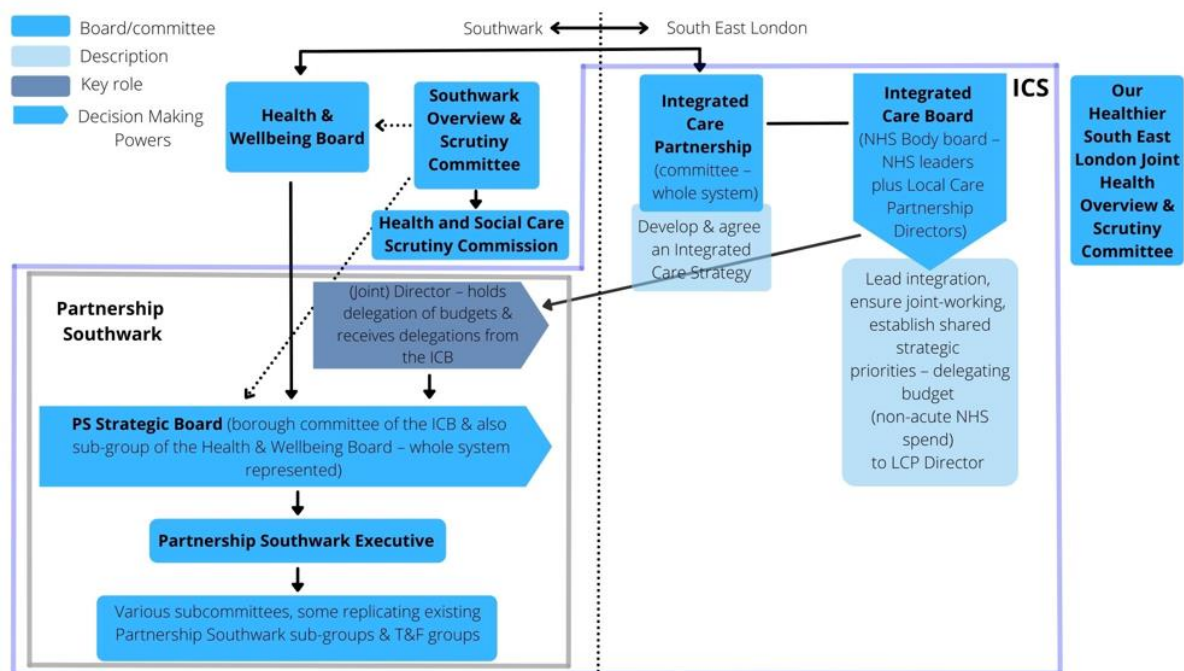


Figure 7: Map of integration in Southwark

## Refreshing and reviewing the strategy

The work to improve health and wellbeing will evolve over time. The Health and Wellbeing Board's ambitions to work closely with communities on the delivery of this strategy will further shape our knowledge about addressing health inequalities. The recovery from the Covid-19 pandemic will also highlight new, long-term issues that affect our communities. Delivery of this strategy must be flexible and responsive. The strategy will be updated and refreshed as our knowledge and evidence base extend, to ensure that the Southwark partnership system continues to improve health and wellbeing in Southwark.

### Box 11. Joining up care for people, places and populations

The national government published a White Paper<sup>xxvii</sup> in February 2022, setting out its vision for the future of the integration of health and social care. The paper describes the government's expectations on collaboration at place-based levels. The proposals include the introduction of national shared outcomes, which span the health and social care system, and a framework for setting outcomes priorities locally. There is a recognition that leadership at a place-based level is the best way of prioritising the outcomes that matter the most for local people.

The changes proposed focus on working together to jointly deliver for communities. Emphasis is also placed on prevention. These are both principles that are embedded throughout this strategy. It is proposed that there is a shared outcomes plan building on this strategy as a next stage in refreshing this strategy.

## Appendix 1 – Outcomes Framework Example Table

Priority	Objective	How will we measure this?	Baseline		Why measure this?	Who will contribute to this?
			Swk	Ldn		
<b>Ensure the best start in life for every child</b>	Ensure there is holistic support and care for families during pregnancy and the first years of life	Proportion of infants who received a 6-8 week review by the time they were 8 weeks old	82% (2020/21)	75% (2020/21)	The 6 to 8 week review is an opportunity for support to both the mother and child with breastfeeding, mental health, physical examination of the infant, difficulty in accessing benefits, and to remind about the importance of vaccinations.	Public Health, Southwark CCG
<b>Enable all children, young people and adults to maximise their capabilities and have control over their lives</b>	Support all children to achieve their potential in education – including through tackling the underlying causes of school exclusions, and supporting children with special educational needs and disabilities and children in contact with children's services	Rate of permanent exclusions	0.08/100 (2018/19)	0.07/100 (2018/19; Inner London)	Excluded children are more likely to be involved in crime, to be exploited and to face long-term unemployment. Excluded children are disproportionately represented in the young offending population, and higher rates of children who complete KS4 in alternative provision go on to become NEET.	Education
<b>Create and develop healthy and sustainable places and communities</b>	Improve the quality, security, and affordability of housing	House price to earnings ratio	14.4:1 (2020)	13.5:1 (2020)	House price to earnings ratio is an important indicator of housing affordability, and use the median earnings of a borough to calculate the ratio. A larger ratio indicates relatively more affordability.	Housing

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- <sup>i</sup> Department of Health (2012), [Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies](#)
- <sup>ii</sup> Marmot, Allen, Boyce, Goldblatt, Morrison (2020), [Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity](#)
- <sup>iii</sup> Department of Health (2012), [Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies](#)
- <sup>iv</sup> Public Health England (2020), [Disparities in the risks and outcomes of Covid-19](#)
- <sup>v</sup> Covid-19: Inequalities Impact Assessment. Southwark Council: London. 2021.
- <sup>vi</sup> Office for National Statistics (2021). [Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2020](#)
- <sup>vii</sup> The King's Fund (2020), [What are health inequalities?](#)
- <sup>viii</sup> Marmot, Allen, Boyce, Goldblatt, Morrison (2020), [Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity](#)
- <sup>ix</sup> Public Health England (2021), [Inclusion Health: applying All Our Health](#)
- <sup>x</sup> Public Health England (2020), [Disparities in the risks and outcomes of Covid-19](#)
- <sup>xi</sup> Social Life (2021), [Understanding Southwark: Daily Life and the impact of Covid-19 across the borough](#)
- <sup>xii</sup> South London Listens (2021), [South London Listens Action Plan: November 2021 - November 2023](#)
- <sup>xiii</sup> Social Life (2021), [Understanding Southwark: Daily Life and the impact of Covid-19 across the borough](#)
- <sup>xiv</sup> Marmot, Allen, Boyce, Goldblatt, Morrison (2020), [Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity](#)
- <sup>xv</sup> Social Life (2021), [Understanding Southwark: Daily Life and the impact of Covid-19 across the borough](#)
- <sup>xvi</sup> South London Listens (2021), [South London Listens Action Plan: November 2021 - November 2023](#)
- <sup>xvii</sup> Social Life (2021), [Understanding Southwark: Daily Life and the impact of Covid-19 across the borough](#)
- <sup>xviii</sup> Social Life (2021), [Understanding Southwark: Daily Life and the impact of Covid-19 across the borough](#)
- <sup>xix</sup> South London Listens (2021), [South London Listens Action Plan: November 2021 - November 2023](#)
- <sup>xx</sup> The Health Foundation. [Evidence Hub: What drives health inequalities? \(Housing\)](#)
- <sup>xxi</sup> Public Health England (2020), [Improving access to green space: A new review for 2020](#)
- <sup>xxii</sup> Social Life (2021), [Understanding Southwark: Daily Life and the impact of Covid-19 across the borough](#)
- <sup>xxiii</sup> Social Life (2021), [Understanding Southwark: Daily Life and the impact of Covid-19 across the borough](#)
- <sup>xxiv</sup> NHS England, [Carer Facts](#)
- <sup>xxv</sup> The Health Foundation, [The NHS as Anchor Institutions](#)
- <sup>xxvi</sup> Department for Levelling Up, Housing and Communities. (2021) [Partnerships for People and Place](#)
- <sup>xxvii</sup> Department of Health and Social Care (2022), [Joining up care for people, places and populations](#)

<b>Item No.</b>	<b>Classification:</b> Open	<b>Date:</b> 7 March 2022	<b>Decision Taker:</b> Health and Wellbeing Board
<b>Report title:</b>		Local Care Partnership development within Our Healthier South East London Integrated Care System	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Hayley Ormandy, Programme Director Partnership Southwark  Anu Singh, Strategic Chair Partnership Southwark	

### RECOMMENDATION(S)

- 1) **The Southwark Health and Wellbeing Board is asked to** note the update on progress with Partnership Southwark's leadership and governance arrangements, in the context of wider South East London Integrated Care System (SEL ICS) developments. This builds on the previous detailed update given to the Board in January 2022.

### BACKGROUND INFORMATION

- 2) Partnership Southwark's constituent partners are Southwark Council, South East London Clinical Commissioning Group (CCG), Community Southwark, Guy's and St Thomas' NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, Improving Health and Quay Health Solutions (GP Federations representing Primary Care Networks), and King's College Hospital NHS Foundation Trust.
- 3) Partnership Southwark was established in April 2019 with a view to bringing partners from across health, care and the voluntary community sector to better join up care, improve health and wellbeing outcomes and reduce inequalities for Southwark residents.
- 4) When changes are made nationally to formally bring into effect Integrated Care System (ICS), Partnership Southwark will evolve into a more formalised Local Care Partnership (LCP) within the SEL ICS. This is currently anticipated to be 1 July 2022 (having been moved to accommodate delays in legislative change to facilitate this).
- 5) Partnership Southwark has been providing regular updates on this transition process to the Health and Wellbeing Board since September 2021.

## KEY UPDATES SINCE PREVIOUS BRIEFING

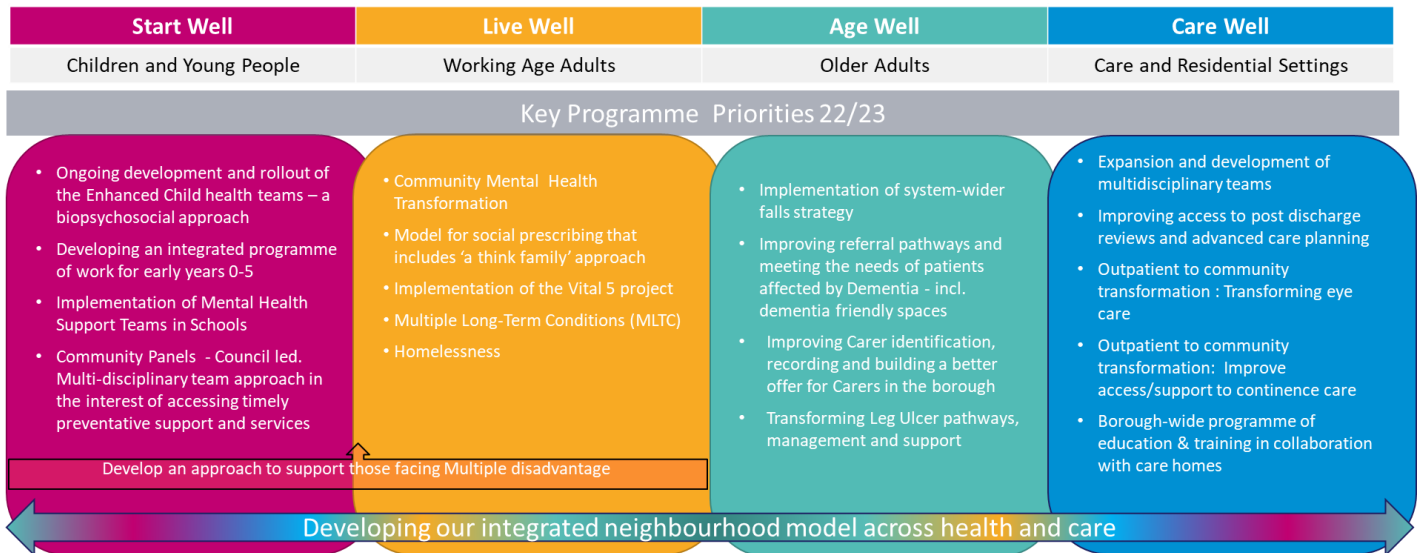
6) Since the January briefing to the Health and Wellbeing Board:

- The Department of Health & Social Care published a white paper ‘Health and social care integration: joining up care for people, places and populations’, which sets out the government’s proposals for health and care integration and is part of a wider set of mutually reinforcing reforms, including the Adult Social Care Reform white paper ‘People at the Heart of Care’, the Health and Care Bill currently progressing through Parliament and reforms to the public health system. The white paper focuses on the following key areas, which align to work already in-train through SEL ICS and at place-level through Partnership Southwark:
  - A more joined up approach for public health and NHSE services
  - Developing a shared outcomes framework for individual and population health and wellbeing
  - Support for local authorities and the NHS to go further and faster on financial alignment and pooling of budgets to underpin joined up health and care
  - Expectations for the development of effective leadership for integration across health and care
  - Supporting digital and data transformation at both ICS and place-level; including the aim to have shared care records by 2024 across health and care, accessible by service users, caregivers and care teams
  - Joint health and care work-planning at ICS-level and improved training, learning and development including joint roles across health and care.
- The Partnership Southwark Strategic Board met in shadow form in January. This development session focused on how the partnership will create a local health and care plan, ensuring this is rooted in community engagement and feedback, based on data and intelligence on health inequalities (including Joint Strategic Needs Assessments (JSNAs) and the State of the Borough report), and aligned to the refreshed Southwark Health and Wellbeing Strategy currently in development.
- The Partnership Southwark Strategic Board agreed to stand down the Partnership Southwark Task and Finish Group that has been meeting regularly with senior partner reps to drive key areas of work related to the transition. This will be replaced with a delivery Executive that will meet regularly and include senior operational representatives from all partners. The Executive will come together to provide ongoing oversight of the Partnership’s delivery and report into the Partnership Southwark Strategic Board.
- An initial workshop was held with the support of Community Southwark and engagement leads from across the Partnership to engage with service users, carers and community representatives on how best to

- establish and constitute the Lived Experience Assembly (and whether this or another title would be appropriate for this forum). The Lived Experience Assembly will be part of Partnership Southwark's formal governance, interfacing with and providing advice and guidance to the Partnership Southwark Strategic Board.
- The Chair of the Lived Experience Assembly will be the Associate Chair of the Partnership Southwark Strategic Board. The Associate Chair will work closely with the Partnership Southwark Co-Chairs, one of whom will be an elected Cabinet member, and the other will be recruited to (replacing the current Independent Chair, Anu Singh, who's tenure is due to end at the end of March 2022)
  - Recruitment for clinical and care professional leads from across the Partnership to support key priority areas of work (incl. primary, community and secondary care, social care and the VCS) has now commenced. Small teams of multi-disciplinary leads will be recruited to portfolios aligned to the Partnership Southwark priorities and enablers, alongside a Chair for the Clinical and Care Professional Advisory Forum which forms part of the partnership's formal governance structure.
    - Expressions of interest for these roles went live on 21 February and will close on 13 March. The new roles are due to commence on 1 April 2022 and will be funded via SEL ICS. The full expression of interest is attached in appendix 1.
  - The role profile for the Executive Place Director, who will hold the place-level delegations for Southwark on behalf of the Integrated Care Board and discharge these delegations through the Local Care Partnership, is being finalised with South East London ICS.
    - It is envisaged that recruitment for this role will commence in March 2022, with a view to securing either a full-time or part-time Director preferably on secondment from within the wider Partnership Southwark system for a 12 month period (enabling Partnership Southwark partner organisations over the same period to undertake a structured programme of work to propose and agree a joint approach to both leadership and governance for health and care in the borough). It is recognised that this is a delay from the January date outlined in the previous update to the Health and Wellbeing Board but should still allow an appointment to be made by the end of April.
  - Partnership Southwark has been selected as the 'place' within the SEL ICS to participate in a joint NHS England/Improvement, NHS X digital and Local Government Association place-based development programme. This provides access to experts from across a consortium including IBM, the Nuffield Trust, PA Consulting, Sollis, Collaborate, UHS, National Association of Primary Care (NAPC) and the Social Care Institute for Excellence (SCIE).
    - The development programme is due to commence on 28 February 2022, and spans leadership development, effective

place-based governance and ways of working, and population health management to drive integrated health and care and address inequalities in neighbourhoods. Neighbourhood-based work will link to the Partnerships for People and Place project and Walworth Partnership underway in Walworth and work underway in Camberwell spanning health, care and the VCS.

- The Partnership continues to deliver work within its population-based workstreams ‘Start Well, Live Well, Age Well, and Care Well’, with delivery progressing in prioritized areas as set out below.



### Community, equalities (including socio-economic) and health impacts

- 7) All sectors of the community are impacted by the historical gaps and disconnects in how individuals and communities have been supported and have experienced health and care services in Southwark. And it has not always been clear about how people can influence the things that matter to them most.
- 8) Partnership Southwark seeks to work collaboratively as a partnership to address inequalities and safeguard our communities by actively listening and responding to partners and residents in support of Southwark Stands Together and in building broader community engagement. Our population-based workstreams seek to take a targeted and outcomes-oriented approach to addressing health and care inequalities at place and neighbourhood level.
- 9) Strengthening our leadership and governance arrangements will enable the Partnership to accelerate and amplify this work for the benefit of our communities.



### **Resource implications**

- 10) All constituent partners within Partnership Southwark are being asked to commit time and leadership resource to collectively work through and shape our place-based arrangements as we move forward. Within these arrangements, there will be a need to consider how we make best use of our collective resources and the 'Southwark pound' to improve health and wellbeing outcomes for our residents.

### **SUPPLEMENTARY ADVICE FROM OTHER OFFICERS**

- 11) This report has been based on discussions from across Partnership Southwark including executive officer, clinical, and political input via the Partnership Southwark Strategic Board and Southwark Borough Based Board.

### **APPENDICES**

<b>No.</b>	<b>Title</b>
Appendix 1	Clinical and Care Professional Leads Expression of Interest pack

# Partnership Southwark

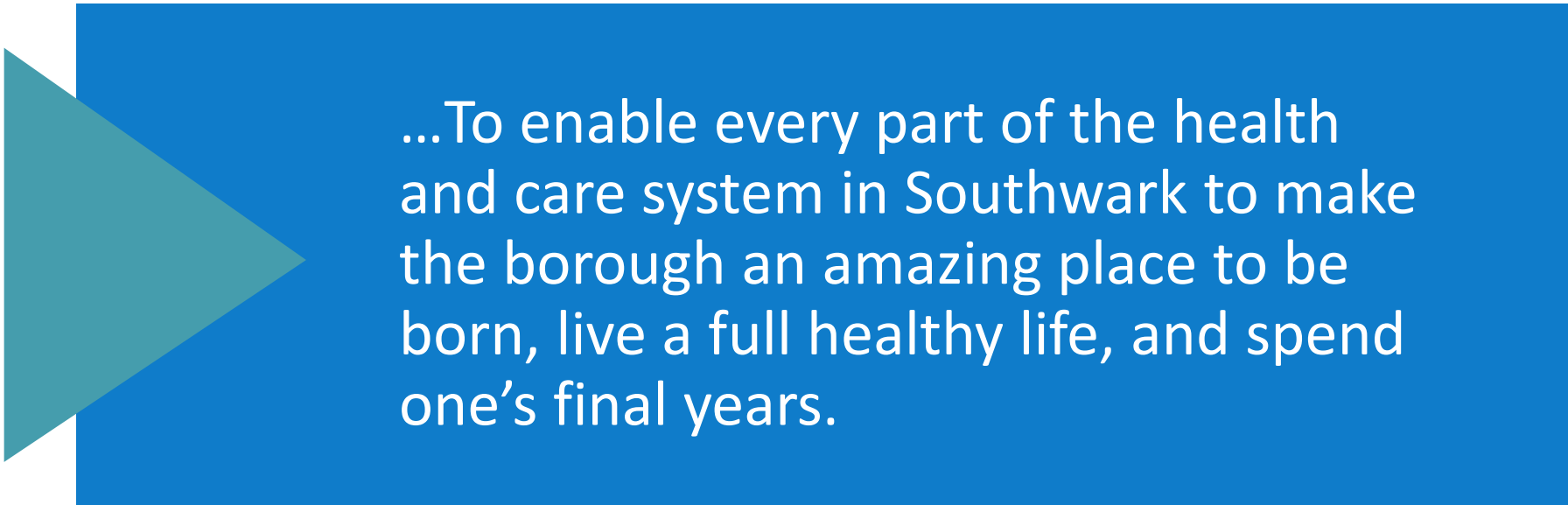


Working together to improve health and  
wellbeing for the people of Southwark

## Clinical and Care Professional Leaders Expression of Interest Pack

February 2022

## Partnership Southwark: Our vision



...To enable every part of the health and care system in Southwark to make the borough an amazing place to be born, live a full healthy life, and spend one's final years.

# Welcome

**Hello and thank you for your interest in becoming a clinical and care professional leader in Southwark.**

Partnership Southwark has an ambitious vision to better join up services and support, tackle the causes of inequality, and improve the health and wellbeing of Southwark residents.

Over the next year, we are focusing our efforts as a partnership on:

- Supporting a safe and sustainable system recovery for all health and care services and settings following COVID-19
- Preparing for, and responding to, any potential spikes or a further wave of COVID-19
- Addressing the health, economic, social and racial inequalities that have been brought to the forefront by COVID-19 and the Black Lives Matter movement
- Transforming the health and care system so that it is fit for the future, delivers compassionate and joined up care, addresses inequalities and better meets the needs of our diverse communities.

To support this, we are investing in the recruitment and development of clinical and care professional leaders (i.e. people working within health, care and our voluntary and community sector) to develop strong multi-disciplinary leadership that supports us to make a difference and improve outcomes for our residents.

We are looking for health and care professionals with the energy, ability and enthusiasm to drive improvements in care across organisational boundaries, and tackle inequalities in our population through closer collaboration. As a collective, we will want to see a leadership cohort that is diverse in their experience, knowledge and background, and reflective of the diversity of the communities we serve.

It is not essential that you have previous experience in a leadership role. We will provide development and peer support and learning through experience.

**If this sounds like you, or you would like to find out more, we would love to hear from you. Please contact Hayley Ormandy at [Hayley.ormandy@kcl.ac.uk](mailto:Hayley.ormandy@kcl.ac.uk) or Josepha Reynolds at [josepha.reynolds1@nhs.net](mailto:josepha.reynolds1@nhs.net) to arrange a confidential discussion.**

# Job Description

**Remuneration** – backfill for substantive post

**Tenure** – 1 April 2022 – 31 March 2023 with review for extension

**Accountable to** – Partnership Southwark Chair

**Responsible to** – Chair of the Clinical and Professional Advisory Forum

**To help us on the next stage of our journey**, we are looking for people working in health, care and the voluntary and community sector within Southwark, who are passionate about making a difference to the lives of our local residents.

As one of our **Clinical and Care Professional Leads**, you will help Partnership Southwark to improve health and wellbeing outcomes for people living in Southwark. You will work with a range of stakeholders in Partnership Southwark, providing advice, guidance and support in key priority areas.

We will be recruiting to portfolios aligned to our Partnership Southwark priorities and enablers (see slide 6 for portfolio areas). We are expecting to recruit mini teams for each portfolio, made up of a mix of local leaders; with the Chair of the Clinical and Professional Advisory Group taking on an overall leadership and development role across the wider team.

We will work with you at interview and after appointment to determine your time commitment and how you work within your portfolio team. We welcome applicants who are interested in more than one portfolio.

## Key elements of the role include:

- Provide leadership and support to the areas of work aligned to your portfolio, as well as linking into south east London Integrated Care System transformation programmes (where relevant)
- Develop and strengthen partnerships by building relationships with key partners to help deliver our vision of being more inclusive in our approach to planning, redesign and delivery
- Connect and build trust with colleagues and residents across traditional boundaries - developing strong networks and relationships that work in service of residents over organisations, places or professional groups
- Ensure that service delivery is person centred, outcomes focussed and protective of individual resident's dignity
- Play an ambassadorial role for Partnership Southwark; promoting a culture of openness and transparency, equality and diversity
- Being a member of our Clinical and Professional Advisory Group which will meet quarterly and provide advice and guidance to the Partnership Southwark Strategic Board.

## Alignment to Partnership Southwark Core Values:

- Commitment to principles of promoting equality and respecting diversity. Actively anti-racist
- Commitment to the principle of partnership, collaboration and co-production with the ability to build a positive partnership culture and bring people with you
- Commitment to improving the health, care and wellbeing of Southwark's population
- Determination and ability to navigate complexity and ambiguity in an effective way
- Resilient, flexible and adaptable with stamina, energy and enthusiasm
- Dynamic and evolving team creating a pipeline of multiagency partnership leaders
- Positive presence and ability to successfully communicate with a wide range of stakeholders, including local residents.
- Be able to operate through the neutral lens of what's best for the people we serve, as opposed to your personal or individual organisation/sector.

# Person Specification

## Knowledge

- Knowledge and understanding of health, care and local government landscape, and integrated care agenda
- Knowledge and understanding of population health inequalities and how this impacts people's outcomes and experience of health and care provision
- Understanding of the Southwark system and its population

## Experience

- Experience of working within the Southwark health and care system
- Making sound operational or clinical judgements that ensure safe and effective service provision
- Proven ability to engage people by the way they communicate and interact, including members of the public, clinical and professional leaders
- Working across boundaries and collaborative working, including with communities

## Attitude

- Ability to enthuse and motivate others
- Commitment to principles of promoting equality and respecting diversity
- Commitment to improving the health, care and wellbeing of Southwark's population
- Determination and ability to navigate complexity and ambiguity in an effective way
- Encourage and test new ways of working together, collaborating and learning from each other to achieve our collective ambition to improve the health and wellbeing of our population

## Skills

- Strong interpersonal and communication skills and ability to maintain a positive and constructive profile
- Ability to influence and persuade, articulate a balanced view and encourage constructive debate with the confidence to question and challenge effectively
- Politically and publicly astute
- Ability to demonstrate effective system leadership behaviours



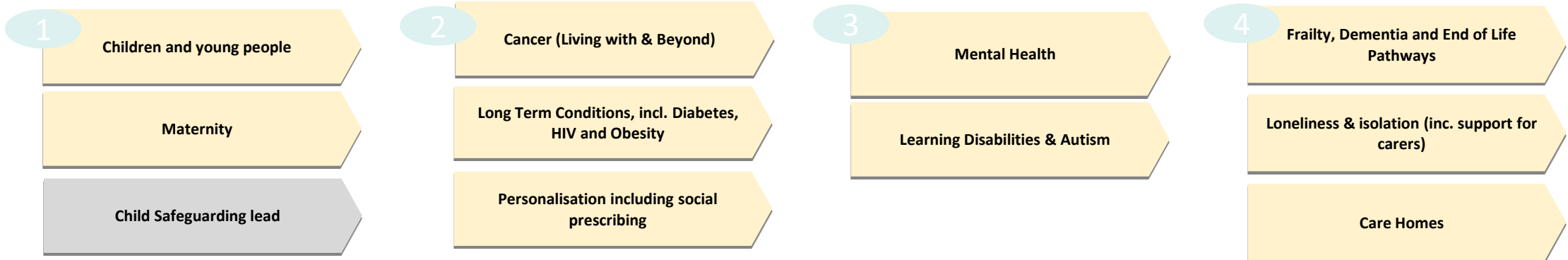
# Partnership Southwark leads | Portfolios

## Partnership Southwark C&PL Place Based Team

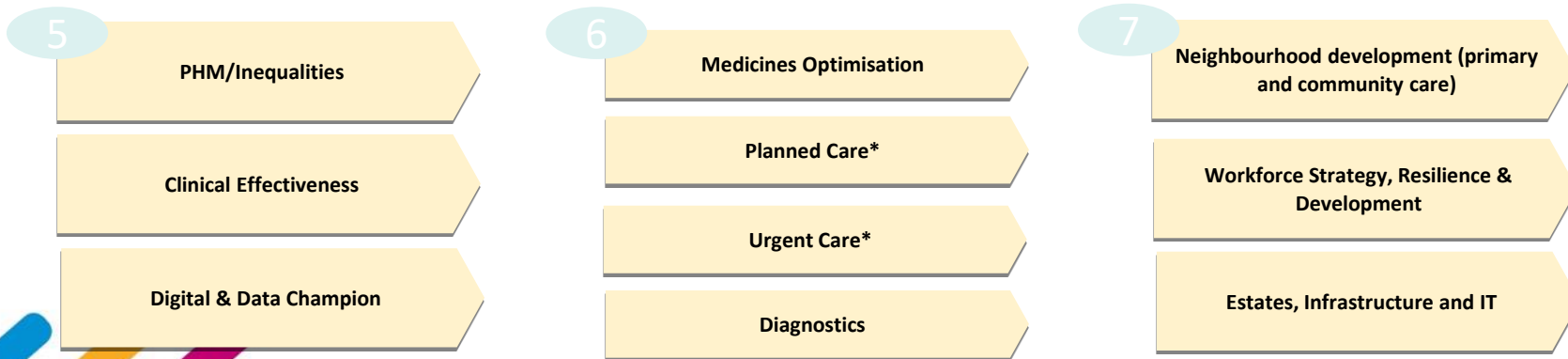
Embedded 'Place' multiagency, multidisciplinary team with individual portfolios and shared responsibilities



### Adult Safeguarding lead



### ENABLERS



\*Alignment with Lambeth leads

### CCPL LEADERSHIP

Clinical & Professional Advisory Group Chair (with lead responsibility for Quality and Safety)

#### Expectations common to all roles:

- Champions for quality and safety, mind and body
- Ambassadors for Partnership Southwark
- Community and patient engagement
- Collaboration and service improvement

# How to Apply

**Application Deadline: 13 March 2022**

Applications should be submitted via NHS Jobs. This should take the form of a 500 word statement attached along with your CV (note: this needs to be submitted as one document). The statement should detail:

- Your experience and skills and where you think you could add value in these roles;
- The number of ½ days you are able to offer (during working hours Mon to Fri);
- Which particular portfolio areas you are interested in.

For a confidential discussion please contact Hayley Ormandy via [Hayley.ormandy@kcl.ac.uk](mailto:Hayley.ormandy@kcl.ac.uk) or 07824 555 542, or Josepha Reynolds via [josepha.reynolds1@nhs.net](mailto:josepha.reynolds1@nhs.net) or 07986 398 906.

## Timeline

- **Application Closing Date: 13 March 2022**
- **Identification of Candidates for panel interview: 14 March 2022**
- **Interviews : w/c 14 March or 21 March 2022**
- **Start date: 1 April 2022**

## Process:

- ✓ **Via expression of interest application**
- ✓ **Open to candidates working in health, care or VCS in Southwark**
- ✓ **Panel interview with representatives from the partnership**



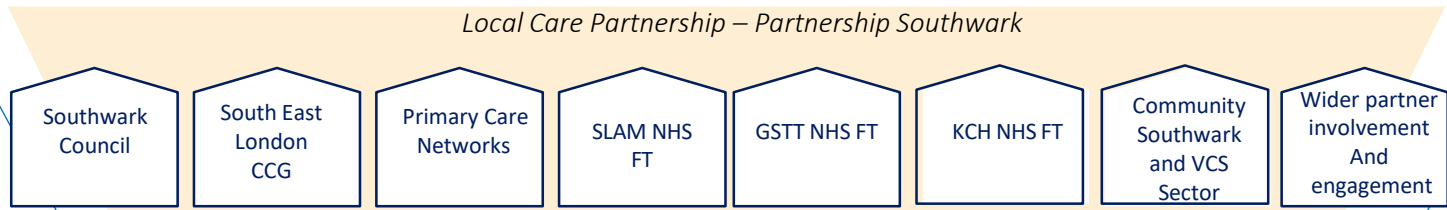
# Who is currently involved in Partnership Southwark?

Partnership Southwark includes the following organisations working closely with other partners across health, care, education and the voluntary and community sector; and with service users, carers and local communities.

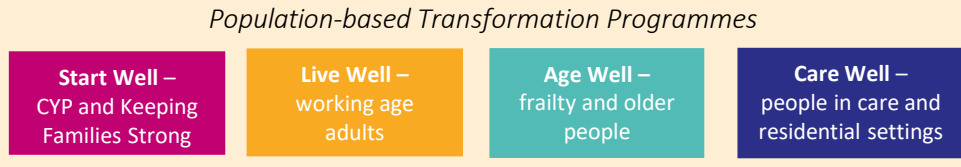




Delivery and Improvement



Planning and Co-ordination



*At neighbourhood, borough, cross-borough or ICS-level*



System Planning and Oversight

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**HEALTH AND WELLBEING BOARD REPORTS FOR INFORMATION  
DISTRIBUTION LIST (OPEN)  
MUNICIPAL YEAR 2021/22**

**NOTE:** Amendments/queries to [maria.lugangira@southwark.gov.uk](mailto:maria.lugangira@southwark.gov.uk)

Name	No. of E-copies	Name	No. of E-copies
<b>Health and Wellbeing Board Members</b>		<b>Officers</b>	
Councillor Kieron Williams (Chair)	1	Maria Lugangira, Constitutional Team	1
Dr Nancy Kuchemann (Vice-Chair)	1		
Councillor Evelyn Akoto	1	Sarah Feasey	1
Councillor Jasmine Ali	1		
Sarah Austin	1		
David Bradley	1		
Cassie Buchanan	1		
Shamsur Choudhury	1	<b>Total:</b>	17
Councillor Helen Dennis	1		
Sam Hepplewhite	1		
Clive Kay	1		
Eleanor Kelly	1		
Sangeeta Leahy	1		
Krzysztof Mikata-Pralat	1		
Councillor David Noakes	1		
David Quirke-Thornton	1		
		<b>Dated:</b> February 2022	