

Health and Wellbeing Board

Thursday 18 September 2025

10.00 am

Southwark Council, Ground floor meeting rooms, 160 Tooley Street, London
SE1 2QH

Membership

Councillor Evelyn Akoto (Chair)	Cabinet Member for Health and Wellbeing
Dr Nancy Kuchemann (Vice-Chair)	Co-Chair Partnership Southwark, Strategic Clinical and Care Professional Lead and SE London ICB Deputy Medical Director
Councillor Jasmine Ali	Deputy Leader and Cabinet Member for Children, Education and Refugees
Councillor Maria Linforth-Hall	Opposition Spokesperson for Health
Althea Loderick	Chief Executive, Southwark
Hakeem Osinaike	Strategic Director of Housing, Southwark
David Quirke-Thornton	Strategic Director of Children's and Adults' Services, Southwark
Aled Richards	Strategic Director of Environment, Neighbourhoods and Growth, Southwark
Darren Summers	Strategic Director for Integrated Care & Health (NHS South East London)
Sangeeta Leahy	Director of Public Health, Southwark
Alasdair Smith	Director of Children and Families,
Anood Al-Samerai	Chief Executive, Community Southwark
Peter Babudu	Executive Director of Impact on Urban Health, Guy's and St Thomas' Foundation
Cassie Buchanan	Southwark Headteachers Representative
Louise Dark	Chief Executive for Integrated and Specialist Medicine Clinical Group, Guy's and St Thomas' NHS Foundation Trust
Ade Odunlade	Chief Operating Officer, South London & Maudsley NHS Foundation Trust
Rhyana Ebanks-Babb	Healthwatch Southwark representative

INFORMATION FOR MEMBERS OF THE PUBLIC

Access to information

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Contact

on 020 7525 7228 or email: maria.lugangira@southwark.gov.uk

Members of the committee are summoned to attend this meeting

Althea Loderick

Chief Executive

Date: 10 September 2025



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Health and Wellbeing Board

Thursday 18 September 2025

10.00 am

Southwark Council, Ground floor meeting rooms, 160 Tooley Street, London SE1
2QH

Order of Business

Item No.	Title	Page No.
1. WELCOME AND THE HEALTH & WELLBEING BOARD VISION AND PRIORITIES	Overview of the Health and Wellbeing Board's vision and priorities including its duties	1
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 agree as a correct record the open minutes of the meeting held on 19 June 2025.	2 - 7

Item No.	Title	Page No.
7.	PUBLIC QUESTIONS (15 MINUTES)	
	To receive any questions from members of the public which have been submitted in advance of the meeting in accordance with the procedure rules. The deadline for the receipt of public questions is 11.59pm Friday 12 September 2025.	
8.	DEVELOPING THE SOUTH EAST LONDON INTEGRATED CARE SYSTEM PREVENTION FRAMEWORK	8 - 17
	To consider and note the update on the South East London Integrated Care System (SEL ICS) Prevention Framework	
9.	SUPPORT TO STAY WELL PROGRESS UPDATE AND LONG-TERM OUTCOMES REPORT	18 - 30
	'Support to stay well' theme of the Joint Health and Wellbeing Strategy - to note the progress updates and outcomes	
10.	UPDATE ON SUPPORT TO STAY WELL ACTION: ESTABLISH SOUTHWARK HUBS FOR HEALTH AS PART OF OUR 'HEALTH ON THE HIGH STREET' PROGRAMME, TO INCREASE ACCESS TO VITAL 5 CHECKS AND HEALTH PROMOTION ADVICE AMONGST GROUPS AT RISK OF ILL HEALTH AND OUR BLACK, ASIAN AND ETHNIC MINORITY COMMUNITIES.	31 - 40
	To notes progress updates, outcome measures related to the 'Support to stay well' theme of the Joint Health and Wellbeing Strategy action plan 2025-27,	
11.	SOUTHWARK PHARMACEUTICAL NEEDS ASSESSMENT 2025-28	41 - 200
	To approve Southwark's Pharmaceutical Needs Assessment 2025-2028	
12.	HEALTH AND WELLBEING ACTION LOG	201
	To review the action log	
13.	ANY OTHER BUSINESS	
	To consider any other business	

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EXCLUSION OF PRESS AND PUBLIC

The following motion should be moved, seconded and approved if the sub-committee wishes to exclude the press and public to deal with reports revealing exempt information:

“That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to Information Procedure rules of the Constitution.”

Southwark Health & Wellbeing Board: Plan on a page

Our vision and priorities

Our **vision** is that “**people in all our communities can live healthier and longer lives by reducing health inequalities**”.

Our **priorities** are set out within the Joint Health & Wellbeing Strategy, with the Board focusing on four aims within these themed areas:

			
A Healthy Start in Life	Healthy Work & Lives	Support to Stay Well	Healthy Communities
Board's priority aims:			
Ensure all families in Southwark benefit from access to good quality maternity care and holistic support during the first years of life, reducing differential outcomes for Black women and families	Increase access to good quality jobs, providing support to those facing systemic inequalities and barriers to employment	Ensure that there are effective and accessible services that prevent illness and promote wellbeing, including measures to tackle “The Vital 5”	Ensure Southwark residents have access to good quality homes, streets and environments that promote good health and wellbeing

Our duties

The Health & Wellbeing Board has a number of duties required by law:

Joint Strategic Needs Assessment	Joint Local Health & Wellbeing Strategy	Pharmaceutical Needs Assessment	Oversight of Better Care Fund and Health & Care Integration
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In addition, the Board will receive the following updates from members and partners:

Local Health & Care Plan	NHS Joint Forward Plan	Annual Public Health Report	Annual Health Protection Report	Healthwatch Annual Report	Suicide prevention strategy	Air Quality Annual Status Report
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Agenda Item 6



Health and Wellbeing Board

MINUTES of the OPEN section of the Health and Wellbeing Board held on Thursday 19 June 2025 at 10.00 am at Southwark Council, Ground floor meeting rooms, 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Evelyn Akoto (Chair)
 Dr Nancy Kuchemann
 Councillor Jasmine Ali
 Councillor Maria Linforth-Hall
 Darren Summers (for Southwark Maternity Commission Action Plan item only)
 Alasdair Smith (representing David Quirke-Thornton)
 Anood Al-Samerai
 Louise Dark
 Rhyana Ebanks-Babb
 Abi Oguntokun (representing Hakeem Osinaike)
 Mark Heffernan (representing Peter Babudu)
 Chris Williamson (representing of Sangeeta Leahy)

OFFICER SUPPORT: Chris Williamson - Assistant Director – Place, Partnerships and Intelligence
 Maria Lugangira, Principal Constitutional Officer
 Alice Fletcher-Etherington, Public Health Programme Manager

1. WELCOME AND INTRODUCTION TO SOUTHWARK HEALTH & WELLBEING BOARD - VISION AND PRIORITIES

The Chair introduced the one-page plan which set out the Health and Wellbeing Board's agreed **vision** that "*people in all our communities have good health and wellbeing, living healthier as well as longer lives*" and **priorities** and its aim to ensure that the focus of meetings and the Board's role encapsulates that.

To ensure a tangible outcome of the 2025-27 Health and Wellbeing Strategy the Board at their development session agreed the following priorities

- A healthy start in life
- Health work and Lives
- Support to stay well
- Healthy communities

With regards to the *vision* the Chair sought the Board's agreement to making an addition so it further reflects the Board's wider remit and determinant in closing the health inequalities gap **[ACTION]**

The Chair assured the Board that work on the remaining priorities would still be ongoing but focusing on the above would enable that deep-dive and monitoring required to ensure their delivery.

2. APOLOGIES

Apologies for absence were received from the following due to Southwark CMT awayday.

- Althea Loderick
- Hakeem Osinaike
- Aled Richards
- David Quirke-Thornton

Further apologies.

- Peter Babudu
- Cassie Buchanan
- Sangeeta Leahy
- Ade Odunlade

3. CONFIRMATION OF VOTING MEMBERS

Those listed as present were confirmed as the voting members.

4. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

There were none.

5. DISCLOSURE OF INTERESTS AND DISPENSATION

None were declared.

6. MINTUES

RESOLVED - That the minutes of the meeting held on 13 March 2025 were approved as a correct record of the meeting subject to the following

- Amend title of Dr Nancy Kuchemann (Vice-Chair) to *Co-Chair Partnership Southwark, Strategic Clinical and Care Professional Lead and SE London ICB Deputy Medical Director*

7. PUBLIC QUESTIONS (15 MINUTES)

There were none.

8. A HEALTHY START IN LIFE PROGRESS UPDATE

Chris Williamson, the Assistant Director – Place, Partnerships and Intelligence provided the Board with an overview the report which gave an update on the actions and long-term outcome measures associated with “A healthy start in life” priority and the progress being made against the priorities agreed by the Board.

RESOLVED - That the Health and Wellbeing Board notes progress updates, outcome measures and requests for the board related to the “A healthy start in life” priority of the Joint Health and Wellbeing Strategy action plan 2025-27.

9. DISCUSSION POINTS FROM SOUTHWARK HEALTH OF THE BOROUGH EVENT - 8TH MAY 2025

Councillor Akoto introduced the item and gave some background to event that which she chaired. The aim of the event was to reflect on the current state of health in the borough, and to identify opportunities for working together to tackle health inequalities more effectively. It was attended by a broad range of partners including community and voluntary sector organisations, local councillors, NHS partners and Health and Wellbeing Board members.

Ginette Hogan, Public Health Policy and Programme Officer provided an overview and presentation covering the themes that the panel and workshop discussion focused on and the more overarching themes that emerged.

Further context on for the recommendations was provided Alice Fletcher-Etherington, Public Health Programme Manager - some of the key areas highlighted;

- resetting up a Housing Social Care and Public Health Board that potentially feeds into the Health and Wellbeing Board
- food poverty: the council already has a sustainable food strategy therefore officers can ensure that the team in public health that's responsible for that has sight of some of the points raised at the event
- SEND: working closely with the relevant team within children and families to ensure that they are aware of the points raised at the event
- Establishing further events for statutory and VCS partners to collaborate on tackling health inequalities, potentially partnering with Community Southwark and Healthwatch to deliver this

ACTIONS:

- Discuss next steps required to address some of the key challenges raised at the Health of the Borough event (e.g. housing, food poverty, SEND) **[Community Southwark]**
- Work with officers to deliver taster event to raise awareness of local services **[Healthwatch Southwark]**

10. SOUTHWARK MATERNITY COMMISSION ACTION PLAN

The Strategic Director Integrated Health and Care introduced the report which provided the Board with an update on the progress of the development of the Southwark Maternity Commission Action Plan.

Background: The Southwark Maternity Commission was set up to assess and address inequalities in maternity care, particularly for families from a minority ethnic and/or socially disadvantaged background.

The SMC report was approved by the Health and Wellbeing Board at its meeting on 14 November 2024, followed by a verbal update from the Director of Partnership Delivery and Sustainability of the work being undertaken to develop an action plan at the 13 March 2025 meeting.

The presentation covered the five overarching themes identified by the SMC which together with the Commission's findings were used to develop the 10 recommendations set out in the report

The Board heard from black mothers and advocates, who shared their personal experiences about their interactions with midwives, neonatal and maternity services and the importance of Southwark Maternity Commission:

- Sharon, spokesperson for Parent Action Black Maternal Voices
- Sarah, Kings MNVP Servies user representative
- Rasheedat (Bukky) Oladokun, Midwife and Health Visitor and her personal capacity Black Mother and Black Maternal Voice, Community Connector
- Ruka, shared the personal impact of Conversations with Midwife

On the above Bukky provided some context that as part of the Southwark Maternity Commission an event was run called 'Conversation with the Midwife' where she met Ruka, who was referred to the event by the Children and Family Hub

Parent Action request was for the Southwark Maternity Commission to support and consider funding a Parent University programme. This programme would support mothers like Ruka by helping provide them with knowledge and awareness of what services are available to them and how they can be accessed.

The Board also heard from the Assistant Director/Consultation in Public Health who provided the board with an overview of some of the actions that have been undertaken to date and proposed future actions

ACTIONS

- Respond to request from Parent Action to consider funding of parent university programme [Strategic Director Integrated Health and Care]
- Have a conversation with Bukky about additions to action plan to address 'culture' issue Strategic Director Integrated Health and Care]

The Chair and the Board expressed their thanks to the speakers for kindly sharing their personal experiences and also to steering group, Public Health and Strategic Director Integrated Health and Care for all the work they've so far undertaken.

11. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) ANNUAL REPORT 2025

Tom Seery, Senior Public Health Programme Manager – Knowledge & Intelligence introduced the report gave a broad overview of health and wellbeing in Southwark. The report also seeks to provide an analysis of Southwark's changing population, along with details of the health inequalities that exist in the borough.

With regards to other forums within teams or organisations where the JSNA findings can be presented the chair suggested reaching out to the senior leadership team of every partner organisation on the Board as it's important to work collectively as one Southwark. Having this information potentially ensures that everyone is working to the same target and can identify where more needs be done or done better.

Regarding the Temporary Accommodation JSNA, Rhyana Ebanks-Babb Healthwatch Southwark requested if they could be connected with the person now leading this project as a lot of housing related issues have been raised. On helping further capture more data on the residents' voice in the JSNA Rhyana Ebanks-Babb offered to share insight from their ambassadors' programme.

ACTIONS:

- Reach out to SLTs of organisations/teams represented on Board to present findings of JSNA Annual Report **[Director of Public Health]**
- Connect Rhyana with officer responsible for Temporary Accommodation JSNA **[Senior Public Health Programme Manager – Knowledge & Intelligence]**
- Share Healthwatch insight data with Tom to be included in annual report **[Healthwatch Southwark]**

RESOLVED - That the Health and Wellbeing Board;

1. Note the findings of the Joint Strategic Needs Assessment (JSNA) Annual Report 2025 and agree to an annual update.
2. Note the achievements and challenges for health and wellbeing in the borough.
3. Note and reflect on actions from recently completed needs assessments.
4. Agree the JSNA projects recommended for the coming year.

12. BETTER CARE FUND 2025/26

Adrian Ward, Head of Planning, Performance and Business Support, NHS South East London Integrated Care Board , provided a brief overview of the report. One of the key requirements is that the plan is approved by the Health and Wellbeing Board

RESOLVED - That the Health and Wellbeing Board approves the use of the 2025/26 Better Care Fund (BCF) as detailed in the planning templates (appendices 1,2 and 3).

13. HEALTH AND WELLBEING BOARD - ACTION LOG - JUNE 2025

The Board noted the actions and follow ups from the last meeting. An updated action log to be presented at the next meeting.

14. ANY OTHER BUSINESS

There was none.

Meeting ended at 12.10pm

CHAIR:

DATED:

Agenda Item 8

Meeting Name:	Health and Wellbeing Board
Date:	18 September 2025
Report title:	Developing the South East London Integrated Care System Prevention Framework
Ward(s) or groups affected:	<p>Key population groups (as defined by Southwark's JSNA) affected by decision/recommendation:</p> <p><input type="checkbox"/> Carers <input type="checkbox"/> Residents with disabilities <input type="checkbox"/> LGBTQIA+ residents <input type="checkbox"/> Asylum seekers and refugees <input type="checkbox"/> Rough sleepers <input type="checkbox"/> Black and ethnic minority communities <input checked="" type="checkbox"/> All</p>
Classification:	Open
Reason for lateness (if applicable):	Not applicable
From:	<p>Hayley Ormandy - Programme Director Prevention, Wellbeing and Equity – South East London Integrated Care Board (SEL ICB) and King's Health Partners (KHP)</p> <p>Inderjit Chana - Senior Programme Lead, Prevention, Wellbeing and Equity - SEL ICB/KHP</p>

RECOMMENDATION(S)

1. That the Health and Wellbeing Board members to note the update on the South East London Integrated Care System (SEL ICS) Prevention Framework and:
 - identify opportunities for their respective organisations to contribute to this work
 - identify how the framework can support, or align with, the Joint Health and Wellbeing Strategy and other Southwark-specific work

PURPOSE OF THE ITEM

Item relates to Joint Health and Wellbeing Strategy
 Statutory item
 Other: To provide context relevant to the “Support to stay well” theme of the Joint Health and Wellbeing Strategy

BACKGROUND INFORMATION

2. Across South East London, there are a growing number of examples of single-organisation, place-based collaborations and community level approaches to prevention that are making a positive difference to the lives of residents.

3. There is now a need to develop a coordinated and consistent approach that starts with understanding prevention needs across the life course, with clear accountability and co-produced outcomes across prevention, early detection and intervention.
4. Appendix 1 presents the aims of, and approach to developing, the SEL ICS Prevention Framework, as well as how it will support neighbourhood-based working.

KEY ISSUES FOR CONSIDERATION

Policy framework implications

5. In Southwark, priorities relating to prevention of ill-health are outlined in the Joint Health and Wellbeing Strategy and Partnership Southwark Health and Care Plan, with the former largely covering primary prevention, and the latter covering secondary and tertiary prevention.
6. The NHS 10 year plan sets out an intention for local areas to be required to develop “neighbourhood health plans”, which will be drawn up by local government, the NHS and its partners under the leadership of the Health and Wellbeing Board.
7. Having an understanding of the landscape of prevention at a regional level will support development of future iterations of the Joint Health and Wellbeing Strategy, Health and Care Plan and/or neighbourhood health plans.
8. Borough-level teams within the ICB and providers are actively involved in the development of the framework, and there is an opportunity to contribute and influence development further at a local level.

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

9. The aim of the framework is to increase the likelihood that people will remain in the best health they can be for as long as possible, and in doing so, to reduce disparities in healthy life expectancy. The approach to prevention will be considered in the context of the wider determinants of health, recognising that these have a significant impact on health outcomes and inequalities.

Climate change implications

10. None identified.

Resource implications

11. None identified.

Legal/Financial implications

12. The framework aims to support more efficient allocation of the public health

grant and NHS health inequalities funding according to local priorities.

Consultation

13. The consultation process used to inform development of the framework is outlined in Appendix 1.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

14. Not applicable.

BACKGROUND DOCUMENTS

15. Not applicable.

APPENDICES

No.	Title
Appendix 1	South East London Prevention Framework summary

AUDIT TRAIL

Lead Officer	Hayley Ormandy, Programme Director Prevention, Wellbeing and Equity (SEL ICB/KCP)	
Report Author	Alice Fletcher-Etherington, Public Health Programme Manager	
Version	Final	
Dated	8 September 2025	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Assistant Chief Executive, Governance and Assurance	No	No
Strategic Director of Resources	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team	9 September 2025	

Developing the SEL ICS Prevention Framework

Southwark Health & Wellbeing Board
18 September 2025





Introduction – drivers for SEL prevention framework

National policy and relevant reports

The 2024 report by Lord Darzi highlighted the extraordinary power in getting the prevention offer right as it is possible to **reduce premature mortality, social disparities, and the absolute time in ill health**.

The 10 Year NHS Plan emphasises three key shifts in healthcare - **from hospital to community, analogue to digital, and sickness to prevention** – providing a unique opportunity to transform our approach to prevention through neighbourhood working and innovation.

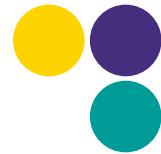
Furthermore, the Marmot principles highlight the opportunity to **strengthen the role and impact of ill health prevention, alongside creating the conditions for people to maximise their own capabilities and action across social determinants of health** – acknowledging the multiple factors that influence health outcomes and a need for concentrated action across all of these.

Why now in south east London

Across south east London there are a growing number of examples of **single-organisation, place based collaborations and community level approaches** to prevention that are making a positive difference to the lives of people.

However, what we lack is a **coordinated and consistent approach** that starts with understanding prevention needs across the life course, with **clear accountability and co-produced outcomes across prevention, early detection and intervention**. We know that we aren't 'turning the dial' enough to ensure the benefits of preventative interventions are felt by both the system and our residents most at risk of health inequity.

Introduction – drivers for SEL prevention framework



Financial context

- Local Authority public health grant funding, which drives much of our prevention spending, has seen significant real-terms reduction over recent years. This is set against the backdrop of further funding changes following the Fair Funding review.
- NHS health inequalities funding remains vulnerable as part of general allocation rather than ring-fenced investment, making long-term planning and sustained intervention challenging.
- Securing additional investment for prevention is particularly difficult due to competing system pressures, short-term financial planning cycles, and the challenge of demonstrating immediate returns on investment.

Unlocking the potential in prevention

A 2024 NHS confederation report on unlocking the power of prevention highlighted that:

- Prevention currently accounts for ~ 5% of NHS spend; however, there is the potential for early prevention to unlock a 33% reduction in ill-health
- Partners across ICSs need to direct attention and re-allocate resources from the acute sector to the most effective interventions across the life course, determining the optimal delivery level (neighbourhood, place, system) to support people closer to home in primary and community care
- There are persistent barriers to prevention and an enduring gap between commitment and progress, caused by insufficient clarity about the meaning of prevention, congruence with routine government business, and capacity to shift resource into prevention.
- There is no coordinated and consistent prevention offer that systems typically use to set targets, benchmark spending or monitor progress on prevention

How might we look at prevention across the ICS?



Wider determinants of health (Avoid)	Primary Prevention (Prevent)	Secondary Prevention (Reduce)	Tertiary Prevention (Delay)
Interventions aimed at addressing broader social, economic and environmental factors that influence population health	Stopping health problems from happening in the first place	Preventing or reducing the escalation of health issues	Supporting people to remain as independent as possible and minimising the impact of health issues
Reducing the use of health services including primary care, urgent and emergency care and hospital care			
Supporting people and our workforce to live as healthy as possible, both mentally and physically			
E.g. Housing, substance abuse, education, food insecurity, reducing worklessness, travel	E.g. early detection of risk factors promoting healthy and active lifestyle and diet, vaccinations and immunisations, alcohol licensing laws and dependency	E.g. Prescribing statins, health visitor checks, screening services, weight management services, alcohol care teams, asthma reviews for CYP, Ottawa smoking cessation	E.g. Rehabilitation and reablement, dietitian input and foot care for those living with diabetes, addressing needs of those with long-term condition or cancer diagnosis

- Local authorities receive the public health grant from the Department for Health and Social Care (DHSC) which spans both social determinants and primary prevention interventions
- The grant is used to provide vital preventative services that help to support health, including smoking cessation, drug and alcohol services, children's health services and sexual health services

- The NHS budget spans primary, secondary and tertiary prevention which includes:
 - Health inequalities funding specifically made available to ICS' to tackle health inequalities
 - Section 7A of the NHS Act which requires specific targets and indicators
 - Other funding embedded in NHS budgets



Aims of the Prevention Framework

Embed prevention as 'business as usual' across our system

Co-develop a prevention offer to identify and implement prevention interventions/approaches that will have the greatest population health impact and return on investment

Take an evidence, data and insight informed approach to identify a small number of system-level priorities that we will focus collective effort to deliver population health improvements and reduce inequalities

Reorientate and optimise/maximise resources toward prevention whilst managing system pressures/sustainability

"SEL Integrated Care System will focus on measurable population-level actions to keep people healthy and well, and prevent or avoid risk of poor health, illness, injury and early death.

Our aim is to increase the likelihood that people will remain in the best health they can be for as long as possible, and in doing so, to reduce disparities in healthy life expectancy.

Our approach to prevention should be considered in the context of wider determinants of health recognising that these have a significant impact on health outcomes and inequalities; and health creation which enables more proactive responsibility for health and wellbeing within our communities."



Our approach to developing the SEL Prevention Framework

WORKSHOP 1

April 2025

WORKSHOP 2

June 2025

WORKSHOP 3

September 2025

POST-WORKSHOP

October 2025

Objectives

- Identify key unmet needs and opportunities for prevention, based on data and residents/workforce insights
- Define short- and long-term outcomes
- Identify priority target population groups

Objectives

- Identify what interventions are working well, with clarity over which have evidence to demonstrate impact and which need evaluating
- Bringing people together to enhance and improve the way we do things from (incl. informed commissioning, delivery & evaluation)

Objectives

- Drawing on workshop 1 and 2 learnings to shape a neighbourhood prevention offer across SEL

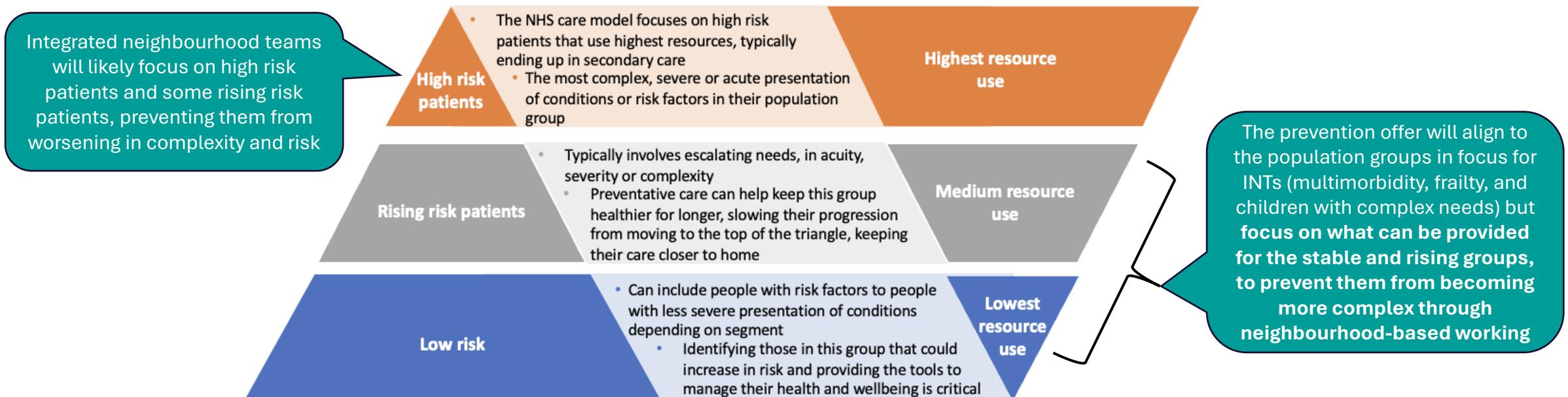
Following the workshop, outputs from all three workshops and existing data will be triangulated to inform a draft set out outputs for the SEL ICS Prevention Framework for consideration by the SEL Prevention, Wellbeing and Equity Board.

How our approach to prevention might align to and support neighbourhoods?



Neighbourhood-based working

- Prevention across the life course represents a **systematic approach** focusing on social determinants, risk reduction, early disease detection, and **reducing complications and overtreatment**. It requires recurrent investment to fully implement preventative interventions at neighbourhood, borough and system level.
- Neighbourhood models enable **local variation tailored to community needs** while maintaining a **consistent prevention foundation** across all neighbourhoods across the system, allowing for shared learning and comparable outcome measurements.
- Integrated Neighbourhood Teams (INTs) provide the structure for multidisciplinary collaboration ("teams of teams") that integrate services across health, social care, public services and VCSE – creating the foundation needed to deliver **holistic, prevention-focused care** for both **high-risk complex patients** and those at **risk**.
- Initial INT focus on three priority populations (**3+ long-term conditions, frailty, and children with complex needs**) aligns with prevention opportunities that could significantly reduce hospital admissions and costs - demonstrating the economic case for prevention.



Agenda Item 9

Meeting Name:	Health and Wellbeing Board
Date:	18 September 2025
Report title:	Support to stay well progress update and long-term outcomes report
Ward(s) or groups affected:	<p>All wards</p> <p>Key population groups (as defined by Southwark's JSNA) affected by decision/recommendation:</p> <p><input type="checkbox"/> Carers</p> <p><input type="checkbox"/> Residents with disabilities</p> <p><input type="checkbox"/> LGBTQIA+ residents</p> <p><input type="checkbox"/> Asylum seekers and refugees</p> <p><input type="checkbox"/> Rough sleepers</p> <p><input type="checkbox"/> Black and ethnic minority communities</p> <p><input checked="" type="checkbox"/> All</p>
Classification:	Open
Reason for lateness (if applicable):	Not applicable
From:	<p>Rosie Dalton-Lucas, Head of Programme for Place & Partnerships, Public Health</p> <p>Alice Fletcher-Etherington, Public Health Programme Manager</p>

RECOMMENDATION(S)

That the Health and Wellbeing Board:

1. Notes progress updates, outcome measures and requests for the board related to the 'Support to stay well' theme of the Joint Health and Wellbeing Strategy action plan 2025-27, to inform discussions at the Health and Wellbeing Board meeting on 18 September 2025 and support the activity of board members outside of meetings.
2. Notes the new long-term outcomes report for the Joint Health and Wellbeing Strategy action plan 2025-2027, which will be presented to the Board every 6 months, and suggests any changes that would improve how this is presented.

PURPOSE OF THE ITEM

Item relates to Joint Health and Wellbeing Strategy: *Theme 3 (Support to stay well) and long-term outcomes*

Statutory item

Other

POINTS TO NOTE

3. The 'Support to stay well' progress update is presented on page 3-6.
4. The Board's priority aim for 'Support to stay well' is '*Ensure that there are effective and accessible services that prevent illness and promote wellbeing, including measures to tackle "The Vital 5"*', which encompasses actions 3.1 - 3.5.
5. The board sponsor for the Support to stay well theme is Sangeeta Leahy, Director of Public Health.
6. The [long-term outcomes report](#) is an interactive document that shows:
 - Trends in life expectancy and healthy life expectancy over time for England, London and Southwark.
 - Inequalities in life expectancy and healthy life expectancy by level of socioeconomic disadvantage.
 - Data for each long-term population health target across the four themes of the Joint Health and Wellbeing Strategy, including a baseline indicator (measured in or around 2022) and a measured indicator (most recent measurement) for Southwark, and the London average.
7. The data tables showing the long-term population health targets are reproduced on pages 7-11.

SUPPORT TO STAY WELL PROGRESS UPDATE

Action	Priority aim	HWB lead	Operational lead	Progress update	Requests for the board	Short-term outcome update
3.1: Establish Southwark Hubs for Health as part of our 'Health in the High Street' programme, to increase access to Vital 5 checks and health promotion advice amongst groups at risk of ill health and our Black, Asian and ethnic minority communities	✓	Sangeeta Leahy	Ginette Hogan	<ul style="list-style-type: none"> In addition to providing Vital 5 health checks at community events and in collaboration with community groups, we have now set up 8 sites where we provide the checks on a regular basis. Most are monthly and one is fortnightly. Several are in high street locations, including Surrey Quays shopping centre, Rock of Redemption Church on Peckham High Street, and Thomas Calton Centre off Rye Lane. We also have 2 regular sites where we work in partnership with LGBTQIA+ organisations, and one site at Elephant and Castle where the focus is on Latin American Residents. 	<p>To note the update and provide suggestions and guidance to support delivery of Vital 5 health checks to residents from CORE 20 PLUS groups.</p> <p>To identify ways in which the organisations represented on the board could facilitate effective delivery of Vital 5 health checks, for example sharing communications about health outreach locations and opportunities.</p>	<p>In the most recent quarter, 69% of Vital 5 check participants have one of the following characteristics:</p> <ul style="list-style-type: none"> live in the 20% most deprived neighbourhoods are from Black, Asian and minoritised ethnic groups identify as LGBTQIA+ have a disability
3.2: Commission a new Healthy Lifestyle Service with a single point of access that integrates health improvement and outreach programmes, ensuring it is well-placed to support residents with wider determinants impacting their health and	✓	Sangeeta Leahy	Maria Bujor	<ul style="list-style-type: none"> The tender opportunity for the new service is due to be live throughout the month of September with the aim of having a new service in place in January 2026. 	<p>Not currently. Once up and running, the Board could support with promoting and shaping the new service.</p>	N/A – service not yet established

to contribute to ongoing behaviour change support						
3.3: Recommission the Southwark Wellbeing Hub with a focus on improving the outreach offer to ensure underserved populations can access the support they need in their local area	✓	Darren Summers	Wil Lewis	<ul style="list-style-type: none"> Through the recommissioning of the Southwark Wellbeing Hub, we are expanding outreach capacity by embedding support workers across Integrated Neighbourhood Team footprints, enabling personalised one-to-one interventions in trusted community spaces. The new model includes a dedicated, co-designed intervention for global majority communities and promotes subcontracting to grassroots VCS organisations, ensuring culturally competent, locally rooted support reaches underserved populations. Community engagement with residents and local stakeholders continues as the procurement strategy for the recommissioning makes its way through the SEL ICB and Council internal governance processes. 	<p>The Board could provide valuable input on the appropriateness of the service's direction of travel, particularly its shift toward proactive, neighbourhood-based mental health support.</p> <p>The Board's reflections on the rationale and design of the intervention for global majority communities would help ensure it is both impactful and culturally competent.</p> <p>The Board could also help generate ideas for how the "hub and spoke" model might operate effectively across INT footprints, and advise on key stakeholder relationships - across health, care, and community sectors - that will be critical to the success of the recommissioned</p>	<p>430 residents accessed the service in quarter 1 of 2025/26 (down from 541 in quarter 4 of 2024/25).</p> <p>In 2025/26 quarter 1, 63% of service users were from Black, Asian and ethnic minority groups (up 1% from quarter 4 2024/25). Around a quarter of residents select 'do not wish to answer'.</p>

					service.	
3.4: Establish a new Women's Safety Centre that is integrated with wider health, employment, housing and financial support services	✓	Aled Richards	Alva Bailey	<ul style="list-style-type: none"> • A project management board has been established and the WSC is on track to be established by Feb. 2026. • The Board's main focus currently is developing the newly acquired building but focus will shift later on the development of the service. 	Consideration on how operational engagement with the community health sector supporting women and girls may be promoted and encouraged.	N/A – service not yet established
3.5: Commission a review of link workers across the NHS and Council, including Social Prescribers and Community Health Ambassadors, considering their capacity and capabilities with a view to developing a more integrated approach	✓	Darren Summers	Sehrish Baloch	<ul style="list-style-type: none"> • Scope of the Link Worker Review is agreed and review will be conducted within the agreed timeline. • Opportunities for the review findings to interlink with the Southwark Wellbeing Hub recommissioning also being considered. 	None	N/A - Outcome measures not yet established
3.6: Deliver and evaluate an inclusive surgeries programme across GP practices in Southwark		Sangeeta Leahy	Natalina Sutton	<ul style="list-style-type: none"> • Inclusive surgeries coordinator started in post in the North PCN in July 2025. • Intro meetings with GP practices taking place to plan how they will adopt the inclusive surgeries initiatives. • Evaluation framework being developed and baseline data collection has commenced. 	None	N/A – programme has just started and baseline data is being collected.
3.7: Map the falls prevention exercise provision in Southwark to identify tailored forms of support for specific communities, enable		Louise Dark	Cathy Ingram	<ul style="list-style-type: none"> • Key stakeholders identified. • Data has been requested, to be compiled. • Template guidance drafted with Lambeth colleagues to be reviewed and adjusted for 	None	Data related to short-term outcomes is being collected and will be reported at the end of the summer.

personalised signposting, and to identify gaps in the support offer				Southwark by Sept/Oct.		
3.8: Improve access to support for carers by developing digital forms of carer assessment delivery, increasing awareness of carers assessments and improving data linkage		David Quirke-Thornton	Sarah Bullman	<ul style="list-style-type: none"> The Older Persons and Physical Disability team have created an online referral form for carers, one for professionals and one for self-referrals. We are considering signing up to the digital assessment tool for carers on the Mobilise platform. The Directory of Support for carers in Southwark and newly updated Unpaid Carers page on the Southwark Council website include links for referrals to carers assessments to raise awareness of support available. 	None	<p>346 carers assessments were completed between 1 April 2024 and 31 March 2025.</p> <p>Average satisfaction in services for carers (out of 10) is 7.2 (2023/24 survey)</p>
3.9: Commission a new Carers Service providing a comprehensive support offer for Southwark		Darren Summers	Jessica Neece	<ul style="list-style-type: none"> A gateway 1 procurement strategy report is currently going through internal governance processes. The working group, which includes four lived experience representatives, has developed a draft service specification. The working group agreed to rename this to the 'Carer Service'. The tender is due to go live in September 2025. The launch date of the new service has been moved to 1 September 2026 due to implications of new procurement legislation and the local council elections early next year. 	None	N/A – service not yet established

LONG-TERM OUTCOMES REPORT

A healthy start in life

Aim	Long-term population health target	Baseline Indicator	Measured Indicator	Change Over Time	London Average	Comparison to London
Ensure all families in Southwark benefit from access to good quality maternity care and holistic support during the first years of life, reducing differential outcomes for Black women and families	Reduction of the gap in % of infants of a White and Black, Asian, or other ethnicity minority group, who received a 6-8 week review by the time they were 8 weeks	Awaiting data	Awaiting data	Awaiting data	Awaiting data	Awaiting data
	Reduction in infant (< 1 year) mortality rate (per 1,000)	3.1 (2020/22)	3.2 (2021/23)	Statistically similar	3.5 (2021/23)	Statistically similar
Provide early interventions and support for children with early developmental needs and special educational needs and disabilities	Increase in % of children with free school meal status achieving a good level of development at the end of Reception in Southwark	59.3% (2022/23)	61.5% (2023/24)	Statistically similar	58.3% (2023/24)	Statistically similar
	Reduction in the gap in average Key Stage 4 attainment (attainment 8 score) between all pupils and pupils with SEN support	8.6 average gap (2022/23)	8.2 average gap (2023/24)	Trending (positive) downwards - statistical significance cannot be calculate	12.4 average gap (2023/24)	Comparatively better - statistical significance cannot be calculated
Promote good mental wellbeing and prevent mental illness in children, young people, and families	Increase in % of Year 4 and 6 children who are fairly or very happy with their life	75% (2016)	67% (2023/24)	Not available	Not available	Not available
	Reduction in rate of hospital admissions as a result of self-harm (10-24 years old)	195.8 per 100,000 (2022/23)	106.5 per 100,000 (2023/24)	Significant decrease	125.6 per 100,000 (2023/24)	Statistically similar

Accelerate the reduction in childhood excess weight and obesity in Southwark	Reduction of the gap in % Year 6 children with excess weight between White and Black, Asian and other ethnic minority children	9.0 pp (2018/19-22/23)	10.3 pp (2019/20-23/24)	Trending (negative) upwards - statistical significance cannot be calculated	5.2 pp (2019/20-23/24)	Comparatively worse - statistical significance cannot be calculated
Ensure the sustained uptake of life-saving childhood vaccinations	Reduction in the gap in MMR first dose coverage by 18 months between White and Black, Asian and ethnic minority children	Not available	18.4 pp (snapshot: July 2025)	Not available	11.1 pp (South-East London; snapshot: July 2025)	Significantly worse

Healthy work and lives

Aim	Long-term population health target	Baseline Indicator	Measured Indicator	Change Over Time	London Average	Comparison to London
Increase access to good quality jobs, providing support to those facing systemic inequalities and barriers to employment, including Black, Asian and ethnic minority residents, older people, women and disabled people	Reduction of the gap in the employment rate between the overall employment rate and those with a physical or mental long-term condition (aged 16 to 64)	19.2 pp (2021/22)	14.6 pp (2022/23)	Statistically similar	10.2 pp (2022/23)	Statistically similar
Support good health and wellbeing across our workforces and commissioned services	Reduction of the gap in the employment rate between the overall employment rate and those who are in receipt of long-term support for a learning disability (aged 18 to 64)	69.9 pp (2021/22)	69.0 pp (2022/23)	Statistically similar	70.5 pp (2022/23)	Statistically similar
Support people to lead healthy lifestyles that keep them well, working with population groups and communities where lifestyle risk factors are clustered	Reduction in the % of residents experiencing food poverty	Not available	32% (2024)	Not available	Not available	Not available
	Increase in the % of residents satisfied with “services and support to help you and your family live a healthy lifestyle”	Not available	48% (2023/24)	Not available	Not available	Not available
Maximise access to leisure, daily movement and physical activity, ensuring that financial circumstance does not limit access	Increase in % of residents walking or cycling at least 5 times per week	45.9% (2022)	45.4% (2023)	Statistically similar	37.1% (2023)	Significantly better
	Reduction of the gap in resident satisfaction in the “Council’s work to encourage cycling and walking in the borough”, between economically active and inactive groups	Not available	17.4 pp (2023/24)	Not available	Not available	Not available

Support to stay well

Aim	Long-term population health target	Baseline Indicator	Measured Indicator	Change Over Time	London Average	Comparison to London
Ensure that there are effective and accessible services that prevent illness and promote wellbeing, including measures to tackle the Vital 5	Reduction of smoking prevalence in adults (current smokers)	11.6% (2022)	13.7% (2023)	Statistically similar	11.7% (2023)	Statistically similar
	Reduction in the gap in obesity prevalence in adults of a White and Black ethnic group	Not available	107.3 gap (per 1,000) (snapshot: June 2025)	Not available	76.1 gap (per 1,000) (snapshot: June 2025)	Comparatively worse - statistical significance cannot be calculated
Reduce admissions to hospital for falls	Reduction in rate (per 100,000) of emergency hospital admissions due to falls in people aged 65 and over in Southwark	1,948 (2022/23)	1,938 (2023/24)	Statistically similar	2,061 (2023/24)	Statistically similar
Support carers and families to look after their own wellbeing	Reduction in the % of unpaid carers known to Adult Social Care Services reporting a mental health condition illness	10.2% (2021/22)	5.4% (2023/24)	Statistically similar	10.1% (2023/24)	Statistically similar

Healthy communities

Aim	Long-term population health target	Baseline Indicator	Measured Indicator	Change Over Time	London Average	Comparison to London
Ensure Southwark residents have access to good quality homes, streets and environments that promote good health and wellbeing	Increase in % of residents satisfied in the Council and partners' work towards decent homes for all	Not available	50% (2023/24)	Not available	Not available	Not available
	Reduction in fraction of mortality attributable to particulate air pollution in Southwark	7.6% (2022)	6.6% (2023)	Trending (positive) downwards - statistical significance cannot be calculate	6.2% (2023)	Comparatively worse - statistical significance cannot be calculated
Work together to mitigate the impacts of the cost of living crisis for people in Southwark	Reduction in % of children living in relative poverty in Southwark	18.6% (2021/22)	18.6% (2022/23)	Statistically similar	15.8% (2022/23)	Significantly worse
Promote good mental health and reduce social isolation and loneliness by focusing on prevention and creating connected communities	Reduction in the percentage of adults who feel lonely often or always	6.6% (2020/21-21/22)	8.0% (2021/22-22/23)	Statistically similar	7.0% (2021/22-22/23)	Comparatively worse - statistical significance cannot be calculated
	Reduction in the gap in prevalence of depression (all ages) between residents of a Black and White ethnicity	Not available	57.3 gap (snapshot: June 2025)	Not available	60.3 gap (South-East London average; snapshot: June 2025)	Comparatively better - statistical significance cannot be calculated
Support our thriving voluntary and community sector to deliver impactful programmes and services that contribute to reducing health inequalities	Decrease in % of small VCS organisations in Southwark who report to not have secure funding for the next 12 months	92% (2022/23)	Not available	Not available	Not available	Not available

KEY ISSUES FOR CONSIDERATION

Policy framework implications

8. There is a statutory responsibility for the Health and Wellbeing Board to produce a Joint Health and Wellbeing Strategy and provide assurance that the strategy is being delivered effectively to improve the health and wellbeing of the population.
9. The 'Support to stay well' theme is contributing to the Southwark 2030 goal of 'Staying well'.

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

10. Outcome measures have been designed to reveal the impact of these actions on health inequalities.

Climate change implications

11. None identified.

Resource, legal and financial implications

12. Resource, legal and financial decisions that relate to the delivery of individual actions will be taken separately and considered through the appropriate budget, monitoring and governance processes of the relevant organisations.

Consultation

13. The consultation process that was followed to develop the Joint Health and Wellbeing Strategy Action Plan 2025-2027 is described in the report "*Southwark Joint Health and Wellbeing Strategy action plan 2025-27*" presented to the Health and Wellbeing Board on 13 March 2025.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

14. None sought.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
<u>Southwark Joint Health and Wellbeing Strategy action plan 2025-27</u>	Public Health, Southwark Council	Alice Fletcher-Etherington, PublicHealth@southwark.gov.uk

AUDIT TRAIL

Lead Officer	Rosie Dalton-Lucas, Head of Programme (Place & Partnerships), Public Health	
Report Author	Alice Fletcher-Etherington, Programme Manager (Place & Partnerships), Public Health	
Version	Final	
Dated	9 September 2025	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Assistant Chief Executive, Governance and Assurance	No	No
Strategic Director of Resources	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team	9 September 2025	

Meeting Name:	Health and Wellbeing Board
Date:	18 September 2025
Report title:	Update on Support to Stay Well Action: Establish Southwark Hubs for Health as part of our 'Health on the High Street' programme, to increase access to Vital 5 checks and health promotion advice amongst groups at risk of ill health and our Black, Asian and ethnic minority communities.
Ward(s) or groups affected:	<p>All wards</p> <p>Key population groups (as defined by Southwark's JSNA) affected by decision/recommendation:</p> <p><input type="checkbox"/> Carers <input type="checkbox"/> Residents with disabilities <input type="checkbox"/> LGBTQIA+ residents <input type="checkbox"/> Asylum seekers and refugees <input type="checkbox"/> Rough sleepers <input type="checkbox"/> Black and ethnic minority communities <input checked="" type="checkbox"/> All</p>
Classification:	Open
Reason for lateness (if applicable):	Not applicable
From:	Rosie Dalton-Lucas, Head of Place and Partnerships

RECOMMENDATION(S)

1. That the Health and Wellbeing Board notes the update and provides suggestions and guidance to support delivery of the Health on the High Street programme and Vital 5 health checks to residents from CORE 20 PLUS groups
2. That the Health and Wellbeing Board suggest opportunities for further collaboration with partner organisations and teams in delivering our Health on the High Street programme e.g. sharing communications about health outreach locations and opportunities / facilitating collaboration with appropriate services to expand the health outreach offer.

PURPOSE OF THE ITEM

Item relates to Joint Health and Wellbeing Strategy: Action 3.1
 Statutory item
 Other:

BACKGROUND INFORMATION

3. The Southwark Health on the High Street programme is a partnership bringing together colleagues from the Council, NHS and VCS. It is delivered in partnership with clinicians from the two Southwark GP Federations, Guys and St Thomas' NHS Foundation Trust, and Krystal Pharmacy, and is supported by the Community Health Ambassadors.
4. The Health on the High Street programme has evolved from our outreach work that began operating in May 2023.
5. The aims of the Southwark Health on the High Street programme are to:
 - Promote the “Vital 5” and develop community awareness and understanding of health improvement, vaccinations, early detection and self-care.
 - Provide support to residents to better understand their own health needs and where they can seek help, support and services across Southwark.
 - Reduce health inequalities, through engaging and empowering individuals and communities to choose healthy behaviours and make beneficial lifestyle changes to improve health and wellbeing.
 - Gain a greater understanding of the health needs of Southwark residents, particularly people who may not engage with NHS and other services.
6. The Health on the High Street programme is delivered through three key strands:
 - **Mobile health outreach:** attending events and venues across the borough
 - **Hubs for Health:** providing support at a range of fixed locations in the community across the borough
 - **Digital health kiosks:** enabling residents to check their health at 9 locations across the borough.
7. The programme focuses on the CORE20 PLUS populations, supporting residents who might not ordinarily access health and wellbeing services, or who experience barriers to accessing services, including mistrust.
8. The programme is focused within areas of identified high socio-economic disadvantage. This includes engaging with ethnically diverse communities, older residents, LGBTQIA+ residents, refugee communities, people experiencing homelessness, residents with learning disabilities and members of faith groups.
9. The principles underlying the programme are reflected in the attached Theory of Change (Appendix 1).

KEY ISSUES FOR CONSIDERATION

Delivery

Mobile Health Outreach

10. In addition to clinicians providing the Vital 5 check, Health on the High Street programme includes collaboration with colleagues from local health and wellbeing services e.g. cancer screening services, Everyone Health (weight management and smoking cessation service), Roma community support worker, the Chagas screening service, Change Grow Live, Diabetes Prevention, Citizen's Advice and Leisure Services.
11. Since September 2023 flu and COVID-19 vaccinations have also been included as a core offer to eligible residents during the main vaccination campaign periods.

Hubs for Health

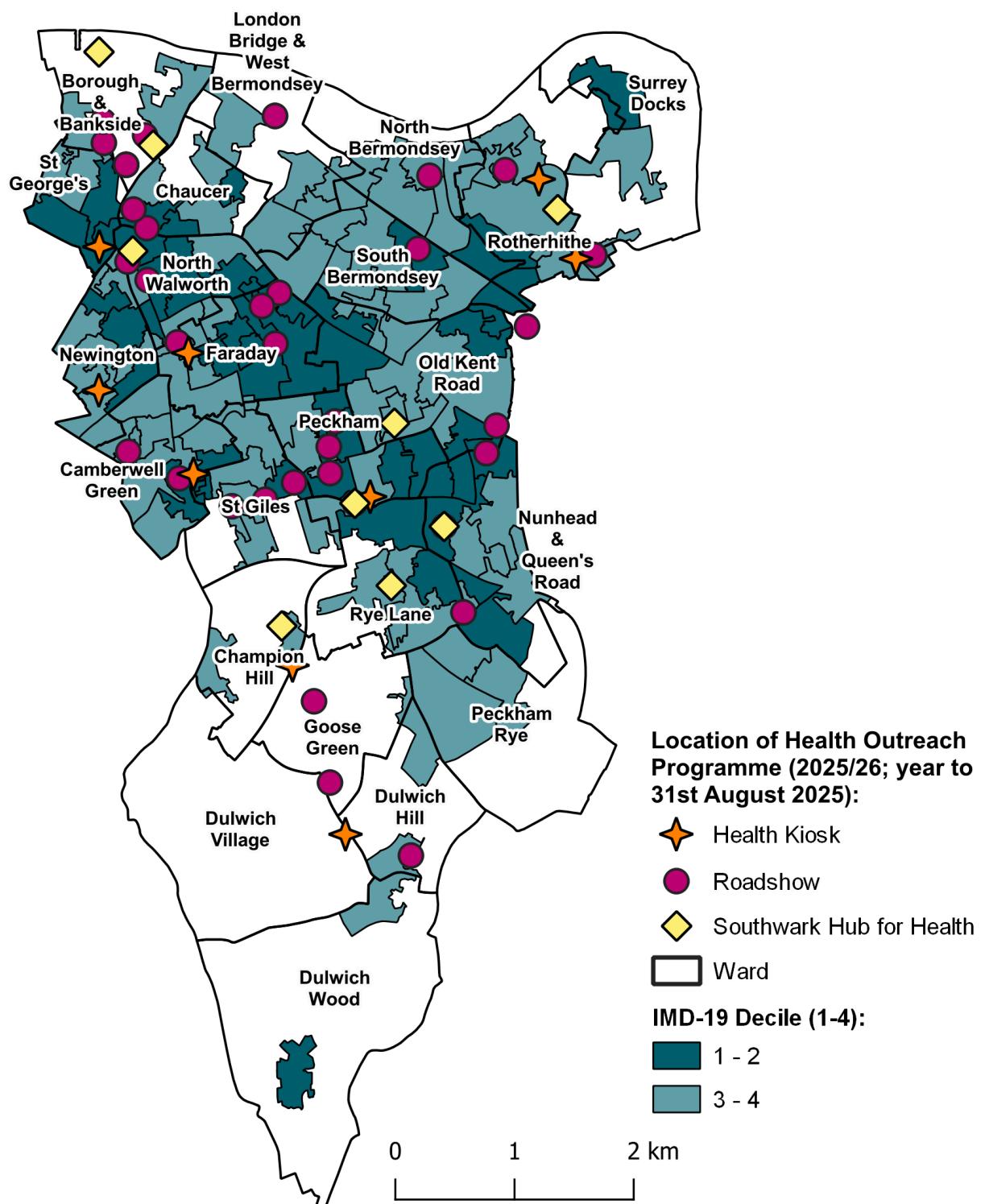
12. Since December 2024, the service has begun establishing a regular presence at 9 locations across the borough, as described in the table below:

Site	Frequency	Day
Time and Talents shop in Surrey Quays Shopping Centre	Fortnightly	1 st and 3 rd Wednesday of the month
Thomas Calton Centre (off Rye Lane)	Monthly	Days vary
Rock of Redemption Church (Peckham High St)	Monthly	1 st Saturday of the month
Ladies of Virtue CIC (Peckham Park Rd)	Monthly	1 st Thursday of the month
Albrighton Community Centre (Dulwich)	Monthly	1 st Monday of the month
Cossall Estate TRA hall (Peckham)	Monthly	Last Friday or Saturday of the month
Castle Square (Latin American residents)	Monthly	Last Friday of the month
The Outside Project (LGBTQIA+ residents)*	Monthly	1 st Wednesday of the month
LGBT Community Centre (South Bank)*	One every 2 months	Last Sunday alternate months

*The LGBTQIA+ sites are supported by a team from the Bridge Clinic.

** From the end of September the programme will be attending Parent Action's Mums Space on a monthly basis.

13. The map below shows the locations of the mobile health outreach, the Hubs for Health and the Health Kiosks over the last year:



Please note one location may hold multiple roadshows. Similarly, one Southwark Hub for Health may hold multiple events.

14. There is close collaboration between the Health on the High Street programme and the Community Health Ambassador programme, whereby Ambassadors support Vital 5 checks through engagement, signposting and more recently delivering the checks themselves. This collaboration has strengthened the programmes ability to reach community groups and venues across the borough.
15. Following the original pilot of the programme, Ambassadors have also been given the opportunity to lead on outreach activities, which has resulted in establishing a successful Latin American focused outreach site, a dedicated programme to older adults and regular engagement with Black Caribbean and African residents and faith organisations.

Digital Health Kiosks

16. Health kiosks are static devices situated in libraries and leisure centres across the borough. The kiosks enable individuals to undertake free, self-service health checks in those settings in less than five minutes. The devices allow residents to check body mass index (BMI), blood pressure, heart rate, smoking status, alcohol risk and perceived stress levels. Based on their results, users are provided with personalised guidance on how to improve their health (including guidance to seek medical advice, if necessary) and the local services appropriate to them.

Impact

Mobile Health Outreach / Hubs for Health

17. The programme has achieved significant reach across the borough, both in terms of geography and the diversity of residents engaged. Since being established the programme has engaged with over 6,000 residents offering free Vital 5 checks and broader signposting to local services including cost of living support, leisure services and the Wellbeing Hub.
18. In 2024/25, our mobile outreach and Hubs for Health delivered 3,497 Vital 5 health checks. Of these:
 - Almost half (47%) came from Black / African / Caribbean / Black British ethnicities, compared with 19% White, 8% Asian / British Asian and 7% from Mixed / Multiple ethnicities.
 - The most common age range for residents having a Vital 5 check was 45 – 65 (42%).
 - Just under 30% had a high blood pressure reading.
 - Almost 30% of those who were asked stated that they do not regularly have a blood pressure check (this question was added part-way through the year).
 - Almost 2,500 residents completed feedback forms following their Vital 5 check, and overwhelmingly there was a positive response to questions about the convenience and usefulness of being able to have a health check in a community / local space.
 - Almost 50% of those having a health check stated that they dropped in

because they were walking past and noticed that a session was happening, which reinforces the value of the opportunistic nature of the programme.

19. Over the summer, hub sites have been established, focusing on Latin American and LGBTQIA+ residents. This takes forward recommendations from the recent Health Needs Assessments for these communities. The sites are proving popular and will raise the numbers of residents from these communities accessing Vital 5 checks.
20. The majority of sessions delivered through the Hubs for Health are held jointly with other local services as described above. There is a clear appetite from residents to be able to access more services in one place, and the programme is proactively making connections with Council, NHS or voluntary sector services to broaden the offer for residents.

Health kiosks

21. In 2024/25, over 19,380 health checks were completed at the kiosks in Southwark.
22. The programme is successful in reaching the target audience: an evaluation of programme outcomes completed in September 2024 identified that Black, Asian and ethnic minority groups, men and residents living in the 20% most disadvantaged neighbourhoods are over-represented amongst kiosk users in comparison to the general population.
23. Of kiosk users surveyed for the purposes of the evaluation, 84% of those who were recommended to make a lifestyle change to improve their health indicated that they had taken specific action since using a kiosk, with 77% indicating they had been more active and 69% reporting that they had improved their diet.

Data Collection – Mobile Health Outreach and Hubs for Health

24. Data collection for the Health on the High Street programme has evolved over time, reflecting improvements in delivery. Currently anonymised demographic data is collected with individual's Vital 5 results to enable monitoring and reporting. The team also have access to GP Federation laptops. For those residents registered with practices in the north of the borough (Quay Health Solutions Federation), the team are able to enter results directly into their primary care record. The same functionality will be available for residents registered with practices in the south of the borough (Improving Health Limited Federation) from 1 October 2025.
25. In addition, officers have been working with both Federations and EMIS to develop a specific Vital 5 check template. This will enable the flagging of a Vital 5 check in the patient record, with task attached if follow up is required. This is projected to be live from 1 October 2025.
26. The current data collection has been refined from April 2025 to start identifying those who have engaged with the outreach service who are already known to have high blood pressure. The programme has identified that 47% of those with a high BP reading have not previously been diagnosed with hypertension.

All were advised to arrange a follow up appointment with their registered practice or a local pharmacy for review and/or ambulatory monitoring.

Policy framework implications

27. The Health on the High Street programme makes a significant contribution to the Southwark 2030 principles of “Reducing Inequalities” and “Empowering People” and the goal of “Staying well”.
28. The Southwark Council Delivery Plan includes the specific action to “Support people at high risk of ill health including our Black, Asian, and ethnic minority communities to live healthier lives and access preventative care through our ‘Health in the High Street’ outreach programme.
29. The recent Latin American needs assessment included the following recommendation: *“Ensure that healthcare outreach services are provided in locations and settings that are easily accessible and welcoming to Latin American communities, such as community centres or places of worship”*. This has been actioned through the Health on the High Street site at Castle Square.
30. Similarly the LGBTQIA+ needs assessment included a recommendation to: *“Establish a health outreach hub at a local community centre, co-designing the offer with local LGBTQIA+ services and supporting them to co-locate their services there”*. This has been actioned through the Health on the High Street sites at the Outside Project and the LGBT Community Centre, and there are ongoing discussions in relation to additional services that each site would find useful.

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

31. The Health on the High Street programme addresses health inequalities through engaging and empowering residents to understand their health status and where appropriate to choose healthy behaviours and make beneficial lifestyle changes to improve health and wellbeing. The programme takes a targeted and proactive approach.
32. Collaboration with key community, voluntary and faith organisations has been an important aspect in both the development and delivery the programme, so that the Vital 5 checks can be offered to communities and residents who may not access these opportunities through traditional services. At the same time community organisations are asked about specific health concerns of the residents they engage with, so that additional services can be offered as a result e.g. cancer screening information, respiratory health advice, men’s health information etc.
33. Feedback from residents has suggested that the ease of having Vital 5 checks and other services in a community setting is one of the aspects of the service that is most valued. Additionally, having sites where the service is offered on a more regular basis allows residents to return for ongoing support from the outreach team, particularly for those people who may wish to make a lifestyle change in relation to their health status.

Climate change implications

34. None identified.

Resource implications

35. None identified.

Consultation

36. No formal consultation has been undertaken. Community Health Ambassadors, VCS organisations / Faith Groups and clinical teams have provided ongoing feedback which has shaped the development and delivery of the programme.

37. All residents are asked about their views on the programme and the way it is delivered as part of the feedback from they complete, and this information is also used to enhance the service.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

38. None sought.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
<u>Southwark Health and Wellbeing Strategy Action Plan 2025 - 2027</u>	Public Health Southwark Council	Alice Fletcher- Etherington, PublicHealth@so uthwark.gov.uk

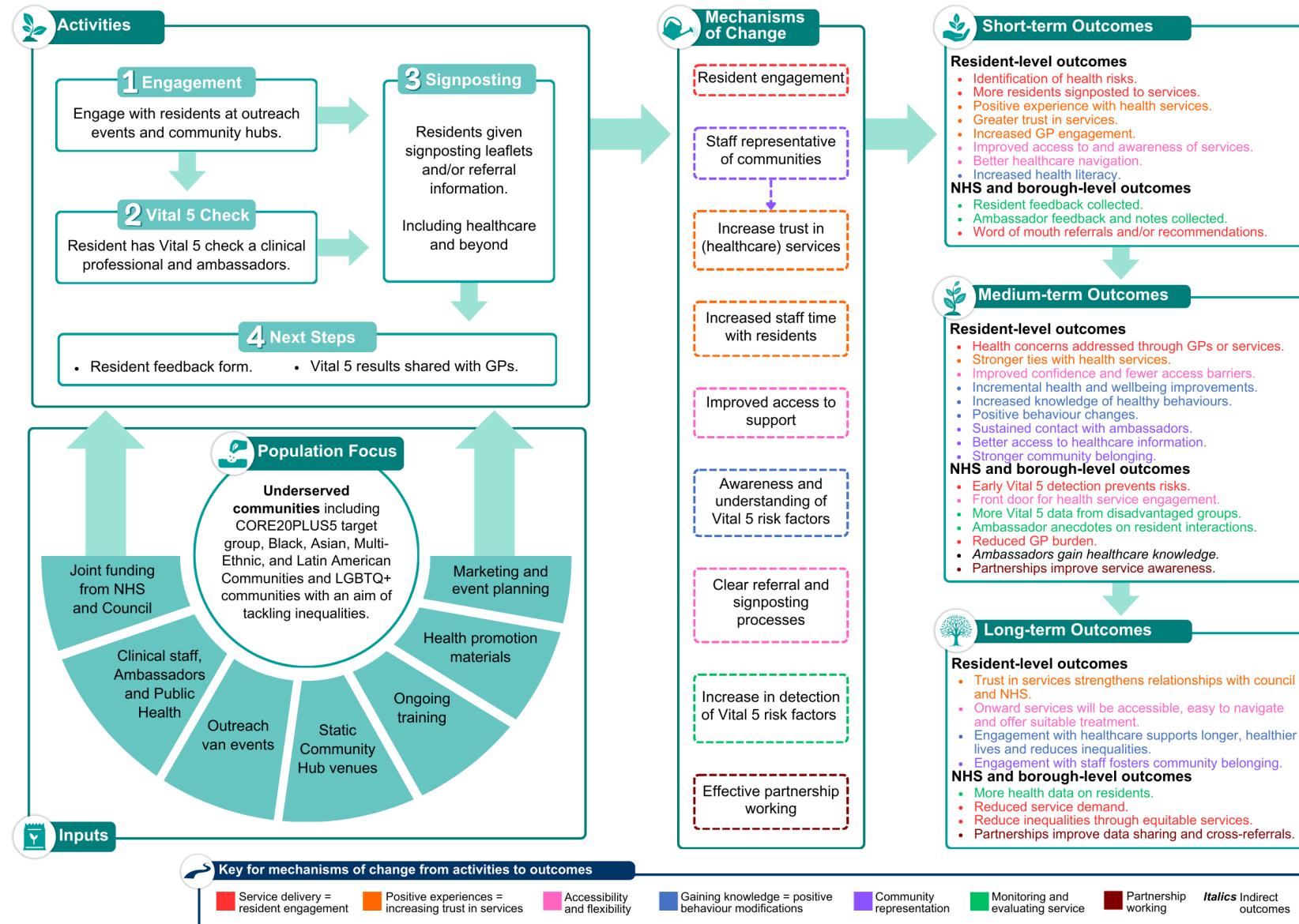
APPENDICES

No.	Title
Appendix 1	Southwark Mobile Health Outreach and Hubs for Health Theory of Change

AUDIT TRAIL

Lead Officer	Rosie Dalton-Lucas, Head of Place & Partnerships, Public Health	
Report Author	Ginette Hogan. Public Health Policy and Programme Officer.	
Version	Final	
Dated	9 September 2025	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Assistant Chief Executive, Governance and Assurance	No	No
Strategic Director of Resources	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team	9 September 2025	

Appendix 1: Health on the High Street Theory of Change



Meeting Name:	Health and Wellbeing Board
Date:	18 September 2025
Report title:	Southwark Pharmaceutical Needs Assessment 2025-28
Ward(s) or groups affected:	<p>All</p> <p>Key population groups (as defined by Southwark's JSNA) affected by decision/recommendation:</p> <p><input type="checkbox"/> Carers</p> <p><input type="checkbox"/> Residents with disabilities</p> <p><input type="checkbox"/> LGBTQIA+ residents</p> <p><input type="checkbox"/> Asylum seekers and refugees</p> <p><input type="checkbox"/> Rough sleepers</p> <p><input type="checkbox"/> Black and ethnic minority communities</p> <p><input checked="" type="checkbox"/> All</p>
Classification:	Open
Reason for lateness (if applicable):	Not applicable
From:	Sangeeta Leahy - Director of Public Health

RECOMMENDATION(S)

1. That the Health and Wellbeing Board approve Southwark's Pharmaceutical Needs Assessment 2025-2028 as set out in Appendices 1 and 2.

PURPOSE OF THE ITEM

Item relates to Joint Health and Wellbeing Strategy
 Statutory item
 Other

BACKGROUND INFORMATION

2. Each Health and Wellbeing Board is required by law to assess the need for pharmaceutical services in its area and to publish a statement of its assessment (the 'Pharmaceutical Needs Assessment' or 'PNA').
3. The PNA is used by:
 - South East London Integrated Care Board (ICB), as the basis for determining market entry to a pharmaceutical list – i.e. whether a new pharmacy should open or an existing service relocate.
 - Southwark Council, South East London ICB and other organisations, to inform current and future commissioning decisions.
4. The [NHS \(Pharmaceutical Services and Local Pharmaceutical Services\) Regulations 2013](#) set out the information should be contained within the PNA, including:

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

5. The deadline for publication of Southwark's PNA is 30 September 2025. The PNA spans three years (October 2025-September 2028).
6. Supplementary statements will be published where necessary at six-monthly intervals on the Southwark Council website, where a full revision to the PNA would be deemed disproportionate. Supplementary statements will ensure the PNA remains up to date with issues such as change of pharmacy ownership, changes to opening hours, new pharmacies and closures.

KEY ISSUES FOR CONSIDERATION

7. The PNA states that there is adequate provision of services deemed necessary to meet pharmaceutical needs in the borough, except for:
 - An open pharmacy after 6.30pm on Saturdays and at any time on Sundays within 20 minutes walking distance of the Tessa Jowell Health Centre;
 - An open pharmacy on Sundays in the South of the borough (in Goose Green, Dulwich Hill, or Dulwich Village).
8. It also highlights opportunities to improve access to services in the north-east tip of the borough including COVID-19 vaccination and Vitamin D. These services are not deemed 'necessary' for the purposes of the PNA, but the gaps have been highlighted as an opportunity to improve geographical access to provision.
9. Pharmacies provide a key role in local communities, including expert advice, preventative services and support for self-care. The opportunity for pharmacies to contribute to the delivery of the neighbourhood health agenda has recently been recognised in the 10-Year Health Plan for the NHS. This states that pharmacies will have an increased role in management of long-term conditions, complex medication regimes, treatment of obesity, vaccine delivery and screening for risk of cardiovascular diseases. The PNA highlights that many pharmacies in Southwark are already delivering key preventative services which can be built upon through Southwark's neighbourhood health model.

Policy framework implications

10. The role of pharmacies in supporting prevention and self-care aligns with the Joint Health and Wellbeing Strategy, Priority 3 – Support to Stay Well. Pharmacies contribute to Southwark 2030 goals of ‘A good start in life’ and ‘Staying well’.

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

Community impact statement

11. Public Health have engaged with partners on the reference group and have sought consultation with pharmacies, other stakeholders and residents in the development of the PNA.

Equalities (including socio-economic) impact statement

12. A key component of the PNA is to consider the different needs of those who share a protected characteristic. These are considered within ‘Section 4 - Health Needs Profile’.

Health impact statement

13. The PNA is designed to consider the local demographics and health profile of Southwark that gives rise to pharmaceutical need in the borough.

Climate change implications

14. Pharmacies provide local services within communities across the borough. The most common mode of travel to get to a pharmacy was to walk / use a wheelchair mobility aid, with other respondents using active travel options such as riding a bike or scooter. Gaps identified in the PNA highlight where there may be opportunities to provide services more local to people that need them, thus reducing the need for more carbon-intensive forms of travel.

Resource implications

15. The Pharmaceutical Needs Assessment highlights a number of areas where access to services could be improved through increased provision, including in some locally commissioned services such as the Vitamin D service. Resource and financial decisions that relate to these gaps will be taken separately and considered through the appropriate budget, monitoring and governance processes of the relevant organisations.

Legal implications

16. The publication of the PNA will fulfill one of the statutory duties of the Health and Wellbeing Board.

Consultation

17. The PNA was shaped by insights from a public questionnaire and a pharmacy questionnaire which received 958 and 18 responses respectively.

18. The draft document was then published for statutory consultation between 04 June and 05 August 2025. Changes made following the results of the consultation are detailed in Appendix 10 and include:

- Clearer statements about where gaps exist in necessary services
- Additional wording to ensure that the PNA meets statutory requirements.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Assistant Chief Executive, Governance and Assurance

19. None sought.

Strategic Director of Resources

20. None sought.

Other officers

21. None sought.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
<u>Southwark Pharmaceutical Needs Assessment 2022-25</u>	Public Health, Southwark Council	Rebecca Harkes, <u>publichealth@southwark.gov.uk</u>

APPENDICES

No.	Title
Appendix 1	Southwark Pharmaceutical Needs Assessment 2025-28
Appendix 2	Southwark Pharmaceutical Needs Assessment (Appendices)

AUDIT TRAIL

Lead Officer	Sangeeta Leahy, Director of Public Health	
Report Author	Rebecca Harkes, Senior Public Health Programme Manager – Long-Term Conditions	
Version	FINAL	
Dated	September 2025	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Assistant Chief Executive, Governance and Assurance	No	No
Strategic Director of Resources	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team	4 September 2025	

Southwark Pharmaceutical Needs Assessment 2025-2028

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1. Executive Summary

Background

A Pharmaceutical Needs Assessment (PNA) is a structured approach to assessing an area's need for pharmaceutical services provided by the National Health Service (NHS). The Health and Social Care Act (2012) transferred the responsibility for developing and updating PNAs to local Health and Wellbeing Boards.

The Southwark PNA provides a statement of need for pharmaceutical service provision within the borough, based on our local demographics and health profile. This mapping of pharmaceutical services against local health needs is used to determine whether new pharmacy services should be commissioned under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations, 2013.¹ The regulations also apply to applications from pharmacies to change existing services.

In addition to the core services they provide, community pharmacies are commissioned to deliver additional services that reflect and address local needs. The PNA supports commissioners of pharmacy and other services to decide which services to buy to meet the needs of the community. More specifically, the PNA will enable pharmaceutical service providers and commissioners to:

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

¹ [National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations, 2013.](http://www.legislation.gov.uk/ukesi/2013/349/contents/made)
www.legislation.gov.uk/ukesi/2013/349/contents/made

PNA process

Southwark Council's Public Health Team led the production of the PNA. The process was overseen by a reference group established in February 2025 that included representatives from:

- Medicines Management Team, NHS South-East London Integrated Care Board
- Community-Based Care Team, NHS South-East London Integrated Care Board
- Community Pharmacy, South East London
- South-East London Pharmacy Alliance
- Communities and Engagement, Southwark Council
- Public Health, Southwark Council
- Healthwatch Southwark

The following parties were also engaged as the document was developed:

- Planning and Growth, Southwark Council
- PNA Steering Group Lead, London Borough of Lambeth
- PNA Steering Group Lead, London Borough of Lewisham.

Scope and summary of pharmaceutical services

Pharmacies across Southwark play a crucial role in delivering services that are accessible, inclusive and based on the healthcare needs of their local communities. In doing so, pharmacies support and actively contribute to reducing health inequalities and improving the health and wellbeing of people living and working in the borough.

The definition of 'pharmaceutical services' for the purposes of the PNA is narrowly defined and covers the following:

- **Essential Services** - Essential Services are services that all pharmacies are required to provide. At the time of writing (May 2025), there are nine essential services offered by all pharmacies. Essential services are considered to be necessary services² for the purposes of this PNA.

² There is a requirement that pharmaceutical needs assessments set out which services the Health and Wellbeing Board considers to be 'necessary' services to meet the need for pharmaceutical services in the area. For the purposes of the PNA, other services are defined as 'relevant services' – these are services that may not be necessary, but their provision has secured improvements, or better access, to pharmaceutical services. Essential services have been determined as necessary as they include services that people could reasonably expect to be delivered at all pharmacies (such as dispensing medicines). Advanced, National Enhanced and Local Enhanced services are key to securing good access to pharmaceutical services within the borough and are therefore treated as relevant services.

- **Advanced Services** - Advanced Services are services that pharmacies can choose to provide so long as they meet relevant requirements to deliver the service. At the time of writing (May 2025), there are nine Advanced Services that pharmacies can choose to provide. Advanced Services are considered to be relevant services³ for the purposes of this PNA.
- **National Enhanced Services** - National Enhanced Services are services that are directly commissioned by NHS England. Pharmacies can apply to deliver these services by expressing interest during relevant application windows. National Enhanced Services are considered to be relevant services⁴ for the purposes of this PNA.
- **Local enhanced services** - Local enhanced services are services that are commissioned by NHS England or the ICB to meet an identified local need. Local enhanced services are considered to be relevant services for the purposes of this PNA.
- **Essential and advanced services provided by dispensing appliance contractors** - These are services delivered by contractors which only dispense prescriptions for appliances. There are no dispensing appliance contractors in Southwark.
- **The dispensing service provided by some GP practices** - These are services where a prescription is dispensed by a GP practice, instead of a pharmacy. There are no controlled localities⁵ in Southwark and therefore no dispensing doctors.
- **Services provided under a local pharmaceutical services contract that are the equivalent of essential, advanced and enhanced services** - These are services commissioned directly by NHS England and the local ICB to meet specific local requirements. There are no services commissioned under local pharmaceutical contracts in Southwark.

The PNA process also considers other services arranged by Southwark Council or South-East London ICB. Opening hours are not classed as a pharmaceutical service for the purposes of the PNA.

Overview of Southwark

Southwark is a densely populated and diverse inner-London borough. Home to some 319,000⁶ people, Southwark is a patchwork of communities, from leafy Dulwich in the south, through bustling Peckham and Camberwell in the centre, and the rapidly changing Rotherhithe peninsula to the north-east. In the north-west, Borough and Bankside are thriving, with high levels of investment and development. Yet there remain areas affected by high levels of socio-economic disadvantage, where health outcomes fall short of what any resident should expect.

³ See above

⁴ See above

⁵ A controlled locality is somewhere that is characterised as 'rural in character' due to factors such as population density, presence and absence of facilities, transport links.

⁶ [London's Population Projections](#)

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. Improvements include: (i) life expectancy is now comparable to the national average; (ii) continual reduction in levels of relative deprivation; (iii) key risk factors (e.g. smoking, alcohol and physical inactivity) are comparable to or better than the national average; and (iv) reduction in preventable mortality by almost half between 2001 and 2022, narrowing the gap with England.

Despite the substantial improvements in health outcomes in Southwark, there remain significant inequalities in access, experience and outcomes within the borough. 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.

Geographical inequalities: Outcomes are poorer in central and northern parts of Southwark across a wide range of health, social and economic measures, from child poverty through to obesity, hospital admissions and life expectancy. Further, it is important to acknowledge that pockets of socio-economic disadvantage also exist within areas of affluence.

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

Southwark has one of the largest communities of people with lesbian, gay, bisexual, trans, queer, intersex and other associated identities (LGBTQI+) in the country. There is increasing academic evidence that key public health challenges disproportionately impact these population groups, including higher levels of smoking, alcohol use, incidence of some cancers and mental ill-health.

Overview of pharmacy provision in the borough

There are 57 pharmacies in Southwark, including one distance-selling pharmacy. Pharmacy provision is summarised in the tables below.

Summary of Pharmacy Provision

Services	Current service level	Gaps to be addressed ²	Potential improvements (2025–28)
Essential Services¹			
Necessary services, negotiated nationally and provided by all community pharmacies.			
Distribution and access	<ul style="list-style-type: none"> There are 57 pharmacies in Southwark. Southwark's current pharmacy distribution is similar to neighbouring boroughs, with an average 2.4 pharmacies operating per ward. Three wards (Surrey Docks, Peckham Rye and Dulwich Wood) have no pharmacies but have a good network of pharmacies accessible in neighbouring wards. In the PNA public survey, 96% of respondents who answered the question on journey time were able to access a pharmacy within 20 minutes. 	<ul style="list-style-type: none"> No gap identified. 	<ul style="list-style-type: none"> There is adequate geographical distribution of pharmacies in the borough to meet needs.

Opening hours	<ul style="list-style-type: none"> Data on current opening times was collated from the NHS Business Services Authority website detailing all 57 pharmacies in the borough as at February 2025 (BSA, 2025). There has been an increase in provision in the evenings; 93% (53) of pharmacies are open at 6pm on weekdays (as opposed to 50% in 2022) and 19% (11) after 6pm on Saturdays (as opposed to 6 in 2022). Following a change in the 2013 Regulations allowing 100-hour pharmacies to apply to reduce their hours, there are now no 100-hour pharmacies in Southwark. However, three pharmacies are open for 72 hours or more Of public survey respondents, 68% agreed/strongly agreed that they can easily find a pharmacy when needed; this is down from 85% of survey respondents in 2022. Provision on weekday mornings before 9am and on Sundays has remained stable since the previous PNA. 14% of pharmacies (8) were open before 9am and 14% (8) of pharmacies open on Sundays. The number of pharmacies open on Saturdays has decreased from 79% in 2022 to 75%. 	<ul style="list-style-type: none"> In Southwark, an enhanced access service provides access to GP appointments over extended hours (8-8pm Monday to Saturday, 8 – 4pm Sunday) in the north and the south of the borough. <p>No pharmacies are open within walking distance of the enhanced access service in the south of the borough after 6.30pm on Saturdays and at any time on Sundays. There may still be limited access and choice on Sundays where only eight pharmacies are open. Pharmacies open on Sundays are clustered in the north and central parts of the borough.</p>	<ul style="list-style-type: none"> Better access to all essential services would be secured by their provision on Saturdays after 6.30pm and at any time on Sundays within 20 minutes walking distance of the Tessa Jowell Health Centre. This gap could be met by supplementary hours from existing pharmacies in those areas as there is not a geographical gap at other times. Better access to all essential services would be secured by their provision on Sundays in the south of the borough (in Goose Green, Dulwich Hill, or Dulwich Village). This gap could be met by supplementary hours from existing pharmacies in those areas as there is not a geographical gap at other times.
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Advanced Services³

Relevant services. Negotiated nationally. Community pharmacies can choose to provide Advanced Services if they meet the Secretary of State Directions requirements.

Pharmacy First	<ul style="list-style-type: none">▪ This is a new advanced service that commenced in January 2024. It allows pharmacies to diagnose and treat seven common conditions.▪ Most pharmacies currently provide this service (90% or 51/57 pharmacies)▪ Patient survey data indicates that only 11% of respondents are aware of the Pharmacy First and Pharmacy First Plus services indicating an opportunity to increase awareness of the service.	<ul style="list-style-type: none">▪ No gap identified.	<ul style="list-style-type: none">▪ Existing infrastructure and service provision are likely to meet current population needs. Improved promotion of the service would be beneficial.▪ Data regarding use of the service would provide further insight into how this service is meeting need in relation to the seven common conditions diagnosed and treated.
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Appliance Use Reviews	<ul style="list-style-type: none"> As per data available from the NHS Business Services Authority (BSA), no pharmacies in Southwark provide this service (BSA, 2025). This is a decrease from seven pharmacies which were offering this service in 2022 with a forecast for this number to increase over the next few years Few (0.1%) public survey respondents said they use pharmacies for support with a medical device. 	<ul style="list-style-type: none"> No gap identified. Patients may receive advice and support for their medical appliance use from the hospital or clinic responsible for their ongoing care. This is also a service that patients may access from Dispensing Appliance Contractors out of area. 	<ul style="list-style-type: none"> Existing infrastructure and service provision are likely to meet current population needs.
Stoma Appliance Customisation	<ul style="list-style-type: none"> As per data available from the NHS BSA, no pharmacies in Southwark provide this service (BSA, 2025). This is a decrease from four pharmacies in the 2022 PNA. 	<ul style="list-style-type: none"> No gap identified. Patients may receive advice and support for their medical appliance use from the hospital or clinic responsible for their ongoing care. This is also a service that patients may access from Dispensing Appliance Contractors out of area. 	<ul style="list-style-type: none"> Existing infrastructure and service provision are likely to meet current population needs.

Flu Vaccination Service	<ul style="list-style-type: none"> ▪ The Flu Vaccination Service is a national initiative offering flu vaccinations to at risk groups from September/October to March the following year. ▪ In Southwark 70% of pharmacies (40) provided a flu vaccination service from January – March 2025⁷. This is a slight decrease from the previous PNA published in 2022 when 44 pharmacies (76%) provided the Seasonal Influenza Vaccination Service. ▪ There is good geographical distribution of this provision across the borough, particularly in the north where most of the community care homes are located. 	<ul style="list-style-type: none"> ▪ No gap identified. 	<ul style="list-style-type: none"> ▪ Existing infrastructure and service provision are likely to meet current population needs.
Lateral Flow Device Service	<ul style="list-style-type: none"> ▪ This service was commissioned in November 2023 aimed at supplying those potentially eligible for COVID-19 treatments with access to Lateral Flow Devices (LFDs) ▪ As per data from NHS BSA, 47% (27) of pharmacies provide this service (BSA, 2025). 	<ul style="list-style-type: none"> ▪ No gap identified. 	<ul style="list-style-type: none"> ▪ Existing infrastructure and service provision are likely to meet current population needs.

⁷ NHS Business Services Authority, Dispensing data January – March 2025

Pharmacy Contraception service	<ul style="list-style-type: none"> ▪ This service enables pharmacies to initiate and continue courses of oral contraception. It is a national service that commenced in April 2023. ▪ This service is currently provided by 81% (46) of pharmacies ▪ In the previous PNA in 2022, eight pharmacies were accredited to offer a service assessment and supply of contraception (emergency, combined and progesterone-only). At the time, this was a locally commissioned service. 	<ul style="list-style-type: none"> ▪ No gap identified. 	<ul style="list-style-type: none"> ▪ Existing infrastructure and service provision are likely to meet current population needs.
Smoking Cessation Service	<ul style="list-style-type: none"> ▪ This is a new national service that was commissioned in March 2022. The aim of the service is to provide quick access to smoking support for residents who have recently been discharged from hospital. ▪ This service is provided by 19 pharmacies (33%) in Southwark⁸. There is good geographical distribution of pharmacies offering this service. 	<ul style="list-style-type: none"> ▪ No gap identified. 	<ul style="list-style-type: none"> ▪ Geographical coverage is likely to meet the needs of the population alongside the locally commissioned 'Stop Smoking Service' provision in the borough.

⁸ NHS Business Services Authority, Dispensing data August – November 2024

Hypertension Case finding service	<ul style="list-style-type: none"> ▪ Commissioned in October 2021, this advanced service aims to identify patients at risk of cardiovascular disease ▪ Pharmacies offering the service are equipped to take blood pressure measurements and supply ambulatory blood pressure monitoring if required. ▪ This service is provided by 84% (48) of pharmacies. 	<ul style="list-style-type: none"> ▪ No gap identified. 	<ul style="list-style-type: none"> ▪ Existing infrastructure and service provision are likely to meet current population needs.
New medicines service	<ul style="list-style-type: none"> ▪ The New Medicines Service was commenced in 2011. The service supports patients with long term conditions who have been commenced on a new medicine to improve medicine adherence. ▪ All 57 pharmacies (100%) in Southwark now offer the NMS⁹, an improvement from 2022 when 74% of pharmacies offered the NMS. 	<ul style="list-style-type: none"> ▪ No gap identified. 	<ul style="list-style-type: none"> ▪ Existing infrastructure and service provision are likely to meet current population needs.

⁹ NHS Business Services Authority, Dispensing data August – November 2024

National Enhanced Services Relevant enhanced services that are nationally specified and commissioned by NHS England.			
COVID-19 vaccination	<ul style="list-style-type: none"> ▪ Data sourced from the Department of Health and Social Care (SHAPE Place) indicates that 33% of pharmacies (19) currently provide this service ▪ Survey data from the 2022 PNA indicated that only 12% of pharmacies offered COVID vaccinations in 2020/21. 	<ul style="list-style-type: none"> ▪ There has been an improvement in provision of this service since the previous PNA, however there is scope for wider uptake of this service by pharmacies should this be commissioned in future. 	<ul style="list-style-type: none"> ▪ Plans to increase uptake of COVID-19 vaccination service delivery over future campaigns would help to protect residents in the borough, focusing on the North-East tip of the borough. In qualitative public survey responses, residents often cited wanting more vaccination services at their local pharmacy to be offered.
RSV and Pertussis	<ul style="list-style-type: none"> ▪ This is a nationally commissioned service. At the time of writing (August 2025), a procurement process was taking place across some sites in London. The outcome of this process is not yet known. Vaccination is available through GP surgeries and maternity services for eligible people. 	<ul style="list-style-type: none"> ▪ No gap identified 	<ul style="list-style-type: none"> ▪ There may be future opportunities to align this with other vaccination provision in future.

Local enhanced services Relevant enhanced services. Commissioned by NHS England or South-East London ICB and designed to meet local health needs			
Bank Holiday Opening Hours Rota	<ul style="list-style-type: none"> A bank holiday opening hours rota is commissioned as part of a local enhanced service in London. The service is provided across two pharmacies in Southwark, with one covering all bank holidays except Christmas Day and Easter Sunday, and the other covering Christmas Day and Easter Sunday. Both pharmacies are suitably located in Borough and Bankside / Chaucer close to an Urgent Care Centre within Southwark. 	<ul style="list-style-type: none"> No gap identified. At the time of writing (August 2025), the service was being recommissioned. 	<ul style="list-style-type: none"> Existing infrastructure and service provision are likely to meet current population needs.
Locally commissioned services Relevant services. Commissioned by Southwark Council and SEL CCG (latterly SEL ICB) to address identified local health priorities			

Pharmacy First Plus	<ul style="list-style-type: none"> ▪ This is a borough-led service which is not yet implemented nationwide. It is an extension of the Pharmacy First service and enables pharmacists to diagnose and treat a broader range of conditions ▪ Currently 47% (27) of the pharmacies in Southwark provide this service. ▪ Patient survey data indicates that only 11% of patients are aware of the Pharmacy First and Pharmacy First Plus service. 	<ul style="list-style-type: none"> ▪ No gap identified. 	<ul style="list-style-type: none"> ▪ Existing infrastructure and service provision are likely to meet current population needs. Improved promotion of the service would be beneficial.
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Stop Smoking Service	<ul style="list-style-type: none"> The Stop Smoking service is a locally commissioned service allowing smokers to access stop smoking advice and treatment, including behavioural support guided by the National Centre for Stop Smoking Cessation Training standard treatment programme. Three pharmacies (5%) currently offer this service in Southwark as per data locally gathered by Southwark Public Health. This is a decrease from the 2022 PNA survey data which reported that 9 pharmacies were offering the Level 2 service. However, use of the stop smoking pharmacy service has increased since the previous PNA. Over 2024/25 a total of 250 people used the Stop Smoking service in these 3 pharmacies; this has increased from 201 people in 2020/21. 	<ul style="list-style-type: none"> No gap identified. Whilst pharmacy provision has reduced since the previous PNA, this has been mitigated by alternative borough-wide offers to support smokers to quit. 	<ul style="list-style-type: none"> At the time of writing (May 2025), Southwark Council were in the process of recommissioning to expand delivery to five pharmacies. Existing provision, coupled with the above expansion, is likely to meet current population needs¹⁰.
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¹⁰ At the time of update (August 2025), this provision has now been expanded to five pharmacies.

Needle Exchange	<ul style="list-style-type: none"> The aim of this service is to encourage sterile injecting practises among intravenous drug users as an adjunct to their progression towards ceasing injecting altogether. Locally gathered data within Southwark Council indicates that 18% of pharmacies (10) currently offer this service. This is a slight decrease in provision from the 2022 PNA which reported that 22% (13 pharmacies) provided Needle Exchange. However, needle exchange is available within other settings such as Southwark's Drug and Alcohol Service. 	<ul style="list-style-type: none"> No gap identified. 	<ul style="list-style-type: none"> Existing infrastructure and service provision are likely to meet current population needs.
Supervised consumption	<ul style="list-style-type: none"> Supervised consumption is a service enabling pharmacy staff to witness the consumption of controlled substances such as methadone Data from Southwark Council indicates that 44% (25) of pharmacies currently offer this service This is an increase from 28% reported in 2022 from the PNA survey data As per local data collection by Change Grow Live Southwark, from 2022 to March 2025 there have been 466 supervised consumption interactions at Southwark pharmacies. 	<ul style="list-style-type: none"> No gap identified. 	<ul style="list-style-type: none"> Existing infrastructure and service provision are likely to meet current population needs.

Vitamin D	<ul style="list-style-type: none"> ▪ Free vitamin D supplementation is offered to certain patient groups through this service e.g. pregnant women, women who are breastfeeding, recent mothers and young children ▪ 28% (16) of pharmacies in Southwark currently offer free Vitamin D to eligible patient groups as per data collected from Southwark Council ▪ This is a decrease from the previous PNA which reported that 33% of pharmacies were commissioned to offer the Vitamin D service as per their survey data ▪ From October 2023 to March 2024, Southwark pharmacies delivered 4,936 Vitamin D products to residents (a rate of approximately 10,000 per year). In previous years the provision of total commissioned Vitamin D dispensing was: 17,006 units in 2018/19; 16,060 units in 2019/20; and 14,154 units 2020/21 ▪ It is possible that use of this service may be limited due to widespread availability of Vitamin D in supermarkets. 	<ul style="list-style-type: none"> ▪ Most of the borough is within 1km of the nearest providing pharmacy. In the south of the borough there is a Vitamin D service nearby in Lambeth or Lewisham. However, there is a gap in the North-East of the borough. 	<ul style="list-style-type: none"> ▪ Increasing availability of this service in the pharmacies in Rotherhithe may increase access to this service.
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Emergency Hormonal Contraception	<ul style="list-style-type: none"> The Emergency Hormonal Contraception service is a multifaceted new scheme that enables pharmacies to prescribe emergency hormonal contraception and offer women a consultation around other forms of contraception The service is locally commissioned and data from Southwark Council indicates that 35% (20) of pharmacies in Southwark currently offer this service In 2020/21 survey data indicated that emergency contraception was available in 14% of Southwark pharmacies 	<ul style="list-style-type: none"> No gap currently identified 	<ul style="list-style-type: none"> There is widespread provision of this service in the borough. Existing services are likely to meet current and future needs. From October 2025, the Pharmacy Contraception advanced service will be expanded to include Emergency Hormonal Contraception¹¹. Commissioners may wish to revisit provision of this service once that advanced service has been rolled out.
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¹¹ [Pharmacy Contraception Service \(PCS\) - Community Pharmacy England](#)

Condom Distribution and C-Card Scheme	<ul style="list-style-type: none"> ▪ At the time of the previous PNA in 2022, survey responses indicated that 14% of Southwark pharmacies were offering free condoms through the C-Card scheme which allowed young adults under 25 to access condoms ▪ As of 2023/24, 7,968 condoms were distributed to people under 25 via the C-Card scheme. This exceeded the annual target of 6,500. In comparison to previous years, it is evident that this scheme has grown in popularity and uptake. Condoms were mainly distributed via clinics, though four pharmacies also had contacts where they distributed condoms to the public. ▪ In 2025, a new initiative has been introduced which provides condom distribution in settings across the borough (such as GP surgeries or hostels). Availability of this service and the C-Card scheme helps to meet the need for condom distribution in Southwark. 	<ul style="list-style-type: none"> ▪ No gaps identified. 	<ul style="list-style-type: none"> ▪ Existing services are likely to meet current and future needs.
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¹All pharmaceutical services listed as Essential Services are identified by the Health and Wellbeing Board as necessary services.

²These gaps refer to specific aspects of pharmaceutical services identified as currently not provided in Southwark, but which could, if provided (whether within Southwark or beyond), secure improvements or better access to pharmaceutical services in the Southwark area, either now or in the future. However, all pharmaceutical services covered within the relevant regulations are currently provided in Southwark.

³ Services that have newly become Advanced Services since the 2022 PNA include the Pharmacy Contraception Service (in April 2023), the Lateral Flow Device Service (in November 2023) and the Pharmacy First Service (in January 2024). The Smoking Cessation Service and Hypertension Case Finding Service were new as advanced services when the previous PNA was drafted and therefore service data was not yet available.

Feedback from public questionnaire

A public survey on use of pharmacies in Southwark conducted from February – March 2025 collected 958 responses. Of the responses received:

- Respondents reported using the pharmacy for collecting prescriptions including repeat prescriptions (51%); buying medicines (14%) and for consultations and advice (10%)
- Most respondents (67%) agreed or strongly agreed that they could easily find an open pharmacy when needed. This is a decrease from the 2022 PNA in which 85% of public respondents answered they could easily find an open pharmacy when needed.
- Most respondents (74%) agreed or strongly agreed that they could easily find a pharmacy in a convenient location.
- Most respondents (69%) reported that it took them 10 minutes or less to get to their usual pharmacy. Only 4% reported taking more than 20 minutes.
- The most common mode of travel to get to the pharmacy reported (excluding those who did not give an answer to the question) was walk/use of wheelchair mobility aid (72%), the remainder reported driving (9%), taking the bus (7%) or riding a bike or scooter (7%).

Feedback from pharmacy questionnaire

A survey of pharmacies was conducted from February – April 2025 and collected 18 responses. Of the responses received:

- All pharmacies had a closed consultation room; 89% of these rooms were wheelchair accessible
- Most (95%) of pharmacies had additional language support available within the pharmacy
- Most pharmacies (66%) could provide a home delivery service to some of their users
- Most pharmacies (56%) felt there was a need for additional services; responses to which services varied but included emergency hormonal contraception, hypertension case finding and supervised consumption
- Some pharmacies (44%) reported having capacity to manage increased demand, some pharmacies (44%) reported having capacity to manage increased demand with adjustment and some pharmacies (11%) reported not having capacity to manage increased demand
- Issues serving as a barrier to continued service provision included funding/investment (50% of pharmacy respondents), staffing (22%) and theft (11%)

Essential services

There is a gap in provision of essential services in the south of the borough after 6.30pm on Saturdays and at any time on Sundays.

- Better access to **all essential services** would be secured by their provision on Saturdays after 6.30pm and at any time on Sundays within 20 minutes walking distance of the Tessa Jowell Health Centre. This gap could be met by supplementary hours from existing pharmacies in those areas as there is not a geographical gap at other times.
- Better access to **all essential services** would be secured by their provision on Sundays in the south of the borough (in Goose Green, Dulwich Hill, or Dulwich Village). This gap could be met by supplementary hours from existing pharmacies in those areas as there is not a geographical gap at other times.

Advanced Services

No gaps in Advanced Services provision have been identified to meet the pharmaceutical needs of Southwark residents. There is good uptake of new advanced services. There are no pharmacies delivering Appliance Use Reviews or Stoma Appliance Customisation locally. However, these services can be provided by Dispensing Appliance Contractors out of area and may also be delivered by clinics responsible for patient care.

National Enhanced Services

The national enhanced service delivered in Southwark is COVID-19 vaccination.

Gaps identified:

There is limited provision of the COVID-19 vaccination service in the North-East of Southwark; commissioning of this service in pharmacies in Rotherhithe would secure better access to pharmaceutical services. Respondents to the public survey indicated that they were interested in accessing vaccination within pharmacies.

Local Enhanced Services

The local enhanced services delivered in Southwark include the bank holiday opening hours rota and the London flu vaccination services. At the time of writing (August 2025), both services were being recommissioned. There are no gaps identified in the provision of these services.

Locally Commissioned Services

Locally Commissioned Services are commissioned by South-East London ICB or Southwark Council and can secure improvements or better access to pharmaceutical services in Southwark. Whilst these are not classed as 'pharmaceutical services' for the purposes of this PNA, access to this service could be increased through increasing provision of Vitamin D in Rotherhithe. Commissioners

should engage with pharmacies regarding the reduction in uptake of the Vitamin D service, although this may be reflective of more people purchasing Vitamin D which is widely available in supermarkets.

Future need

Population growth in Old Kent Road is projected over the next 10 years, with significant housing developments planned. There are currently three pharmacies within the ward and nearby pharmacies in neighbouring wards. At present, no pharmaceutical services have been identified as required to meet a future need or required to secure future improvements or better access to pharmaceutical services. Population growth in that locality will be monitored during the supplementary statement process.

Monitoring and review

The Health and Wellbeing Board has a duty to ensure that the PNA is up to date. This may require supplementary statements or a full revision of the document.¹² Supplementary statements will be published where necessary at 6-monthly intervals on the Southwark Council website, where a full revision would be deemed disproportionate. It is expected that the population of Southwark will continue to grow, particularly in areas of redevelopment. Supplementary statements should consider the population density and availability of pharmacies particularly within Old Kent Road where growth is projected.

¹² The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. [No. 349. Part 2](#) - Regulation 6. www.legislation.gov.uk/uksi/2013/349/regulation/6/made

2. Background

Legislative context and function

Southwark's Health and Wellbeing Board is required by law¹³ to undertake and publish a Pharmaceutical Needs Assessment (PNA) that sets out the existing provision of pharmaceutical services available to local residents and assesses current and future needs.

The PNA is used by:

- South East London Integrated Care Board (ICB), as the basis for determining market entry to a pharmaceutical list – i.e. whether a new pharmacy should open or an existing pharmacy relocate – and for commissioning services.
- Southwark Council, South East London ICB and other organisations, to inform current and future commissioning decisions.

This document has been prepared by Southwark Council's Public Health Team in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations, 2013 ("the 2013 Regulations").¹⁴ The regulations require a revised PNA to be published at three-year intervals. The last PNA was published on 30 September 2022, and this current PNA is expected to be published by 30 September 2025.

Requirements for a Pharmaceutical Needs Assessment

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

- A statement on the provision of services deemed necessary to meet pharmaceutical need and the provision of other relevant services that have secured improvement or better access to pharmaceutical services currently and in the future; this includes providers and premises within the area and adjacent to it.

¹³ The National Health Service (Pharmaceutical and Local Pharmaceutical Services)

Regulations 2013. No. 349. Part 2 - Regulation 6.

www.legislation.gov.uk/uksi/2013/349/regulation/6/made

¹⁴ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
<https://www.legislation.gov.uk/uksi/2013/349/contents/made>

- A statement on the provision of other services provided or arranged by NHS partners that impact upon the need for pharmaceutical services, or which would secure improvements in, or better access to, pharmaceutical services.

The regulations also require:

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

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

- Demography
- Whether there is sufficient choice with regard to obtaining pharmaceutical services
- Any different needs of specific wards or neighbourhoods within its area
- The needs of different groups who share a protected characteristic as defined within the Equality Act 2010¹⁵. In addition, consideration should be made for university students, offenders, homeless people and rough sleepers, refugees, military veterans, and visitors to the area.
- The extent to which the need for pharmaceutical services is affected by services outside the area and other NHS services.

Scope and summary of commissioned services

The scope of this PNA covers the following pharmaceutical services:

- Essential Services
- Advanced Services
- National Enhanced Services
- Local Enhanced Services
- Locally commissioned services (commissioned by Southwark Council and NHS South East London ICB).

¹⁵ Equality Act 2010. <https://www.legislation.gov.uk/ukpga/2010/15/contents>

A range of providers are included within the scope, specifically:

- Pharmacy contractors, including Community Pharmacies, Local Pharmaceutical Service (LPS) providers and Distance-Selling Pharmacies (DSPs)
- Dispensing Appliance Contractors (DACs)
- Dispensing doctors.

In Southwark, there are 57 pharmacies. This includes one distance-selling pharmacy. There are no dispensing appliance contractors, local pharmaceutical services contractors or dispensing doctors operating within the borough.

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

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

Changes since the previous PNA published in 2022

There have been several changes to the landscape of pharmaceutical services since the previous PNA:

- **Commissioning responsibility:** NHS England delegated responsibility for direct commissioning of pharmaceutical services to Integrated Care Boards (ICBs) from April 2023.
- **Independent prescribing:** Plans have been announced that from September 2026, all newly qualified pharmacists will be independent prescribers on the day of their registration. At the time of writing (May 2025), prescribing models are being tested through Community Pharmacy Pathfinder Programmes.
- **Services:** There have been changes to which services are defined as Advanced Services and National Enhanced Services. These are discussed further at page 77 of the PNA.
- **Update to regulations:** The [NHS \(Pharmaceutical and Local Pharmaceutical Services\) \(Amendment\) Regulations 2023](#) updated the 2013 Regulations including changes allowing pharmacy contractors to apply to reduce their core opening hours of their 100 hour pharmacy to between 72 and 100 hours where certain requirements are met.
- **Hub and Spoke models:** Regulatory changes have been introduced to allow sharing the dispensing process between two pharmacies in different retail pharmacy businesses to make community pharmacy more efficient. This is due to start from late 2025.

Operating landscape for pharmacies

The availability of pharmaceutical services is shaped by the landscape in which community pharmacies operate. Community pharmacy contracts are activity-based which means that pharmacies rely on dispensing prescriptions, delivering commissioned services, and over-the counter sales for income. To be financially viable, pharmacies must deliver their services in response to patient demand. If a service has low uptake, each pharmacy will have to take into consideration the sustainability of delivering that service. Where the PNA highlights a reduction in services, this can be indicative of several things including historically low demand, delivery of services outside the pharmacy setting, or the need to revisit the commissioning model for the service to ensure it is financially viable. An economic analysis commissioned by NHS England in 2024 highlighted existing issues with the financial viability of NHS Pharmaceutical Services in England¹⁶. NHS pharmaceutical services were reported in this research to not be financially sustainable in the short-term or longer-term, with the likely consequences being a risk of pharmacy closures, shorter opening hours or a reduced offer of services.

¹⁶ IQVIA and Frontier Economics, *Economic analysis of NHS Pharmaceutical Services in England: Final Report*, 2025

Box 1.1. Overview of pharmaceutical services

Essential Services

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

- Dispensing medicines
- Dispensing appliances
- Discharge Medicines Service
- Disposal of unwanted medicines
- Healthy Living Pharmacies
- Public health (promotion of healthy lifestyles)
- Repeat dispensing/electronic repeat dispensing
- Signposting to other services
- Support for self-care

Advanced Services

There are currently nine advanced services which pharmacies can choose to provide as long as they meet the requirements set out in the Secretary of State Directions:

- Pharmacy First Service
- Flu Vaccination Service
- Pharmacy Contraception Service
- Hypertension Case-Finding Service
- New Medicine Service
- Smoking Cessation Service
- Appliance Use Review
- Stoma Appliance Customisation
- Lateral Flow Device Service

Enhanced Services

There are currently two National Enhanced Services which are nationally specified:

- COVID-19 Vaccination Service
- RSV and Pertussis Vaccination Service

There are also two local enhanced services delivered in London:

- Bank Holiday Opening Hours Rota
- London Flu Vaccination Service

Locally commissioned services

These are services commissioned locally by Southwark Council or South-East London ICB to address identified local health priorities:

- Pharmacy First Plus
- Stop Smoking Service
- Needle Exchange
- Supervised Consumption
- Vitamin D
- Emergency Hormonal Contraception
- Condom Distribution

Revision

The Health and Wellbeing Board has a duty to ensure that the PNA is up to date. This may require supplementary statements or a full revision of the document.¹⁷

Supplementary statements will be published where necessary at 6-monthly intervals on the Southwark Council website, when a full revision would be deemed disproportionate. Such statements typically involve notices of pharmacies opening, closing or changing their business hours, or any change in ownership or location. Changes in local population estimates will be advised in a Supplementary Statement as soon as possible.

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

Notwithstanding the above, the next full review of the PNA is scheduled to be published no later than 30 Sep 2028.

¹⁷ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. [No. 349. Part 2](#) - Regulation 6. www.legislation.gov.uk/uksi/2013/349/regulation/6/made

3. Developing the PNA

Drafting phase, methods and engagement

Southwark's 2025 PNA has made use of a wide range of intelligence sources.

Box 2.1. Intelligence sources for Southwark's 2025 PNA

Domain	Source
Demography and health needs	<ul style="list-style-type: none"> Joint Strategic Needs Assessment, Southwark Council Bespoke intelligence analyses from Southwark Council Public Health Team drawing on data from Office of National Statistics, and Greater London Authority, and local supporting intelligence at South East London ICB
Local priorities	<ul style="list-style-type: none"> Southwark Joint Health and Wellbeing Strategy 2022-2027¹⁸ Southwark Council Plan 2022¹⁹
Availability and accessibility of services	<ul style="list-style-type: none"> Online questionnaires of local pharmacy contractors, supported by the Lambeth, Southwark and Lewisham Local Pharmaceutical Committee; 18 out of 57 contractors completed the survey (response rate of 32%) between 20 February 2025 – 7 April 2025
Patient experience	<ul style="list-style-type: none"> Online survey with local residents to collect feedback on access and the range of pharmaceutical services provided locally (via consultation hub and e-newsletter). A total of 928 responses were received for the period between 17 February 2025 – 23 March 2025.

A Reference Group for the PNA was established in January 2025, led by Southwark Council's Public Health Division and including representation from:

- Medicines Management Team, NHS South East London Integrated Care Board
- Community-Based Care Team, NHS South East London Integrated Care Board
- Community Pharmacy, South-East London Pharmacy Alliance
- Communities and Engagement Division, Southwark Council
- Public Health Division, Southwark Council

¹⁸ <https://services.southwark.gov.uk/assets/attach/177533/Southwark-s-Joint-Health-Wellbeing-Strategy-2022-27.pdf>

¹⁹ [Southwark Plan 2022 reduced 1.pdf](https://services.southwark.gov.uk/assets/attach/177533/Southwark-s-Joint-Health-Wellbeing-Strategy-2022-27.pdf)

The following parties were invited to attend the Reference Group, or were informed of progress made in developing the PNA:

- Healthwatch Southwark
- Community Pharmacy South East London
- PNA Lead, London Borough of Lambeth (informed)
- PNA Lead, London Borough of Lewisham (informed)

Statutory consultation

A statutory consultation took place from 04 June 2025 to 05 August 2025, where stakeholders and the public were invited to provide feedback on the information contained within the PNA. A report detailing the responses received and changes made to the PNA as a result is included at Appendix 11.

Structure of the PNA

Southwark's 2025 PNA examines the following key areas:

- Southwark's health needs profile: This section assesses Southwark's resident population, looking specifically at life expectancy and healthy life expectancy, main causes of mortality and morbidity (including trends over time), and leading lifestyle risk factors, with a focus on any significant changes since the 2022 PNA.
- Assessment of current pharmaceutical services: This section identifies and maps the current provision of pharmacy services across the borough.

Understanding Southwark's localities

The same primary geospatial unit of analysis deemed appropriate for Southwark's 2018 and 2022 PNAs – electoral ward – is used in this PNA. Electoral wards serve as localities for the PNA. This geospatial analysis includes all 23 Southwark electoral wards established following the Boundary Commission review in May 2018.²⁰ These groupings are used by Southwark Council for electoral purposes and are often used by the Council or the NHS for service provision. The 23 localities are as follows:

- Borough & Bankside; London Bridge & West Bermondsey; North Bermondsey; Rotherhithe; Surrey Docks; St George's; Chaucer; South Bermondsey; North Walworth; Newington; Faraday; Old Kent Road; Camberwell Green; Peckham; Nunhead & Queen;s Road; St Giles;

²⁰ [Find your ward and area | Community Southwark](#)

Rye Lane; Champion Hill; Goose Green; Peckham Rye; Dulwich Village; Dulwich Hill; Dulwich Wood.

4. Health needs profile for Southwark

Place

Geography

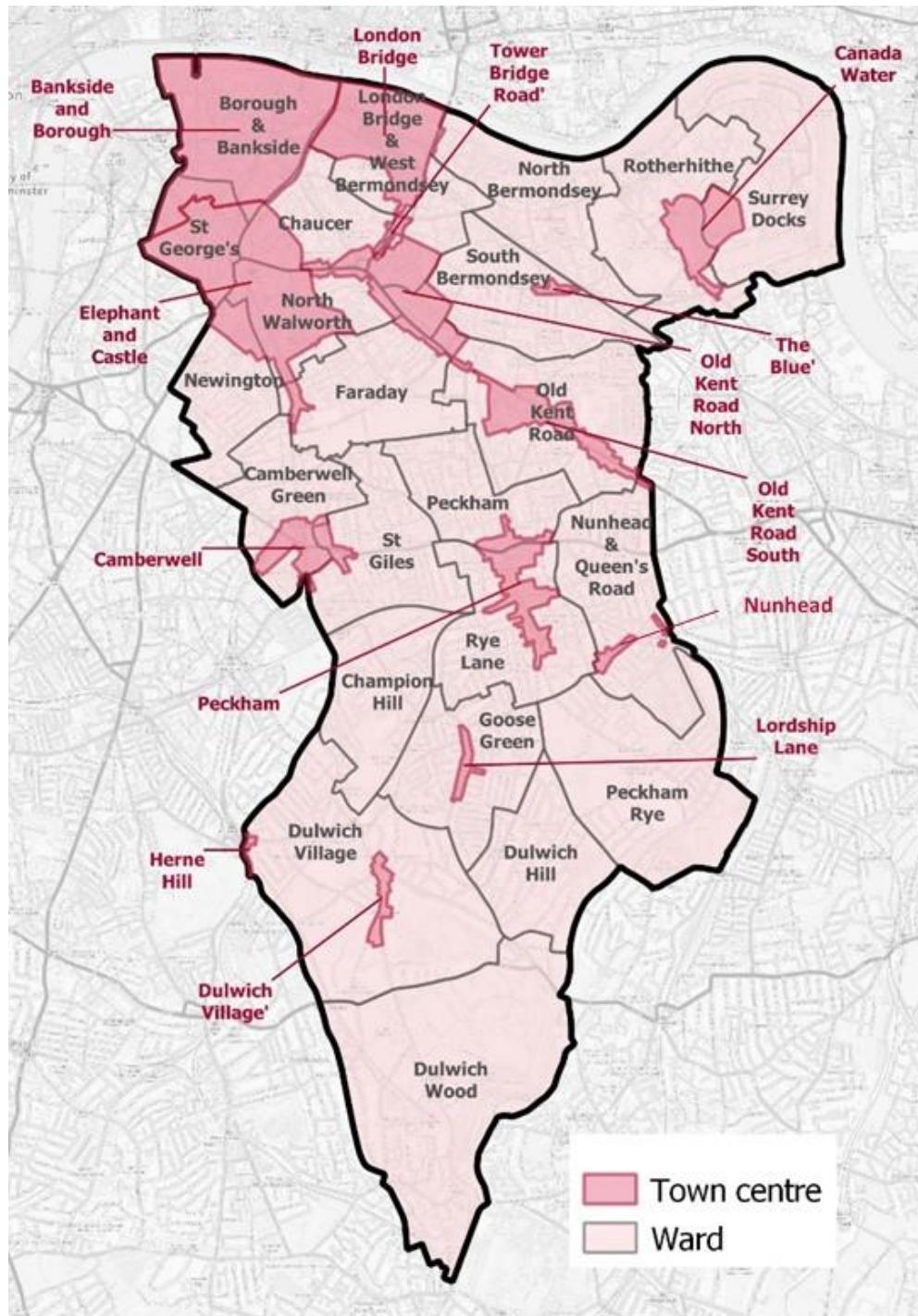
Southwark is an inner-London borough in South East London. The River Thames is the northern boundary, with Lambeth to the west and Lewisham to the east (see Figure 1). Southwark has 23 electoral wards, and many town centres of varying sizes (see Figure 2).

Figure 1. London, Southwark and neighbouring boroughs



Source: © OS crown copyright and database rights 2022. Ordnance Survey (0)100019252.

Figure 2. Southwark wards and town centres

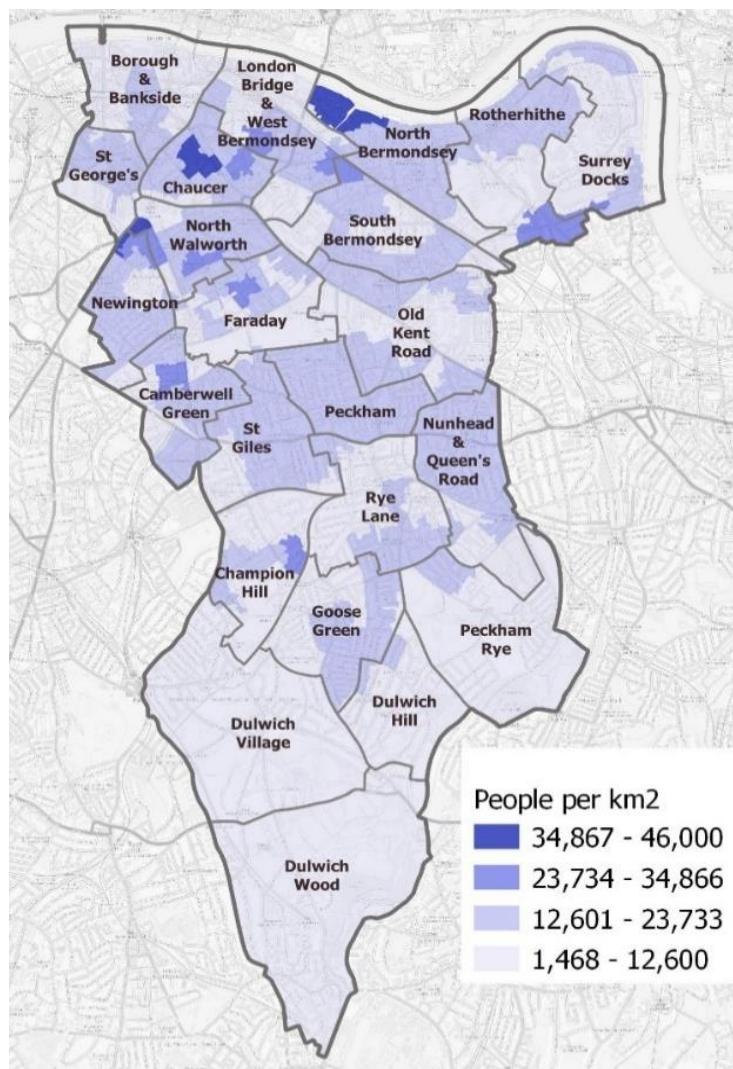


Sources: Southwark Council 2022. © OS crown copyright and database rights 2022. Ordnance Survey (0)100019252.

Population estimates and population density

According to data from the Office for National Statistics, there are approximately 319,000²¹ residents in Southwark. The population density of the borough is estimated to be approximately 11,000 persons per square kilometre, making Southwark one of the most densely populated areas in the country (it is in the top 10 most densely populated English Local Authorities). Several neighbourhood areas are particularly intensively populated (see Figure 3), with densities of over 100 times the national average, and eight times the London average.

Figure 3: Population density in Southwark local neighbourhood areas in June 2020.



Sources: ONS, 2022 (mid-year population estimates 2020). © OS crown copyright and database rights 2022. Ordnance Survey (0)100019252.

²¹ [London's Population Projections](#)

Deprivation

The Indices of Deprivation are the official measures 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, but it remains one of the most deprived areas in England. (see Table 1).

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

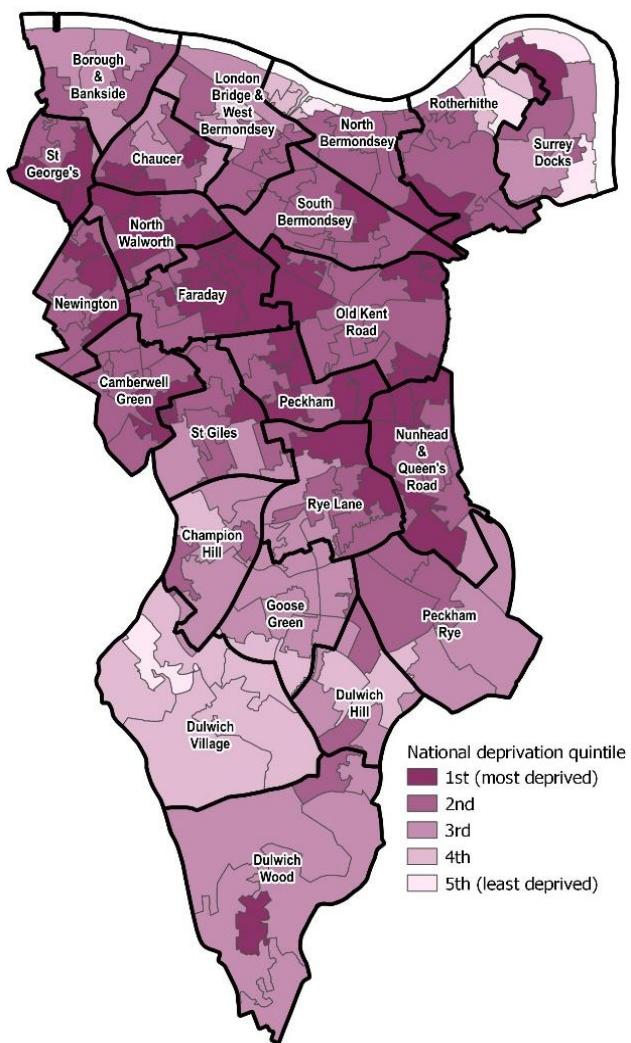
Measure	Ranking out of 317 local authorities	Ranking out of 317 local authorities
	IoD 2015	IoD 2019
Rank of average rank	23 rd	43 rd
Rank of average score	40 th	72 nd

Source: Ministry of Housing, Communities & Local Government.

It is important to acknowledge that the Indices of Deprivation measure 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 (see Figure 4). This increases to 23% among those aged under 18 years.

Figure 4: 2019 Index of Multiple Deprivation quintiles for Southwark LSOAs.



Source: Ministry of Housing, Communities and Local Government 2019. English Indices of Deprivation. © OS crown copyright and database rights 2024. Ordnance Survey (0)100019252..

Employment and income

Figures for 2023 show that economic activity levels in Southwark are similar to London and England. For the year up to 31st December 2023, 78.4% of the population aged 16+ were economically active, 76.5% of whom were in employment.

Despite economic activity levels in Southwark reflecting similar levels to the region, we have seen a continued reduction since 2020. For the year up to December 2023, there has been a 2% reduction in economically active residents, following a similar trend to the regional and national picture.

Table 2: Economic activity of the population aged 16+, 2023

Measure	Southwark Number	Southwark %	London	England
Economically active	192,700	78.4%	78.6%	78.8%
In employment	188,100	76.5%	74.6%	75.8%
Unemployed	7,600	3.9%	5%	3.7%
Economically inactive	51,900	21.6%	21.4%	21.2%

Source: ONS annual population survey 2023

The median (average) household income in Southwark in 2024 was £46,634, higher than the UK average of £37,861. However, there was a wide range of incomes in Southwark, with around 1 in 30 (3%) households in the borough having a total income of less than £15,000 per year.

While average income in Southwark is higher than UK levels, there are significant geographical inequalities within the borough, with median income highest in Dulwich Village (£61,229) and lowest in Peckham (£36,405).

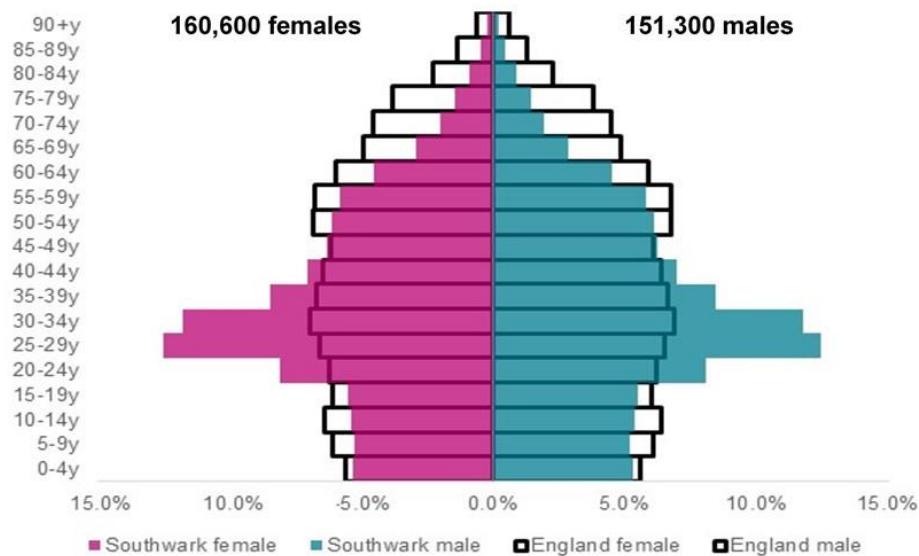
People

Current population

Home to some 311,900 people, Southwark has a comparatively young population (Figure 7). The median age (33.4 years) is more than two years younger than London, and almost seven years younger than England.

Figure 7 shows the age structure of Southwark compared to England (black outline). The chart demonstrates that the low average age in the borough arises not from large numbers of children, but from a large number of young working-age residents: 41% of the Southwark population is aged 20 to 39.

Figure 7: Age structure of Southwark compared to England, 2022

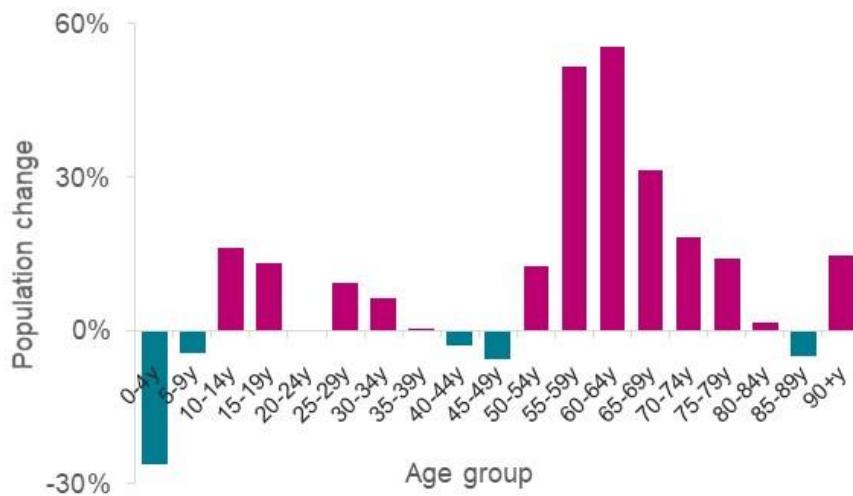


Source: ONS, 2021. Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2020

Trends and projections

The population of Southwark grew by 6% between 2012 and 2022, in line with both London and national averages. However, the change over the decade has not been uniform. Over the ten-year period, the most significant changes in Southwark age structure have been among adults aged 55 to 69 yr, and children under 5 yr (see Figure 8)

Figure 8: Percentage change in Southwark population by age, 2012 to 2022



Source: ONS 2023. Mid-year population estimates, 2012 and 2022.

The latest population projections suggest that our population will continue to grow over the next decade. 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.

Ethnicity

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

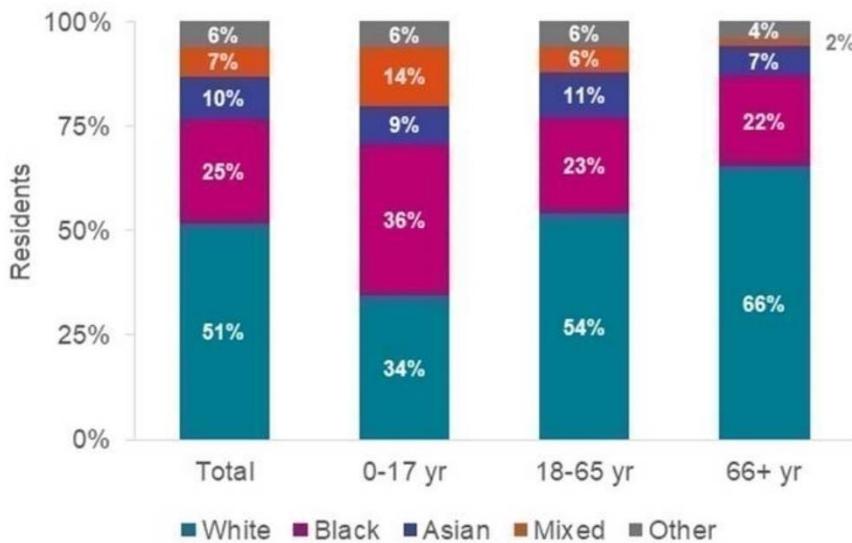
Data from the 2021 Census shows that 51% of people living in Southwark have a White ethnic background compared to 81% nationally. Just over a third (36%) of residents identify as 'White: English, British, Welsh, Scottish or Northern Irish' ethnicity.

The largest ethnic group other than White is 'Black, Black British, Caribbean or African', with one-quarter (25%) of Southwark residents reporting this as their ethnicity compared to only 14% of residents across London and 4% of residents nationally. Almost one-fifth (16%) reported 'African' ethnicity and 6% reported a 'Caribbean' ethnicity.

For the first time, the 2021 Census provided data on the number of residents identifying as Hispanic or Latin American. In total, about 9,200 people in Southwark recorded this ethnicity.

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, and 14% with mixed or multiple ethnicities (See Figure 9).

Figure 9: Southwark population by broad ethnic group and age, 2021



Source: ONS 2023. Census 2021 – Age and ethnic group

Over 80 languages are spoken as main languages in Southwark, with 79% of the population speaking English as their main language. The most common language after English was Spanish, which has almost doubled since 2011 and spoken as a main language by over 13,000 residents. Somali was the most common African language spoken.

The top five main languages (other than English) spoken at the time of the 2021 Census were:

- Spanish (13,000)
- Italian (4,300)
- Portuguese (3,600)
- French (3,500)
- Chinese (excl. Cantonese and Mandarin) (2,200)

Of the 53,700 Southwark residents whose main language is not English, 10,200 (19%) cannot speak English well or have no English proficiency.

A large proportion of our residents were also born overseas, with 40% of Southwark's residents born outside the UK, Channel Islands and Ireland. The top country of birth outside the UK and Ireland was Nigeria, making up around 4% of Southwark residents. Italy, Jamaica, Spain and Ghana also made up a notable proportion of Southwark's population. Around 8% of residents were born in the Americas or the Caribbean, with over half of these residents being born in countries in South America (see Figure 10).

Figure 10: Residents' country of birth as a proportion of total population, 2021



Source: ONS 2022. Census 2021 - International migration, England and Wales

Sexual orientation

Southwark is ranked fourth in England for proportion of residents identifying with a non-heterosexual orientation, most frequently lesbian, gay or bisexual. In Southwark, 8% of residents (nearly 21,000 people) aged 16+ have a non-heterosexual sexual identity. Within this population, 56% identified as lesbian or gay and 40% identified as bisexual or pansexual. 6% of Southwark women identify as LGB+ overall, though this reaches 12% within the 16-24 age bracket. More men identify as LGB+: 10% of male residents overall, peaking at 13% within the 35-44 age bracket. The Burgess Park area of Southwark has the largest LGB+ population within the borough.

Gender identity

Southwark is the fifth highest ranking local authority in England for residents identifying as trans or non-binary. Within the borough 3,200 residents reporting a gender identity different from their sex registered at birth. Half of these used no specific gender identity term, the rest used 'trans woman', 'trans man' or 'non binary'. Despite having a relatively high proportion of the population with gender identities that differed from sex assigned at birth, the numbers are likely to be underestimates as many residents declined to answer the question.

Disability and impairment

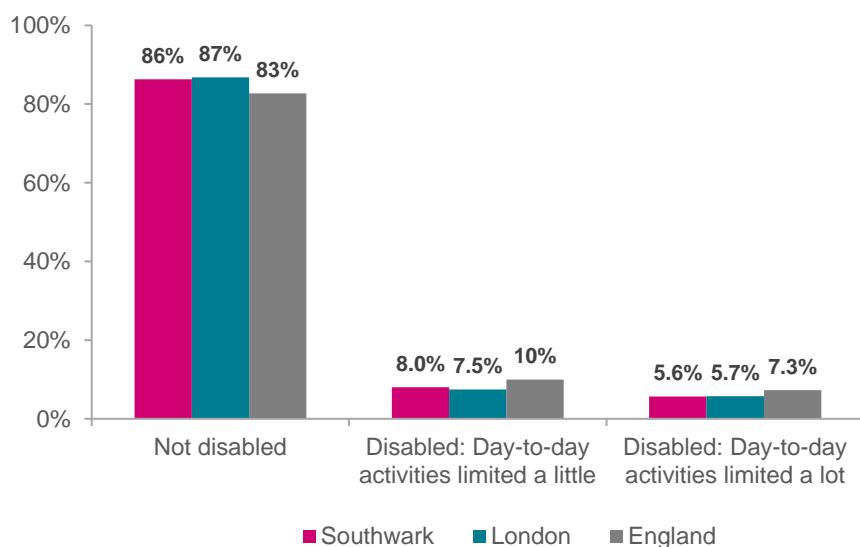
The 2010 Equality Act defines a disability as a physical or mental impairment which has a substantial and long-term negative effect on a person's ability to do normal daily activities.

In 2021 over 42,000 Southwark residents (14%) recorded a disability. This is a similar proportion to London but slightly less than the national average of 17%. Almost a quarter of households (33,000) had at least one resident with a disability.

The neighbourhoods with higher proportions of disability are Old Kent Road, South Bermondsey and Nunhead & Queen's Road, where in some areas 17-23% of residents were disabled.

Of those in Southwark who were disabled in 2021, half were aged 50 or over. Levels of disability among residents of different ethnicities broadly mirror that of the general population in the borough.

Figure 11: Proportion of Southwark, London and England residents who were disabled at the time of the census.



Source: ONS, 2023. Census 2021 – Health, disability and unpaid care, England and Wales.

The Family Resource Survey by the Department of Work and Pensions, collects data on what disability/disabilities people have.

In 2022/23 47% of disabled working-age adults reported a mental health impairment, the most prevalent category among this age group. This was closely followed by a mobility impairment, at 41%. The third most likely impairment type related to stamina, breathing or fatigue, at 34%. Local patterns of disability are likely to broadly reflect these categories.

Carers

Unpaid or informal carers play an integral role in supporting the family members and friends they care for. According to data gathered by the 2021 Census, over 18,000 residents provide some level of unpaid care, equivalent to 6% of Southwark's population.

While this is similar to the 2011 Census, there has been an increase in the hours of care provided over the decade. In 2021, around a quarter (26%) of unpaid carers provided 50+ hours of care per week, equivalent to nearly 5,000 residents.

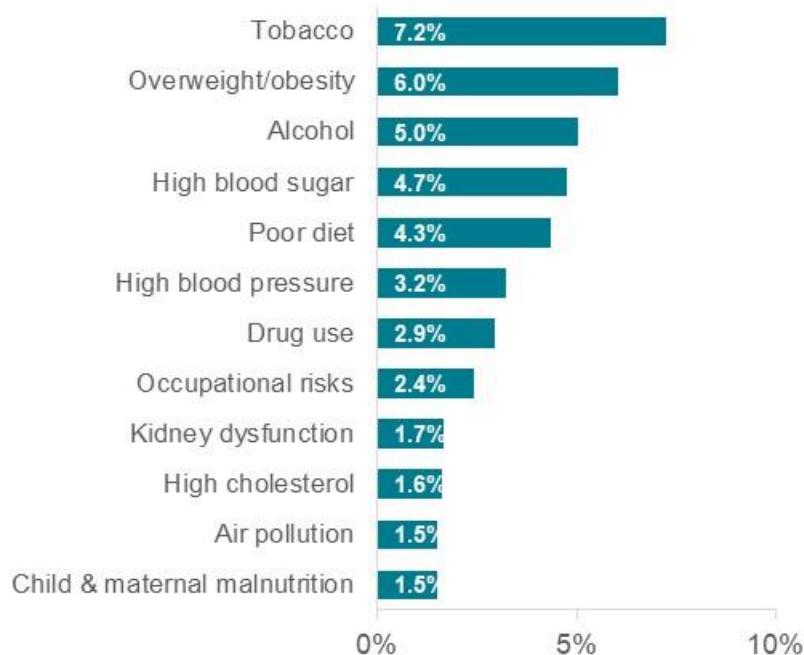
The increased demand for care disproportionately affects women, people from Black African ethnic backgrounds, and those who themselves live with disability and complex care needs.

Living well

Risk factors

Data from the Global Burden of Disease study shows the top risk factors for poor health. Southwark is comparable to the national picture, with tobacco, overweight/obesity, risky alcohol consumption, high blood sugar and poor diet being the top five risk factors affecting healthy living in the borough.

Figure 12: Percentage of years of life lost to disability or premature death (DALYs) in Southwark by risk factor, 2019



Source: IHME 2024. Global Burden of Disease Compare tool

The figure below shows the prevalence of key behavioural risk factors in Southwark adults, compared with London and England levels.

Figure 13: Behavioural health risk factor levels in Southwark



Source: OHID 2024. Public Health Profiles.

Sexual health

Poor sexual and reproductive health has a significant impact on Southwark residents' wellbeing. The borough has the second highest level of sexually transmitted infections (STIs) in England, after Lambeth. Levels of diagnosed infections in Southwark are over twice the London average and more than five times the national average.

In 2023, there were over 8,200 new STI diagnoses among residents, a 4% increase compared with 2022. In Southwark within the last year, there has been a:

- 5.4% increase in gonorrhoea diagnoses
- 3.0% increase in chlamydia diagnoses
- 2.4% increase in genital warts diagnoses
- 10.3% drop in syphilis diagnoses

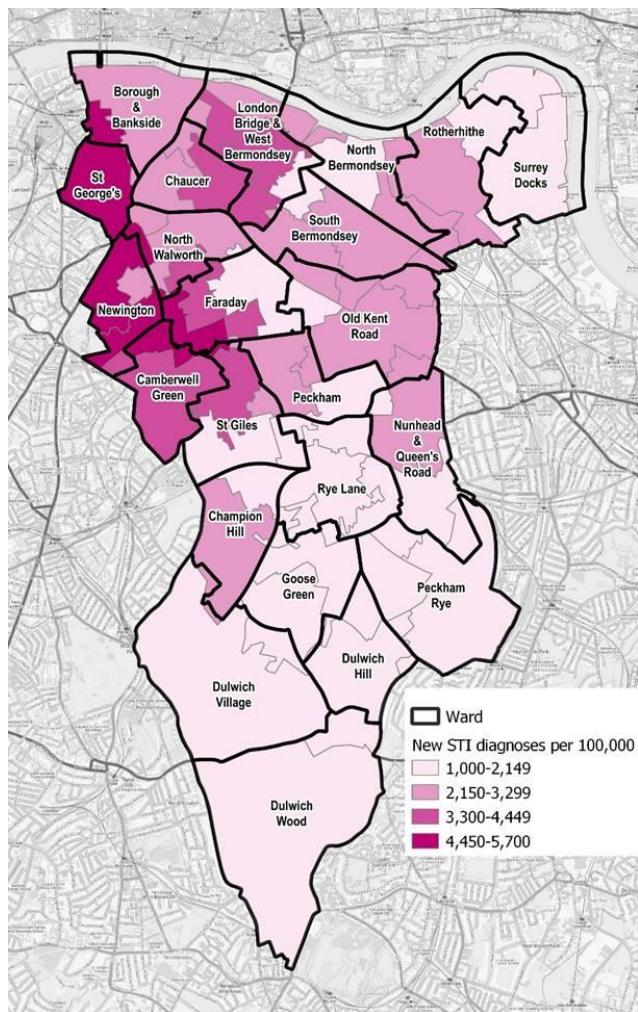
STI test numbers have continued to increase since 2020. Between 2022 and 2023, there was a 9.3% increase in STI testing in the borough (excluding chlamydia testing in under-25s).

Local STI infections are highest among:

- Men: account for over three-quarters (77.0%) of cases
- 25–34 year olds: over two-fifths (42.3%) of cases
- Gay and bisexual men: over half (55.4%) of cases

2023 data showed that new STI diagnosis rates were not equal across Southwark: the highest levels were seen in north-west and west-central areas of the borough.

Figure 14: Prevalence of new STI diagnoses in all-age Southwark residents, per 100,000 population, by Middle Super Output Area, 2023



Source: UKHSA 2023. © OS crown copyright and database rights 2024. Ordnance Survey (0)100019252.

In addition to high levels of sexually transmitted infections, Southwark also has high levels of HIV. The borough has the second highest prevalence rate in England, after Lambeth. Southwark rates of diagnosed HIV are over double London levels and over five times higher than the England average.

In 2022, there were 2,880 residents with diagnosed HIV; 2022 data indicated highest prevalence in the north-west and centre-west of the borough.

Levels of HIV testing in the borough are significantly higher than London and England averages, with 65.1% of eligible specialist sexual health service attendees accepting an HIV test in 2022.

Late diagnosis of HIV is an important predictor of poor health and premature death. In 2020–22, 41% of Southwark adults diagnosed with HIV received a late diagnosis, comparable to London (39.4%) and England (43.3%). Almost one-third (31.9%) of gay, bisexual and other men who have sex with men received a late diagnosis in 2020-22, lower than levels for heterosexual or bisexual women (48.6%) and heterosexual men (76.2%).

Long-term conditions

The Department of Health & Social Care defines a long-term condition (LTC) 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, and have a significant impact on people’s health and wellbeing.

Over 111,000 Southwark GP patients are living with one or more long-term condition; over 32,000 are living with three or more. The most commonly diagnosed long-term conditions among Southwark GP patients are hypertension, depression and obesity. They are the most prevalent conditions in both the North and South Southwark Primary Care Networks, as well the most diagnosed conditions England-wide.

Figure 15: Patient numbers for most prevalent long-term conditions diagnosed by Southwark GPs, 31 May 2024.



Source: South East London Integrated Care System, 2024. Comorbidities dashboard.

The diagnosed prevalence of many long-term conditions has increased over time. Over the last 3 years, the 3 leading causes of long-term conditions in Southwark have seen notable increases. For the most recent year up to April 2024, hypertension, depression and obesity all increased by more than 1,000 cases.

Multi-morbidity

Multi-morbidity refers to living with multiple long-term health conditions. Key findings from national and local data indicate that:

- People in the UK are developing multiple long-term conditions at an increasingly younger age.
- Nationally, people from Black, Asian and minoritised ethnic groups are more likely to develop multiple long-term conditions, and to develop them at a younger age, than those from White groups.
- Multiple long-term conditions are more common in communities experiencing higher levels of socio-economic disadvantage. Progression to two (or more) long-term conditions happens up to 10 years earlier among people living in the most disadvantaged areas of the country, compared to those in the most affluent areas.
- Certain long-term conditions are linked: having one increases the likelihood of developing other, associated conditions.

In Southwark, around 111,400 people have been diagnosed with one or more long-term conditions; about 32,700 people have three or more.

Locally, more than half (55%) of local GP patients with one or more long-term conditions are female; under half (45%) are male. Levels are similar among patients with three or more long-term conditions (54% are female; 46% are male).

Southwark GP patients from a Black ethnic background are over-represented among those with long-term health conditions. They account for over one-third (34%) of those with one or more long-term conditions, and over two-fifths (42%) of those with three or more long-term conditions, despite making up only one-quarter (27%) of the GP patient population.

Figure 16: Percentage of Southwark GP patients by ethnic group, for all registered patients, those with 1 or more long-term conditions (LTC), and those with 3 or more LTC.



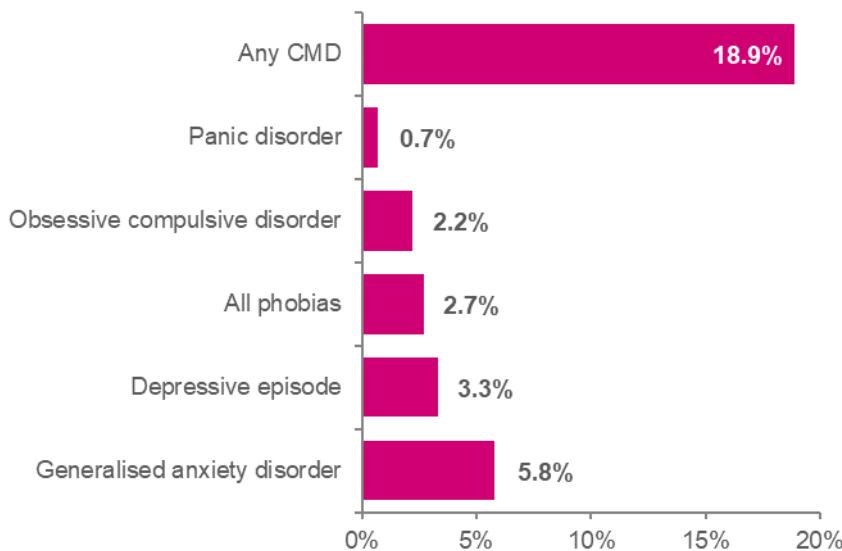
Source: South East London Integrated Care System, 2024. Comorbidities Dashboard.

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 estimated that 1 in 4 people will experience a mental health problem in any given year.

In 2017, about 54,700 people in Southwark aged 16+ had a common mental disorder (CMD), equating to an estimated prevalence of 21% within the population. This was significantly higher than the estimated prevalence for London (19%) and England (17%). The prevalence of common mental disorders in Southwark residents aged 65 or more was estimated at 13%, significantly higher than London (11%) and England (10%).

Figure 17: Common mental disorder (CMD) prevalence in London adults.



Source: NHS Digital, 2016. Adult Psychiatric Morbidity Survey, 2014

The 2014 English Adult Psychiatric Morbidity Survey (APMS) found that 1 in 6 adults had a common mental disorder in the week prior to the survey, rising to almost 1 in 5 adults in London. The prevalence of different disorders is shown in the figure above; generalised anxiety disorder was the most common. All types of common mental disorders are more common in women: 1 in 5 women report experiencing them, compared to 1 in 8 men. The gender gap is particularly pronounced among those aged 16–24: in this age group, more than three times as many young women experience common mental disorders compared with young men.

The same survey also found that almost a quarter (23%) of adults from Black community groups reported experiencing a common mental disorder in the past week, substantially higher than levels among White British (17%) and White Other (14%) groups; levels among those from Mixed and Other (20%) ethnic groups were also higher, while reported levels among Asian groups (18%) were comparable. Results for the 2022 Adult Psychiatric Morbidity Survey are expected in mid-2025.

Among Southwark GP patients aged 10–29 diagnosed depression is more than twice as common in females (9%; almost 4,900 people) than males (5%; almost 2,200 people).

Local survey results suggested that, in 2023, approximately 1 in 6 (16%) Southwark adult residents had a mental health condition lasting longer than 12 months. Of Southwark survey respondents reporting a long-term mental health condition, two-fifths (40%) also had a long-term physical health condition, 1 in 4 (26%) also had a physical or mobility condition, and 1 in 5 (22%) also had a learning disability. Close to half (45%) of Southwark respondents reported using mental health services over the last 2 years, but of those who did, over half (53%) reported that accessing the service was not

easy. Mental health service use was more likely among Southwark and Lambeth respondents who were:

- Younger than 35 yr;
- Disabled;
- Living with learning disabilities;
- Unpaid carers;
- LGBTQ+;
- Religious;
- from White or Mixed Ethnic backgrounds;
- Struggling financially;
- Feels lonely
- And at the lowest and highest ends of the income scale.

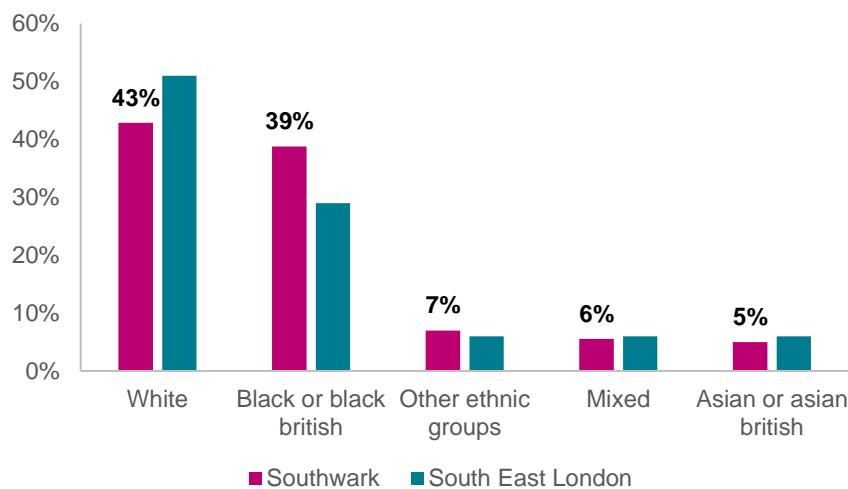
Severe Mental Illness (SMI)

Severe mental illness (SMI) refers to a range of conditions including schizophrenia, bipolar affective disorder and depression with psychosis. In 2022/23, just under 4,000 Southwark GP patients had a diagnosed severe mental illness.

This cohort has significant health needs and experiences substantial socio-economic disadvantage: almost 3 in 10 (29.0%) live in neighbourhoods which are among the most socio-economically disadvantaged, compared with 1 in 4 (24.5%) of all Southwark GP patients.

There are also strong ethnic inequalities in severe mental illness prevalence. Almost 4 in 10 (39%) severe mental illness patients are from Black ethnic backgrounds, compared with 1 in 4 (25.5%) of all Southwark GP patients. Southwark also has a notably higher percentage of SMI patients from Black ethnic backgrounds when compared to South East London. Patients from Asian, White and Other ethnic groups are under-represented based on general GP patient population levels.

Figure 18: Proportion of Southwark & South East London SMI patients by broad ethnic group: 2022/23



Source: South East London Integrated Care System, 2024. SMI dashboard.

In terms of age, severe mental illness is most prevalent among those aged 41–60. This group make up over 4 in 10 (46%) of all severe mental illness patients (compared with 1 in 4 (26.6%) of GP patients generally).

Residents diagnosed with SMI should be offered an annual health check, covering 6 core components:

- Lipid profile
- Smoking Status
- Blood Pressure
- Body Mass Index
- Blood Glucose
- Alcohol Consumption

In 2022/23, approximately half (51.8%) of Southwark SMI patients received an annual health check. This was the highest when compared to all other South East London boroughs but below the national average (54.8%). Females (57%) were more likely to receive all 6 health checks when compared to males (47%). There was little difference in receiving all 6 health checks between ethnic groups.

Ageing well

Mortality

Deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause could mainly be avoided by public health and primary prevention interventions

In 2022 there were 272 deaths among those aged under 75 in Southwark that were considered preventable, 100 less deaths than the previous year. At a rate of 146 per 100,000 the preventable mortality rate in Southwark was higher than London but lower than England.

Figure 19: Preventable mortality: under 75 mortality rate from all causes considered preventable, per 100,000 population. Age standardised mortality rate: 2022

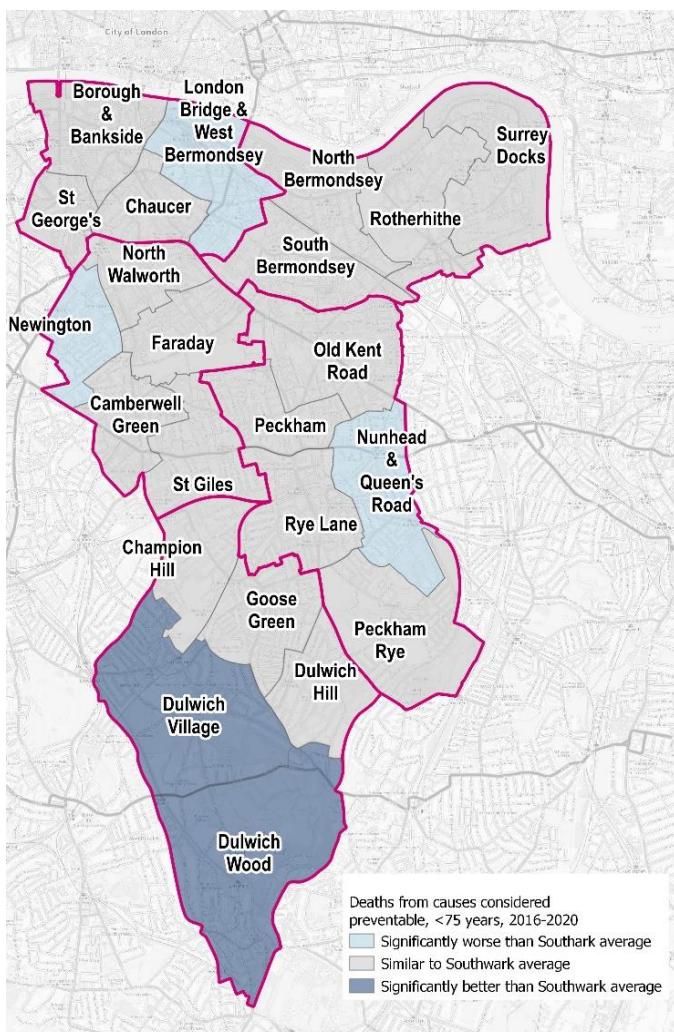


Source: OHID, 2024. Public Health Outcomes Framework.

Preventable mortality rates are also broken down by 4 key disease groups: cardiovascular, cancer, liver and respiratory diseases. Preventable mortality in Southwark is statistically similar to both London and England for all four disease groups.

Geographical inequalities in preventable mortality mirror many of the underlying health issues in the borough, with levels often highest in our more disadvantaged communities. Dulwich Village Ward has the lowest rate of preventable mortality whilst Nunhead & Queen's Road has the highest rate of preventable mortality in the borough.

Figure 20: Significance of mortality rate from all causes considered preventable in residents under 75 years old, by ward of residence in comparison to the Southwark average (2016-2020).



Source: OHID 2024. Local Health – Small Area Public Health Data.

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Life expectancy

Life expectancy is often used as the overarching measure of the health of the population. In 2020-22, life expectancy at birth was 78.4 years for men and 83.2 years for women in Southwark. Female life expectancy was higher than England and comparable to London. Male life expectancy was comparable to England but lower than London.

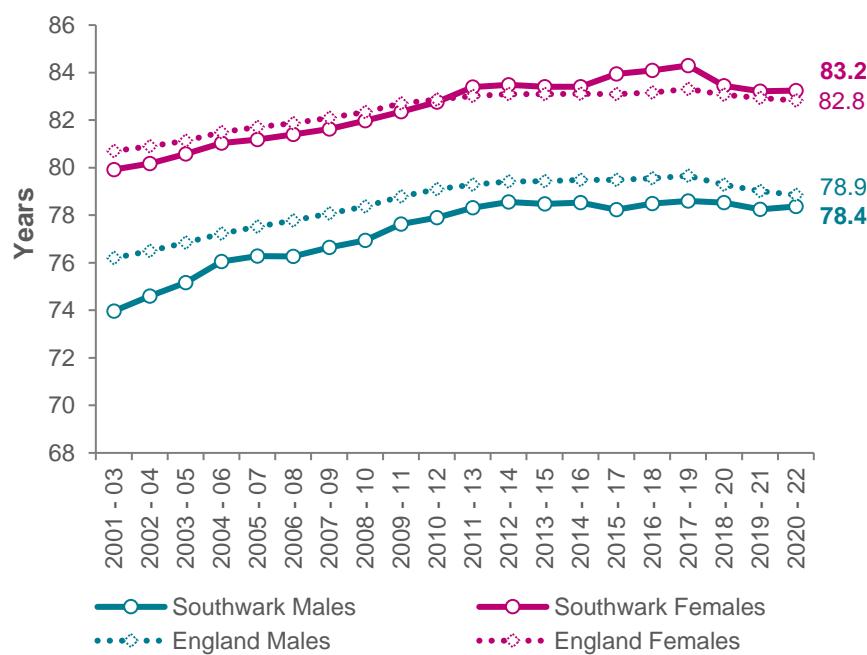
Until 2011 there was a consistent pattern of increasing life expectancy in both Southwark and England, along with a closing of the inequality gap. While the COVID-19 pandemic has impacted the most recent life expectancy figures, trends show that there has been a longer-term pattern of stalling in life expectancy locally and nationally, with no discernible improvement over the last decade.

National analysis suggests there is no single cause driving this slow down, with factors including:

- Slowing down in improvements in premature mortality from heart disease and stroke
- Slowing down of improvements in mortality among younger adults under the age of 60
- Increases in winter deaths in 2014-15 through to 2017-18

The analysis also showed impact of this slowing down in improvements has been greatest amongst the most disadvantaged communities, exacerbating inequalities.

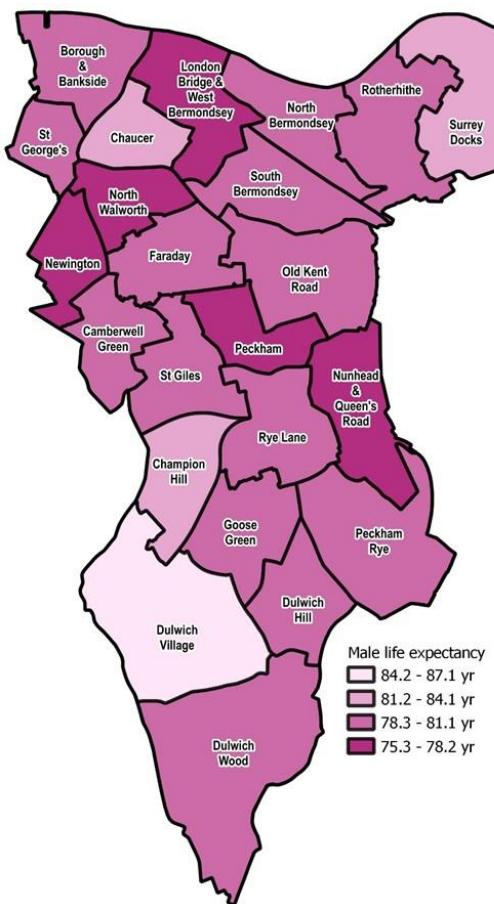
Figure 21: Female & Male Life expectancy at birth in Southwark: 2001-03 to 2020-22.



Source: OHID 2024. Productive Healthy Ageing Profile.

Life expectancy is not uniform across the borough. Based on 2016–20 data, male life expectancy is highest in Dulwich Village ward (87.1 years) with men in Nunhead & Queen's Road living more than 10 years less (75.3 years). Female life expectancy is highest in Champion Hill (89.8 years), almost 10 years higher than London Bridge & West Bermondsey (80.0 years).

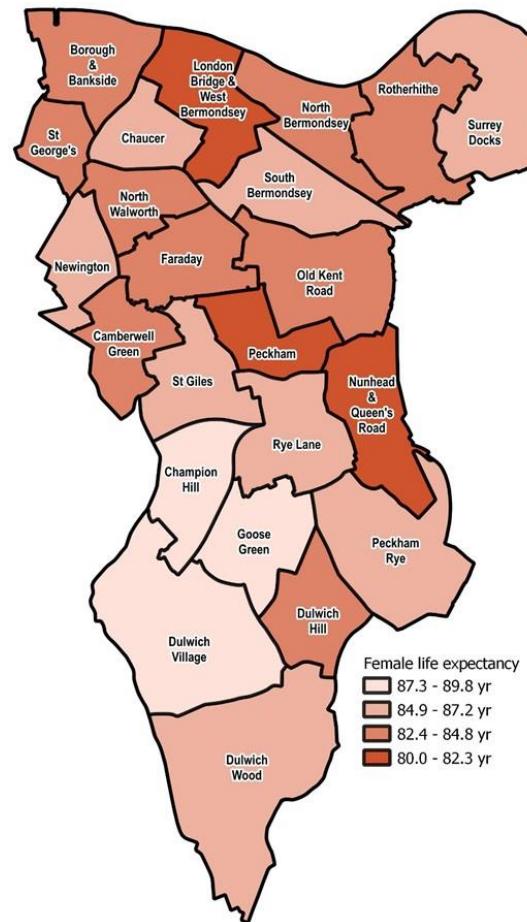
Figure 22: Male life expectancy at birth by ward, 2016–20.



Source: OHID, 2024. Local Health.

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Figure 23: Female life expectancy at birth by ward, 2016–20.



Source: OHID, 2024. Local Health.

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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. Despite Southwark females living more years than males, these extra years are spent in poorer health.

Southwark females spend less years in good health when compared to London and England. Southwark males spend similar years in good health when compared to London and England.

Figure 24: Female & Male Healthy Life expectancy at birth in Southwark, London & England: 2018-2020.



Source: OHID 2024. Productive Healthy Ageing Profile.

Female healthy life expectancy in Southwark has dropped by 8.8 years since 2017, with the most recent year being similar to male healthy life expectancy. A gradual increase up to 2017 saw females reporting living 8.4 years longer in better health than males, indicating a stark inequality. However, for the 4 years up to 2020 the gap in healthy life expectancy reduced, with males indicating 1.4 more lived years in good health.

Summary

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 some improvements in health and wellbeing over the last decade:

- Life expectancy is comparable to the London and England average.
- Levels of relative deprivation in the borough continue to reduce.
- Child vaccination rates are generally comparable to or better than the London average.
- Key risk factors such as smoking, alcohol and physical inactivity are comparable or better than the national average.
- Preventable mortality has reduced by more than 40% between 2001 and 2022.

Areas for improvement

Although there have been improvements in health outcomes in Southwark, many challenges remain:

- Improvements in life expectancy have stalled, with no notable increase over the last decade. This mirrors national trends.
- Female residents are spending less years in good health. Female healthy life expectancy has reduced by 8.8 years for the 3 years up to 2020.
- The prevalence of long-term conditions such as cancer, chronic kidney disease, mental health & obesity are increasing.
- Poverty is a leading cause of the poor health and premature mortality we see in the borough, and many of our residents live in financial hardship. In 2021/22 over a third of children in the borough were living in poverty after adjusting for housing costs.
- There remain significant inequalities in access, experience and outcomes within the borough.

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

The areas of the borough that fall within the 20% most disadvantaged nationally are concentrated across the central and northern parts of Southwark. 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 these neighbourhoods. In particular, communities in Faraday and Peckham wards. However, it is important to acknowledge that pockets of disadvantage also exist within areas of affluence, such as the Kingswood estate in Dulwich Wood and Downtown estate in Surrey Docks.

Population inequalities

There are key population groups in the borough which face significant inequalities in not only health outcomes, but also in their access and experience of services which should be there to support them.

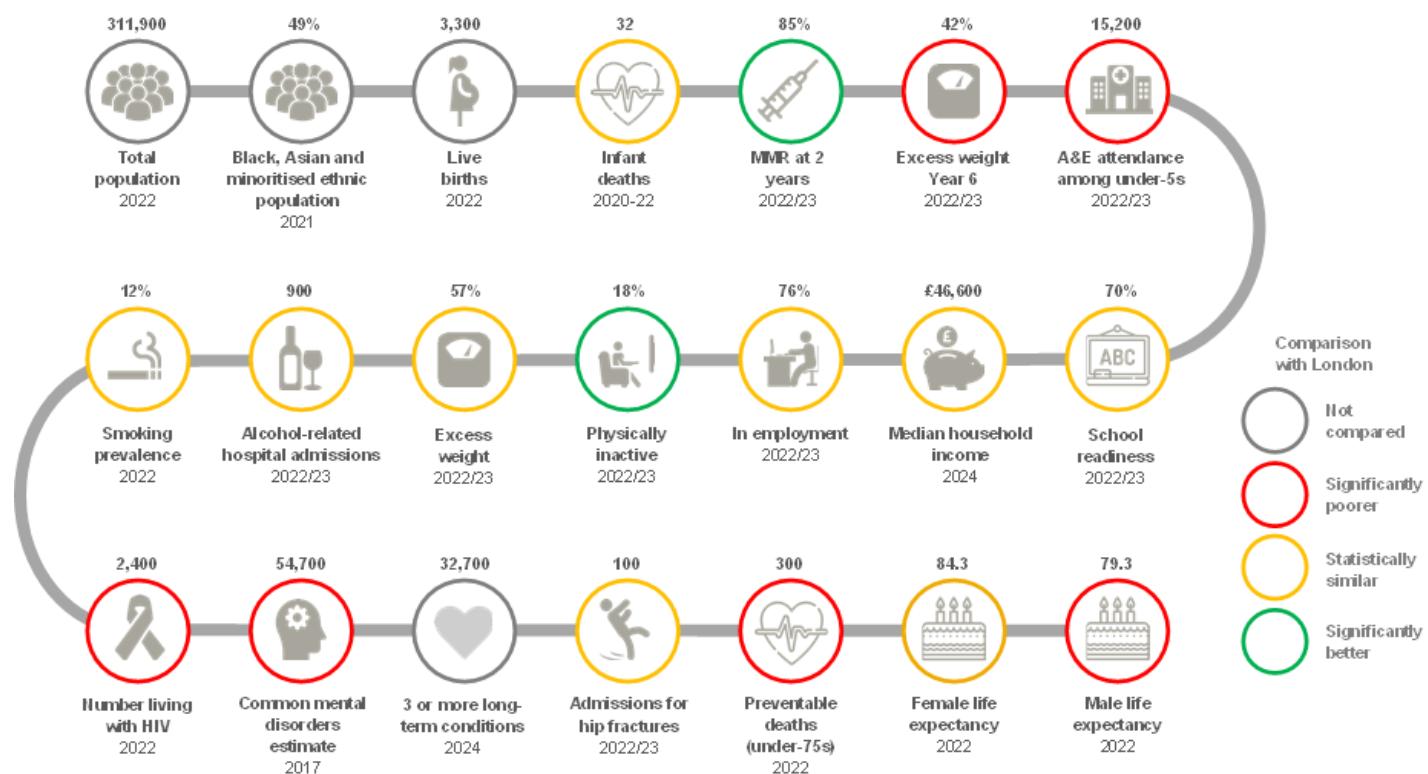
Carers	Residents with disabilities	LGBTQIA+	Asylum Seekers & Refugees	Rough Sleepers	Black & Ethnic Minorities
<p>Those providing unpaid care are more likely to report poor health than those not providing care. They are also more likely to experience loneliness and social isolation. The number of cared-for people is increasing and surviving longer but with more health issues, so carers' burden and duration of care are growing.</p> <p>Over 18,000 residents provide some level of unpaid care, equivalent to 6% of the population</p> <p>Nearly a quarter provide over 50 hours of care a week, equivalent to nearly 5,000 residents.</p>	<p>Residents with physical and/or learning disabilities are more likely to experience a range of health conditions and have a lower life expectancy than the general population. Those with disabilities often experience barriers when accessing services, from transport through to the understanding of staff.</p> <p>Over 42,000 residents recorded a disability at the time of the 2021 Census</p> <p>Old Kent Road, South Bermondsey and Nunhead & Queen's Road, have the highest levels</p> <p>Of those in Southwark who were disabled at the time of the Census, half were aged 50 or over.</p>	<p>Key health challenges disproportionately impact those identifying as LGBTQIA+, with higher levels of smoking, alcohol use, incidence of some cancers and mental ill-health. LGBTQI+ individuals also experience discrimination and homophobia when accessing services.</p> <p>Approximately 21,000 residents identify as gay, lesbian, or bisexual – 4th largest in England.</p> <p>Approximately 3,200 residents identify as trans or non-binary - 5th largest in England.</p> <p>The Burgess Park area has the largest community in Southwark.</p>	<p>Asylum seekers and refugees have multiple, complex health and wellbeing needs. They often experience trauma-related mental health issues and challenges with social integration. They often have poor access to services as a result of language barriers, difficulty navigating an unfamiliar health system.</p> <p>By September 2022 the asylum seeking population in Southwark increased to almost 2,000</p> <p>In addition there are hundreds of Afghan and Ukrainian refugees in the borough.</p>	<p>Those sleeping rough are much more likely to die young, with an average age of death of 47 years of age, compared to 77 amongst the general population.</p> <p>People who experience homelessness often struggle to access quality health and care and often attend emergency care.</p> <p>In 2022/23 Southwark had the 6th largest rough sleeper population in London, with 549 individuals identified.</p> <p>The majority were male (86%) and more than half were from an ethnic minority background (56%).</p>	<p>Residents from ethnic minority backgrounds are more likely to live in disadvantaged communities, develop a greater number of long-term conditions, have poorer mental health, and experience discrimination and racism when accessing services.</p> <p>Around half of residents identify as from a Black, Asian or ethnic minority background. The largest single group is Black African (16%). There is a significant Latin American community in the borough, with 9,200 residents.</p> <p>Around 40% of people living in the borough were born outside the UK.</p>

Gaps in pharmaceutical services can have a disproportionate impact on these population groups and groups that share a protected characteristic (such as older adults and pregnant people). Access to essential services will be particularly important for population groups more likely to develop a range of long-term conditions, such as residents with disabilities or Black and ethnic minorities. Pharmacies local to where people live can reduce barriers to access, such as physical or financial barriers arising from transport requirements. Longer opening hours can also help to increase access, for example through making it easier for carers to address their own health needs and undertake their caring role. Where financial pressures on pharmacies can lead to shorter opening hours or pharmacy closures in, there is a risk that health inequalities are exacerbated.

Intersectionality

It is important to acknowledge that neighbourhoods and population groups facing inequality are not homogenous. Within-group experiences and outcomes can vary, e.g. depending on specific ethnic, gender identity or sexual orientation group. When planning interventions, services and strategies to improve outcomes and reduce inequalities, it is important to consider how different demographic and social characteristics overlap and intersect, magnifying disadvantage.

Southwark health and wellbeing infographic



5. Assessment of current pharmaceutical provision

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

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

- Results of an online consultation sent to members of the public
- Results of an electronic questionnaire sent to pharmacy contractors in Southwark
- Data on commissioned pharmacy services held by Southwark Council
- Data on commissioned pharmacy services held by NHS South East London Integrated Care Board
- Data on commissioned pharmacy services held by NHS England (London Region)
- Data on commissioned pharmacy services held by NHS Business Authority

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

Overview

Southwark hosts 57 pharmacies, one of which is a distance-selling pharmacy and therefore does not offer a walk-in service. Two pharmacies closed and one new distance-selling internet pharmacy opened during 2022-2024. There are currently no local pharmaceutical services²² contracts, dispensing appliance contractors (DACS) or dispensing doctors in Southwark. NHS England records show that all pharmacies in Southwark hold a standard Community Pharmacy Contract, with the exception of one distance selling pharmacy. No pharmacy contractors in the Southwark Health & Wellbeing Board area have a Local Pharmaceutical Services contract or are eligible for Pharmacy Access Scheme Payments.

²² For the purposes of the pharmaceutical needs assessment, 'local pharmaceutical services' describes contracts held with NHS England and the local ICB which have been established to meet a specific local requirement. It is not used here to describe pharmaceutical services provided locally.

Distribution of pharmacies

The distribution of community pharmacies across the borough is shown in Figures 25-27. The majority of pharmacies are situated in the north and centre of the borough, areas which tend to experience higher levels of socio-economic disadvantage.

It is typical for pharmacies to cluster around GP surgeries to support prescription dispensing and patient care. Demand for pharmaceutical services is likely to be higher where GP surgeries are located. In Southwark, there is good alignment between GP surgeries and pharmacies (see Figure 25).

Southwark has an average of 2.4 pharmacies per 2018 electoral ward. Neighbouring boroughs have similar levels of coverage: Lewisham has 2.7 pharmacies per ward and Lambeth has 2.6.²³

The majority of Southwark neighbourhoods have a community pharmacy within 1km, as illustrated in Figure 26. Some areas of the borough are served by pharmacies based in Lambeth and Lewisham.

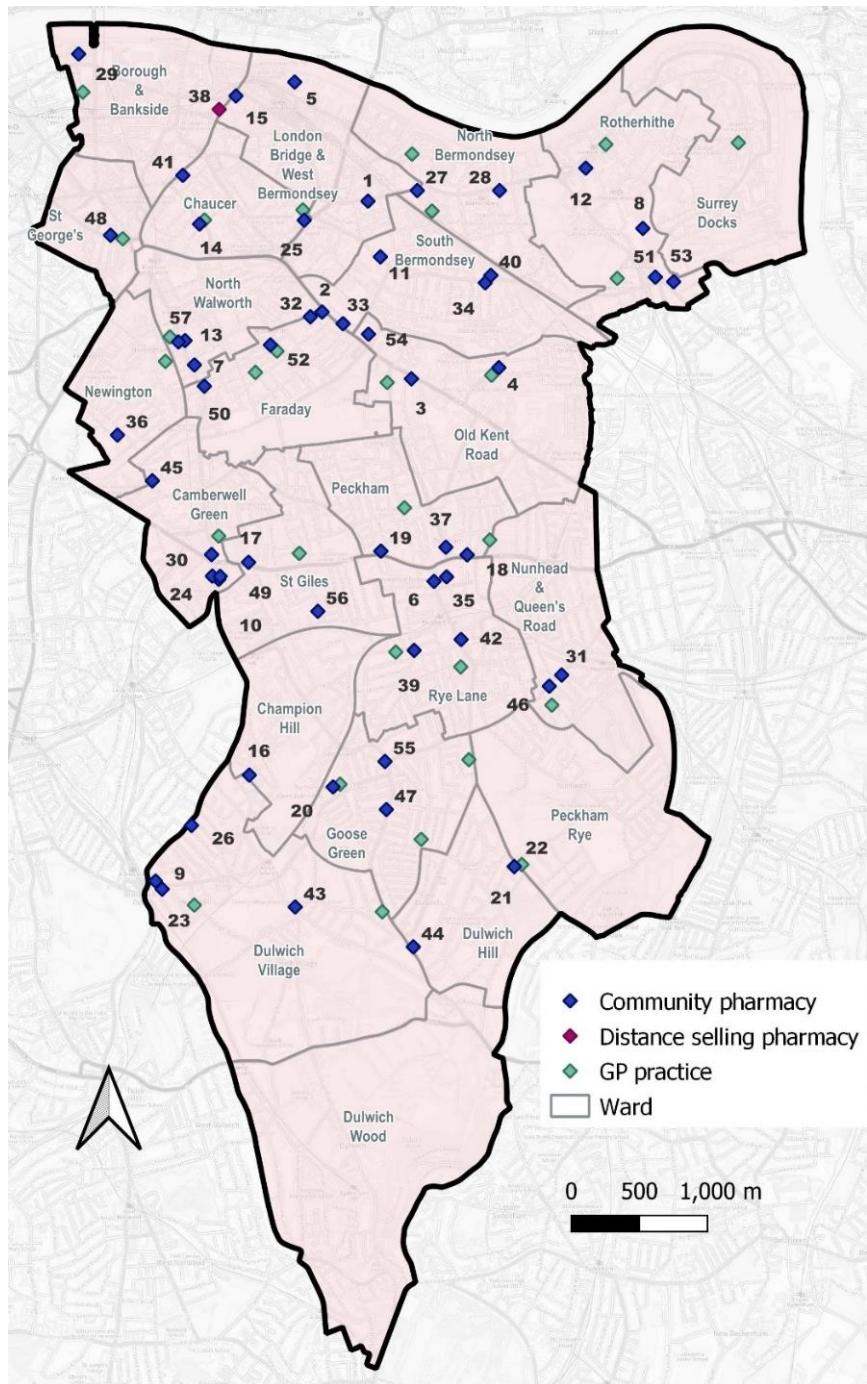
Three wards have no pharmacies (Surrey Docks, Peckham Rye and Dulwich Wood) but have a good network of pharmacies accessible in neighbouring wards. The Surrey Docks ward in north-east Southwark is residential and all access routes (foot, bus, tube or road) pass by existing community pharmacies. Peckham Rye ward in central-east Southwark has several community pharmacies located in neighbouring Lewisham. Dulwich Wood ward, at the southern tip of Southwark, has several community pharmacies within 1 km in neighbouring Lambeth, Lewisham and Croydon. A small area of the ward that is greater than 1 km from any community pharmacy, but this is mainly non-residential. There are good local transport links, assisting the population to access pharmacy services.

Most survey respondents (74%) agreed they could find a pharmacy in a convenient location. When asked how long it takes them to get to their local pharmacy, 63% of public survey respondents did not answer the question. Of the remaining respondents who gave an answer, 69% of respondents reported that it took them 10 minutes or less to get to their usual pharmacy. Only 4% reported taking more than 20 minutes. The most common mode of travel to get to the pharmacy reported (excluding those who did not give an answer to the question) was walk/use of wheelchair mobility aid (72%), the remainder reported driving (9%), taking the bus (7%) or riding a bike or scooter (7%).

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

²³ [Lewisham Health and Care Partnership - South East London ICS](#)

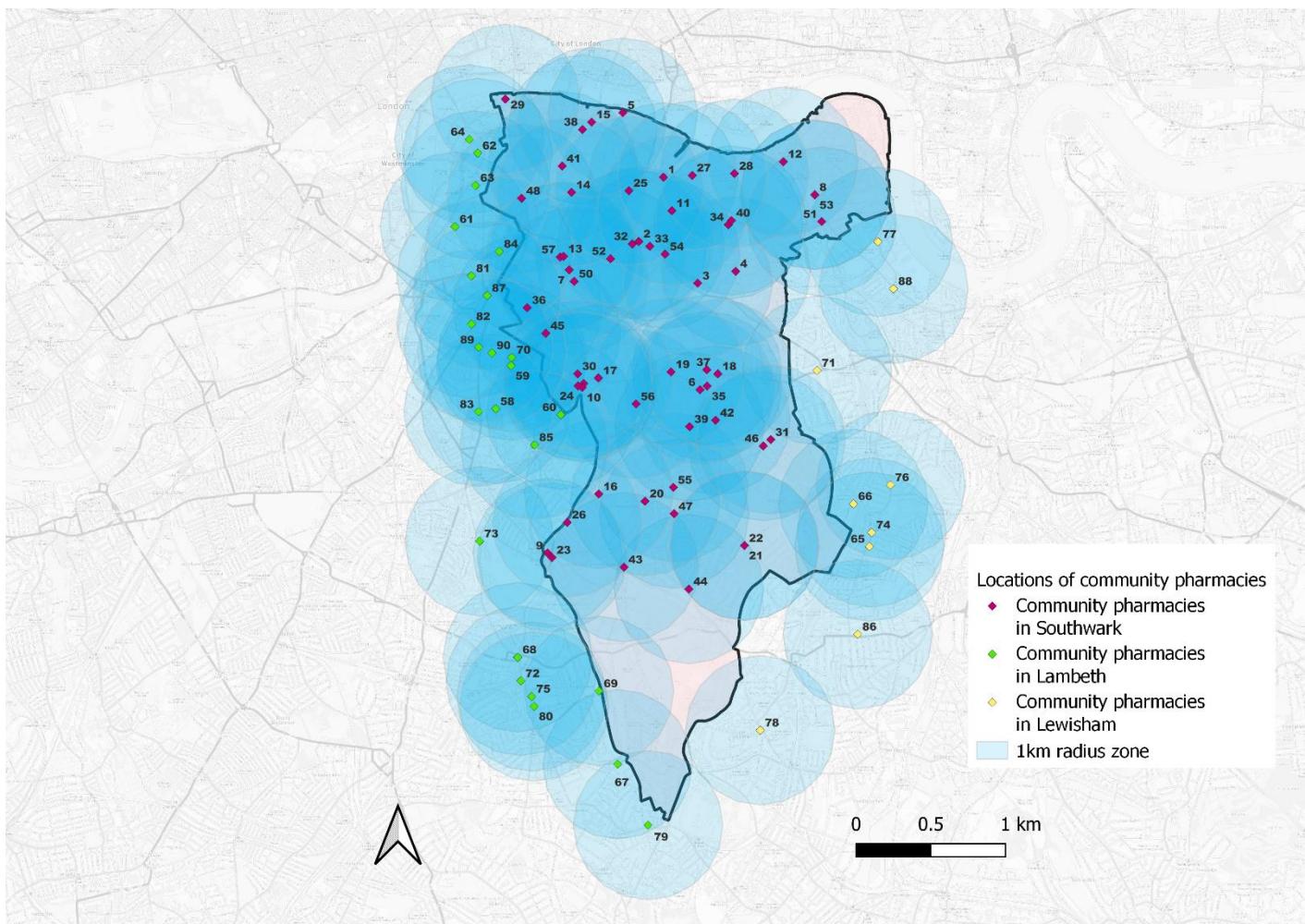
Figure 25: Map of pharmacy coverage by ward in Southwark



See Appendix 3 (below) for explanation of pharmacy map identification numbers and other information.

Data sources: Lambeth Southwark & Lewisham Local Pharmaceutical Committee (private communication, trading Southwark pharmacies as of January 2025).

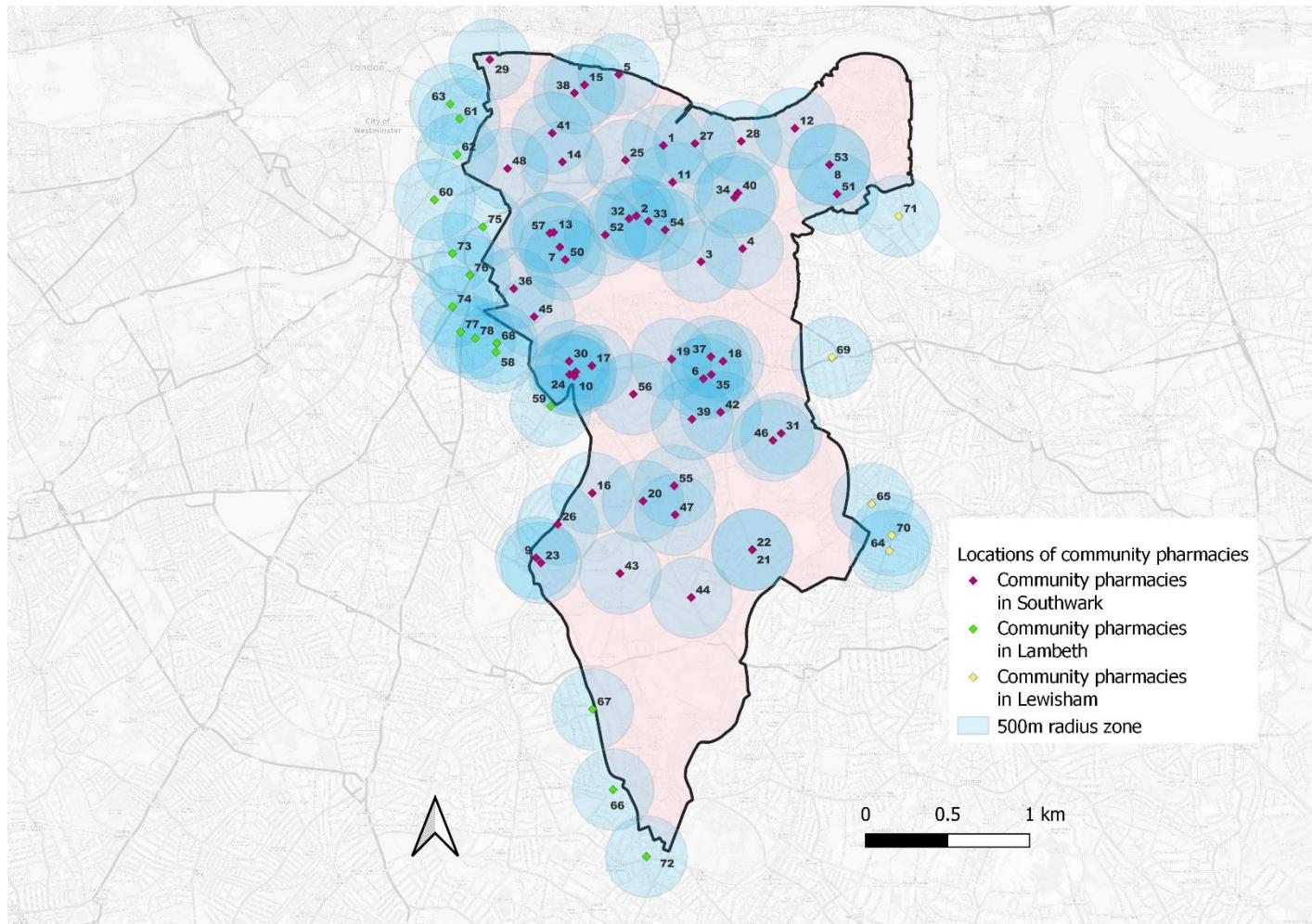
Figure 26: Map of Southwark pharmacies with 1 km radius zones



See Appendix 3 for explanation of pharmacy map identification numbers and other information.

Data sources: Lambeth Southwark & Lewisham Local Pharmaceutical Committee (private communication, trading Southwark pharmacies as of January 2025). Lambeth Draft Pharmaceutical Needs Assessment 2025. Lewisham Pharmaceutical Needs Assessment 2023 / Supplementary Statement 2024.

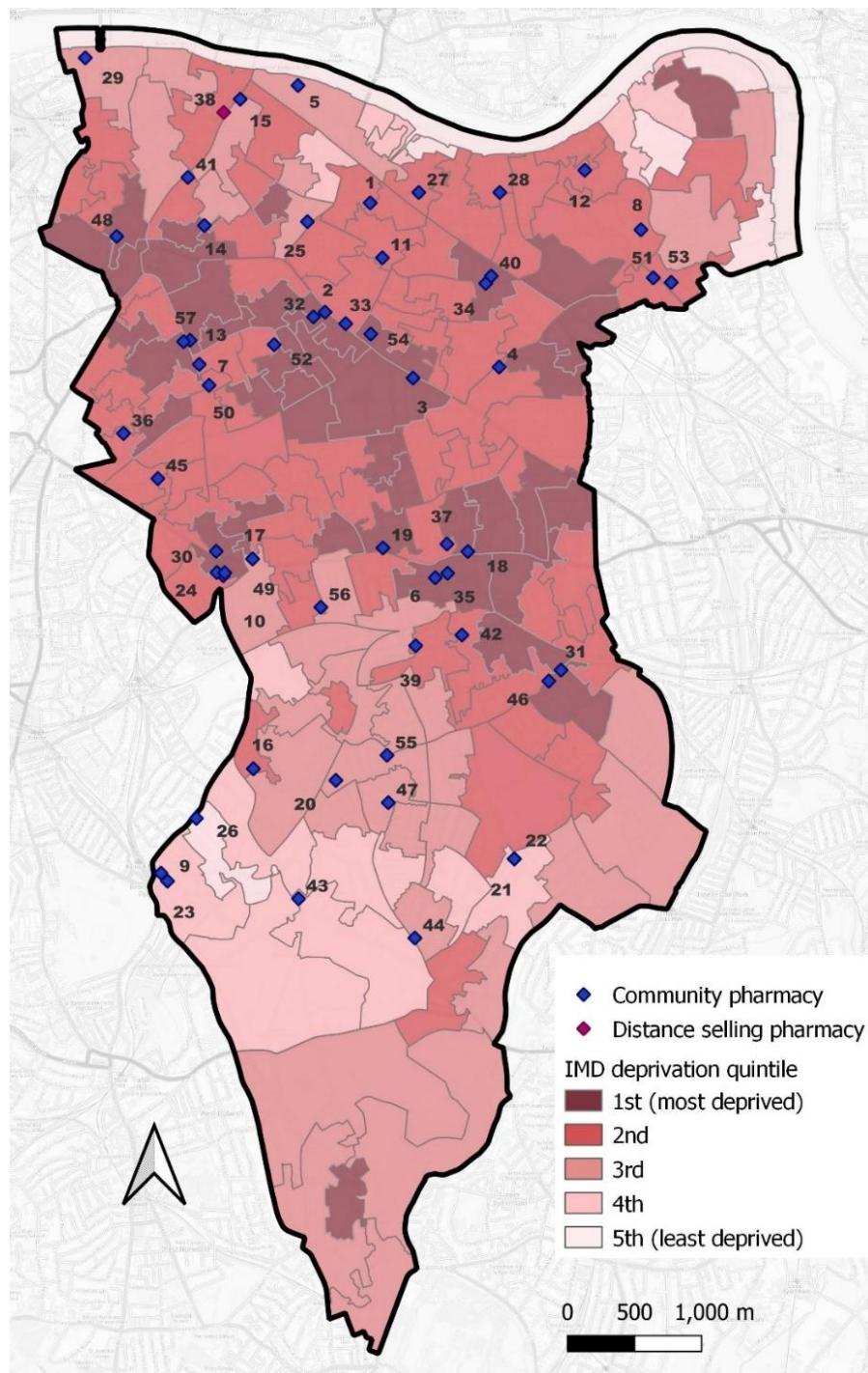
Figure 27: Map of Southwark pharmacies with 500 metre radius zones



See Appendix 3 for explanation of pharmacy map identification numbers and other information.

Data sources: Lambeth Southwark & Lewisham Local Pharmaceutical Committee (private communication, trading Southwark pharmacies as of January 2025). Lambeth Draft Pharmaceutical Needs Assessment 2025. Lewisham Pharmaceutical Needs Assessment 2023 / Supplementary Statement 2024.

Figure 28: Map of Southwark pharmacies with Lower Super Output Areas (i.e. neighbourhood areas) categorised by Index of Multiple Deprivation 2019 quintile



IMD (Index of Multiple Deprivation) 2019 quintiles: 1st = most deprived; 5th = least deprived.

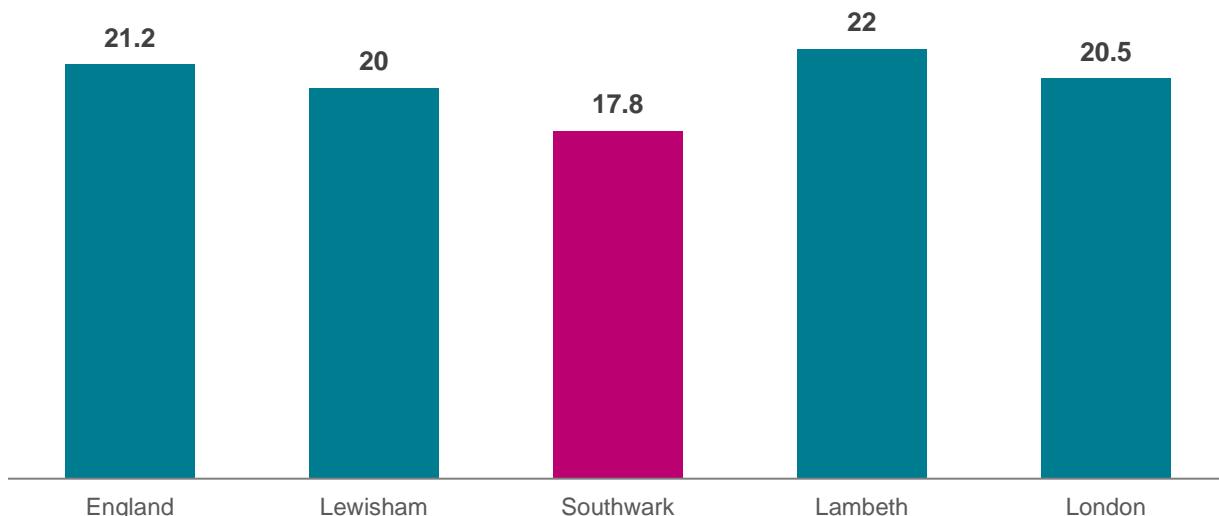
See Appendix 3 for explanation of pharmacy map identification numbers and other information.

Data sources Lambeth Southwark & Lewisham Local Pharmaceutical Committee (private communication, trading Southwark pharmacies as of January 2025).

Benchmarking pharmacy provision

Whilst there is no published evidence on what constitutes an appropriate number of pharmacies per head of population, data suggest that the number of Southwark pharmacies is consistent with a borough of this size and type (see Figure 29). Numbers are slightly reduced compared to the 2022 PNA.

Figure 29: Number of community pharmacies per 100,000 residents



Source: Lambeth Southwark Lewisham Local Pharmaceutical Committee

Opening hours and accessibility

Following a change in the 2013 Regulations allowing 100-hour pharmacies to apply to reduce their hours, there are now no 100-hour pharmacies in Southwark. Three pharmacies in Southwark are open 72 hours or more. These are located in the north and central parts of the borough.

Under NHS community pharmacy contracts, core opening hours are contractually set at either 40 or 72 hours per week, depending on the type of contract held. Any additional hours—referred to as supplementary hours—are not mandated by the NHS and fall outside the scope of commissioned pharmaceutical services. These hours are offered at the discretion of the pharmacy contractor and, while they can improve patient access, they are delivered at the contractor's own financial risk. Recognising the unsustainable burden this placed on the sector, the NHS took steps to reduce the 100-hour contract requirement to 72 hours and removed the 100-hour exemption from market entry regulations—acknowledging the financial and operational challenges of maintaining extended hours in an increasingly volatile environment.

Opening hours themselves are not classified as a pharmaceutical service. All NHS pharmaceutical services are delivered within the contracted 40 or 72 core hours. Integrated Care

Boards (ICBs) have the remit to commission extended hours without negatively impact the proper planning of NHS services. Such decisions should take into account the financial sustainability of community pharmacies and the potential for misalignment with broader NHS service planning—particularly as most GP practices remain closed during evenings and weekends.

Comparisons between out of hours and weekend access (as at February 2025) with the 2022 PNA:

- **There has been an increase in provision in the evenings:** 93% (53) of pharmacies were open until 6 p.m. on weekdays which is an increase from approximately 50% in the 2022 PNA. 19% (11) open after 6 p.m. on Saturdays. This has increased from 2022 where only 6 pharmacies reported staying open past 6pm on a Saturday.
- **Provision on weekday mornings before 9 a.m. and Sundays has remained stable:** 14% (8) pharmacies open before 9 a.m. on weekdays; these pharmacies are distributed across the borough. This is comparable to the 2022 PNA where around 15% of pharmacy survey respondents reported being open at this time. 14% (8) pharmacies open on Sundays. This is the same as in the previous 2022 PNA.
- **The number of pharmacies open on Saturdays, and on Saturday mornings before 9 a.m. have reduced:** The majority (42/57) of pharmacies are open on a Saturday in Southwark which is 74%; this is a slight decrease from the 2022 PNA where 79% of pharmacies were open on a Saturday. Two pharmacies (4%) open before 9 a.m. on Saturdays. This has decreased from 10% reported in 2022

In Southwark, an enhanced access service is available in the north and south of the borough at Spa Medical Centre and Tessa Jowell Health Centre. These services provide access to GP and nurse appointments over extended hours, from 8-8pm on Monday to Saturday and 8-4pm on Sundays. These appointments may give rise to the need for pharmaceutical services outside of usual working hours.

- **Pharmacies are open within 20-minute walking distance of the GP enhanced access service in the north of the borough until 8pm on a weekday and Saturday, and open during a Sunday.**
- **Pharmacies are open within 20-minute walking distance of the GP enhanced access service in the south of the borough until 7.30pm on a weekday. There is no provision within walking distance of the GP enhanced access service in the south of the borough after 6.30pm on a Saturday or during a Sunday.** Better access to **all essential services** would be secured by their provision on Saturdays after 6.30pm and on Sundays within 20 minutes walking distance of the Tessa Jowell Health Centre. This gap could be met by supplementary hours from existing pharmacies in those areas as there is not a geographical gap at other times.

The current PNA public survey data found that 68% of residents responding to this question either agree or strongly agree that they can easily find an open pharmacy when needed.

There may still be limited access and choice on:

- Sundays, when only eight pharmacies are open. Better access to **all essential services** would be secured by their provision on Sundays in the south of the borough (in Goose Green, Dulwich Hill, or Dulwich Village). This gap could be met by supplementary hours from existing pharmacies in those areas as there is not a geographical gap at other times.

Essential Services

Pharmacy Essential Services are fundamental as they enable patients to obtain prescribed medicines in a safe and reliable manner. All pharmacies are required to deliver Essential Services and comply with relevant specifications. Essential Services include:

Dispensing and services

This service covers the supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers and maintenance of appropriate records.

Repeat dispensing / electronic repeat dispensing

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

Benefits of repeat dispensing include:

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

The majority of repeat dispensing nationally is now carried out using electronic prescriptions.

Dispensing appliances

Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. For appliances the obligation to dispense arises only if the pharmacist supplies such products “in the normal course of business”.

Disposal of unwanted medicines

Community pharmacy owners are obliged to accept back unwanted medicines from patients to support safe disposal.

Healthy living pharmacies

The Healthy Living Pharmacy framework, which became an essential service in 2021, aims to achieve consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

Public health (promotion of healthy lifestyles)

This includes opportunistic healthy lifestyle advice and public health advice to patients and pro-active participation in national/local campaigns to promote public health messages. On 31st March 2025, it was agreed that pharmacy owners would be required to engage in a maximum of two national campaigns and two Integrated Care Board selected campaigns in 2025/26.

Signposting

This involves the provision of information to people visiting the pharmacy who require further support, advice or treatment which cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

Support for self-care

This involves help to manage minor ailments and common conditions by the provision of advice and, where appropriate, sale of medicines including dealing with referrals from NHS 111.

Discharge medicines service

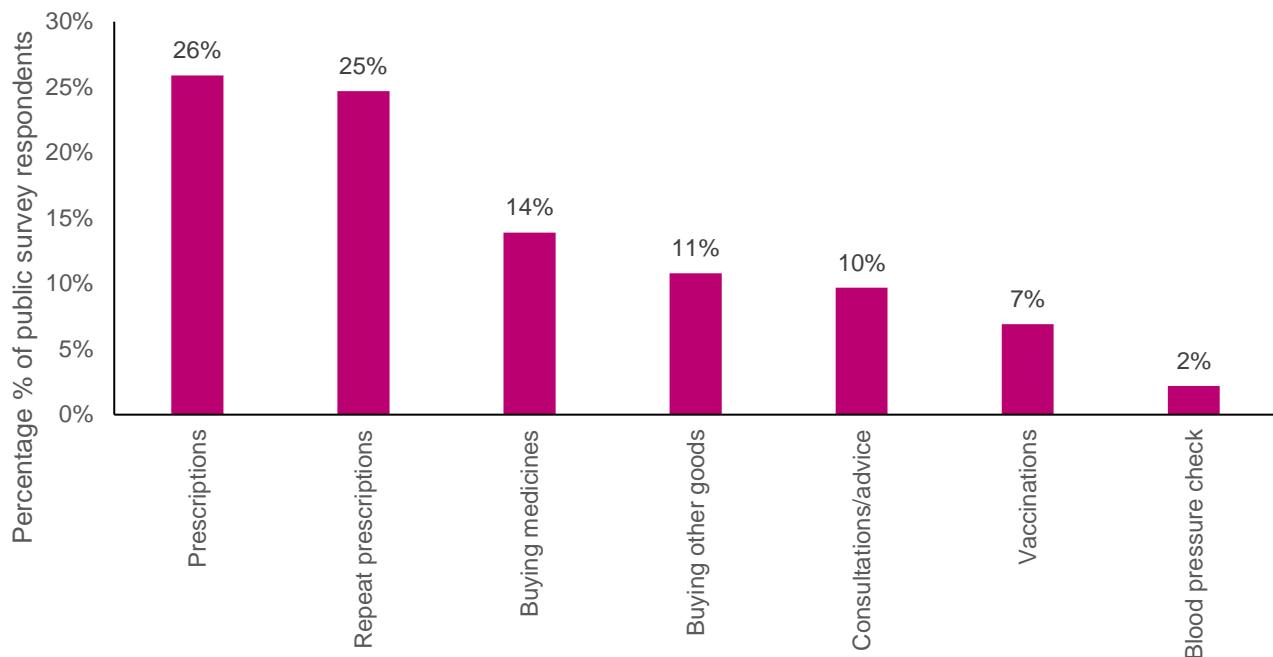
This provides extra guidance to patients around their prescribed medicines on discharge from hospital and focuses on improving patient understanding, optimising use and reducing harm.

Insights from Public Engagement

The results of the PNA public survey show that approximately half of respondents (51%) use their pharmacy to obtain prescription medication including repeat prescriptions; 14% for buying medicines and 10% for consultations and advice. It is possible that consultation and advice also takes place informally as part of buying medicines.

43% of respondents reported using the pharmacy primarily for themselves with 11% using it for their partner/spouse and 9% for their children.

Figure 30: Services used by PNA public survey respondents



Source: Southwark Council, 2025 (PNA public & patients survey).

Conclusions on Essential Services

Essential services are those provided by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework ('pharmacy contract'), including:

- Discharge medicines service
- Dispensing medicines
- Dispensing appliances
- Repeat dispensing and electronic repeat dispensing (eRD)
- Disposal of unwanted medicines
- Healthy living pharmacies

- Public health (promotion of healthy lifestyles)
- Signposting
- Support for self-care.

Services are provided under a clinical governance framework that includes clinical audit and information governance requirements.

The current level of Essential Services provision is considered to be adequate to meet the pharmaceutical needs of Southwark residents (with the exception outlined below), for the following reasons:

- There is good geographical distribution of pharmacies in the area. While there are no community pharmacies in the far south of the borough or the north-east tip, these communities are well-served by pharmacies over the border in Lambeth and Lewisham.
- Most survey respondents agreed or strongly agreed that they could easily find an open pharmacy when needed.

There is a need for better access to all essential services at the following locations / times:

- Provision of **all essential services** on Saturdays after 6.30pm and on Sundays within 20 minutes walking distance of the Tessa Jowell Health Centre. This gap could be met by supplementary hours from existing pharmacies in those areas as there is not a geographical gap at other times.
- Provision of **all essential services** on Sundays in the south of the borough (in Goose Green, Dulwich Hill, or Dulwich Village). This gap could be met by supplementary hours from existing pharmacies in those areas as there is not a geographical gap at other times.

Advanced Services

As of 2025, there are nine Advanced Services commissioned via the NHS Community Pharmacy Contractual Framework. They are not mandatory but pharmacies can decide to provide any of the advanced services if they meet the requirements laid out in the Secretary of State Directions. While Advanced Services are not necessary to meet the need for pharmaceutical services in the Southwark area, nevertheless these services have secured improvements and/or better access to pharmaceutical services in Southwark. Pharmacists can opt out of providing Advanced Services at any time, without prior notice, and so delivery at the point of analysis does not guarantee consistent access or long-term service improvements. Service levels may fluctuate and are subject to operational capacity, funding viability and local demand.

Since the previous PNA, certain Advanced services have been retracted in Southwark and new ones have been instated. The following services are no longer offered: Hepatitis C antibody testing; COVID-19 pandemic medicine delivery service. The following are new advanced services that have been offered since the previous PNA: Pharmacy First; the Pharmacy Contraception service; the Smoking Cessation service; the Hypertension Case Finding service.

A description of advanced services is provided at Appendix 6.

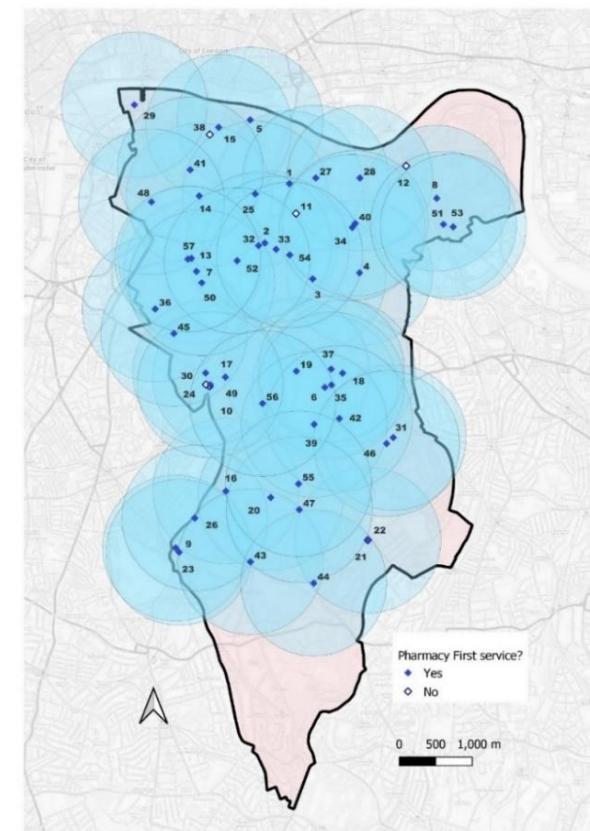
Pharmacy First

The Pharmacy First service commenced on 31st January 2024 as part of a broader delivery plan for recovering access to primary care²⁴. The aim of the service is to provide a first port-of-call for patients with minor ailments that can be managed directly by pharmacies. It is an advanced service which enables pharmacies to provide advice and NHS-funded treatment on the following seven common conditions for certain age brackets:

- Sinusitis (12+)
- Sore throat (5+)
- Acute otitis media (1-17 years)
- Infected insect bite (1+)
- Impetigo (1+)
- Shingles (18+)
- Uncomplicated UTI (Women 16-64 years of age)

The Pharmacy First is currently provided by 51 pharmacies in Southwark (89%). This builds on delivery of a minor ailments service which was delivered by 67% of pharmacies at the time of writing the previous PNA.

Figure 31: Southwark pharmacies offering Pharmacy First Service, and other pharmacies



²⁴ [NHS England » Delivery plan for recovering access to primary care: update and actions for 2024/25](#)

Conclusion

Many Southwark pharmacies provide the Pharmacy First Service that supports local patients in managing minor health issues and reduces GP practice workload. There is good geographical distribution of this service. No gaps have been identified for this service.

Appliance Use Reviews

Appliance use reviews (AURs) help to improve a patient's knowledge and use of any 'specified appliance' that the pharmacy would normally dispense such as a catheter or tracheostomy appliances. The AUR can be carried out by a pharmacist or specialist nurse in the pharmacy or at the patient's home.

Based on dispensing data from August – November 2024, no pharmacies in Southwark are providing this service in Southwark²⁵. Seven pharmacies reported providing this service in the survey completed for the previous PNA in 2022.

The nature of this service is such that patients may receive advice and support from the hospital or clinic responsible for their ongoing care. Appliance Use Reviews can also be provided by Dispensing Appliance Contractors out of area. Community pharmacies typically

do not receive a significant volume of prescriptions for appliances which limits their ability to provide Appliance Use Reviews.

Conclusion

Current data indicates that no pharmacies are offering this service in the borough. However, as patients may receive this service from alternative provision, a gap in provision has not been identified. Further insight from patients requiring Appliance Use Reviews could be useful in assessing if there is need for this service amongst Southwark residents.

Stoma Appliance Customisation

This service aims to ensure comfortable fitting and proper use of stoma appliances and to improve their duration of use, thereby reducing waste. Pharmacies can undertake an unlimited number of Stoma Appliance Customisations (SACs) per year. Patients who use stomas can also receive support from the hospital or clinic responsible for their ongoing care.

Based on dispensing data from August – November 2024, no pharmacies in Southwark are providing this service²⁶. This is a

²⁵ NHS Business Services Authority, Dispensing data August – November 2024

²⁶ NHS Business Services Authority, Dispensing data August – November 2024

decrease from 7% of survey respondents in the PNA in 2022 reporting that they provide this service.

As with AURs, patients may receive SACs advice and support from the hospital or clinic responsible for their ongoing care. SACs can also be provided by Dispensing Appliance Contractors out of area. Community pharmacies typically do not receive a significant volume of prescriptions for Stoma Appliance Customisation which limits their ability to provide this service.

Conclusion

Current data indicates that no pharmacies are offering this service currently in the borough. However, as patients may receive this service from alternative provision, a gap in provision has not been identified. Further insight from patients requiring Stoma Appliance Customisation could be useful in assessing if there is need for this service amongst Southwark residents.

Flu Vaccination Service

The Flu Vaccination service is a nationwide initiative to offer flu vaccinations to at risk groups in pharmacies from the period extending from autumn to March the next year.

In Southwark 40 pharmacies provided a flu vaccination service from January – March 2025²⁷. This is a slight decrease from the previous PNA published in 2022 when 44 pharmacies (76%) provided the Seasonal Influenza Vaccination Service.

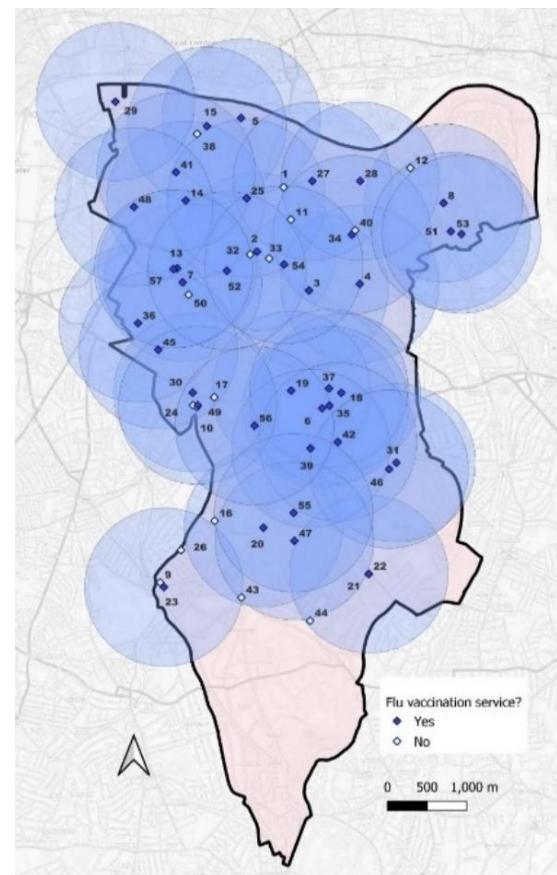
There is good geographical distribution of this provision across the borough, particularly in the north where most of the community care homes are located. The south of the borough is serviced by provision of this service in Lambeth and Lewisham.

Flu vaccination services have also been delivered in outreach settings (such as Children and Family Centres) over the most recent winter campaign and were widely available via GPs.

Conclusion:

No gap has been identified. Existing infrastructure and service provision are likely to meet the needs of our population.

Figure 32: Southwark pharmacies offering Flu Vaccination Service, and other pharmacies



²⁷ NHS Business Services Authority, Dispensing data January – March 2025

Lateral Flow Device service

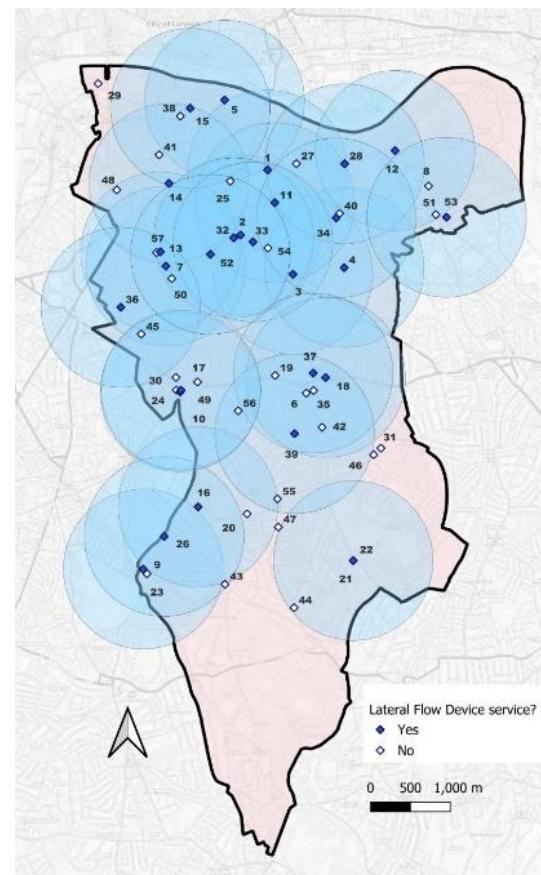
The Lateral Flow Device Service was introduced as an advanced service on 6th November 2023. The service aims to supply patients who are potentially eligible for COVID-19 treatments with free Lateral Flow Device testing kits, so that they can tests themselves if they have symptoms suggestive of COVID-19.

27 pharmacies in Southwark (47%) offer the Lateral Flow Device (LFD) Service²⁸. There is good geographical distribution of this provision across the borough, with the south of the borough is serviced by provision of this service in Lambeth and Lewisham.

Conclusion

No gap has been identified. Existing infrastructure and service provision are likely to meet the needs of Southwark's population.

Figure 33: Southwark pharmacies offering Lateral Flow Device Service, and other pharmacies



²⁸ NHS Business Services Authority, Dispensing data August – November 2024

Pharmacy Contraception service (PCS)

The PCS service enables pharmacies to prescribe and dispense oral contraceptives. It is a national advanced service that commenced on 24th April 2023. The first iteration of the service only allowed on-going supply of oral contraception which was expanded on 1st December 2023 to include initiation of oral contraception.

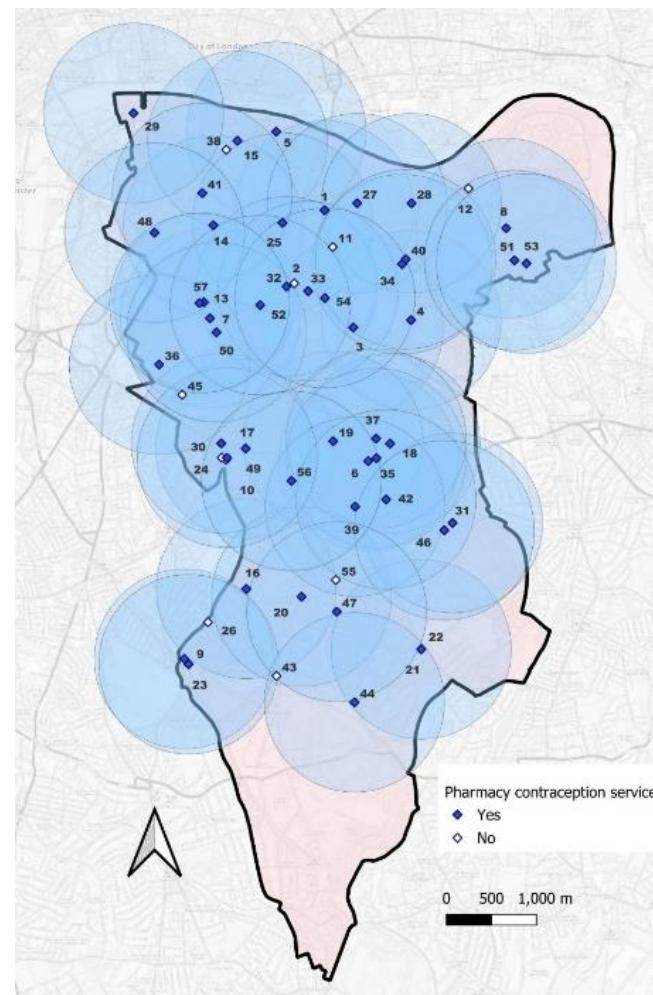
Currently 46 pharmacies (87%) in Southwark offer the Pharmacy Contraception service. In 2020/21 only eight Southwark pharmacies (14%) provided assessment and supply of EHC (emergency hormonal contraception), COC (combined oral contraception) and POC (progesterone-only contraception). Since the initiative's introduction in 2023, Southwark has seen an increase in the number of pharmacies able to assess and prescribe oral contraception.

There is good geographical distribution of pharmacies offering this service across Southwark. This service is also complemented by a locally commissioned service (see below).

Conclusion

No gap has been identified. Existing infrastructure and service provision are likely to meet the needs of Southwark's population.

Figure 34: Southwark pharmacies offering Pharmacy Contraception Service, and other pharmacies



NHS Community Pharmacy Smoking Cessation Service

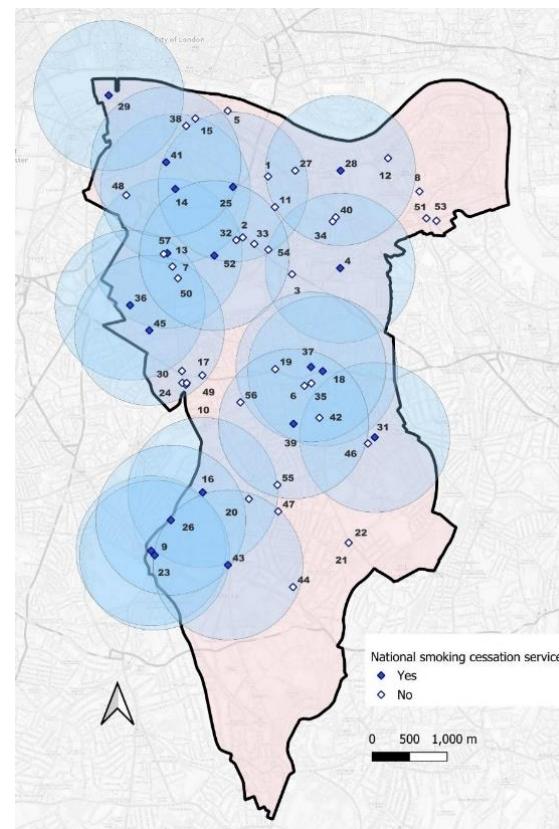
The Smoking Cessation Service was commissioned nationally from 10th March 2022. This service enables patients who received stop smoking support in hospital to continue receiving support in the community upon their discharge. The service is undergoing changes as of the 2025/26 contractual settlement. These changes will modify the training of staff to provide smoking cessation support and will include provision of Varenicline and Cytisinicline (Cystisine).

19 pharmacies (33.3%) in Southwark currently offer the Smoking Cessation Service²⁹. There is good geographical distribution of pharmacies offering this service in Southwark. This service is also complemented by a locally commissioned service (see below).

Conclusion:

Geographical coverage is likely to meet the needs of the population alongside the locally commissioned 'Stop Smoking Service' provision in the borough.

Figure 35: Southwark pharmacies offering Smoking Cessation Service, and other pharmacies



²⁹ NHS Business Services Authority, Dispensing data August – November 2024

Hypertension Case finding service

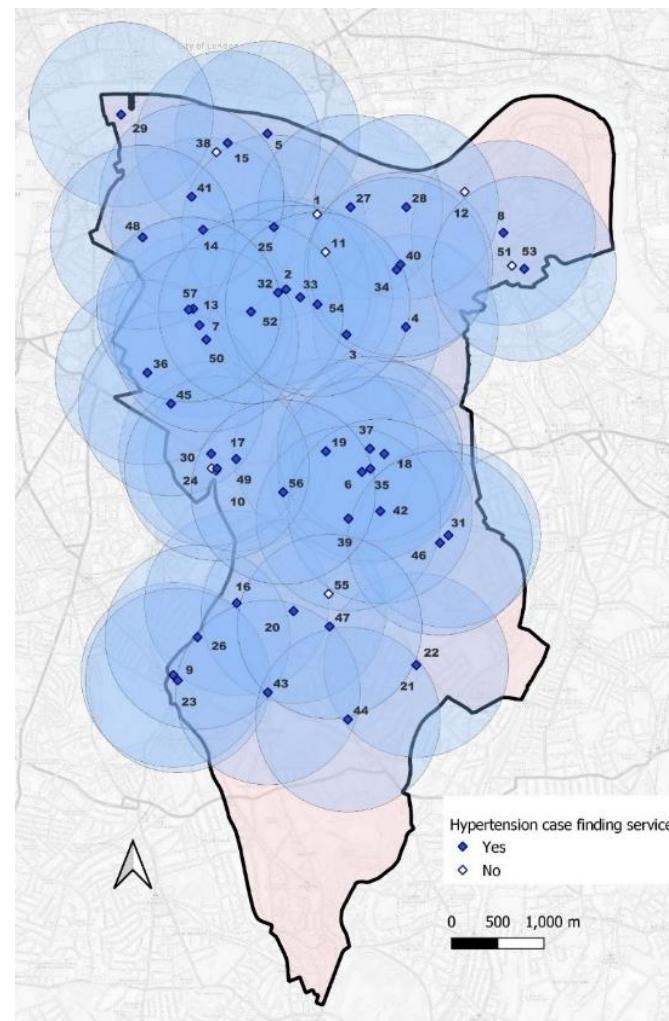
Commissioned on 1st October 2021, this initiative addresses the issue of undiagnosed cardiovascular disease by measuring blood pressure in pharmacies. The pharmacies offer blood pressure checks followed by ambulatory blood pressure monitoring (ABPM) in some cases. This service is particularly important for managing health risks in areas of socioeconomic deprivation as residents in more deprived areas are more likely to have a higher blood pressure and worse health outcomes.

Data held by South-East London ICB states that currently 48 pharmacies (84%) in Southwark provide the Hypertension Case finding service. There is good geographical distribution of this service in Southwark.

Conclusion

There has been widespread roll out of this service amongst pharmacies in Southwark. No gap has been identified. Existing provision is likely to meet current and future population needs.

Figure 36: Southwark pharmacies offering Hypertension Case finding Service, and other pharmacies



New Medicines service

The New Medicines service (NMS) commenced on 1st October 2011. The service offers support to patients with long term conditions who have recently been started on a new medicine. Currently the service provides support to patients with the following conditions:

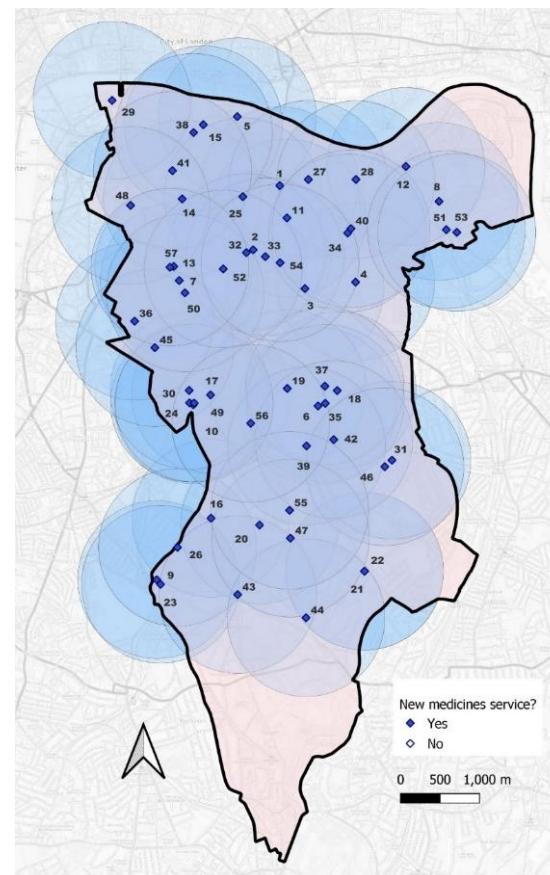
Asthma and COPD; Diabetes (Type 2); Hypertension; Hypercholesterolaemia; Osteoporosis; Gout; Glaucoma; Parkinson's disease; Urinary incontinence / retention; Heart failure; Acute coronary syndromes; Atrial fibrillation; Epilepsy; Long term risks of venous thromboembolism / embolism; Stroke / transient ischemic attack; coronary heart disease.

From October 2025, the service will be expanded to include depression. All 57 pharmacies (100%) in Southwark now offer the NMS³⁰, an improvement from 2022 when 74% of pharmacies offered the NMS.

Conclusion:

No gap has been identified. Existing provision is likely to meet current and future population needs.

Figure 37: Southwark pharmacies offering New Medicines Service, and other pharmacies



³⁰ NHS Business Services Authority, Dispensing data August – November 2024

Conclusions on Advanced Services

There are currently nine advanced services via the NHS Community Pharmacy Contractual Framework, three of which have been newly introduced as advanced services since the previous PNA:

- Pharmacy First Service (introduced January 2024)
- Lateral Flow Device Service (introduced November 2023)
- Pharmacy Contraception Service (introduced April 2023)
- NHS Community Pharmacy Smoking Cessation Service
- Appliance Use Review
- Stoma Appliance Customisation
- New Medicine Service
- Hypertension Case Finding Service
- Flu Vaccination Service

The roll out of new services has been relatively widespread according to data sourced from NHS Business Services Authority and South East London ICB.

- 89% of pharmacies offer Pharmacy First
- The current provision of lateral flow devices in pharmacies has seen an increase from the previous PNA in 2022 (14%) since the introduction of the LFD service.
- The majority of Southwark pharmacies (81%) are able to initiate oral contraception via the Pharmacy Contraception service introduced in 2023.

- The NHS Community Pharmacy Smoking Cessation Service has good geographical coverage and sits alongside a locally commissioned service.
- There is widespread provision of the Hypertension Case Finding Service (offered by 84% of pharmacies) and the New Medicines Service (offered by all pharmacies).

There has been a decrease in service provision in some areas:

- No pharmacies in Southwark offer Appliance Use Review (AUR) or Stoma Appliance Customisation services. The lack of availability of Appliance Use Reviews and Stoma Appliance Customisation Services is likely to be mitigated by availability of these services from other service providers (such as clinics or Dispensing Appliance Contractors).

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Advanced Services are considered to be relevant services for the purposes of this PNA. No gaps in Advanced Services provision have been identified to meet the pharmaceutical needs of Southwark residents.

National Enhanced Services

Under this type of service, NHS England commissions an Enhanced Service that is nationally specified. The agreement of standard conditions takes place nationally, while still allowing for the flexibility for local decisions to meet local population needs.

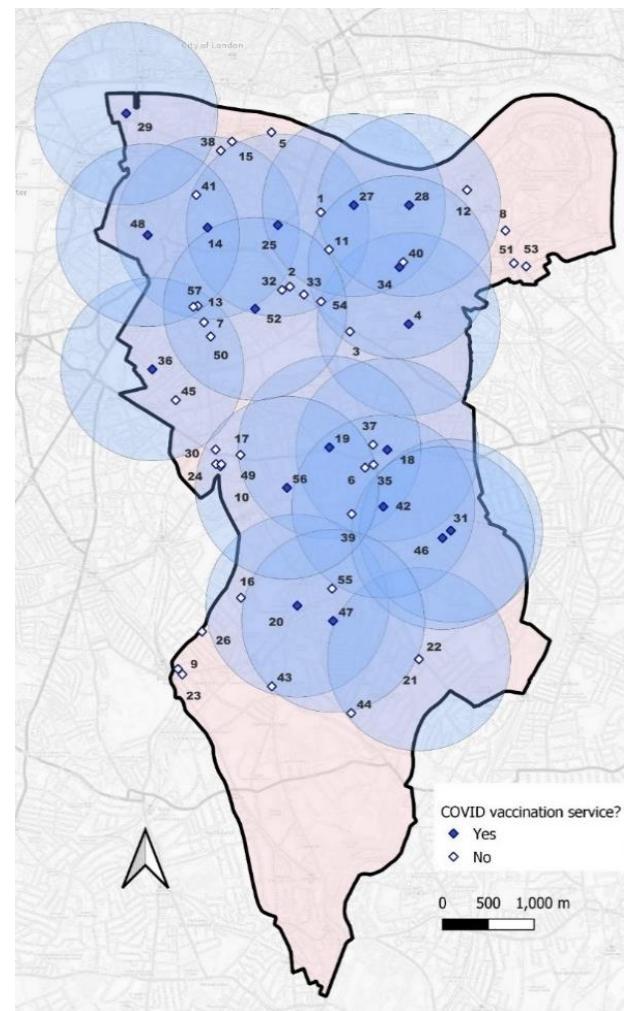
COVID-19 vaccination

COVID-19 vaccination became a National Enhanced Service in December 2021. The NHS guidance for the September 2024 – March 2026 period outlines that patients are eligible for vaccination if they are included in the relevant JCVI cohorts.

As of Spring 2025, 19 pharmacies (33%) in Southwark offer COVID-19 vaccinations. The 2022 PNA reported from their survey data that in the year 2020/21, 7 pharmacies (12%) in Southwark provided a COVID-19 vaccination service indicating that the proportion of pharmacies offering this service has more than doubled. Due to the acuity of the COVID-19 pandemic at that time, vaccinations were offered from other locations.

Information sourced from the Department of Health and Social Care (SHAPE Place) indicates an increase in the provision of this service in pharmacies in Southwark.

Figure 38: Southwark pharmacies offering the COVID-19 Vaccination Service, and other pharmacies.



There is good geographical distribution in the borough (with the South of the borough served by pharmacies over the border in Lambeth and Lewisham). There is limited provision in the North-East tip of Southwark.

Conclusion:

Plans to increase uptake of COVID-19 vaccination service delivery over future campaigns would help to protect residents in the borough, focusing on the North-East tip of the borough. In qualitative public survey responses, residents often cited wanting more vaccination services at their local pharmacy to be offered

19 vaccination service delivery over future campaigns could help to protect residents in the borough.

RSV and Pertussis

At the time of writing (August 2025), a procurement process was taking place across some sites in London. The outcome of this process is not yet known. RSV and Pertussis vaccination provision is available for eligible populations through their GP or through maternity services, meaning that a gap has not been identified.

Conclusion on Nationally Enhanced Services

National Enhanced Services are considered to be relevant services for the purposes of this PNA. No gaps in National Enhanced Services provision have been identified to meet the pharmaceutical needs of Southwark residents. Plans to increase uptake of COVID-

Local enhanced services

In addition to national enhanced services, pharmacies in London are commissioned to provide a bank holiday rota and a London Flu Service.

Bank Holiday Opening Hours

A bank holiday opening hours rota is commissioned as part of a local enhanced service in London. The service is provided at the following pharmacies in Southwark:

- Boots Hayes Galleria, Unit 11 Hay Galleria, Counter Street, SE1 9HD (for all bank holidays except Christmas Day and Easter Sunday); and
- Harfleur Pharmacy, 107 Tower Bridge Road, SE1 4TW (for Christmas Day and Easter Sunday)

These pharmacies are suitably located close to an Urgent Care Centre within Southwark. The service was being recommissioned at the time of writing (August 2025).

Conclusions

There is adequate provision of services during bank holidays between the two pharmacies.

London Flu Service

The London Flu Service is a local enhanced vaccination service. At the time of writing, the service was being recommissioned (August 2025).

Conclusions

The need for the service is dependent upon the parameters of the advanced service offering flu vaccination which can change seasonally.

Locally commissioned services

In addition to Essential and Advanced services, commissioned by NHS England, local Southwark pharmacies are commissioned by Southwark Council and South-East London ICB to provide additional services to the local population.

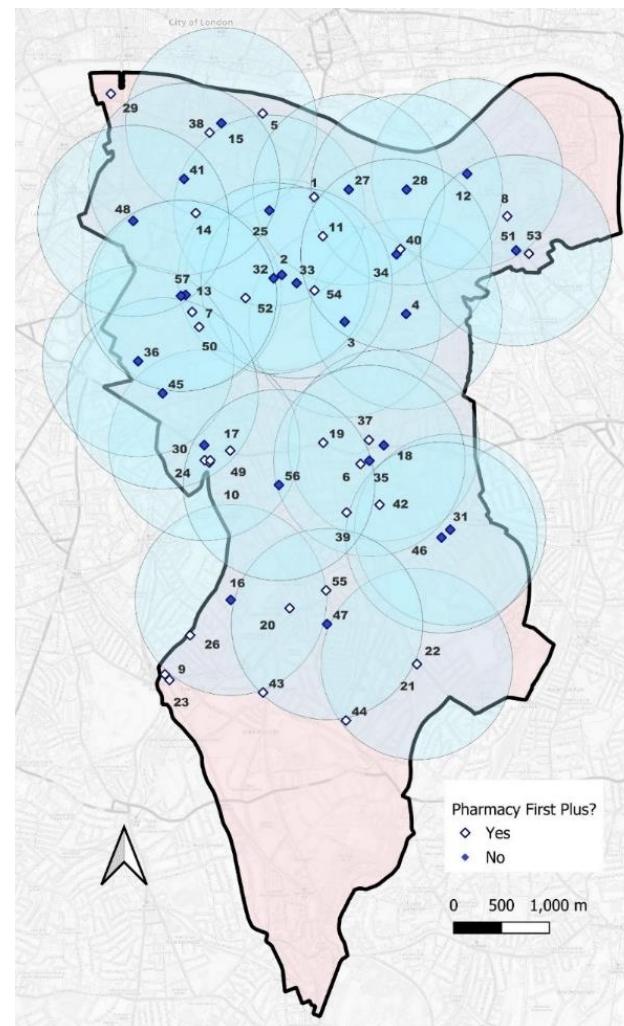
Pharmacy First Plus

The Pharmacy First Plus service is a local enhanced version of the Pharmacy First service which covers a greater number of common conditions. Pharmacy First Plus allows pharmacists to provide advice and treatments on the following conditions:

Allergies, Athlete's foot, Blocked/runny nose, Cold and flu, Cold sores, Conjunctivitis, Constipation, Coughs and colds, Diarrhoea, Dry/sore eyes, Ear wax, Fever, Headache, Head lice, Indigestion, Insect bites and stings, Itching due to chicken pox, Minor burns and scalds, Mouth ulcers, Nappy rash, Piles, Sore throat, Sprains and strains, Teething, Threadworm, Vaginal thrush

Data from SEL ICB indicates that 27 (47%) pharmacies in Southwark provide the Pharmacy First Plus service. This is a decrease from the previous PNA, where 67% of pharmacies delivered a similar service (named then as a minor ailments service).

Figure 39: Southwark pharmacies offering Pharmacy First Plus Service, and other pharmacies



There has been an increase in service use over the past two years – with 9,993 consultations in 2023/24 and 12,088 in 2024/25.

Conclusion

Pharmacy First Plus is a locally commissioned initiative that expands on the Pharmacy First service. The mission of both of these services is to decrease footfall at GP surgeries for easily treatable conditions. Data from the ICB indicates that roughly half of the pharmacies in Southwark offer this service with good geographical distribution.

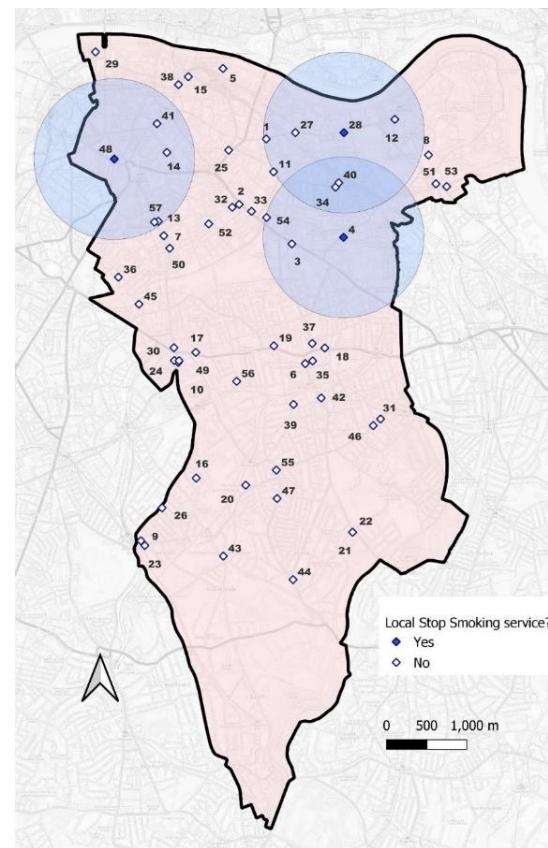
Stop Smoking Service (locally commissioned)

Locally commissioned pharmacy stop Smoking services includes smoking support for all smokers and incentivizes targeting pregnant people and people with mental health conditions.

3 pharmacies (5%) provide the locally commissioned Stop Smoking service. The number of pharmacies delivering this service has reduced since the 2022 PNA, where survey data indicated that 9 pharmacies were commissioned to provide the Stop Smoking service. However, use of the stop smoking pharmacy service has increased since the previous PNA. Over 2024/25 a total of 250 people used the Stop Smoking service in these 3 pharmacies; this has increased from 201 people in 2020/21.

At the time of writing, Southwark Council were in the process of recommissioning this service to expand delivery to five pharmacies³¹. In 2024-25 new community stop smoking services were commissioned which are available borough-wide, including an 'Allen Carr's Easyway' offer and a service with a similar model to the pharmacy service delivered by a healthy lifestyle provider. These services mitigate the reduction in pharmacy provision.

Figure 40: Southwark pharmacies offering Stop Smoking Service, and other pharmacies



³¹ At the time of update (August 2025), this provision has now been expanded to five pharmacies.

Conclusion:

No gap has been identified. Existing services are likely to meet the needs of Southwark's population.

Needle Exchange

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

Southwark's 2022 Drugs and Alcohol JSNA found that 64% of intravenous drug users accessing services had in the past been infected with Hepatitis C with 24% currently infected, 14% had ever been infected with Hepatitis B and 5% were HIV positive (this is an increase from previous levels)³².

The service aims to reduce the rate of blood-borne infections and drug related deaths among service users by: reducing the rate of sharing and other high-risk injecting behaviours; providing sterile injecting equipment and other support; promoting safer injecting practices; and providing and reinforcing harm reduction messages including safe sex advice and advice on overdose prevention.

Currently, data from Southwark Council indicates that 10 pharmacies (18%) provide the Needle Exchange service. This is a decrease from the 2022 PNA wherein survey data reported that 13 pharmacies (22%) were commissioned to provide the Needle

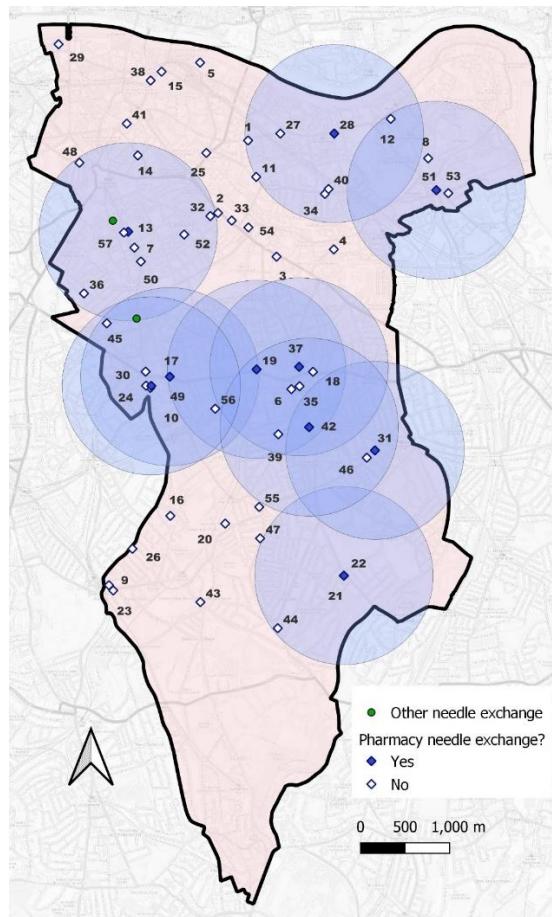
Exchange service. There are some parts of the borough where pharmacy-based services are not available within a 1km radius. However, alternative sites offer needle exchange such as Southwark's Drug and Alcohol Service. At the time of writing, data on all needle exchange sites was not available.

Conclusion:

There has been a reduction in the number of Southwark pharmacies providing a needle exchange service. However, needle exchange is offered in alternative settings such as Southwark's Drug and Alcohol Service. As such, no gap has been identified in this provision.

³² [Drugs and Alcohol JSNA 2022 Final Draft.pdf](#)

Figure 41: Southwark pharmacies offering Needle Exchange Service, and other pharmacies, plus Drug and Alcohol Service needle exchange sites



Supervised Consumption

Medications such as methadone may be prescribed to patients suffering from opiate addiction. Generally, these prescriptions are dispensed in instalments, and in some cases prescribers may request that consumption be supervised by a pharmacist. The overall aims of the service are: promoting compliance within an agreed care plan; reducing the risk of drug related death or health complications; and reducing the likelihood of illicit drug leakage into the community and reducing crime associated with drug misuse.

In order to be eligible to provide this commissioned service, community pharmacies should: ensure pharmacists are adequately trained; ensure pharmacists personally supervise consumption; have a consultation area or private space; and demonstrate policies for safeguarding, complaints and data protection.

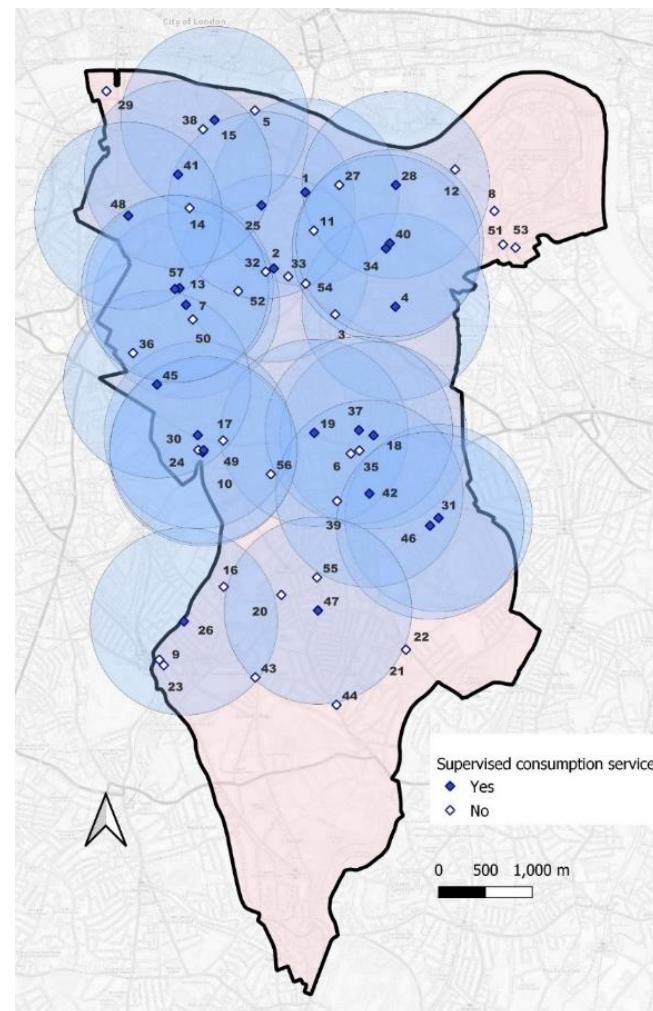
25 pharmacies (44%) in Southwark currently offer this service. This is an increase from 28% estimated in 2022 from the PNA survey data.

As per local data collection by Change Grow Live Southwark, from 2022 to March 2025 there have been 466 supervised consumption interactions at Southwark pharmacies.

Conclusion:

The provision of this service has increased over the last 3 years.

Figure 42: Southwark pharmacies offering Supervised Consumption, and other pharmacies.



Vitamin D

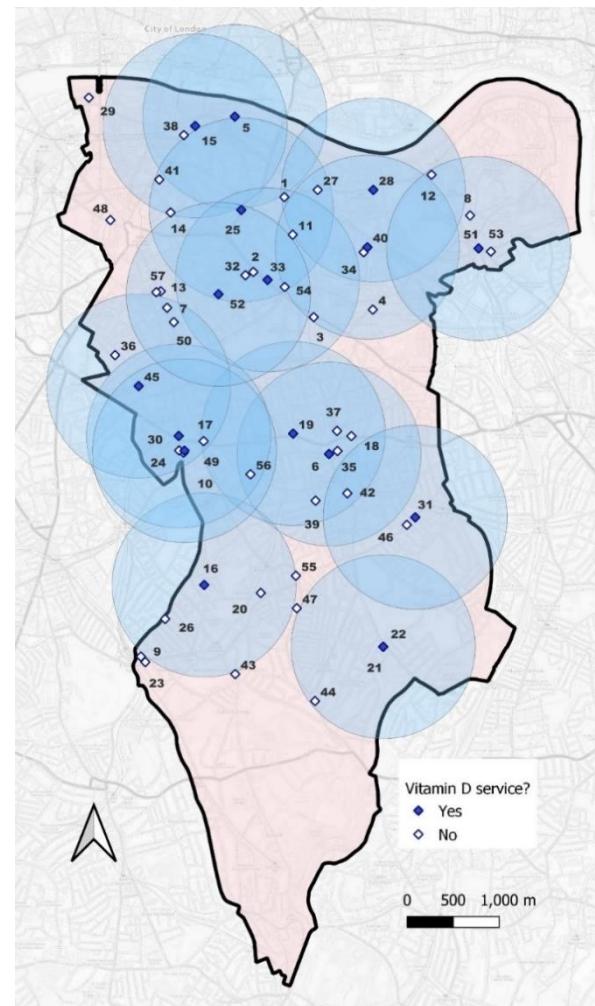
Southwark offers free Vitamin D in certain pharmacies to all women who are pregnant, breastfeeding or who have recently given birth as well as to all children under 4 years old. Groups at risk of low Vitamin D levels are pregnant women and babies from: African, Afro-Caribbean, Middle-Eastern or Indian ethnic backgrounds.

Currently 16 pharmacies (28%) offer free Vitamin D to these at-risk groups, down from 19 pharmacies reported in the 2022 PNA. From October 2023 to March 2024, Southwark pharmacies delivered 4,936 Vitamin D products to residents (a rate of approximately 10,000 per year). There is a downtrend over successive years of how much Vitamin D supplementation pharmacies are supplying. This may be due to widespread availability of Vitamin D in supermarkets.

Conclusion:

Despite a reduction in number of pharmacies providing this service, geographical coverage is well dispersed. Most of the borough is within 1km of the nearest providing pharmacy. In the south of the borough there is a Vitamin D service nearby in Lambeth or Lewisham. There are some gaps in the North-East tip of the borough in Surrey Docks. As there are no pharmacies in Surrey Docks, expanding access in Rotherhithe would improve access and secure improvements to pharmaceutical services in the borough

Figure 43: Southwark pharmacies offering Vitamin D, and other pharmacies.



Emergency Hormonal Contraception

This service provides access to free emergency hormonal contraception at pharmacies. The data on who is accessing emergency hormonal contraception in this service can be used as a proxy to assess where access to regular contraception may be limited.

20 pharmacies (35.1%) are offering emergency hormonal contraception. The uptake of this service does not reflect the total emergency oral contraception in the whole borough; patients can access emergency contraception through sexual health clinics, through using the e-service and from buying privately in pharmacies.

The number of pharmacies that are providing emergency oral contraception has more than doubled since the previous PNA in 2022.

In the three months, October – December 2024, 210 prescriptions of emergency contraception were issued at pharmacies across Southwark. 68% of individuals seeking emergency contraception cited the reason for needing it was that no other method of contraception was used. When asked 44% of women answered that they used no current method of contraception and 45% answered that they used condoms.

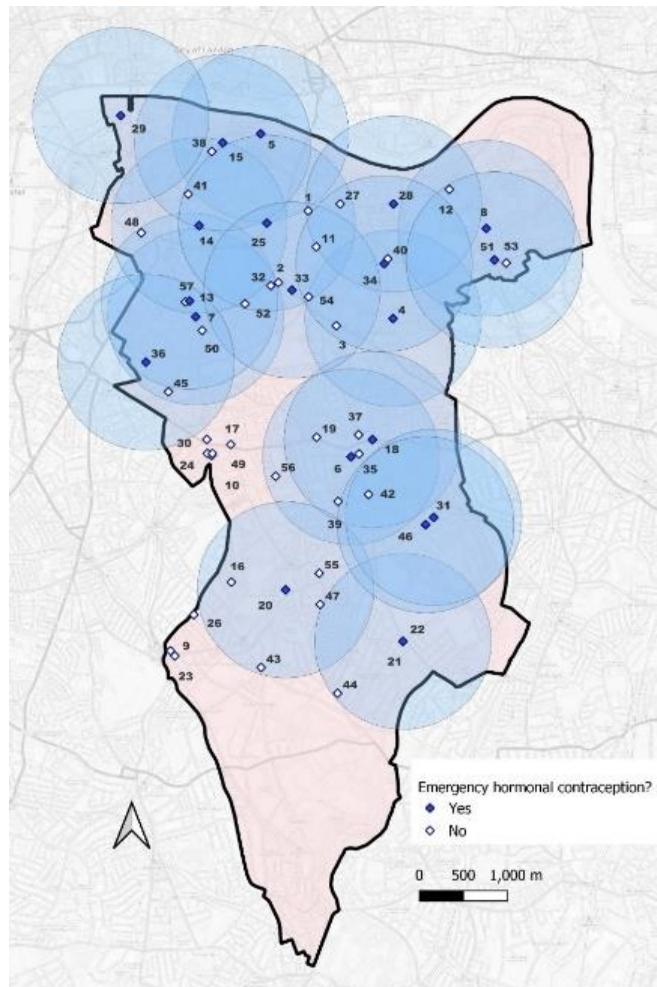
This service differs from the national oral contraception service in that it doubles as a consultation for the patient on contraception in general. The consultation is used to signpost the patient towards contraception and sexual health clinics. The consultation enables pharmacies to start the patient on oral contraception (though this is also possible via the oral contraception service). It also provides a referral pathway to long acting reversible contraception (LARC) which are often more reliable forms of contraception.

Changes will be coming into effect in October 2025 when the National Pharmacy Contract will incorporate Emergency Hormonal Contraception (EHC) into the Advanced Contraception Service. These changes will have a significant impact on the current locally commissioned services provided through community pharmacies. Local contracts will be reviewed to ensure as wide coverage of this service as possible in the borough.

Conclusion:

There is widespread provision of this service in the borough. No gap has been identified. Existing services are likely to meet current and future needs.

Figure 44: Southwark pharmacies offering Emergency Hormonal Contraception, and other pharmacies.



Condom Distribution and C-Card Scheme

As stated above, Southwark has high levels of STIs and new HIV infections, which improved barrier protection use would help to combat. The previous PNA reports that eight pharmacies (14%) provided free condoms through the 'c-card scheme' which allowed young adults under 25 to receive free condom packs if they were signed up. In 2019/20, 205 encounters were recorded and 1,235 condoms distributed; in 2020/21, there were 120 encounters and 1,453 condoms distributed.

As of 2023/24, 7,968 condoms were distributed to people under 25 via the C-card scheme. This exceeded the annual target of 6,500. In comparison to previous years, it is evident that this scheme has grown in popularity and uptake. The c-card scheme operated largely from Brook outreach, Ridgeway pharmacy and various clinics.

A condom distribution service in Southwark has recently been commissioned to meet needs of adults over 25. This service will provide free condoms in a different settings (such as GP surgeries or hostels).

Conclusion

The c-card scheme exceeded its 2023/24 target through dispensing at various clinics and pharmacies. In addition, a new condom service has been developed in the borough to meet need. The

service will be delivered in a variety of settings across the borough. Availability of this service and the C-Card scheme helps to meet the need for condom distribution in Southwark.

Conclusions on locally commissioned services

Locally commissioned services comprise the following:

- Pharmacy First Plus
- Stop Smoking service
- Needle exchange
- Supervised consumption
- Vitamin D
- Emergency Hormonal Contraception
- Condom distribution and C-Card

The roll-out of Pharmacy First Plus has seen more usage in 2024-25, with nearly half (47% of pharmacies) delivering the service.

There has been an increase in pharmacies offering the following services:

- Emergency hormonal contraception
- Supervised consumption

Furthermore, there has been an increase in uptake of the C-Card Scheme which is delivered in some pharmacies and other community settings.

Whilst the number of pharmacies offering stop smoking services has reduced, this is mitigated by an increase in other services available borough-wide. At the time of writing, Southwark Council is expanding stop smoking pharmacy provision to five pharmacies.

There has been a decrease in pharmacy provision for the following two services:

- Vitamin D Provision
- Needle Exchange

Further provision may improve choice for people in Southwark in accessing these services.

6. Insights from pharmacy questionnaire

This analysis, whilst not covering necessary service or relevant services for the purposes of the PNA, does cover areas that are important to the public using pharmacies. It therefore has been included to inform future work for pharmacies and partners, including commissioners.

Please note that the pharmacy survey data referenced here represents only a small sample of the total pharmacies in Southwark. This is because only 18 of the 57 pharmacies in Southwark responded to the survey. Therefore less than one third of the total pharmacies contributed to this data pool and as such findings should be treated with caution.

Consultation areas

Community Pharmacy England specifies that pharmacies (apart from DSPs) must have a consultation room. It also specifies that the consultation room must be:

- *clearly designated as a room for confidential conversations;*
- *distinct from the general public areas of the pharmacy premises; and*

- *a room where both a person accessing pharmaceutical services and a person performing pharmaceutical services are able to be seated together and communicate confidentially.*

In the data collected from the pharmacy survey, 100% of pharmacies reported that they had a consultation room (see Table 3). No pharmacy reported having an off-site consultation area. Of those responding to the survey, 89% of pharmacies reported a consultation room that was wheelchair accessible. Of those who reported lack of wheelchair accessibility: 1 pharmacy has a wheelchair inaccessible consultation room alone whereas 1 pharmacy responded that the entire facility is not wheelchair accessible. Similarly in the previous PNA only 84% of pharmacies consultation areas were wheelchair accessible.

Table 3: Self-reported consultation facilities available in community pharmacies

Feature	Rationale	Number of pharmacies	% of pharmacies responding to survey
Consultation area	Required for Advanced, Enhanced or locally commissioned services	18	100%
Closed room	For confidentiality	18	100%
Wheelchair access to consultation room	Improves access to a confidential area for those with physical disability	16	88.9%
Access to toilet facilities	Facilitates provision of samples	5	27.8%
Additional language support available within pharmacy	Improves consultation for those who require additional language support as part of the consultation process	17	94.4%

Consideration should be given to supporting pharmacies to expand access to wheelchair users (noting that improvements to pharmacies must be self-financed which may serve as a limitation to this).

Home delivery service

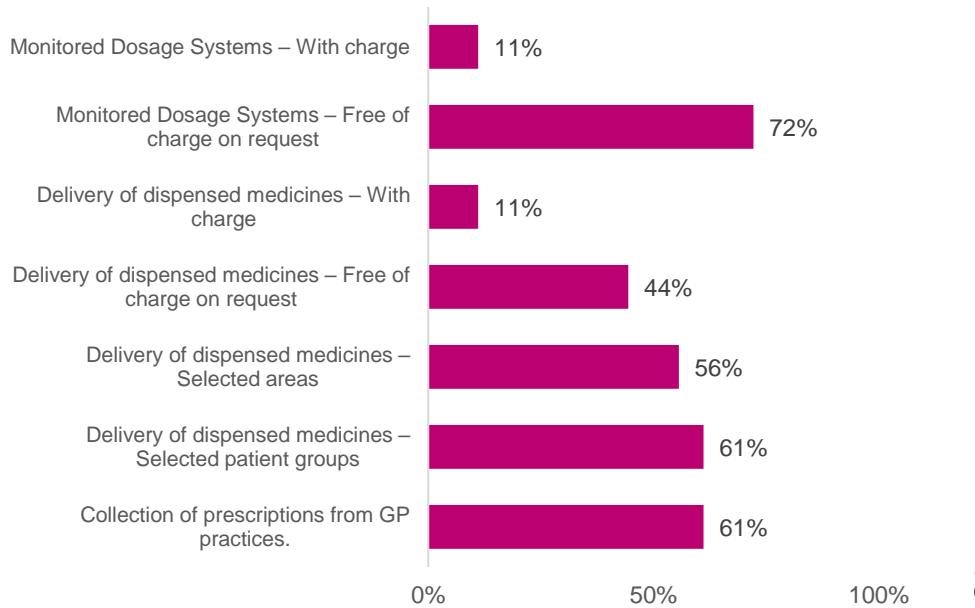
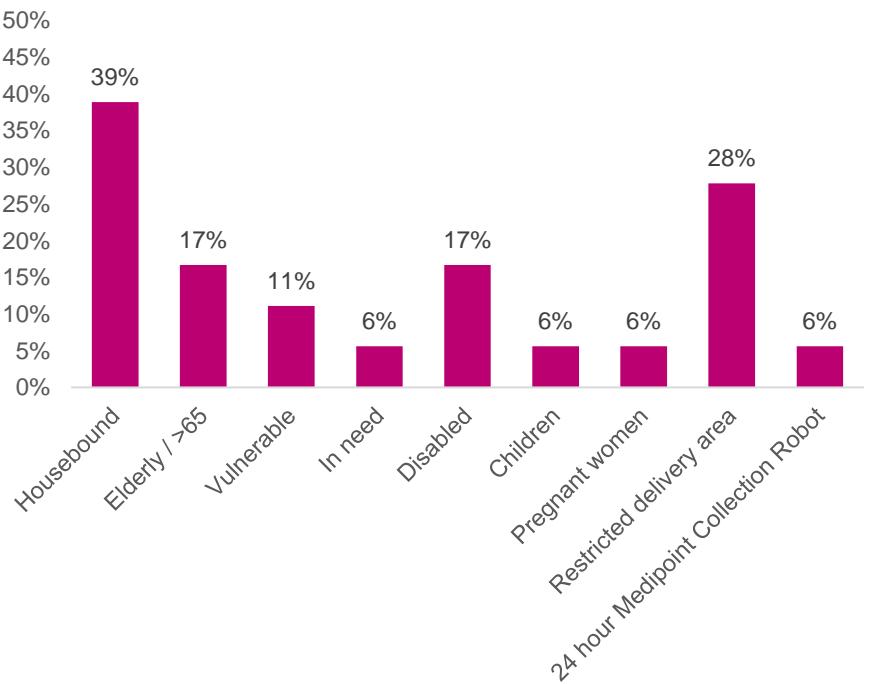
The home delivery service is not an NHS Pharmaceutical Service and therefore not relevant to gaps analysis in the PNA. However, in the public survey data, there were a number of free text responses on which additional services residents would like to have at their pharmacies which mentioned home delivery.

Current home delivery service in Southwark is varied. As shown in Figure 45, of the pharmacies that responded to the survey, 61% reported they delivered prescriptions to selected patient groups.

Figure 45: Southwark delivery services

These groups are explored further in Figure 47 in which 39% of pharmacies reported they deliver to housebound patients, 17% reported delivering to the elderly, 17% reported delivering to the disabled and 28% reported delivery within a restricted area (other groups eligible for delivery were children and pregnant women in 1 pharmacy each respectively).

Figure 47: Groups eligible for home delivery in Southwark



Opportunities for further service delivery

At the end of the pharmacy questionnaire there were several written answer questions allowing pharmacies to describe issues that they are currently facing in the borough.

Firstly 56% of pharmacies who responded to the survey agreed that there is a particular need for a locally commissioned service in their area. This was followed by a free text question asking the pharmacy to detail which services in particular are required at their facilities. The responses were varied with each of the 10 responding pharmacies outlining a different service other than 2 pharmacies which both responded that they require a free emergency contraception service. Other responses included requiring sexual health testing, a health check service, Hypertension Case Finding service and supervised consumption of methadone.

Managing demand

The next question on the survey asks pharmacies whether they have the capacity to manage increases in demand for services with existing premises and staffing levels.

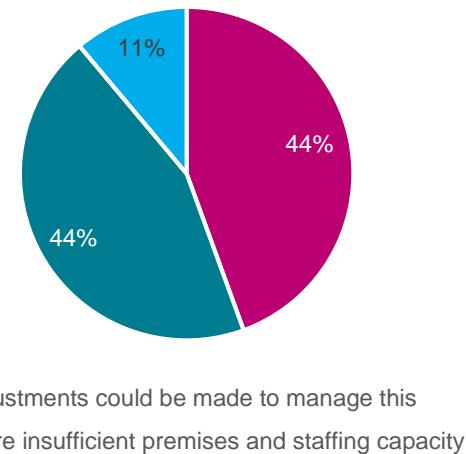


Figure 48: Assessing pharmacies abilities to meet increase in demand for services

As seen in Figure 48, 44% of pharmacies feel that they have the capacity to manage increased demands, 44% feel they do not have capacity but potentially could with adjustments and 11% felt they do not have the capacity to manage increased demand for services

Pharmacies were then asked to state which issues in particular might impact their ability to offer services in the future. Their response are categorised and displayed in Figure 49.

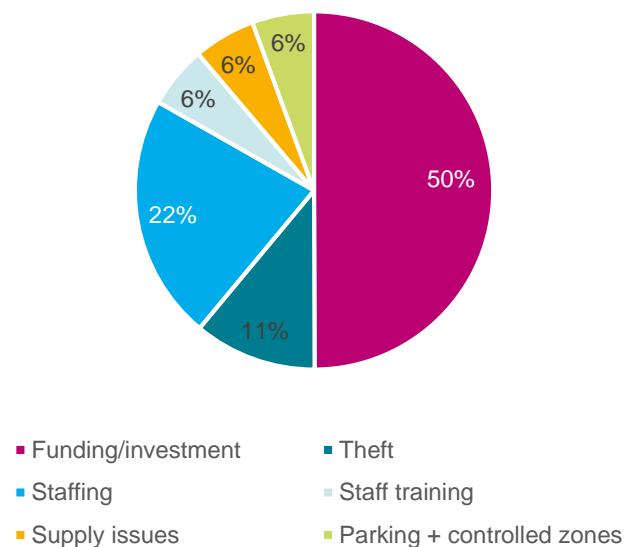


Figure 49: Breakdown of issues facing pharmacies service provision

Challenges

The most common issue identified on the survey responses was funding/investment with 50% of pharmacies reporting this as a

barrier to continued service provision. This was followed by staffing issues at 22%. Other issues identified were theft, staff training, supply issues and issues pertaining to parking and controlled zones.

When asked *What organisational support(s) would your pharmacy benefit from?*, 33% of pharmacy respondents answered that they would benefit from more funding, and 22% answered that they would benefit from increased services e.g. vaccination.

Conclusion

There are opportunities for commissioners and pharmacies to work together in the future. The above analysis can provide insights into opportunities and barriers to partnership working.

7. Future Planning

Projected population change

The latest population projections suggest that the number of people living in Southwark will continue to grow over the next decade. 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. Old Kent Road in particular is projected to grow from ~20,000 residents as of 2024 to ~30,000 in 2035 (GLA, 2025).

During population increases, a new pharmacy would be required for approximately every additional 5,600 residents in Southwark to maintain the current availability of 17.8 pharmacies per 100,000.

The Southwark Plan³³ sets out local plans for development in the borough. The plan contains a housing trajectory showing significant housing growth in Old Kent Road from 2025-26 to 2035-36, with over 10,000 new homes projected to be built. This is likely to increase demand for pharmaceutical services in that locality. Old Kent Road is currently served by three pharmacies with long opening hours and nearby pharmacies in neighbouring wards.

Owing to the ten-year timeframe for projected population increase, it is not yet known how many sites will be built and occupied within the lifetime of this PNA. A future need has not been identified at the time of writing. However, supplementary statements should consider the population density and availability of pharmacies in the Old Kent Road locality where growth is projected as well as any observed increases in prescription flow which may indicate an increase in demand.

Changes to the NHS

The national government had recently published its 10-year health plan for the NHS³⁴. The plan is set focuses on three shifts:

- Moving care from hospitals to communities
- Making better use of technology
- Focusing on preventing sickness, not just treating it

Within the plan, community pharmacy is set to play a key role in delivering the 'Neighbourhood Health Service' with an increased role in management of long-term conditions, complex medication regimes, treatment of obesity, vaccine delivery and screening for risk of cardiovascular disease and diabetes. Linking community pharmacy to the single patient record is also an ambition set out in the plan.

³³ [Southwark Council, The Southwark Plan 2022, 2022](#)

³⁴ [Department of Health and Social Care, Fit for the Future: 10 Year Health Plan for England, 2025](#)

8. Appendices

See separate document – ‘Southwark Pharmaceutical Needs Assessment 2025-2028 – Appendices’.

Southwark Pharmaceutical Needs Assessment 2025-2028

Appendices

Appendices

Appendix 1. Southwark 2025 Pharmaceutical Needs Assessment pharmacy survey questions

Survey Section	Questions
Premises and contact details	Trading Name
	Site address
	Contact name of person completing questionnaire on behalf of the contractor
	Contact telephone number
Consultation facilities	Is your pharmacy accessible to wheelchairs? Yes, including consultation room Yes, not including consultation room No
	Where there is a consultation room, is it a closed room?
	Do patients attending for consultations have access to toilet facilities?
	Does the pharmacy have access to an off-site consultation area?
	Languages spoken (in addition to English).
	Does the pharmacy dispense appliances? <ul style="list-style-type: none"> ▪ Yes, all types ▪ Yes, excluding stoma appliances ▪ Yes, excluding incontinence appliances ▪ Yes, excluding stoma and incontinence appliances ▪ Yes, just dressings ▪ Other (specify) <p>None</p>
Services	Does the pharmacy provide any of the following? <ul style="list-style-type: none"> ▪ Collection of prescriptions from GP practices. ▪ Delivery of dispensed medicines – Selected patient groups ▪ Delivery of dispensed medicines – Selected areas ▪ Delivery of dispensed medicines – Free of charge on request ▪ Delivery of dispensed medicines – with charge ▪ Monitored Dosage Systems – Free of charge on request ▪ Monitored Dosage Systems – with charge <p>If delivery to selected patient groups or areas please provide a list</p>
	Is there a particular need for a locally commissioned service in your area?
	[If 'Yes] What is the service requirement and why is it needed?

Organisational risks and support	Does the pharmacy have capacity to manage increases in demand for services with existing premises and staffing levels ?
	Yes
	No, but adjustments could be made to manage this
	No, there are insufficient premises and staffing capacity
	What organisational and/or personal risks or issues will affect your pharmacy's ability to offer continued services in future?
	What organisational support(s) would your pharmacy benefit from?

Appendix 2. Southwark 2025 Pharmaceutical Needs Assessment public and patient survey questions

Summary text:

Give your view on local pharmacies

Help identify the current and future need for pharmacy services in Southwark.

Give your view on local pharmacies

We want to understand your views on local pharmacy services. Your opinions are valuable because they help identify the current and future need for pharmacy services in Southwark.

Pharmacies can:

- provide over-the-counter medicines
- dispense medication that GPs prescribe
- offer health advice and information
- sometimes offer vaccinations

Your survey responses will help to shape Southwark's 'Pharmaceutical Needs Assessment'. This is a document that describes the population's needs for pharmacy services in a borough. The NHS use it when they consider applications to open new pharmacies across the UK.

How to take part?

We want to hear from people who live or work in Southwark or use a pharmacy in Southwark. This survey should take about 15 to 20 mins to complete. If you need a paper copy of the survey email publichealth@southwark.gov.uk

Enter the £50 prize draw

If you give your email address you can opt-in to a prize draw for a £50 voucher which you can spend in a variety of retailers or online.

Data protection

All responses will be handled anonymously and reported in a statistical way only.

Deadline for completing the survey

The survey closes at 11.59pm on 23 March 2025.

If you have questions about this survey, email publichealth@southwark.gov.uk

Survey section	Questions
	<p>Do you live or work in Southwark?</p> <ul style="list-style-type: none"> • I live in Southwark • I work in Southwark • I both live and work in Southwark • I don't live or work in Southwark, but I access pharmacy services in Southwark • I live or work in Southwark but I don't use a Southwark pharmacy
General Questions	<p>Do you have a regular or preferred local pharmacy in Southwark?</p> <ul style="list-style-type: none"> • Yes • No • Prefer to use online pharmacy • Use a mixture of online and in person • Other <p>[If 'Other'] Please explain in the box below.</p>
	<p>[If living or working in Southwark but not using a Southwark pharmacy] Why don't you use a pharmacy in Southwark?</p> <p>Not close to where I work or live No on-site parking No disabled/pushchair access Not near my local GP surgery Does not collect my prescriptions from my GP surgery It is not in the supermarket I use Specific service(s) I want are not offered Opening hours do not suit me Waiting time for prescriptions is too long Staff are not friendly Staff are not knowledgeable It does not offer Pharmacy First services It does not offer Pharmacy First Plus + Services I feel more comfortable at another pharmacy Other</p> <p>[If 'Other'] Please explain in the box below.</p> <p>[If using a Southwark pharmacy or "use a mixture of online and in person"] Why do you use your regular Southwark pharmacy in Southwark?</p> <p>It's near to where I work or live It has on-site parking It has disabled/pushchair access It's near my local GP surgery</p>

It collects my prescriptions from my GP surgery
 It's in the supermarket I use
 It offers a specific service I want
 Opening hours suit me
 I don't have to wait too long for my prescriptions
 Staff are friendly
 Staff are knowledgeable
 It offers Pharmacy First services
 It offers Pharmacy First Plus+ services
 I feel comfortable at this pharmacy
 I use the home delivery service for my medication
 Other
[If 'Other'] Please explain in the box below.

How often do you use your usual pharmacy?

Daily
 A few times a week
 About once a week
 Fortnightly
 Monthly
 Every 2 to 3 months
 Less than 4 times a year
 About once a year
 Never

Who do you primarily use the pharmacy for?

- Yourself
- Partner/spouse
- Children
- Parent(s)
- Another family member
- Friend or neighbour
- Other

How do you usually travel to your pharmacy?

Walk / use wheelchair mobility aid
 Bus
 Train
 Drive
 Lift
 Taxi

<p>Cycle</p> <p>Home delivery</p> <p>Use an online pharmacy</p> <p>I do not go to the pharmacy myself</p>
<p>How long does it take you to get to your usual pharmacy using your usual mode of transport?</p> <ul style="list-style-type: none"> ▪ 10 minutes or less ▪ 11 to 20 minutes ▪ More than 20 minutes
<p>Which services do you use at your usual pharmacy?</p> <p>(Multiple responses)</p> <p>Prescriptions</p> <p>Repeat prescriptions</p> <p>Consultations/advice</p> <p>Pharmacy First</p> <p>Pharmacy First Plus</p> <p>Smoking cessation</p> <p>Drugs and alcohol services</p> <p>Health check</p> <p>Blood pressure check</p> <p>Specific support for a health condition</p> <p>Tailored support for older people</p> <p>Mental health support</p> <p>Sexual health support</p> <p>Support with a medical appliance</p> <p>Vaccinations</p> <p>Home delivery</p> <p>Buying medicines</p> <p>Buying other goods</p> <p>Other service</p> <p>None</p> <p>[If 'Other service' or 'None'] Please explain in this box below.</p>

What additional services would you like your local pharmacy to offer?

Please explain in this box below.

Are you aware of Pharmacy First and Pharmacy First Plus services?

Yes

No

Prefer not to say

When do you usually access your pharmacy?

- **Day**
- Weekday
- Saturday
- Sunday
- **Time**
- Before 9am
- 9am to 12 noon
- 12 noon to 5pm
- 5pm to 8pm
- After 8pm

What do you do if you cannot access your pharmacy?

Go on another day

Go to another local pharmacy

Use an online pharmacy

Call 111 for advice

Go to GP or walk in centre

Go to a hospital

I can always access my pharmacy

How strongly do you agree with the following statements?

I can easily find an open pharmacy when needed

I can easily find a pharmacy in a convenient location

I can easily find a pharmacy open in the evening (after 6pm)

I can easily find a pharmacy open at the weekends and bank holidays

If you had concerns about pharmacy services, would you know how to raise these?

	<p>Yes No Not applicable</p>
	Are you disabled?
	<p>Have you faced any barriers accessing when pharmaceutical services for yourself or others?</p> <p>Yes No Prefer not to say</p>
	<p>[If yes] How could pharmacy services be made more accessible to you?</p> <p>Interpreting services More information in languages other than English More easy read information Reasonable adjustments (please specify) Better mobility access Quiet space if required More private spaces to discuss sensitive issues Other If other please expand</p>
	How could your pharmacy experience be improved overall?
About You	<p>What is your sex as recorded at birth? (a question about gender identity will follow)</p> <ul style="list-style-type: none"> • Female ▪ Male ▪ Prefer to self describe ▪ Prefer not to say <p>Is the gender you identify with the same as the sex you were recorded at birth?</p> <ul style="list-style-type: none"> • Yes • No • Prefer not to say <p>[If 'No'] Please specify your gender identity in the box below.</p>
	What age group are you in?
	<ul style="list-style-type: none"> ▪ Under 18 ▪ 18-24 ▪ 25-34 ▪ 35-44

- 45-54
- 55-64
- 65-74
- 75-84
- 85+
- Prefer not to say

Which of the following best describes your sexual orientation?

- Heterosexual or straight
- Lesbian or gay
- Bisexual
- Prefer to self describe
- Don't know, or prefer not to say

What is your main language?

[If main language is not 'English'] How well can you speak English?

- **Very well**
- **Well**
- **Not well**
- **Not at all**

What is your ethnicity?

Which of these best describes your ethnic group and background?

- **[If ethnicity is 'White']** British, Northern Irish, Irish, Gypsy, Irish Traveller, Roma, Any other White background.
- **[If ethnicity is 'Mixed or Multiple ethnic groups']** White and Black Caribbean, White and Black African, White and Asian, Any other Mixed or Multiple background.
- **[If ethnicity is 'Asian or Asian British']** Indian, Pakistani, Bangladeshi, Chinese, Any other Asian background.
- **[If ethnicity is 'Black, Black British, Caribbean or African']** Black British, Black Caribbean, Black African, Black Nigerian, Black Ghanaian, Black Sierra Leonean, Black Somali, Any other Black African background, Any other Black background.
- **[If ethnicity is 'Any other ethnic group']** Arab, Latin American, Any other Ethnic Group.

What is your religion?

Do you have caring responsibilities?

How would you describe your employment status?

Working full time (30 + hours per week)

Working part time

Unemployed

In full time education or training

Long term sick

Retired from work

	<p>Homemaker</p> <p>Unpaid carer</p> <p>Prefer not to say</p> <p>Other</p>
	<p>Do you have to pay prescription charges? (In England, most working-age adults have to pay prescription charges, unless they are within certain groups or receiving certain types of benefit.)</p> <p>Yes</p> <p>I use a prescription pre-payment certificate</p> <p>No, I have signed up to the NHS Low Income Scheme</p> <p>No, I am exempt</p> <p>I don't know</p> <p>Prefer not to say</p>
	<p>Have you signed up to the Pharmacy First Plus scheme to access free over the counter medications?</p> <p>Yes</p> <p>No</p> <p>Not aware of service</p> <p>Prefer not to say</p>
	<p>Are you currently pregnant and/or on maternity leave?</p>
	<p>Please state your full postcode.</p>

Thank you for completing this survey.

If you'd like to contact someone about this survey, email publichealth@southwark.gov.uk

Further information on pharmacy services:

- [find your local pharmacy](#)
- help with [prescription charges and exemptions](#)
- the national [Pharmacy First scheme](#)
- the Southwark Pharmacy First Plus [scheme](#)

Appendix 3: Map key

Map no.	Pharmacy*	Contractor	Address	Postcode
1	Amadi's Chemist	Amadi K	107 Abbey Street	SE1 3NP
2	AR Chemists	AAM Pharm Ltd	176-178 Old Kent Road	SE1 5TY
3	Asda Pharmacy	Asda Stores Ltd	Old Kent Road	SE1 5AG
4	Bonamy Pharmacy	Mildcare Ltd	355 Rotherhithe New Road	SE16 3HF
5	Boots The Chemist (Hays Galleria)	Boots UK Limited	Units 8-11 Hays Galleria, Counter Street	SE1 2HD
6	Boots The Chemist (Peckham)	Boots UK Limited	20 Rye Lane	SE15 5BS
7	Boots The Chemist (Walworth Rd)	Boots UK Limited	289-291 Walworth Road	SE17 2TG
8	Boots The Chemist (Surrey Quays)	Boots UK Limited	Unit 11-13, Surrey Quays Shopping Ctre	SE16 7LL
9	Brockwell Park Pharmacy	Dulwich Pharmacies Limited	7 Half Moon Lane	SE24 9JU
10	Butterfly Pharmacy	Targetgrange Limited	17 Butterfly Walk	SE5 8RP
11	Cambelle Chemist	Cambelle Ltd	135 Grange Road	SE1 3GF
12	Campion & Co Chemist	Carefield Limited	38 Albion Street	SE16 7JQ
13	Channa Chemist (Ridgway Pharmacy)	K.S.C. 1t Limited	251-253 Walworth Road	SE17 1RL
14	Channa Chemist	K.S.C. 1t Limited	18 Harper Road	SE1 6AD
15	City Pharmacy	Good Aim Ltd	39-41 Borough High Street	SE1 1LZ
16	Davis Chemist	Simple Online Healthcare Limited	10 Crossthwaite Avenue, Sunray Avenue	SE5 8ET
17	Day Lewis Pharmacy (Camberwell)	Day Lewis Plc	13 Camberwell Church Street	SE5 8TR
18	Day Lewis Pharmacy (Peckham High Street)	Day Lewis Plc	151 Peckham High Street	SE15 5SL
19	Day Lewis Pharmacy (Peckham Road)	Day Lewis Plc	103 Peckham Road	SE15 5LJ

20	Day Lewis Pharmacy (East Dulwich)	Day Lewis Plc	New Health Centre	SE22 8PT
21	Day Lewis Pharmacy (Forest Hill)	Day Lewis Plc	34 Forest Hill Road	SE22 0RR
22	Foster & Sons Chemist	Monokove Ltd	14 Forest Hill Road	SE22 0RR
23	Fourway Pharmacy	Fourway Pharmacy Ltd	12 Half Moon Lane	SE24 9HU
24	Fourways Chemists	Targetgrange Limited	36 Denmark Hill	SE5 8RZ
25	Harfleur Chemist	Vu Chemist Ltd	107 Tower Bridge Road	SE1 4TW
26	Herne Hill Pharmacy	Dulwich Pharmacies Limited	75 Herne Hill	SE24 9NE
27	Hobbs Pharmacy	Butt & Hobbs Limited	Eyot House	SE16 4TE
28	Jamaica Road Pharmacy	Flexihealth Ltd	182c Jamaica Road,	SE16 4RT
29	Kalmak Chemists Ltd (Osbon Pharmacy)	Kalmak (Chemists) Ltd	9, Upper Ground,	SE1 9LP
30	Kembers & Lawrence Pharmacy	Targetgrange Limited	10-11 Camberwell Green	SE5 7AF
31	Kristal Pharmacy	Dispharma Uk Limited	127-129 Evelina Road	SE15 3HB
32	Lenny Chemist	DP & SP Limited	309 East Street	SE17 2SX
33	Lings Chemist	Barntwist Ltd	269 Old Kent Road	SE1 5LU
34	Medica Pharmacy	VNKpharma Ltd	202 Southwark Park Road	SE16 3RW
35	Morrisons Pharmacy	Wm Morrison Supermarkets Limited	Aylesham Centre, Rye Lane	SE15 5EW
36	Osbon Pharmacy (Maddock)	Pharmax (Uk) Ltd	5 Maddock Way	SE17 3NH
37	Peckham Hill Pharmacy (Lloyd's Pharmacy)	Pharmtrack Limited	147-149 Peckham Hill Street	SE15 5JZ
38	Pharmaceutra	Pharmaceutra Limited	64 Borough High St	SE1 1XF
39	Pharmtrack Pharmacy	Pharmtrack Limited	127 Bellenden Road	SE15 4QY

40	Pyramid Pharmacy	FYN Pharma Ltd	193-221 Southwark Park Rd	SE16 3TS
41	Qrystal Pharmacy	Newington Causeway Limited	301-303 Borough High St,	SE1 1JH
42	Ropharm Chemists	Aigboje O.A Iremiran	169 Rye Lane	SE15 4TL
43	Rumsey Chemists	Dulwich Pharmacies Limited	47 Dulwich Village	SE21 7BN
44	Sadlers Pharmacy	Mr Y C Lau	389 Lordship Lane	SE22 8JN
45	Sheel Pharmacy	Joshhealth Ltd	3 Sir John Kirk Close	SE5 0BB
46	Sheel Pharmacy (Nunhead)	Nunhead Pharmacy Ltd	8 Nunhead Green	SE15 3QF
47	Sogim Pharmacy	Sogim Limited	102 Lordship Lane	SE22 8HF
48	St Georges Pharmacy	St Georges Healthcare Ltd	46 St.Georges Road	SE1 6ET
49	Superdrug Pharmacy	Superdrug Stores Plc	Unit 4 Butterfly Walk	SE5 8RW
50	Superdrug Pharmacy	Superdrug Stores Plc	371-375 Walworth Road	SE17 2AL
51	Surdock Pharmacy	Carefield Ltd	162 Lower Road	SE16 2UN
52	Taplow Pharmacy	Medipharmacy Limited	Unit 5, Ground Floor, Taplow	SE17 2UQ
53	Tesco Instore Pharmacy	Tesco Stores Limited	Surrey Quays Shopping Ctre, Redriff Road	SE16 2LL
54	Tesco Instore Pharmacy	Tesco Stores Limited	Old Kent Road	SE1 5HG
55	Vale Pharmacy	Pharmville Ltd	104 Grove Vale	SE22 8DR
56	VE Lettsom Chemist	Shieldasset Ltd	84 Vestry Road	SE5 8PQ
57	Walworth Pharmacy	Targetgrange Limited	204 Walworth Road	SE17 1JE

Appendix 4: Glossary of terms and definitions

PNA	<p>Pharmaceutical Needs Assessment A structured approach to assessing the needs of an area for pharmaceutical services which are provided as part of the National Health Service (NHS).</p>
HWB	<p>Health and Wellbeing Board Health and Wellbeing Boards are statutory bodies introduced in England under the Health and Social Care Act 2012. The aim of the Health and Wellbeing Board is to improve population health outcomes. It also serves to promote integration between practitioners in local health care, social care, public health and related public services so that patients and other service-users experience more 'joined up' care, particularly in transitions between health care and social care. The boards are also responsible for leading locally on reducing health inequalities.</p>
ICS / ICB	<p>Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs) These are partnerships between the organisations that meet health and care needs across an area, which aim to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups, operating via Integrated Care Boards (ICBs).</p>
JSNA	<p>Joint Strategic Needs Assessment (JSNA) A JSNA provides local policy makers and commissioners with a profile of the health and wellbeing needs of the local population. The aim of the JSNA is to improve commissioning and policy development, to improve population health outcomes and to reduce health inequalities, by identifying current and future health trends within a local population.</p>
LPC	<p>Local Pharmaceutical Committee (LPC) This organisation represents pharmacy contractors within Southwark borough. The NHS and local government consult the LPC on all matters relating to the NHS and public health work undertaken by community pharmacies in Southwark. The LPC is also responsible for advancing the enhanced role of community pharmacies in the provision of healthcare for the community.</p>
AUR	<p>Appliance Use Review An AUR can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs aim to improve the patient's knowledge and use of any prescribed appliance.</p>
SAC	<p>Stoma Appliance Customisation The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.</p>
NMS	<p>New Medicine Service This service supports patients with long-term conditions who are newly prescribed certain medicines, to help improve adherence.</p>

Healthy Living Pharmacy	<p>Healthy Living Pharmacy</p> <p>This is a population health outcomes model for pharmacies that aims to enable community pharmacies to help improve whole population health outcomes and to reduce health inequalities, by delivering consistent and high-quality health and wellbeing services, by promoting health in the local population, and by providing proactive health improvement advice and interventions.</p>
EQIA	<p>Equality Impact Assessment</p> <p>An EQIA is a process designed to ensure that a policy, project or scheme does not discriminate against any disadvantaged or vulnerable people, such as: women; black, Asian and ethnic-minority people; children and young people; older people; disabled people; lesbian, gay, bisexual, trans, queer and intersex people; or people from different faith groups.</p>
NHS England	<p>NHS England</p> <p>NHS England is an executive non-departmental public body of the Department of Health and Social Care. It oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England, as set out in the Health and Social Care Act 2012.. The Secretary of State publishes an annual document, known as the mandate, which specifies the objectives which the Board should seek to achieve. National Health Service (Mandate Requirements) Regulations are published each year to give legal force to the mandate.</p>
NHS Pharmaceutical Regulations 2013	<p>NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013</p> <p>These regulations came into effect on 1 Apr 2013. They contain provisions for pharmaceutical lists, pharmaceutical needs assessments, market entry and performance-related sanctions, as well as the terms of service for pharmacy contractors, dispensing appliance contractors and dispensing doctors. They also include provisions for local pharmaceutical services.</p>
Local Pharmaceutical Services contracts	<p>Local Pharmaceutical Services (LPS)</p> <p>LPS contracts allow NHSE to commission pharmaceutical services tailored to meet specific local requirements. LPS complements the national contractual framework for community pharmacy but is an important local commissioning tool in its own right. LPS provides flexibility to include, within a single local contract, a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements.</p>

Appendix 5. Southwark pharmacy total opening times, based on NHS England known pharmacy contractor data, February 2025

Contractor name	Trading name	Postcode	Mon to Fri	Sat	Sun
AMADI K	AMADI'S CHEMIST	SE1 3NP	09:00-18:30	09:00-15:00	Closed
AAM PHARM LTD	AR Chemists	SE1 5TY	09:00-19:00	10:00-14:00	Closed
ASDA STORES LTD	ASDA PHARMACY	SE1 5AG	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	11:00-17:00
MILDCARE LTD	BONAMY PHARMACY	SE16 3HF	09:00-19:00	09:00-14:00	Closed
BOOTS UK LIMITED	BOOTS THE CHEMIST (Hays Galleria)	SE1 2HD	08:30-18:30	10:00-18:00	11:00-17:00
BOOTS UK LIMITED	BOOTS THE CHEMIST (Peckham)	SE15 5BS	09:00-19:00	09:00-19:00	11:00-17:00
BOOTS UK LIMITED	BOOTS THE CHEMIST (Walworth Rd)	SE17 2TG	09:00-19:00	09:00-18:00	10:00-17:00
BOOTS UK LIMITED	BOOTS THE CHEMIST (Surrey Quays)	SE16 7LL	09:00-19:00	09:00-19:00	11:00-17:00
DULWICH PHARMACIES LIMITED	BROCKWELL PARK PHARMACY	SE24 9JU	09:00-19:00	09:00-18:00	Closed
TARGETGRANGE LIMITED	BUTTERFLY PHARMACY	SE5 8RP	09:00-18:00	09:00-14:00	Closed
CAMBELLE LTD	CAMBELLE CHEMIST	SE1 3GF	09:00-18:30	Closed	Closed
CAREFIELD LIMITED	CAMPION & CO CHEMIST	SE16 7JQ	09:00-19:00	Closed	Closed
K.S.C. 1T LIMITED	Channa Chemist (Ridgeway pharmacy)	SE17 1RL	09:00-19:00	09:00-18:00	Closed
K.S.C. 1T LIMITED	Channa Chemist	SE1 6AD	09:00-18:00	Closed	Closed
GOOD AIM LTD	CITY PHARMACY	SE1 1LZ	08:00-18:00	09:00-16.00	Closed
SIMPLE ONLINE HEALTHCARE LIMITED	DAVIS CHEMIST	SE5 8ET	09:00-13:00 14:00-18:00	09:00-13:00	Closed
DAY LEWIS PLC	Day Lewis Pharmacy (Peckham high street)	SE15 5SL	09:00-19:00	09:00-13:00 14:00-18:30	Closed
DAY LEWIS PLC	DAY LEWIS PHARMACY (Peckham road)	SE15 5LJ	09:00-13:00 14:00-19:00	09:00-13:00	Closed

Contractor name	Trading name	Postcode	Mon to Fri	Sat	Sun
DAY LEWIS PLC	DAY LEWIS PHARMACY (East Dulwich)	SE22 8PT	08:00-18:30	Closed	Closed
DAY LEWIS PLC	DAY LEWIS PHARMACY (Forest Hill)	SE22 0RR	09:00-18:30	09:00-13:00	Closed
MONOKOVE LTD	FOSTER & SONS CHEMIST	SE22 0RR	09:00-13:00 14:15-17:30	09:00-13:00	Closed
FOURWAY PHARMACY LTD	FOURWAY PHARMACY	SE24 9HU	09:00-19:00	09:00-18:00	Closed
TARGETGRANGE LIMITED	FOURWAYS CHEMISTS	SE5 8RZ	09:00-18:30	09:00-18:30	Closed
VU CHEMIST LTD	HARFLEUR CHEMIST	SE1 4TW	09:00-18:30	09:00-18:00	Closed
DULWICH PHARMACIES LIMITED	HERNE HILL PHARMACY	SE24 9NE	09:00-19:00	09:00-17:00	Closed
BUTT & HOBBS LIMITED	HOBBS PHARMACY	SE16 4TE	09:00-18:30	Closed	Closed
FLEXIHEALTH LTD	JAMAICA ROAD PHARMACY	SE16 4RT	09:30-13:30 14:30-18:30	10:00-14:00	Closed
KALMAK (CHEMISTS) LTD	KALMAK CHEMISTS Ltd (Osbon Pharmacy)	SE1 9LP	08:30-18:00	Closed	Closed
TARGETGRANGE LIMITED	Kembers & Lawrence Pharmacy	SE5 7AF	09:00-18:30	Closed	Closed
DISPHARMA UK LIMITED	KRISTAL PHARMACY	SE15 3HB	09:00-19:00	09:00-18:30	Closed
DP & SP LIMITED	Lenny Chemist	SE17 2SX	09:30-17:30	Closed	Closed
BARNTWIST LTD	LINGS CHEMIST	SE1 5LU	09:00-18:00	09:00-14:00	Closed
HAYESCAMBER LTD	MEDIBANK PHARMACY	SE5 8TR	09:00-19:00	Closed	Closed
VNKPHARMA LTD	MEDICA PHARMACY	SE16 3RW	09:00-19:00	09:00-18:00	Closed
WM MORRISON SUPERMARKETS LIMITED	MORRISONS PHARMACY	SE15 5EW	09:00-19:00	09:00-19:00	10:00-16:00
PHARMAX (UK) LTD	Osbon Pharmacy (Maddock)	SE17 3NH	09:00-18:30	Closed	Closed

Contractor name	Trading name	Postcode	Mon to Fri	Sat	Sun
PHARMTRACK LIMITED	Peckham Hill Pharmacy (Lloyd's pharmacy)	SE15 5JZ	09:00-17:30	Closed	Closed
PHARMACEUTRA LIMITED	Pharmaceutra	SE1 1XF	09:00-17:00	Closed	Closed
PHARMTRACK LIMITED	Pharmtrack Pharmacy	SE15 4QY	09:00-18:00	Closed	Closed
FYN PHARMA LTD	PYRAMID PHARMACY	SE16 3TS	09:00-19:00	09:00-17:00	Closed
NEWINGTON CAUSEWAY LIMITED	QRYSTAL PHARMACY	SE1 1JH	09:00-18:30	10:00-13:00	Closed
AIGBOJE O.A IREMIRAN	ROPHARM CHEMISTS	SE15 4TL	09:00-18:00	Closed	Closed
DULWICH PHARMACIES LIMITED	Rumsey Chemists	SE21 7BN	09:00-18:00 (Mon-Tues; Thurs-Fri) 09:00-13:00 (Wed)	09:00-18:30	Closed
MR YC LAU	SADLERS PHARMACY	SE22 8JN	09:00-19:00	09:00-14:00	Closed
JOSHHEALTH LTD	SHEEL PHARMACY	SE5 0BB	09:00-18:30 (Mon-Wed, Fri) 09:00-19:30 (Thurs)	Closed	Closed
NUNHEAD PHARMACY LTD	SHEEL PHARMACY (Nunhead)	SE15 3QF	09:00-18:00	09:00-17:00	Closed
SOGIM LIMITED	SOGIM PHARMACY	SE22 8HF	09:00-18:00	09:00-17:30	Closed
ST GEORGES HEALTHCARE LTD	St Georges Pharmacy	SE1 6ET	08:00-18:30	09:00-12:00	Closed
SUPERDRUG STORES PLC	SUPERDRUG PHARMACY	SE5 8RW	09:00-14:00 14:30-19:00	09:00-14:00 14:30-17:30	Closed
SUPERDRUG STORES PLC	SUPERDRUG PHARMACY	SE17 2AL	09:00-14:00 14:30-18:00	09:00-14:00 14:30-17:30	Closed
CAREFIELD LTD	SURDOCK PHARMACY	SE16 2UN	09:00-19:00	09:00-18:30	Closed
MEDIPHARMACY LIMITED	Taplow Pharmacy	SE17 2UQ	08:30-18:00	09:00-13:00	Closed
TESCO STORES LIMITED	TESCO INSTORE PHARMACY	SE16 7LL	08:00-20:00	08:00-20:00	11:00-17:00
TESCO STORES LIMITED	TESCO INSTORE PHARMACY	SE1 5HG	08:00-20:00	08:00-20:00	11:00-17:00
PHARMVILLE LTD	VALE PHARMACY	SE22 8DR	09:00-19:30	09:00-18:00	Closed

Contractor name	Trading name	Postcode	Mon to Fri	Sat	Sun
SHIELDASSET LTD	VE LETTSOM CHEMIST	SE5 8PQ	09:00-18:30 (Mon-Tues; Thurs-Fri) 09:00-13:00 (Wed)	09:00-13:00	Closed
TARGETGRANGE LIMITED	WALWORTH PHARMACY	SE17 1JE	09:00-18:00	09:00-14:00	Closed

Appendix 6. Advanced and Enhanced Services

Service type	Service	Description
Advanced	New Medicine Service (NMS)	Aimed at people with long-term conditions with newly prescribed medications, to improve adherence and enhance self-management.
Advanced	Appliance Use Review (AUR)	Conducted by a pharmacist or a specialist nurse; designed to improve use of an appliance such as a catheter or drainage bag.
Advanced	Stoma Appliance Customisation Service (SAC)	Ensures patients with more than one stoma appliance have comfortably fitting appliances and are aware of their proper use.
Advanced	Pharmacy First	Provides advice and treatment, where clinically appropriate, for seven common conditions: <ul style="list-style-type: none"> ▪ Sinusitis (12 years and over) ▪ Sore throat (5 years and over) ▪ Acute otitis media (1 to 17 years) ▪ Infected insect bite (1 year and over) ▪ Impetigo (1 year and over) ▪ Shingles (18 years and over) ▪ Uncomplicated UTI (Women 16 to 64)
Advanced	Pharmacy Contraception Service	Enables pharmacies to initiate and to continue provision of oral contraceptives.
Advanced	Hypertension Case-Finding service	Offers blood pressure checks for people over 40 years old (or under 40 years old at the discretion of pharmacy staff) and, where appropriate, provides access to ambulatory blood pressure monitoring.
Advanced	Lateral Flow Device Service	Provides Lateral Flow Device (LFD) tests where patients who are at risk of becoming seriously ill from COVID-19 and are therefore eligible for treatment can collect a box of 5 LFD tests.
Advanced	Smoking Cessation Service	Provides continuation of smoking cessation support initiated in secondary care following patient discharge from hospital.
Advanced	Flu Vaccination Service	Offers flu vaccination from September to March to at-risk groups, as defined in the yearly national flu vaccination campaign.
Enhanced (national)	COVID-19 Vaccination Service	Provides COVID-19 vaccination to eligible cohorts.
Enhanced (national)	RSV and Pertussis Vaccination Service	Provides RSV and pertussis vaccinations to eligible cohorts.
Enhanced (local)	Bank Holiday Opening Hours Rota	Provides a pharmacy service during bank holidays.

Enhanced (local)	London Flu Vaccination	Provides vaccination for additional at-risk groups, complementing the advanced service.
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Appendix 7. Southwark pharmacy locally commissioned services

Service	Description
Pharmacy First Plus	This allows pharmacists to provide advice and treatments on a number of conditions, including allergies, athlete's foot, blocked/runny nose, cold and flu, cold sores, indigestion, insect bites and stings, itching due to chicken pox, minor burns and scalds, conjunctivitis, constipation, coughs and colds, diarrhoea, dry/sore eyes, ear wax, fever, hay fever, headache, head lice, mouth ulcers, nappy rash, piles, sore throat, sprains and strains, teething, threadworm and vaginal thrush.
Stop Smoking service	A smoking cessation service that provides advice and support and supplies medication (where appropriate).
Emergency Hormonal Contraception	This service provides access to free emergency hormonal contraception in pharmacies.
Supervised consumption	This is a service for the provision of supervised oral consumption of controlled drugs prescribed for the management of opiate detoxification; appropriately qualified pharmacists dispense medication and observe its consumption.
Needle exchange service	The service includes provision of sterile injecting equipment and equipment to ensure the safe disposal of used needles.
Vitamin D supplementation	This service offers free Vitamin D to all pregnant women, breastfeeding or who have given birth, and all children under the age of 4 years.
Condom distribution and C-Card	This includes the C-Card scheme which includes provision of condoms to under 25s and condom distribution for the wider population (not yet rolled out in pharmacies).

Appendix 8. Southwark 2025 Pharmaceutical Needs Assessment online consultation

Box i: Letter of invitation

PNA 60-day online consultation letter of invitation

Southwark local pharmacy assessment: Have we got it right?

Southwark people use local pharmacies for different things, for example, getting prescriptions filled, buying over-the-counter medicines, and getting advice.

Southwark Council is legally required to assess how local people use community pharmacies, and to publish this assessment. This must be done every three to four years and must contain specific information.

This assessment of local community pharmacies is called the 'Pharmaceutical Needs Assessment' ('PNA').

The PNA is used by the NHS to decide whether pharmacy services are adequate for the local community. If they're not, the NHS can act to improve services (e.g. by commissioning extra local pharmacies.)

So far, we have asked local people about their use of Southwark community pharmacies and reported their feedback in the PNA.

Now, we want to check that the PNA is accurate and truly reflects the pharmacy services needed in Southwark. (Southwark Council is legally required to do this second, checking stage, before the final report is published.)

If you live or work in Southwark and use local pharmacies, we would greatly value your feedback on the PNA first draft version. Your responses will be reported in the final report version, and will help ensure that Southwark gets the pharmacy services it needs.

Thank you for your help with the 2025 Southwark PNA. Please click on the link below to get the PNA first draft report and to answer the consultation questions.

Kind regards,

The Public Health Team,

Southwark Council

Appendix 9, Box ii: Online consultation text**PNA 60-day online consultation: Survey text**

1. Is the information included in the PNA clear and presented in a way that is easy to understand?
 - Yes
 - No
 - Not sure
 - If no, please suggest how this can be improved. [Free text box]
2. Is the purpose of the PNA explained sufficiently within Section 2 (Background) of the PNA?
 - Yes
 - No
 - Not sure
 - If no, please suggest how this can be improved. [Free text box]
3. Does Section 4 (Health Needs Profile for Southwark) clearly set out the local context relating to the health needs of Southwark residents?
 - Yes
 - No
 - Not sure
 - If no, please suggest how this can be improved. [Free text box]
4. Does the information in Section 5 (Assessment of Current Pharmaceutical Provision) provide a reasonable description of the services that are provided by pharmacies in Southwark?
 - Yes
 - No
 - Not sure
 - If no, please suggest how this can be improved. [Free text box]
5. Do you think that the pharmaceutical needs of the population have been accurately reflected in the draft PNA?
 - Yes
 - No
 - Not sure
 - If no, please suggest how this can be improved. [Free text box]
6. Do you agree with the key findings regarding pharmaceutical services in Southwark, as outlined in the Executive Summary (Overview of Pharmaceutical Services table)?
 - Yes
 - No
 - Not sure
 - Please tell us why. [Free text box]
7. If you have any further comments please tell us here: [Free text box]
8. Do you live or work in Southwark?
 - I live in Southwark

- I work in Southwark
- I both live and work in Southwark
- I don't live or work in Southwark.

9. *Answer required*

Please let us know if you are answering this questionnaire:

- As an individual
- On behalf of an organisation
- On behalf of a pharmacy.

10. [For responding individuals] If you are answering as an individual, please complete the 'About you' optional responses: Age/Disability & health/Ethnicity/Religion or belief/Sex/Gender reassignment/Sexual orientation.

11. [For responding organisations or pharmacies] If you are responding on behalf of an organisation or pharmacy, please provide your details below.

- Name
- Job title
- Pharmacy name or organisation
- Address
- Telephone number
- Email

12. Please review the accuracy of the information shown in the Appendices. If you identify any inaccuracies, please provide details below:[Free text box]

13. Are you aware of any commissioned pharmaceutical services currently provided in Southwark that have not been included within the PNA?

- Yes
- No
- Not sure
- If yes, please please tell us about these services.[Free text box]

Appendix 10. Results from the PNA patient survey and targeted engagement

Southwark's 2025 PNA patient survey aimed to provide information on access to pharmacies and use of pharmaceutical services. The survey was available online between 17 Feb 2025 and 23 Mar 2025. It was disseminated through Council channels (i.e. Consultation Hub and residents' e-newsletter), as well as through various voluntary and charity sector organisations. Residents were also able to engage with the survey through Health Outreach events organised by the Public Health team. The survey received 958 responses.

The PNA patient survey assessed the following domains:

- Demographics
- Service use
- Accessibility

Feedback from public questionnaire

A public survey on use of pharmacies in Southwark conducted from February – March 2025 collected 958 responses. Of the responses received:

- 51% of respondents reported using the pharmacy for collecting prescriptions (including repeat prescriptions); 14% for buying medicines and 10% for consultations and advice
- 67% of respondents agreed or strongly agreed that they could easily find an open pharmacy when needed. This is a decrease from the 2022 PNA in which 85% of the public answered they could easily find an open pharmacy when needed.
- 74% of respondents agreed or strongly agreed that they could easily find a pharmacy in a convenient location
- 69% of respondents reported that it took them 10 minutes or less to get to their usual pharmacy. Only 4% reported taking more than 20 minutes.
- The most common mode of travel to get to the pharmacy reported (excluding those who did not give an answer to the question) was walk/use of wheelchair mobility aid (72%), the remainder reported driving (9%), taking the bus (7%) or riding a bike or scooter (7%).

Demographics of respondents

Analysis of survey responses is not wholly representative of the population of Southwark. The sample which responded to the survey over-represents English-speaking and White residents amongst other characteristics. Young people are also under-represented in the sample. As such findings should be treated with caution.

The majority (98%) of the 958 survey respondents either lived or worked in Southwark, with only 3% neither living nor working in Southwark. Of respondents, 63% were female, 37% were male indicating an over-representation of females in the survey.

Respondents' age distribution is presented in Figure 50.

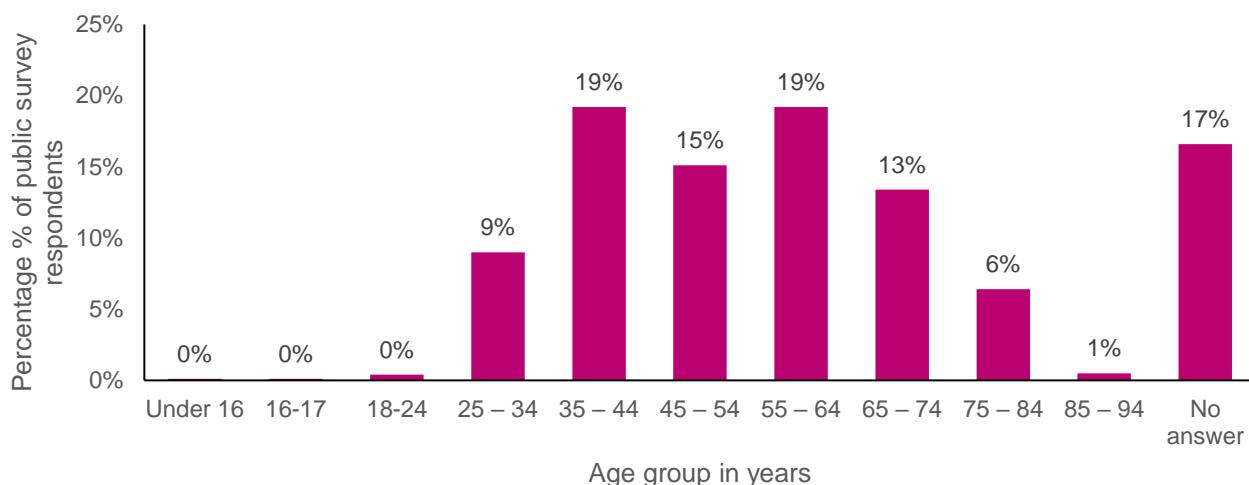


Figure 50: PNA public survey respondents by age group

As seen in Figure 50, the majority of responders to the survey were between 35 and 74 years old. Comparing this to the 2024 JSNA, there is an under-representation of younger residents. The 2024 JSNA (based on 2021 census data) states that the median age of residents in Southwark is 33.4 and that the highest single age band for both males and females is 25-29 year olds.

Approximately 91% of online survey respondents reported their main language was English. This is not truly reflective of the whole of Southwark: the most recent Southwark JSNA published in 2024 reported that 79% of the Southwark population spoke English as their main language. The next most common languages that survey respondents reported speaking as their main language were Spanish (2%), French (1%) and Italian (1%). Of those who speak English as a second language 90% of survey respondents reported speaking English “very well”.

Employment status is under-represented in the survey respondent sample. The 2024 JSNA found that 77% of Southwark residents aged over 16 years old were in employment whereas in the survey respondent sample only 43% reported being employed. With regards to disability, 14% of survey respondents state they have a disability and 3% reported being unable to work due to long-term sickness. Unpaid carers are also under-represented in the survey respondent sample. Only 2% of respondents reported being unpaid carers whereas the 2024 Southwark JSNA estimated that 6% of Southwark’s population provide some degree of unpaid care. A greater number described having some caring responsibilities in the survey sample, at 21% of respondents.

Household income was varied within the borough and in the survey 33% of survey respondents declined to declare their income. The sample of those who responded to the question and declared their income over-represents higher income households. The 2024 JSNA reported that 11% of Southwark homes had a total household income of over £90,000 per year whereas 29% of survey respondents reported a total household income of over £90,000 per year.

With regards to housing situation, 32% elected not to declare what type of housing they use. Among those who did declare their housing status, the most common form of housing was mortgage-assisted home buying (30% of respondents) followed by owning the property outright (28% of respondents). This differs from rates reported in the 2024 Southwark JSNA, based on 2021 census data, which reports that the combined proportion of residents owning outright/owning with a mortgage is only 30%, meaning that owning a property is an over-represented characteristic in the public survey respondent sample. Results also show 14% of respondents reported renting from a private landlord and 12% reported renting from the Council. However, the Southwark JSNA published in 2024 states that Southwark has the highest rate of Council home renting in England with 27% of the borough renting from the Council (this is based on 2021 census data).

The public survey also collected data on the ethnic background of respondents. A large proportion (31%) of the survey participants declined to answer this question. The reported ethnic breakdown of those remaining respondents who answered the question is given in Figure 51:

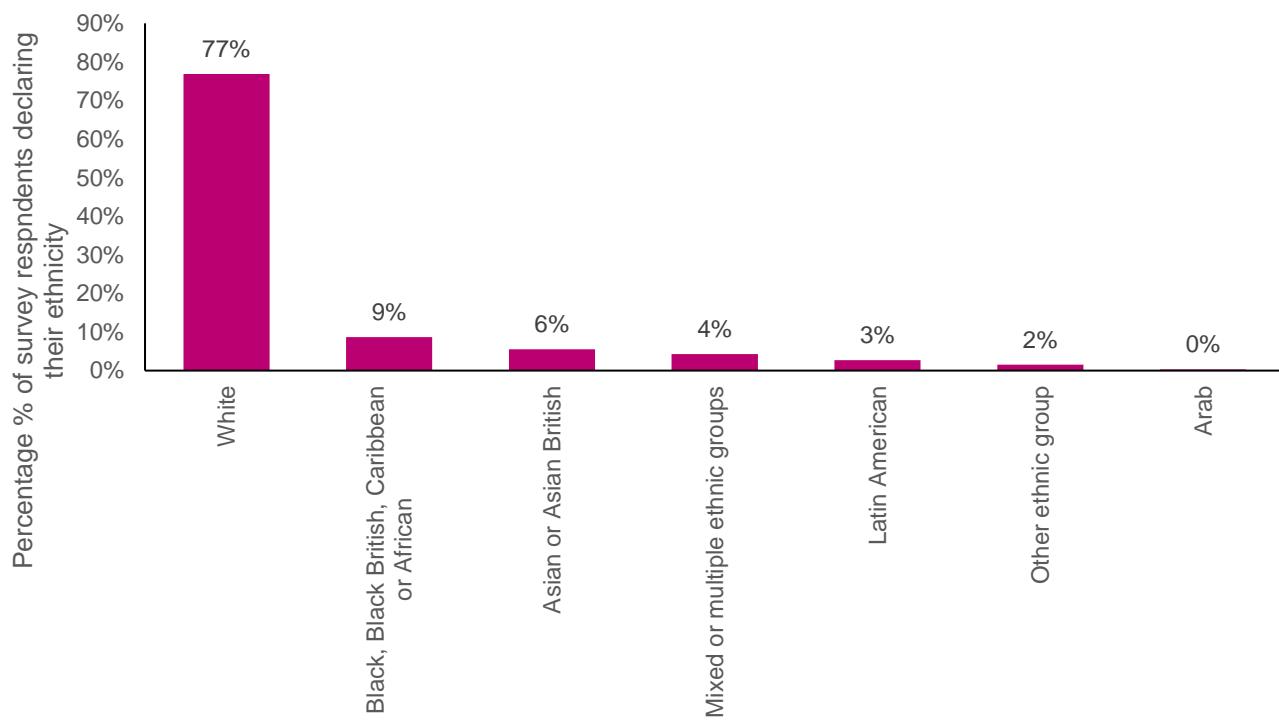


Figure 51: Reported ethnicity by those choosing to declare their ethnicity in the public survey questionnaire

The majority of survey respondents (77%) who chose to declare their ethnicity declared a White ethnic background. The 2024 JSNA reports that only 51% of residents in Southwark have a White ethnic background based on the 2021 census data, indicating White residents are over-represented in the survey sample. The proportion of residents identifying as Black, Black British, Caribbean or African is under-represented in the survey sample; 9% declared a Black ethnicity in the survey sample versus the 2024 JSNA which reported that 25% of Southwark residents have a Black ethnicity. This under-representation is also true of Asian and Mixed ethnicity residents.

The questionnaire also asked responders to share their sexual orientation which 26% of survey respondents declined to do. The 2024 JSNA (based on 2021 Census data) found that 8% of the borough identify as non-heterosexual whereas in the public survey respondent sample roughly 25% of respondents identified as LGB or other sexual orientation.

Service use

The majority of residents (86%) answering the survey answered that they used a pharmacy in Southwark, with 2% reporting using an online pharmacy. The most frequently reported reasons for visiting a particular pharmacy were: proximity to home or work, the pharmacy collecting the patient's prescriptions from local GP surgeries; friendly staff and close proximity to the patient's local GP surgery (see Figure 52).

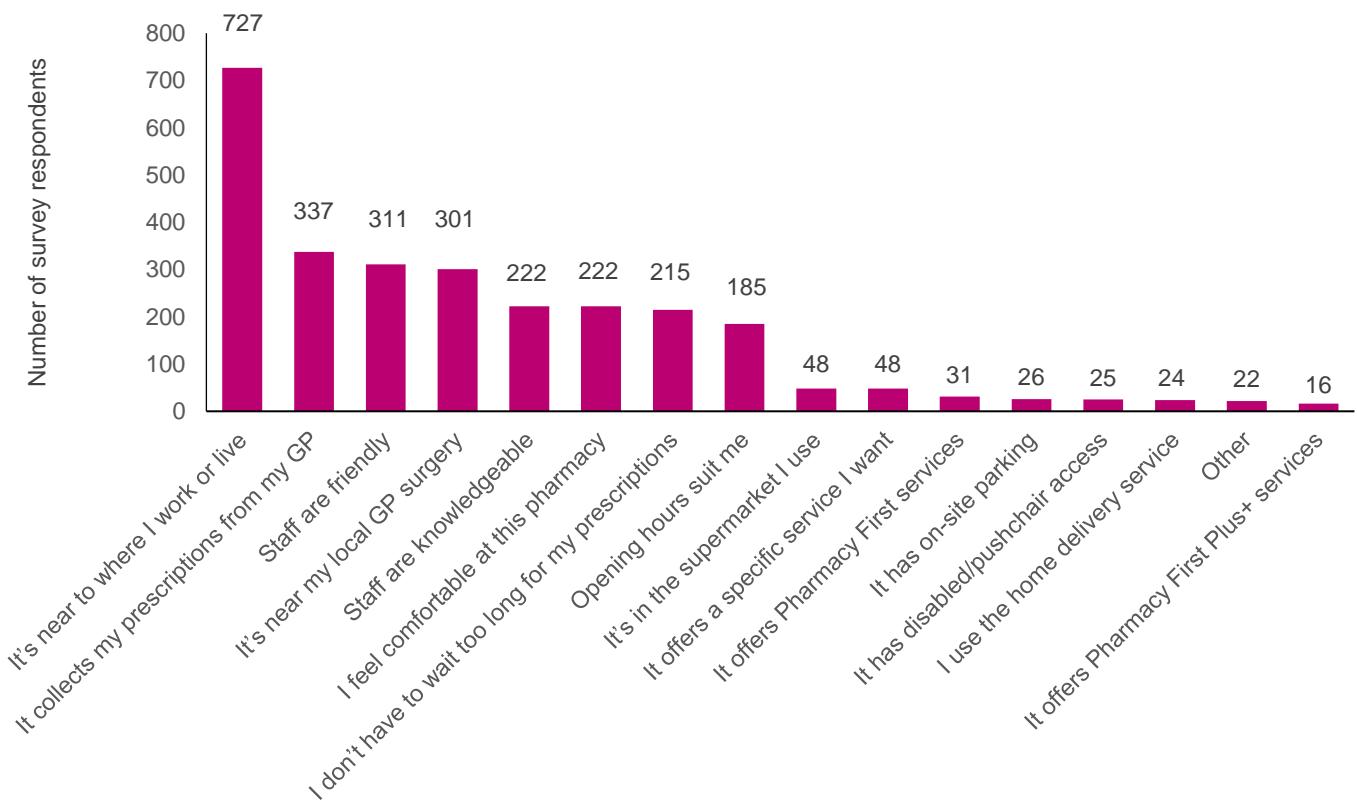


Figure 52: PNA public survey: Reasons for visiting a particular pharmacy

Services used within Southwark pharmacies by public survey respondents are given in Figure 53:

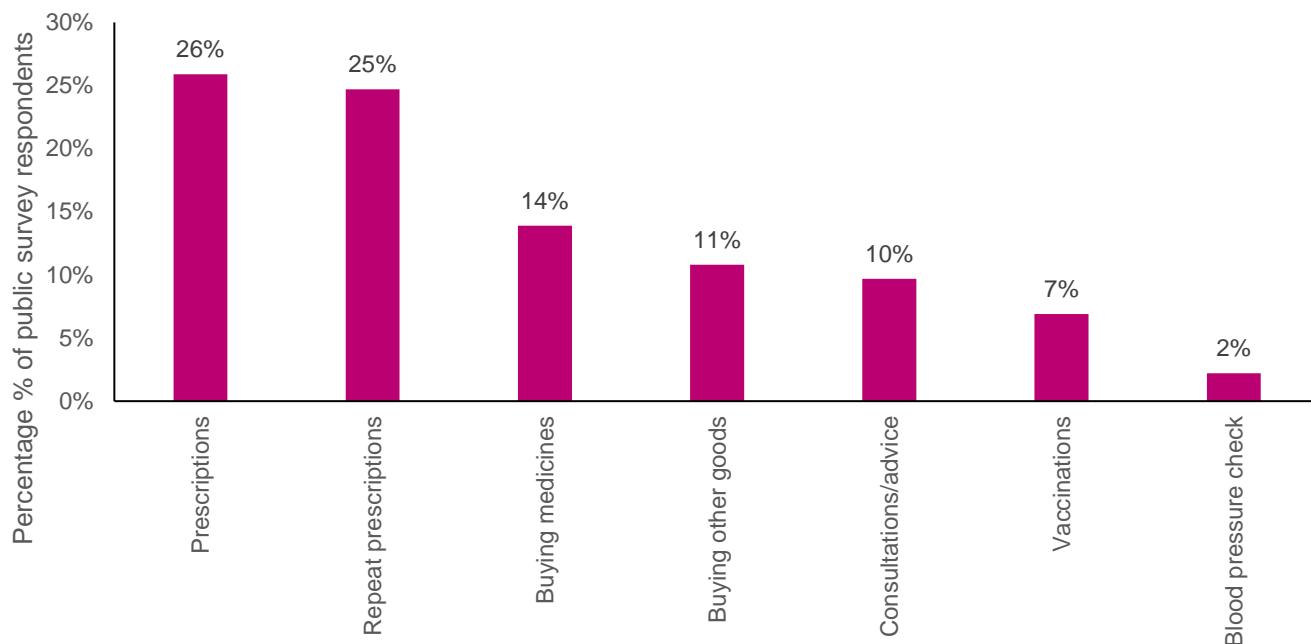


Figure 53: Services used by PNA public survey respondents

Frequency of use

The reported frequency of pharmacy visitation is varied: 35% of online survey respondents reported visiting the pharmacy every 2 to 3 months, 33% reporting monthly visits and 8% visiting less than four times a year. The remaining respondents reported that they visited fortnightly (11%), about once a week (6%) or about once a year (3%). The proportion of respondents visiting pharmacies on a monthly basis is lower than the previous 2022 and 2018 PNAs.

Accessibility

When asked about pharmacy accessibility, 16% of those responding to the online public survey reported facing barriers when accessing pharmaceutical services. The questionnaire responses give some insight into how this can be addressed with 24% of respondents reporting that pharmacies could be made more accessible to them by providing more private spaces to discuss sensitive issues. Other ways survey respondents answered that services could be made more accessible included providing a quiet space if required (10%), providing reasonable adjustments (8%) and having better mobility access (7%).

Whilst all pharmacies responding to the pharmacy survey reported having a private and confidential consulting room, 24% of public survey respondents felt pharmacies could be made more accessible through providing private consultation spaces. It is possible that other pharmacies in the borough who did not respond to the survey lack these consultation rooms which may explain the 24%. With

regards to wheelchair accessibility, two of the pharmacies reported their consulting rooms not being wheelchair accessible. This may be reflected in the public survey data at a borough level given that 7% of respondents answered that pharmacy services could be more accessible by implementing better mobility access.

There is good multi-lingual support in the borough in general with 94% of pharmacies including languages spoken in addition to English. The most common additional languages offered were Hindi (56% of pharmacies offering), Gujarati (50% of pharmacies offering) and Spanish (28% of pharmacies offering). In 94% of pharmacies at least 1 additional language is spoken and in 56% of pharmacies over 3 additional languages are spoken.

Appendix 11, Table i: Online Consultation Responses

Questions	Responses, (Number, %)			
	Yes	No	No Answer	Not sure
Page 1: Privacy Statement				
Please confirm your consent for us to collect and use your data in the ways described above (without your consent, we are unable to use any information that you provide).	9 (100%)			
Page 2: Your thoughts on the PNA				
Is the information included in the PNA clear and presented in a way that is easy to understand?	7 (78%)	1 (11%)	1 (11%)	
If no, please suggest how this can be improved.	One free text response: "the executive summary doesn't do a good job"			
Is the purpose of the PNA explained sufficiently within Section 2 (Background) of the PNA?	6 (67%)	1 (11%)	2 (22%)	
If no, please suggest how this can be improved.	No responses received			
Does Section 4 (Health Needs Profile for Southwark) clearly set out the local context relating to the health needs of Southwark residents?	6 (67%)	1 (11%)	2 (22%)	
If no, please suggest how this could be improved.	No responses received			
Does the information in Section 5 (Assessment of Current Pharmaceutical Provision) provide a reasonable description of the services that are provided by pharmacies in Southwark?	6 (67%)	1 (11%)	2 (22%)	
If no, please suggest how this could be improved.	No responses received			
Do you think that the pharmaceutical needs of the population have been accurately reflected in the draft PNA?	4 (44%)	1 (11%)	2 (22%)	2 (22%)

If no, please suggest how this could be improved.						
Do you agree with the key findings regarding pharmaceutical services in Southwark, as outlined in the Executive Summary (Summary of Pharmacy Provision table)?	5 (56%)		2 (22%)	2 (22%)		
Please tell us why.	One free text response: “I have read and clearly understand”					
If you have any further comments please tell us here.	One free text response: “No”					
Page 3: About you						
	I live in Southwark	I work in Southwark	I both live and work in Southwark	I don't live or work in Southwark		
Do you live or work in Southwark?	3 (33%)	3 (33%)	2 (22%)	1 (11%)		
	As an individual	On behalf of a pharmacy	On behalf of an organisation			
Please tell us if you are answering this question	4 (44%)	3 (33%)	2 (22%)			
Page 4: Questions for pharmacies or other organisations						
Name	Two free text responses redacted due to personal information included.					
Job title	Two free text responses: “Pharmacist” “Pharmacy Dispenser”					
Pharmacy name or organisation	Three free text responses: “Boots UK Limited” “Sogim Pharmacy” “Surdock chemist”					
Address	No response received					
Telephone number	No response received					

Email	One free text response redacted due to individual's email address included.			
Please review the accuracy of the information shown in the Appendices. If you identify any inaccuracies, please provide details below.	<p>One free text response:</p> <p>"I relation to VIT D LCS - clarity required to reflect that there is no gap however expanding existing provision would support in some localities i.e North east of the borough. No page numbers to match contents. Access and choice regarding opening hours needs clarification - Gap??"</p>			
	Yes	No	No Answer	Not sure
Are you aware of any commissioned pharmaceutical services currently provided in Southwark that have not been included within the PNA?		4 (80%)	1 (20%)	
If yes, please tell us about these services.	No responses received.			
Page 5: Equalities questions				
If you live in Southwark, which community area do you live in?	Responses < 5			
Age	Responses < 5			
What is your ethnic background?	Responses < 5			
If Other, please specify further if you wish	No responses received			
Are you disabled?	Responses < 5			
Please tick the box or boxes below that best describe your disability.	Responses < 5			
What is your sex as recorded at birth?	Responses < 5			
Is the Gender you identify with the same as the sex you were recorded at birth?	Responses < 5			
If no, how would you define your gender identity? Please specify if you wish.	No responses received			
Which of the following best describes your sexual orientation?	Responses < 5			
What is your religion or belief?	Responses < 5			
Approximately, what is your household income?	Responses < 5			

What is your current housing situation?	Responses < 5
Mailing list. Would you be interested in being notified about future surveys and consultations in any of the following areas?	Responses < 5
Email address	Two free text responses redacted due to individual email addresses included.

Appendix 11, Table ii. List of other consultation responses received

Organisation	Method	Response	Next steps
King's College Hospital NHS Foundation Trust	Via email	<p>We welcome the draft Southwark Pharmaceutical Needs Assessment (PNA) 2025 and consider it to be in line with expectations in terms of scope and content. The assessment presents a clear and comprehensive overview of community pharmacy provision across the borough, reflecting a commitment to meeting the needs of Southwark residents.</p> <p>We support the conclusion that current provision is considered adequate to meet the needs of the population over the next three years. We note the recommendation to review provision at the end of this period to ensure services continue to reflect any changes in population health or local demand.</p>	No further action required.
NHS England	Via email	See below	See below

Appendix 11, Table iii. Consultation report

Issues arising from online consultation			
No.	Issue	Health and wellbeing board response	Amendments to Pharmaceutical Needs Assessment
1	Feedback that “the executive summary doesn’t do a good job”	Executive summary reviewed	Wording updated to more clearly state where there are gaps in provision.
2	Feedback that “In relation to VIT D LCS - clarity required to reflect that there is no gap however expanding existing provision would support in some localities i.e North east of the borough. No page	<p>Narrative regarding Vitamin D Service reviewed</p> <p>Page numbers added</p> <p>Narrative regarding opening hours reviewed.</p>	Wording regarding Vitamin D has been reviewed and a sentence added clarifying, “Expanding access in these localities would improve access and secure improvements to

	numbers to match contents. Access and choice regarding opening hours needs clarification - Gap???"	pharmaceutical services in the borough" Wording regarding opening and access hours has been updated to clarify where/when the gaps are.
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Feedback received from NHS England

No.	Issue	NHS England Comment	Health and Wellbeing Board Response	Amendments to Pharmaceutical Needs Assessment
	Does the PNA include a statement outlining this provision?			
	A statement of the pharmaceutical services that the HWB has identified as services that are provided: (a) In the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and	Page 6 The definition of 'pharmaceutical services' for the purposes of the PNA is narrowly defined and covers the following: Essential services – Essential services are services that all pharmacies are required to provide. At the time of writing (May 2025), there are nine essential services offered by all pharmacies. Essential services are considered to be necessary for the purposes of this PNA.	None	N/a
	(b) Outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).	None identified	None	N/a
	Does the PNA include a statement outlining any gaps?			
	Schedule 1, paragraph 2 – necessary services: gaps in provision	The relevant statement as prescribed in the regulations has not been provided.	Wording regarding essential services has been reviewed.	Wording regarding essential services has been updated to more clearly state where there

	<p>2. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied –</p> <p>(a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;</p>			is a gap in necessary services.
	<p>(c) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.</p>	<p>The relevant statement as prescribed in the regulations has not been provided.</p>	<p>Wording reviewed</p>	<p>Wording added to include, "At present, no pharmaceutical services have been identified as required to meet a future need."</p>
	<p>Schedule 1, paragraph 3 – other relevant services: current provision</p> <p>3. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided</p> <p>(a) In the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements or better access to pharmaceutical services in its area;</p>	<p>Page 7</p> <p>Advanced Services – Advanced Services are services that pharmacies can choose to provide so long as they meet relevant requirements to deliver the service. At the time of writing (May 2025), there are nine Advanced Services that pharmacies can choose to provide. Advanced Services are considered to be relevant services for the purposes of this PNA.</p> <p>National Enhanced Services – National Enhanced Services are services that are directly commissioned by NHS England. Pharmacies can apply to deliver these services by expressing interest during relevant</p>	<p>None</p>	<p>N/a</p>

		application windows. National Enhanced Services are considered to be relevant services for the purposes of this PNA.		
	(b) Outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;	None identified.	None	N/a
	(c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.	None identified.	None	N/a
	Does the PNA include a statement outlining this provision?			
	Schedule 1, paragraph 4 – improvements and better access: gaps in provision 4. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied- (a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access to	Page 7 The PNA process also considers other services arranged by Southwark Council or South-East London ICB that can improve access and secure improvements to pharmaceutical services in the borough.	None	N/a

	pharmaceutical services, or pharmaceutical services of a specific type, in its area,			
	(b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services or pharmaceutical services of a specified type, in its area.	The relevant statement as prescribed in the regulations has not been provided.	Wording reviewed.	Wording added to include, "At present, no pharmaceutical services have been identified as required to meet a future need or required to secure future improvements or better access to pharmaceutical services."
	Does the PNA include a statement outlining the services identified in the assessment which affect pharmaceutical needs?			
	Schedule 1, paragraph 5 – other services 5. A statement of any NHS services provided or arranged by the HWB, NHS CB, a CCG, an NHS Trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect – (a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or	Page 7 The PNA process also considers other services arranged by Southwark Council or South-East London ICB that can improve access to and secure improvements to pharmaceutical services in the borough.		
	(b) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical	None identified.	None	N/a

	services of a specified type, in its area.			
	Does the PNA include a statement setting out how the HWB has determined the localities; and a report on the consultation undertaken on the PNA?			
	<p>Schedule 1, paragraph 6 – how the assessment was carried out</p> <p>6. An explanation of how the assessment has been carried out, in particular –</p> <p>(a) how it has determined what are the localities in its area;</p>	<p>This has not been defined.</p> <p>On page 32, there is reference to Southwark Geographies, but this does not clearly determine what the localities are and needs to be made clearer.</p>	<p>Page 32 reviewed</p>	<p>The electoral wards have been listed and the following sentence added:</p> <p>“Electoral wards serve as localities for the PNA.”</p>
	<p>(b) how it has taken into account (where applicable) –</p> <p>the different needs of different localities in its area, and</p> <p>the different needs of people in its area who share a protected characteristic; and</p>	<p>There are sections in the PNA that deal with protected characteristics but does not identify any different needs.</p>	<p>Wording reviewed</p>	<p>Further information included at page 63.</p>
	(c) a report on the consultation that it has undertaken.	Being undertaken now.	None	Consultation report added to appendices
	Does the PNA consider the following factors in terms of “benefits of sufficient choice”?			
	What is the current level of access within the locality to NHS Pharmaceutical Services?	PNA states that this is adequate.		
	What is the extent to which services in the locality already offer people a choice, which may be improved by the provision of additional facilities?	None identified	None	N/a
	What is the extent to which current service provision in the locality is adequately responding to the changing	None identified	None	N/a

	needs of the community it serves?			
	Is there a need for a specialist or other services, which would improve provision of, or access to, services such as for specific populations or vulnerable groups?	None identified	None	N/a
	What is the HWB's assessment of the overall impact on the locality in the longer-term?	PNA states that this is adequate.		
	Does the PNA state that the following have been taken into consideration with regard to "identifying future needs"?			
	Are there known firm plans for the development/expansion of new centres of population i.e. housing estates, or for changes in the pattern of the population i.e. urban regeneration, local employers closing or relocating?	<p>Page 40</p> <p>The latest population projections suggest that our population will continue to grow over the next decade. Population growth is set to take place across almost parts of the borough, but the largest increases are expected in redevelopment areas around Old Kent Road, Canada Water and Elephant and Castle.</p>		
	Are there known firm plans in and arising from local joint strategic needs assessments or joint health and wellbeing strategies?	None identified	None	N/a
	Are there known firm plans for developments which would change the pattern of social traffic and therefore access to services, i.e. shopping centres and significant shopping developments whether these are in town, on the edge of town or out of town developments?	None identified other than the redevelopment areas, but this is not defined.	Wording reviewed	Additional text added to Section 7, 'Future Planning', to outline housing trajectories
	Are there plans for the development of NHS services?	None identified	None	N/a
	Are there plans for changing the commissioning of public	None identified	None	N/a

	health services by community pharmacists, for example, weight management clinics, and life checks?			
	Are there plans for introduction of special services commissioned by clinical commissioning groups?	None identified	None	N/a
	Are there plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors?	None identified	None	N/a
Additional information from DOP team				
	<p>FKC34 – Amadi – SE1 3NP– opens 9am to 6.30pm Mon to Fri and 9am to 3pm on Saturdays.</p> <p>FM721 – Boots – SE17 2TG -opens 9am to 7pm Mon to Fri and 9am to 6pm on Saturdays and 10am to 5pm on Sundays</p> <p>FQF83 – SE15 5SL - Day Lewis – opens 9am to 7pm Mon to Fri and 9am to 1pm & 2pm to 6.30pm on Sat</p> <p>FR217 – SE15 5LJ -Day Lewis – opens 9am to 1pm & 2pm to 7pm Mon to Fri and 9am to 1pm on Saturdays</p> <p>FXR28 – SE22 8PT - Day Lewis - opens 8am to 6.30pm Mon to Fri</p> <p>FCM38 – SE22 0RR - Day Lewis - opens 9am to 6.30pm Mon to Fri and 9am to 1pm on Saturdays</p> <p>FPG40 – SE1 5LU - Lings Chemist – opens 9am to 6pm Mon to Fri and 9am to 2pm on Saturday</p> <p>FFK74 – SE5 0BB - Sheel Pharmacy - opens 9am to 6.30pm Mon to Fri, Thurs 9am to 7.30pm</p> <p>FEF54 – SE16 2UN - Surdock Pharmacy - opens 9am to 1pm & 2pm to 7pm Mon to Fri and 9am to 2pm on Saturdays. Hours changed in May 2025</p> <p>FEM83 – SE16 2LL - Tesco – opens 8am to 8pm Mon to Sat & 11am to 5pm on Sunday</p> <p>FAM90 – SE1 5HG -Tesco - opens 9am to 1pm & 2pm to 7pm Mon to Sat and 11am to 5pm on Sundays. Hours changed in May 2025</p> <p>FGW26 – SE5 8TR – Hayescamber took over this pharmacy on 27 Feb 25 - opens 9am to 7pm Mon to Fri</p>	<p>Opening hours updated and analysis of provision reviewed.</p> <p>Changes since end February 2025 have not been included, as this is the cut-off date set for analysis of opening hours data.</p>	<p>Appendix 5 updated to reflect corrections to opening hours (where relevant to end February 2025).</p> <p>Analysis on opening hours updated to reflect that 53 pharmacies are open at 6pm on weekdays. No further changes to analysis have arisen from corrections to opening hours.</p>	
	<p>There are now 58 pharmacies in Southwark as a new one opened in April 25</p> <p><i>FJ420 – Sanhivani Ltd t/a The Wellness Pharmacy, is now open from 7 April 2025 43 Shad Thames, SE1 2NJ.</i></p>	<p>This change follows the cut-off date set for analysis of opening hours data.</p>	<p>New pharmacy will be included in first supplementary statement</p>	

	<i>Opens 8am to 8pm Mon to Fri, 10am to 5pm on Saturday and 11am to 4pm on Sunday.</i>		following PNA approval.
	RSV and Pertussis is currently being commissioned through a procurement process across some sites in London, although this has not as yet been completed, therefore the statements regarding this may need amending.	RSV and Pertussis section reviewed.	Analysis on RSV and Pertussis has been updated to reflect that a procurement was taking place at time of amending report post-consultation.
	As pharmaceutical services have now been devolved, it is not NHSE that is determining market entry but SEL ICB. However, for all London ICBs this element is provided by the London Commissioning hub on their behalf. Therefore, SEL ICB can now also commission locally enhanced services where appropriate. This is mentioned in parts of the PNA but in others it refers to NHSE as making the decision, which is incorrect.	Background section reviewed	Working in background section has been updated to state, “The PNA is used by: South East London ICB, as the basis of determining entry to a pharmaceutical list...”
	Redevelopment areas have been mentioned but there are no details of any specific large scale projects that have been taken account of within this PNA. These should be identified as it will assist when making market entry decisions, otherwise it is difficult to understand what has been taken account of when the PNA statements are made.	Wording reviewed	Additional text added to Section 7, ‘Future Planning’, to outline housing trajectories
	The PNA needs to add in Bank Holiday and London Flu service as Local Enhanced services. Some of the services currently commissioned as locally commissioned services will need to move to Local Enhanced Services when re-procured when current contracts end. These will be services that are listed as eligible to be Local Enhanced Services and commissioned by the ICB, but these will be dealt with individually.	Bank Holiday and London Flu narrative added.	
	Whilst the HWBB has made comments concerning services, it has not made all the required statements that are needed for the PNA, in the correct format. This will make the PNA really difficult to make market Entry application decisions from as these are not in line with the regulations. The exec summary also notes what is required for the PNA, but these have not all been included.	As addressed in comments above	N/a

	<p>There are no page numbers in the document, which makes pin pointing statements quite difficult. Market Entry applications will ask for page numbers from applicants for certain information and not having these listed in the document will make this difficult. The content page has these listed but not the document.</p>	Page numbers added	Page numbers added
	<p>Page 7 <i>“Services provided under a local pharmaceutical services contract that are the equivalent of essential, advanced and enhanced services – These are services commissioned directly by NHS England to meet specific local requirements. There are services commissioned under local pharmaceutical contracts in Southwark.”</i></p> <p>The above statement is incorrect, the word “no” is missing in the last sentence as there are no LPS in Southwark.</p>	Wording reviewed	The word “no” has been added to the relevant sentence.
	Recommendation		
	<p>Please review the information on opening hours, change of ownership and a new pharmacy and amend the PNA where necessary. Please ensure that these amendments do not alter any of the assessments.</p>	<p>The opening hours, ownership and existing pharmacies is based on data from February 2025 on which our analysis relies.</p>	Clarity provided of cut-off date for PNA analysis.
	<p>There are a number of issues in regards to information being incorrect or in the wrong heading or not clear which need to be amended.</p>	<p>As addressed in response to comments above.</p>	N/a
	<p>There are a number of places in the PNA where there has been no information identified, if there is anything that has been used under these headings, please can this be detailed in the PNA. There are also notes where information needs expanding to be clearer.</p>	<p>As addressed in response to comments above.</p>	N/a
	<p>The required PNA statements need to be made so that any needs are clearly identified. Whilst the information may be in the document, it is currently not clear or written in the prescribed format.</p>	<p>As addressed in response to comments above.</p>	N/a

Health & Wellbeing Board Action Log



ID	Board item	Details	Action	Board member	Lead officer	Date raised	Target date	Progress/Update	Update date	Status Open/Closed
1.3	Healthwatch update	Black Mental Health Report	Meet to discuss the Healthwatch Black Mental Health report recommendations and SLaM's response	Rhyana Ebanks-Babb; Ade Odunlade	N/A	13/03/2025	19/06/2025	Ade's PA (Joanne Hickey) is arranging a date to meet and review the response, awaiting a date but can be closed.	03/07/2025	Closed
1.4	Healthwatch update	Black Mental Health Report	Meet to discuss how the Healthwatch Black Mental Health report recommendations can inform partnership working between Impact on Urban Health and SEL ICS on transforming mental health services for Black residents	Peter Babudu; Rhyana Ebanks-Babb	N/A	13/03/2025	19/06/2025	Peter introduced Rhyana to Tamsyn (IoUH Director of Participation and Place) to discuss partnership working. Arranging date to meet but can be closed	03/07/2025	Closed
1.5	Healthwatch update	Black Mental Health Report	Facilitate introduction between Healthwatch Southwark and the GP federations to enable collaborative working to address the Healthwatch Black Mental Health report recommendations	Nancy Küchemann	N/A	13/03/2025	19/06/2025	Email exchange with Nancy on 15.05.25 indicated that best to optimise position on the Primary Care Collaborative to engage GP Federations. Related to 1.6. Can be closed.	03/07/2025	Closed
1.6	Healthwatch update	Black Mental Health Report	Discuss with Healthwatch about how best to engage with primary care around the Black Mental Health report	Darren Summers	Rebecca Jarvis	13/03/2025	19/06/2025	Connected with Emily Thompson re: regular HW feedback and insights being included into Primary care work. Shared Q4 monitoring and will establish a pathway of information sharing after the Primary Care Collaborative meeting on 14th Aug. Can be closed	03/07/2025	Closed
2.3	Board priorities	Priority aim 4: Ensure Southwark residents have access to good quality homes, streets and environments that promote good health and wellbeing	Meet to discuss how to refine priority aim 4	Cllr Evelyn Akoto; Hakeem Osinaike; Sangeeta Leahy; Ade	N/A	08/05/2025	19/06/2025	Meeting took place on 31/7/25	04/08/2025	Closed
2.4	Board priorities	Insight visits	Meet to discuss approach to insight visits	Rhyana Ebanks-Babb; Anood Al-Samerai	Alice Fletcher-Etherington	08/05/2025	19/06/2025	Meeting took place on 23/6/25	04/08/2025	Closed
3.1	Board priorities	Vision statement	Adapt vision statement to include focus on health inequalities	N/A	Alice Fletcher-Etherington	19/06/2025	18/09/2025	Complete, vision has been updated in the online report		Closed
3.2	Joint Health and Wellbeing Strategy action plan	Action 1.1: Develop and implement an action plan to address the recommendations of the Southwark Maternity Commission	Respond to request from Parent Action to consider funding of parent university programme.	Darren Summers	Claire Belgard	19/06/2025	18/09/2025	A number of options have been explored for future funding for Parent Action and we currently plan to include this in our commissioning intentions for 2026 -27, at this stage future funding cannot be confirmed		Closed
3.3	Joint Health and Wellbeing Strategy action plan	Action 1.1: Develop and implement an action plan to address the recommendations of the Southwark Maternity Commission	Have a conversation with Bukky about additions to action plan to address 'culture' issue	Darren Summers	Claire Belgard	19/06/2025	18/09/2025	Meeting will take place before the September Board meeting. Cultural issues will be considered and addressed as appropriate through the Maternity Commission Steering Group.		Closed
3.4	Other	Health of the Borough Event	Discuss next steps required to address some of the key challenges raised at the Health of the Borough event (e.g. housing, food poverty, SEND)	Anood Al-Samerai	Alice Fletcher-Etherington	19/06/2025	18/09/2025	Anood, Rhyana and Alice met on 23 June. It is proposed that the Board insight visits are turned into Health of the Borough visits that focus in on key challenges raised in relation to the Board's priority aims.		Closed
3.5	Other	Health of the Borough Event	Work with officers to deliver taster event to raise awareness of local services	Rhyana Ebanks-Babb; Anood Al-Samerai	Chris Williamson	19/06/2025	18/09/2025	Rhyana, Anood and Alice currently exploring funding options for a service showcase/taster day style event for residents. Meeting again on 4 August.		Open
3.6	Joint Strategic Needs Assessment	2025 Annual Report	Reach out to SLTs of organisations/teams represented on Board to present findings of JSNA Annual Report	Sangeeta Leahy	Tom Seery	19/06/2025	18/09/2025			Open
3.7	Joint Strategic Needs Assessment	2025 Annual Report	Connect Rhyana with officer responsible for Temporary Accommodation JSNA		Tom Seery	19/06/2025	18/09/2025	Action complete. Responsible officer is Emily King.	19/06/2025	Closed
3.8	Joint Strategic Needs Assessment	2025 Annual Report	Share Healthwatch insight data with Tom to be included in annual report	Rhyana Ebanks-Babb	Tom Seery	19/06/2025	18/09/2025	Completed, information sent to Lisa Colledge (Public Health Intelligence Analyst)	03/07/2025	Closed

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Agenda Item 12

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HEALTH AND WELLBEING BOARD AGENDA DISTRIBUTION LIST (OPEN)
MUNICIPAL YEAR 2025/26

NOTE: Amendments/queries to Maria Lugangira Constitutional Team at maria.lugangira@southwark.gov.uk

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