

# Health and Social Care Scrutiny Commission

Monday 1 December 2025  
7.00 pm  
160, Tooley Street, SE1 2QH

## Membership

Councillor Suzanne Abachor (Chair)  
Councillor Maria Linforth-Hall (Vice-Chair)  
Councillor Esme Dobson  
Councillor Sandra Rhule  
Councillor Nick Johnson  
Councillor Charlie Smith  
Councillor Naima Ali

## Reserves

Councillor Victor Chamberlain  
Councillor Dora Dixon-Fyle MBE  
Councillor Sam Foster  
Councillor Emily Hickson  
Councillor Leo Pollak  
Councillor Joseph Vambe  
Councillor David Watson

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## INFORMATION FOR MEMBERS OF THE PUBLIC

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

**Babysitting/Carers allowances** If you are a resident of the borough and have paid someone to look after your children, an elderly dependant or a dependant with disabilities so that you could attend this meeting, you may claim an allowance from the council. Please collect a claim form at the meeting.

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### Contact

Julie Timbrell on 020 7525 0514 or email: [Julie.Timbrell@southwark.gov.uk](mailto:Julie.Timbrell@southwark.gov.uk)

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Members of the committee are summoned to attend this meeting

**Althea Loderick**

Chief Executive

Date: 23 November 2025



## Health and Social Care Scrutiny Commission

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7.00 pm  
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### Order of Business

Item No.	Title	Page No.
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#### **PART A - OPEN BUSINESS**

##### **1. APOLOGIES**

To receive any apologies for absence.

##### **2. 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 working days of the meeting.

##### **3. DISCLOSURE OF INTERESTS AND DISPENSATIONS**

Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.

##### **4. MINUTES**

The minutes of the meeting held on 16 October are enclosed to be agree as an accurate record.

##### **5. HOARDING REPORT**

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A Hoarding presentation is enclosed to provide evidence for the scrutiny review on safeguarding .

##### **6. BLUE BADGE SCHEME**

An update on a briefing on the Blue Badge Scheme provided in February 2025, is to follow.

7.	<b>SCRUTINY REVIEW : CANCER PREVENTION AND EARLY DIAGNOSIS</b>	
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8.	<b>HEALTHWATCH SOUTHWARK</b>	14 - 64
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Healthwatch Southwark's Annual Report 2024-25, alongside a report setting out priorities for 2025-26, are enclosed.

9.	<b>WORK PROGRAMME</b>	
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The work programme is enclosed.

**DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.**

**BLANK**

Date: 23 November 2025

**EXCLUSION OF PRESS AND PUBLIC**

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

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

# Hoarding in Southwark

Health and Social Care Scrutiny Committee



# What is Hoarding?

- **Hoarding disorder** is defined as a persistent difficulty discarding or parting with possessions, regardless of their actual value, due to a perceived need to save them.
- Individuals experience distress at the thought of discarding items.
- Hoarding can be a disorder in its own right or part of other health problems such as physical illness, dementia, depression, substance misuse, schizophrenia, bipolar disorder, learning disability, or obsessive-compulsive disorder.
- In a safeguarding or mental health context it's important to distinguish between the different types or patterns of hoarding as each may require different forms of support or intervention.

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# What is Hoarding?

## Types of Hoarding

- **Inanimate Objects:** Accumulation of items like old clothes, newspapers, food, containers, or papers.
- **Animal Hoarding:** Obsessive collecting of animals, often without the ability to provide proper care. The hoarder may not recognise the risk to the animals or themselves, and homes can become unsanitary.
- **Data Hoarding:** Storing large amounts of data or equipment (computers, storage devices, paper), including keeping excessive electronic records like emails.
- **Financial Hoarding:** Refusal to spend money or accumulation of cash/valuables out of fear of loss, insecurity or mistrust.

## Hoarding Behaviour

- Hoarding can affect anyone, regardless of gender, age, ethnicity, socio-economic status, education, or housing situation.
- Not all hoarders have mental health issues, but they often have strong emotional attachments to their possessions, far exceeding their real value.

# Hoarding Characteristics

- **Fear and Anxiety:** Hoarding may start as a learned behaviour or after a significant event (e.g., bereavement). Discarding items can cause anxiety or even panic attacks.
- **Excessive Attachment:** Inappropriate emotional attachment to items, with distress at the thought of discarding them.
- **Indecisiveness:** Difficulty deciding what to discard, even rubbish.
- **Social Isolation:** Hoarders may alienate family and friends, avoid visitors, and decline support services. ➔
- **Large Number of Pets:** Some hoarders keep many animals, sometimes identifying as “rescuers of strays.”
- **Mental Competence:** Hoarders are usually able to make decisions unrelated to their hoarding.
- **Self-care Issues:** Some may appear unkempt due to lack of facilities at home, though others use public facilities to maintain hygiene.
- **Poor Insight:** Many do not recognise the problem or its impact on themselves and others.

# Severe Domestic Squalor With Hoarding

**Diogenes Syndrome (Severe Domestic Squalor with Hoarding):** is a behavioural disorder characterised by extreme self-neglect, domestic squalor, social withdrawal and often hoarding of waste or possessions. It's typically seen in older adults, though it can occur at any age.

Professionals often describe two broad forms:

**Primary Diogenes Syndrome:** where there is no underlying psychiatric disorder other than a personality or behavioural pattern of extreme self-neglect. The person may appear cognitively intact but lacks motivation or concern for their personal or environmental cleanliness.

**Secondary Diogenes Syndrome:** Occurs alongside another mental health condition such as, Dementia, Schizophrenia, Depression, Hoarding Disorder, Substance misuse

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# Legal Framework in Adult Social Care

**Care Act 2014:** Hoarding is formally recognised under the Care Act 2014 as a manifestation of self-neglect, which is a safeguarding concern. Local Authorities have a duty to:

- Make section 42 safeguarding enquiries when an adult with care and support needs is at risk of abuse or neglect (including self-neglect) and cannot protect themselves.
- Promote wellbeing and prevent, reduce or delay the development of care needs
- Provide advocacy if the person lacks support and is subject to safeguarding enquiries

**Mental Capacity Act 2005:** The Mental Capacity Act is relevant when assessing whether a person who hoards can understand and weigh the risks associated with their behaviour. If they lack capacity, decisions must be made in their best interests.

# Southwark Hoarding Panel

## Purpose

The panel plays a key safeguarding role by supporting officers in managing complex hoarding cases with sensitivity. It works collaboratively with Adult Social Care, Children's Services, South London and Maudsley (SLAM), London Fire Brigade (LFB), and other partners.

## Meetings

Held every six weeks to review randomly selected live cases from Housing, as well as referrals from Housing Associations and third parties in Southwark.

## Approach

Emphasises a **multi-agency, long-term support strategy**. Information is shared among partners to guide officers effectively

## Goal

To equip officers with the skills and guidance needed to encourage individuals who hoard to seek help, recognising that hoarding is a persistent issue that requires sustained intervention.

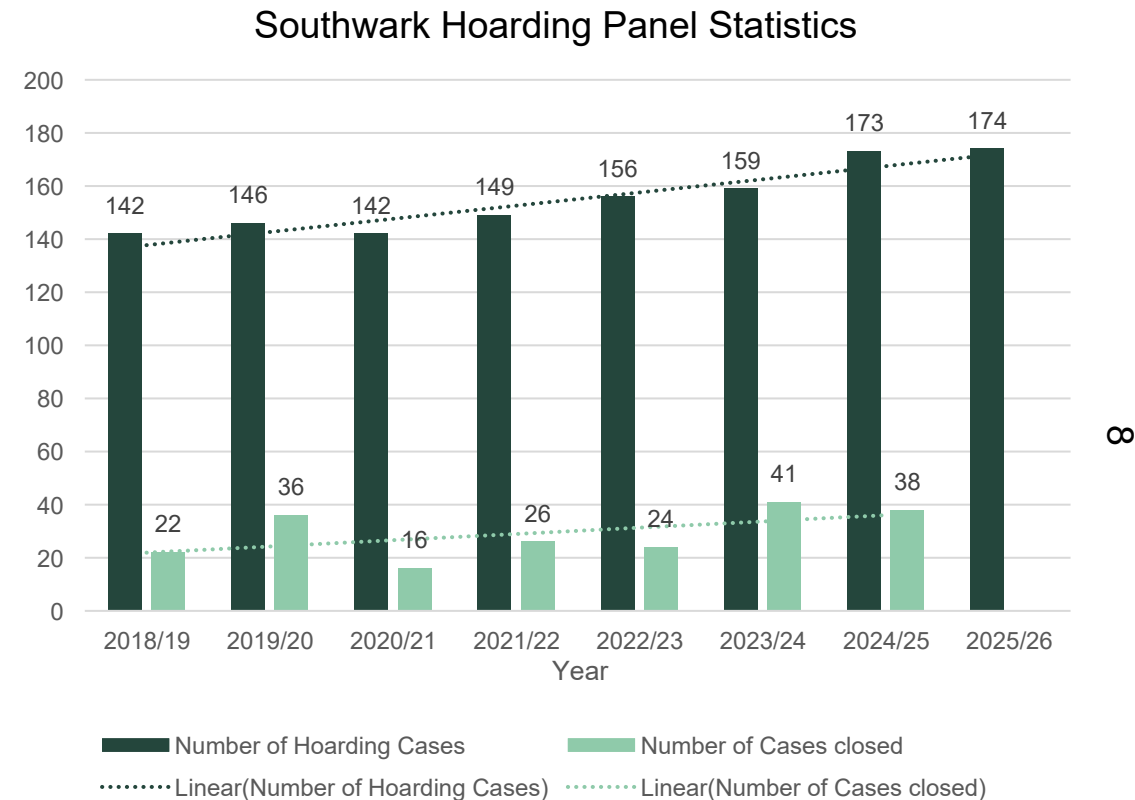
# Southwark Hoarding Panel Statistics

Nationally It is estimated between 2% and 6% of the UK population may have a hoarding condition. However, only about 5% of hoarders seek specialist or official support.

SLaM estimate 1 - 2 people in every 100 have a problem with hoarding that seriously affects their life. Therefore, in Southwark It's estimated that between 3,000 - 6,000 individuals may be affected by hoarding, with a potential 150 to 300 likely to seek specialist help.

The Hoarding Panel in Southwark are mainly aware of hoarders that are council tenants (Panel set up by Housing), but other hoarders likely receive support via health services. Overall, a multidisciplinary team approach is essential, as without assessment and treatment, significant changes are unlikely.

(data of 174 is council tenants only)



# Options - People That Hoard In Southwark

## London Fire Brigade

LFB conducts **Home Fire Safety Visits** for individuals identified as hoarding. These visits include:

- Use of the **Clutter Image Rating (CIR)** scale to assess risk
- Safeguarding referrals to local authorities if CIR scores are high
- Judgement-free advice on fire safety, alarms, safe use of heaters and cooking appliances

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## Environmental Health

Can act under: **Public Health Act 1936, Environmental Protection Act** and the **Housing Act 2004**

These laws allow them to intervene in private properties when hoarding creates unsanitary or unsafe conditions

## Housing

Emphasises a **multi-agency, long-term support strategy**. Information is shared among partners to guide officers effectively

# Options - People That Hoard In Southwark

## Adult Social Care

If a person has Care Act eligible needs, Adult Social Care can offer support to try and manage or reduce the hoarding, bringing it to a safe and tolerable level.

## The offer of support includes

- The **Southwark Safeguarding Adults Concern form** is used to formally notify Adult Social Care of suspected or actual instances of hoarding
- The Mental Health Service can implement **deep cleans and domestic support**
- Regular promotion of **webinars and training sessions** such as the trauma informed webinar 'supporting people who hoard' to staff across Adult Social Care
- The Care and Support Team (CAST) contribute to the hoarding panel and **support positive risk-taking**
- The Move on Support Team (MOST) are involved in hoarding cases when tenancies breakdown or unsafe living conditions are present

# Options - People That Hoard In Southwark

## Primary Care and SLaM (Health Care)

Hoarding Disorder is recognised as a distinct Mental Health condition in the International Classification of Diseases, 11th Revision (ICD-11), with the code 6B24. This classification distinguishes it from [Obsessive-Compulsive Disorder](#) (OCD).

ICD-11 defines hoarding disorder by symptoms such as excessive acquisition of possessions, difficulty discarding them, and the resulting clutter that compromises living spaces and safety. As Hoarding is a defined Mental Illness Health has a responsibility to assess and treat hoarding.

## Services in SLaM:

- **Centre for Anxiety Disorders and Trauma(CADAT):** SLaM's Outpatient service which is a 'cost by case service'. However, many hoarders may not engage with this (or be funded via the ICB).
- **Hoarding Specialist:** this role worked closely with the hoarding panel and other professionals (there was previously a SLaM Hoarding Specialist post who offered outreach and input via CBT, this post has now been deleted).
- **GPs and SLaM:** can treat mental health symptoms such as anxiety, depression and obsessive-compulsive disorder (OCD), as well as the 'CADAT' service as described above.

# Safeguarding Adults

Hoarding is recognised as a safeguarding issue when it involves:

- **Self-neglect**
- **Fire or structural risks**
- **Mental capacity concerns**
- **Vulnerable children or adults in the household**

Southwark's safeguarding approach is grounded in the **Care Act 2014**, which defines when safeguarding duties apply:

- The adult must have **care and support needs** (whether or not they receive help).
- They must be experiencing or at **risk of abuse or neglect**.
- They must be **unable to protect themselves** due to those care and support needs

The **Southwark Safeguarding Adults Board (SSAB)** oversees multi-agency coordination, learning, and strategic planning. It is responsible for:

- Conducting Safeguarding Adults Reviews (SARs).
- Promoting trauma-informed practice.
- Embedding learning from complex cases such as hoarding and self-neglect

# Further Resources

- [Hoarding Procedure March 2024 \(Housing\)](#)
- [Hoarding Policy \(Housing\)](#)





**Annual Report 2024–2025**

**Change will come if  
we make the choice**

Healthwatch Southwark

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“The impact that local Healthwatch have is vitally important. Healthwatch are empowering their communities to share their experiences. They’re changing the health and care landscape and making sure that people’s views are central to making care better and tackling health inequalities.”

**Louise Ansari, Chief Executive, Healthwatch England**

## A message from our Chair

At Healthwatch Southwark, we work to improve local health and care services by making sure patients' and carers' voices are heard—and that services respond to their needs. We're a small, dedicated team supported by amazing volunteers, including our Community Health Ambassadors, who help us connect with diverse communities.

It's been a busy year, and you can read more about our work in the following pages. Some highlights include:

We gathered insights from residents across Southwark, combining them with ongoing feedback and project findings. This shaped our future priorities and our more recent events, including webinars and coffee mornings on mental health and the cost of living.

We explored the experiences of people with Learning Disabilities and Autism, and researched Black mental health in Southwark. We also followed up on earlier work—such as with the Latin American community—leading to tangible improvements like multilingual service leaflets.

We worked closely with local hospitals, social care, and advocacy providers, sharing insights and influencing change. We also amplified resident's voices via regular contributions to the Health and Wellbeing Board and Partnership Southwark, and in collaboration with other Healthwatch teams and the Care Quality Commission

When a major cyber-attack disrupted pathology services at King's and Guy's and St Thomas' hospitals, we supported affected patients and shared feedback on this and other areas with NHS leaders and national policymakers, contributing to the NHS Change working groups. These fed into the Government's ten-year plan for the NHS.

As the new Government focuses on NHS recovery—with recent improvements to GP access and waiting times—our mission remains clear: to ensure Southwark's services truly meet the needs of its people, no matter what changes lie ahead.



Healthwatch helps to provide a stronger patient voice. When I worked in the NHS, I was always told that patient should be at the centre of everything – but often we failed in that aspiration. By amplifying the patient voice. Healthwatch helps to redress that.

**Graham Head, Interim Advisory Board Chair  
London Region**

## About us

# Healthwatch Southwark is your local health and social care champion.

We ensure that NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you find reliable and trustworthy information and advice.



### Our vision

To bring closer the day when everyone gets the care they need.



### Our mission

To make sure that people's experiences help make health and care better.



### Our values are:

**Equity:** We're compassionate and inclusive. We build strong connections and empower the communities we serve.

**Collaboration:** We build internal and external relationships. We communicate clearly and work with partners to amplify our influence.

**Impact:** We're ambitious about creating change for people and communities. We're accountable to those we serve and hold others to account.

**Independence:** Our agenda is driven by the public. We're a purposeful, critical friend to decision-makers.

**Truth:** We work with integrity and honesty, and we speak truth to power.

**In addition, we adhere to the values of Community Southwark, our hosted organisation, which are:**

- We are bold
- We work with the community for the community
- We make a difference
- We are inclusive

**These values are always underpinned by:**

- Our commitment to respecting diversity and promoting equality
- Putting Southwark communities at the heart of everything we do



## Our year in numbers

We've supported more than 4,395 people to have their say and get information about their care in person, online, over the phone or by email. We currently employ 3 staff and, our work has been supported by 200 volunteers and Community Health Ambassadors.

### Reaching out:



**401** people shared their experiences of health and social care services with us through feedback, projects and outreach work, helping to raise awareness of issues and improve care.

**120** people came to us for clear advice and information on topics such as how to make a complaint, help to resolve access issues and housing issue.

**3874** people accessed health and social care information and opportunities to shape local services on our social media platforms and in our newsletter

### Championing your voice:



We published 2 reports about the improvements people would like to see in areas like learning disabilities, autism and mental health services.

Our most popular report was 'Empowering Voices: Access to Health Services for Adults with Learning Disabilities and Autistic Adults' exploring the causes of health inequalities for these communities.

### Statutory funding:



We're funded by Southwark Council. In 2024/25 we received £157,221, which is the same as last year.



# A year of making a difference

Over the year we've been out and about in the community listening to your stories, engaging with partners and working to improve care in Southwark. Here are a few highlights.

## Spring

The [Latin American access](#) to services project highlighted key issues, such as language barriers people have raised with us about GPs and other services.



As a result of our work, now a range of health information is published in Spanish and Portuguese and better collection of ethnicity data is being implemented because our work was included in the [Southwark Joint Strategic Needs Assessment](#) for this community.

## Summer

Our [listening tour](#) uncovered the issues in relation to health and social care, as well as broader factors affecting their wellbeing—such as the cost of living and fuel poverty. In response to concerns raised around GP access, poor housing, and carer support, partners of the Southwark Health and Wellbeing Board are now developing targeted initiatives to hear directly from residents. The upcoming Insight Visits, will ensure that patient feedback and public experiences directly inform service improvements.



## Autumn

The NHS 10 year plan sought insight from professionals, service users and a range of stakeholders on what needs to be included to address health inequalities.



We ensured the priorities and concerns for people in Southwark informed our [locally based call to action response](#) to the NHS plan because we reviewed our feedback and signposting cases, as well as insights from our Community Health Ambassadors.

## Winter

Our work exploring access and barriers to services for people with [learning disabilities and Autistic adults](#) highlighted several systemic challenges—including operational failures, staffing shortages, limited support for carers, and social barriers such as the cost of travel. In response, a new Inclusive Surgeries programme is being rolled out. This includes our key recommendation to introduce learning disability champions within primary care—a direct commitment from decision-makers to improve accessibility and support for these service users.



## Working together for change

**We've worked together with our five neighbouring Healthwatch in South East London (SEL) and used our collective influence to ensure people's experiences of care in Southwark, and across SEL, are heard at the Integrated Care System (ICS) level. This year, we've worked with local Healthwatch organisations to influence decisions made about services by achieving the following:**

### Using our collective insight to transform care and reduce inequalities



Insights on various health services collected through calls, emails, meetings, outreach, and engagement events that 9,500 people shared with SEL Healthwatch were collated quarterly and shared with the ICB and ICS, enabling improvements. We provided balanced, aggregated insights and recommendations for improvement through our system representative in our regular reporting to the ICB Quality Directorate, the Engagement Assurance Committee, and the ICP Board.

### Representing the voice of the people



Through our collaboration as SEL Healthwatch we brought the voices and experiences of patients, carers and their families to support decision-making. We used this voice to shape the SEL ICS strategy, tackle digital exclusion through the development of a new ICS Digital Strategy and support good practice engagement with people and communities through developing the ICS Engagement Toolkit.

### Making a difference in services



The SEL Reference Group, made up of board and committee members of SEL HW supported the procurement of the new SEL ENT services. Members of the Group sat on the procurement panel. Following mobilisation, Members provided valuable insight into how the service was working, making recommendations to the provider for improvement, most of which have been actioned.

We've also summarised some of our other outcomes achieved this year in the Statutory Statements section at the end of this report.

# Making a difference in the community

**We bring people's experiences to healthcare professionals and decision-makers, using their feedback to shape services and improve care over time.**

Here are some examples of our work in Southwark this year:

## Creating empathy by bringing experiences to life



### **Hearing personal experiences and their impact on people's lives helps services better understand the issues people face.**

A Community Health Ambassador shared recent network findings at a Primary Care Collaborative meeting, raising issues like poor mental health, inadequate living conditions, limited physical activity, and unmet needs in BAME communities. Their input sparked meaningful dialogue among decision-makers, demonstrating how lived experience and open conversation can drive impactful service improvements.

## Getting services to involve the public



### **Enhancing Resident Engagement in Housing Strategy**

We delivered a presentation to housing wellbeing leads on improving communication, accountability, and engagement with underrepresented residents. Our practical guidance is now being shared with Southwark's Housing team to inform their asset management strategy. The session helped highlight gaps in current engagement practices and has prompted further discussions on power-sharing and inclusive consultation—especially with marginalised groups. We've been invited to continue supporting this work as it develops.

## Improving care over time



### **Change takes time. We work behind the scenes with services to consistently raise issues and bring about change.**

We published a [one-year update](#) on our Latin American access project, highlighting key progress from local providers. This includes new translated materials in Spanish and Portuguese and a planned listening event by Guy's & St. Thomas' Trust, co-developed with Healthwatch Lambeth. We also shared a summary video and reconnected with all participants and community partners to keep them informed of the project outcomes.



## Listening to your experiences

**Services can't improve if they don't know what's wrong. Your experiences shine a light on issues that may otherwise go unnoticed.**

This year, we've listened to feedback from all areas of our community, ensuring that diverse experiences are heard and represented.

- We listen to real experiences through surveys, interviews, and outreach, especially from those whose voices are often overlooked.
- We highlight what matters by sharing feedback with services to uncover issues that might otherwise go unnoticed.
- We help drive change by making services more accessible and person-centred, often through community-based events and direct engagement.



## Listening to your experiences

### Championing what matters most to Southwark communities through the art of listening

Over the Summer we took to the streets to listen to Southwark residents about what matter most to them and where we should focus our time and efforts.

#### What did we do?

We hosted six in-person events, and an online survey to understand what matters the most to people regarding local health and social care services and hear what other issues are impacting on their health. We offered goody bags, delivered 'Get to know us' talks with local services we frequently signpost people to and offered free Vital 5 health checks in partnership with the Public Health outreach team.

#### Key things we heard:

**96%**

of respondents' top five concerns about health care included GP access, adult mental health, hospital care, dentist access and children and young peoples' mental health.

**75%**

of respondents' top five concerns about social care included carers support, support for children and families, home adaptations, transfers from hospital to social/community care and adult domiciliary care.

**77%**

reported concerns about food insecurity, cost of living, housing and other factors have impacted their health in the last 12 months

**We learned that residents value approachable, empathetic engagement, especially when services are brought directly to familiar spaces and delivered by people who genuinely listen. By acting on their feedback—offering clear information, small incentives, and promoting local efforts—we built trust, improved access by facilitating partnerships between services, and established an understanding of the different referral pathways that are most useful to residents**

#### What difference did this make?

As a result, residents received doorstep information tailored to their needs, along with guidance on where to access local support and on-the-spot Vital 5 health checks with trained professionals. As GP access was highly ranked, insights gathered were incorporated into [Primary Care access plans](#) aligned with Southwark Health and Care priorities, following a presentation to the Partnership Southwark Strategic Board. This approach to community engagement is now informing future priorities and shaping ongoing work.

# Listening to your experiences

## PEOPLE TOLD US ABOUT SOME GOOD EXPERIENCES THEY HAD WITH SERVICES

Pharmacies  
- good  
helpful

I tried CBT  
therapy and that  
was a great  
experience

My midwife  
was great

Even though waiting times in  
hospital are quite long the  
doctors, nurses, healthcare team  
etc are often very amiable

Good  
hospital  
transport  
care

Honour Oak - they are  
very good. Services is  
top notch only that the  
appointment takes time

Feel satisfied  
get scans or  
other services

My experiences with  
healthcare services,  
booking appointments,  
cardiology appointments  
have always been good

## PEOPLE TOLD US ABOUT SOME BAD EXPERIENCES THEY HAD WITH SERVICES

Lack of funding for children's  
mental health services -  
waiting list.

I had to ring everyday to get  
support or .....many  
don't get it as priority

Consultants have  
been sarcastic &  
rude about  
operation on  
knees/weight

..but consult literally told me I  
was "just another statistic" in  
reference to being a young single  
parent. he told my family to  
"control" me when I disagreed to  
having a c section

They give you dates for  
appts e.g. hospital appt  
and it goes beyond their  
recommended times  
e.g. 21 weeks can turn  
into months

Care Workers- not  
being picked up due to  
a lack of connections.  
Agency workers, lack  
of support  
infrastructure.

You rarely get a face-to-face  
appt, it's quicker to go A&E  
otherwise you might end up  
dying before you get even  
seen by your GP



## Hearing from all communities

**We're here for all residents of Southwark. That's why, over the past year, we've worked hard to reach out to those communities whose voices may go unheard.**

Every member of the community should have the chance to share their story and play a part in shaping services to meet their needs.

**This year, we have reached different communities by:**

- Collaborating with local services to host topical in person coffee mornings for sharing information and signposting support
- Facilitating an online cost of living webinar to share local services who reach people struggling with socio-economic deprivation for those less able to attend our in-person events
- Partnering with health services such as our local NHS trusts to gather feedback about their services
- Joining our Community Health Ambassadors at Public Health outreach events where we provided residents with information on support available in the borough.



## Hearing from all communities

### Helping communities through deepening engagement at Community Mental Health Services

Through outreach within mental health services, we heard from many individuals whose care experiences reflected both the strengths and the challenges of the current system. In one instance, a service user shared concerns about inconsistent care from their home treatment team. They described a series of issues, including missed appointments, poor communication, being prescribed the wrong medication without proper checks, and medical records not being updated. These experiences had eroded trust and left them feeling vulnerable and unheard.

#### What difference did this make?

During our conversation, the individual also expressed dissatisfaction with their allocated care coordinator. Many people in similar situations are unaware of their rights or available options. We were able to clarify that service users do have the right to request a change in their care coordinator—and supported them in understanding how to initiate that process. By taking time with individuals highlights how services can be improved for a wider range of service user groups.

### Understanding community needs beyond clinical settings

Through our engagement work with community mental health (CMH) services, we continue to hear from individuals whose needs extend far beyond what is traditionally addressed in clinical settings. One service user, recently admitted to a local CMH unit, shared a particularly important perspective:

*"I found the doctors weren't bothered to give me the right medication. There's too much concentration on the medical model and a lack of social workers—when my problems are socio-economic."*



#### What difference did this make?

We supported the individual in understanding their rights and accessing social care. Anonymised insights were shared with local mental health providers, helping shift focus from a medical to a more holistic model.

This feedback led to more tailored, person-centred support and highlighted the need for integrated services that reflect people's real-life social and economic challenges.

# Hearing from all communities

## Shaping services through community voice

As part of our ongoing work to amplify the voices of autistic individuals and those with learning disabilities, our project played a key role in supporting local services to engage with Guy's and St. Thomas' NHS Foundation Trust (GSTT) in shaping their All Age Autism Strategy. Building on the findings and recommendations from our report "Empowering Voices: Examining Healthcare Access for Adults with Learning Disabilities and Autism", we facilitated a successful community partnership between Autism Voice and GSTT.



The Autism Voice-Guy's and St. Thomas' Trust (GSTT) community conversation was successful as we gathered lots of useful insights that will help shape GSTT'S All Age Autism Strategy. Join us in Clapham next Wednesday and have your say. [#Autismawareness](#) [#autismacceptance](#) [#WellbeingSupport](#) [#InclusionMatters](#) [##neurodivergent](#)



We presented our research at the King's Vulnerabilities Assurance Committee. A research participant co-presented with us and was later invited to collaborate with King's staff to support their health inequalities work, particularly around empowering parents managing their child's diagnosis.

### The Report in the Community!



## What difference did this make?

Our LDA project has resulted in Partnership Southwark commissioning a two-year Inclusive Surgeries programme following our presentation to the Executive Delivery Board. The initiative seeks to make it compulsory for all GPs to have a designated LDA champion, stemming directly from our recommendations to enhance service accessibility for adults with learning disabilities, autistic adults and their carers.



## Information and signposting

Whether it's finding an NHS dentist, making a complaint, or choosing a good care home for a loved one – you can count on us. This year 120 people have reached out to us for advice, support or help finding services.

**This year, we've helped people by:**

- Providing up-to-date information that people can trust
- Helping people access the services they need
- Supporting people to build the confidence to look after their health
- Helping people find additional support services when they need them



## Information and signposting

### Supporting a resident facing housing inaccessibility

Malcom\* was experiencing severe difficulties accessing his second-storey flat due to being a wheelchair user. Despite raising multiple complaints, he felt ignored by housing services, and the ongoing inaccessibility was taking a toll on both his physical and mental health. He had even postponed essential surgeries while waiting for a more suitable home, which had yet to be provided.

We connected him with Southwark Adult Social Care to request a care needs assessment, to identify eligibility for adapted housing or additional support. He was referred to Shelter's housing advice line for expert legal and housing rights guidance, and to the Southwark Disablement Association for support tailored to disabled residents.

He was provided clear, accessible information about his rights under the Equality Act and the housing duty of care, helping him feel more informed and confident in navigating the system.

Through this support, Malcom\* was able to access more appropriate channels for advocacy and begin the process of reassessment for his housing needs. The signposting helped him feel less isolated and more empowered to take action.

\*Name changed

**I have asked for a walk-in shower. I have been seen by O.T and this is not being done, length of time 2 years**



### Empowering a Southwark resident with Autism through timely support

Bola\*, an autistic adult contacted us for support ahead of his upcoming Personal Independence Payment (PIP) phone interview. He was anxious about managing the call and asked for someone to be present virtually to help him feel reassured and communicate effectively.

We connected him to Autism Voice and Resources for Autism, both of which offer advocacy and communication support for neurodivergent individuals. Due to the urgency, we also referred him to the local Social Prescribing team, who quickly took over coordination to find an appropriate service to help him during the meeting.

As a result, he received timely support and felt more prepared and confident going into his interview. This case highlights the importance of responsive, joined-up working between services to meet the specific needs of individuals with communication challenges. \*Name changed





## Showcasing volunteer impact

**Our fantastic volunteers have given approximately 1,949 hours to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.**

### **This year, our volunteers:**

- Visited communities to understand their needs and promote our services
- Collected experiences and supported their communities to share their views
- Carried out targeted outreach and health promotion activities in their local areas
- Supported our strategic direction, priorities and culture of Healthwatch Southwark



# Showcasing volunteer impact

## Championing health equity through Community Health Ambassadors

Over the past year, Healthwatch Southwark's Community Health Ambassadors have made a significant impact in reducing health inequalities across the borough. By acting as trusted champions, they have connected local people with health services, shared reliable health information, and amplified the voices of their communities.

They supported more than 165 outreach events, including health checks, awareness days, Cost of Living roadshows, and cultural celebrations. These events took place in accessible community spaces such as schools, churches, libraries, and community centres. Their work included promoting cancer screening, developing community partnerships, and delivering Vital 5 health checks. They also engaged with underserved groups, including refugees and Latin American residents, who often face barriers to accessing care.

Ambassadors received specialist training, participated in regular network meetings, and helped co-design engagement activities. Their insights directly influenced Healthwatch Southwark's priorities and strengthened collaboration with Public Health, the NHS, and local frontline organisations. Through campaigns like "Why Vaccinate", outreach in barbershops and salons, and co-hosting local events, the Ambassadors have helped build trust and break down barriers to care.



## What difference did this make?

We have achieved more targeted and effective outreach, enabling Ambassadors to connect with underserved groups, share vital health information, strengthen trust, and empower local voices to influence change—especially for those who may be hesitant or unable to engage with traditional services. As a result, Ambassadors are helping reach underserved groups, making Healthwatch Southwark more connected and effective in driving community-led change.

This progress was made possible through our collaboration with Public Health to expand the health outreach service supported by our Community Health Ambassadors. Together, we identified training needs, created paid roles, and chose outreach locations based on community priorities and accessibility needs.

# Showcasing volunteer impact

## At the heart of what we do

From finding out what residents think to helping raise awareness, our volunteers have championed community voices every step of the way.

One of the highlights of my time at Community Southwark was the listening tour, a two-week event hosted by the Healthwatch Southwark team. We travelled across the borough, speaking to residents to understand their needs and experiences of local health and social care services. This experience developed my soft skills, such as interpersonal communication, as I learned how to adapt my approach to engage with different members of the community. We exceeded our engagement target by more than double, collecting feedback from over 130 Southwark residents. These experiences at both of these organisations helped me develop transferable skills such as problem-solving, strategic thinking, collaboration, etc. They have also deepened my interest in what is happening in local communities and encouraged me to consider different career paths, such as project management and real estate. I appreciate the trust you placed in me and the opportunities you provided that allowed me to expand my skills and confidence

**George Okosun – feedback about Community Engagement and Research Volunteer role**



### Be part of the change.

If you've felt inspired by these stories, contact us today and find out how you can be part of the change.



[www.healthwatchsouthwark.org](http://www.healthwatchsouthwark.org)



020 3848 6546



[info@healthwatchsouthwark.org](mailto:info@healthwatchsouthwark.org)



## Showcasing volunteer impact

"There were six of us in my group, and we visited three different parts of the hospital: the Emergency Ward, the Children's Day Clinic, and another ward (I can't remember the name). The experience was entirely new and absolutely intriguing. It was eye-opening to observe how the hospital ensures quality care for its patients. Our role was to assess the environment and identify any areas for improvement based on a provided checklist. This included aspects such as lighting, the welcome area, safety measures, and other factors that impact the patient experience. The experience had a significant impact on me. It boosted my confidence when interacting with the staff, as I now feel reassured that there are dedicated individuals responsible for ensuring that patients receive the right care and services. I gained a clearer understanding of how the hospital strives to maintain high standards for its users. Overall, I witnessed the thorough cleaning of hospital beds before the next patient could use them. This small yet important detail provided valuable insight and reinforced the hospital's commitment to maintaining a safe and clean environment for all patients."

**Omotola (Community Health Ambassador) feedback about a PLACE (Patient-Led Assessment of the Care Environment) assessor role**



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[info@healthwatchsouthwark.org](mailto:info@healthwatchsouthwark.org)

## Finance and future priorities

We receive funding from Southwark Council under the Health and Social Care Act 2012 to help us do our work.

### Our income and expenditure:

Income		Expenditure	
Annual grant from Government	£157,221	Expenditure on pay	£134,151
		Non-pay expenditure	£11,550
		Office and management fee	£13,213
<b>Total income</b>	<b>£157,221</b>	<b>Total Expenditure</b>	<b>£158,914</b>

### Additional income is broken down into:

- £138,957 received from Southwark Council's Public Health team for the Community Health Ambassador Coordinator role, two part time Ambassadors and to deliver the activities of the project

### Integrated Care System (ICS) funding:

Healthwatch across South East London also receive funding from our Integrated Care System (ICS) to support new areas of collaborative work at this level, including:

Purpose of ICS funding	Amount
ICS HW posts – Director and coordinator employed and delivered by Healthwatch Greenwich	£112,000

## Finance and future priorities

### Next steps:

**Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.**

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

### **Our top three priorities for the next year are:**

1. Understanding the health and social care needs of people living in temporary accommodation in Southwark
2. Children and young people's mental health and their experiences of social care
3. Restart our Enter and View programme

## Statutory statements

**Healthwatch Southwark is hosted by Community Southwark, based at 11 Market Place, Bermondsey, London, SE16 3UQ**

**Healthwatch Southwark uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.**

### The way we work

**Involvement of volunteers and lay people in our governance and decision-making.**

Our Healthwatch Board consists of 7 members who work voluntarily to provide direction, oversight, and scrutiny of our activities.

Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2024/25, the Board met 5 times and made decisions on matters such as selecting our future priorities and workstreams in accordance to our Decision Making Policy, a Board culture development session and supporting us to formally respond to the Change NHS call to action using local insights and intelligence.

### Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services.

During 2024/25, we have been available by phone and email, provided a web form on our website and through social media, and targeted outreach at local hospitals and community forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website, send directly to stakeholders, share with our Advisory Board, volunteers, Southwark Council, local Trusts.

## Statutory statements

### Responses to recommendations

We had one provider who did not respond to requests for information or recommendations out of a total of 13 requests made. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting reviews or investigations.

### Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences shared with us.

For example, in our local authority area, we take information to Partnership Southwark Strategic Board (place-based Partnership) and our Southwark-based Care Quality Commission (CQC) representatives.

We also take insight and experiences to decision-makers in South East London at key ICS and ICB system level meetings. For example, we have had our work shared at the ICB Equalities Committee (A subcommittee of the People Board), ICS System Quality Group (A subcommittee of the Quality and Performance Committee) by our South East London Healthwatch Director Folake Segun.

These insights are shared with other local Healthwatch organisations where we use our influence to collectively make a difference, encouraging action at all levels of the Integrated Care System (ICS) in tackling health inequalities and transform services for our communities.

We also share our data with Healthwatch England to help address health and care issues at a national level.

### Healthwatch representatives

Healthwatch Southwark is represented on the Southwark Health and Wellbeing Board by Rhyana Ebanks-Babb, Manager for Healthwatch Southwark.

During 2024/25, our representative has effectively carried out this role by attending Board meetings to present public insights, challenging decisions that impact patient care and public involvement, ensuring the strategic vision centres authentic engagement with local residents' experiences in Board development sessions, feeding into the Local Health and Care Plan and Pharmaceutical Needs Assessment.



# Statutory statements

## Enter and view

We conducted no visits this year, however plans are underway to restart this function in 2025/26 based on feedback from our LDA project stakeholders and service users of a local disability service.

## 2024 – 2025 Outcomes

Project/activity	Outcomes achieved
<b>Latin American health inequalities and access project</b>	Research findings and recommendations included in the Southwark's <a href="#">Joint Strategic Needs Assessment</a> programme, addressing health inequalities for this community
	The provision of <a href="#">new translated materials</a> in Spanish and Portuguese by South London & Maudsley Trust and the South East London Integrated Care Board.
	South East London Integrated Care Board's initiative to support Latin American communities to access NHS services, such as a <a href="#">vaccination uptake workshops</a>
<b>Learning Disabilities and Autism (LDA) Project</b>	Our recommendations are being implemented through ongoing initiatives, such as Guys and St Thomas Trust's working more collaboratively with local organisations such as Autism Voice to develop their <a href="#">All-Age Autism Strategy</a>
	Our LDA project has resulted in Partnership Southwark commissioning a two-year Inclusive Surgeries programme in 2025/26. The initiative seeks to make it compulsory for Southwark primary care networks to have a designated LDA champion, stemming directly from our recommendations to enhance service accessibility for people in this community

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# Healthwatch Southwark



## Priorities Report 2025-26

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## Executive Summary

Healthwatch Southwark champions the voices of local people to ensure health and social care services meet the needs of our diverse communities—especially those who are most vulnerable. Each local Healthwatch operates differently depending on its size, structure, board experience, and local environment. This means we must carefully prioritise our work to focus on the issues that matter most to the people we serve.

This report highlights the key health and social care issues affecting Southwark residents, drawing on a wide range of sources including community feedback, surveys, local data, and national and regional priorities. It explains how we've used these insights to shape our work for 2024-26.

Our three main priorities for 2025-26 are:

- Temporary accommodation and health - exploring how housing conditions and instability affect people's health and access to care.
- Children and young people's mental health and social care experiences - focusing on early support, transitions to adult services, and the impact of social care.
- Southwark Resource Centre (Disabilities Hub) - using our statutory powers to review services supporting vulnerable residents.

These priorities reflect the most pressing concerns raised by local people and align with wider strategies across Southwark and South East London. We will continue to work with communities, service providers, and decision-makers to improve access, quality, and outcomes in health and care.

We will monitor progress through regular reporting, community engagement, and formal reviews, ensuring our work remains transparent, accountable, and impactful.

## Background

### Who We Are

Healthwatch started in April 2013 and is the independent consumer champion created to gather and represent the views of the public nationally, through Healthwatch England, and locally in the London Borough of Southwark. Healthwatch Southwark is part of a network of over 150 local Healthwatch across the country.

Healthwatch Southwark is your local health and social care champion. We are independent and have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice.



## What We Do

Healthwatch Southwark listens to residents' concerns about local health and social care services. They use this feedback to improve services, aiming to give people a voice and influence how services are designed and delivered in Southwark.

Our role is to:

- Listen to the needs and experiences of residents and communities.
- Learn from the experiences of local people and influence the professionals who plan, buy and deliver services. To help us do this we sit on many NHS and Southwark Council boards and committees.
- Report concerns to service providers and make recommendations for services to find solutions.
- Visit health and social care services to understand service user experience and Provide information about local health and care services and signpost to support.
- Work with organisations that scrutinise and inspect local services such as the Care Quality Commission.
- Provide Healthwatch England with the insight it needs to enable it to perform effectively.

## Introduction

### Our Aims

Our priority setting is essential to help us identify and address health inequalities in Southwark. Through a structured process, we can focus our efforts where they will have the greatest impact, strengthening trust and collaboration between communities, service providers, and decision-makers.

Local insights inform our community-led research and help us exercise our [core functions](#), where we can drive meaningful change through our projects. We aim to:

- Identify current and emerging needs of our residents.
- Empower residents to actively participate in shaping health and social care services.
- Ensure services are co-creating high-quality, accessible, and inclusive services that are meeting the diverse needs of Southwark's communities.
- Promote prevention and early detection for better long-term health and outcomes.
- Influence policy and service improvements with community insights with key stakeholders.
- Strengthen relationships between residents and service providers

## Our 2022-23 Priorities

Due to capacity limits and unforeseen challenges, we did not complete all projects that were previously set to end in 2023 which led to projects being extended into 2024. We focused our efforts on key initiatives with the greatest potential for community impact, refining how we hold services accountable to the recommendations from our research, and strengthening relationships to increase our presence in Southwark. Reviewing our internal processes helped us produce more robust project work, boosting our ability to influence change.

[Priorities for 2022-23](#) included:

### 1. Health Inequalities: split into two main areas of focus

- Mental health within Black African and Caribbean communities - This [research](#) explored the persistent inequalities faced by Black African and Caribbean residents in accessing mental health services. It highlighted barriers such as stigma, cultural insensitivity, and lack of trust in services. The report called for more culturally appropriate care, better representation in service design, and stronger community engagement to improve outcomes and rebuild trust in mental health support.
- Accessibility of health information for Latin American communities - This [project](#) researched how Latin American residents in Southwark access health and social care information. It found that language barriers, digital exclusion, and lack of translated materials continued to hinder access. We completed a [one year](#) update, which acknowledged improvements in outreach but stressed the need for sustained efforts to ensure equitable access to information and services.

**2. Access to health and social care services for people with learning disabilities and Autistic adults:** This [project](#) examined the experiences of adults with learning disabilities and autistic adults in navigating health and social care services. It revealed significant challenges including poor communication, lack of reasonable adjustments, and limited understanding among professionals. The report recommended co-produced training, clearer pathways, and more inclusive service design to address these disparities.

## Our 2023-26 Strategy

In 2023, we updated our [strategy](#), which aims to empower local people to influence health and social care services to build a more inclusive, responsive, and accountable landscape in Southwark, particularly for those experiencing barriers to services from historically underrepresented groups.



Tackling these issues will require statutory partners and residents to work together to achieve progress. We will continue to work with local communities to further develop how we embed community voices into our work.

## What Has Informed Our Priorities

To prepare for this future work, we planned a [listening tour](#) in Summer 2024 to ensure alignment with Southwark residents' concerns and other work in the borough. A variety of insights, data sources and additional factors are used to shape Healthwatch Southwark's priorities.

**Survey:** We conducted a survey asking service providers, residents and service users questions to determine what they think we should be prioritising. This included an opportunity to give feedback on recent experiences of health and social care services. See Appendix A for full survey.

**Community Health Ambassadors (CHA):** each quarter we ask our CHAs to provide insights into recurring issues highlighted by their communities, so that we can provide relevant information and support to address these needs.

**Signposting and feedback intelligence:** We analysed our signposting and feedback data from 1 April 2022 - 31 March 2024 to identify trends. This is reported in our quarterly and annual [reports](#).

**Secondary data/ information:** We compare our insights against other local, regional, and national priority information compiled by the Council, Integrated Care System (ICS), NHS, as well as research organisations, Voluntary and Community sector (VCS) stakeholders, interest groups etc.

**Context:** The impact of COVID-19 continues to shape yearly health priorities. While concerns such as access to GP appointments have been addressed through various initiatives, they remain a recurring theme in our feedback, indicating a need for sustained focus. Reflecting on past efforts helps track progress and maintain attention on persistent issues. In recent years, the cost of living crisis—driven by rising inflation and economic instability—has significantly influenced the health and wellbeing of residents. This context has brought to light an increasing demand for financial assistance and support services, particularly among vulnerable groups.

**Potential for impact:** We focus on areas where our actions can create the greatest benefit for the community. By prioritising strategically, aligning with community needs, and building on existing work, we aim to deliver meaningful and sustainable improvement.

**Timeline for improvements:** Service providers need time to implement recommendations before changes are visible to patients. We actively follow up on projects to monitor progress and ensure improvements are on track.

**Capacity to carry out the work:** It is crucial for us to manage our workload by not taking on too many new priority projects at once and ensuring we allocate sufficient time to complete each



initiative effectively and for services to implement appropriate changes that efficiently support residents and patients.

## The Bigger Picture of Health and Social care

Partners across the health and care system must ensure the concerns and priorities raised by residents are addressed through development of local services and plans. Partners need to work together and with communities, to address the extent of inequalities that exist in health care and health outcomes.

## National Priorities

### - Independent Investigation of the NHS in England - Lord Darzi report themes

Lord Darzi's [review](#) of the NHS highlights serious and systemic issues across health and care services, including long waiting times, declining quality in areas like cancer and cardiovascular care, overstretched GP and A&E services, and a growing disconnect between NHS spending priorities and community needs. These findings speak directly to Healthwatch Southwark's strategic mission.

Darzi's call to "*re-empower patients*", "*lock in care closer to home*", and "*simplify and innovate at neighbourhood level*" is well aligned with our strategic goals and contributes directly to these ambitions by:

- Highlighting barriers to accessing care, such as difficulties getting GP appointments or long waits for mental health support.
- Raising awareness of unmet needs in seldom-heard groups, and working with partners to close these gaps.
- Supporting more equitable service delivery, by making the case for greater investment in community and preventative services.
- Promoting transparency and accountability, ensuring services act on feedback and commit to continuous improvement.

As the Government has released a new 10-year plan for NHS reform, Healthwatch Southwark will continue to independently represent the voice of our borough at ICB place/neighbourhood level.

### - Change of government

The Labour party's winning [manifesto](#) indicated one of its missions was to build an NHS fit for the future. Introduction of the '[Change NHS](#)' consultation categorised changes into three specific shifts:

- Shift 1: moving more care from hospitals to communities
- Shift 2: making better use of technology in health and care
- Shift 3: focussing on preventing sickness, not just treating it

The [Labour party](#) missions could potentially address other issues that impact people's health, known as the wider determinants of health, which include social, economic, and environmental factors such as income, education and employment, quality of housing, working conditions, equitable access to healthcare, education, safe housing, and nutritious food to name a few.

Our [organisational response](#) uses data from our signposting and feedback, project insights, our listening tour and connections to our host organisation to provide a locally focused response to the proposed NHS changes, highlighting how many of these factors impact on people's health.

- **Healthwatch England**


Healthwatch England outlines the following [future focus](#) within these priority areas

- People's experience of GPs, dentists and other primary care services because it is the number one thing people talk
- Social care because it is a significant area of care people say
- Women's health because women wait longer for care and have poorer experiences needs fixing

## Regional Priorities

- **South East London Integrated Care System (SELICS) Strategic priorities**

The South East London Integrated Care System (SEL ICS) Joint Forward Plan (JFP) outlines a comprehensive approach to improving health outcomes and reducing inequalities through a series of targeted care pathway programmes addressing [five key areas](#) of need as outlined in the graphic below:

Our priorities				
<b>Prevention and wellbeing</b> 	<b>Early years</b> 	<b>Children's and young people's mental health</b> 	<b>Adults' mental health</b> 	<b>Primary care and people with long-term conditions</b> 
Improving prevention of ill health and helping people in South East London to stay healthy and well.	Making sure that children get a good start in life and there is effective support for mothers, babies and families before birth and in the early years of life.	Improving children's and young people's mental health, making sure they have quick access to effective support for common mental health challenges.	Making sure adults have quick access to early support, to prevent mental health challenges from worsening.	Making sure people have convenient access to high-quality primary care, and improving support and care for people with long-term conditions.

These programmes are designed to address specific health needs across the population, aligning with Healthwatch Southwark's 2023-26 strategy

### Key Care Pathway Programmes:

1. **Urgent and Emergency Care:** Aims to enhance the responsiveness and coordination of services to reduce waiting times and improve patient outcomes during emergencies.
2. **Mental Health:** Focuses on expanding access to mental health services, integrating care across providers, and addressing disparities in mental health outcomes.
3. **Children and Young People:** Targets early intervention and support for physical and mental health needs, ensuring services are accessible and tailored to younger populations.
4. **Learning Disability and Autism:** Seeks to improve diagnosis, support, and care pathways for individuals with learning disabilities and autism, promoting inclusivity and person-centered care.
5. **Planned Care:** Works to reduce elective care backlogs and streamline referral processes, enhancing the efficiency and effectiveness of planned medical procedures.
6. **Maternity:** Aims to provide equitable and high-quality maternity services, addressing disparities in maternal and neonatal outcomes.
7. **Cancer Care:** Focuses on improving early detection, diagnosis, and treatment pathways to enhance survival rates and patient experiences.
8. **Long-Term Conditions:** Addresses the management and prevention of chronic diseases such as diabetes and cardiovascular conditions, emphasizing integrated care approaches.
9. **Primary Care:** Enhances access to general practice services, supports workforce development, and integrates primary care with other health services.
10. **Palliative and End-of-Life Care:** Strives to provide compassionate and coordinated care for individuals nearing the end of life, ensuring dignity and support for patients and families.

The [Joint Forward Plan](#) emphasises the importance of community engagement and co-production in designing and implementing these programmes, ensuring that services are responsive to the needs of diverse populations.

Healthwatch Southwark's role in this context is to facilitate the inclusion of resident voices, particularly from seldom-heard communities, in the development and evaluation of these care pathways.

#### - South East London Anchor System Programme

Themes gathered from the alliances [listening campaign](#) learnt from large anchor organisations such as the NHS, local government, universities, colleges and arts organisations that have a significant, and usually permanent, stake in their local area that the main issues affecting people's ability to thrive are housing, migration and race, work, wages and cost of living, mental health and social isolation, alongside concerns for appropriate provisions for children, young people, and parents.

[Pledges](#) brought forward from their Community Health Assembly committed to becoming a Living Wage system, improving access to fair employment—especially for underrepresented groups—and supporting English language learning to boost job opportunities and health. It also aims to open NHS and anchor institution spaces for use by local community and youth groups. Finally, the programme will work with partners and communities to develop solutions that tackle the health impacts of poor housing.

#### - South East London Healthwatch priorities

The South East London Healthwatch partnership, comprising six local Healthwatch organisations, represents patient and public voices in key Integrated Care System (ICS) and Integrated Care Board (ICB) meetings.

The priorities for South East London Healthwatch organisations, as outlined in the [quarterly insight reports](#), will focus on the following:

##### 1. Barriers to Accessing Primary and Community Care

- a. Difficulty registering with GP practices without ID or proof of address, especially for homeless individuals (Greenwich).
- b. Long waiting times and occasional medicine shortages in pharmacies (Lewisham).
- c. Prioritisation of private dental patients over NHS patients, reducing access to NHS dental care (Lewisham).

##### 2. Mental Health Inequalities

- a. Culturally appropriate support for Black African and Caribbean service users with Severe Mental Illness (Lambeth).
- b. Insights from the Black Mental Health Project (Southwark).
- c. Dual diagnosis challenges for homeless people (Lambeth).
- d. Wellbeing-focused projects including 360 feedback and mental health support (Lewisham).

### **3. Hospital Discharge and Aftercare**

- a. Concerns around discharge processes and post-hospital support for residents (Bexley).

### **4. Equity in Access for Vulnerable Groups**

- a. Young carers' experiences accessing health and care services (Bromley).
- b. Housebound residents with long-term conditions facing access challenges (Bromley).
- c. Evaluation of equity initiatives like the Anti-Racism for Health Equity Community of Practice (Greenwich).

### **5. Youth Health and Prevention**

- a. Youth-led action to raise awareness and improve uptake of the HPV vaccine in partnership with the Cancer Alliance (Greenwich).

### **6. Community-Led Wellbeing Initiatives**

- a. Collaboration with Be Well (South London Listens) and public health teams to support local mental wellbeing (Greenwich).

## **- Health Innovation Network (HIN) South London**

The Health Innovation Network (HIN) focuses on fostering health and care innovation across South London, with [key priorities](#) including mental health, diabetes, cardiovascular health, and patient safety.

Health Innovation Network (HIN) has led significant projects, including the use of digital tools for diabetes prevention and management, tech-based mental health support, and improved patient safety in hospitals. These initiatives often integrate clinical research, community input, and new care models, with examples including streamlined cardiac care pathways and health promotion efforts.

## **Local Priorities**

### **- Southwark Council - Southwark 2030 Strategy**

The Southwark 2030 [strategy](#) focuses on six interconnected goals:



1. **Decent Homes for All** - Ensuring access to safe, affordable, and well-maintained housing by investing in social housing, supporting private renters, and tackling homelessness.
2. **A Good Start in Life** - Providing children and young people with the support they need to thrive, including improved health services, educational opportunities, and targeted assistance for those from disadvantaged backgrounds.
3. **A Safer Southwark** - Addressing crime and antisocial behaviour, reducing violence, and building trust in local policing to ensure all residents feel safe in their communities.
4. **A Strong and Fair Economy** - Creating inclusive economic growth by supporting job creation, apprenticeships, and ensuring that all residents can benefit from Southwark's economic opportunities.
5. **Staying Well** - Promoting health and wellbeing by ensuring access to mental health support, reducing health inequalities, and supporting individuals with long-term conditions and disabilities.
6. **A Healthy Environment** - Enhancing green spaces, promoting sustainable transport, and improving energy efficiency to create a cleaner and more sustainable borough.

By aligning with these goals and principles, Healthwatch Southwark can contribute to the borough's vision by ensuring that health and social care services are responsive to the needs of all residents, particularly those from seldom-heard communities.

#### - **Joint Strategic Needs Assessment (JSNA) and Annual Report**

Southwark Council's Joint Strategic Needs Assessment (JSNA) is designed to address the Joint Health and Wellbeing [Strategy](#) objectives and informs local health and wellbeing plans. The 2023 [annual report](#) provides a broad overview of health and wellbeing in Southwark, noting key findings:

- Residents often struggle to access services, such as GP appointments; due to demand, or because they feel excluded, unsure of where to go or unable to interact with services.
- Residents want to be able to access services in their neighbourhoods as much as possible.
- There is ongoing concern regarding rising cost of living, food poverty and affordable housing.
- Mental health and wellbeing for children, young people and adults is a priority
- There is a concern that vulnerable people continue to fall through gaps in support.

Therefore, based on these findings, Southwark Council's [progress report](#) sets out the following development areas:

- **A whole family approach to giving children the best start in life** - identify opportunities to strengthen how data on adverse childhood experiences is shared between services.
- **Healthy employment and good health for working age adults** - identify and utilise opportunities to use the apprenticeship levy in Partnership Southwark and voluntary and community sector roles

- **Early identification and support to stay well** - improve referrals to the ‘Hospital Buddies’ programme which provides support to older people before and after elective surgery.
- **Strong and connected communities** - promote cost of living support available to residents through other health professionals, such as pharmacists and dentists
- **Integration of health and social care** - Fully embedded multi-disciplinary teams (including primary care, secondary care, social care) within neighbourhood settings are expected by April 2025.

#### - Partnership Southwark’s Health and Care Plan Priorities

The purpose of Partnership Southwark is to identify opportunities to deliver better outcomes for Southwark residents through the South East London Integrated Care System (ICS). The delivery of Southwark-based [priorities](#) lies within the ‘Wells’ framework that span a person’s life course - Start well, Live well, Age Well & Care Well.

The Board refreshed its priorities under this framework as of September 2024, the new and merged workstreams are detailed as:

- Children and young people’s mental health
- Adult mental health
- Prevention and health inequalities
- Integrated frailty pathway
- Integrated neighbourhood teams

### Other Southwark-Based Considerations

Cross cutting priorities and themes from Community Southwark’s R.E.A.C.H Alliance, [ClearView](#) Research, Kings Health Partners, [Centric](#), Impact on Urban Health, Kings Fund.

#### Addressing health inequalities

A shared priority across the data sources is tackling persistent health inequalities. Reports from [Impact on Urban Health](#) and the [King’s Fund](#) emphasise disparities impacting B.A.M.E. communities, barriers to accessing services, and systemic issues like racism and discrimination. These concerns have been echoed many by advocating for inclusive strategies, empowering community voices, and [reducing disparities](#) through holistic and equitable care.

#### Environmental and social determinants

Air pollution, housing, and economic pressures emerge as cross-cutting themes. Research has highlighted the disproportionate health impact of poor air quality, especially on children and the elderly. Housing instability and financial strain are flagged as significant stressors affecting mental and physical health, underscoring the need for interventions targeting social determinants of health.

### Mental health and accessibility

Improving mental health services is a common thread, with reports calling for better access, flexibility, and inclusive engagement. Services have stressed the importance of tackling medical scepticism and enhancing GP services, particularly in underserved areas, while acknowledging the importance of integrating mental and physical health to deliver holistic care.

### Community-driven solutions

All sources emphasise the role of community input in shaping health strategies. Services have focused on gathering resident insights, while prioritising the need for collaboration with local groups to amplify marginalised voices. Emphasising on equity and inclusion aligns closely with these approaches, reinforcing the importance of community-led health improvements.

### Innovation and sustainability

Solutions such as innovation and sustainability are vital for long-term impact. Digital health solutions, population health initiatives, and sustainable funding models are highlighted as pathways to more effective, value-based care that meets the evolving needs of diverse populations.

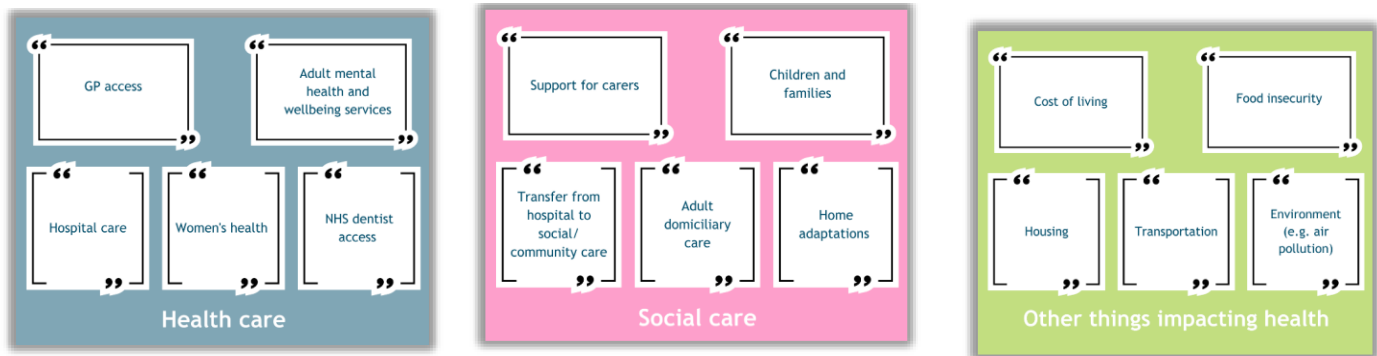
## Healthwatch Southwark Insights

### Southwark Soundboard Listening Tour

For the Healthwatch Southwark [Listening Tour](#) 2024, we held six in-person events and an online survey, engaging with 133 people. We gathered information on 5 key questions, including general service feedback and diversity data:

1. What health care issues have impacted you in the last year?
2. What social care issues have impacted you in the last year?
3. What other factors have impacted your health in the last year?
4. What do you think we should focus our priorities on?
5. Why they you chosen those topics?

Feedback from the tour helped identify some themes as areas of concern:



When asked about the areas we should focus on, 116 individuals made 256 suggestions across 69 categories, some of which included:

- GP Access - booking an appointment/waiting for/access to face-to-face appointment, contact and communication with reception staff
- Community Needs - cultural needs, social isolation
- Failures in service - infrastructure, lack of follow-up care
- Adult mental health and wellbeing services - housing impact on mental health, accessing Mental Health Services
- Housing - suitability of housing to medical condition, housing security in temporary accommodation
- NHS dentist access - booking an appointment/Waiting for appointments, failure of service
- Hospital care - waiting times, quality of treatment
- Social prescribing and health support - wellbeing services, support services

88 individuals gave 104 reasons for why they chose these topics, such as how it affects them personally, social concerns, structural concerns, general wellbeing and issues seen in their local community to name a few.

‘Voice of the Forgotten’, a heartfelt poem crafted by a local volunteer, captures the voices and experiences of Southwark residents gathered during the tour. Drawing on community feedback, it reflects shared hopes, concerns, and the collective desire for more compassionate, accessible, and inclusive health and social care.

# Voices of the Forgotten

In corridors where silence grows,  
Vulnerable voices, unheard, untold.  
Eyes cast down, seeking support,  
Yet access and care are a distant thought.

For communities fragile, under strain,  
Each facet of life bears heavy pain.  
Unpaid carers, rough sleepers, migrants in flight,  
Asylum seekers, searching for light.  
Black Afro-Caribbean mothers, standing tall,  
Caring for sons in a system that stalls.  
Families with children in SEND's tight grip,  
Struggling, yearning, but futures slip.

Blood pressure rising, anxiety swells,  
Care workers racing, trapped in red-tape hell.  
Permits lost, travel time in vain,  
Lives delayed in a system's strain.  
Mental health hangs by a thread,  
While older hearts seek light instead.

Peckham's children dream of more,  
Theatre halls echo with wellness in store.  
Support for young minds, growing bold,  
But in this system, care is cold.  
Lack of information clouds the way,  
For services, health, where to stay.

Financial aid for youth in despair,  
Job loss looms, but who will care?  
Retirees, too, seek a space,  
A hub for connection, a needed place.

In the shadows of care, under-staffed walls,  
Ethnic divides echo, bureaucracy calls.

Rough sleepers shiver, left outside,  
While unpaid carers quietly cry.

Yet, gratitude shines through weary eyes,  
For those who lift and empathize.  
Appleby Blue, a beacon bright,  
Support workers easing the fight.  
Silverlock's follow-ups, a kind embrace,  
Their check-ins bring a steady grace.

King's Hospital, with healing hands,  
Shingles treated, with care that stands.  
Honour Oak, though time takes its toll,  
Their top-notch service enriches the soul.  
Good hospital transport, a helping hand,  
In tough moments, they understand.

Appointments made, cardiology care,  
In every step, satisfaction is there.  
Gratitude flows from hearts once torn,  
For those who help, who care, who warm.

The costs for the disabled rise,  
Diabetes, menopause in disguise.  
Cancer awareness, mental health strain,  
Stress management whispers through the pain.  
Cyber security, a modern need,  
As the vulnerable continue to plead.

Yet whispers of hope rise through the fight,  
Community Ambassadors bringing light.  
"Listen," they call, "to every voice,  
For change will come if we make the choice.  
Invest in support for the weak and the bold,  
Let their stories finally be told."

For in every tear and every cry,  
Lies the strength to lift us high.  
In every corner, in every plight,  
We will spark the flame to ignite the night.

The full methodology of the listening tour's engagement, reflection report, survey data and demographic information about the participants is available to read on our website.



### Feedback and Signposting Data

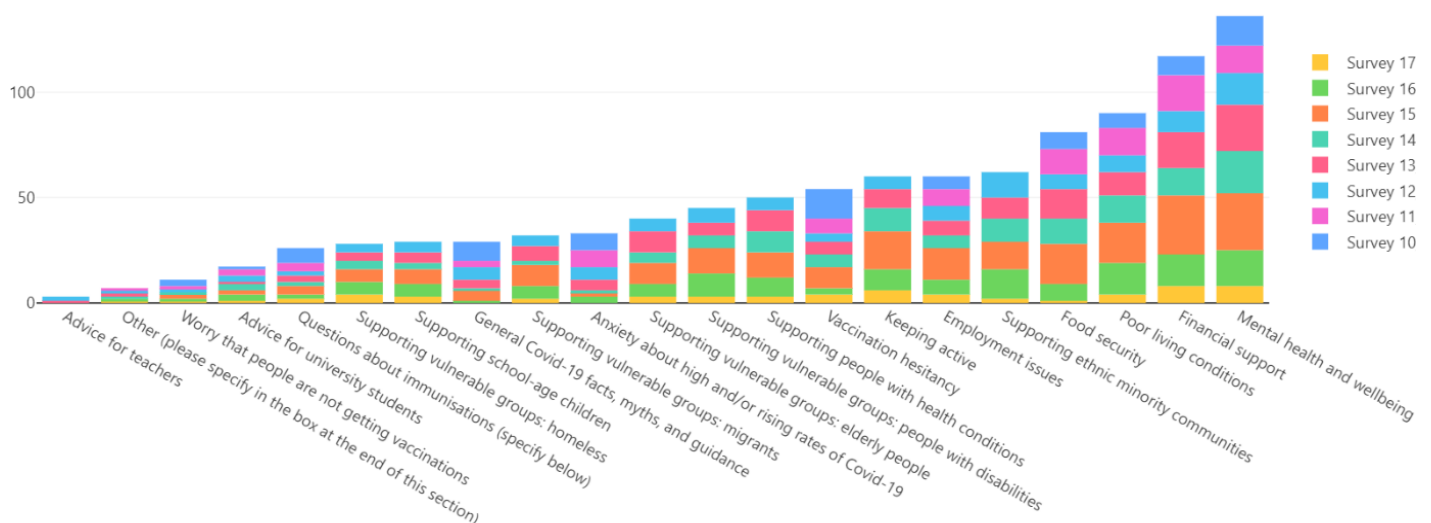
We analysed the signposting and feedback data from 1st April 2023-31st March 2024, looking for key themes across the signposting topics, aspects of care, issues, types of services and system-wide themes. These themes are summarised in the table below and are explored in-depth in our [quarterly monitoring reports](#).

Domain	Feedback	Signposting
Healthcare	<ul style="list-style-type: none"> <li>- Difficulty booking timely GP and specialist appointments</li> <li>- Long waiting lists for hospital and community services</li> <li>- Delays in referrals and complex referral processes</li> <li>- Inadequate support in A&amp;E, GP, mental health, oncology, and crisis services</li> <li>- Poor hygiene, noisy environments, and medication issues</li> <li>- Poor communication between services</li> <li>- Patients not feeling listened to</li> <li>- Inaccurate or confusing information (e.g., appointment letters)</li> <li>- Staff rudeness and dismissiveness</li> <li>- Lack of updates or clarity on complaint outcomes</li> <li>- Lack of continuity and consent in care</li> <li>- Fragmented service delivery across departments</li> <li>- Difficulty using online portals for appointments</li> <li>- Exclusion of patients without digital literacy or access</li> </ul>	<ul style="list-style-type: none"> <li>- Help resolving GP and outpatient access issues</li> <li>- Support with appointment booking and follow-ups</li> <li>- Guidance on how to complain about GPs, hospitals, and services</li> <li>- Support with complaint escalation and outcomes</li> <li>- Referrals to POhWER, PALS, and other advocacy services</li> <li>- Information on wait times, long COVID services, and service availability</li> </ul>
Social care	<ul style="list-style-type: none"> <li>- Difficulty accessing domiciliary and residential care</li> <li>- Inadequate support for people with autism and learning disabilities</li> <li>- Poor integration between health and social care</li> <li>- Lack of follow-up and continuity in care plans</li> </ul>	<ul style="list-style-type: none"> <li>- Help finding appropriate social care services</li> <li>- Advice on eligibility and access to support</li> <li>- Support for safeguarding, housing, and care continuity</li> <li>- Guidance on raising concerns with councils and care providers</li> </ul>

	<ul style="list-style-type: none"> <li>- Reports of discrimination and safeguarding concerns</li> <li>- Removal from patient lists without explanation</li> <li>- Concerns about social care charges and affordability</li> </ul>	
Wider determinants of health	<ul style="list-style-type: none"> <li>- Barriers due to lack of digital skills or access</li> <li>- Systems not designed for visually impaired or digitally excluded users</li> <li>- Prescription costs and social care fees limiting access</li> <li>- Limited public consultation and engagement in service design</li> <li>- Emotional strain due to inadequate support for carers</li> </ul>	<ul style="list-style-type: none"> <li>- Help locating mental health, disability, and wellbeing services</li> <li>- Support after hospital discharge</li> <li>- Referrals to Citizens Advice, Cambridge House Law Centre, and local MPs</li> <li>- Increasing diversity in services referred to, including social prescribing and community hubs</li> </ul>

### Community Health Ambassadors

The graph below highlights the most frequently reported community concerns across eight surveys conducted between 2022 and October 2024. While response rates varied, the data reflects input from a growing and diverse group of over 200 Community Health Ambassadors. Since the programme's inception, the top three consistent concerns have been mental health and wellbeing, financial support, and poor living conditions.



In each feedback survey, we ask Community Health Ambassadors which groups they think would benefit the most from additional support. The most frequently mentioned groups include:

1. **Older people**, particularly those living alone, with poor health, and/or from BME communities
2. **Young people**, especially those affected by mental health issues, unemployment, and disruptions due to Covid-19.
3. **Disabled people**, including both physical and learning disabilities, and their families.
4. **People experiencing homelessness**, with emphasis on housing, basic needs, and mental health support.
5. **Migrant communities**, particularly those with no recourse to public funds or who are facing barriers to public services.
6. **Low-income families**, with a focus on access to housing, food security, and financial support during the cost of living crisis.
7. **BAME (Black, Asian and Minority Ethnic) communities**, who face systemic disadvantages and require culturally appropriate services.
8. **Carers** and families caring for individuals with disabilities or special needs.

Other additional factors that have been frequently mentioned are people experiencing:

9. **Mental health** support needs, especially for young people, older people, and people living with disabilities.
10. **Social isolation** among vulnerable individuals who lack strong community or family support.
11. **Poor housing conditions** and the need for affordable housing.

Community Health Ambassadors have stressed that local health-improvement projects need funding and permanent premises to operate consistent and sufficient services for the communities they support. These concerns are consistent with Community Southwark's [State of the Sector 2023 report](#).

## Choosing which Issues to Focus on

### How We Choose Our Priorities

The Healthwatch Southwark team held a brainstorming session to discuss and shortlist the priority areas mentioned throughout this report.

This was presented to our Advisory Board to vote on the short list, ranking priority areas using a scoring matrix that aligns with the seven criteria in our [Decision Making Policy](#). The decisions made were to score priorities for two community-led research projects and one area to explore to restart our statutory [Enter and View](#) function.

The shortlist for both research areas and Enter and View selections are indicated in the table below:

Shortlist for projects	Shortlist for Enter and View
<ol style="list-style-type: none"> <li>1. Temporary housing and links to health: essential utilities, cost, isolation, wider inequalities, extra care and support services</li> <li>2. Women's Health: cost of living impact on women</li> <li>3. Children and young people: mental health / experiences of social care / transitionary support to adult services</li> <li>4. Preventing obesity: food and activity, links for parents and children and families</li> </ol>	<ol style="list-style-type: none"> <li>1. Southwark Resource Centre: Disabilities Hub</li> <li>2. Integrated community services (GP, gym, family/all age services, social support, nutrition, mental health etc.)</li> <li>3. Women's Health services</li> <li>4. Older peoples care homes</li> </ol>

It was agreed that our priorities will be grounded in the following principles:

- Connects to or enhances ongoing projects and supports initiatives in local neighbourhoods.
- Draws insights from diverse sources of health population data.
- Addresses interconnected issues across health, social care, and broader health determinants, without duplication of existing work
- Provides a practical solution/outcome such as resources, guides, signposting information, maps, blogs and videos.

## Priorities Selection 2025-26

While we received a broad range of valuable suggestions, not all could be prioritised for 2025-26 due to our limited capacity and the complexity of the health and care landscape. Using a structured process, we selected areas where we could have the greatest impact, based on community need, strategic alignment, and feasibility. However, other important issues remain on our radar and will continue to be monitored through our board roles, committee positions, statutory partnerships, and ongoing community engagement and feedback.

This approach allows us to remain responsive to changing needs and to advocate for improvements where necessary as we understand that maintaining visibility across a broad range of issues ensures that voices are not lost and that future priorities remain grounded in the lived experiences of Southwark's communities.

## Healthwatch Southwark Priorities 2025-26

### Rationale for Priority 1 - Temporary accommodation and links to health

- Strong community feedback highlighted poor housing conditions, instability, and overcrowding as major health stressors.
- Community Health Ambassadors consistently reported poor living conditions and housing insecurity as top concerns.
- The cost of living crisis has exacerbated housing-related health issues, especially for vulnerable groups.
- Aligns with Southwark Council's "Decent Homes for All" goal and the South East London Anchor System's focus on housing as a determinant of health.
- Supports Healthwatch's aim to address wider determinants of health and health inequalities.
- Connects to ongoing projects addressing housing and health inequalities in local neighbourhoods.
- Draws on diverse data sources, including signposting data, JSNA, and community engagement.
- Addresses interconnected issues across housing, health access, and social care, without duplicating existing work.
- Provides an opportunity for practical outcomes, such as housing workshops, signposting resources, guides, and community-informed recommendations.

### Rationale for Priority 2 - Children and young people's mental health/experiences of social care

- Repeatedly raised in feedback from residents, surveys, and the Listening Tour as a critical concern.
- Young people were identified as a group needing urgent support, particularly around mental health and transitions from child to adult services.
- Aligns with Southwark's "Good Start in Life" strategy and the SEL ICS "Start Well" workstream.
- Addresses gaps in early intervention, culturally appropriate care, and support for those in or leaving social care.
- Builds on previous Healthwatch work and insights from the Southwark JSNA and Partnership Southwark priorities.
- Connects to existing youth mental health initiatives and supports local service improvement efforts.
- Informed by multiple data sources, including Listening Tour feedback, Ambassador insights, and JSNA findings.




- Tackles complex, cross-cutting issues in mental health, education, and social care.
- Opportunity to deliver practical outputs, such as youth-friendly resources, service maps, and co-produced content.




### Rationale for Priority 3 - Southwark Resource Centre: Disabilities Hub

- Identified through Enter and View shortlisting as a key site for review due to its role in supporting disabled residents.
- Responds to feedback about poor integration of health and social care services for people with disabilities.
- Supports the “Staying Well” goal in Southwark’s 2030 strategy and the JSNA’s call for better service integration.
- Offers an opportunity to use statutory powers to assess and improve service quality and accessibility.
- Reflects ongoing concerns from disabled residents and carers about service gaps and support needs.
- Builds on existing work around disability access and service quality.
- Uses insights from feedback, site visits, and community partners to inform the review.
- Addresses systemic gaps in care coordination and accessibility for disabled people.
- Aims to produce actionable recommendations, service improvement reports, and accessible information for users.

### Priority Alignment

There are many strategies and activity plans in operation within Southwark. Overlap between these workstreams is detailed below.

<u>Strategy/Plan</u>	<u>Priority 1</u> Temporary accommodation and links to health	<u>Priority 2</u> Children and young people’s mental health/experiences of social care	<u>Enter and View Priorities</u> Southwark Resource Centre: Disabilities Hub
	Goal 1: Decent homes for all	Goal 2: Good start in Life	Goal 5: Staying well

	Prevention and wellbeing	Children's and young people's mental health	Prevention and wellbeing
	Live Well: Prevention and health inequalities	Start well: Children and young people's mental health	Live Well: Prevention and health inequalities
	Drive 4: Strong and connected communities	Drive 1: A whole-family approach to giving children the best start in life	Drive 5: Integration of health and social care

## Delivery and monitoring impact

### Governance and delivery mechanisms

Healthwatch Southwark's Advisory Board helps guide our work by overseeing the key priorities we set. While the Manager takes care of day-to-day operations and delivery, the Board provides strategic direction. The Board meets every three months—and sometimes in between—to review progress, discuss important actions, and hear updates from those leading specific tasks to achieve priorities set. These individuals may also ask for support from the Board when needed.

### Monitoring Progress

We will monitor delivery against these priorities through the following metrics:

- Completion of projects resulting in formal responses and progress reviews.
- Quarterly monitoring reports containing service provider/community case studies, feedback and signposting data, insights from community engagement events.
- Completion of Enter and view visits resulting in a report, formal responses and progress reviews on recommendations being implemented.
- Annual report containing information about how we have met the priorities outlined.

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## Health & Social Care Scrutiny Commission

**MUNICIPAL YEAR 2025-26**

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