

Health and Wellbeing Board

Thursday 11 December 2025

10.00 am

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

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's Services
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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Access

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Contact

Maria Lugangira, Principal Constitutional Officer: maria.lugangira@southwark.gov.uk

Members of the committee are summoned to attend this meeting

Althea Loderick

Chief Executive

Date: 3 December 2025



Health and Wellbeing Board

Thursday 11 December 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 INTRODUCTIONS	
	Chair to welcome members	
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	2 - 6
	To agree as a correct record the open minutes of the meeting held on 18 September 2025	

Item No.	Title	Page No.
7.	PUBLIC QUESTIONS	
	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 5 December 2025.	
8.	HEALTH & WELLBEING BOARD ACTION LOG	7
	To note the actions and provide updates	
9.	HEALTHY WORK AND LIVES PROGRESS UPDATE	8 - 17
	To note the progress, outcomes and Board requests.	
10.	FINANCIAL SHIELD PROJECT UPDATE	18 - 30
	To note the outcomes and impact of the Financial Shield pilot	
11.	SC1 LONDON LIFE SCIENCES INNOVATION DISTRICT - UPDATE	31 - 34
	To note the update and progress of SC1 London Life Sciences Innovation District	
12.	NEIGHBOURHOOD PLANNING UPDATE	Verbal Report
	To receive a verbal update on the role of the Health and Wellbeing Board in neighbourhood planning	
13.	HEALTH PROTECTION ANNUAL REPORT 2024/25	35 - 84
	To note the Health Protection Annual Report 2024/25	
14.	HEALTH OF THE BOROUGH EVENT UPDATE	Verbal Report
	To receive a verbal update on the Health of the Borough event	
15.	ANY OTHER OPEN BUSINESS	

Date: 3 December 2025

EXCLUSION OF PRESS AND PUBLIC

The following motion should be moved, seconded and approved if the Board 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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Health and Wellbeing Board

MINUTES of the OPEN section of the Health and Wellbeing Board held on Thursday 18 September 2025 at 10.00 am at Southwark Council, Ground floor meeting rooms, 160 Tooley Street, London SE1 2QH

PRESENT:

- Dr Nancy Kuchemann
- Althea Loderick
- Hakeem Osinaike
- David Quirke-Thornton
- Claire Belgard (representing Darren Summers)
- Sangeeta Leahy
- Alasdair Smith
- Peter Babudu
- Cassie Buchanan
- Rhyana Ebanks-Babb
- Alice Jarvis (representing Louise Dark)

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 Vice-Chair welcomed everyone to the meeting.

2. APOLOGIES

Apologies for absence were received from:

- Councillor Evelyn Akoto
- Councillor Maria Linforth-Hall
- Darren Summers
- Aled Richards
- Louise Dark
- Councillor Jasmine Ali
- Anood Al-Samerai
- 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 19 June 2025 were approved as a correct record

7. PUBLIC QUESTIONS (15 MINUTES)

There were none.

8. DEVELOPING THE SOUTH EAST LONDON INTEGRATED CARE SYSTEM PREVENTION FRAMEWORK

Hayley Ormandy - Programme Director Prevention, Wellbeing and Equity presented the report which provided the Board an update on the development of the South East London Integrated Care System (SEL ICS) Prevention Framework, its aims, approach, and implications for neighbourhood-based working. Details of the framework were set out in appendix 1 to the report.

The SEL ICS Prevention Framework is being developed as a collaborative approach between health, care, and the voluntary sector. It aims to address health inequalities, improve wellbeing, and strengthen prevention strategies across South East London. This is not an ICB-only initiative, but a joint framework designed to integrate services and community engagement

Key Discussion Points

Social Value / Return on Investment

- A recommendation will be presented to the ICB in October.
- Further work required to define detailed metrics and methodology.

Social Care Representation

- Children's social care has been represented on the Board; adult social care is not.
- Engagement options include working through the DASS group [**Action:** follow up with Strategic Director of Children's & Adult Services]

Social Connectivity & Isolation

- Framework will address housing, financial security, employment, and welfare to reduce isolation and improve community resilience

Health Inequalities Funding

- Three years of funding has been committed to the Voluntary and Community Sector (VCS). This will help build trust and confidence across SE London

RESOLVED – That the Health and Wellbeing Board to notes 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**

Rosie Dalton-Lucas, Head of Programme for Place & Partnerships, and Alice Fletcher-Etherington, Public Health Programme Manager, provided the Board with an update on the progress of **Support to Stay Well**, the third theme of the Joint Health and Wellbeing Strategy action plan. Alice Fletcher-Etherington also shared further details on how the actions are being monitored.

To address accountability and any concerns that may arise if actions do not progress as expected, the Strategic Director of Children's and Adult Services proposed that, in addition to liaising directly with action holders, the team should also engage with the Chair and Vice-Chair of the Board to flag such concerns. This approach would not only strengthen accountability but also reassure residents of the Board's role in overseeing the action plan and its implementation.

RESOLVED - 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.

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.**

Ginette Hogan, Public Health Policy and Programme Officer, provided the Board with an overview of the Southwark Health on the High Street programme with a focus on the Mobile Health Outreach / Hubs for Health

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.

In 2024/25

- The outreach service went to 163 events, the majority aligned to the CORE 20 PLUS groups
- Nearly 3,497 Vital 5 checks were delivered

- Over 19,380 health checks were completed at the kiosks in Southwark.
- During the vaccination campaign around there were 350 covid and flu vaccinations administered accompanied by clinicians
- Feedback forms were provided, and the health ambassadors were on hand to assist with these. The response received was a ver positive one.

The Board further heard from Ola Olive Stephen – CEO of Ladies of Virtue Outreach CIC and Saran Sy Savane – Community Health Ambassador who were representing the *community voice*.

RESOLVED - That the Health and Wellbeing Board notes the update of the Health on the High Street programme and Vital 5 health checks to residents from CORE 20 PLUS groups.

11. SOUTHWARK PHARMACEUTICAL NEEDS ASSESSMENT 2025-28

Tom Seery, Senior Public Health Programme Manager presented the report which provides a statement of need for pharmaceutical service provision within the borough, based on Southwarks local demographics and health profile.

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

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

The Board noted the log and actions required follow up, updates to be presented at the next meeting.

13. ANY OTHER BUSINESS

There was none.

Meeting ended at 12.01 pm

CHAIR:

DATED:

Health & Wellbeing Board Action Log



ID	Action	Board member	Lead officer	Date raised	Progress/Update	Update date	Status Open/Closed
3.5	Work with officers to deliver taster event to raise awareness of local services	Rhyana Ebanks-Babb; Anood Al-Samerai	Chris Williamson	19/06/2025	A range of organisations continue to promote their services at the Southwark Hubs for Health and outreach events. Community Health Ambassadors have been provided with a directory of services for residents from Black communities. Public Health are also working with the Council's Customer Services team to inform the new Resident Experience Plan and pilot of a new face-to-face offer, to ensure health and wellbeing services are appropriately represented. An update on the Black mental health report is being planned for the future, which could be used as an opportunity to promote services in person. Finally, Healthwatch are also working with the Race, Ethnicity and Cultural Heritage Alliance (R.E.A.C.H) on their co-production priority, which could include possibility of a taster day or offer.	27/11/2026	Closed
3.6	Reach out to SLTs of organisations/teams represented on Board to present findings of JSNA Annual Report	Sangeeta Leahy	Tom Seery	19/06/2025	The JSNA has been showcased at various events including the recent Southwark Insight Week and Council leadership network. Healthwatch and IoUH have been contacted about receiving a presentation on the Annual Report, and PH will continue to offer presentations to departmental management teams.	27/11/2026	Closed
4.1	Share Wellbeing Hub service specification with the Board	Darren Summers	Claire Belgard	18/09/2025	The specification is available to view online at: https://www.find-tender.service.gov.uk/Notice/068675-2025	26/11/2026	Closed
4.2	Explore how the long-term outcomes report can demonstrate the action being taken to resolve poor outcomes, and to spotlight priority outcomes.	Sangeeta Leahy	Alice Fletcher-Etherington	18/09/2025	Annual Update on the Joint Health and Wellbeing Strategy will be presented to the Board in March. We will explore how successes and progress can be showcased through public-facing comms. The long-term outcomes report has been update to highlight the priority aim for each theme.	24/11/2025	Closed
4.3	Engage Directors of Adult Social Care in development of the SEL Prevention Framework	David Quirke-Thornton	Hayley Ormandy	18/09/2025	Information on the SEL Prevention Framework and the SEL Prevention, Wellbeing and Equity Board has been sent to David Quirke-Thornton, Claire Belgard and Nancy Küchemann.	26/11/2026	Closed
4.4	Engage HWB members further in development of the Hubs for Health programme, for example through Senior Leadership Forum and Partnership Southwark forums.	Sangeeta Leahy	Ginette Hogan	18/09/2025	An update on the Hubs for Health programme will be presented to the Council Leadership network on 4th December, where the team will have a stall to share new branded materials and information about the programme. The team has also requested a slot at a future Partnership Southwark Live Well meeting.	27/11/2026	Closed

Meeting Name:	Health and Wellbeing Board
Date:	11 December 2025
Report title:	Healthy work and lives progress update
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:	<p>Rosie Dalton-Lucas, Head of Programme for Place & Partnerships, Public Health 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 'Healthy work and lives' theme of the Joint Health and Wellbeing Strategy action plan 2025-27.
2. Identifies next steps for board members and lead offers in order to make further progress against the actions and aims.

PURPOSE OF THE ITEM

- ☒ Item relates to Joint Health and Wellbeing Strategy: *Theme 2 (Healthy work and lives)*
- ☐ Statutory item
- ☐ Other

POINTS TO NOTE

3. The Board's priority aim for 'Healthy work and lives' is '*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*', which encompasses actions 2.1 and 2.2.
4. The board sponsor for the 'Healthy work and lives' theme is Nancy Küchemann, GP and Co-Chair of Partnership Southwark.

HEALTHY WORK AND LIVES PROGRESS UPDATE

Action	Priority aim	HWB lead	Operational lead	Progress update	Requests/questions for the board	Short-term outcome update
2.1: Embed employment support within primary care, secondary care and community health services through the Connect to Work programme	✓	Nancy Küchemann	Danny Edwards	<p>Connect to Work went live in October 2025. Referral relationships are in place with social prescriber networks, community health ambassadors, GSTT and KCH MSK physiotherapy services. From January 2026 support will be extended to Disability Hub, Wellbeing Hub, The Nest and wider community venues.</p> <p>The 2025 Annual Public Health Report makes recommendations relating to the integration of Connect to Work with healthcare services, which Public Health and Local Economy will work together to implement.</p>	<p>Continue to raise awareness of the offer across primary care.</p> <p>Support integration of Connect to Work signposting into the discharge process from secondary care.</p>	16 individuals with long-term conditions or disabilities are currently receiving support through Connect to Work
2.2: Pilot a creative and cultural skills programme to support residents from disadvantaged backgrounds and/or facing barriers to employment to pursue a career in the creative and cultural sector and support their health and wellbeing	✓	Aled Richards	Danny Edwards	We are at the final stages of the commissioning process for Creative and Culture Co-ordinator, and anticipate formal contract award by the end of November. The appointed provider will work closely with the Southwark Culture Health and Wellbeing Partnership (SCHWeP).	None at this time.	N/A – programme not yet established.

<p>2.3: Build key performance indicators relating to wellbeing and fair employment into the new home care and reablement service specifications, aligning with Southwark's Ethical Care Charter (ECC)</p>		Darren Summers	Russell Jones	<ul style="list-style-type: none"> The Home Care and Reablement Tender went live in September 2025. All bidders will be required to confirm they are compliant with each point within the Ethical Care Charter. Within the new contracts, providers will be asked to report on the number of staff employed on a zero hours contract, the number of staff paid at least the London Living Wage and will be required to complete an annual staff survey to gather views on job satisfaction and wellbeing. 	None at this time.	<p>100% of commissioned providers are compliant with the ECC as of October 2025 (including payment of London Living Wage).</p> <p>94% of care packages are with commissioned providers and 6% with spot providers who are not likely to be ECC compliant.</p> <p>No current data on job satisfaction and wellbeing of staff.</p>
<p>2.4: Use the new Southwark Council Social Value Framework to ensure all Council divisions can evaluate, monitor and measure commitments to staff health and wellbeing within the procurement of commissioned services and contract management</p>		Sangeeta Leahy	Danny Edwards	<p>The Social Value Framework was adopted by Cabinet in June 2025. The Social Value Team has since completed its first Social Value Report, outlining the commitments made by contractors delivering contracts tendered between October 2024 and September 2025 (report includes 39 contracts in total). This data establishes a baseline against which future improvements can be measured following the formal adoption of the Framework. As a result, some measures currently record a value of zero.</p>	None at this time.	<p>Between October 2024 and September 2025:</p> <ul style="list-style-type: none"> £229,500 committed by contractors to support creative and cultural events or projects or community health and wellbeing interventions. 14 contracts (41%) are with organisations that provide physical and/or mental health programmes for their employees. No long-term unemployed staff have yet been recruited by contracted suppliers as part of a Social Value commitment.

						The number of London Living Wage employers has increased by 29 since March 2025, to a total of 452 .
2.5: Deliver and evaluate programmes to support the wellbeing of primary and social care staff		Darren Summers	Chloe Harris	We delivered a targeted wellbeing programme for primary and social care staff based on the refreshed Well at Work strategy, offering eight initiatives shaped by staff engagement and workforce data. Early feedback shows improved staff experience and engagement. Full evaluation will be completed at year-end.	Support to scale the employee assistance programme pilot and assist with promoting future wellbeing programmes to increase reach.	1,485 staff attended wellbeing activities between April and November 2025
2.6: Evaluate the implementation and impact of Southwark's Healthy Advertising Policy		Sangeeta Leahy	Chris Williamson	<p>Evidence and good practice reviewed with implementation teams. Strongest evidence supports banning unhealthy food advertising, however Southwark's policy goes further to exclude alcohol, tobacco, and gambling adverts.</p> <p>Highways team manages the largest Council advertising contract (15 sites) and explicitly adheres to the healthy advertising policy. Monitoring and enforcement are being strengthened, though capacity is a challenge.</p> <p>Sponsorship will be reviewed later this year with support from the culture and events team.</p> <p>A new question will be added to a school health questionnaire on exposure to HFSS adverts on the way to school.</p>	<p>There is tension between policy goals and income from advertising and events.</p> <p>Do other member organisations follow similar policies or have an interest in doing so?</p>	<p>Highways and Property teams now require compliance with the healthy advertising policy in all relevant contracts.</p> <p>A 'Bite Back' study (2025) found HFSS products promoted in 38% of public adverts in Southwark (lower than in Liverpool, Birmingham, and Newcastle) which may reflect impact of TFL and Council policy.</p>
2.7: Use a Health in All Policies and evidence-based approach to develop a targeted		Aled Richards	Toni Ainge	<p>Culture update:</p> <p>A new collaboration between Public Health, Libraries and the South Southwark Social Prescribing team is aiming to strengthen the health promoting offer that libraries provide. The partnership is focusing the following areas:</p>	None at this time.	No data currently being collected.

<p>Leisure Service, Parks and Culture offer</p>				<ul style="list-style-type: none"> • Relaunch and refresh of the 'books on prescription' scheme known as Reading Well; (going live Dec 2025) • Expanding the home visit service for isolated and housebound residents (in development – hoping to launch in early 2026) • Expanding the offer for library users to increase physical activity through a cultural walks programme <p>The Culture Division are also working towards articulating priorities for Creative Health within the revised Leisure Strategy for the borough; co-Chairing the Creative Health Southwark Steering Group incl. sector, health, ICB and FE representation; and developing a commissioning framework that might connect the Five Ways to Wellbeing agenda with the Culture Together Grant Fund so as to target inequality of health outcomes</p> <p>Leisure Services update:</p> <p>Current areas of focus include:</p> <ul style="list-style-type: none"> • Targeted work to work in partnership with Maternity commission • Proactive work with Women's and Girls (particularly regarding safety) • Young people activity and nutrition scheme during school holiday period • Health Kiosks- Promotion and signposting • Creative deployment of Health Ambassadors across Leisure Centres and events • Ongoing partnership work, including with the Inclusive swim association and Black Tri Tribe. • National Fitness Day on Sept 24th 2025 		
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				<ul style="list-style-type: none"> Promoting mental health initiatives in leisure centres <p>Parks update:</p> <p>A new hostel-based community gardening programme is aiming to improve the wellbeing of supported accommodation residents.</p>		
<p>2.8: Expand the Rose Voucher healthy food scheme to different populations and delivery locations based on local need</p>		Sangeeta Leahy	Jin Lim	<p>In 2025, the Rose Voucher scheme has focused on increasing participation of eligible pregnant women to help improve nutrition and encourage healthy behaviours during pregnancy.</p> <p>So far this year, 113 registered families have completed a follow up 'Health and Wellbeing Check' and 87 new families have registered for the scheme, resulting in 18 families being supported to register for Healthy Start.</p> <p>Expansion of the scheme began in October 2025 to increase collection and redemption points based on local need, including areas in the south of the borough with high child poverty. We will add:</p> <ul style="list-style-type: none"> 4 new distribution sites. Two sites, Dulwich Wood Hub and Albrighton Centre, are operational as of Nov 2025, with two more opening by Jan 2026. 4 new retailers. First is onboarding this month, all four will be active by Jan 2026. 4 pantries/social supermarkets. One pantry (Paxton) is live; Spring Social Supermarket is in training; two more (Peckham, St. Giles) will be onboarded by Feb 2026. 	<p>Support from partner organisations to promote the scheme (including the Cost of Living 2025 leaflet).</p> <p>Signpost residents and community groups to the scheme, use this link: www.1stplace.uk.com/rosevouchers.</p> <p>Ensure social prescribers are signposting to the scheme.</p>	<p>59 pregnant women have received Rose Vouchers (increase of 127% since March 2025)</p> <p>18 individuals have been signposted to the Healthy Start scheme through the Rose Voucher programme (increase of 50% since March 2025)</p> <p>82.3% of individuals currently registered are from Black, Asian or minoritised ethnic groups.</p> <p>2 businesses registered with the scheme are selling culturally appropriate food.</p> <p>Voucher utilisation is 98.4% (up by 14.5 percentage points since March 2025)</p>

2.9: Expand the offer of affordable leisure activities in community settings and promote a wider range of physical activities		Aled Richards	Toni Ainge	<ul style="list-style-type: none"> • Successful application of the Free Gym and swim activities • Free swimming lessons to select groups (young people and older adults) • Older people – ‘Silver’ engagement programme development and exploring new locations within Southwark Council • Coproduction and design of walking schemes • A new Community Manager has been recruited to lead this work. 	None at this time.	No outcomes data reported.
2.10: Design and deliver zone-by-zone or borough-wide programmes and initiatives that address the financial, social and cultural barriers to active travel through the Streets for People strategy		Aled Richards	Polyvios Polyviou	<p>Targeted engagement and promotion of cycle schemes:</p> <ul style="list-style-type: none"> • Peddle My Wheels (second hand bike markets and Try Before You Bike) and Joyriders (cycle training) use their channels to promote the programmes. • Only 35% of Peddle My Wheels users hear about the scheme via Council channels, so we have asked Southwark Communications team to promote this more regularly on social media and in newsletters. <p>JUST Streets:</p> <ul style="list-style-type: none"> • JUST Streets pilot is underway and approach being assessed. Intention is to deliver it alongside TfL Better Bus Partnerships (BBP) work. • The first major output was a three-day creative diary study with six young people in Walworth. The study explored how they experience streets and outdoor spaces, and its findings will continue to inform our work with young people as the project develops. 	Encourage promotion of Peddle My Wheels and Joyriders schemes.	<p>90 affordable bikes have been sold to residents since April 2025.</p> <p>Over 2500 children and adults received cycle training since April 2025.</p> <p>As of October 2025, 1,700 residents, employees or students in Southwark have benefitted from a “Try Before You Bike” voucher.</p> <ul style="list-style-type: none"> ➔ 67% are in the 25-44 age category ➔ 44% require a bike for commuting ➔ 40% keep cycling as their main mode of travel after using the voucher

KEY ISSUES FOR CONSIDERATION

Policy framework implications

5. 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.
6. The 'Healthy work and lives' theme is contributing to the Southwark 2030 goals of 'Staying well' and 'A strong and fair economy'.

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

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

Climate change implications

8. None identified.

Resource, legal and financial implications

9. 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

10. 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

11. None sought.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark Joint Health and Wellbeing Strategy action plan 2025-27	Public Health, Southwark Council	Alice Fletcher- Etherington, PublicHealth@so uthwark.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	2 December 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
List other officers here	N/A	N/A
Cabinet Member	No	No
Date final report sent to Constitutional Team		2 December 2025

Meeting Name:	Health and Wellbeing Board
Date:	11 December 2025
Report title:	Financial Shield project update
Ward(s) or groups affected:	Key population groups (as defined by Southwark's JSNA) affected by decision/recommendation: <input type="checkbox"/> Carers <input checked="" type="checkbox"/> Residents with disabilities <input type="checkbox"/> LGBTQIA+ residents <input type="checkbox"/> Asylum seekers and refugees <input type="checkbox"/> Rough sleepers <input checked="" type="checkbox"/> Black and ethnic minority communities <input type="checkbox"/> All
Classification:	Open
Reason for lateness (if applicable):	Not applicable
From:	Michael Parsons , Head of Programme, Impact on Urban Health

RECOMMENDATION(S)

That the Health and Wellbeing Board:

1. Note the outcomes and impacts of the Financial Shield pilot, notably reduced strain on NHS services, improved health of residents, high levels of satisfaction, and the effectiveness of Council Tax support as part of the package.
2. Support the expansion and continuation of Financial Shield in Southwark, whether through investment, advocacy, political or operational support.
3. Embed financial advice into Integrated Neighbourhood Teams being developed as part of the NHS 10-year plan, using learnings from the Financial Shield pilot.
4. Note, and where possible support, the recommendation for national Government that “all future welfare changes are subjected to a rigorous impact assessment with respect to their impacts for health and the delivery of health services.”

PURPOSE OF THE ITEM

- ☐ Item relates to Joint Health and Wellbeing Strategy
☐ Statutory item
☒ **Other:** To update on a substantive project that has relevance to the Joint Health and Wellbeing Strategy ‘Healthy work and lives’ theme.

BACKGROUND INFORMATION

5. Impact on Urban Health is a UK-based charity that is part of the Guy's and St Thomas' Foundation. Its goal is to build health equity so that everyone living in urban areas has a fair and just opportunity to thrive and live in good health.
6. People with long-term health conditions are often forced into low-paid, precarious work - or are unable to work at all – and face debt and financial issues as a result. We also know that financial equity and support is important for improving people's physical and mental health.
7. The Financial Shield Project, launched by Impact on Urban Health and Centre for Responsible Credit in 2020, aimed to tackle the two way link between financial difficulties and poor health.
8. Learnings from the project provide important insights for the development of neighbourhood working models within the NHS.

POINTS TO NOTE

9. The main intervention tested as part of the project was the use of dedicated advice workers, 'Financial Support Link Workers' (FSLWs), within primary care. FSLWs supported those with, or at risk of developing, long-term health conditions, by providing access to tailored and proactive financial assistance. GPs and social prescribers could refer the patients directly, and self-referral was possible through an accessible digital platform.
10. The project relied on a partnership between 34 GP practices, Southwark and Lambeth Councils, and four housing associations, with the FSLWs managed and supervised by Age UK Lambeth and Citizens Advice Southwark.
11. Over 1,100 residents received support from the service. Women aged 45–64, single parents, and people from Black, African, or Caribbean backgrounds were most likely to access support.
12. Key achievements and impacts include:
 - a. **Financial gains of £1.67 million** for the individuals involved, with estimates of between 30-46% of participants being helped financially by the pilot.
 - b. **Reduced stress through a local breathing space scheme:** Around a third of residents benefited from temporary relief on rent and Council Tax enforcement.
 - c. **Tackling health inequalities and improving health:** Over half of residents using the scheme reported improved mental or physical health.
 - d. **Reduced pressure on the NHS:** with a third of residents making fewer GP visits.
 - e. **High levels of resident satisfaction:** Participants describe feeling less stressed, more able to afford essentials, and better supported

in managing their conditions.

13. As a result of the pilot, we recommend health service commissioners ensure that:

- a. Financial advice and support are integrated into plans for neighbourhood health centres and services.
- b. Advice services working with primary care are delivered through wider partnerships with local authorities, housing associations and other agencies collecting payments.
- c. Data sharing mechanisms are fully explored to facilitate partnership working.
- d. Partnerships are provided with opportunities to influence wider advice strategies, including the provision of specialist advice services (such as debt advice).
- e. Partners work together to develop a shared model for evaluating the social impact and cost effectiveness of their integrated services.

14. The project also highlights the need for welfare and health systems to work together to improve outcomes. Hence, we recommend that national Government ensure all future welfare changes are subjected to a rigorous impact assessment with respect to their impacts for health and the delivery of health services.

KEY ISSUES FOR CONSIDERATION

Policy framework implications

15. Improving the health and wellbeing of people with long-term health conditions is central to the 'Staying Well' goal of Southwark 2030, and plans for neighbourhood working under the Partnership Southwark Health and Care Plan.

16. Supporting individuals' finances as a means to promoting good health and wellbeing is also central to the Southwark Joint Health and Wellbeing Strategy, with particular relevance to the aim to mitigate the impacts of the cost-of-living crisis on Southwark residents.

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

17. The pilot was shown to be effective in reaching people at the sharpest end of health inequalities, including women aged 45–64, single parents, and people from Black, African, or Caribbean backgrounds.

Climate change implications

18. None to note.

Resource/Legal/Financial implications

19. Resource, legal and financial decisions that relate to the implementation of the report's recommendations should be taken separately and considered through

the appropriate budget, monitoring and governance processes of the relevant organisations.

Consultation

20. Not applicable.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

21. Not applicable.

APPENDICES

No.	Title
Appendix 1	Financial Shield Executive Summary

AUDIT TRAIL

Lead Officer	Michael Parsons, Head of Programme, Impact on Urban Health		
Report Author	Alice Fletcher-Etherington, Public Health Programme Manager		
Version	Final		
Dated	2 December 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
List other officers here		N/A	N/A
Cabinet Member		No	No
Date final report sent to Constitutional Team			2 December 2025



The Financial Shield Project

Supporting working aged people with long-term health conditions and financial difficulties



DAMON GIBBONS
October 2025

In partnership with
Impact
on **Urban**
Health

Contents

Executive Summary	4
How the Financial Shield works	4
Key achievements and impacts	5
Insights and Recommendations	6
About us	9
About the author	9
1 Introduction	10
About the Financial Shield project	11
○ The localised breathing space scheme	12
○ The benefits of an integrated approach	12
Structure of the report	13
2 Service user profile	14
Demographics	15
Health conditions	16
Financial difficulties	18
3 The Impact of Financial Shield	21
Interventions	22
○ High satisfaction levels	24
Outcomes	24
○ 'Breathing space'	26
○ Inadequate incomes	26
Impacts	28
○ Use of primary care services and clinical perspectives	29
– Clinical perspectives	30
Costs of delivery	31
4 Conclusions and recommendations	32

Executive Summary

People with long-term health conditions are often forced into low-paid, precarious work—or are unable to work at all. As a result, many experience debt struggles. The Financial Shield project was developed to address this, tackling the deep two-way link between financial difficulties and poor health. It builds on work showing the importance of financial equity and support to improving people's physical and mental health.

The Financial Shield project embeds proactive financial support into community health settings, making a real difference to people's lives. By creating new pathways to financial support, and addressing the fragmentation of services, the model provides an integrated neighbourhood approach to tackling deep-rooted social and health inequalities.

The project was launched by **Impact on Urban Health** and **Centre for Responsible Credit** at the height of the pandemic in 2020 as a pilot to tackle health inequalities in South-East London. Our multi-agency partnership initially aimed to reduce the severe health risks and economic impacts posed by Covid-19. Aimed at working-age residents with, or at risk of developing, long-term health conditions, the project has become even more relevant in the cost-of-living crisis, and **provides important insights for the proposed, holistic, ways of working within neighbourhood teams envisaged in Government's 10-Year Health Plan for England.**

How the Financial Shield works

A key part of this approach is embedding dedicated advice workers—'Financial Support Link Workers (FSLWs)'—within primary care. This gives residents access to proactive financial assistance, tailored to their support needs. GPs and social prescribers can refer patients directly, and practices also run targeted text message campaigns so that people can self-refer through our accessible digital platform, called "Back on Track".

The pilot has been coordinated by the Centre for Responsible Credit in South-East London. **The partnership brings together 34 GP practices, two councils, and four housing associations,** with the FSLWs managed and supervised by local advice agencies, **Age UK Lambeth** and **Citizens Advice Southwark**. This has delivered a quality assured and joined-up approach, for instance, in managing demands for the service, and in sustaining the trusted relationships that make this model so effective.

The help unlocked by Financial Shield includes financial gains from welfare benefits entitlements; new partnerships with creditors that can ease the stress of debt; and a fast-tracked local breathing space for those at risk of debt enforcement.

Over 1,100 residents have received support from the service. Women aged 45–64, single parents, and people from Black, African, or Caribbean backgrounds were most likely to access support. These are some of the most marginalised members of our society, many stuck with low or precarious incomes, arrears, and insecure housing. The initial pilot has focused on an under-served community, but the model is scalable and designed to work across a wider demographic.

Most residents onboarding to the service are experiencing the twin pressures of escalating financial difficulties and chronic health conditions—including diabetes, arthritis, chronic pain and mental health disorders.

Key achievements and impacts

- **Financial gains of £1.67 million have been recorded.** By May 2025, over 1,000 residents had been helped by the pilot, and financial gains have been recorded for 345 (30%) of these—a median of nearly £4,000. The proportion of residents with recorded gains is slightly higher than comparable projects in London, with the Mayor of London’s Advice in Community Settings programme reporting gains for around 25% of advice seekers.¹

Recorded gains under-estimate the project’s true impact. Gains mainly result from successful benefit claims and appeals, arrears reductions, and access to social tariffs. However, many residents do not feedback the outcomes of their benefit claims and appeals to the FSLW teams and these currently go unrecorded when cases are closed. Additional surveys—conducted by CfRC around a month after case closure—indicate that the number of residents receiving income gains is higher, at around half (46%). Thirty-five percent also received financial support with household bills and arrears; twenty percent received emergency help with food and/or fuel, and ten percent received support with loans, credit cards and other debts.

Modest but impactful investment, returning a mean average of £3.79 for every £1 spent per completed case. This is based on total recorded income gains for all completed cases divided by total costs. It therefore includes those completed cases where no gains have been recorded. As above, this is likely to underestimate the return on investment. Average costs are £400 per resident, and average financial gains across all completed cases are approximately £1,500. The project is also creating additional social value through reduced stress, improved health, and reduced demand on the NHS, which further evaluation activities are seeking to capture.

- **Reduced stress through a local breathing space scheme:** Around a third of residents (350 people) benefited from temporary relief on rent and Council Tax enforcement, allowing them to stabilise their finances, access additional support, and set up affordable repayment plans.

¹ See [Mayor of London \(2024\)](#). ‘Advice in Community Settings: Year 2 Evaluation Report’.

- **Tackling health inequalities and improving health:** Over half (53%) of residents using the scheme reported improved mental or physical health.
- **Reduced pressure on the NHS: with a third of residents making fewer GP visits.** Clinical reviews also indicate that removing financial stress allows GPs to focus more effectively on managing underlying health conditions.
- **High levels of resident satisfaction:** Residents using Financial Shield report a high level of satisfaction², frequently describing feeling less stressed, more able to afford essentials, and better supported in managing their conditions.

Insights and Recommendations

The Financial Shield project demonstrates that co-located financial support and clear referral pathways can produce significant financial, social, and health benefits for a relatively modest, well-targeted investment.

The project offers a proven model for integrating financial support into healthcare. This is highly relevant to proposals in the government's 10-Year Health Plan for England, which commits to reducing health inequalities and creating Neighbourhood Health Centres. These will embed and co-locate NHS, local authority, and voluntary sector services.

By establishing a working model for how NHS, local authority, and voluntary sector services can work together, the Financial Shield provides valuable insights into how a key element of Neighbourhood Health Centres could operate.

The Financial Shield also provides practical lessons for the Integrated Neighbourhood Teams (INTs) model being developed in London by the city's five Integrated Care Boards, London Councils, and the GLA. It also offers insights for local authorities and other service providers—energy and water companies, for example— who may be re-considering their approach to debt management and collections in the context of the cost-of-living crisis.

² A satisfaction survey found an average score of 1.72 out of 5, with 1 being 'very satisfied'.

Our experience indicates that:

- **Targeted, flexible support is effective:** Case studies show that small-scale emergency assistance, combined with benefits and debt advice, can significantly improve residents' ability to manage health and financial pressures.
- **Embedding financial support into clinical teams adds value:** Quality assured advice agencies employ our FSLWs. In Lambeth, these are co-located in GP practices, enabling close collaboration with healthcare professionals and improving referral pathways.
- **Proactive communication improves access:** Structured referral routes—including GP-led identification, SMS campaigns, and self-referral options—have also helped reach residents who are less engaged with traditional advice services.
- **Including face-to-face support is important:** In Southwark, one in six of all residents contacted by our SMS campaigns request an appointment with the FSLWs, based in Citizens Advice. While the majority request phone consultations, forty percent request face-to-face support.
- **Data sharing to support breathing space arrangements can provide better outcomes:** Giving residents the chance to opt-in to cross-sector data sharing has enabled councils and housing associations to offer joined-up enforcement relief and improved access to financial support. These provisions could be improved further by extending partnerships to include energy and water providers.
- **Specialist services remain essential for residents** with the most complex needs. Effective referral pathways to specialist advice—particularly in debt, housing, and immigration—should also be embedded into future commissioning plans.

We therefore recommend Health Commissioners ensure that:

- 1. Financial advice and support is integrated into their plans for neighbourhood health centres and services.** This could be by co-locating quality assured teams in health settings; by providing more structured referral routes; or a combination of both.
- 2. Advice services working with primary care can deliver through wider partnerships.** This includes working with local authorities, housing associations and other agencies that collect payments from residents in their areas.
- 3. Data sharing mechanisms** are fully explored to facilitate partnership working, both to improve outcomes and to measure impacts.
- 4. Partnerships are provided with opportunities to influence wider advice strategies,** including the provision of specialist advice services serving their areas—for example by feeding into Money and Pensions Service debt advice commissioning plans.
- 5. To support long-term funding, partners should work together to develop a shared model for evaluating the social impact and cost-effectiveness of their integrated services.** Discussions concerning who is best placed to co-ordinate this work—involving Government as well as local partnerships—are now required. Department for Work and Pensions should particularly explore how it can help local partnerships to better track the outcomes from their benefit advice work with residents.

Finally, many of the residents using our service have incomes that are clearly inadequate to meet their basic needs. Income inadequacy can remain a problem even after residents have secured all their entitlements, with clear negative implications for health, employment, and housing. Our welfare and health systems need to work together to improve outcomes. Adequate benefit levels are essential to provide the foundations for improved health and deliver on the ambitions of the 10-Year Health Plan. Recent efforts to restrict eligibility criteria and reduce levels of support risk undermining this. We therefore recommend that Government ensure:

- 6. All future welfare changes are subjected to a rigorous impact assessment with respect to their impacts for health and the delivery of health services.**

About us

The Centre for Responsible Credit

The Centre for Responsible Credit ('CfRC') is a charity working to develop better support and solutions for people who are struggling with debt; to influence the regulation of credit markets, and to improve the way that credit is provided. We are primarily concerned with the impacts of credit and debt for lower income households.

We undertake research, evaluation, and provide consultancy services, and are committed to promoting greater equity and social justice; to inclusivity and the celebration of diversity, and to empowering lower income people and communities who are in debt to exercise greater autonomy in their lives. For further information, please visit <https://www.responsible-credit.org.uk>

Impact on Urban Health

The places that we grow up, live and work impact how healthy we are. Urban areas, like inner-city London, have some of the most extreme health outcomes. Alongside their vibrancy and diversity sit stark health inequalities.

At Impact on Urban Health, we want to change this. We believe that we can remove obstacles to good health, by making urban areas healthier places for everyone to live.

The London Boroughs of Lambeth and Southwark are our home. They are some of the most diverse areas in the world. It is here that we invest, test, and build our understanding of how cities can be shaped to support better health. We're focused on a few complex health issues that disproportionately impact people living in cities, and we work with local, national and international organisations, groups and individuals to tackle these.

Our place is like so many others. So we share our insight, evidence and practical learning to improve health in cities around the world.

Impact on Urban Health is a part of [Guy's & St Thomas' Foundation](#).

About the author

Damon Gibbons is CfRC's Chief Executive, and has more than thirty years' experience of providing, designing, commissioning, and evaluating services to meet the needs of disadvantaged groups and communities. Damon has been involved in consumer campaigns at the national and international levels on issues of credit, debt, and financial exclusion for well over a decade. He holds a BA(Hons) Economics and Politics from the University of Warwick and an MA Public Policy (With Distinction) from the University of Nottingham.

Meeting Name:	Health and Wellbeing Board
Date:	11 December 2025
Report title:	SC1 London Life Sciences Innovation District - Update
Ward(s) or groups affected:	<p>SC1 hubs and developments are in London Bridge & West Bermondsey and St. Giles wards, with benefits expected for the whole of Southwark.</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):	N/A
From:	Danny Edwards , Assistant Director of Economy, Southwark Council

RECOMMENDATION(S)

1. That the Health and Wellbeing Board note the progress being made with SC1 and identify opportunities to unlock the benefits of the new talent pipeline, real estate and partnerships for health and wellbeing in Southwark.

PURPOSE OF THE ITEM

- ☐ Item relates to Joint Health and Wellbeing Strategy
☐ Statutory item
☒ **Other:** To update on a cross-cutting, multi-agency programme that has relevance to the Joint Health and Wellbeing Strategy 'Healthy work and lives' theme.

BACKGROUND INFORMATION

2. SC1 is a Life Sciences Innovation District in South Central London that is a world-recognised home for transformative health innovation. It is one of several recognised clusters in central London. A key focus of SC1 is ensuring the benefits of a growing health and life sciences sector across Southwark and Lambeth works for our local communities.

3. SC1 is a partnership that brings together King's College London, Guy's and St Thomas', South London and Maudsley and King's College Hospital NHS Foundation Trusts, Guys & St Thomas's Foundation and Southwark and Lambeth Councils to create a thriving life sciences ecosystem dedicated to innovation, creative partnerships and improving life for our local and global communities
4. Health equity is at the heart of SC1 - public-private partnerships will be fostered to develop solutions to society's complex health care challenges.

POINTS TO NOTE

5. In the medium term, SC1 is aiming to deliver:
 - **20,000 new high-quality jobs** in the life sciences sector by 2030
 - **Three innovation hubs**, including a BioMedical Hub at London Bridge, a MedTech Hub at the Westminster Bridge Campus, and the Mind & Body Hub at the Denmark Hill. At these locations, academic and clinical partners, BioPharma, BioTech, Technology companies, investors and entrepreneurs will co-locate and collaborate to unlock life sciences innovation.
 - **Real estate with positive impact** including plans for major new life sciences developments at Royal Street in Lambeth and Snowfields Quarter in Southwark.
 - **A life sciences talent and skills pipeline for our local residents**, including the creation of work experience, paid internships and apprenticeships.
6. The Snowfield Quarter real estate project in Southwark is a collaborative development being led by Guy's and St Thomas' Foundation, Oxford Properties and Reef Group. The £350 million development will create a 32,500 square meter mixed-use life science space with a replacement pub, café and new community floorspace. It will create 1,605 jobs, including 715 construction roles.
7. The planning application for Snowfield Quarter was approved by Southwark Council in October 2025. £2.7 million in planning obligations will be paid by developers in the local area including over £400,000 for improvements to Guy Street Park and £500,000 for environmental works to a neighbouring estate.
8. A new SC1 London team has recently been recruited, including a Head of Partnership, Head of Strategy and Partnerships Development, and Head of Communications and Engagement. A further, jointly funded post hosted by Southwark Council will start in December and lead an initial set of skills and employment interventions for local people.
9. As part of a refreshed comms plan, a new SC1 London brand was unveiled at the successful London Life Sciences Week events "SC1 Pathfinders: The Next Generation of Life Sciences" and "SC1 Spotlight: The Future of Health and Life Sciences" in November 2025.

10. A new five-year SC1 London strategy is under development which will capture SC1 London's unique value proposition under five strategic themes: Innovation, enterprise, place, networks, and community and talent.

KEY ISSUES FOR CONSIDERATION

Policy framework implications

11. The SC1 partnership is contributing to:
- Action area 1 of the "Strong and fair economy" goal of Southwark 2030: "Create even more good jobs and apprenticeships, and help Southwark residents into them".
 - The Joint Health and Wellbeing Strategy aim to "Increase access to good quality jobs, providing support to those facing systemic inequalities and barriers to employment".
12. The SC1 aim to facilitate a partnership approach to addressing healthcare changes and promoting health equity will also contribute to the 'Staying well' goal of Southwark 2030 and various parts of the Joint Health and Wellbeing Strategy.
13. Aligned to Southwark's Economic Strategy and Skills Plan, SC1 is also contributing to the London Growth Plan which aims to boost productivity growth in the capital by 2 per cent per year, creating 150,000 new jobs by 2028.

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

14. SC1 London aims to positively impact on communities through job creation, skills development, creation of affordable workspace and community amenities, as well as the funding unlocked through Section 106 commitments to be paid by the developer of the Snowfields Quarter.
15. Health equity is a key strategic priority for SC1. By leveraging partnerships between NHS trusts, academia, and industry, the district aims to co-create solutions for complex health challenges, such as mental health and chronic disease management.

Climate change implications

16. The Snowfields Quarter development has set high sustainability standards for construction and operation, including a net-zero carbon target and BREEAM 'Outstanding' certification.

Resource implications

17. There are no resource implications for the Board to consider.

Legal/Financial implications

18. There are no legal or financial implications for the Board to consider.

Consultation

19. The SC1 partners have hosted a range of events to enable local stakeholders and residents to ask questions and provide input, including two events held as part of the recent London Life Sciences Week in November 2025.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

20. Not applicable.

AUDIT TRAIL

Lead Officer	Danny Edwards, Assistant Director of Economy, Southwark Council		
Report Author	Alice Fletcher-Etherington, Public Health Programme Manager		
Version	Final		
Dated	2 December 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
List other officers here		N/A	N/A
Cabinet Member		No	No
Date final report sent to Constitutional Team			2 December 2025

Meeting Name:	Health and Wellbeing Board
Date:	11 December 2025
Report title:	Health Protection Annual Report 2024/25
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 checked="" type="checkbox"/> Asylum seekers and refugees</p> <p><input checked="" type="checkbox"/> Rough sleepers</p> <p><input checked="" type="checkbox"/> Black and ethnic minority communities</p> <p><input type="checkbox"/> All</p>
Classification:	Open
Reason for lateness (if applicable):	Not applicable
From:	Sangeeta Leahy, Director of Public Health Southwark Council

RECOMMENDATION(S)

That the Health and Wellbeing Board:

1. Notes the Health Protection Annual Report 2024/25 and health protection activity that took place across the system during this period.
2. Agrees to continue to receive a health protection report annually, as previously requested.
3. Notes that the Health Protection Board is going to carry out a self-assessment against the national Health Protection Assurance Framework in the new year, which will assist the Board in identifying areas for further improvement.

PURPOSE OF THE ITEM

- ☐ Item relates to Joint Health and Wellbeing Strategy
- ☐ Statutory item
- ☒ Other: This report was approved by and is a key output of the Health Protection Board, an accountable sub-board to the Health and Wellbeing Board.

BACKGROUND INFORMATION

4. Oversight and assurance of the local health protection system is via the Health Protection Board, established in July 2022 and chaired by the Director of Public Health.
5. The Health Protection Board approved the Health Protection Annual Report 2024/25 in September 2025.
6. This report provides an overview of activity, incidents, risks and achievements relating to communicable disease control, vaccination programmes, sexual health, screening programmes, environmental hazards, and emergency preparedness and response in Southwark.

KEY ISSUES FOR CONSIDERATION

7. Health protection activity remained high in 2024/25, bringing various challenges, but there have been many successful partnerships built, and areas of work completed.
8. Low vaccination rates, partly due to vaccine fatigue, increased the risk of measles and whooping cough cases and outbreaks, and other infections remained in circulation, such as TB and Group A Streptococcus.
9. Climate change and global travel and trade has brought new and emerging risks including those arising from vector-borne illness and increasing spells of hot weather.
10. We continued to build on opportunities during 2024/25. This included the benefits of close working with those communities who may be more at risk, tailoring our preparedness activities as well as our response to promote equity, tackle inequalities and ensure our response is accessible, understandable and acceptable to our residents.
11. It is evident that close partnership working across the council, SEL ICB, local VCS and national bodies promotes more effective management and mitigation of the impacts of health protection incidents. This is illustrated by the array of successful partnership working in place across the health protection system.
12. Continued horizon scanning and preparedness to mitigate the impacts of emerging infections and other health protection hazards remains of utmost importance, especially given the international diversity of our borough at the heart of such a global city.

Policy framework implications

13. The UK Health Security Agency (UKHSA) - the lead agency responsible for managing infectious diseases, chemical, biological, radiological and nuclear incidents - highlight three main goals in their 2023-26 strategy:
 - To be ready for and prevent future health security hazards.
 - To save lives and reduce harm through an effective response.
 - To build the UKs health security capacity.

14. The Future of the Health Protection System (FHPS) is a national collaboration between Health Protection strategic system partners to enhance the resilience, effectiveness & scalability of the national and local health protection system. It has a vision to enhance the current system to ensure it is locally delivered, regionally enabled, and nationally supported. Its ambition is to design, develop and deliver improvements to achieve a joint ambition of having the best possible health protection system for England.
15. This national vision and emphasis on effective and resilient health protection systems aligns with the local aim to support the UKHSA in protecting our residents, workforce and visitors to the borough against health protection threats.
16. The national risk register outlines some of the most serious risks facing the UK, including health protection threats such as pandemics, zoonotic illnesses and adverse weather. It highlights the importance of preparation and supporting communities.
17. More locally, the South East London Integrated Care System has a focus on protecting health and wellbeing and supporting people to stay healthy.
18. Under the Staying Well goal of Southwark 2030, a measure of success is sustained uptake of life-saving vaccinations and cancer screening.
19. Within the Joint Health and Wellbeing Strategy theme of 'A healthy start in life', action 1.10 is for the Southwark Primary and Community Based Care team to 'Deliver a new programme to develop the role of health visitors in engaging with families around childhood vaccinations, targeting population groups with the lowest uptake.' The [long-term outcome measure](#) associated with this action is the gap in measles, mumps and rubella (MMR) vaccine first dose coverage between children from White and Black, Asian and minoritised ethnic groups. As of July 2025, this gap was 18.4 percentage points in Southwark, compared to 11.1 percentage points across South East London. The Community Nursing Vaccination service launched in September 2025, with dedicated Health Visitors recruited to work with Children and Family Hubs and primary care to engage with families, provide information, deliver vaccinations and offer home visits to families where appropriate.

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

Community impact statement

20. Health protection action across the system requires close working with communities to ensure activities are tailored towards those individuals, groups and communities most at risk.
21. Throughout 2024/25 there are numerous examples of work done to collaborate with and understand the needs of communities, particularly more marginalised groups, to make our health protection response accessible and acceptable. Examples of this include working with the Southwark Traveller Action Group to

improve cancer awareness and prevention and working to support our asylum seeker and refugee populations.

Equalities (including socio-economic) impact statement

22. Health protection programmes across Southwark strive to tackle inequalities of access and outcome at every opportunity.
23. The report includes a section on the UKHSA inequalities report¹, which outlines the inequalities in health protection outcomes, and the high human cost as well as wider societal impact on health services and economic productivity.
24. Using a hyper-local approach, additional support and actions to mitigate impacts are taken with populations that have the poorest outcomes, with a focus on the most disadvantaged neighborhoods and communities in Southwark.
25. Many areas of work during 2024/25 specifically targeted inequalities, such as the Chagas point of care service aimed at Latin American communities, and our targeted approach to promotion and delivery of vaccinations.

Health impact statement

26. The aim of all areas of work contained in this report is to protect our residents, our workforce and visitors to the borough against health protection threats.

Climate change implications

27. The impact of climate change is likely to amplify many health protection threats faced locally and globally making it essential to prepare for and respond to threats and risks as they arise.
28. Climate change is a key consideration in some areas of health protection activity, in particular the Hot Weather and Health JSNA, which has led to increased partnership working with the Climate Change team and public health input into the refreshed climate change action plan.

Resource implications

29. There are no direct resource implications arising as a result of this report.
30. Responding to emergencies and incidents as they arise requires additional staff time and resource across the system to support the response. The amount of resource required will vary depending on the incident.

Consultation

31. The report was produced in collaboration with teams across the system, and relevant individuals and organisations were consulted with.

¹ [Health inequalities in health protection report 2025 - GOV.UK](https://gov.uk/government/uploads/system/uploads/attachment_data/file/115444/Health_inequalities_in_health_protection_report_2025_-_GOV.UK.pdf)

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Head of Procurement

32. None sought.

Assistant Chief Executive, Governance and Assurance

33. None sought.

Strategic Director of Resources

34. None sought.

Other officers

35. None sought.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Southwark Health Protection Annual Report 2024/25

AUDIT TRAIL

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Version	Final		
Dated	2 December 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
List other officers here		N/A	N/A
Cabinet Member		No	No
Date final report sent to Constitutional Team			2 December 2025

Health Protection in Southwark

Annual Report 2024/25

SEPTEMBER 2025
CHILDREN & ADULTS DEPARTMENT
LONDON BOROUGH OF SOUTHWARK

CONTENTS

1. BACKGROUND	2	7. ENVIRONMENTAL HAZARDS	24
1.1. What is health protection?		7.1. Air pollution and health	
1.2. Purpose of the report		7.2. Adverse weather	
1.3. Oversight of health protection in Southwark			
2. KEY ACHIEVEMENTS IN 2024/25	4	8. SCREENING PROGRAMMES	30
		8.1. Overview of national screening programmes	
		8.2. Cancer prevalence and incidence	
		8.3. Cancer screening	
		8.4. Local projects to improve cancer screening coverage	
		8.5. AAA screening	
		8.6. Diabetic eye screening	
		8.7. Antenatal and newborn screening	
3. NATIONAL CONTEXT	5	9. PROTECTING OUR COMMUNITIES MOST AT RISK OF HEALTH INEQUALITIES	36
3.1. National health protection priorities		9.1. Latin American JSNA	
3.2. Future of the health protection system		9.2. Chagas disease point of care testing	
3.3. UKHSA health inequalities report		9.3. Gypsy, Roma Traveller cancer project	
3.4. National incidents in 2024/25 requiring a local response		9.4. Health protection in our asylum seeker population	
		9.5. Health protection in our homeless population	
		9.6. Health protection in adult social care	
4. COMMUNICABLE DISEASE CONTROL	9	10. EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE	40
4.1. Infectious disease notifications		10.1. Overview of emergency preparedness and response	
4.2. Managing cases and outbreaks		10.2. Pandemic preparedness and response	
4.3. MoU for incidents and outbreaks			
4.4. Spotlight on a rising infection: Tuberculosis			
4.5. Antimicrobial resistance			
5. SEXUAL HEALTH	14	11. CONCLUSIONS AND LOOKING FORWARD TO 25/26	42
5.1. Sexually transmitted infections		11.1. Conclusions	
5.2. HIV		11.2. Health protection priorities for 2025/26	
5.3. Local initiatives to reduce the burden of poor sexual health			
6. VACCINATION PROGRAMMES	18		
6.1. Oversight of vaccination programmes			
6.2. Pre-school vaccinations			
6.3. School aged vaccinations			
6.4. Seasonal vaccinations			

1. BACKGROUND

1.1. What is health protection?

Health Protection is a term used to describe a set of activities within the public health system that protects individuals, groups and populations from communicable (infectious) diseases and other threats to health, including non-infectious environmental hazards such as hot weather, chemicals and radiation.

Section 6C of the NHS Act 2006 empowers the Secretary of State to delegate specific public health duties to local authorities (further detailed in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (SI 2013/351)). These regulations outline the specific actions councils must take—commonly referred to as “mandated functions”—in fulfilling their public health responsibilities. These include services such as health protection, sexual health, and initiatives to reduce substance use.

As such, health protection is one of the responsibilities of the local Director of Public Health (DPH), working with key partners including the UK Health Security Agency, the NHS, voluntary organisations, national government, industry, other agencies and the public.

Health protection can be broadly categorised into six areas:



Tackling equalities in health protection risks and outcomes is a key priority running through all work programmes.

1.2. Purpose of the report

The Health Protection Annual Report provides an overview of activity, incidents, challenges and achievements relating to health protection in Southwark during 2024/25.

It highlights key national strategic context and policy and summarises how this is being delivered locally in Southwark. The report covers work delivered by Southwark Council’s Public Health, Environmental Health and Emergency Planning teams, South East London ICB, UKHSA, the NHS and VCS organisations.

The scale of health protection threats faced locally and globally is significant, with low vaccination coverage and travel causing some infections to increase, the impact of climate change on emerging diseases and increases in periods of adverse weather, and the on-going threats of antimicrobial resistance and chemical hazards.

There are many underlying and connecting themes, of which inequality and inclusion is particularly important. Addressing health inequalities and working closely with our communities is critical to improving and protecting the whole population.

1.3. Oversight of health protection in Southwark

Oversight of the health protection system across Southwark is via the Health Protection Board (HPB). This multi-agency partnership seeks to ensure that arrangements are in place to prevent, reduce or manage health protection risks that might impact the local population.

Membership of the HPB includes representation from across the health protection system, with groups and leads relating to health protection feeding in and providing regular updates (Figure 1).

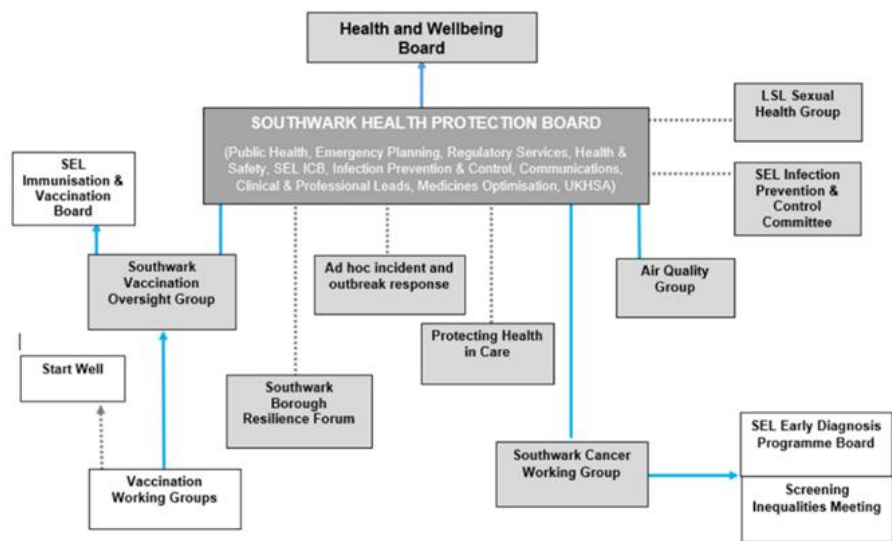


Figure 1: Health Protection Structures in Southwark May 2024

2. KEY ACHIEVEMENTS IN 2024/25

Last year (2023/24) was the second year that a health protection annual report was produced for the Board. In that report the following priorities were identified for 24/25:







- A focus on developing robust and tested frameworks and plans to improve system preparedness for potential health protection threats, including pandemics, outbreaks and incidents.
- Contributing to the national Future of the Health Protection System (FHPS) work. This is a collaboration between Health Protection strategic system partners to enhance the resilience, effectiveness & scalability of the national and local health protection system. FHPS has a vision to enhance the current

system to ensure it is locally delivered, regionally enabled, and nationally supported, to achieve a joint ambition of having the best possible health protection system for England.

- Exploring new and innovative ways to work better with our communities, particularly those who are more vulnerable to health protection threats.
- Continuing to provide an effective system-wide response to health protection risks and hazards as they arise.

Some of our key achievements are outlined in table 1 and show some of the progress made against these priorities.

Table 1. Key health protection achievements in 2024/25

Health protection area	Key achievements
 Communicable disease control	<ul style="list-style-type: none"> ▪ Memorandum of Understanding signed across London for the management of complex outbreaks and incidents ▪ Establishment of a first-of-its-kind community testing service for Chagas disease ▪ Community Catheter report and establishment of a working group
 Vaccination programmes	<ul style="list-style-type: none"> ▪ Vaccinations delivered by the Health Outreach service: 462 COVID-19, 474 flu and 111 MMR vaccines given ▪ Training delivered to 40 health/admin staff enabling them to have effective conversations about vaccinations ▪ 5.6% increase in maternal flu vaccination coverage between 2023/24 and 2024/25
 Environmental hazards	<ul style="list-style-type: none"> ▪ Development of a Hot Weather and Health Joint Strategic Needs Assessment ▪ Improved opportunities for partnership working on air quality through the establishment of the Air Quality Board ▪ Air filters installed in several care homes throughout Southwark
 Sexual Health	<ul style="list-style-type: none"> ▪ New STI diagnoses fell by 2.8% despite an increase in testing ▪ HIV point of care testing and prevention service for Latin American communities ▪ Implementation of Condom Distribution Scheme across pharmacies, practices and community settings
 Screening programmes	<ul style="list-style-type: none"> ▪ Cancer screening questions included in the NHS Health Checks programme ▪ 10 half day cancer workshops delivered to community groups translated into Spanish, Somali, Arabic & Tigrinya
 Emergency preparedness, resilience & response	<ul style="list-style-type: none"> ▪ Local leadership in development of a regional pandemic framework developed for health and social care organisations that will support local preparedness and response

3. NATIONAL CONTEXT

3.1. National health protection priorities

A strategy published by the UKHSA in 2023¹ laid out their vision to prepare for, prevent and respond to health threats, save lives and protect livelihoods. This lists the following as health protection priorities, which provides the mandate for our local work:

Be ready to respond to all hazards to health	Have the right plans, expertise, infrastructure, capabilities and countermeasures in place to prevent and mount scalable and agile responses to health security threats, including pandemics. Support the whole health system to enhance its readiness and to develop robust response plans.
Improve health outcomes through vaccines	Harness UKHSA’s strengths across the whole vaccine pathway to facilitate innovation in the development of safe and effective vaccines, reliable procurement and increased uptake among the population, thereby reducing the burden of infectious disease.
Reduce impact of infectious diseases and antimicrobial resistance	Harness our science, analytical and operational expertise to minimise the impact of infectious disease, with a focus over the next 3 years on COVID-19, antimicrobial resistance and our elimination targets for blood-borne viruses and tuberculosis.
Protect health from threats in the environment	Protect the population from the health effects of environmental, chemical, radiological and nuclear incidents of any scale by improving planning and preparedness and providing public health expertise to inform policy and response.
Improve action on health security through data and insight	Capitalise on our partnerships and maximise the health impact of the data we hold, the evidence we generate and the insights we draw, to be a leader in the safe and regulated handling and use of public health data, analytics and surveillance.
Develop UKHSA as a high-performing agency	Ensure UKHSA is ready to prepare for and respond to health security challenges, at scale as required, by investing in our people and culture; partnerships and relationships; data, science and research and operational excellence.

3.2. Future of the health protection system

The Future of the Health Protection System (FHPS) is a nationally driven shared programme of work between Health Protection system partners to enhance the resilience, effectiveness, and scalability of the national and local health protection system.

Driving the work of the programme is the FHPS Co-Design Group co-chaired by the UK Health Security Agency (UKHSA) and the Association of Directors of Public Health UK (ADPH).

¹ [UKHSA 3 year strategy](#)

The Co-Design Group brings together system partners to design, develop, and deliver improvements to the health protection system, and the workplan covers the following areas:

- Health protection system roles and responsibilities
- Screening and vaccinations delegations
- What good looks like/sector-led improvement
- Regional MoU/guidance framework
- Communicable disease outbreak guidance

The FHPS programme has a vision to enhance the current system to ensure it is locally delivered, regionally enabled, and nationally supported. Locally we been active in supporting development of outputs from this programme of work.

3.3. UKHSA inequalities report

Inequalities in health protection outcomes have a high human cost as well as a wider societal impact on health services and economic productivity. Inequalities are unfair, avoidable and persistent.

The UKHSA published a Health Inequalities in Health Protection report² early in 2025. It provides a high-level description of the current state of inequalities in health protection in England and focuses on three dimensions of inequality:

- people living in different areas of deprivation
- people from different ethnic groups
- geographical inequalities (England, at regional level and Integrated Care System level as of April 2025)

The focus on these populations aligns with the UKHSA CORE20PLUS framework adapted from NHS England.

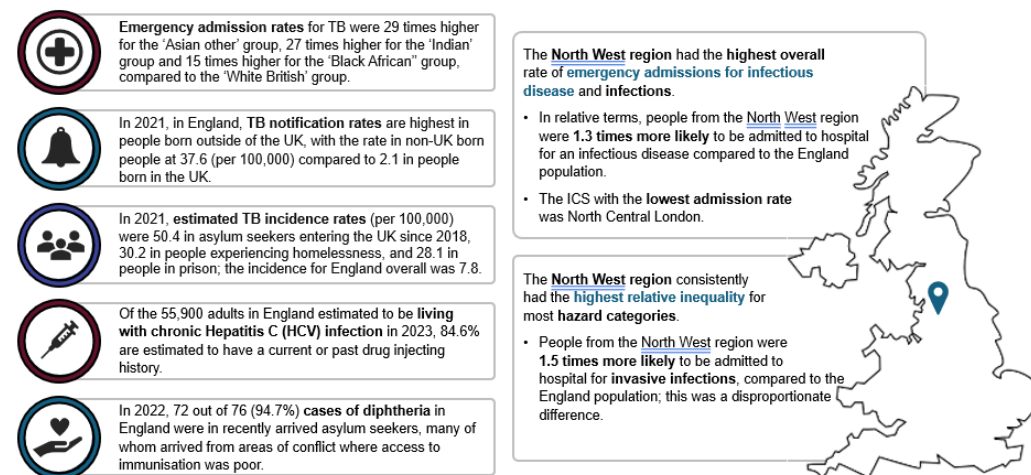


Figure 2. Communicable disease inequalities²

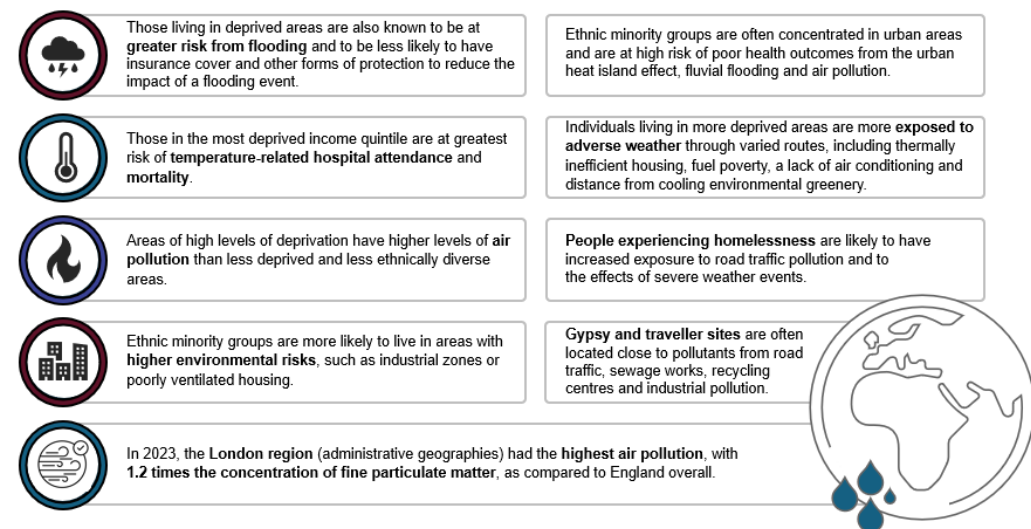


Figure 3. Environmental hazards inequalities²

² [Health inequalities in health protection report 2025 - GOV.UK](#)

Southwark response to health inequalities

Locally, Southwark have observed similar patterns of health inequalities related to health protection issues and have for many years been working to reduce the gaps between different communities by using selective targeted approaches. Examples of some of our work to tackle inequalities is set out in more detail in Section 9 of this report.

3.4. National incidents requiring a local response

Measles

The very high levels of measles cases in 23/24 continued into 24/25 in Southwark and across London. In 2024, London saw the largest measles outbreak in over a decade. Following a reduction in cases towards the end of 24/25, measles cases have once again started to increase again across several boroughs in London. Most cases were in children aged 10 and under (69%), 25% were in young people and adults aged 15 years and over. There has been one acute measles-related death in Liverpool reported so far in 2025.^{3 4}

Outbreaks are driven by low measles, mumps and rubella (MMR) vaccination coverage, so London remains at high risk of continued outbreaks. The UKHSA has continued to manage measles outbreaks, providing advice to protect those who are most vulnerable and actions to reduce transmission. Southwark falls significantly below the 95% coverage needed to achieve herd immunity for measles, with coverage at just 61.8% among children under five. Uptake remains consistently low across several ethnic groups—for example, 'Other' at 47.5% and Black Caribbean at 39.6%—compared to 78.2% among White British children⁵.

In response, Southwark, SEL and London systems launched campaigns to promote measles vaccination and spread awareness of rising infection rates. Southwark specific actions included:

- Increased comms and updates through internal channels and to primary care and sharing of the UKHSA measles resource pack.
- Harnessing relationships with colleagues in the council Education Division, schools and the school vaccination service to offer support.
- Using local health intelligence data to map areas of low uptake to inform Community Vaccination project to support uptake.
- Promotion of 'Why we get vaccinated' campaign – local assets using Community Health Ambassadors developed.
- Correspondence to schools and parents of home-schooled children and working closely and supporting the school vaccination service.
- Grants programme with local VSC organisations to promote preschool vaccinations amongst communities with low vaccination uptake rates.
- Two community pharmacies assured to provide COVID-19 and MMR vaccinations to eligible residents aged 5 years+.
- Various vaccination pop ups and health promotion sessions delivered across the borough, targeting areas of high deprivation, low uptake and higher vulnerability, including vaccination pop up clinics in nurseries, libraries and children's centres offering flu and MMR for preschool children.
- The Southwark outreach service delivered 111 MMR vaccines in 24/25 across a wide range of health and wellbeing events across the borough.

³ BMJ (2025) <https://www.bmj.com/content/390/bmj.r1475>

⁴ UKHSA (2025) [Confirmed cases of measles in England by month, age, region and upper-tier local authority: 2025 - GOV.UK](#)

⁵ SEL Primary Care Childhood Immunisations Dashboard (last updated 07/07/2025)

Pertussis (whooping cough)

High levels of pertussis also continued during 2024. This infection tends to spike on a 4-to-5-year cycle, but the impact of the pandemic and falling maternal vaccination rates led to unusually high numbers of cases in 2023/24.⁶ In England, provisionally there were 14,894 laboratory confirmed cases of pertussis reported to the UKHSA between January and December 2024 with 554 cases in January 2024 increasing by month to 3,034 in May and then decreasing by month to 179 in December⁷.

Whooping cough vaccination is offered to pregnant people to protect newborns from whooping cough until they are old enough to get the 6 in 1 vaccine. The pertussis vaccine has been offered to pregnant people since 1 October 2012.

The 6 in 1 vaccine and the pre-school booster vaccine give children good protection against whooping cough, and particularly from severe disease, however immunity wanes over time, so the vaccine provides limited protection from transmission in teenagers and adults.

There were 11 reported deaths nationally in infants who developed pertussis between January and December 2024. Whilst monthly case numbers have fallen, pertussis activity remains high and continues to be closely monitored. Cases remain low in Southwark, but we continue to extensively promote pertussis vaccination at events, during outreach and via our local communication routes.

Mpox

Mpox is a viral zoonotic disease that is caused by the monkeypox virus (MPXV). Until May 2022, mpox was primarily identified in Central and West Africa, since then, it has spread globally, with cases reported in

multiple countries that have not previously had mpox transmission, including the UK.

There are two distinct clades of MPXV, clade I and clade II. There have been at least three emergences from animal reservoirs leading to sustained human-to-human transmission:

- Global outbreak of clade IIb in gay, bisexual or other men-who-have-sex-with-men (GBMSM) in 2022/2023
- Regional outbreak of clade Ib in affected African countries, with some exported cases from 2024
- Outbreak of clade Ia in Democratic Republic of Congo (DRC) in 2024.

MPXV disease was classified as a high consequence infectious disease (HCID) in 2018 meaning that all cases were managed via HCID pathways in healthcare settings. As of December 2024, The Advisory Committee on Dangerous Pathogens (ACDP) recently assessed evidence gathered by UKHSA for clade I mpox and advised that it no longer met the criteria of a high consequence infectious disease (HCID) due to low case fatality rates, similar clinical severity for clade I and clade II, no community transmission and effective vaccine available people who are most at risk⁸.

⁶ UKHSA (2025) [Prenatal pertussis vaccination coverage in England from January to March 2024, and annual coverage for 2023 to 2024](#)

⁷ UKHSA (2025) Confirmed cases of pertussis in England by month, 2024: [Confirmed cases of pertussis in England by month, 2024 - GOV.UK](#)

⁸ UKHSA (2025) Derogation of clade I mpox (19th March 2025)

4. COMMUNICABLE DISEASE CONTROL

4.1. Notifications of infectious disease

UK legislation identifies certain infectious diseases which must be notified to the UKHSA by medical practitioners. Notifiable diseases are certain infections that may present a risk to human health and reporting suspected cases of to the UKHSA protects public health.

UKHSA health protection teams use the information to manage outbreaks and prevent further infections. For example, they:

- provide public health advice to reduce the spread of infection
- carry out contact tracing
- send additional diagnostic test kits
- identify disease trends and risks.

Officers in the Food Safety Team of the council deliver the function of investigating cases of food related notifiable infectious disease in partnership with the UKHSA South London Health Protection Team.

During 2024/25, there were 82 food related infectious disease notifications received and processed by the Food Safety Team in Southwark. The role of the Food Safety team is to investigate cases of gastrointestinal infections to identify the source of infection, prevent further spread of infection, limit its effect on the population and protect high-risk contacts.

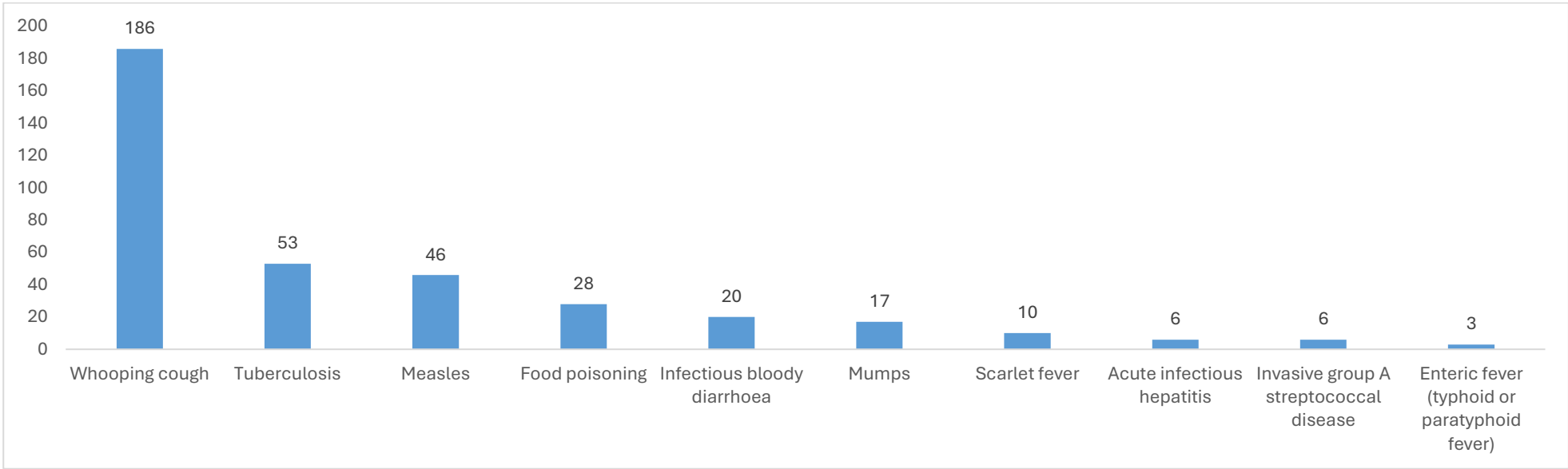


Figure 4. Most common notifications of suspected infectious disease in Southwark April 2024 – March 2025 (Source: UKHSA, 2025. Statutory Notifiable Diseases)

4.2. Managing cases and outbreaks

The UKHSA are the main agency responsible for managing cases of infectious disease and outbreaks. They inform the Director of Public Health when local action is required. Since COVID-19 the local health protection team in the council also provide some support to settings when they experience outbreaks, particularly respiratory and norovirus outbreaks in care settings and schools – always aligning with national guidance and the advice provided by the UKHSA South London Health Protection team.

Norovirus activity in London, including Southwark, was significantly elevated during winter 2024/25. Nationally, lab-confirmed cases were more than twice the five-season average, with over 9,900 reports by late February 2025. Outbreaks in hospitals and care homes also rose sharply, with a 66% increase in reports.⁹

The London MOU for incidents and outbreaks

A memorandum of understanding (MOU) has been developed for the management of complex infectious disease outbreaks and incidents requiring a multi-agency response. The MOU is for the whole of London, and the signatories are: the UKHSA, NHSE London, each ICB and each Director of Public Health on behalf of their Local Authority. The Southwark Public Health Division played an active part in this work, as part of a small steering group, coordinating the development of the MoU as well as representing public health across SEL.

The MOU outlines the roles and responsibilities of each agency at each stage of a complex outbreak, including responsibilities for funding of the outbreak response and communications.

It was approved for Southwark and signed by the Director of Public Health at the June 2025 Health Protection Board.

4.3. Food safety

The primary aim of the Food Safety Team is the prevention of food-related illness, best achieved by encouraging effective management by those responsible for preparing and supplying food. The team checks business compliance with food law requirements, primarily through a series of routine inspections of food businesses and responding to complaints about food and allegations of foodborne illness.

UK food law requires all food businesses to be registered with the local authority. At the time of an inspection, a business is awarded a risk rating between A and E which will determine the next routine food hygiene inspection date for that business. An 'A rated' business is the highest risk and will be due for its next food hygiene inspection in 6 months and an 'E rated' business is the lowest risk and will be due for its next food hygiene inspection in 3 years.

In 2024/25, the team carried out 1471 food hygiene inspections, which included all high-risk food business (Category A and B). The chart below provides a breakdown of the number of food hygiene inspections completed by risk rating in 2024-25.

⁹ National norovirus and rotavirus surveillance reports: 2024 to 2025 season

⁹ UKHSA (2025) Influenza in the UK, annual epidemiological report: winter 2024 to 2025

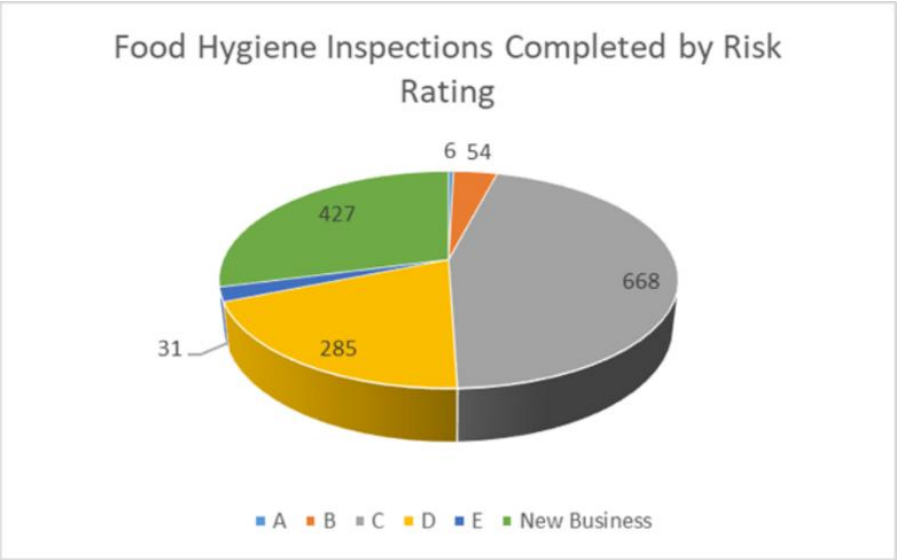


Figure 5. Completed Food Hygiene Inspections in Southwark by Risk Rating.

Owing to the cumulative impact of the pandemic, a significant number of food businesses in the lowest risk categories (D and E) are overdue an inspection. In 2024/25, the team made good progress in reducing the number of overdue low risk Category D inspections. As the team’s resources were targeted towards higher risk business, not enough progress was made in inspecting Category E businesses that are overdue for inspection. To clear this backlog of inspections, in 2025/26, the team will be targeting resources towards Category E businesses.

There is a national shortage of suitably qualified and experienced officers available to deliver food safety regulation. This is a challenge for the service. Despite resourcing issues, the team completed 44% more inspections in 2024/25 compared to the previous year (1471 v 936). 95% (1404 of 1471) of food businesses inspected in 2024/25 were deemed broadly compliant with food hygiene requirements, exceeding the national target of 75% set by the Food Standards Agency. Well-

regulated and compliant food businesses mean there is less likelihood of food poisoning from food purchased from these businesses.

281 complaints of food poisoning were received by the team during 2024/25. Where issues of non-compliance with food law are found, the team will take the appropriate enforcement action to secure compliance with food law. The below table provides an overview of the enforcement action taken by the Food Safety Team in 2024/25.

Table 2. Enforcement activities issued by the Southwark Food Safety Team in 2024/25.

Enforcement Activity Description	Number issued
Written warning/Informal schedule of works	1334
Food Hygiene Improvement Notice	5
Hygiene Emergency Prohibition Notice	2
Prosecution Reports submitted to Legal	4
Number of Prosecutions secured	3

Key cases from 2024/25 include:

- Conclusion of Operation Bantam where three defendants pleaded guilty and the fourth was found guilty following an 11-week trial in the Crown Court for conspiracy to defraud residents of Southwark. An illegal meat cutting room was discovered in the East Street area by the Food Team. Investigations alongside the National Food Crime Unit traced the illegal meat to an animal waste product facility in Somerset where category 3 waste products were being redistributed back into the food chain. Sentencing is due in August 25.

- Conclusion of the Pop Inn Café case where a 12-year-old girl who was allergic to tree pollen and tree nuts sadly died after drinking a milkshake from the premises. Investigations found that the milkshake blender was not cleaned in between uses and this caused the milkshake to be contaminated with allergenic substances (nuts). The defendant pleaded guilty to all offences.
- Two closures were carried out at different locations of Heritage Cheese in Southwark due to rodent infestations at both locations. At one of the locations, 30kg of cheese was voluntarily surrendered as officers were unable to ascertain the shelf life of the cheese. The hearings for both cases are scheduled at Croydon Magistrates Court on the 7 July 2025.
- 40kg of illegally imported fish products from Sierra Leone were discovered during the routine food hygiene inspection of a premises. The fish products were concealed in boxes labelled as vegetables. The fish was subsequently destroyed.

4.4. Spotlight on a rising infection: Tuberculosis

TB continues to be a significant infectious disease accounting for loss of life worldwide. While the number of notifications has fallen in the past, TB in England continues to be a major burden and we are unlikely to achieve the WHO (World Health Organisation) eradication target by 2035. Unfortunately, for a variety of reasons, the number of notifications has increased significantly over recent years.

To support this agenda, the Public Health England (PHE) and NHS England (NHSE) TB strategy 2015-2020¹⁰, and the TB Action Plan for England 2021-2026 were put in place.

Regrettably over recent years the decline in notifications has reversed with an 11% rise in 2023, and the trend continuing in early 2024 data.

¹⁰ PHE (2015) Collaborative TB Strategy for England 2015 - 2020

Large increases occurred in non-UK born people, with those who were UK born also increasing. As expected, the increases are concentrated in large urban areas in the most deprived postcodes. The rate of notification was especially high amongst the homeless and prisoners; over 28 per 100,000, in contrast to all England rate at 7.8 per 100,000.

Being an asylum seeker was the most common social risk factor (7.2%) in Q1 2025 followed by homelessness (5.6%) and drug use (5.1%).



Figure 6. Number of TB notifications in London between January to March (Q1) 2022 and January to March (Q1) 2025

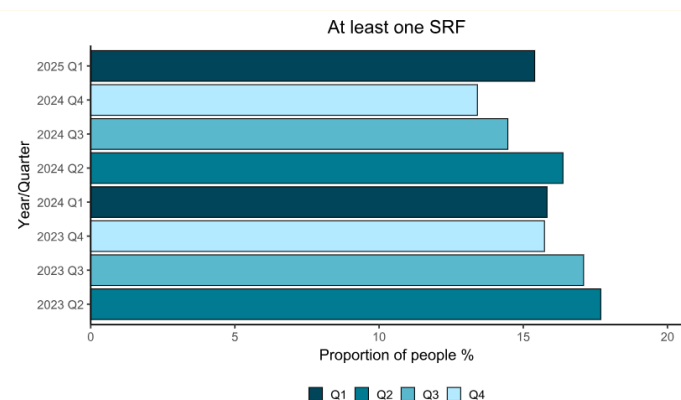


Figure 7. Proportion of TB notifications (15 years or older) with at least one social risk factor (SRF), England, over the last 2 years

In 2025, TB action in the UK is being driven by a renewed urgency to reverse rising incidence rates and meet the World Health Organization's 2035 elimination targets. The UKHSA TB Action Plan for England (2021–2026)¹¹ remains central, focusing on five priorities: recovery from COVID-19, prevention, detection, disease control, and workforce development. It emphasizes targeted interventions for high-risk groups, including migrants, people experiencing homelessness, and those with drug-resistant TB.

Complementing this, the GIRFT (Getting It Right First Time) TB Review¹², commissioned by NHS England, provides a data-driven assessment of TB services across England. It identifies unwarranted variation, promotes good practice, and recommends service transformation, particularly around diagnostics, case management, and care for underserved populations.

Additionally, the UKHSA's 2025 Call for Evidence is shaping the next national TB strategy (2026–2031)¹³, aiming to prioritise effective, equitable interventions and address emerging epidemiological trends.

TB in Southwark

Southwark is likely to experience a higher burden of TB compared to many other London boroughs, due to high population density, housing challenges, and a diverse population with a significant proportion of residents born in countries where TB is more prevalent.

Although borough-specific data is not published separately, Southwark's TB profile reflects national patterns in key risk factors. Social determinants such as homelessness, imprisonment, and substance misuse contribute to TB vulnerability in the borough. Additionally, the global nature of TB transmission is evident in Southwark, where a large proportion of TB cases occur among individuals born outside the UK¹⁴.

A comprehensive Southwark TB Review for 2025/26 is currently in progress which will examine local TB trends and risk factors, map services for health inclusion groups and review the effectiveness and accessibility of current services and aims to identify gaps and opportunities for improvement.

4.5. Antimicrobial resistance (AMR)

AMR poses a significant risk locally and globally and occurs when the microorganisms which cause disease (including bacteria, viruses, fungi and parasites) are no longer affected by antimicrobial medicines such as antibiotics, antivirals, antifungals and antiparasitics that we use to kill them, prevent and treat the disease. Resistance is accelerated by:

- inappropriate use of antimicrobial drugs
- poor infection prevention and control practices
- a lack of new antimicrobial drugs being developed
- insufficient global surveillance of infection rates.

As resistance continues to increase, more outbreaks will happen, infections will become difficult to treat, routine surgical procedures will be dangerous to perform and the infection spread within communities and healthcare settings pose a significant public health risk.

The South East London forum on antimicrobial stewardship provides oversight on performance and drives action to reduce the risk. The Southwark Health Protection Board held a themed session on AMR, current risks and local action being taken to mitigate in the meeting in December 2024 and will ensure AMR remains on the agenda in 2025/26.

¹¹ UKHSA (2023) Tuberculosis (TB): Action plan for England 2021 to 2026

¹² RNOH/GIRFT (2025) Review of Tuberculosis National Report March 2025.

¹³ Tuberculosis National Action Plan 2026 to 2031 – Call for Evidence

¹⁴ UKHSA (2025) [National quarterly report of tuberculosis in England quarter 1, 2025, provisional data - GOV.UK](#)

5. SEXUAL HEALTH

5.1. Sexually transmitted infections

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 2024, there were over 8,792 new STI diagnoses among residents, a 2.8% decrease from cases reported in 2023. Last year, Southwark had a:

- 9.1% drop in gonorrhoea diagnoses
- 10.6% drop in chlamydia diagnoses
- 10.1% drop in genital warts diagnoses
- 0.3% increase in syphilis diagnoses

STI testing in Southwark has risen each year since 2020, increasing by 9.3 % from 2022 to 2023 and by a further 4 % in 2024 when under-25 chlamydia screens are excluded. 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.

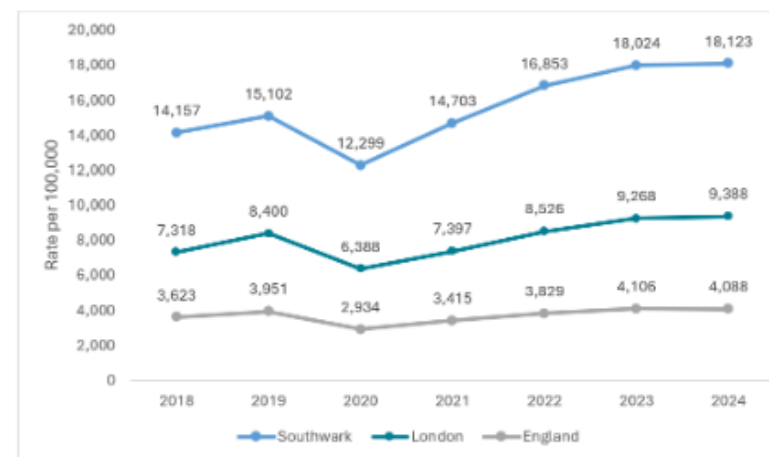


Figure 8. Annual diagnosed chlamydia and gonorrhoea cases in Southwark residents, 2018- 2024

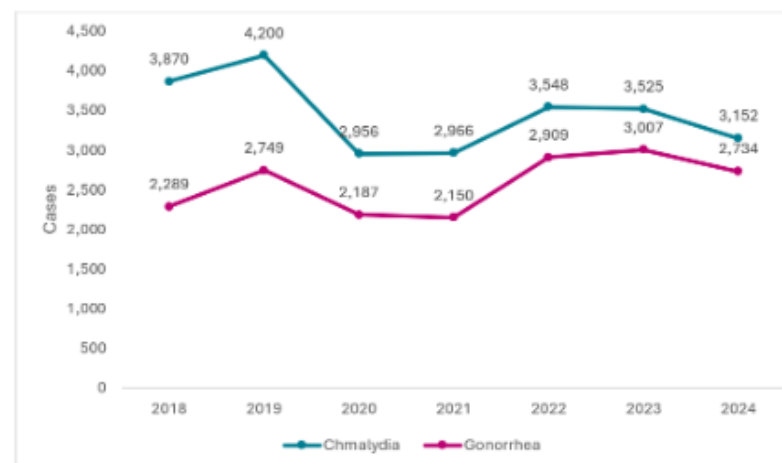


Figure 9. STI testing rate per 100,000 population by year in Southwark, London and England, 2018–2024.

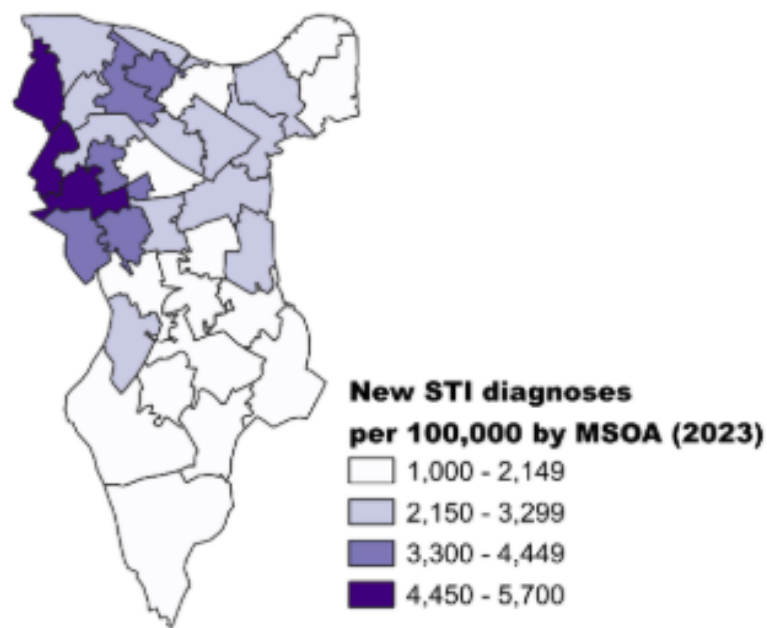


Figure 10. Prevalence of new STI diagnoses in all-age Southwark residents, per 100,000 pop, by Middle Super Output Area, 2023

5.2. HIV

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 2023, there were 3,100 residents with diagnosed HIV; 2023 data indicated highest prevalence in the north-west and centre-west of the borough. There were 85 new diagnoses in 2023, giving a rate of 27 per 100,000, the fifth highest level of new diagnoses in London.

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.

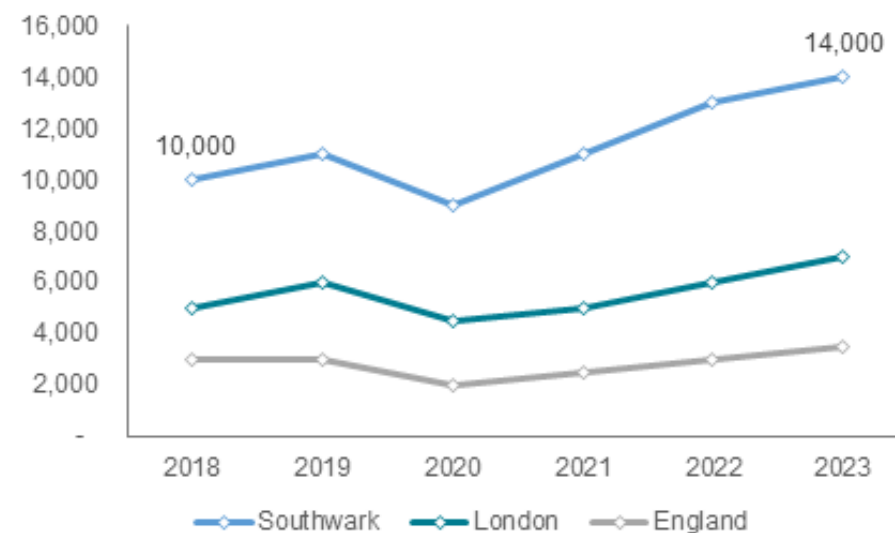


Figure 11. HIV testing rate per 100,000 residents in Southwark, London and England, 2018 to 2023

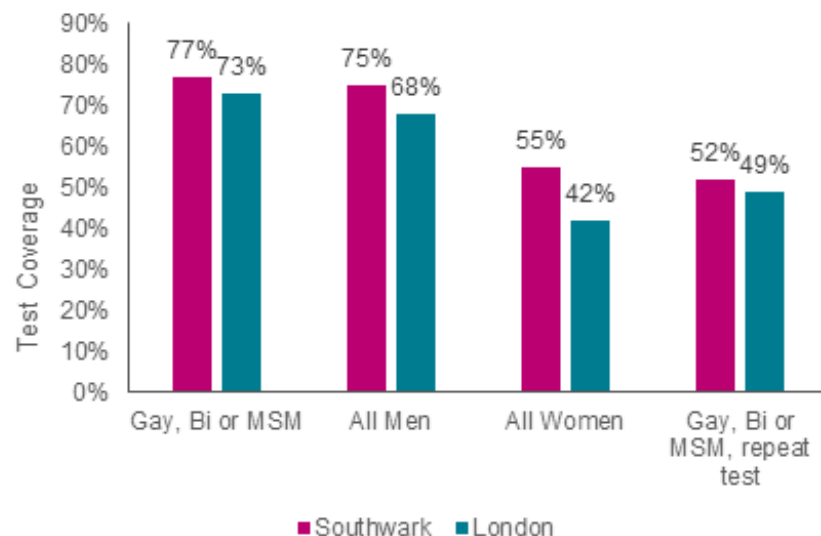


Figure 12. HIV testing coverage among those eligible for an HIV test in specialist sexual health services, by sexual identity group, for Southwark and London, 2023.

Late diagnosis of HIV is an important predictor of poor health and premature death.

In 2021–23, 42% of Southwark adults diagnosed with HIV received a late diagnosis, comparable to London (41%) and England (44%). Almost one-third (32%) of gay, bisexual and other men who have sex (MSM) with men received a late diagnosis in 2021-23, lower than levels for heterosexual or bisexual women (46%) and heterosexual men (79%). This large difference between late diagnosis in heterosexual males

compared to their gay, bisexual or MSM peers can partly be explained by less stigma, higher testing rates and therefore greater reach of testing amongst the latter groups, reducing the number of people identified with a late HIV diagnosis.

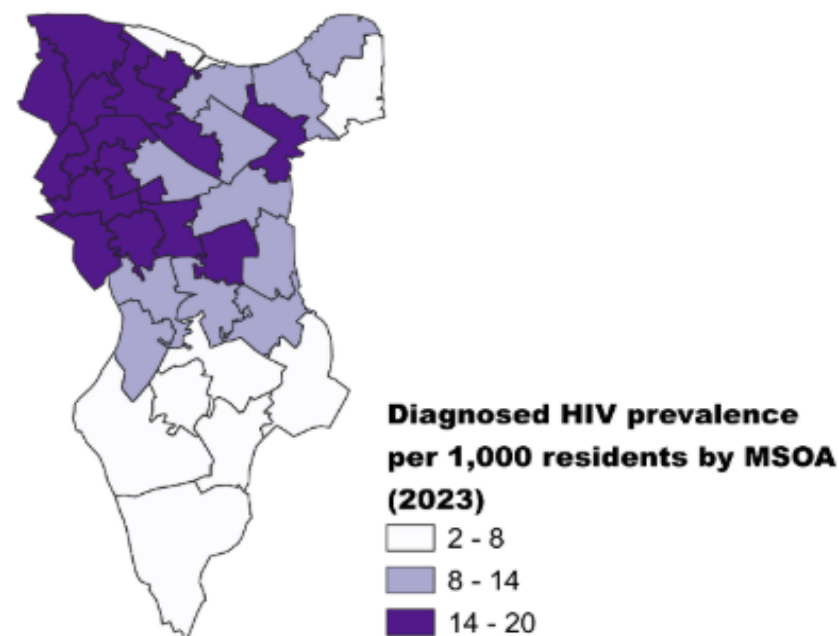


Figure 13. Diagnosed HIV prevalence per 1,000 population for all-age Southwark residents by Middle Super Output Area, 2023. Source: UKHSA 2024

5.3. Local initiatives to reduce the burden of poor sexual health

Public Health are operationalising tangible programmes to reduce the burden of high sexual health needs and inequalities including:

HIV Confident Charter

Southwark Council is currently progressing toward accreditation under the HIV Confident Charter, a national charter mark developed by the National AIDS Trust (NAT) in collaboration with Positively UK and aidsmap. The charter supports organisations in becoming welcoming and stigma-free environments for people living with HIV.

As part of the process, Southwark is undertaking the following steps:

- Completion of a short all-staff survey
- Review of HR policies using the HIV Confident toolkit
- Delivery of a 25-minute e-learning module for staff
- Appointment of a named HIV Confident Champion with annual reporting responsibilities

Latin American HIV POCT

The Public health team has signed a contract with Metro City to deliver a community-led HIV point-of-care testing (POCT) and prevention service for Southwark's Latin American communities, focused on pop-up testing in trusted venues, rapid linkage to confirmatory care, and PrEP navigation. This aligns with our approved programme and its aims to boost awareness, increase POCT uptake, and reduce late diagnosis among priority group.

Condom distribution Scheme

This contract is now live with Freedoms Shop (CNWL), delivering borough-wide free condom and lubricant access online and through GP practices, pharmacies and priority community settings to normalise and

increase condom use, remove cost/access barriers, and—via opportunistic offers during LARC/EHC visits, targeted promotion and robust monitoring—reduce STIs and HIV and prevent unintended pregnancies.

GP LARC service

Provision of an enhanced GP-led long-acting reversible contraception (LARC) offer across Southwark via participating practices and neighbourhood hubs - covering implant and IUD/IUS fits, replacements and removals - with inter-practice referrals to cut waits, a funded fitter-training package and £250 per-practice retainer to support participation, standardised coding with quarterly monitoring, targeted comms to boost uptake in high-need areas, and inclusion of non-contraceptive indications (e.g. menorrhagia, endometriosis, HRT) with ICB repayment - directly advancing the LSLBB aim to increase access to contraception and reduce unintended pregnancies.

6. VACCINATION PROGRAMMES

6.1. Oversight of vaccination programmes

Vaccination is the safest and most effective way of protecting individuals and communities from vaccine-preventable diseases, and a programme of work is in place across the system to improve uptake and access and reduce inequalities in coverage.

Robust oversight arrangements are in place that provide assurance and support for all vaccination programmes, and effective working partnerships and collaborations exist between the Council, ICB, NHS and community organisations. In 2024/25, all vaccination programmes continued to be commissioned by NHS England regional teams, with the Director of Public Health (DPH) responsible for assuring vaccination programmes and promoting actions to tackle inequalities.

Table 3. Vaccination programme providers and changes in 2024/25

Vaccination programme	Provider	Changes in 2024/25
Maternal vaccinations (pertussis, RSV, seasonal flu, COVID-19)	Maternity services; primary care	RSV vaccination offered from 1 Sept 2024
Routine childhood vaccinations (0-4s)	General practice	None (updated from July 2025)
School age vaccinations (HPV, DTP, MenACWY, flu)	Kingston and Richmond NHS Foundation Trust	Expanded service from 2023/24 – including evergreen & MMR offer and 3 year uptake improvement plan.
Adult vaccinations (shingles, pneumococcal; RSV, seasonal flu, COVID-19)	Primary care	COVID-19 spring booster 75+ (previous year was 65+) RSV added to schedule from 1 Sept 2024

Vaccination programmes in Southwark are overseen by the Vaccination Oversight Group and associated work groups, reporting to the DPH via the Health Protection Board, and to the Director of Partnership Delivery and Sustainability and senior management team of Partnership Southwark.

As of 1 July 2025 significant changes have been made to the routine childhood vaccination schedule and selective HepB vaccination which are detailed [here](#).

6.2. Pre-school vaccinations

Uptake of pre-school childhood vaccinations in Southwark is generally comparable to London but below England averages and target levels (95%).

Levels of childhood 6-in-1 vaccination (covering diphtheria, tetanus, pertussis, polio and Haemophilus influenza type B) have generally fallen in recent years, with the most recent year showing a 1.3 percentage point reduction.

LSOA data for 24/25 shows, when compared to other London boroughs Southwark has one of the lowest uptakes rates for routine childhood immunisation and has been consistently below the 95% target recommended by the WHO and NHSE required for herd immunity and to protect children against serious infectious diseases such as measles.

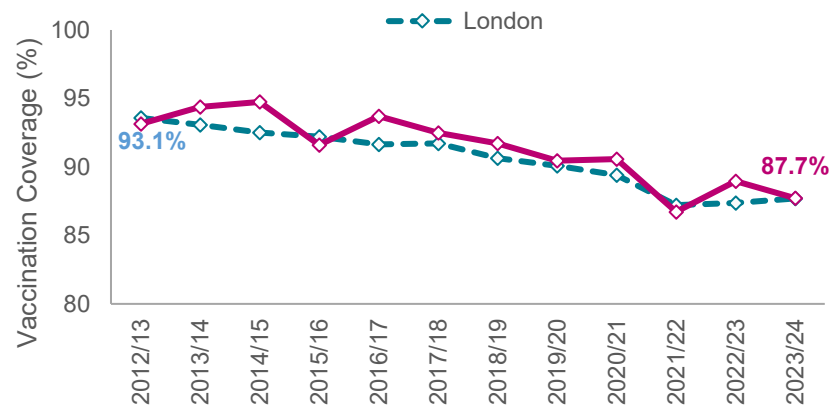


Fig 14: Childhood 6-in-1 vaccination coverage at 2 years of age, for Southwark & London: 2013/14 to 2022/23. (Source: NHS England, 2024. Child Vaccination Coverage Statistics, 2012-13 to 2023-24).

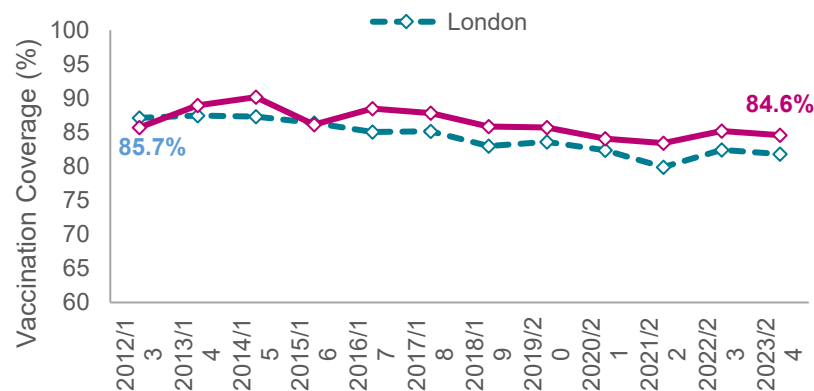


Figure 15: Childhood MMR vaccination coverage at 2 years of age, for Southwark & London: 2012/13 to 2023/24. (Source: NHS England, 2024. Child Vaccination Coverage Statistics).

The MMR vaccine protects against measles, mumps and rubella, which are highly infectious diseases that can have serious complications, including meningitis, swelling of the brain and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage. Southwark levels of childhood MMR vaccination have stalled or fallen since 2014/15, with coverage 5.6 percentage points lower than most recent data (2023/24).

Falling vaccination coverage is driving the increase in numbers of cases of these infections.

In Southwark, MMR vaccine uptake continues to show marked inequalities across ethnic groups, with lower coverage observed among children from Black, Asian, and other minority ethnic backgrounds.

Table 4. Highest and lowest ethnic group uptake in 0-5 age group. (Source: SEL Dashboard¹⁵)

Highest uptake ethnic groups		Lowest uptake ethnic groups	
Chinese	80.4%	Caribbean	39.4%
White British	76.2%	Not stated	49.4%
White/Asian	77.3%	White/Black Caribbean	52.6%

There are multiple interacting factors affecting vaccination uptake including population demographics, deprivation, access inequalities, language barriers and vaccine hesitancy.

Southwark has a complex population, it is the most diverse borough in London, more than 40% of residents were born outside of the UK, 120 different languages are spoken and have four hotels providing housing and health and wellbeing services for asylum seekers and refugees.

¹⁵ SEL Dashboard – MMR Ethnicity Breakdown (last updated 18/08/2025)

Southwark has and continues to implement a wide range of innovative, targeted interventions to reflect the needs of the population. In 2024/25 this has included:

- Over 163 outreach events held across the borough all of which had a vaccination focus, provided eight pop-up vaccination clinics that offered flu and MMR vaccinations, in addition to the PCN led Extended Access Clinics.
- Southwark ran a small grants programme, awarding community organisations a grant to reach and engage with underserved communities with lowest uptake of vaccinations and understand and work in partnership with Southwark Public Health and ICB to implement strategies to resolve the issues. For example, we used members of the community to participate in ‘Why we get vaccinated campaign’, creating posters and videos in seven different languages that would resonate with the targeted populations: Back Africa, Black Caribbean, Asian, Refugee and Asylum seekers.
- Jitsuvax training was delivered widely to support healthcare workers and others to communicate effectively when having conversations about vaccinations. Jitsuvax training is designed around empathetic refutational interview techniques to equip healthcare professional with the skills and confidence to address vaccine hesitancy and misinformation when speaking with parents/families

Levels of child flu vaccination coverage (2 and 3 year olds) have fallen substantially in Southwark since 2020/21, in line with falling London levels.

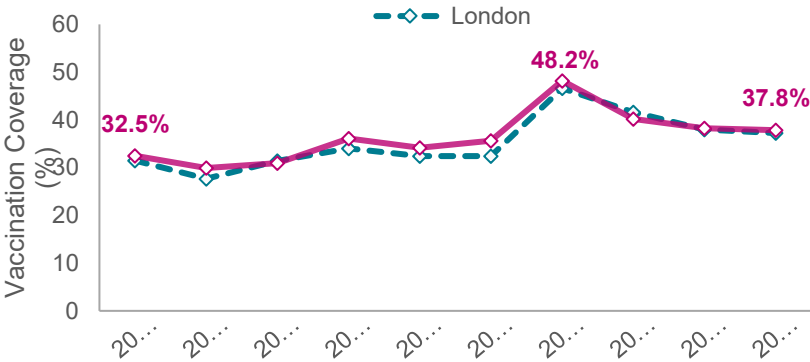


Figure 15. Childhood flu vaccination coverage at 2 to 3 years old, for Southwark & London: 2017/18 to 2023/24 (Source: NHS England, 2024. Child Vaccination Coverage Statistics).

While efforts continue to improve uptake among vulnerable groups, inequalities remain. Children with additional health, social or safeguarding needs, new migrants to Southwark, and later-born children of large families are all at higher risk of being unimmunised.

6.3. School aged vaccinations: focus on HPV

In the academic year 2023 to 2024, HPV vaccination coverage among adolescents in Southwark remained below the national average.

Southwark reported HPV dose 1 coverage of 52.6% among Year 9 students. This is lower than the London regional average, which stood at 60.3% for dose 1. HPV changed to one dose from September 2023.

In contrast, England overall achieved significantly higher coverage, with dose 1 at 71.3%.¹⁶ HPV coverage has been on a downward trend in Southwark and nationally most prominently for the last five years.



Figure 16. Southwark HPV coverage (year 8 females) trends from 2014 – 2024, Southwark and London.

Southwark has implemented targeted measures to address the decline in HPV vaccination uptake:

- Data-driven school engagement: local school-level data has been reviewed to identify schools with low uptake. These schools received tailored letters of support from the local authority to raise awareness and encourage action to improve coverage.
- Enhanced communications: HPV vaccination has been regularly promoted through multiple local authority channels, including

public health communications, education networks, and direct to residents through newsletters.

6.4. Seasonal vaccinations

COVID-19 and flu vaccinations continued to be offered to over 65s, those with a long-term health condition that make them vulnerable to severe disease, pregnant people and frontline health and social care staff. Flu vaccination was also offered to children.

The COVID-19 and flu vaccination campaigns launched at the start of October for most eligible groups, with 2–3-year-olds, pregnant people and school children offered the vaccine in September.

Both primary care networks opted in to deliver COVID-19. The North PCN ran clinics at Spa Medical Centre and extended access clinics, while the South PCN used Tessa Jowell. Care home resident vaccinations were offered by Quay Health Solutions Care Home GP service to our older adult care homes, and the South PCN visited other care homes.

Fourteen community pharmacies offered COVID-19 and flu vaccinations and 394 COVID-19 and 431 flu vaccinations were delivered at health outreach events across 2024/25.

Flu Vaccination in Southwark

The influenza season commenced in the latter half of November 2024, marked by an increase in influenza A(H1N1) activity, which peaked shortly before the beginning of 2025 and subsequently declined. Influenza B activity emerged in January, contributing to a gradual reduction in overall influenza circulation.

¹⁶ UKHSA (2025) <https://www.gov.uk/government/statistics/human-papillomavirus-hpv-vaccine-coverage-estimates-in-england-2023-to-2024/human-papillomavirus-hpv-vaccination-coverage-in-adolescents-in-england-2023-to-2024#data-sources-and-methodology>

Overall influenza activity during the 2024/25 season was higher compared to 2023/24.

Adult vaccine uptake was lower in 2024/25 than in the previous season. Modelling estimates suggest that, in England, the influenza vaccination programme prevented between 96,000 and 120,200 hospital admissions.¹⁷

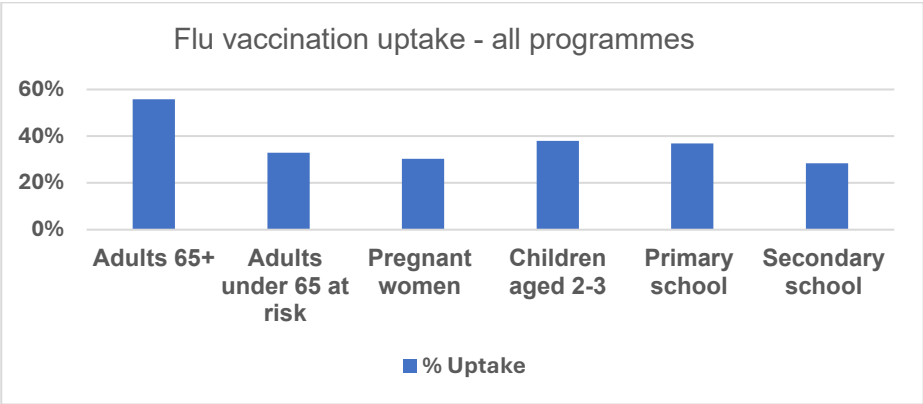


Figure 17. Flu vaccination uptake across all programmes for 2024/25^{18,19}

Many programme areas saw a decrease in uptake from last year, with the exception of maternity services which increased 5.6% points from last year. This increase in uptake in pregnant people category might be due to SEL-wide improvements to support residents to receive vaccination through communications and increased midwifery knowledge and awareness.

In June 2025, a Southwark system-wide flu meeting was held, with representatives from each programme in attendance. The discussion reflected on insights and learning from the previous year’s campaign

and generated practical suggestions for collaboration to help boost uptake in the upcoming season.

COVID-19 vaccinations in Southwark

Throughout the 2024/25 season, COVID-19 activity in England remained at baseline levels, with slight increases observed across some surveillance indicators.

COVID-19 vaccination autumn booster uptake during the 2024/25 season varied significantly across priority groups. Among adults aged 65 and over, uptake reached approximately 25%, representing the highest coverage among the groups assessed. Adults under 65 who were considered at risk had a lower uptake of around 15%, while pregnant women had the lowest recorded uptake at about 10%. Adults under 65 continue to have consistently low uptake across vaccine programmes, identifying the need to prioritise for next year’s roll out.

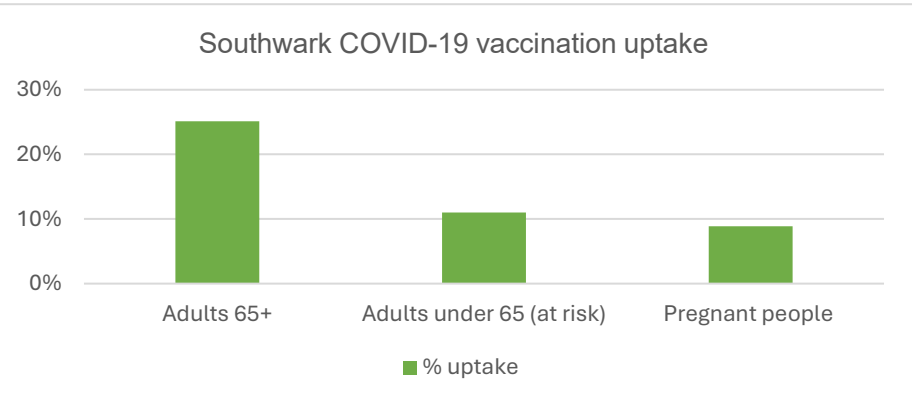


Figure 18. COVID-19 vaccination uptake 2024/25²⁰

¹⁸ UKHSA 2025. Seasonal flu vaccine uptake in GP patients for 2024 to 2025, up to 28th February.
¹⁹ UKHSA 2025. School flu vaccine uptake for 2024 to 2025. Up to end of January.
²⁰ UKHSA (2025) Seasonal influenza vaccine uptake in GP patients: winter season 2024 to 2025.

Respiratory Syncytial Virus (RSV)

The respiratory syncytial virus (RSV) vaccine is a new immunisation programme designed to protect against a common respiratory virus that can cause severe illness, particularly in infants and older adults.

The national RSV vaccination programme was launched in England on 1 September 2024 and targets two key groups: pregnant people and older adults aged 75 to 79.

For older adults, the programme offers a single dose of the RSV vaccine to individuals turning 75 years old on or after 1 September 2024. To support the rollout, a catch-up campaign was also in place for those who were already aged 75 to 79 on the programme's start date. Vaccinations for this group are primarily delivered through GP practices and participating pharmacies.

Pregnant people are also eligible for a single dose of the RSV vaccine during each pregnancy. The vaccine is ideally administered at the 28-week antenatal appointment or shortly thereafter, providing protection to newborns during their most vulnerable early months. Access to the vaccine is available through maternity services, GP surgeries, and selected pharmacies.

As this is a newly launched programme, borough-level data remains limited. However, early uptake figures provide some insight into coverage across London. Among older adults, vaccine uptake in London currently is 47%. For pregnant people in their third trimester, uptake in London is 44%, with SEL reporting a slightly lower rate of 35.5%.

6.5. Southwark Pensioner's Centre (SPC) Report

A community-based research project led by Southwark Pensioners Centre (SPC), in partnership with Southwark Council, explored COVID-19 vaccine hesitancy among BAME residents aged 65 and over in five

Southwark wards with historically lower uptake. The report revealed that only 56.5% of respondents in these areas had received three or more COVID-19 vaccinations, compared to 75% in non-targeted wards. Barriers included limited access to trusted health information, concerns about side effects, and a lack of culturally sensitive communication from healthcare providers.

Participants described feeling dismissed when raising post-vaccination concerns and found reminder communications overly directive and stressful. Mistrust in the healthcare system—shaped by past negative experiences and perceived inconsistencies in vaccine rollout—further contributed to hesitancy. Although most participants critically rejected conspiracy theories, cultural preferences for natural remedies and low awareness of local health ambassadors highlighted the need for more tailored engagement.

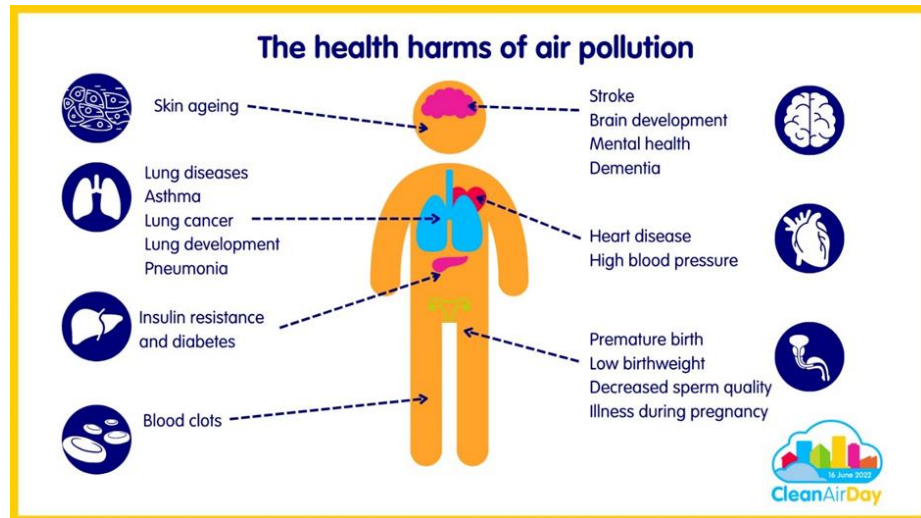
The report recommends enhancing localised outreach, improving transparency around vaccine side effects, and fostering respectful, culturally informed dialogue between healthcare professionals and community members. Expanding access through mobile units, home visits, and better promotion of Southwark Community Health Ambassadors. These will be taken forward locally in work programmes.

7. ENVIRONMENTAL HAZARDS

7.1. Air pollution and health

Cleaner air leads to longer and healthier lives. Air pollution is thought to be responsible for between 29,000 – 43,000 deaths annually in the UK. It contributes to a range of health issues including cardiovascular and respiratory illnesses, lung development problems in children, stroke, and cancer.

The health effects of poor air quality are felt unequally. They are influenced by; susceptibility – how likely a person is to get sick; and exposure – how much polluted air they breathe. Children, older people, those with certain health conditions, and those who spend more time in high pollution areas are therefore disproportionately affected by air pollution, although it harms everyone.



(Source: Clean Air Day 2022: Air pollution impacts every organ)

Air quality statutory duty

A comprehensive action plan is in place to reduce air pollution in Southwark to below nationally set limits.

A UK government framework sets out air quality standards and objectives for key pollutants. Where the objectives are unlikely to be met, the local authority must declare an Air Quality Management Area, plus identify and publish actions to reduce air pollution.

- Since January 2023, all of Southwark is declared an Air Quality Management Area.
- An Air Quality Action Plan (AQAP) is in place to monitor and reduce air pollution, and to help avoid exposure to pollutants. Southwark's Air Quality Action Plan 2023-27 focuses on monitoring; developments and buildings; cleaner transport; schools, health services, and communities; awareness raising; inspiring and influencing; and indoor air pollution. All of the monitoring and core statutory duties in the Air Quality Action Plan were completed.
- Air quality features in many of Southwark's other strategies too, including the Climate Change Strategy, Streets for People, Southwark Plan, Health and Wellbeing Strategy, and Council Delivery Plan.
- In 2024, a new air quality governance structure was established. An Air Quality Board oversees delivery of the AQAP, as well as additional projects delivered by a variety of council divisions represented in the Air Quality Delivery Group. The Board and Delivery Group include representatives from NHS and Impact on Urban Health to facilitate collaborations.

- The Board and Delivery Group focus on three key themes: construction, freight, and indoor air quality (including domestic wood burning). These sit alongside the council's Streets for People strategy, which focuses on other influences of air quality including transport, active travel, and green spaces.

Damp and mould

Health impacts of mould spores are particularly severe for individuals with respiratory conditions such as asthma. Exposure to mould can exacerbate asthma symptoms, trigger attacks, and lead to chronic respiratory issues. Children and elderly people are especially vulnerable. Addressing damp and mould is a legal obligation and a public health priority.

Damp and mould pose health risks in both private and council residential housing. Where mould growth is so severe or so extensive that it poses a serious threat to the health of occupants, then it should be classified as a Category 1 hazard requiring immediate action. under the Housing Health and Safety Rating System (HHSRS). Southwark has a duty (Housing Act 2004) to address hazards in our housing stock, including damp and mould.

The Environmental Protection Team (EPT) is collaborating with Private Sector Housing colleagues to deploy indoor air quality monitoring equipment in privately rented homes across Southwark. This initiative aims to support HHSRS assessments by providing objective data on indoor environmental conditions, particularly in relation to damp and mould. The monitoring will help identify properties where tenants may be at risk, enabling targeted advice and interventions. The project seeks to empower tenants with information on how to reduce their exposure to indoor pollutants and generate reliable data to inform enforcement decisions.

It is hoped that a similar project will support the Southwark Housing Damp and Mould Team with their interventions.

Air quality data: successes and challenges

While there have been significant reductions in recent years, Southwark's air pollution levels remain high across most of the borough, especially in the northwest and by arterial roads.

Nitrogen oxides contribute the most to local air pollution but are predicted to continue falling into 2030. PM2.5 and PM10 levels also fell. The reduction in PM2.5 is predicted to continue to 2030. PM10 is projected to increase from its 2019 level. Transport emissions drive the majority of the reduction in nitrogen oxides and particulate matter.

Governance

A new structure for the council's work on air quality was established in 2024 to maximise the impact of the council's work on air quality. The aim of the new structure is to streamline functions that support the council's air quality agenda. It maximises opportunities from partnership working by linking with Impact on Urban Health, NHS colleagues, and their wider networks. The hope is that working in this way allows us to prioritise allocating resources towards action that will have the most impact on health equity for the people of Southwark over the long term.

Focus areas

While the Council's [Streets for People](#) takes forward active travel and green spaces initiatives, the Air Quality Delivery Group focuses on three priority sources or settings of poor air quality: construction, freight, and indoor air quality.

- **Construction:** the Council constructs, demolishes, retrofits, and maintains buildings, as well as granting planning consents to developers. Demolition and construction processes create particulate matter pollution in the form of dust, along with emissions from machinery. This is an important area to consider because, as NOx trends down, PM10 – a large proportion of which comes from construction - will represent a larger proportion of overall pollution in the borough.

Public Health produced a poster about reducing emissions on construction sites to improve air quality. It outlines a collaboration with partners Impact on Urban Health, Arup, and CLEC to test emissions reduction actions on pilot construction sites, and to develop a toolkit that supports developers to qualify emissions savings. The poster was for the Faculty of Public Health Climate and Health conference 2025 (figure 19).

- **Freight:** transport is the main source of air pollution in Southwark and has strong co-benefits with climate action. Moving goods and services as freight falls under this umbrella, and its importance is reflected in Southwark's upcoming freight plan.
- **Indoor air pollution:** important to consider because most people spend the majority of their time inside. Carbon monoxide, volatile organic compounds (VOCs), and radon - which come from sources such as heating and cooking, cleaning and personal care products, plus building materials - are some of the key indoor air pollutants. Damp and mould spores are further harmful components of indoor air quality, which develops due to issues with heating, insulation, condensation, and ventilation.

Current and upcoming action

The way we live, travel, transport, and build, all influence levels of and exposure to air pollution. That means the council and its partners are well positioned to shape actions that are relevant to air pollution.

The cross-cutting Air Quality Action Plan and initiatives brought to the Air Quality Delivery Group target key features of air pollution in Southwark. A number of projects aimed at improving air quality were either completed, in progress, or started during 2024/25.



Reducing Construction Emissions

Improving air quality on construction sites by developing best practice guidelines and toolkit, running pilots, and going beyond compliance

Background	Aim	Methodology	Results
<p>Non-road mobile machinery (NRMM) is a significant source of air pollution (including NOx and particulate matter) that harms health and contributes to climate change. Construction emissions are expected to increase over time, as a proportion of the UK total, as other sectors improve.</p> <p>Since 2021, Southwark Council has been part of a project with Arup, Impact on Urban Health, and Lambeth Council, to reduce construction site emissions. Phase two began in December 2024.</p>	<p>The project aims to reduce NRMM emissions and improve air quality on and around construction sites.</p> <p>In phase one, Arup created an emissions reduction toolkit that supports developers to quantify their emissions savings, and tested emissions reduction actions at 'exemplar construction sites'.</p> <p>Phase two extends the project to additional exemplar sites, supported by recently recruited council-based construction compliance officers, and seeks to further influence policy.</p>	<p>Arup analysed the NRMM register to understand which equipment is in use and to calculate average emissions of NOx and PM for each type. These results, combined with stakeholder engagement, indicated it was possible to improve emissions reductions beyond those currently required by the GLA.</p> <p>Using this information, Arup developed best practice guidance including the toolkit, a standardised reporting method for emissions reduction.</p> <p>Emissions reduction actions were tested at exemplar sites. Tender requirements reflected a stronger commitment to reduce pollution, and the toolkit was used to measure progress.</p>	<p>A pilot at Southwark's Tustin estate achieved emissions reductions of around 55% for NOx and 35% for PM.</p> <p>The exemplar sites and toolkit provide evidence and pragmatic steps to support the construction sector to reduce emissions and improve air quality.</p>

Next steps

Next steps include adding new exemplar sites (prioritising areas of socioeconomic deprivation), updating the toolkit, and providing evidence to influence industry and policy at a local and national level.

This will happen alongside a new strand of work: council-recruited construction compliance officers - guided by training developed with CLEC, Merton Council, and Arup - who will support developers to remove non-compliant NRMM, produce dust management plans, and monitor on-site emissions.

Related Literature
<https://www.arup.com/insights/air-quality-in-construction-innovations-in-reducing-polluting-emissions>
 Chief Medical Officer's Report 2022

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 Impact on Urban Health
 Arup
 Lambeth Council
 Southwark Council

Southwark Council

"We can see real value for the construction emissions tool and the approach which has been taken to set a reduction target through the tender requirements" - Bouygues UK

Figure 19. Reducing construction emissions (FPH Climate and Health Conference e-Poster Wall)

Table 5. Air quality improvement projects 2024/25

Air quality (AQ) projects	
Working with 'exemplar sites' to improve AQ during construction	Recruited a construction monitoring role to support sites to improve AQ
Strengthening AQ commitments in Supplementary Planning Documents, Technical Guidance on AQ & development tender documents	Raising awareness and monitoring indoor AQ through the asthma engagement project with school pupils
Participating in the pan-London wood burning campaign	Incorporated AQ metrics in council's stock condition survey
Provided all Southwark care homes with air purifiers	THAW
Piloted a new bioaerosol sensor in a Southwark care home	Damp and mould MoU
Events in schools to connect school community with damp and mould support and air quality information	Creating a freight plan to outline council's strategic approach to freight
Extending Southwark's cargo bike offer for businesses and residents	Freight consolidation. Kerb dock trial
Bookable permit holder only loading bays	Installed Breathe London monitors in school Superzones & supported use via assemblies and events
Redeveloping airTEXT air pollution alerts service	

7.2. Adverse weather

The UKHSA produce an adverse weather & health plan, which is operationalised locally by local authorities and the NHS, principally through a weather health alert cascade and action cards.

The Public Health team administer the alert system for Southwark, with alerts and response guidance cascaded to council teams, health & social care providers and voluntary organisations. Weather alerts can

be yellow, amber or red depending on severity, impact and length of the hot or cold spell.

Cold weather

There were four cold weather alerts during the 24/25 Cold Weather alert period (two yellow and two amber). In response, cold weather alert action cards were cascaded from public health to division representatives of support teams and frontline staff working with individuals most vulnerable to cold temperatures.

Hot weather

The summer of 2024 was relatively less impactful compared with previous years. There were four hot weather alerts (all yellow) issued for London in 2024 prompting cascade of action cards across teams working with vulnerable groups.

In 2024/25 we produced a local leaflet which was disseminated widely during the summer months.



Figure 20. Southwark's 'Beat the Heat' leaflet produced May 2024.

Hot Weather affects some health inclusion settings significantly, so two audits were carried out in 2024/25 to support our response.

Homeless hostels

A heatwave questionnaire was completed that assessed the preparedness of four homeless hostels in Southwark for extreme heat, focusing on their awareness of heat-related health risks, particularly for vulnerable residents. The results of this questionnaire presented recommendations for stakeholders across homeless hostels. Preparedness varied:

- Only two hostels had written heatwave plans.
- Cooling provisions were inconsistent, with one hostel notably lacking fans. Most hostels had rooms prone to overheating, and none had air conditioning in resident areas.
- While cold water was accessible, sun protection wasn't provided, and hydration remained low among some residents.
- All hostels had systems to identify vulnerable individuals and conduct regular welfare checks, but staff lacked training on heat-related mental health risks.
- Recommendations include providing a heatwave plan template, thermometers, adequate fans, sun cream, staff training on heat-related health impacts, and clearly marked cool spaces for residents.

Asylum seeker accommodation

A heatwave preparedness audit was conducted in Southwark's Initial Accommodation Centres (IAC's), housing nearly 1000 vulnerable residents. Only two (out of five) IAC's received hot weather alerts and had access to air conditioning or sufficient fans with none of the centres having a heatwave plan.

The set of recommendations from this audit have been taken into account for Summer 2025 hot weather planning.

Hot Weather and Health JSNA

In April 2025, Southwark Public Health published the Hot Weather and Health Joint Strategic Needs Assessment (JSNA), highlighting the growing public health risks associated with excessive heat exposure. Excessive heat is a significant concern, with associated inequalities, contributing to increased rates of morbidity and mortality, particularly among vulnerable populations.

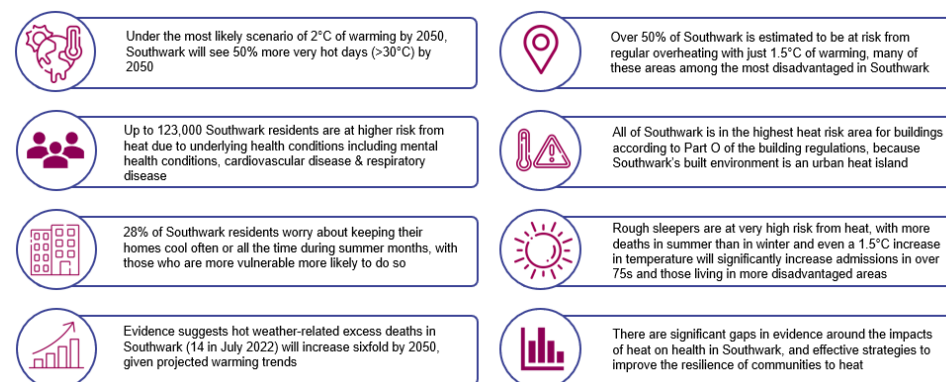


Figure 21. Inequalities associated with hot weather (Hot Weather and Health JSNA: [Microsoft PowerPoint - Hot Weather Health](#)

The JSNA identifies five key themes for action:

▪ Adapting the Built Environment

Invest in evidence-based measures to reduce overheating—such as green and reflective roofs, shutters, and green infrastructure. Housing and urban design are major contributors to heat risk, making environmental adaptation essential to protect residents as the climate warms.

- **Supporting Vulnerable Populations**

Strengthen support systems provided by the council, NHS, and voluntary sector for individuals most at risk. Health and social care services must be equipped to respond effectively, with staff trained to identify and assist those affected by heat.

- **Monitoring Overheating Risks**

Develop robust systems to monitor overheating across Southwark, including council housing, new developments, and health and care settings. These efforts should be co-produced with community groups and stakeholders to ensure effective risk management.

- **Raising Awareness and Building Resilience**

Collaborate with frontline staff and community organizations to increase awareness of heat-related health risks and appropriate responses. Targeted communication can help mitigate health inequalities and improve outcomes for inclusion groups and individuals with underlying conditions.

- **Advancing Research and Understanding**

Conduct further research to explore the impact of heat on health and wellbeing in Southwark. Addressing evidence gaps—such as the extent of indoor overheating and its link to hospital admissions—is vital as climate change increases the frequency and intensity of hot weather.

Heat Risk in Southwark

Spatial analysis conducted as part of the JSNA revealed significant geographic disparities in heat exposure risk:

- One-third of GP practices are located in or adjacent to Lower Super Output Areas (LSOAs) with very high heat risk levels.

- One hospital, three care homes, and four supported living facilities are situated in areas with the highest heat risk scores (figure 22).
- Additionally, up to 123,000 Southwark residents are at higher risk from heat due to underlying health conditions, including mental health issues, cardiovascular disease, and respiratory conditions.

These findings underscore the urgent need for targeted, place-based interventions to mitigate the health impacts of extreme heat and ensure that frontline services are prepared to respond effectively.

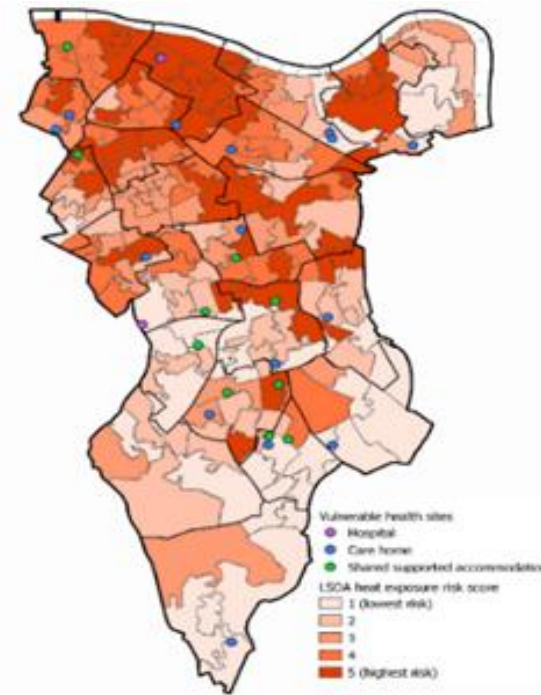


Figure 22. Southwark lower super output areas (LSOAs) by heat risk score, plus other vulnerable health sites.

8. SCREENING AND CANCER EARLY DIAGNOSIS

8.1. Overview of the national screening programmes

Screening is a way of identifying asymptomatic people who might be at a heightened risk of a particular health condition and the NHS offers different screening tests to people depending on their age, sex, existing health conditions and other factors, such as pregnancy.

There are three national **cancer screening programmes**, which include testing for indicators of bowel, cervical and breast cancers.

In addition to the cancer screening programmes, there are **national programmes that focus on non-cancerous health conditions**. There are six antenatal and newborn screening programmes, which include several tests that are offered at different times during pregnancy and after baby’s birth. People with diabetes are offered a regular diabetic eye screening test which checks for early signs of diabetic retinopathy from the age of 12. The AAA (abdominal aortic aneurysm) screening programme is offered to men over 65 years of age to detect dangerous swelling in the aorta.

Several health inequalities have been identified in the different screening programmes. For example, having a language barrier, being a part of certain ethnic minority groups and having recently migrated into the country amongst other factors are factors in having lower uptake of screening. The health protection team continuously works with local communities, organisations and NHS trusts to understand the barriers and how best to overcome them.

8.2. Cancer prevalence and incidence

In 2023/24, just over 8,200 Southwark GP patients had a cancer diagnosis (2.9%), lower than London (2.5%) and England (3.6%) levels.

Among all Southwark GP patients in May 2024, the most prevalent forms of cancer were prostate (20%) and breast (18%).

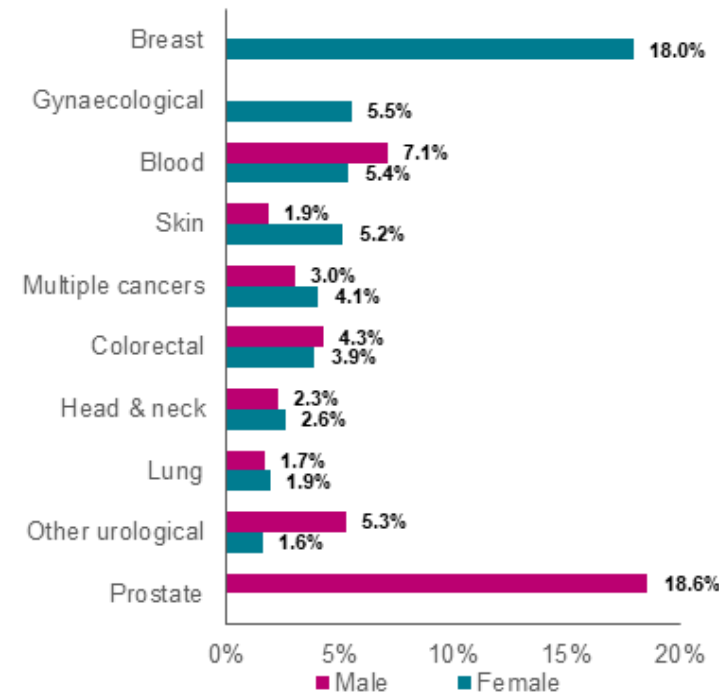


Figure 23. Percentage prevalence of cancers by site and gender, for all Southwark GP patients, Jan 2025²¹

In 2022/23, the overall incidence of new cancer cases in Southwark (254 per 100,000) was lower than levels in South East London (329 per 100,000) and England (456 per 100,000).

More than a third of all cancers occur in those aged 75 and over. There is a strong association between cancer incidence and socio-economic

²¹ South East London ICB, 2025. Cancer Population Insights Dashboard.

disadvantage. Cancer Research UK have estimated 33,000 extra cancer cases UK-wide each year are due to socio-economic deprivation – nearly 1 in 10 of all cases.

Cancer prevalence rates vary between different ethnic groups with those from a White ethnic background having a higher cancer prevalence (3.1%) than those from non-White ethnic background (1.4%). Differences in age structure and healthcare access should be considered when interpreting these between-group differences.

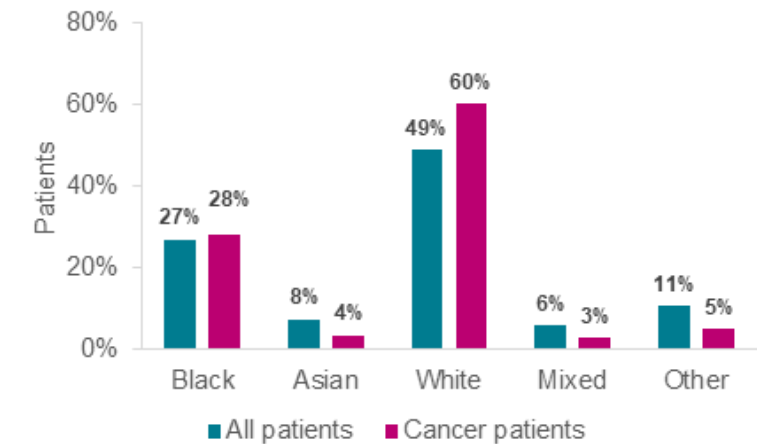


Figure 24. Ethnicity for all Southwark GP patients and for those with diagnosed cancer, May 2024²²

8.3. Cancer screening

Cancer screening is a vital tool which enables cancer diagnosis at an earlier and more treatable stage and the national programme includes screening for bowel, breast and cervical cancers.

²² South East London ICB, 2024. Cancer Population Insights Dashboard

Current screening coverage is low for breast and cervical screening programmes and neither of the screening programmes meet the national targets. Before the bowel cancer screening age eligibility changed, the bowel screening met the national operational target. In 2024, Southwark bowel and cervical cancer screening rates were significantly lower than the England levels but comparable to the London average. Breast screening coverage in Southwark is lower than the London average.

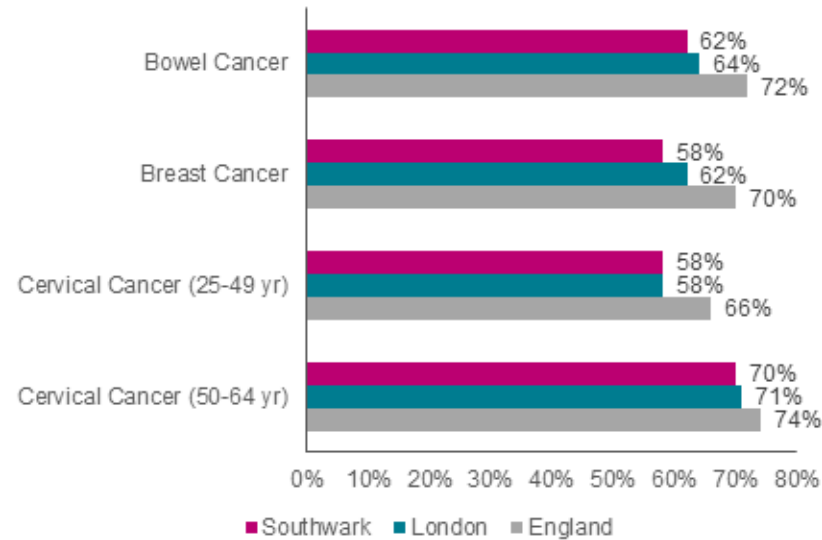


Figure 25. Bowel, breast and cervical screening coverage for Southwark, London and England, in 2024²³

²³ OHID, 2025. Public Health Outcomes Framework

Cancer screening coverage in Southwark has improved for all breast and bowel screening in the last three years. Breast cancer screening coverage increased from 39.2% to 52.9% between August 2022 and June 2025, although still significantly below the achievable target of 80%. Significant efforts have gone into public health initiatives promoting breast cancer screening in the area. Bowel cancer screening coverage has also improved steadily (from 56.8% to 61.0%), reaching the achievable target of 60% coverage in 2024. Cervical screening coverage in Southwark has remained stable in the last three years, with very little variation.

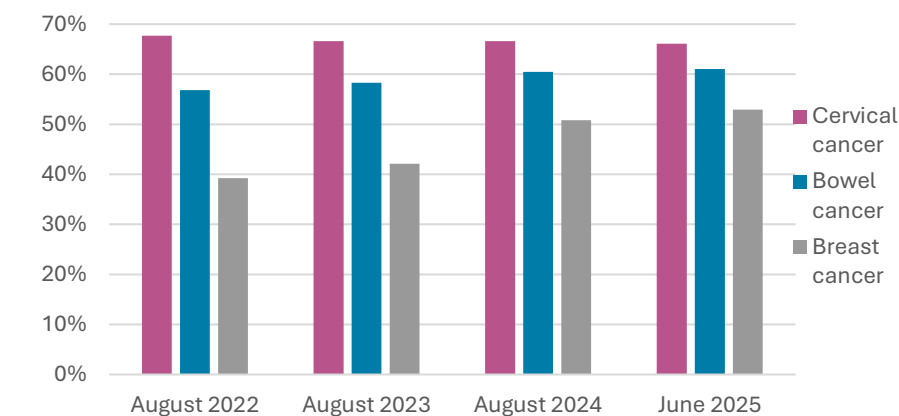


Figure 26. Cancer screening coverage in Southwark between August 2022 and June 2025²⁴.

South East London provides data on cancer screening coverage for local GP patients from different ethnic groups. Although the figures provided are estimates, the large gap between cervical cancer screening coverage in Black patients (three-quarters; 74%) versus patients from Asian and other ethnic groups (about one-half; 55% for each) is notable.

²⁴ South East London ICB 2024. Cancer Population Insights Dashboard
²⁵ South East London ICB 2024. Cancer Population Insights Dashboard

Coverage is lower in more deprived communities, those of non-White ethnicity, those from Latin American background and those with a learning disability. Coverage for people with autism and severe mental illness vary depending on screening programme, but in general tend to be lower.

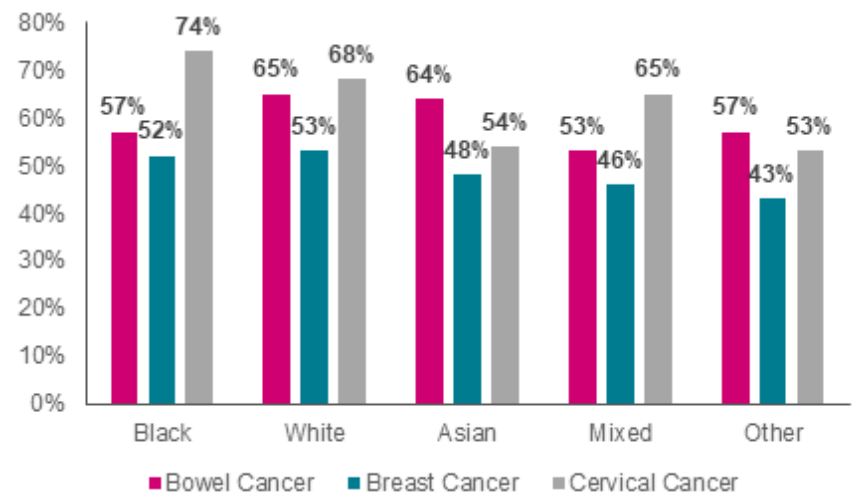


Figure 27. Cancer screening coverage by ethnicity, May 2024²⁵

Early cancer diagnosis improves the chances of a good health outcome. The NHS Faster Diagnosis Framework aims for 75% of cancers to be diagnosed early (i.e. at stage 1 or 2) by 2028. Early diagnosis levels vary by cancer type and gender. In 2021, the percentage of common cancers in South East London diagnosed early were:

- Breast cancer: 59.7% (female)
- Uterine cancer: 59.7% (female)
- Cervical cancer: 36.9% (female)
- Prostate cancer: 38.0% (male)

- Other urological cancer: 17.7% (female); 19.7% (male)
- Bowel cancer: 28.8% (female); 31.9% (male)
- Lung cancer: 31.5% (female); 24.4% (male)
- Skin cancer: 5.5% (female); 4.1% (male)

Bowel cancer screening age eligibility change

The age eligibility for bowel cancer screening changed in October 2024 from 54–74-years-old to 50–74-years-old in Southwark and Lambeth. Southwark residents over 50 years started to receive free Faecal Immunochemical Test kits (the screening tool used in the NHS Bowel Cancer Screening Programme) to detect blood in stool samples.

Additional communications were circulated at the time of the change as well as during the Bowel Cancer Awareness month in April 2025.

Lung cancer screening introduced in Southwark

NHS lung health checks have become available to those 55–74-year-old Southwark residents who are registered as current or former smokers with their GP. The lung health check includes a telephone conversation with a healthcare professional, who asks questions about breathing, lifestyle and family and medical history to understand their risk of lung cancer. Sometimes a CT scan is required to check for any growths. The lung cancer screening can uncover problems, including lung cancer, before symptoms appear, and when it's easier to treat.

Change in cervical screening frequency

The NHS announced that from July 2025 25–49-year-old people with a cervix who test negative for HPV will be invited for cervical screening at 5-year intervals rather than 3. Those who have had a recent history of HPV or those whose sample indicates the presence of HPV will continue to be invited to more frequent screening to check if the virus has cleared, and if not, if any cell changes have developed.

There is strong evidence to suggest that testing negative for HPV mean you are very unlikely to develop cervical cancer within the next decade,

leading to a UK National Screening Committee recommendation to offer more personalised intervals for women based on their risk.

8.4. Local initiatives to improve cancer early diagnosis

Cancer screening questions in the NHS Health Checks

In October 2024, Southwark Public Health implemented the inclusion of cancer screening and early diagnosis questions into the NHS Health Checks, including questions around prostate cancer.

About 6,500 people are invited for their NHS Health Check every 5 years so this has the potential to reach a significant number of residents. An evaluation is being conducted during 2025 to determine the impact of this intervention.

Translated cancer workshops

It was identified in the 2022 Cancer Screening JSNA that people who do not speak English as their first language attend screening appointments at a lower rate compared to those who do. This prompted an application to the SEL Cancer Alliance for funding for a project targeting this health inequality in the borough. In 24/25, 10 half day workshops have been delivered to different community groups in the borough, translated into Spanish, Somali, Arabic and Tigrinya and in collaboration with Cancer Research UK nurse trainers. The workshops covered data about the most common cancer types in the UK, symptoms to look out for, where and how to access screening and how to adapt one's lifestyle to prevent cancer. An evaluation of the project is in progress.

8.5. AAA screening

In England, screening for Abdominal Aortic Aneurysm (AAA) is offered to all men during the year they turn 65. The service operates on average 10 daily clinics across London and East Surrey. Large aneurysms are

referred to one of five Vascular Networks across London including Imperial College Healthcare NHS Trust, Royal Free, Barts Health, Guys and St Thomas's and St George's hospitals.

Some approaches to reduce inequalities in the AAA screening service include GP endorsing letter, 10-day and 48h text message and telephone reminders, stakeholder engagement and offering all DNA subjects a second appointment as well as reminder calls.

8.6. Diabetic Eye Screening Programme (DESP)

Diabetic eye screening is a test that looks for an eye condition called diabetic retinopathy that can be caused by diabetes. Finding and treating it early can prevent or reduce damage and sight loss. People are usually invited for diabetic eye screening when they're diagnosed with diabetes, every year after, or every two years if their last two tests found no changes in their eyes.

The South East London Diabetic Eye Screening Programme received a good response to their patient satisfaction surveys which covers all questions on all parts of the screening pathway. 98% of 2923 patients rated the service as good or very good.

The 'did-not-attend' (DNA) rate in Southwark is high in comparison to other SEL boroughs and there is a large variation by GP practice. The SEL DESP are working to strengthen engagement with GP practices in Southwark to help improve understanding of the service, streamline mutual processes and further improve the uptake among the serial DNA patient cohort.

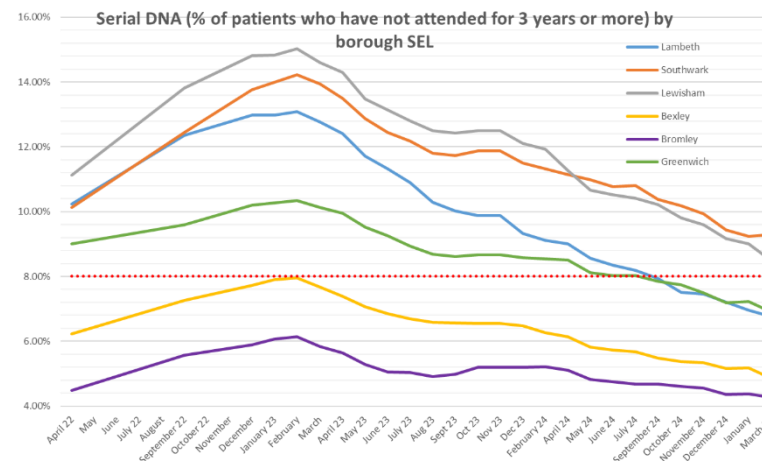


Figure 28. Serial DNA by borough in SEL

New DESP initiatives implemented in Southwark

- New clinic site opened in the heart of Peckham
- Regular evening and weekend clinics
- Two-year recall for patients with two consecutive negative results
- Improved pathways and flexible appointments
- Giving practices ability to follow up with those who do not attend
- An additional "reasonable adjustment" clinic for people who may have previously been excluded.

8.7. Antenatal and Newborn Screening

The Antenatal and Newborn (ANNB) Screening Programmes aim to detect health conditions that may affect the wellbeing of the un/newborn baby or the pregnant person. Receiving information about a health condition as early as possible helps parents make decisions about further testing or treatment needed during the pregnancy or once the baby is born.

All screening programmes are free of cost and optional to attend, although strongly encouraged to protect the health of the baby and the pregnant person through early detection and care. The range of tests are required to be undertaken at different times during the pregnancy or shortly after birth to ensure accurate results. Antenatal screening tests for the residents of Southwark are carried out by midwives at King's College Hospital (KCH) and Guy's and St. Thomas' Hospital (GSTT). Newborn screening tests are delivered by midwives, health visitors and sometimes other health professionals.

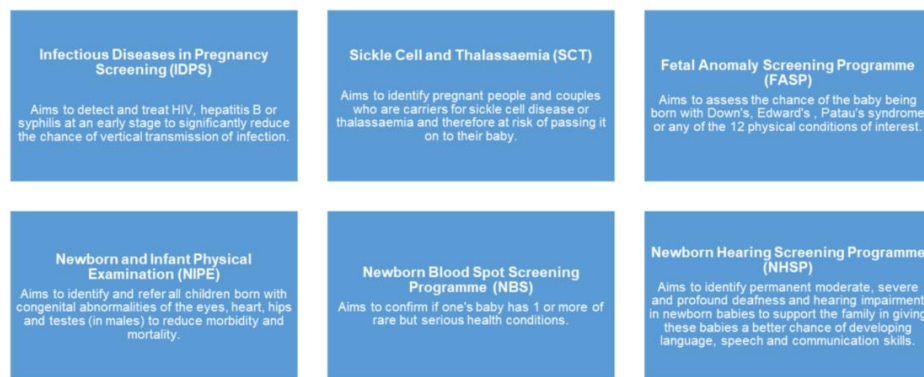


Figure 29 Antenatal and Newborn Screening Programmes

Inequalities in ANNB screening programmes

Recent reduction in commissioning and quality assurance staff count, national incidents and the hospitals serving Southwark residents not meeting operational standards for some of the screening programmes prompted conducting an inequalities evidence review, which investigated the health inequalities in the antenatal and screening programmes.

Presenting late, not speaking English as a first language, declining screening or not attending appointments, birthing at home and the

service's low performance or failure to identify those who need further testing were identified as potential inequalities in the programmes.

To gain further insight into the Southwark specific inequalities in the ANNB programmes, data collected by the local trusts is being requested and analysed. A more detailed evaluation of the screening programmes will be undertaken in 25/26, possibly contributing towards the recommendations of the Maternity Commissioning Report. The analysis will be done programme by programme, starting with the Sickle Cell and Thalassaemia screening.

9. PROTECTING OUR COMMUNITIES MOST AT RISK OF HEALTH INEQUALITIES

The following section is Southwark's response to our locally identified inequalities and provides a summary of some of the work being undertaken to protect those communities who might be most at risk.

9.1. Latin American JSNA

Public Health published a Latin American Joint Strategic Needs Assessment (JSNA) in Autumn of 2024. This aimed to describe and evaluate the health and wellbeing needs of the Southwark Latin American population, and to create an action plan that addresses inequalities and gaps in service provision. Some areas for action relevant to health protection included:

- Latin American residents are less likely to have been fully vaccinated against infectious diseases such as polio, measles, mumps, and rubella compared to the general Southwark population.
- They are less likely to attend routine cancer screening programmes such as those for bowel, breast, and cervical cancer.
- HIV prevalence in Latin Americans is higher than the national average with marked under-diagnosis in women.
- Chagas disease poses a unique challenge for Latin Americans living in Europe.

Findings from the JSNA have been used to inform work plans going forward.

9.2. Chagas Disease Point of Care Testing

One area of concern that arose from the Latin American JSNA was chagas disease. This is a life-threatening chronic parasitic disease, endemic in Latin America and is transmitted principally by the triatomine bug, which is not found in the UK or Europe. The disease can also be

transmitted during pregnancy or birth, through infected blood or blood products, organ transplantation or laboratory accidents.

The disease is characterised by an initial acute infection for up to 8 weeks, which can lead to chronic infection if untreated. Chagas disease is curable if treatment is commenced early but without early diagnosis and treatment, up to a third of people with chronic infection develop cardiac disease, and up to 1 in 10 develop neurological, digestive or mixed disease. Treatment and follow up during chronic infection can potentially prevent disease progression and onwards transmission, for example during pregnancy and birth.

As the local authority with the second largest Latin American population in London, there are estimated to be 200+ residents with Chagas disease in Southwark, most of whom are unaware of their infection.

In response, a pilot of an event-based community Chagas disease screening service was commissioned by the Public Health Team at Southwark Council in 2024 and is delivered by a single provider, the Indoamerican Refugee and Migrant Organisation (IRMO). IRMO is a Lambeth-based charity run by and for the local Latin American community and provides advice, casework and development opportunities to its clients. Services are delivered in Spanish and Portuguese and include a programme of work focussed on access to health services.

The first screening event took place in October 2024 and the pilot is due to run for 12 months through to November 2025. Service users are eligible for testing if they or their mother were born in a country endemic for Chagas disease. This project is currently the only community chagas disease testing service in London.

To April 2025, 130 service users have been tested at eight events, with those testing positive being supported into clinical care and treatment.

The pilot will be evaluated in 2025/26 with recommendations made about the future of this service.

9.3. Gypsy, Roma and Traveller cancer project

The 2021 census data showed that Southwark has a large Gypsy Roma Traveller (GRT) population of 1,736 comprised of 1,570 Roma residents and 156 Gypsy or Irish Travellers. National data shows that GRT populations experience poor health outcomes compared to the general population and face life expectancies between 10-12 years shorter²⁶. The health of a Romany or Traveller person in their 60s is comparable to an average White British person in their 80s. Looking specifically at South East London, 78% of Gypsy or Irish Traveller Census respondents report having a long term physical or mental health condition, disability or illness, which is higher than the average of 50% for the SEL population.

A need for education on cancer prevention and early diagnosis among the Southwark GRT population was identified by the public health team. The Southwark Travellers Action Group (STAG) work closely with the GRT community to promote health and wellbeing and had previously identified significant misconceptions and misinformation around cancer circulating within the community. While there is a significant stigma attached to cancer, the GRT population also have a high prevalence of cancer risk factors, including alcohol misuse and smoking, and sunbed use is also high in this community. In Southwark, breast and cervical screening uptake for Irish Travellers is lower than the population as a whole, and substantially lower than the broader White Ethnic Group.

STAG received funding from the South East London Cancer Alliance to deliver a one-year cancer awareness project to the GRT residents of Southwark. The project consists of focus groups and workshops which are themed around carcinogenic habits known to be common in the GRT community. In addition to engaging with the community members, the

project includes developing bespoke cancer materials addressing concerns and barriers related to taking up a cancer screening offer identified in the focus groups.

9.4. Health Protection in our asylum seeker populations

Refugees and asylum seekers often have complex health needs that may be highlighted by leaving their home country, travelling to the UK or settling in a new country. Since 2019, there have been 1000s of peoples seeking asylum in Southwark, staying in Home Office asylum seeker accommodation settings in the borough. The main way to access primary health care for asylum seekers is through a local GP. Outside of mainstream primary and secondary care, Guy's and St Thomas' Health Inclusion Team (HIT) is a provider of health services for asylum seekers and refugees.

Access to health care can be a challenge to asylum seekers and refugees due to language barriers, mistrust in health care professionals or a fear of immigration enforcement by statutory services. Refugees and asylum seekers often have bigger priorities than preventative health care.

The main health protection concerns for asylum seekers include spread of infectious diseases due to overcrowded living conditions and individuals being unvaccinated due to arriving from a country with a different vaccination protocol or a collapsed health care system. Outbreaks of infectious diseases are common, including respiratory infections, scabies and chickenpox. These are managed by the UKHSA Health Protection Team. Diphtheria has been an issue in the past, with case numbers rising again in the first 6 months of 2025.

In 24/25, projects targeted at the refugee and asylum seeker population in Southwark included a flu vaccine campaign, food hygiene inspections

²⁶ [Southwark GRT JSNA Factsheet](#)

at the asylum seeker and refugee settings, heatwave questionnaires and IPC audits.

9.5. Health Protection in our homeless populations

People experiencing homelessness have been reported to have greater barriers to accessing health care. High rates of mental illnesses, difficulties in keeping appointments, not knowing where and how to access care, not trusting health care providers and not prioritising preventative care make it difficult for homeless people to keep up with their often-complex health needs.

There are several health protection concerns regarding the homeless population in Southwark, infectious diseases including bloodborne viruses and hepatitis B being a few of them. A case of invasive group A streptococcal (iGAS) disease was reported at one of our hostels.

Southwark public health professionals organised a health and wellbeing event in 24/25 to promote winter vaccinations, in addition to a broader offering of drugs & alcohol as well as stop smoking services.

Hot weather has well documented adverse impacts on health, especially in those with pre-existing medical conditions and older adults. Homeless people (those who sleep in shelters as well as outdoors) may be at an increased due to higher rates of chronic disease, smoking, substance dependence and mental illness. On top of this they are more likely to experience social isolation, lack of air conditioning, cognitive impairment, living alone and being exposed to urban heat islands which adds to their risk. A questionnaire addressing key aspects of preparedness for heatwaves, such as access to cold water and cool places, awareness of specific health risks and safe storage of medications was created and adjusted to identify issues that may affect homeless shelters. Recommendations from this project have been taken forward.

9.6. Health protection in adult social care

Protecting Health in Care Group

The Protecting Health in Care Group (PHIC) meets monthly and is chaired by Public Health. The aim of the PHIC meeting is to promote joint working between Southwark Council Public Health, Adult Social Care and Commissioning teams, the SEL ICS Community Infection Prevention and Control (IPC) team and the QHS GP care home service, on issues related to health protection in adult social care settings, which includes care homes, domiciliary care and supported living.

Some of the most significant collaborative outputs from the group during 2024/25 include:

- Community Catheter report and establishment of a working group
- Managing issues arising from infectious disease outbreaks in care homes
- Development of a bed bug protocol
- Joint work with care homes to engage residents' families around vaccination
- Co-development of communications and guidance on norovirus
- Collaborative creation of guidance on cancer screening for older adults, aimed at wider dissemination

Care Home Community Health Ambassadors

The Care Home Community Health Ambassadors programme is an initiative set up to improve health & wellbeing of care staff and originally set about to encourage open conversations about vaccinations. Care Home ambassadors are part of the mainstream Community Health Ambassador programme.

Eight care home staff have signed up to date and further engagement is happening to build this programme of work further. Plans are in place to expand the offer to provide training to staff based on engagement

carried out on areas of interest, engagement showed that care home staff are less interested in vaccinations and more focused on general health and wellbeing.

Key actions from the programme include this year:

- Visits to care home by the health & wellbeing van, focusing on issues raised by staff themselves
- Menopause awareness webinar, attended by over 50 social care staff

Future plans include mental health awareness training delivery tailored to care home staff across three sites to support care home staff in supporting their own mental health needs and the residents they look after.

10. EMERGENCY PREPAREDNESS AND RESPONSE

10.1. Overview of emergency preparedness

All London local authorities, ICBs and acute Trusts are classified as Category 1 Responders under the Civil Contingencies Act 2004 (CCA). They have a range of statutory duties:

- To assess the risk of emergencies happening
- To put plans in place to deal with emergencies
- To establish business continuity plans, i.e. plans for ensuring that essential services can continue to be delivered during an emergency
- To make information available to the public about emergencies that may occur; to warn the public when an emergency is likely to occur; and to provide information and advice in the event of an emergency
- To share information and cooperate with other local responders in the interests of effective coordination and efficiency
- To provide business continuity advice to private and voluntary sector organisations in their area (a responsibility for local authorities only).

Southwark Borough Resilience Forum

A Borough Resilience Forum (BRF) is a multi-agency partnership that coordinates local emergency planning and response in a specific London borough, operating under the umbrella of a wider [Local Resilience Forum](#).

These groups bring together the local authority, NHS, emergency services, health providers, utility companies, and other vital partners to identify risks, develop emergency plans, conduct joint exercises, and share information, ensuring a coordinated approach to preparing for and responding to potential major incidents.

The Southwark Borough Resilience Forum is coordinated by the Emergency Planning team in the Council.

Southwark Borough Risk Register

The borough risk register is a document developed by the BRF and published by Southwark local authority that lists potential emergencies affecting its area, assessing them by likelihood and impact to help the community prepare for and respond to them. It serves as a guide for residents and businesses to develop their own resilience plans, using information from a "reasonable worst-case scenario" that is informed by data and expert judgment. These registers are part of a hierarchy of risk assessments, feeding into the regional London Risk Register and the National Risk Register.

Health protection risks contained within the risk register include pandemics, hot weather, poor air quality, drought, flooding and outbreak of an emerging infectious disease (figure 30).

Ref ID	Short Name	Ref ID	Short Name	Ref ID	Short Name
R19	Conventional attack on chemicals infrastructure	R02	Conventional attack on government	R16A	Chemical attack unenclosed urban area
R14	Biological attack unenclosed urban area	R04b	Land-Based Terrorist Attack – vehicle borne improvised explosive device	R16B	Chemical attack – enclosed urban area
R73	High Temperatures and Heatwaves	R12	Non-state Nuclear attack – urban area	R23	Malicious attack on fuel supply infrastructure
R21	Attack on UK electricity infrastructure	R50a	Failure of the National Electricity Transmission System (NETS)	R75c	Surface water flooding
R76	Severe Drought	R71	Space weather	R78	Pandemic
R17	Chemical, Biological or Radiological attack on water supply infrastructure	R07	Malicious rail network incident	R89	High-Altitude Electromagnetic Pulse
R79	Outbreak of an Emerging infectious disease	R95	Nuclear attack by a state on the UK mainland or UK overseas interests	HL10	Local accident on motorways and major trunk roads
R09	Malicious Maritime Incident	R08	Malicious Aviation Incident	R04A	Person-borne improvised explosive device
R22A	Malicious attack on civil nuclear installation	R24	Cyber attack – health and social care system	L19	Groundwater flooding
R72	Storms	R77	Poor Air Quality	R67	Volcanic eruption
R04D	Marauding terrorist attack - firearms	R74	Low temperatures and snow	R96	Growth & Spread of Antimicrobial Resistance
L54a	Fires in purpose built high-rise flats	R82	Public disorder	R40	Rail Accident
R75A	Coastal Flooding	L5	Bridge Operations	L4	Tunnel incident
R48	Loss of PNT Services	R49	Simultaneous loss of all fixed and mobile forms of communication	R44	Accident involving high consequence dangerous goods
R05b	Maritime Terrorist Attack – Marauding Terrorist Firearms attack on a passenger ferry	R20	Attack on UK gas infrastructure	R04c	Marauding terrorist attack – low sophistication
R55b	Technological failure at a UK critical financial market infrastructure	R15	Radiological dispersal device - unenclosed urban area	R10	Strategic Hostage Taking

Figure 30. Summary of Southwark Borough Risk Register 2024

Risks highlighted in Southwark during 2024/25

As well as the risk of a future pandemic, the main emergency risks highlighted during 2024/25 were cyber-attacks, wildfire and open space fires, flooding, hot weather and lithium battery fires. In response the council EP team facilitated a cyber incident tabletop exercise. Recommendations resulting from the Grenfell inquiry were a key workstream over the year with an associated exercise to test how competing pressures influence the operational decisions made at a high-rise incident.

10.2. Pandemic preparedness and response

The risk of a pandemic remains one of the highest on the national, regional and local risk registers.

During 2024/25 the London Local Health Resilience Partnership developed a pandemic framework for health and social care

organisations, that complements existing pandemic plans. This will be reviewed following learning from Exercise Pegasus later on in the year.

Exercise Pegasus is a Tier 1 exercise (defined as a national-level exercise involving ministerial participation and Cabinet Office Briefing Rooms [COBR] activation) and will take place between September and November 2025. Its key purpose is to simulate a realistic pandemic scenario and is the first of its kind in nearly a decade.

Following learning from Exercise Pegasus, local frameworks for responding to a pandemic will be developed.

11. CONCLUSIONS AND LOOKING FORWARD TO 2025/26

11.1. Conclusions

Health protection activity remained high, bringing various challenges in 2024/25, but there have been many successful partnerships built, and areas of work completed.







- Low vaccination rates, partly due to vaccine fatigue, increased the risk of measles and whooping cough cases and outbreaks, and other infections remained in circulation, such as TB and Group A Streptococcus.
- Climate change and global travel and trade has brought new and emerging risks including those arising from vector-borne illness and increasing spells of hot weather.
- We continued, however, to build on opportunities. This included the benefits of close working with those communities who may be more at risk to tailor our preparedness activities as well as our response to promote equity, tackle inequalities and to ensure our response is accessible, understandable and acceptable to our residents.
- It is evident that close partnership working across the council, SEL ICB, local VCS and national bodies promotes more effective management and mitigation of the impacts of health protection incidents. This is illustrated by the array of successful partnership working in place across the health protection system.
- Continued horizon scanning and preparedness to mitigate the impacts of emerging infections and other health protection hazards remains of utmost importance, especially given the international diversity of our borough at the heart of a such a global city.

11.2. Health protection priorities in 25/26

Programmes of work in 2025/26 will continue to build on achievements of previous years, with stakeholders working across the health protection system to prevent and respond to various risks and working with our communities to ensure an equitable response and outcomes.

Table 6 below outlines some of the protection priorities set out for 2025/26.

Table 6. Health protection priorities for 2025/26

Health protection area		Health protection priorities in 2025/26
	Communicable disease control	<ul style="list-style-type: none"> Comprehensive review of local TB services; with ICB and King's College Hospital to map pathways, assess provision for inclusion health groups, identify gaps, and develop recommendations for improvement Joining the UK Health Security Agency's (UKHSA) national invasive mosquito surveillance programme in response to the increased risk of vector-borne disease due to climate change, global travel and trade
	Vaccination programmes	<ul style="list-style-type: none"> Develop a targeted plan to boost HPV vaccination uptake, aligned with the NHS Long Term Plan goal of eliminating cervical cancer by 2040 To continue to increase coverage of MMR and other key vaccination programmes to mitigate the impact of outbreaks occurring
	Environmental hazards	<ul style="list-style-type: none"> Developing a borough-specific Hot Weather Severe Weather Emergency Protocol (H-SWEP) to better support rough sleepers during extreme heat Supporting the recruitment of a new prevention role to the damp and mould team
	Sexual Health	<ul style="list-style-type: none"> Implementation of LSLBB Sexual & Reproductive Health and HIV Strategy (2025–2030) Improving the reproductive health offer for residents through outreach services
	Screening programmes	<ul style="list-style-type: none"> Evaluation of the inclusion of cancer screening questions in the NHS Health Checks programme Working with the health inclusion team at GSTT to support asylum seekers with screening as well as vaccination and hot weather Using local Trust data, deep dive into inequalities associated with sickle cell screening
	Emergency preparedness, resilience & response	<ul style="list-style-type: none"> Contributing to the national pandemic exercise (Ex Pegasus) to inform local pandemic planning Developing a local pandemic framework

Find out more at:

<https://www.southwark.gov.uk/insight-hub>

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

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