Open Agenda

Health and Wellbeing Board

Thursday 17 September 2026
10.00 am
Southwark Council, Ground floor meeting rooms, 160 Tooley Street, London SE1 2QH

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

INFORMATION FOR MEMBERS OF THE PUBLIC

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Contact
Email: paula.thornton@southwark.gov.uk

Members of the committee are summoned to attend this meeting
Althea Loderick
Chief Executive
Date: 9 September 2026

PRINTED ON RECYCLED PAPER

Health and Wellbeing Board

Thursday 17 September 2026
10.00 am
Southwark Council, Ground floor meeting rooms, 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
1.	**WELCOME AND INTRODUCTIONS**	1

- Chair to welcome members.
- Introductions.
- Southwark Health and Wellbeing Board Plan.

2. APOLOGIES

To receive any apologies for absence.

3. ELECTION OF THE VICE-CHAIR

To elect a vice-chair for the Health and Wellbeing Board.

4. CONFIRMATION OF VOTING MEMBERS

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

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

In special circumstances, an item of business may be added to an agenda within five clear days of the meeting.

Item No.	Title	Page No.

6. DISCLOSURE OF INTERESTS AND DISPENSATIONS

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

7. MINUTES 2 - 6

To agree as a correct record the open minutes of the meeting held on 12 March 2026.

8. PUBLIC QUESTIONS

To receive any questions from members of the public which have been submitted in advance of the meeting in accordance with the procedure rules. The deadline for the receipt of public questions is 11.59pm Friday 11 September 2026.

9. JOINT STRATEGIC NEEDS ASSESSMENT ANNUAL REPORT 7 - 78

To note the findings, achievements and completed projects across the Joint Strategic Needs Assessment (JSNA) Annual Report 2026 and agree to receive an annual update.

10. STATE OF URBAN HEALTH RESEARCH 79 - 94

To note the findings and recommendations of the State of Urban Health report and consider the implications for improving health equity in Southwark and implications for the neighbourhood health agenda.

11. COUNCIL VISION 95 - 110

To consider the Joint Administration’s ambition for Southwark for the next four years.

13. CRISIS AND RESILIENCE FUND 167 - 176

To note the progress made in designing and mobilising Crisis and Resilience Fund (CRF)-funded Resilience Services in Southwark, including the outcome of the Task & Finish Group process.

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14.	**BETTER CARE FUND 2026-27**	177 - 207

To note the narrative and numerical templates for the Better Care Fund 2026-27.

REPORTS FOR NOTING

15.	**ALIGNMENT BETWEEN THE SOUTHWARK MATERNITY COMMISSION AND LEARNINGS FROM OKENDEN**	208 - 215

To note the report outlining the alignment between the Southwark Maternity Commission and learnings from Okenden.

16.	**SEXUAL AND REPRODUCTIVE HEALTH STRATEGY**	216 - 234

To note the Southwark Local Action Plan 2026-2028
LSLBB Sexual and Reproductive Health and HIV Strategy (2025-2030).

17.	**HEALTHWATCH HEALTH, HOUSING AND HOPE REPORT**	235 - 281

To note the Healthwatch Health, Housing and Hope report.

18. ANY OTHER OPEN BUSINESS

Date: 9 September 2026

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."

Agenda Item 1

Southwark Health & Wellbeing Board: Plan on a page

Our vision and priorities

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

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

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

Our duties

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

- Joint Strategic Needs Assessment
- Joint Local Health & Wellbeing Strategy
- Pharmaceutical Needs Assessment
- Oversight of Better Care Fund and Health & Care Integration

In addition, the Board will receive the following updates from members and partners:

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

Agenda Item 7

HEALTH AND WELLBEING BOARD

MINUTES of the Health and Wellbeing Board held on Thursday 12 March 2026 at 10.00 am at Southwark Council, Ground floor meeting rooms, 160 Tooley Street, London SE1 2QH

PRESENT:
Councillor Evelyn Akoto (Chair)
Dr Nancy Kuchemann (Vice-Chair)
Councillor Jasmine Ali
Councillor Maria Linforth-Hall
Hakeem Osinaike
Aled Richards
Darren Summers
Sangeeta Leahy
Louise Dark
Philippa Galligan (deputising for Ade Odunlade)
Ruman Kallar (deputising for Rhyana Ebanks-Babb)

OFFICER SUPPORT:
Maria Lugangira, Principal Constitutional Officer
Chris Williamson, Assistant Director for Public Health
Alice Fletcher-Etherington, Public Health Programme Manager

1. WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

2. APOLOGIES

- Althea Loderick
- David Quirke-Thornton
- Alasdair Smith
- Anood Al-Samerai
- Peter Babudu
- Rhyana Ebanks-Babb
- Cassie Buchanan
- Ade Odunlade

3. CONFIRMATION OF VOTING MEMBERS

Those listed as present were confirmed as the voting members.

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

There were none.

5. DISCLOSURE OF INTERESTS AND DISPENSATIONS

None were declared.

6. MINUTES

RESOLVED - That the minutes of the meeting held on 18 September 2025 were approved as a correct record.

7. PUBLIC QUESTION

There were none.

8. HEALTH & WELLBEING BOARD ACTION LOG

The Board noted the log and follow up actions.

9. JOINT HEALTH AND WELLBEING STRATEGY 2027 – 2032: DEVELOPMENT PLAN

Officers presented the item to the Board and provided background detail on the need for a Joint Health and Wellbeing Strategy (JHWS.), the process by which the strategy would be developed and its various stages.

The proposal is for;

1. the development of a new five-year JHWS covering the period April 2027 to March
2. the neighbourhood health plan being developed in 2026/27 is added as an added as an addendum to the current JHWS, to eventually incorporated into the JHWS 2027-2032 is published.

RESOLVED - That the Health and Wellbeing Board:

1. Approves the development plan for the Joint Health and Wellbeing Strategy 2027-2032
2. Approves the recommendation to integrate Southwark's neighbourhood health plan into the Joint Health and Wellbeing Strategy, and note this recommendation is subject to change as national guidance and statutory frameworks are published.

10. SOUTHWARK NEIGHBOURHOOD HEALTH & INTEGRATED NEIGHBOURHOOD TEAMS: PROGRESS AND NEXT STEPS

Officers presented the item to the Board, providing background detail and further on context on the Neighbourhood Health which is a central element of the NHS 10 year plan.

The Board received a presentation which provided and overview of the

- National NHS guidance and the five year strategic commissioning plan requests by SEL in January set out 6 steps
- Development of the Neighbourhood Health Partnership Framework

The ambition for health and care partners across Southwark is to transform the way care is planned and delivered at neighbourhood level, in response to increasing population need, growing health inequalities and rising pressure on services. This aligns directly with Health and Well Being Board and Partnership Southwark priorities on prevention and addressing health inequalities, and will require wider system leadership.

RESOLVED – That the Health and Wellbeing Board;

1. Notes that the national and regional priorities around neighbourhood health are aligned with the Southwark priority to develop neighbourhood health and care services.

2. Notes progress on the development and mobilisation of Integrated Neighbourhood Teams (INTs) in Southwark.

11. HEALTHY COMMUNITIES PROGRESS UPDATE

Officers presented the item to the Board and provided an overview on the progress of the Healthy Communities which is theme of the Joint Health and Wellbeing Strategy. It outlines how the Board will build resilient communities by supporting our voluntary and community sector (VCS) and creating healthy places, environments and homes that promote wellbeing and social connection.

The Board's priority aim for Healthy Communities is *'Ensure Southwark residents have access to good quality homes, streets and environments that promote good health and wellbeing'*,

RESOLVED – That the Health and Wellbeing Board notes progress updates, outcome measures and requests for the board related to the 'Healthy Communities' theme of the Joint Health and Wellbeing Strategy action plan 2025-27.

12. AIR QUALITY ANNUAL STATUS REPORT 2024: BRIEFING NOTE FOR THE HEALTH AND WELLBEING BOARD

RESOLVED – That the Health and Wellbeing Board

1. notes and approves the Air Quality Annual Status Report 2024.
2. Confirmed whether they would like to continue to receive the Air Quality Annual Status Reports for sign-off.

13. PREVENTING SUICIDES IN SOUTHWARK 2023-2028. PROGRESS UPDATE FOR THE SOUTHWARK HEALTH AND WELLBEING BOARD

RESOLVED - That the Health and Wellbeing Board;

1. Agree to receiving a progress update in approximately 18 months' time.

2 Note this will allow sufficient time to provide a final update report with all actions addressed. From autumn 2027, efforts of the Southwark Suicide Prevention Partnership will focus on the development of an updated 2028-2032 strategy and action plan.

14. SOUTHWARK COUNCIL NEIGHBOURHOODS PROGRAMME

The Neighbourhoods Team Manager presented the item to the Board
He provided and background context. He explained that Southwark Council had implemented a neighbourhoods-based approach to strengthen how it works with communities, empower residents, and better join up services at a local level.

The programme is being implemented in phases to allow for effective consultation, governance, and learning.

Part of the development process includes
- Community plans
- Neighbourhood grants and local funding
- Governance and leadership
- Alignment with NHS Neighbourhood Health Plans

RESOLVED – That the Health and Wellbeing Board notes the update on the Council's Neighbourhoods Programme.

15. ANY OTHER BUSINESS

None

Meeting ended at 11.58am

CHAIR:

DATED:

Agenda Item 9

Meeting Name:	Health & Wellbeing Board
Date:	17 September 2026
Report title:	**Joint Strategic Needs Assessment Programme Update**
Ward(s) or groups affected:	All wards Key population groups (as defined by Southwark's JSNA) affected by decision/recommendation: ☐ Carers ☐ Residents with disabilities ☐ LGBTQIA+ residents ☐ Asylum seekers and refugees ☐ Rough sleepers ☐ Black and ethnic minority communities ☒ All
Classification:	Open
Reason for lateness (if applicable):	No
From:	Sangeeta Leahy, Director of Public Health Southwark Council

RECOMMENDATION(S)

The Health and Wellbeing Board:

1. Note the findings of the Joint Strategic Needs Assessment (JSNA) Annual Report 2026 and agree to receive an annual update.

2. Note the key achievements and challenges highlighted in the JSNA Annual Report for the development of the Neighbourhood Health Plan.

3. Note the completed projects across the JSNA programme over the past year and approve the JSNA projects recommended for the coming year.

PURPOSE OF THE ITEM

☒ Item relates to Joint Health and Wellbeing Strategy: *Relating to all priorities set out in the Joint Health & Wellbeing Strategy.*
☒ Statutory item

BACKGROUND INFORMATION

4. This report has three main objectives:

   - To update the board on changing patterns of health and inequalities in the borough.

   - To update the Board on the JSNA programme projects completed over the past year.

   - To outline next steps for the JSNA programme and proposed projects for the year ahead.

KEY ISSUES FOR CONSIDERATION

JSNA Annual Report

5. The JSNA Annual Report forms part of the JSNA programme and provides an update on health and wellbeing in Southwark. It seeks to provide an analysis of our population, along with details of the health inequalities that exist in the borough.

6. As Southwark's 2025-2027 Joint Health & Wellbeing Strategy (JHWBS) moves into its final year, the Health & Wellbeing Board will need to consider priorities moving forward. This year's JSNA Annual Report has been developed to support the consideration of potential priorities.

7. The report provides an overview of our current and changing population:

   - Southwark is home to some 312,400 people and has a comparatively young population. The median age (34 years) is two years younger than London and seven years younger than England.

   - Around half (51%) of people living in Southwark have a White ethnic background compared to 81% nationally. The largest ethnic group other than White is 'Black, Black British, Caribbean or African', accounting for one-quarter (25%) of Southwark residents.

   - Long-term predictions indicate the borough will see population growth of one-fifth (19%) between 2026 and 2040. The largest predicted population increases are expected in 70+ yr olds, with a three-quarters (78%) increase (about 17,600 more people), but numbers of 10–19 yr olds have been expected to drop by 7%, equating to 2,400 fewer young people.

8. The report highlights several areas where health outcomes in Southwark are better than the London average, and/or are noticeably improving. These include:

   - **Decreased smoking rates:** Smoking prevalence in Southwark has declined steadily over the last 10 years, from around 18% of the population in 2011-2013 to 6.8% in 2024. There is an opportunity to continue this downward

trend, with Southwark aiming to be smoke-free by 2030.

- **Reduction in new cases of HIV:** While Southwark has amongst the highest prevalence of HIV in the country, the number of new cases diagnosed each year fell by 58% between 2015 and 2024.

- **Key Stage 4 attainment for children with SEND:** Children with special educational needs and disabilities have historically had poorer educational outcomes than their peers. Southwark is performing better than the London average at Key Stage 4 for educational outcomes.

9. A full list of improving outcomes within the borough can be found on page 5 of the JSNA Annual Report 2026 report.

10. The report also identifies health challenges facing Southwark residents that could inform future priorities, including:

- **Vaccination**: Uptake of the MMR vaccine remains below target levels. In addition the gap in uptake of MMR vaccines between children from White and Black, Asian and minoritised ethnic backgrounds is 11%, comparatively worse than the average across South East London.

- **Child excess weight and obesity**: Rates of excess weight (overweight or obese) in Reception (25.6%) and Year 6 children (44.3%) remain above the London average. Childhood obesity levels are lower in children from White groups, at 1 in five (21.4%), compared with over one-third (35.2%) for children from other broad ethnic groups.

- **Long-term conditions:** Long-term conditions (LTCs) are the main driver of cost and activity in the NHS, with 33.9% of Southwark's GP patient population living with one or more LTC(s). Southwark's six most common long-term conditions are highest among patients living in areas with the highest socio-economic disadvantage.

- **Adult mental health:** In Southwark, 1.3% of the GP population have a significant mental illness (SMI) which significantly impacts function. Rates are higher in patients from Black ethnic backgrounds compared to other ethnic groups, and people from the most deprived neighbourhoods. Premature mortality rates for adults in Southwark with a SMI between 2021-2023 was significantly higher than the London and England average.

- **Access to healthy and affordable food**: There are high rates of food insecurity found in central areas of the borough, such as Peckham, Old Kent Road and Faraday, where an estimated 30-40% of households experience food insecurity.

- **Unemployment**: The percentage of working adults in Southwark classified as unemployed rose from 2.8% in 2022/23 to 5.4% in 2024/25, reversing the initial decline after the COVID-19 pandemic.

11. A full list of the challenges facing the borough can be found on pages 6-7 of

the JSNA Annual Report 2026 report.

JSNA Programme

12. Over the last 12months several in-depth projects have been completed as part of the JSNA programme, these include:

- **Temporary Accommodation:** The 2025 temporary accommodation needs assessment reviewed the health needs of people living in temporary accommodation in Southwark, their use of and access to health and social care services and any barriers they may face.
- **Carers' Needs:** The 2025 carers needs assessment aimed to evaluate the unmet needs of Southwark's unpaid carers, reviewing progress against the 2021 carers needs assessment and identifying new recommendations for partners to action.
- **Alcohol Harms:** The 2026 alcohol harms needs assessment provided an updated assessment of the impact and scale of problem alcohol use and interventions to prevent alcohol-harm in Southwark.
- **Neighbourhood Profiles:** The 2026 neighbourhood profiles provide an understanding of key health and wellbeing needs within communities across the borough.
- **Ethnicity Profiles:** The 2026 ethnicity factsheets provide a high-level overview of health across the life course for each of the 5 broad ethnic groups.
- **Southwark Indices of Deprivation Report:** The report highlights localised areas of the borough where levels of disadvantage is highest for a range of socio-economic and health topics.

13. In addition to the projects listed above, several projects are nearing completion, including:

- **Special Educational Needs & Disabilities**
- **Tuberculosis**
- **Frailty in Older Adults**

14. Over the coming year several in-depth projects are recommended for the JSNA programme, including:

- **Mental Health & Substance Use:** Co-occurring mental health conditions and substance use are associated with poorer health outcomes, increased service use, and higher levels of unmet need. This needs assessment will improve our understanding of co-occurring mental health and substance use needs in Southwark.

- **Autism:** People with autism often experience poorer health outcomes and face barriers to accessing services. An autism needs assessment will provide an evidence base to inform local action to improve outcomes for this community.

- **Adults with Disabilities:** Adults with disabilities face a range of health, social and economic challenges. While previous JSNA work has improved understanding of the needs of children and young people with disabilities (SEND), there has been less focus on adults. This needs assessment will strengthen our understanding of the health and wellbeing needs of adults with disabilities.

- **Multiple Long-term Conditions:** People living with multiple long-term conditions are a key population group for improving health outcomes and reducing health inequalities. It is estimated that around 20,000 Southwark residents are living with multiple long-term conditions. This needs assessment will examine the characteristics, patterns and needs of this population to inform a system-wide approach to prevention, care and support.

Policy framework implications

15. The JSNA programme should inform the priorities of the Health & Wellbeing Board and action across partners to improve health and wellbeing in the borough.

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

Community impact statement

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

Equalities (including socio-economic) impact statement

17. A key component to the JSNA programme is to develop our understanding of health inequalities in the borough. All JSNA reports consider how different population groups and communities are affected by the issue being considered. This includes the protected characteristics outlined in the Equality Act 2010, along with other factors such as socio-economic status.

Health impact statement

18. The JSNA Annual Report supports the monitoring of key health and wellbeing outcomes that we are aiming to improve through the work of the Health & Wellbeing Board.

Resource implications

19. The JSNA is undertaken in-house and led by the Public Health Division on behalf of the Health & Wellbeing Board. While much of the resource for producing the JSNA will come from within Public Health, co-production is an important aspect to the development of JSNA projects. There is an expectation that partners will play an active role in the development of projects within their area of expertise.

Note: Legal/Financial implications (and when to seek supplementary advice)

20. Local authorities and the NHS have equal and joint duties to prepare the Joint Strategic Needs Assessment, through the Health & Wellbeing Board, outlined in the Health and Social Care Act 2012.

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

Consultation

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

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Head of Procurement

23. None sought.

Assistant Chief Executive, Governance and Assurance

24. None sought.

Strategic Director of Resources

25. None sought.

Other officers

26. None sought.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
JSNA Annual Report 2026. Attached as an Appendix.	Public Health Division, Children & Adults Department	Tom Seery Tom.seery@southwark.gov.uk

AUDIT TRAIL

Lead Officer	Sangeeta Leahy, Director of Public Health	
Report Author	Tom Seery, Head of Programme	
Version	Final	
Dated	8 September 2026	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Governance	No	No
Strategic Director of Resources	No	No
Executive Member	No	No
Date final report sent to Constitutional Team		8 September 2026

JSNA Annual Report 2026

Southwark's Joint Strategic Needs Assessment

OVERVIEW OF HEALTH & WELLBEING

PUBLIC HEALTH DIVISION
CHILDREN & ADULTS DEPARTMENT
LONDON BOROUGH OF SOUTHWARK

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2. BACKGROUND

2.1 Purpose and scope

The Joint Strategic Needs Assessment (JSNA) Annual Report forms part of the borough's JSNA work programme and provides an overview of health and wellbeing in Southwark. It seeks to provide an analysis of our changing population, along with details of the health inequalities that exist in the borough.

A range of detailed needs assessments have been completed as part of the JSNA work programme, providing in-depth reviews of specific issues and communities. These needs assessments are referenced throughout this report, with a full list provided in the appendix. Further reports can also be found in the Southwark Insight Hub, accessed here: www.southwark.gov.uk/insight-hub.

Joint Health and Wellbeing Strategy

The JSNA Annual Report supports the monitoring of key health and wellbeing outcomes that we are aiming to improve through Southwark's Joint Health & Wellbeing Strategy (JHWS).

Neighbourhood health

The NHS 10 Year Health Plan, published in July 2025, sets out major programme of NHS reform centred around three shifts: from hospital to community, from analogue to digital, and from sickness to prevention. To support this, local authorities and NHS partners have been asked to develop Neighbourhood Health Plans. It is anticipated these plans will replace Joint Health & Wellbeing Strategies.

This annual report aims to inform development of the Neighbourhood Health Plan, and broader work to improve health and wellbeing in the borough.

2.2 Approach and methodology

To understand progress against existing health and wellbeing priorities, indicators are taken from the Joint Health & Wellbeing Strategy Action Plan 2025-2027 long-term population health targets. Emerging local health needs, and/or areas where outcomes in Southwark are poorer than the London average in the Local Government Outcomes framework, or than the England average in Public Health Outcomes Framework are also included.

The report also draws on feedback from local residents, community organisations and stakeholders, gathered through in-depth needs assessments and local analysis. Where appropriate, we have also drawn on national research.

3. EXECUTIVE SUMMARY

3.1 Key findings and areas for focus

Healthy life expectancy has stagnated locally and nationally, with evidence suggesting this may be driven by an increase in poor self-reported health. However, there are several areas where health outcomes in Southwark are better than the London average, and/or are noticeably improving. The factors contributing to these improving outcomes may not be fully understood and require further exploration.

Click on the **link** to find out more information about each area.

- **Decreased smoking rates:** Smoking prevalence in Southwark has declined steadily over the last 10 years, from around 18% of the population in 2011-2013 to 6.8% in 2024. There is an opportunity to continue this downward trend, with Southwark aiming to be smoke-free by 2030.
- **Reduction in new cases of HIV:** While Southwark has amongst the highest prevalence of HIV in the country, the number of new cases diagnosed each year has fallen by 58% between 2015 and 2024.
- **Key Stage 4 attainment for children with SEND:** Children with special educational needs and disabilities have historically had poorer educational outcomes than their peers. Southwark is performing better than the London average at Key Stage 4 for educational outcomes.
- **Looked After Children (LAC):** Southwark care leavers are more likely at 17–18 and 19-21 to be in education, employment or training than the London average.
- **Emergency admissions**: Between 2011/12 and 2024/25, the rate of emergency hospital admissions among children aged between 0 and 4 years fell by over one-quarter. By 2024/25, Southwark had the lowest admission rate of any London borough.
- **Work and employment:** Southwark have worked to grow the number of accredited London Living Wage Employers to 450, doubling the number of businesses in the scheme across four years. The number of residents earning below the London Living Wage is now almost half the London average.
- **Air quality:** Since 2018, there has been a decrease in the proportion of deaths in Southwark that are attributable to particulate air pollution, from 9.3% to 7.1% in 2024.

The JSNA identifies health challenges facing Southwark residents that could inform the priorities of the Health & Wellbeing Board. The indicators below show areas where there are inequalities in health outcomes within the borough, where there is unmet need, or where there are poorer health outcomes compared with the London and national average. The reason why these outcomes are poorer may require further exploration. Indicators are grouped according to the main sections of the report, which broadly reflect the life course.

A Healthy Start in Life

- **Maternal health:** Southwark's Maternity Commission highlights ongoing challenges with residents from Black, Asian and minoritised ethnic groups facing inequalities in maternity care and maternal health outcomes.
- **Vaccination**: The gap in the uptake of MMR vaccines between children from White and Black, Asian and minoritised ethnic backgrounds is 11%, comparatively worse than across South East London.
- **Child excess weight and obesity**: In Southwark, the level of excess weight (overweight or obese) among children in Reception (25.6%) and Year 6 (44.3%) remain above the London average. Childhood obesity levels are lower in children from White groups, at 1 in five (21.4%), compared with over one-third (35.2%) for children from other broad ethnic groups.
- **Children's mental health**: Whilst it is difficult to determine the true prevalence of mental health disorders locally, research has shown a worrying increase in probable mental disorders for children and young people aged 8-16 years, from 12.5% in 2017 to 20.3% in 2023.

Healthy Lives and Health and Care

- **Physical activity**: In Southwark, 74% of residents meet the recommended physical activity guidelines of at least 150 minutes per week, compared with 66% across London. However, participation is lower among residents living in the most disadvantaged communities.
- **Adult excess weight and obesity:** Over half of Southwark adults are overweight or obese, and records highlight significant inequalities by ethnic background. Rates are more than twice as high among Southwark GP patients (all ages) from a Black ethnic group compared with White ethnic groups.
- **Sexual and reproductive health**: Southwark has the second highest level of sexually transmitted infections (STIs) in England, after Lambeth. Levels of diagnosed infections in Southwark are twice the London average and more than five times the national average.
- **Long term conditions:** Long-term conditions (LTCs) are the main driver of cost and activity in the NHS, with 33.9% of Southwark's GP patient population living with one or more LTC(s). The prevalence of the most common long-term conditions is highest among those living in areas with the highest socio-economic disadvantage.
- **Adult mental health:** In Southwark, 1.3% of the GP population have a significant mental illness (SMI). Rates are higher in patients from Black ethnic backgrounds compared to other ethnic groups, and people from the most deprived neighbourhoods. Premature mortality rates for adults in Southwark with a SMI between 2021-2023 was significantly higher than the London and England average.

- **Uptake of screening**: In 2025, rates for breast screening were significantly lower than the national average (71.7%) with an estimated 50-55% of those in Southwark eligible receiving screening.
- **Health of carers**: In a 2023 survey by Impact on Urban Health, 24.8% of respondents who were recorded as unpaid carers reported having a mental health condition.
- **Falls and frailty**: Having previously declined below the London average in 2022/23 and 2023/24, emergency hospital admissions for falls increased in 2024/25, with rates particularly high for people in the 65-79 age group.

Healthy Communities

- **Access to healthy and affordable food**: The highest rates of food insecurity are found in central areas of the borough, such as Peckham, Old Kent Road and Faraday, where an estimated 30-40% of households experience food insecurity.
- **Temporary accommodation**: Around 4,000 households live in temporary accommodation provided by Southwark Council, representing a 66% increase compared to 2018.
- **Unemployment**: The percentage of working age adults in Southwark classified as unemployed rose from 2.8% in 2022/23 to 5.4% in 2024/25, reversing the decline seen after the COVID-19 pandemic.
- **Climate emergency and overheating risk:** Under the most likely scenario of 2°C of warming by 2050, Southwark will see 50% more very hot days (>30°C) by 2050. Evidence suggests hot weather-related excess deaths in Southwark will increase sixfold by 2050, given the projected warming trends. Southwark is also one of the hottest areas of the UK due in part to the urban heat island (UHI) effect.

The JSNA also highlights two important factors that contribute to health inequalities throughout people's lives:

- **Racism and discrimination:** There are clear inequalities in health outcomes faced between ethnic groups within the borough. Residents of Black, Asian and Mixed ethnicity face poorer outcomes across all stages of life, most notably across early years and childhood where socioeconomic disadvantage and physical and mental health outcomes are worse than White ethnic groups. There is strong evidence that racism and discrimination have both direct and long-term impacts on health and wellbeing.

- **Poverty:** In Southwark, people experiencing greater socioeconomic disadvantage live shorter lives and spend more years in poor health. The effects of poverty are evident throughout the life course, influencing health and educational outcomes for children, limiting access to affordable healthy food, and affecting the health and wellbeing of working-age adults who are economically inactive.

3.2 Priority populations

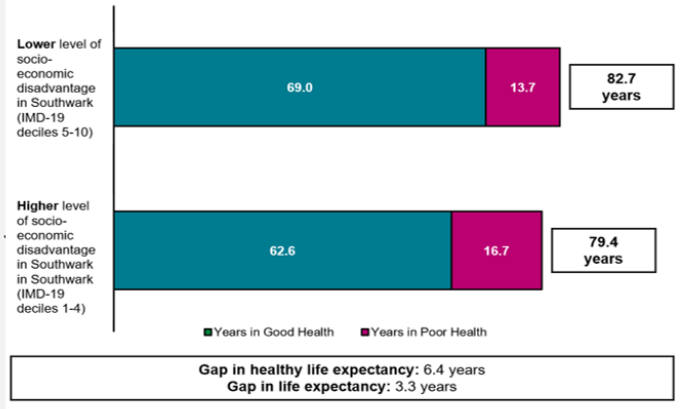
There are key population groups in the borough which face inequalities in health outcomes and their access and experience of services which should be there to support them. Find links to needs assessments on these population groups in the appendix.

Carers	Residents with disabilities	LGBTQIA+	Asylum Seekers & Refugees	Rough Sleepers	Black & Ethnic Minorities
Those providing unpaid care are more likely to report poor health than those not providing care. They are also more likely to experience loneliness and social isolation. Carers burden and duration of care is growing given the increasing number, life expectancy and complexity of health issues of their cared-for.	Residents with physical and/or learning disabilities are more likely to experience a range of health conditions and have a lower life expectancy than the general population. Those with disabilities often experience barriers when accessing services, from transport through to understanding of staff.	Key health challenges disproportionately impact those identifying as LGBTQIA+, with higher levels of smoking, alcohol use, incidence of some cancer, and mental ill-health. LGBTQIA+ individuals also experience discrimination and homophobia when accessing services.	Asylum seekers and refugees have multiple, complex health and wellbeing needs. They often experience trauma-related mental health issues and challenges with social integration. They often have poor access to services due to language barriers and difficulty navigating an unfamiliar health system.	Those sleeping rough are much more likely to die young, with an average age of death of 47 years of age compared to 77 amongst the general population. People who experience homelessness often struggle to access quality health and care and often attend emergency care.	Residents from ethnic minority backgrounds are more likely to live in disadvantaged communities, develop a greater number of long-term conditions, have poorer mental health and experience discrimination and racism when accessing services.
• Over 18,000 residents provide some level of unpaid care, equivalent to 6% of the population. • Nearly a quarter provide over 50 hours of care a week, equivalent to nearly 5,000 residents.	• Over 42,000 residents recorded a disability at the time of the 2021 Census. The highest number of recordings was in Old Kent Road, South Bermondsey and Nunhead & Queen's Road. • Of those in Southwark who were disabled at the time of the Census, half were aged 50 or over.	• Approximately 21,000 residents identify as gay, lesbian or bisexual, the 4th largest in England. • Approximately 3,200 residents identify as trans or non-binary, the 5th largest in England. • The Burgess Park area has the largest community in Southwark.	• As of March 2026, the asylum-seeking population in Southwark decreased by approximately 16% from almost 1,900 (March 2024) to 1,600 people.	• In 2025/26 Southwark had the 5th largest rough sleeper population in London, with 613 individuals identified. The majority were male (85%) and more than half were from an ethnic minority background (53%).	• Around half of residents identify as from a Black, Asian or ethnic minority background. The largest single group is of a Black African (16%) ethnicity. There is also a significant Latin American community in Southwark, with 9,200 residents. Around 40% of people living in the borough were born outside the UK.

3.3 Key measures of health

Life Expectancy and Healthy Life Expectancy

Life expectancy varies considerably across the Borough, with a gap of over 3 years between our most disadvantaged and least disadvantaged communities. This gap increases further when considering healthy life expectancy.



Healthy life expectancy (HLE) in Southwark among males is 62.6 years (79% of life in "good" general health) and females 62.7 years (75% of life in "good" health). Although women and men have a similar HLE, women in Southwark live longer on average, and so are spending additional years of life in poorer health.

Morbidity

Over 33% of the Southwark GP patient population live with **one or more long-term condition.**

The prevalence of **excess weight** in Reception (25.6%) and in Year 6 children (44.3%) is significantly higher than the London and national average. Overweight children are significantly more likely to be overweight into adulthood.

Over 40,000 Southwark GP patients have a **diagnosis of depression**, with women accounting for 62% of these diagnoses.

Residents with three or more **emergency hospital admissions** during 2024/25 were over 3.2 times more likely to reside in the most disadvantaged areas in the borough.

Mortality

Between 2010/12 and 2023/25, there as a decrease in the **all-cause mortality rate** in Southwark. However, mortality rates in the borough remain significantly higher than regional and national values.

1,149 per 100,000 male residents (London: 1,012 per 100,000)

781 per 100,000 female residents (London: 708 per 100,000)

4. GEOGRAPHICAL INEQUALITY INFOGRAPHIC

There is a wide and growing range of data that highlights the geographical inequality in health and wellbeing outcomes in the borough, which are often linked to socio-economic disadvantage. Further detail on the health of wards and neighbourhoods in Southwark is available via the 2026 Neighbourhood profiles.

Our poorest life outcomes are concentrated in the most disadvantaged areas of the borough:

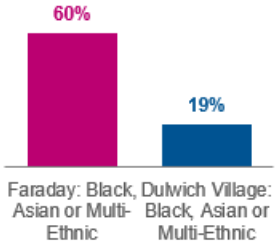
Deprivation

Faraday ward is the most socio-economically disadvantaged area of the borough, while **Dulwich Village** is the least disadvantaged (2025).



Demography

Over **60%** of the population in **Faraday** ward is from a Black, Asian or Multi-Ethnic background, compared to **Dulwich Village's 19%** (2021).



Worklessness

Faraday ward has 4 times the proportion of residents claiming out of work benefits **(7.9%)** compared to **Dulwich Village(2.2%).**



x4

Poverty

24% of children **Faraday** ward reside in low-income families before housing costs compared to **3%** in **Dulwich Village** (2025).



x8

Obesity

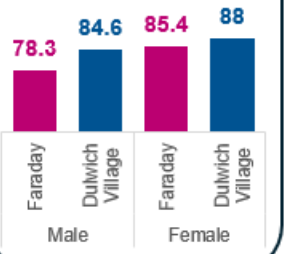
48.8% of children in Faraday ward had excess weight compared to **20%** in **Dulwich Village** (2022/23-2024/25).



x2.4

Life Expectancy

Life expectancy is **significantly lower in Faraday compared to Dulwich Village** for both males and females (2016-2020).



5. ETHNICITY INEQUALITY INFOGRAPHIC

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

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

Inequalities

Black African & Black Caribbean residents have the poorest health and wellbeing outcomes compared to their **White** counterparts



Geography

31% of Black residents reside in the most disadvantaged communities compared to **18% of White residents** (2025).



Poor health

34% of Black children were obese or severely obese in Southwark, compared with **19% of White children** (2020/21 to 2024/25).



Education

Black pupils in Southwark achieved an average Attainment 8 score of **48**, compared with **57** for **White pupils**, a gap of **8.9** points in 2024/25.



Food security

34% of Black residents surveyed reported skipping meals or eating smaller portions due to affordability compared with **28%** for **White residents** (2024).



Health protection

28% of Black residents received a flu vaccine compared with **43%** for **White residents** (2024/25).



Screening

An estimated **54% of Black residents** were screened for bowel cancer compared with **61%** for **White residents** (2026).



6. UNDERSTANDING OUR POPULATION

Southwark is a **densely populated** and **diverse** inner London borough situated on the south bank of the River Thames, with Lambeth to the west and Lewisham to the east. The borough is made up of a **patchwork of communities**: from leafy Dulwich in the south, to bustling Peckham and Camberwell, and the rapidly changing Rotherhithe peninsula. Southwark is a borough with large numbers of young adults and residents from a wide range of ethnic and demographic backgrounds. The population is expected to grow over the next decade: largest population increases is expected for residents over the age of 69.

Significant inequalities remain between different population groups mirroring trends seen at a national level. This inequality holds our whole community back; the desired harmony and prosperity we all look for in Southwark relies on a more equal society. Reducing inequality is a core principle of the Joint Health & Wellbeing Strategy.



Population growth: By 2040, the population of Southwark is projected to have increased by 19%. The largest population increase is expected in residents aged 70+, at a 78% increase by 2040.



Ethnicity: Southwark is a diverse borough with residents from a wide range of ethnicities and backgrounds. Of people living in Southwark, 51% are of a White ethnicity, compared to 81% nationally.



Life expectancy: In 2023-25, life expectancy at birth was 79.6 years for men and 83.8 years for women in Southwark, significantly lower than the London average.



Healthy life expectancy: In 2022-24 Southwark males were estimated to spend 79% of life in “good” health (62.6 years) while females 75% of life in “good” health (62.7 years).



Socioeconomic disadvantage: In 2024/25, 40% of pupils in Southwark were eligible for Free School meals, a substantial increase (1.7x) over the last decade.

6.1 Current population

Home to some 312,400 people, Southwark has a comparatively young population. The median age (34 years) is two years younger than London and seven years younger than England.

Figure 1 shows the age structure of Southwark compared to England. The chart demonstrates that the low average age in the borough arises not from the number of children, but from a large number of young working-age residents: 42% of the Southwark population is aged 20 to 39.

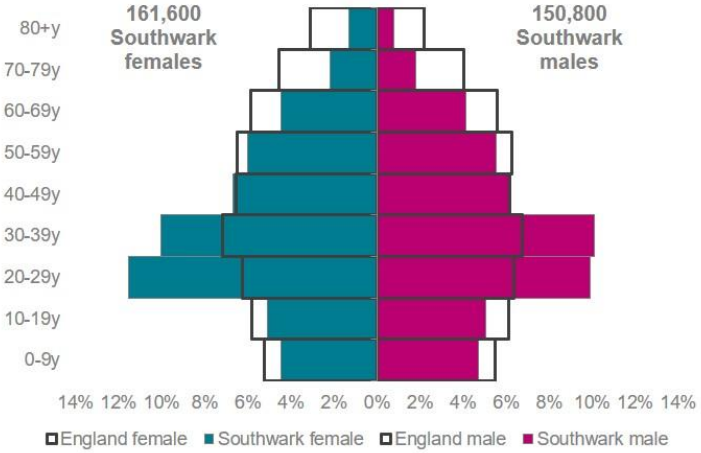


Figure 1. Age structure of Southwark compared to England, 2025. Source: ONS 2026. Mid-year population estimates, mid-2025.

Recent estimates show that Southwark's population fell by 1.5% between 2024 and 2025, with reductions in children and working-age people, but a 4% increase among those aged 65+. These changes are mostly due to an ongoing reduction in international migration into the borough, coupled with increasing internal emigration to other parts of the UK.

6.2 Population change

Long-term predictions suggest overall Southwark population growth of one-fifth (19%) between 2026 and 2040, with especially large increases in redevelopment areas around Old Kent Road, Canada Water and Elephant & Castle. The largest predicted population increases are expected in those aged 70+ yr olds. Within this group projections indicate an increase of 78% by 2040, equating to 17,600 more people (Figure 2). In contrast, the number of residents aged 10–19 years is projected to fall by 7%, equating to around 2,400 fewer children and young people in that age group.

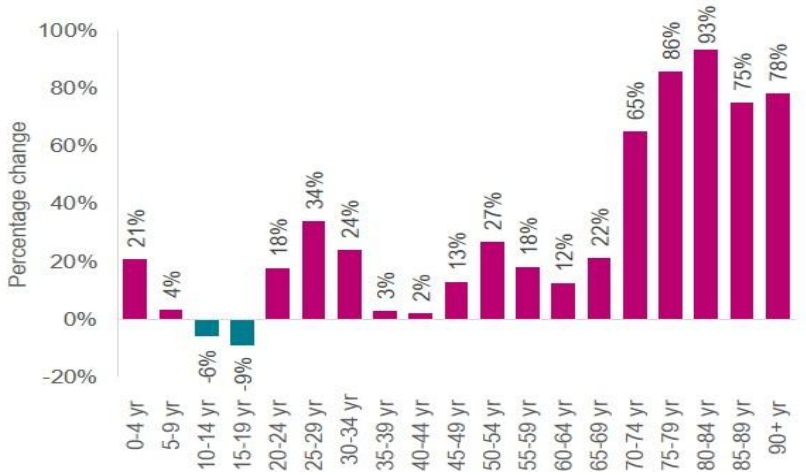


Figure 2. Percentage change in projected Southwark population from 2026 to 2040, by age group. Source: GLA, 2022. 2020-based demographic projections (borough-preferred option; migration scenario 2, strategic housing land availability assessment).

6.3 Ethnicity

Southwark is a diverse borough with residents from a wide range of ethnicities and backgrounds. Data from the 2021 Census shows that 51% of people living in Southwark have a White ethnic background (Figure 3), compared to 81% nationally. Just over a third (36%) of residents identify as 'White: English, British, Welsh, Scottish or Northern Irish'.

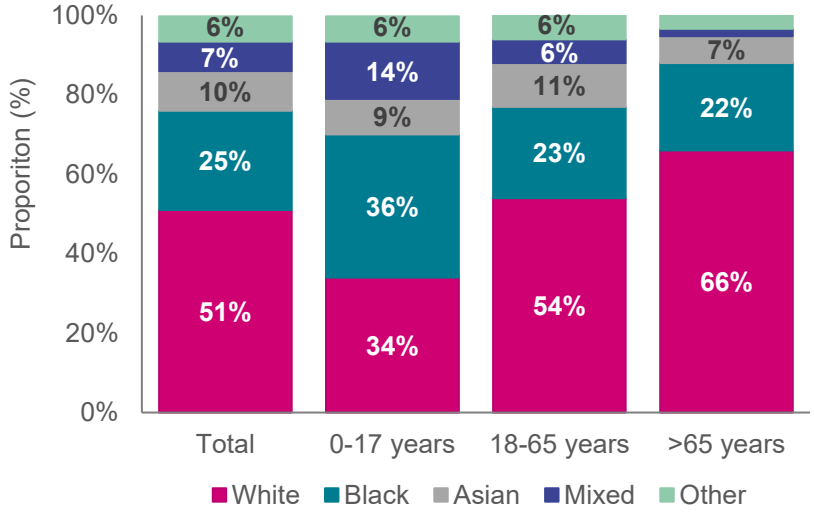


Figure 3. Southwark residents by broad ethnic group and age group, 2021. Source: ONS 2023. Census 2021 – Age and ethnic group.

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

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

The diversity of Southwark is much greater among our children and young people, with roughly equal proportions of young people from White and Black ethnic backgrounds, and 14% with mixed or multiple ethnicities.

To understand the needs of different ethnic groups in Southwark, refer to the Southwark's population and demographic ethnicity factsheets.

6.4 Life expectancy

Life expectancy at birth is often used as an overall measure of the health of the population. Differences in life expectancy reflect health inequalities between different population groups, e.g. by gender, economic background and ethnicity. In 2023-25, life expectancy at birth in Southwark was 79.6 years for men and 83.8 years for women (Figure 4). Male and female life expectancy was comparable to England, but significantly lower than the London average.

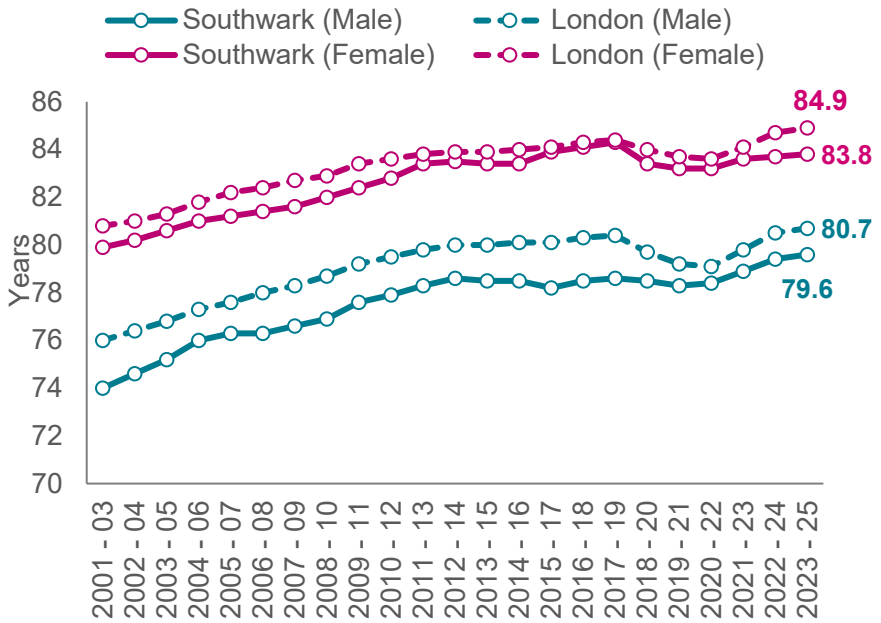


Figure 4. Female and male life expectancy at birth in Southwark and London over time. Source: OHID 2026. Productive Healthy Ageing Profile.

There are significant inequalities in life expectancy across the borough.

Men living in Dulwich Village (84.6 years) and Surrey Docks (82.4 years) have the highest life expectancy, with lower life expectancy observed in Chaucer, Nunhead & Queen's Road, North Walworth, South Bermondsey, Newington and London Bridge & West Bermondsey, averaging between 75.2 to 77.1 years.

As shown in the previous chart, women consistently have a higher life expectancy than men across the borough. The highest female life expectancy is recorded in Dulwich Village (88 years), where women can expect to live significantly longer than the Southwark average. The lowest female life expectancy is found in Newington, London Bridge & West Bermondsey, Rotherhithe and Nunhead & Queens Road, ranging from 79.4 to 81.5 years.

6.5 Healthy life expectancy

Healthy life expectancy (HLE) is a measure of how long people can expect to live in good health. Nationally there has been a decline in healthy life expectancy in recent years, particularly among females. Analysis indicates this decline is not primarily driven by increasing mortality, but by a worsening in self-reported health status, particularly among working-age adults.

Healthy life expectancy in Southwark is broadly comparable between males (62.6 years) and females (62.7 years), with no significant change in recent years. Levels are substantially below the state pension age, meaning many residents experience years of poor health before retirement.

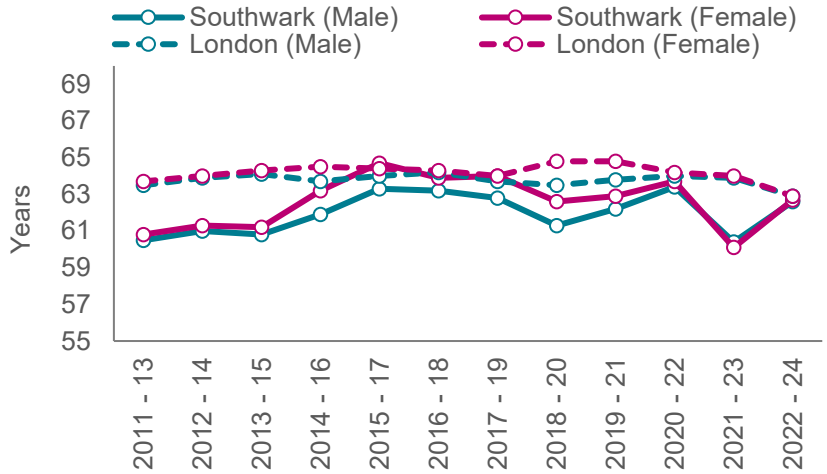


Figure 5. Female and male healthy life expectancy at birth in Southwark and London over time. Source: OHID 2026. Productive Healthy Ageing Profile.

The latest Office for National Statistics (ONS) estimates for 2019 to 2023 show there is significant inequality in healthy life expectancy within Southwark.

Figure 6 shows the geographical inequalities in healthy life expectancy within the borough, with areas around Dulwich Village having the highest for both females (75.8 years) and males (73.7 years). The area with the lowest HLE for females (60 years) was in the Chaucer ward and for males (58.9 years) was North Bermondsey.

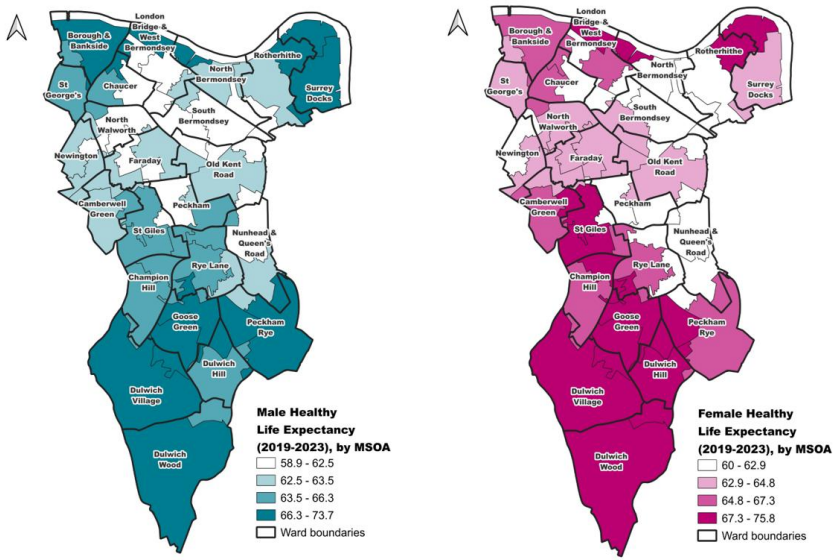


Figure 6. Southwark male and female healthy life expectancy at birth, by MSOA (2019-2023). Source: ONS 2026. Population Life Events.

6.6 Socioeconomic disadvantage

Socioeconomic disadvantage is a key driver of health inequalities, impacting the building blocks of health, including good quality housing, access to healthy food, healthy environments, employment and education.

The Indices of Deprivation (IoD) is the official measure of relative socioeconomic deprivation in England. Latest figures rank Southwark as the 75th (out of 153) most deprived upper-tier local authority in England, and 16th (out of 33) most deprived in London. Southwark ranks fifth highest out of 153 local authority areas for income deprivation impacting older people.

- Over half (59%) of Southwark's neighbourhoods are in the most or second most deprived quintiles nationally.
- Over three quarters (76%) of Southwark residents aged between 0 and 17 years old live in the most or second most deprived quintiles.
- Residents of a Black/Black British ethnic group are 1.6 times more likely to live in a more deprived IMD-25 decile (2-4) compared to those from a White/White British ethnic group.

Figure 8 shows Southwark neighbourhoods that are within the most deprived 40% of neighbourhoods nationally. Additional analysis of the Indices of Deprivation is available in the Southwark Indices of Deprivation report.

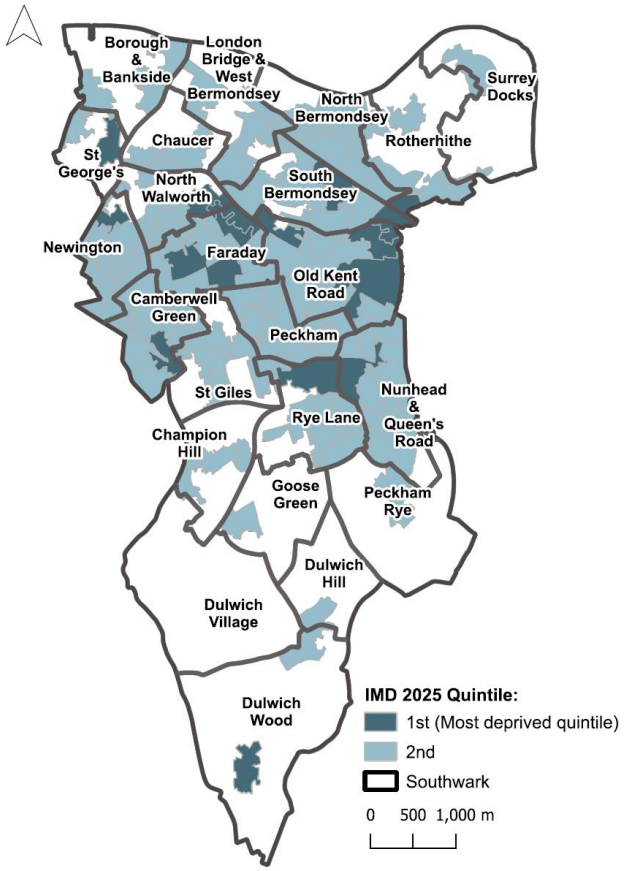


Figure 8. Southwark LSOA neighbourhoods falling within the most deprived one-fifth of neighbourhoods and the second most deprived one-fifth of neighbourhoods, nationally, in 2025. Source: Ministry of Housing, Communities and Local Government, 2025.

Relative child poverty

Growing up in poverty damages children's health and wellbeing, adversely affecting their future health and life chances as adults.

In Southwark during 2024/25, 31% of children aged 0 to 15 years were estimated to live in poverty after accounting for housing costs. Figure 9 highlights the level of child poverty across the borough, with dark grey shading showing areas that are in the top (i.e. worst) fifth of neighbourhoods nation-wide for relative child poverty. These include neighbourhoods around Peckham, Faraday, Old Kent Road and South Bermondsey. Many families in these areas need additional support to ensure children get what they need for a healthy start in life.

> *"Ultimately, people haven't got money to buy food. They can't cover the cost of living. You know, we thought COVID was bad, but the state of it now with […] it's worse — insecure work, and people just not being able to make their money stretch."*
>
> **Impact on Urban Health, Directory of Themes from Lambeth and Southwark.**

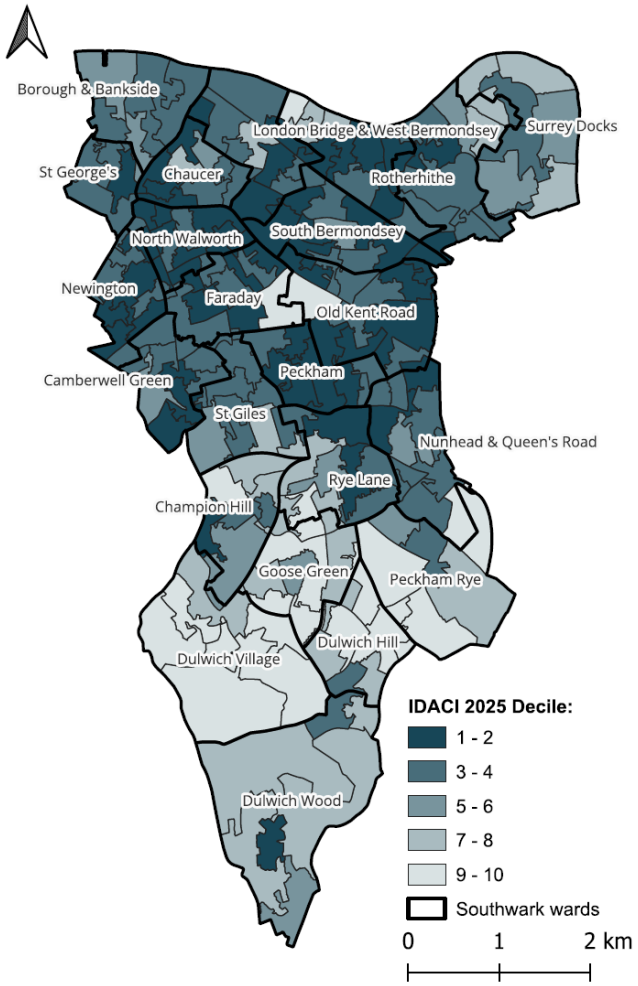


Figure 9. Income Deprivation Affecting Children Index (IDACI) 2025, by LSOA. Source: ONS. 2026. English Indices of Deprivation 2025.

Changes in children eligible for FSM

Eligibility for Free School Meals (FSM) indicates income-related deprivation in a family and is linked to lower-than-expected levels of child development in Reception pupils.

Almost 40% of Southwark pupils are eligible for Free School Meals, equating to around 16,500 people, with levels increasing significantly since 2015/16. This rise is partly due to transitional protection introduced in the 2018 Universal Credit roll-out but also reflects greater need due to rising cost of living.

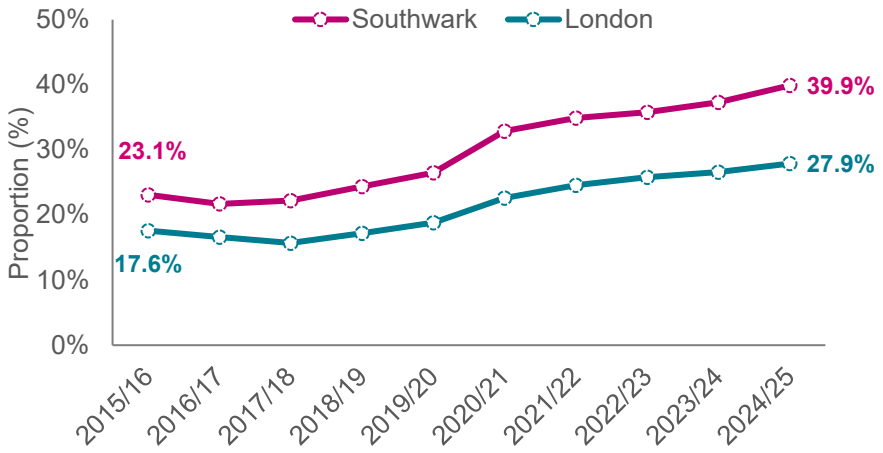


Figure 10. Proportion of pupils known to be eligible for Free School Meals, in Southwark and London, over time. Source: Dept for Education. School pupils and their characteristics (2015/16 to 2024/25).

Just over half (57.1%) of FSM-eligible pupils in Southwark reached expected development levels by the end of Reception, compared with 75.3% of non-eligible pupils, in line with London levels. Addressing low income and food insecurity would contribute to a reduction in inequalities in child development and academic attainment.

There are inequalities in eligibility for FSM between different ethnic groups in Southwark, reflecting broader inequalities in patterns of deprivation. Figure 11 shows that more children from Black (50.5%) and Asian (37%) backgrounds are FSM-eligible than those from White ethnic backgrounds (24.7%).

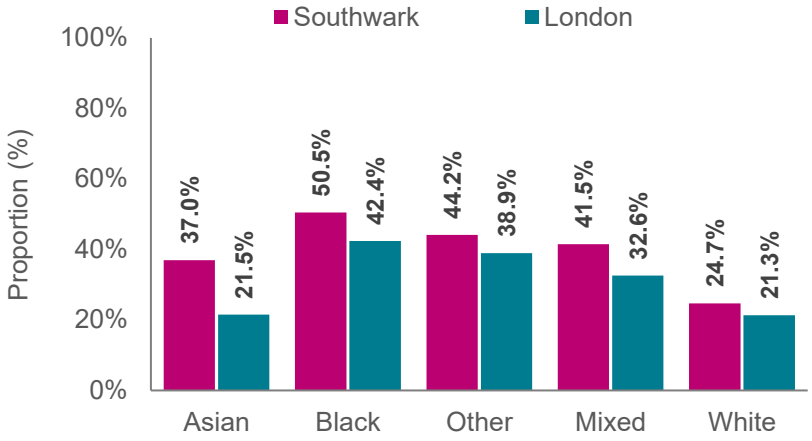


Figure 11. Proportion of pupils known to be eligible for Free School Meals, by ethnicity, in Southwark and London, in 2024/25. Source: Department for Education. School pupils and their characteristics (2015/16 to 2024/25).

For more information on how population groups are impacted by poverty in the borough, see Southwark's Poverty factsheet.

7. A HEALTHY START IN LIFE

The first priority of the Joint Health & Wellbeing Strategy is to ensure every child in Southwark has a "**healthy start in life**". This aims to ensure that our children and young people have a great childhood that builds on a very solid foundation for adult life, with a child's first 1,000 days being the most crucial for the development of their body, brain, metabolism and immune system. Despite Southwark experiencing a **10-year decline in the total number of live births**, the need to support good maternal health and provide positive early experiences for children remains a priority due to the inequality in outcomes that are present throughout maternal, childhood, and adolescent health within the borough.



Maternal and family health: Births to Southwark mothers and birthing parents have reduced by about one-third (32%) over the past 10 years.



Vaccination: In Southwark, 86.8% of children at 5 years had received the core 5-in-1 Dtap-IPV/HiB/Hep B vaccine, 6 percentage points lower than in England (92.8%).



Mental health: In 2016, 75% of Southwark's Year 4 & 6 children reported being happy or very happy with their life. In 2024 this had fallen to 67%. This drop in mental wellbeing is reflective of wider trends.



Excess weight: In Southwark, rates of excess weight in Reception (25.6%) and Year 6 children (44.3%) are above the London average.



SEND: In Southwark, approximately a third of children (31.1%) requiring SEND support in a mainstream setting had a primary reason of Speech, Language and Communication needs.

7.1 Maternal and family health

Maternity

Births to Southwark mothers and birthing parents have reduced by about one-third (32%) over the past 10 years (Figure 12). There were 3,124 NHS-recorded live births in 2025, down from 3,259 in 2024, a drop of 4%.

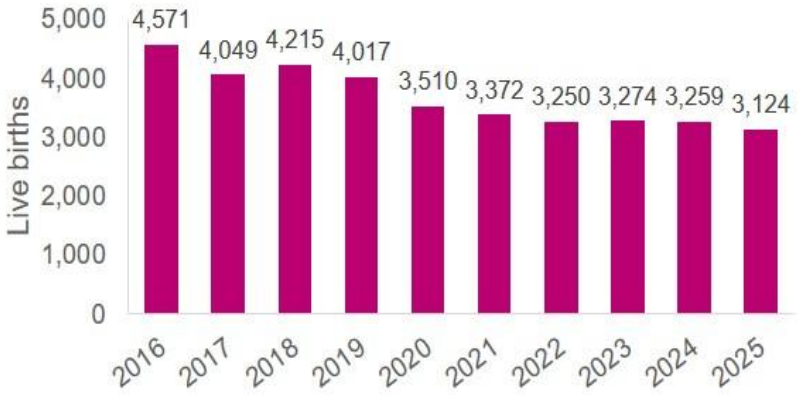


Figure 12. NHS-recorded live births to Southwark mothers and birthing people, over time. Source: NHSE, 2026. Births data.

Maternal health outcomes are the first indicator that a child is having a healthy start in life. The Southwark Maternity Commission, published in 2024, reviewed the maternity care that families receive in the borough. The Commission found Black, Asian and minoritised ethnic women faced inequalities in care, and made a clear call to action to bring in policies that address racism in maternity services and the wider healthcare system. The action plan also focuses on improving health in preparation for pregnancy and supporting the psychological resilience of maternity staff.

Childhood vaccine uptake and inequalities

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Diseases have different herd immunity thresholds (HIT), which is the minimum percentage of a population that must be immune through vaccine or previous infection, to stop its contagious spread. Monitoring coverage identifies possible drops in immunity before levels of disease rise.

The combined DTaP/IPV/Hib/HepB ('6-in-1') vaccine is the first in a course of vaccinations offered to babies, and protects them against diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type B (an important cause of childhood meningitis and pneumonia), and from 2017, hepatitis B.

Figure 13 shows that uptake of the combined 6-in-1 vaccine in Southwark is lower than the England average but comparable to the London. Coverage at 5 years (by which time children should have received 4 doses) is 6 percentage points lower in Southwark than England but statistically similar to the London average.

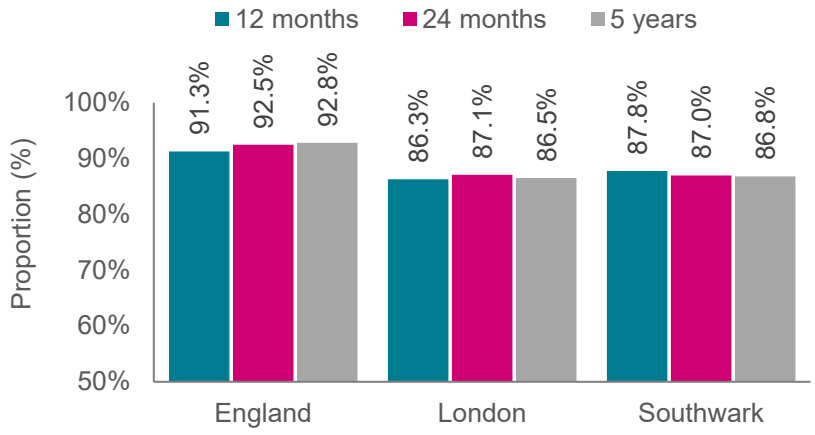


Figure 13. DTaP-IPV/Hib/Hep B coverage (2024/25). Source: UKHSA. Cover of vaccination evaluated rapidly programme (2024/25).

Measles, mumps and rubella (MMR) are highly infectious conditions that can have serious complications such as meningitis and encephalitis. Low MMR vaccination coverage increases the risk of sustained measles transmission, outbreaks and avoidable hospital admissions. Measles is highly infectious and requires around 95% coverage with two doses of MMR vaccine to achieve population protection. When coverage falls below this threshold outbreaks become more likely. London is particularly vulnerable to outbreaks due to persistently lower MMR uptake than the national average and has experienced large measles outbreaks in recent years. Continued low coverage not only increases illness among unvaccinated children but also threatens vulnerable groups who cannot be vaccinated.

In Southwark, coverage of the MMR vaccine is significantly below recommended levels to protect the population, and there are marked inequalities between ethnic groups. Figure 14 shows the proportion of the population that are unvaccinated by ethnicity. It highlights inequalities in vaccine uptake, with particularly high rates of unvaccinated children from Black Caribbean (44%) backgrounds. Unknown ethnicity categorisation shows an individual has opted out of answering. Not reporting ethnic background may indicate lower engagement with or trust in healthcare services and institutions and lower confidence in vaccines, all of which can influence vaccine uptake.

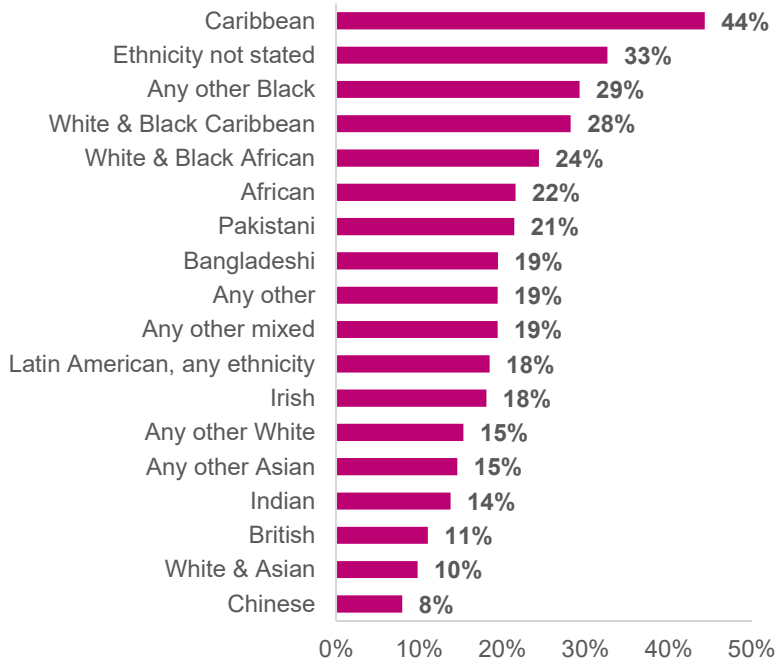


Fig 14. MMR non-vaccination rates for 1–5 yr old Southwark GP patients by ethnic group June 2025. Source: SEL ICS, 2025. Primary Care Childhood Immunisations Dashboard.

7.2 Children's health

Hospital admissions

Effective management of preventable conditions can help to reduce escalation to crisis point and prevent admission to hospital. During 2024/25, over 4,900 hospital admissions (including both elective and emergency admissions) involved children aged between 0 and 17 years old.

In that year approximately 1,000 Southwark children aged between 0 and 17 years old were admitted as an emergency; most of these admissions (74.9%) were the child's first emergency. The most frequent reason for emergency admission was due to disease of the respiratory systems (19.6%), followed by injury, poisoning and other consequences of external causes (16.7%). For admissions due to disease of the respiratory system, one fifth (19.9%) had a primary diagnosis of asthma.

Between 2011/12 and 2024/25, the emergency admissions rate for Southwark 0–4-year-olds fell by over one-quarter (Figure 15). In 2024/25, the 0–4 yr emergency admissions rate was the lowest of any London borough, and significantly lower than both London and England averages.

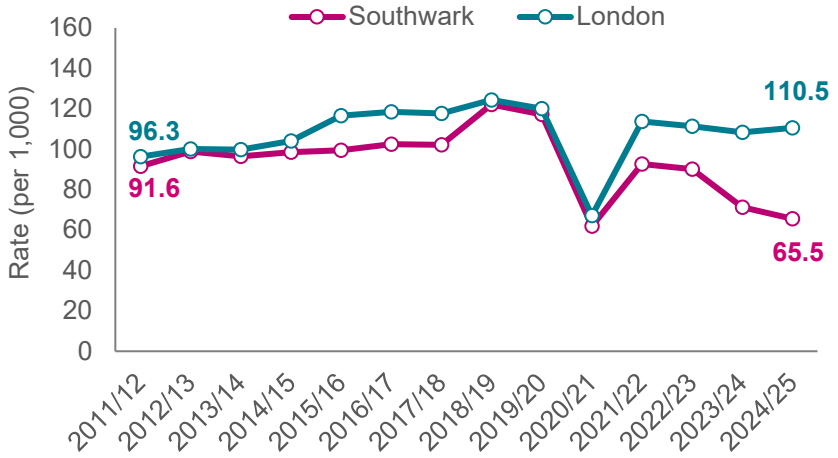


Figure 15. Emergency admissions of 0–4 year olds per 1,000 population in Southwark and London, over time. Source: DHSC. 2026. Fingertips Child and Maternal Health Profile.

Children's mental health and wellbeing

More than half of mental health problems in adulthood start by the age of 14, and early identification and intervention can significantly improve outcomes for children and their families. Mental health support for young people was highlighted as a key need at the Health of the Borough event in 2025, with residents and community organisations highlighting that young people in Southwark often feel unsafe, isolated, hopeless lonely and disconnected from community. Similar themes were also identified in the State of Urban Health research conducted by Impact on Urban Health published in 2026.

> I was looking for some sort of assistance for myself, or maybe even my son with maybe seeking like a counsellor's help for a bereavement. And I went to the school and they say, 'call this place'. I go to my GP, they say, 'call this place'. I call this place. They say, call this place."
>
> ***Impact on Urban Health, Directory of Themes, Quotes from Lambeth and Southwark***

Whilst it is difficult to determine the true prevalence of mental health disorders in local children, national reports have shown an increase in probable mental disorders for children and young people aged 8-16 years, from 12.5% in 2017 to 20.3% in 2023.

Local service data shows that in 2025, there were over 2,000 referrals to Southwark Child & Adolescent Mental Health Services (CAMHS) and over 3,700 children and young people on the caseload.

For more information, see the Mental Health of Children & Young People in Southwark JSNA.

In 2016, 75% of Southwark's Year 4 and 6 children reported being happy or very happy with their life. By 2023/2024 this had fallen to 67%. This drop in wellbeing is reflective of wider national trends. The Children and Young People's Voices project in the UK COVID-19 Inquiry highlighted long-term impacts on young people's mental health from heightened anxiety, lost milestones and disrupted routines during the COVID-19 pandemic and associated lockdowns.

Childhood obesity

Childhood obesity is a complex, multifactorial condition and it profoundly impacts children's health, with an increased risk of developing type 2 diabetes, cancer and mental health conditions.

In Southwark, prevalence of child excess weight (overweight or obese) in Reception (25.6%) and Year 6 (44.3%) is significantly higher than London and national levels. Levels have remained relatively constant long-term, with no significant difference between 2010/11 and 2024/25 in either Reception or Year 6. However, the last 3 years have seen a significant rise in Reception levels and an upward trend in Year 6. Social drivers, including food insecurity, the cost of living, and obesogenic environments, can impact the pace of change.

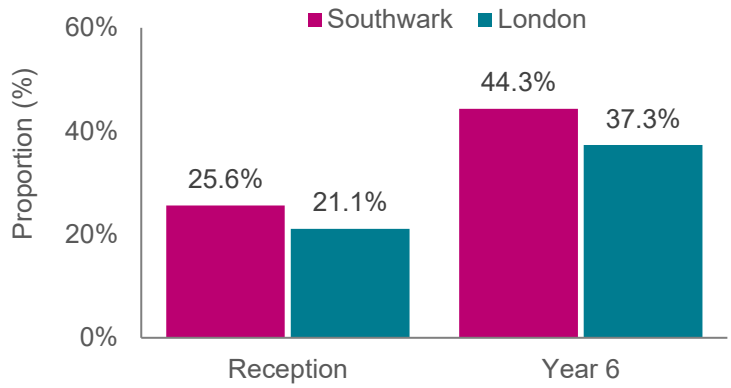


Figure 16. Prevalence of excess weight in Reception (4-5 yr) and Year 6 (10-11 yr) children in Southwark and London, in 2024/25. Source: DHSC. 2026. Fingertips Child and Maternal Health Profile.

Levels of child obesity are not equal throughout the borough. Figure 17 shows the prevalence of excess weight in Year 6 children by ward. The highest levels are seen across central Southwark, where around half of Year 6 pupils are overweight or obese.

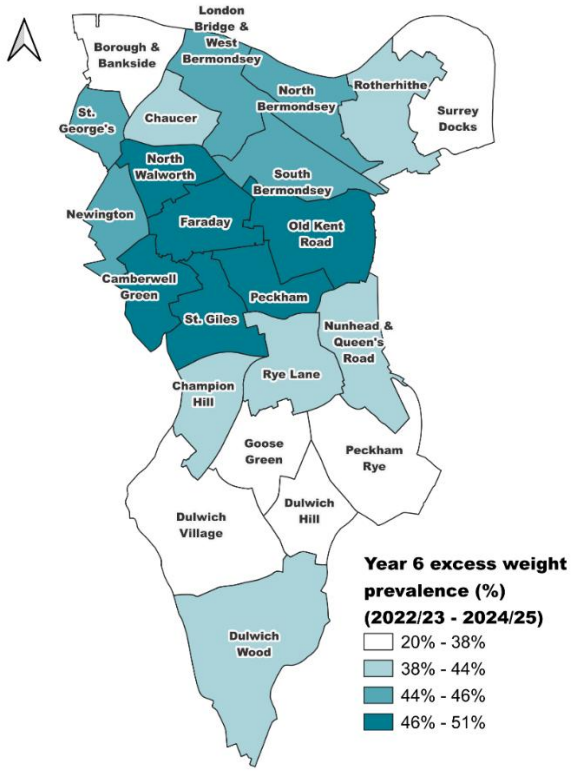


Figure 17. 3-year prevalence of Year 6 excess weight (overweight and obese) in Southwark, by electoral ward, 2022/23–2024/25. Source: Office for Health Improvement and Disparities (OHID), Fingertips, Child and Maternal Health Profile, 2026.

There are also inequalities in obesity levels between children from different ethnic groups. Figure 18 shows that obesity levels are lower in children from White groups, at 1 in five (21.4%), compared with over one-third (35.2%) for children from other broad ethnic groups.

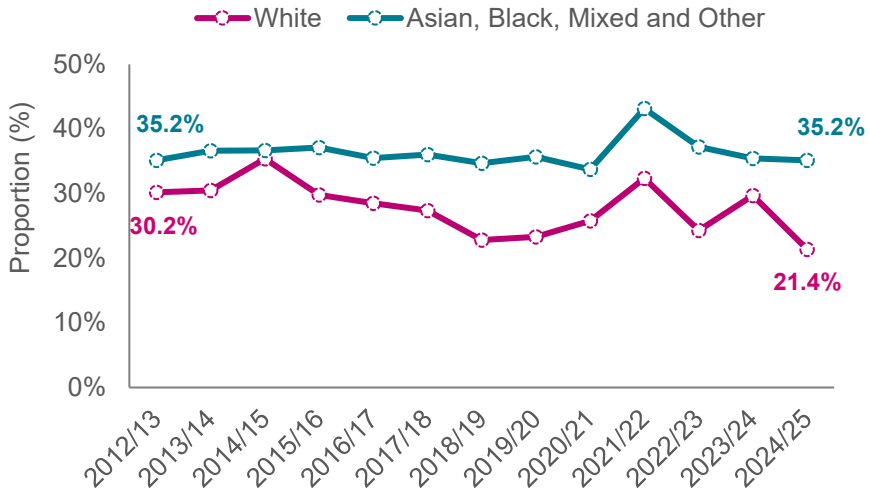


Figure 18. Southwark Year 6 (10-11 yr) prevalence of obesity by broad ethnic group. Source: Southwark Council. 2026. National Child Weight Management Dashboard.

Information on child excess weight levels in different multi-ward areas is available in the Childhood obesity factsheet.

7.3 Children with complex needs

Children with Special Educational Needs & Disabilities

The number of children in Southwark with Special Educational Needs and Disabilities (SEND) has been rising steadily since 2018, in line with London and national trends. The Department of Education records a child as having SEND if they have an Education, Health and Care Plan (EHCP), or are receiving additional support in a mainstream school setting. The proportion of Southwark children requiring SEND support in mainstream settings is rising at a higher rate than London.

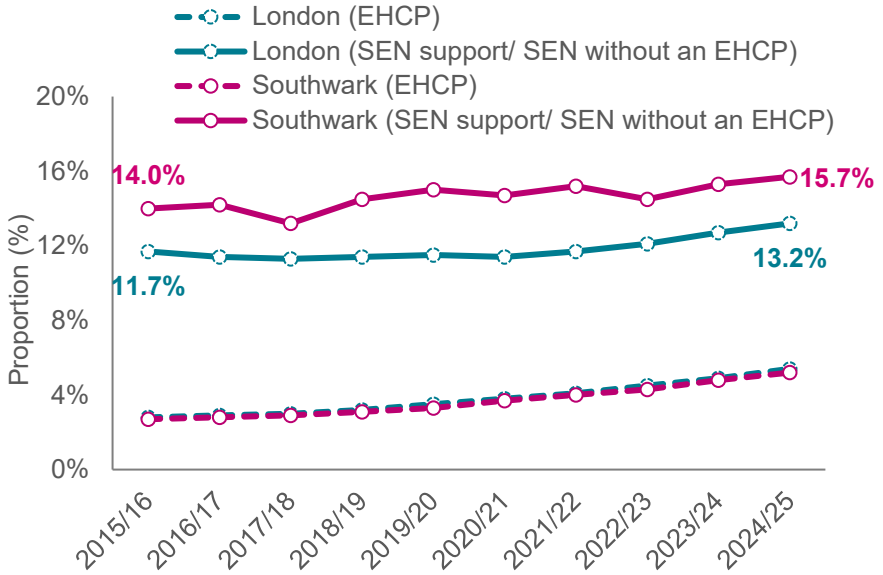


Figure 19. Proportion of pupils (all schools) by SEN provision type, in Southwark and London, over time. Source: Department for Education. Special Educational Needs in England, 2015/16 to 2024/25.

In Southwark, the most commonly recorded primary SEND needs among children receiving SEN Support are speech, language and communication needs (31%), social, emotional and mental health needs (22%), and specific learning difficulties (15%). Among children with an Education, Health and Care Plan (EHCP), autism was the most commonly recorded primary need (54%). Many children have more than one need, so these figures do not capture the full complexity of need.

SEND needs are more common in children who are facing greater vulnerability, with a higher prevalence among children in disadvantaged areas of the borough and among those engaging with Early Help and safeguarding pathways. Looked after children also have a much higher prevalence of SEND than the general population; 41% of children in care had an EHCP, compared to 5% of their peers.

National-level data indicate that children and young people with SEND frequently experience multiple and overlapping health needs. This includes poorer mental health and emotional wellbeing, higher rates of long-term conditions and comorbidities, poorer oral health and lower uptake of some preventative care, including screening and vaccinations.

Children and young people with SEND experience inequalities in education and development. Historically, Key Stage 4 attainment has been poorer for children with SEND than their non-SEND peers. However, this attainment gap in Key Stage 4 educational outcomes is smaller in Southwark than London-wide, as shown in Figure 20.

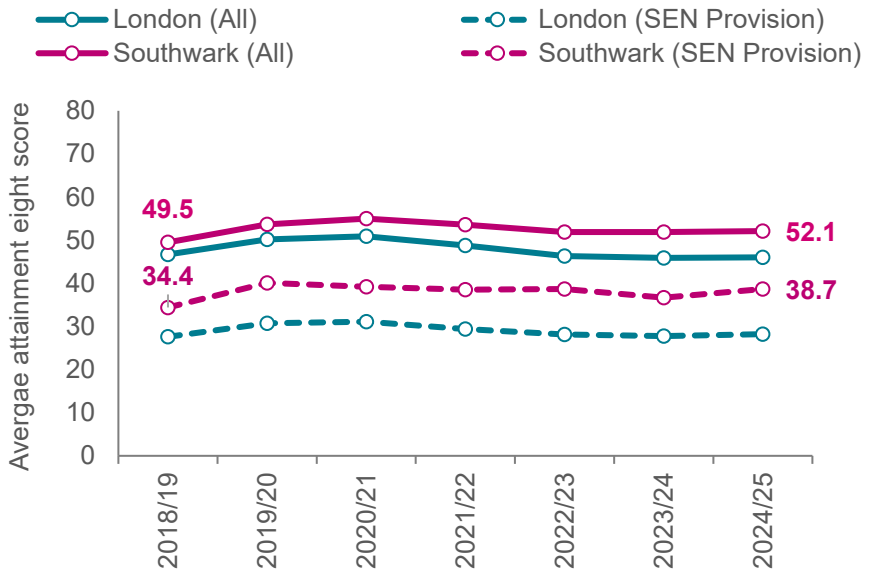


Figure 20. Average Key Stage 4 attainment (Attainment Eight score) for all pupils and those receiving SEND support, in Southwark and London, over time. Source: Department for Education. Key stage four performance, 2018/19 to 2024/25.

> "I work with a lot of migrant families. […] Now, because we run holiday programs and we put in a column to say, if you have SEND…' [but] we realised that, because of the language barrier and the issue of the system, a lot of our families have no idea what SEND means. So even if their children are presenting with issues like autism, they have no understanding."
>
> ***Impact on Urban Health, Directory of Themes, Quotes from Lambeth and Southwark***

An in-depth needs assessment on SEND is being finalised which highlights the health needs and outcomes of local children with SEND, including intersections with other forms of disadvantage, and independence and transition to adulthood. The report will be available on the Southwark Insight Hub by the end of 2026.

Family Early Help (FEH)

Southwark's Family Early Help (FEH) service provides support for children and families with emerging needs before problems escalate to statutory intervention. The service is available to parents and families with a child or young person aged up to 18, or 25 if they have SEND needs. The FEH service follows a graduated pathway, beginning with voluntary engagement and assessment to identify the most appropriate support for families. Where concerns or risks escalate, cases may be referred to Children's Social Care and progress through statutory pathways such as Child in Need (CiN), Child Protection (CPP), or Looked After Child (LAC) arrangements.

Figure 21 shows the five most common reasons for contact with the Family Early Help (FEH) service between 2020 and 2024. Parenting issues/difficulties, an umbrella term encompassing a range of challenges affecting a parent or carer's ability to meet a child's needs, has been the most frequent reason for contact since 2022. Geographically, the highest volume of these contacts was recorded in the East Central and West Central multi-ward areas, which include some of the most disadvantaged communities in Southwark.

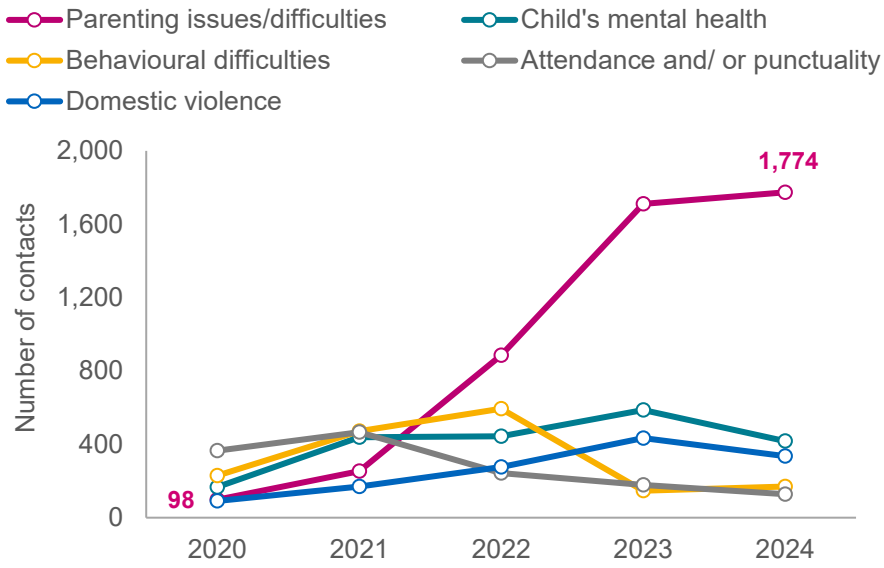


Figure 21. Number of contacts with Southwark Family Early Help service, for 5 most common reasons, over time. Source: London Borough of Southwark, Family Early Help Service

Looked After Children

On 31 March 2025, Southwark was responsible for 387 looked after children, equating to 70 per 10,000 0–18 year olds. The rate of children taken into care in Southwark is consistently higher than the London average.

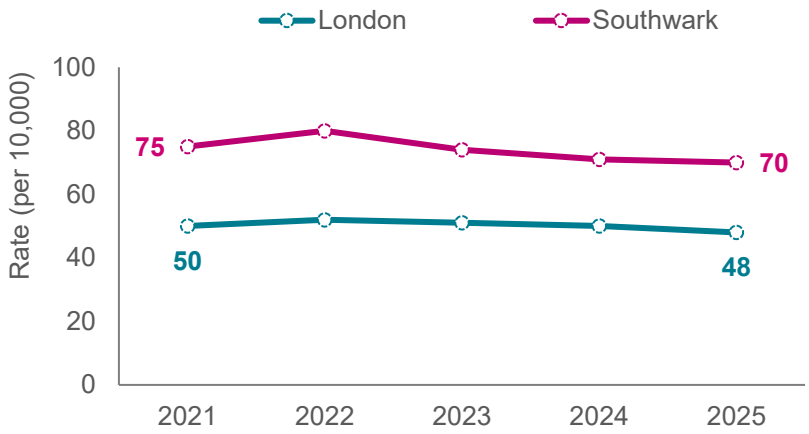


Figure 22. Rate of 0–18 yr looked after children per 10,000 (on 31st Mar each year), over time. Source: Dept for Education. Children looked after in England, including adoptions, 2021 to 2025.

Looked after children are more likely to have poor educational outcomes and higher school absence rates than their peers. Figure 23 shows the average proportion of looked after children in Southwark and London who are persistently absent from school (defined as missing 10% or more school days). Data is missing for years 2019/20 due to disruption over COVID-19 but shows that around ¼ of LAC are persistently absent from school compared to 17.2% of the overall Southwark pupil population.

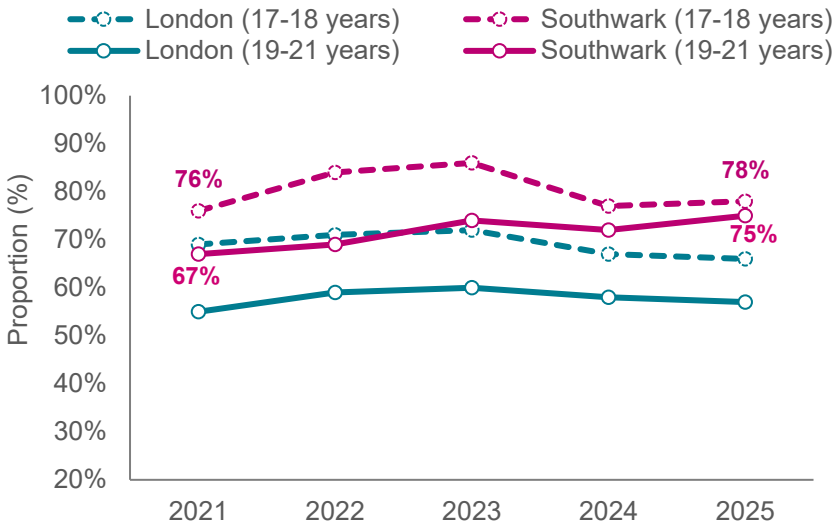


Figure 23. Proportion of 0–18 yr looked after children who were persistent absentees (on 31 March of each year). Source: Department for Education. Children looked after in England, including adoptions, 2017/18 to 2023/24.

Despite having higher rates of persistent absenteeism in school, Southwark care leavers are more likely at 17–18 and 19-21 to be in education, employment or training than the general population in London. This reflects ongoing programmes of work, with the 'Trailblazer' programme in the Children and Adults Team.

Highlight: ‘Trailblazer’ support for Southwark Care leavers

The Trailblazer programme is our whole council response to supporting care leavers into education, employment and training. We have created opportunities across the council for our care leavers and worked with partners and commissioned organisations to do the same. Young people have access to a holistic package of support, including employability skills workshops, tailored careers events, site visits, bespoke work placements, regular drop-in sessions, and an online, on-demand functional skills course.

“It has given me hope, helped me to build discipline and routine."

"Even though it was hard and challenging I still managed to push myself and finish until the end."

"I learnt more on site in a day than I would have learnt in five weeks in college."

"The best part for me was seeing how the team supports vulnerable people day-to-day. It made the experience feel meaningful, not just like work."

"It helped me understand what employers are really looking for and how to present myself more confidently."

8. HEALTHY LIVES

It is crucial to ensure that everyone in the borough can lead **healthy, fulfilling lives**, through **early intervention and prevention of ill health**, a **reduction in health inequalities**, and support to maintain **physical, mental and sexual wellbeing**. Good health is shaped by a range of **modifiable risk factors and lifestyle behaviours**, including levels of physical activity, smoking, alcohol use, diet, and engagement with sexual health services. Addressing these factors through prevention, education and access to support can reduce the burden of long-term conditions, improve quality of life, and help residents live healthier lives for longer.



Employment: The percentage of 16- to 64-year-old residents classified as unemployed rose from 2.8% in 2022/23 to 5.4% in 2024/2025, reversing the initial decline after the COVID-19 pandemic.



Learning disabilities: The gap in employment rate for adults with a learning disability and those who are not is also stark, with in rates rising slowly but steadily since 2011 in line with the London average.



Physical activity: In Southwark, 74% of residents meet physical activity guidelines of at least 150 minutes per week, compared with 66% in London. However, participation is lower for residents in our most disadvantaged communities.



Smoking prevalence: Smoking prevalence in Southwark has declined steadily over the last 10 years, from 18.9% of the population in 2011 to 6.8% in 2024.



Sexual and reproductive health: Southwark has one of the highest sexual health testing rates in the country, with a testing rate (excluding chlamydia in under-25s) of 17,729 per 100,000 population (England: 4,012 per 100,000; 2025).

8.1 Employment and health

Access to good quality jobs is one of the key building blocks of health. 1 in 20 Southwark working-age adults are unemployed, a rate higher than London and England. The percentage of 16 to 64-year-olds classified as unemployed rose from 2.8% in 2022/23 to 5.4% in 2024/2025, reversing the initial decline after the COVID-19 pandemic.

Someone is economically inactive if they have been out of work for a long period of time and are not looking for, or available to work. These people are not counted as unemployed. Southwark has a large proportion of adults that are economically inactive, however this includes a large student population, accounting for one-third of economically inactive 16-64 residents. The next most common reasons for economic inactivity are looking after home/family (25%) and long-term sickness (LTS) (19%).

Further data on the demographics and health conditions of people who are out of work can be found in the Health-related unemployment and economic inactivity JSNA factsheet.

Inequalities in employment status

Having a long-term health condition can make it more difficult to obtain and stay in a job. This can be due to stigma from employers and difficulty finding a workplace with flexibility to manage appointments, sick leave and changing symptoms. In Southwark, the gap between the employment rate for people with long-term conditions and the overall employment rate was 14.6 percentage points in 2022/23 (Figure 24).

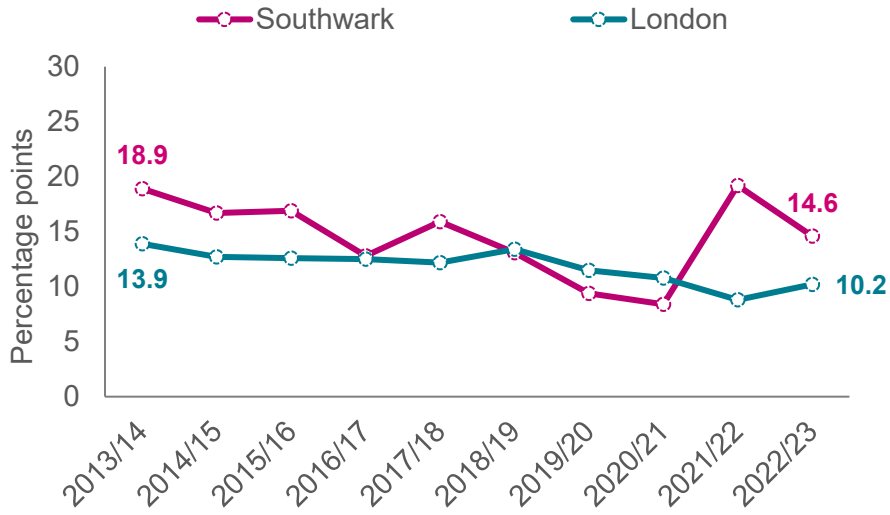


Figure 24. Gap in the employment for those with a long-term health condition and general population. Source: Office for Health Improvement and Disparities (OHID), Fingertips, Wider Determinants of Health Profile, 2026.

Figure 25 shows that the gap in employment rate for adults with a learning disability and those who do not is also stark. In 2022/23 employment rate gap in Southwark was 69 percentage points, indicating significant and persistent inequality in access to, and participation in, paid work for people with learning disabilities. Having a learning disability can make it harder to secure a good job due to lack of tailored workplace support, appropriate recruitment processes and misconceptions about capability.

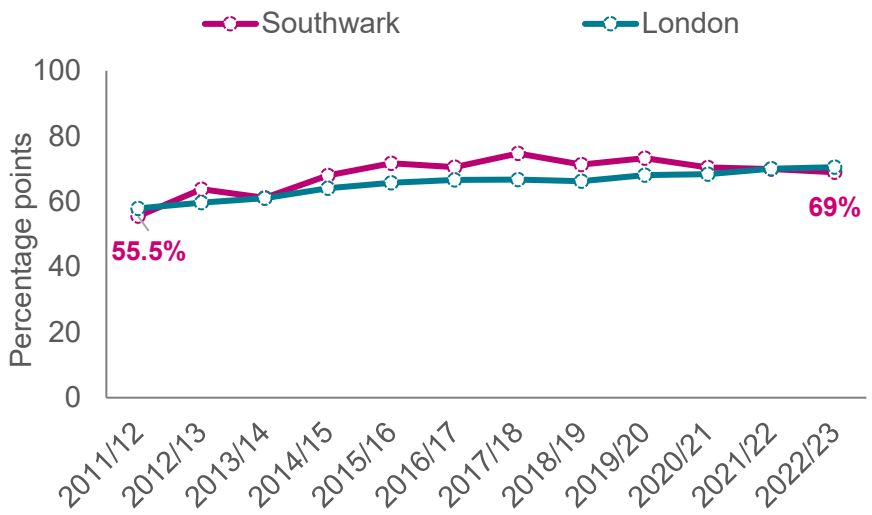


Figure 25. Percentage point gap between employment rate for those in receipt of long-term support for a learning disability and the overall employment rate. Source: Office for Health Improvement and Disparities (OHID), Fingertips, Wider Determinants of Health Profile, 2026.

> The benefit system treats you like you're stupid, because they don't understand mental health. They believe they just talk to you loudly and like you're stupid. They don't want to help you. I met a woman who told me that it made sense to maybe get three working liveable wage jobs."
>
> ***Impact on Urban Health, Directory of Themes, Quotes from Lambeth and Southwark***

London Living Wage

People risk facing 'in-work poverty' if they are employed in jobs that do not provide them with enough income to cover their living costs. The London Living Wage, an hourly pay rate of £14.80, ensures that workers can afford the higher costs of housing and essentials in London. The number of local accredited London Living Wage Employers and increased to 450, double the number four years ago. Figure 26 shows that, in 2025, the proportion of Southwark residents earning below the London Living Wage was almost half the London average.



Figure 26. Proportion of residents earning below London Living Wage Foundation rates in 2025. Source: Office for National Statistics. Number and proportion of employee jobs with hourly pay below the living wage, 2025.

Southwark Works is the borough's free-to-access employment support service, provided by a network of organisations each providing specialist support for different client groups. One of the constituent services, Connect to Work, provides intensive support for people with disabilities, health conditions or other complex barriers to work. Over 400 residents have been supported by Connect to Work since its launch in October 2025. Approximately half (49%) of the service users are of a Black/Black British ethnicity and approximately a third (33%) have multiple disabilities and/or health conditions.

From 2026, additional employment support for people with health conditions will be available through Southwark's new WorkWell service, which will focus specifically on addressing health-related challenges to employment through holistic work and health support.

So many people may be involved in in jobs that may not offer them any form of protection whatsoever. Maybe paying less than, not the London living wage, maybe paying less than the national wage, a lot of exploitation. A lot of conditions are not ideal as well."

Impact on Urban Health, Directory of Themes, Quotes from Lambeth and Southwark

Engagement highlight: Healthy Working Lives

As part of Southwark's 2025 Annual Public Health Report, the Council worked with a local community research organisation, Sedulous Collective CIC, and residents with long-term conditions to co-design a community roundtable that explored challenges facing people with health-related barriers to employment. A film of the roundtable can be found online. Key themes included:

1. **Hiring that shuts people out:** Long online forms, complicated language and unclear criteria screen people out before skills are seen.
2. **Adjustments and flexibility missing:** Flexible hours, hybrid options, adapted workplaces and assistive technology are late or absent.
3. **Narrow pathways and skills recognition:** People returning to work and those changing career can struggle to access training and re-entry routes.
4. **Fragmented support and stigma:** Trust grows when support is coordinated and residents help shape decisions.

"I want to go into health care, and there are some stereotypes that I'm up against, such as my disability. I keep pushing, keep pushing… I applied for a healthcare role, but they only saw me as someone to be cared for."

"The solution for me is that the employer should be more disability aware. They should get more education about disability because there's this general bias or stereotypes about disabled people that they cost employers more money."

8.2 Poverty

Food poverty

Food insecurity, otherwise known as food poverty, occurs when a household has insufficient resources to access enough food. The number of residents experiencing food poverty is often estimated using self-reported information.

In 2023/24, Impact on Urban Health ran a large Health and Wellbeing Study, with over 5,000 survey respondents. Figure 27 shows the average proportion of Southwark residents who reported some level of food insecurity by ward in this survey. Food insecurity was defined as going without meals, eating smaller meals or having not eaten for a whole day because people couldn't access or afford food. The map shows that most areas reporting higher food insecurity (30-40%) are in the centre of the borough.

> "Although we have resources in the borough, food poverty remains a real challenge."
>
> ***Impact on Urban Health, Directory of Themes, Quotes from Lambeth and Southwark***

Use of foodbanks is another indicator of food insecurity. In 2024, the Southwark School Health Related Behaviour Survey of primary and secondary schools found that 35% primary school pupils said they had used a foodbank or similar source of free or subsidised food in the last 12 months. In the secondary school survey, 20% of pupils said their household has used food banks or similar sources in the last 12 months.

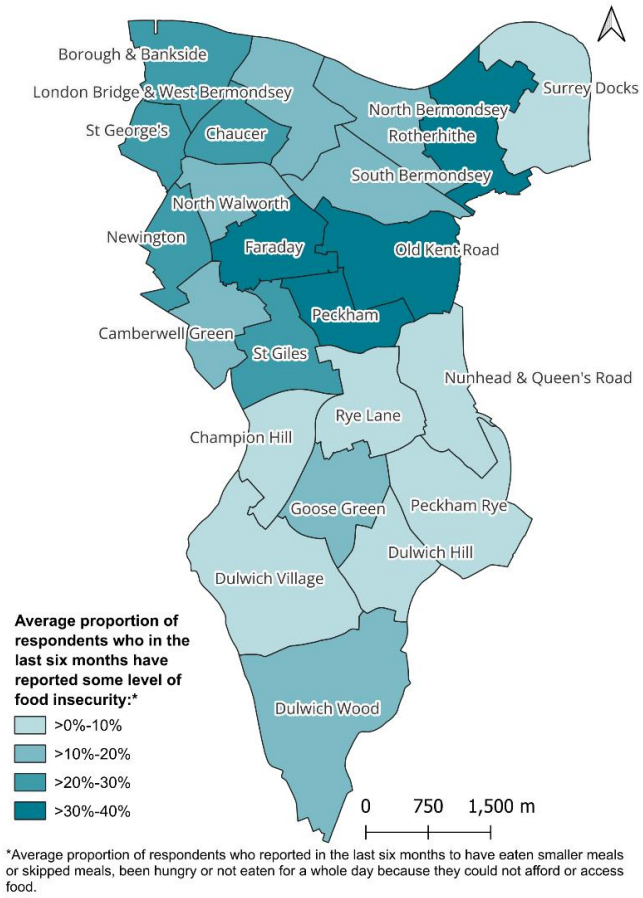


Figure 27. Average proportion of residents reporting food insecurity in the last 6 months, by ward of residence, 2024. Source: IHLS. 2024. Health & Wellbeing in Lambeth & Southwark: Insights from Local Communities.

Access to affordable food

Access to affordable, good quality food is an important building block of health. The availability of supermarkets, markets, and other retailers offering affordable food options influences residents' ability to access healthy groceries. Figure 28 shows food access levels across Southwark; the darkest-shaded neighbourhoods are ranked lowest for food access (based on average distance to, and access to, supermarkets, markets, and non-supermarket food provision, adjusted for income deprivation). Neighbourhoods with great need for improved access to food include the Kingswood Estate in Dulwich Wood and parts of Walworth, Camberwell, Peckham, Nunhead and north Bermondsey. These neighbourhoods face both higher vulnerabilities to cost-of-living increases and poorer access to shops to buy affordable, healthy food.

> "More options in terms of, like, consumables, in terms of options of food. Just because I feel like, growing up, we kind of like, sort of had one route, like, for example, you'd get your pocket money, maybe like five or ten pound for the week. And the only options you could […] go down is the unhealthy route, because that would be the cheaper route. So, I'd just say more, like accessible, healthy options."
>
> ***Impact on Urban Health, Directory of Themes from Lambeth and Southwark***

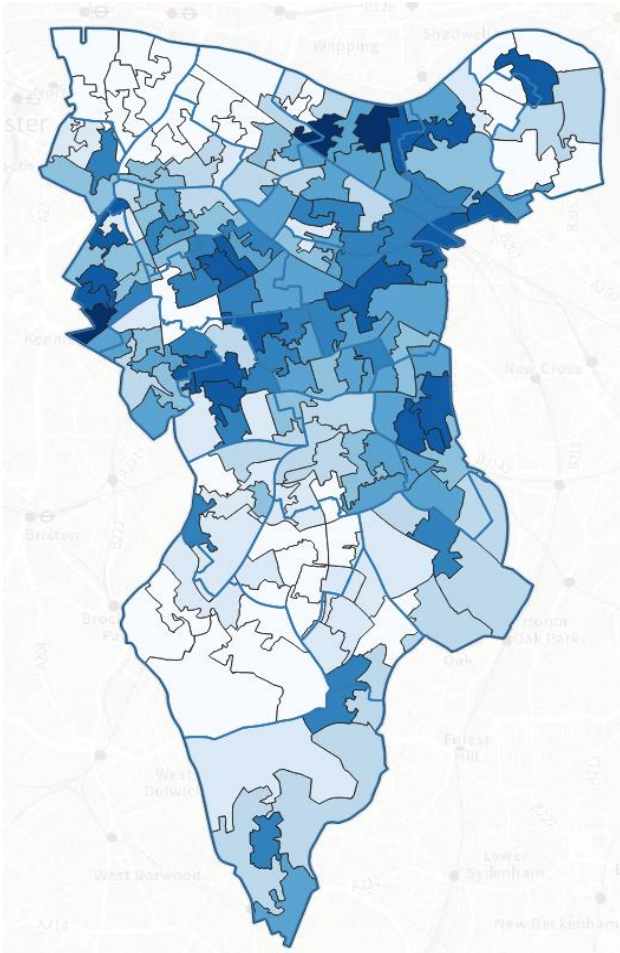


Figure 28. Southwark food access level, 2025. (Darkest = poorest food access.) Source: Healthy & Sustainable Places Data Service.

8.3 Healthy lifestyles

Adult obesity

Obesity reduces life expectancy and increases the risk of cancer, chronic diseases and poor mental health. In 2024/25, over half of Southwark adults (52.1%) were overweight or obese, slightly below the London average.

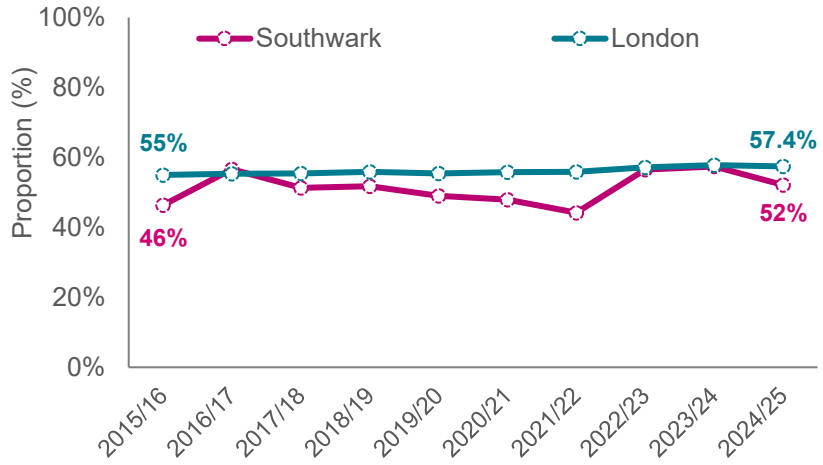


Figure 29. Overweight (including obesity) prevalence in 18 + yr olds in Southwark and London, over time. Source: DHSC. 2026. Fingertips Obesity, Physical Activity and Nutrition Profile.

Southwark records 31,600 GP registered patients as living with obesity, although this figure is thought to underestimate the level in the general population. These records highlight inequalities in prevalence by ethnicity, with rates more than twice as high among those from a Black ethnic background compared with those from a White ethnic background. Levels are lower among those from Asian, Mixed, and other ethnic groups. The highest rate of obesity, by ward, is observed in Old Kent Road and the lowest in Dulwich Village, mirroring broader trends of socio-economic disadvantage.

For more information on adult obesity, see the adult obesity JSNA.

> *"I would just love to see that there was a real kind of stronger focus on building more equity, not just in health, because I think that is just a root cause of the systemic change, the systemic issues that exist and the change that's required to ensure that there's more equity for Black and Brown families in the boroughs."*
>
> ***Impact on Urban Health, Directory of Themes from Lambeth and Southwark***

Physical activity

Physical activity is essential to overall health: reducing the risk of obesity, development of hypertension, type 2 diabetes and stroke and contributing to good mental wellbeing.

NHS guidelines set out that people should be getting at least 150 moderate intensity equivalent minutes of physical activity per week, in bouts of 10 minutes or more. Moderate intensity exercise should raise your heart rate to the point where you can comfortably talk, but not sing. Examples include a brisk walk, swimming, dancing or jogging. For the 12 months up to November 2025, 74% of respondents aged 19+ in Southwark self-report that they are reaching this goal, notably higher than the London average of 66%.

Sport England's Active Lives Survey provides estimates of the proportion of people in Southwark who meet these recommended physical activity guidelines broken down by different population groups (12 months up to November 2024):

- Younger people are more likely to meet the target (74%) than older people aged 75+ (38%).
- People living in the most disadvantaged communities in the borough are less likely to meet the recommended guidelines (65%) than those in more affluent areas.
- Half of people living with a disability are meeting the target (51%).
- Men (71%) are consistently more likely than women (66%) to meet the target.
- People from Black (60%) and Asian (61%) ethnic groups are less likely to meet this target than those from White British groups (74%).

Sport England's data also indicates that people experiencing multiple disadvantages are less likely to meet the physical activity guidelines. For example, disabled women from Black community groups, living in deprived areas, face multiple barriers to being active.

Active travel

Active travel is a feasible, equitable and sustainable way of incorporating physical activity in the daily lives of Southwark residents. Simple switches from car to public transport on a commute can increase active travel time, with travel by bus and rail requiring more walking and wheeling. Increasing active travel reduces health inequalities and deliver health co-benefits through improving air quality, reducing road danger, connecting communities, increasing access to opportunities (e.g. education, employment, services), climate change mitigation and reducing noise pollution.

In 2023, 45% of Southwark residents walked or cycled for 20 minutes at least 5 times a week, slightly higher than the London average. This figure has remained relatively stable since 2016.

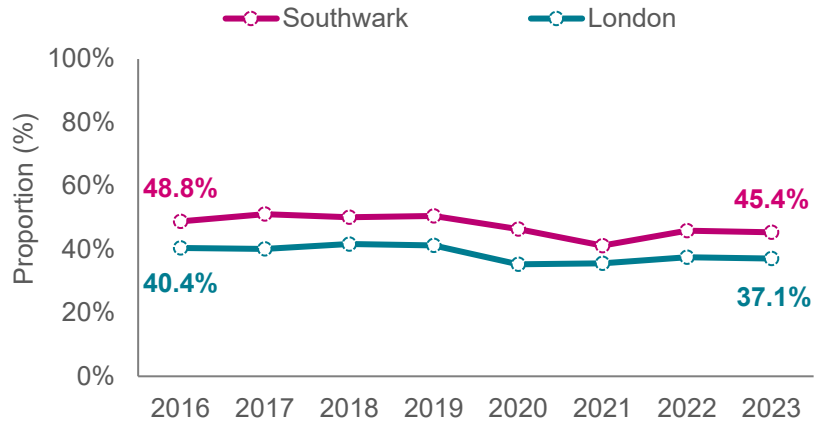


Figure 30. Proportion of residents walking or cycling for 20 mins at least 5 times a week, in Southwark and London, over time. Source: GOV.UK. 2025. Walking and Cycling Statistics.

Smoking and vaping

Smoking prevalence in Southwark has more than halved over the last 14 years, from around 19% of the population in 2011 to 7% in 2024. Prevalence has fluctuated slightly in more recent years. Despite these improvements, smoking has not declined evenly across Southwark with many groups experiencing far higher rates that mirror socio-economic inequalities in the borough. Groups who are more likely to smoke are listed in Southwark's Tobacco Control Strategy

(2024–2030) and include people with mental health conditions, routine and manual workers, people with drug and alcohol dependence, people experiencing homelessness, LGBTQ+ people and those in social housing.

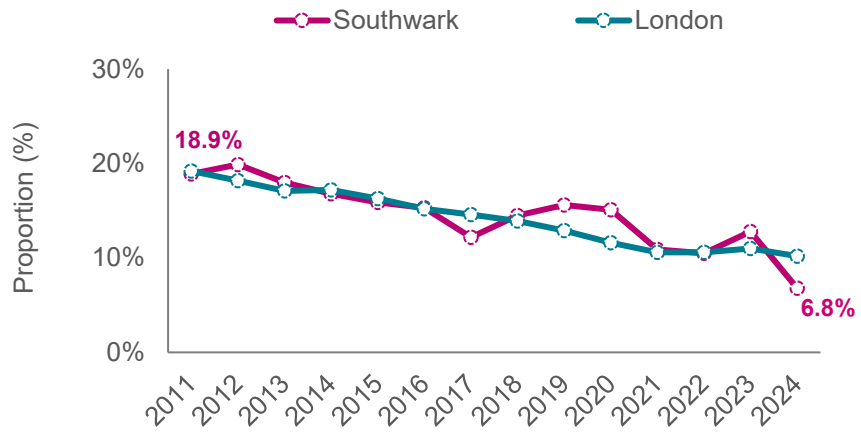


Figure 31. Smoking prevalence in 18+ yr olds in Southwark and London, over time. Source: DHSC. 2026. Smoking Profile.

An example of smoking remaining socially patterned in Southwark is illustrated in people working routine and manual occupations estimated to be over three times more likely to smoke than those in other occupations. This occupational gap is larger than that seen across London and England. Similarly, the odds of being a smoker is higher among Southwark residents with long-term mental health conditions than among those without. However, the gap is smaller than that seen across London and England. This conveys the entrenched inequalities in smoking within Southwark's population despite the major strides taken to tackle its harms.

Alcohol

Alcohol is a leading risk factor for ill-health, disability and early mortality among 15-49 year olds in England. The harms from alcohol often overlap and cluster with other risk factors such as smoking, gambling and an unhealthy diet. For example, high risk drinkers are 1.8 to 2.9 times more likely smoke than the general population.

Alcohol consumption contributes to hospital admissions and deaths via a diverse range of medical conditions. Nationally, it is estimated that alcohol misuse costs the NHS about £3.5 billion per year, and broader society £21 billion annually. Locally, the cost to Southwark is estimated to be in the region of £165M.

Figures for 2023/24 shows there were 1,425 alcohol specific hospital admissions in Southwark, with levels generally higher than London, although the gap has narrowed since 2021/2022, and male levels showed no statistically significant difference in 2023/24. Alcohol-related admissions can be reduced through local interventions to reduce alcohol misuse and harm.

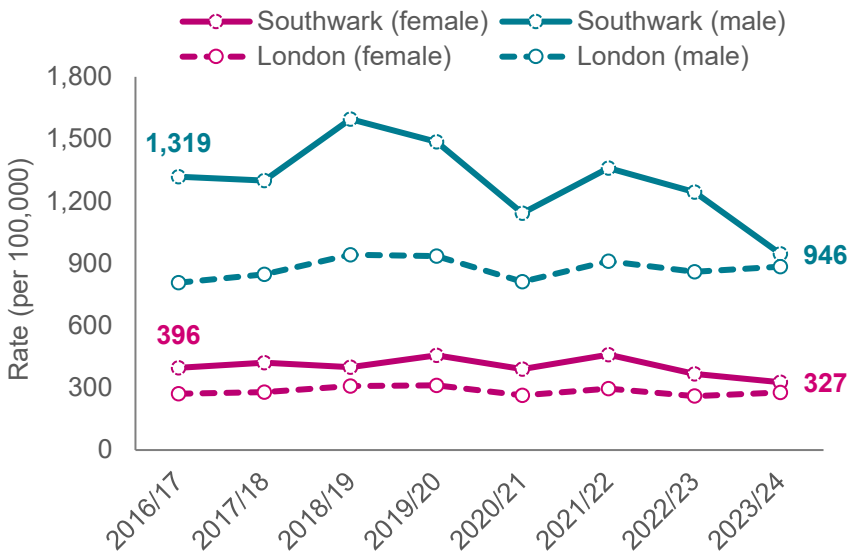


Figure 32. Rate of hospital admissions for alcohol-specific conditions per 100,000, for females and males, in Southwark and London, over time. Source: DHSC. 2026. Alcohol Profile.

Although hospital admission levels have fallen, key alcohol harm inequalities remain, with men consistently more likely to face alcohol-related illness and death than women.

The Alcohol harms JSNA 2026 provides more data on alcohol inequalities.

Drugs

Drug use involving opiates and crack cocaine can have serious health consequences, including overdose, dental problems, cardiovascular complications, and is a major contributor to premature mortality in the UK.

In Southwark, the number of adults in treatment (including opiates and non-opiates) has reduced from 2,365 residents in 2009/10 to 1,965 residents in 2024/25 (figure 33).

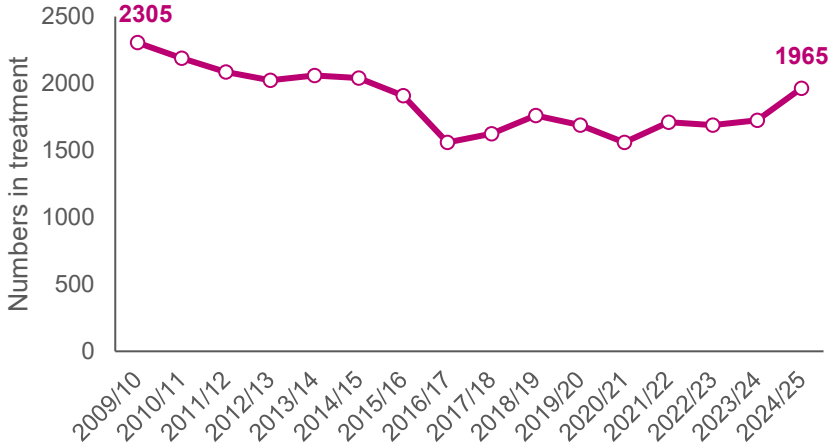


Figure 33. Number of Southwark adults (18+) in treatment (including opiate, non-opiate and alcohol use), 2009/10-2024/25. Source: National Drug and Alcohol Treatment Monitoring System, 2026.

The proportion of opioid and/or crack users who are not receiving treatment can be used as an indicator of unmet support needs in Southwark. In the year to April 2025, this figure was 46%, which is 3 percentage points lower than in 2022/23 and around 7 percentage points lower than the England average.

Gambling

Gambling is a common practice which can function as casual entertainment but can also lead to severe addiction and harm. Gambling in South East London is widespread, with around 37-44% of adults reporting that they gambled in the last four weeks, and 207,000 of these adults experiencing gambling-related harms. Gambling harms emerge when there is a loss of control over time or money spent, resulting in debt, stress, relationship difficulties and deterioration of mental health. Risk and harm are not evenly distributed among gamblers. While people in living in more deprived areas are less likely to gamble overall, those who do are more likely to experience risky or harmful gambling behaviours- reflecting differences in vulnerability to financial harm.

There has been a shift toward recognising gambling associated harm alongside issues such as alcohol and drug related harm which frontline services can play an important role in recognising. For information on gambling harms in Southwark see the South East London Gambling Related Harms JSNA.

Sexual health

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

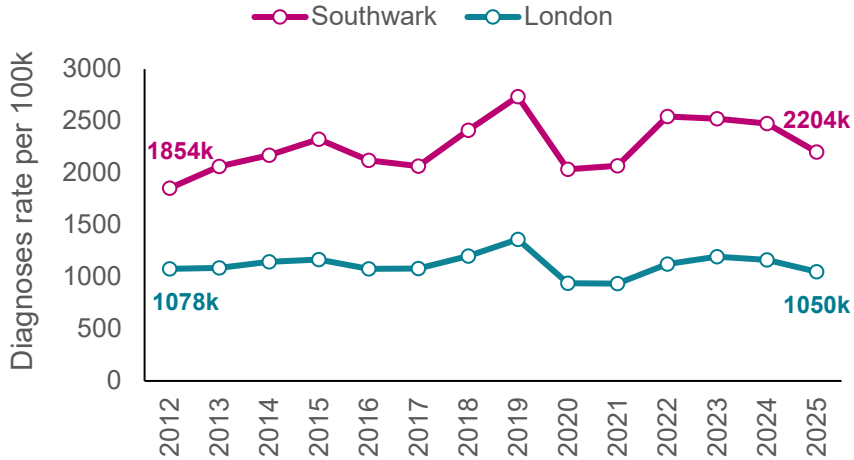


Figure 34. New STI diagnoses rate (excluding under-24 yr olds chlamydia) per 100,000, Southwark and London, 2025. Source: DHSC. 2026. Sexual Health Profile.

Southwark has one of the highest STI testing rates in the country, over four times the national rate. Testing uptake varies by sexual identity, with gay and bisexual men over-represented and lesbian and bisexual women under-represented in the data.

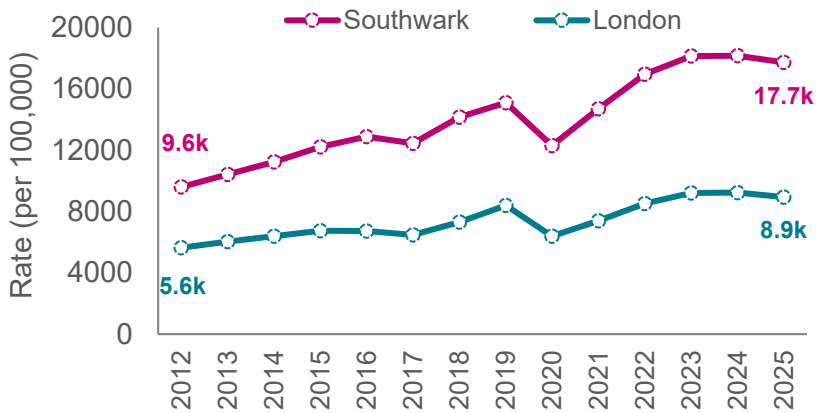


Figure 35. STI testing rate (excluding under-24 yr olds chlamydia) per 100,000, Southwark and London, 2025. Source: DHSC. 2026. Sexual Health Profile.

Higher testing naturally enables increased case detection, and Southwark's high STI diagnosis rate partly relates to good access to services and successful case-finding. However, Southwark's STI test positivity rate (8.2%) is higher than England (7.3%) and London (7.0%), suggesting there is a genuinely higher burden of infection and ongoing transmission within the borough.

In addition to high levels of sexual transmitted infections, Southwark also has high levels of HIV. In 2024, there were 3,109 residents with diagnosed HIV living in Southwark. However, while the overall number of residents with HIV remains high, there has been a significant reduction in the number of new cases identified each year, from 134 in 2015, down to 70 new cases in 2024. This decline is driven by expanded access to testing, Pre-Exposure Prophylaxis (PrEP), and effective antiretroviral treatments.

9. HEALTH & CARE

Being able to **stay healthy in later life** is a crucial issue for individuals and for the sustainability of society. This is particularly pertinent given the projected **increase in the number of older adults in Southwark**. **Support to stay well** enables residents to maximise their physical, social and mental health and wellbeing throughout their lives, while also helping to reduce avoidable hospital admissions and the associated pressures on health and care services. **Supporting older people to manage and maintain their own health,** particularly those living with multiple long-term conditions, including frailty, is essential to optimise quality of life, improve health outcomes, and minimise the need for emergency and unplanned hospital care.



Long term conditions: Approximately 115,400 Southwark GP patients are living with one or more long-term conditions, representing 34% of patients.



Suicide: The three-year suicide rate in Southwark has remained similar over the past 20 years, and in 2022–24 was comparable to London levels and significantly lower than England.



Screening: In 2025, rates for breast screening were lower than the national average (71.7%) with an estimated 50-55% of those eligible from White, Black and Asian backgrounds in Southwark receiving screening.



Hospital admissions: During 2024/25, over 60,300 hospital admissions (all types) were recorded among Southwark residents, with older adults experienced a greater burden of repeat admissions.



Adult Social Care: In 2025/26 there were 1,497 new Southwark Council residents who requested and started using a service for short- and long-term support, representing a 18% increase from 2024/25.

9.1 Long-term conditions

Long-term conditions are the main driver of cost and activity in the NHS and have a significant impact on people's health and wellbeing. Figure 36 shows the number of patients diagnosed with the most common long-term conditions in Southwark in 2026 (note that individual patients can have multiple conditions).

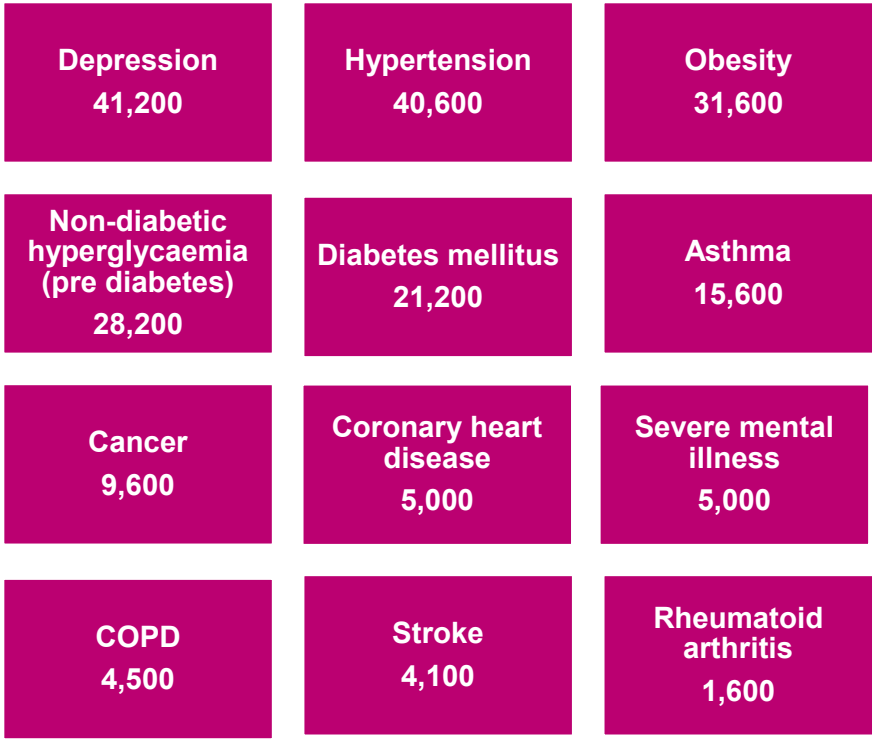


Figure 36. Number of diagnoses for the most common long-term conditions among Southwark GP patients, May 2026. Source: South East London Integrated Care System, 2026. Comorbidities dashboard.

Approximately 115,400 Southwark GP patients are living with one or more long-term conditions, representing 33.9% of the Southwark GP patient population. There are over 35,400 patients living with three or more conditions. The most prevalent long-term conditions according to GP records are hypertension, depression and obesity – reflecting national patterns seen across England.

There are inequalities in the prevalence of long-term conditions. Women account for 62% of recorded depression diagnoses, compared to 38% for men. This difference may partly reflect under-reporting among men.

Ethnicity is also an influencing factor. Figure 37 shows that Southwark GP patients from Black ethnic groups have higher rates of some long-term conditions, compared with other ethnic groups, most notably hypertension and obesity.

There is also a correlation between long-term condition prevalence and deprivation. Figure 38 shows that rate of Southwark's six most common long-term conditions are higher among patients from areas with higher socio-economic disadvantage.

> "Prevention rather than the cure? There's a lot there. […] if the support was provided to you earlier and in different forms, it wouldn't have been so difficult for you. And similarly, if you can get the support and get the test you asked for earlier, things would be looking a lot brighter"
>
> ***Impact on Urban Health, Directory of Themes from Lambeth and Southwark***

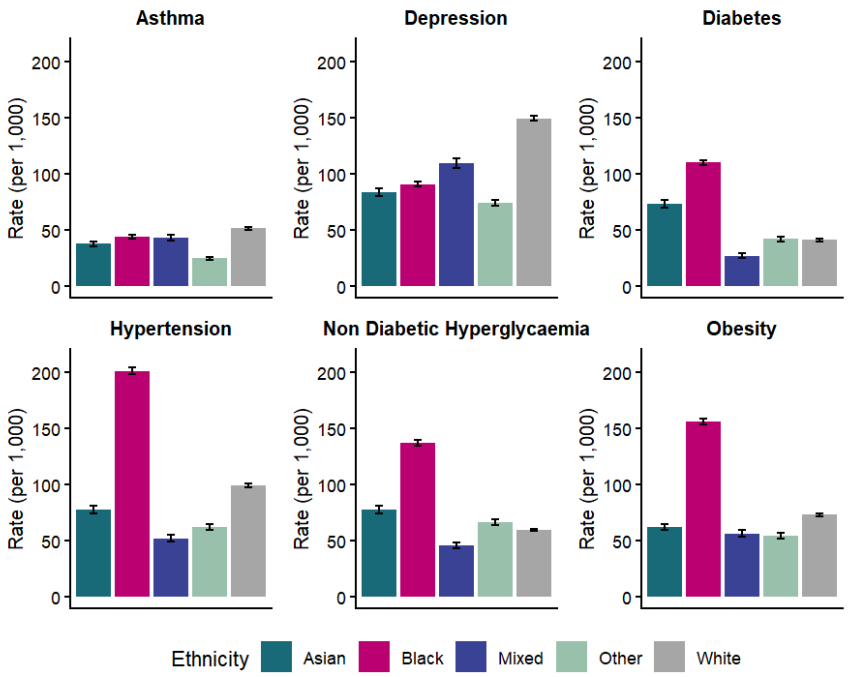


Figure 37. Rate of six most common long-term conditions among Southwark GP patients, per 1,000, by board ethnic group, May 2026. Source: South East London Integrated Care System, 2026. Comorbidities dashboard.

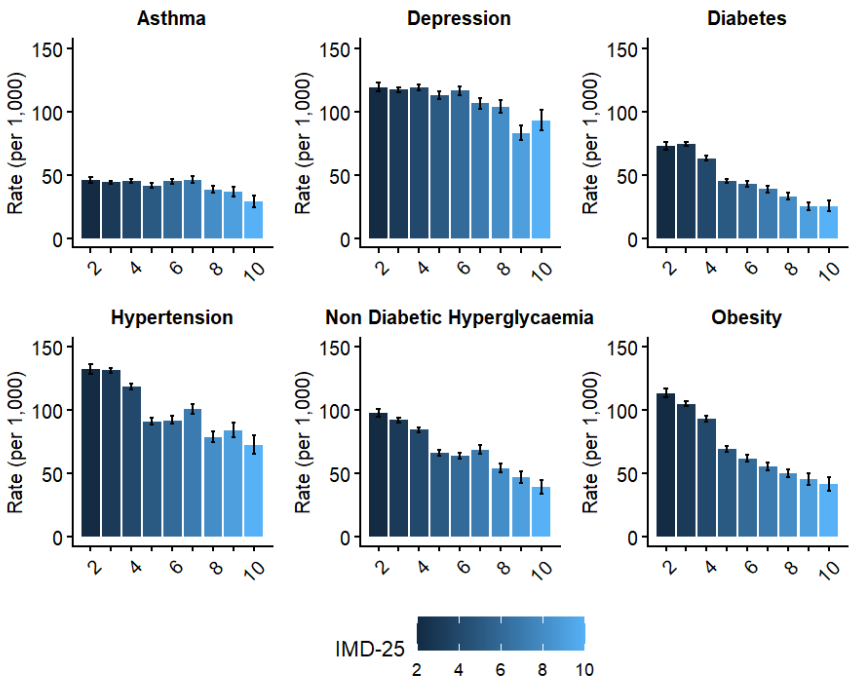


Figure 38. Rate of six most common long-term conditions among Southwark GP patients, per 1,000, by 2025 Index of Multiple Deprivation decile of residence, in May 2026. Source: South East London Integrated Care System, 2026. Comorbidities dashboard.

For more information on how small geography areas in the borough are impacted by long-term conditions, see Southwark's Neighbourhood profiles 2026.

Current models of care for people with long-term conditions are often based on their individual conditions or diagnoses. However, it is increasingly the case that our residents are living with multiple long-term conditions, requiring a different approach to providing care if we are to improve health outcomes. The complexity of need for those with multiple conditions has a significant impact on the individual and their family and carers. In addition, research suggests that people with multiple conditions account for more than half of NHS primary and secondary care costs.

The development of Integrated Neighbourhood Teams provides an opportunity to adopt a more coordinated model of support for residents identified with multiple long-term conditions. As part of this approach, it is important to recognise that social, economic and environmental factors are key drivers over overall health and need to be considered alongside clinical conditions. Integrated Neighbourhood Teams can play a key role in coordinating with professionals beyond health care around issues such as employment, benefits, and housing.

9.2 Adult mental health

Mental illness

Mental illness covers a wide range of conditions such as depression, anxiety disorders, through to more severe conditions like schizophrenia. It is estimated that 1 in 4 people will experience a mental health problem in any given year.

The 2024 English Adult Psychiatric Morbidity Survey (APMS) found that 1 in 5 London adults had a common mental disorder in the week prior to the survey (Figure 39), similar to England levels.

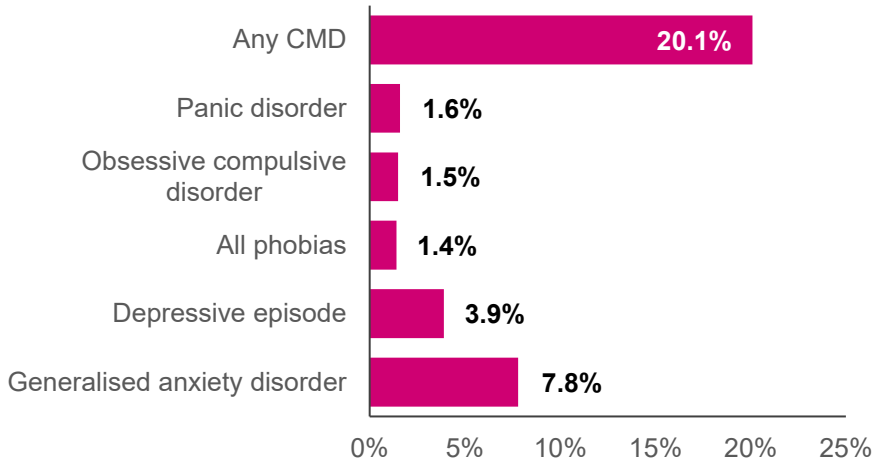


Figure 39. Proportion of common mental disorders (CMDs) in London adults, 2023/24. Source: NHS Digital, 2025. Adult Psychiatric Morbidity Survey, 2023/24.

All types of CMDs were more common among women: in London, over 1 in 4 women reported experiencing them, compared to 1 in 7 men. The gender gap is particularly pronounced among those aged 16–24. In this age group, the prevalence was more than 2.5 times higher for young women experiencing common mental disorders compared with young men. The same survey revealed that nearly a quarter (24%) of adults from Mixed, Multi-Ethnic, or Other ethnic community groups reported experiencing a common mental disorder in the past week. This figure is comparable to the prevalence seen among White British individuals (22%) and higher than that observed in White Other groups (19%).

"I remember thinking, all right, cool, I wouldn't mind getting some therapy, but there wasn't really any access to therapy. It was something I had to do myself, and if I wanted to get therapy [through the NHS], the actual wait list - I felt like I really felt suicidal. I would have probably killed myself by the time they would have seen me."

Impact on Urban Health, Directory of Themes, Quotes from Lambeth and Southwark

Severe mental illness

Severe mental illness (SMI) refers to long-term mental health conditions including schizophrenia and bipolar disorder that can significantly impair function. In Southwark, 4,600 GP patients have a SMI diagnosis representing 1.3% of the all-age GP population. SMI diagnoses in Southwark are higher among 40 to 89 year olds, higher in patients from Black ethnic backgrounds compared to other ethnic groups and higher in those living in the most disadvantaged neighbourhoods. People living with SMI need coordinated medical and psychological support to prevents harms, with OHID reporting that the premature mortality rate for adults in Southwark with a SMI between 2021-2023 (126.2 per 100,000) was significantly higher than the London and England average (106.6 per 1000,0000).

Suicide

Suicide is an indicator of underlying rates of mental ill-health. It is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals and society as a whole can help to prevent it.

Southwark's three-year suicide rate has remained statistically stable over the past 20 years (Figure 40), and in 2022–24 was comparable to London levels and significantly lower than England. Between 2022-2024, there were 72 reported deaths of Southwark residents by suspected suicide, two more than in 2019-21.

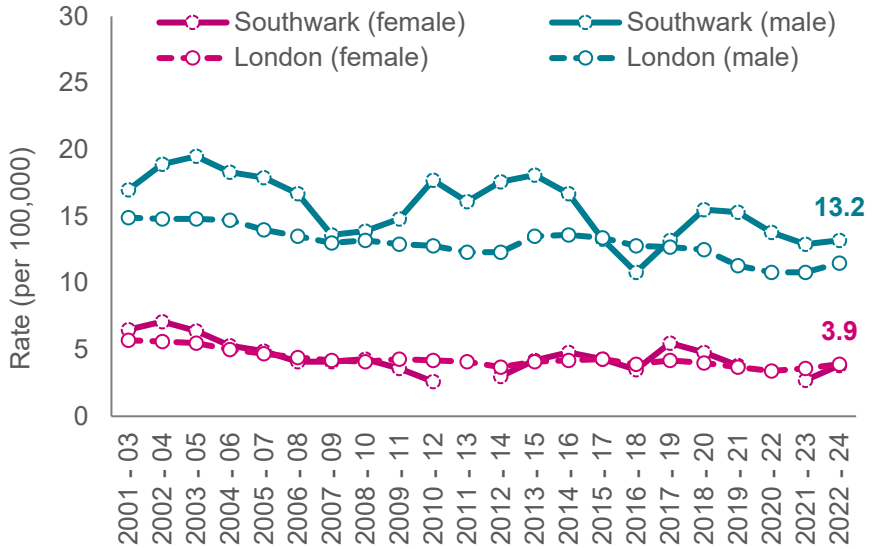


Figure 40. Directly standardised suicide rate per 100,000 in females and males, in Southwark and London, over time. Source: DHSC. 2026. Mortality Profile.

Dementia

Dementia is an umbrella term for a collection of symptoms causing long-term and progressive decline in brain function. Although dementia mainly affects people aged 65 or older it is not an inevitable part of ageing. Timely diagnosis of dementia also means people living with dementia, their carers and healthcare staff can plan to improve health and care outcomes.

Between 2025 and 2040, Southwark's population aged 65+ is predicted to increase by almost 50% to around 45,800; around 13% of the total population.

Southwark's primary care dementia register has risen from under 1,000 diagnosed cases in 2012/13 to over 1,400 in 2024/25. However, current diagnosis rates do not accurately reflect the prevalence of the disease. In Southwark in 2026, over one-quarter (29%) of total predicted dementia cases are undiagnosed, representing over 500 additional residents who would benefit from dementia treatment but are not currently receiving it.

An in-depth needs assessment on dementia is being finalised and is expected to be published on the Southwark Insight Hub by the end of 2026.

9.3 Frailty

Falls are the largest cause of emergency hospital admissions for older people nationally, and have a significant impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long term nursing or residential care. Emergency admissions due to falls in older adults are often preventable via targeted interventions to remove trip hazards in the home, adjusting drugs that cause dizziness and having targeted frailty support.

During 2024/25, Southwark had 570 emergency admissions due to falls for adults over 65. Figure 41 shows that emergency admissions for falls in Southwark peaked around 2018/19 before declining in line with the London average. When comparing specific age groups, a significantly higher admission rate was seen in Southwark residents aged 80 years and older compared with London levels (5,467 per 100,000 versus 4,875 per 100,000, respectively).

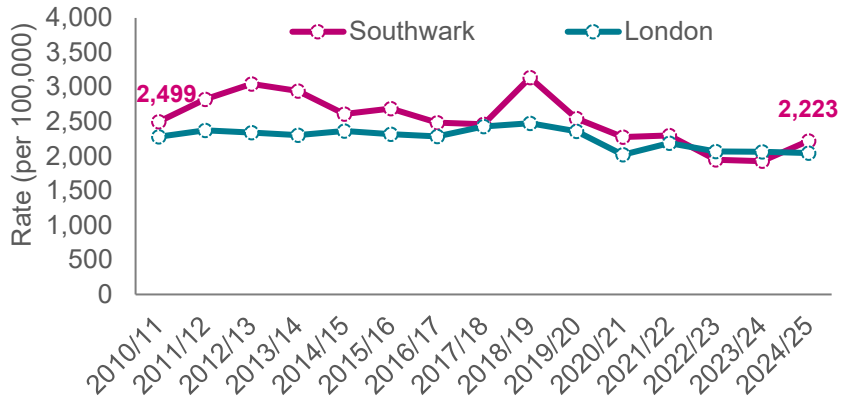


Figure 41. Rate of emergency hospital admissions due to falls in 65+ yr olds per 100,000, in Southwark and London, over time. Source: DHSC. 2026. Public Health Outcome Framework.

It is estimated that roughly 10,000 residents are included in the INT priority cohort of older adults at risk of frailty. An in-depth needs assessment on frailty is being developed and is expected to be published on the Southwark Insight Hub by the end of 2026.

9.4 Screening

Cancer screening

Cancer screening can significantly reduce mortality and poor health, through early detection and intervention. Better screening coverage means more cancers are detected at earlier, more treatable stages.

Cervical screening is offered to women and anyone with a cervix between 25 and 64 years of age. Southwark uptake rates (69%) are similar to or higher than the national average. Figure 42 shows estimated screening levels in eligible Southwark GP patients by ethnic group: uptake is highest in Black (75%) and White (70%) ethnic groups, and lowest in Asian groups (54%). All groups have lower levels than the NHS target of 80%.

Routine mammograms are offered to women and anyone with breast tissue aged 50 to 70 years of age, every three years. Southwark breast screening levels range between 50% and 55%, depending on ethnic group (Figure 42), and are considerably lower than the national average (72% in 2025). Common barriers to uptake include appointment logistics, pain and discomfort from the procedure, and fear of diagnosis.

Bowel cancer screening is offered to all individuals aged between 50 and 74 years of age. In Southwark in 2026, 50-61% of eligible people have been screened, depending on ethnic group, with people from White ethnic groups being more likely to take up the offer. The Southwark average for bowel cancer screening is lower than the national average (73% in 2025). Commonly cited barriers to uptake include psychological hesitation, test-related embarrassment.

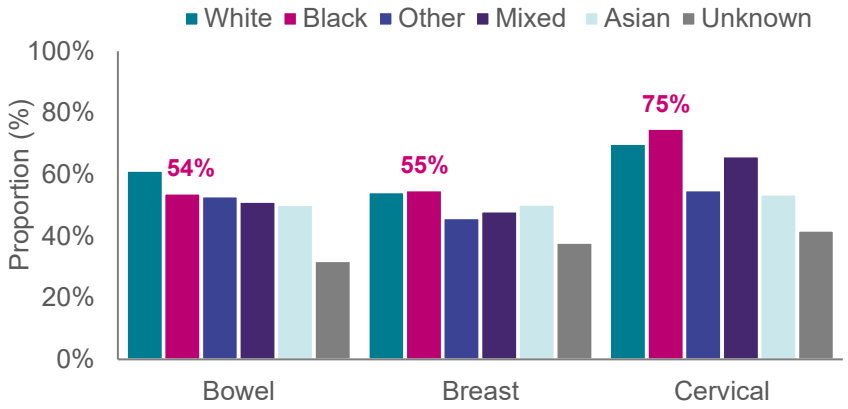


Figure 42. Estimated proportion of eligible Southwark GP patients receiving screening for bowel cancer, breast cancer and cervical cancer, by ethnic group, May 2026. Source: South East London Integrated Care System 2026

Diabetes screening

Diabetes is one of the most common long-term conditions and affects all age groups. Effective control and monitoring can reduce mortality and poor health from conditions such as nerve damage, stroke and blindness. Much of the management for people with diabetes, particularly people with type 2 diabetes, is undertaken in primary care.

Screening blood glucose levels helps identify individuals with elevated blood sugar levels before they develop diabetes, a condition known as Non-Diabetic Hyperglycaemia (NDH). National audit findings show that, in 2025/26, 25,915 registered patients (8.5%) had NDH. Most of these individuals were from Black, Asian, Mixed or Other ethnic groups and those living in the borough's most deprived areas. Among those diagnosed with NDH, 83% had their blood

glucose levels rechecked during the same period, while 40% were offered a Diabetes Prevention Programme.

Regular foot examinations for people with diabetes are essential for preventing ulcers and infections that can lead to amputations. During the 2025/26 financial year, 84% of people with diabetes in Southwark received a recorded foot examination, the highest rate among South East London boroughs. Additionally, diabetic eye screening is an important tool for detecting diabetic retinopathy, a complication of diabetes caused by prolonged elevated blood glucose levels that can lead to sight loss if left untreated. Across the SEL Diabetic Eye Screening Programme, 84% of eligible people were offered an appointment for routine digital screening, below the acceptable performance threshold of 95%.

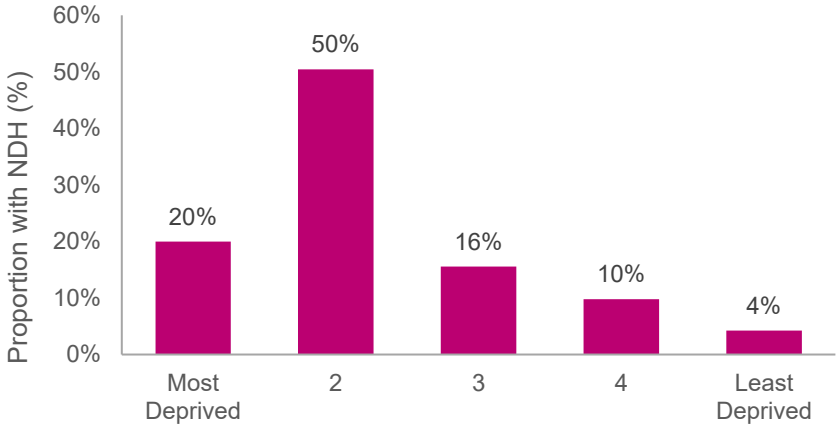


Figure 43. Prevalence of Non-Diabetic Hyperglycaemia (NDH) in 17+ yr olds, in Southwark (April 2025 – March 2026), by IMD quintiles. Source: NHS England. 2026. National Diabetes Audit.

Hospital admissions

Data on hospital admissions can provide an indication of the effectiveness of upstream prevention and harm reduction strategies, helping to identify whether diseases are being successfully managed before they result in hospitalisation.

During 2024/25, over 60,300 hospital admissions were recorded among Southwark residents, of which 38% were emergency admissions. Diseases of the respiratory system were the most common reason for emergency admission, accounting for 14% of all patients, followed by injury and poisoning. Table 1 shows that the leading causes of emergency admission varies by age group.

Table 1. Southwark residents' emergency hospital admissions, for the three most common overall causes of admission, by age group, 2024/25. Source: NHS Hospital Episode Statistics.

Age group	Most common cause	2nd most common cause	3rd most common cause
0–17 yr	Diseases of respiratory system (20%)	Injury, poisoning & other consequences of external causes (17%)	Infectious & parasitic diseases (14%)
18–64 yr	Diseases of digestive system (15%)	Injury, poisoning & other consequences of external causes (12%)	Diseases of respiratory system (10%)
65+ yr	Diseases of respiratory system (17%)	Diseases of circulatory system (15%)	Injury, poisoning & other consequences of external causes (12%)

Over 1,000 Southwark residents had three or more emergency admissions during 2024/25. While there were no significant differences between men, women or by ethnic group in this cohort, they were over three times more likely to live in the most deprived areas of the borough than in the least deprived (Figure 44).

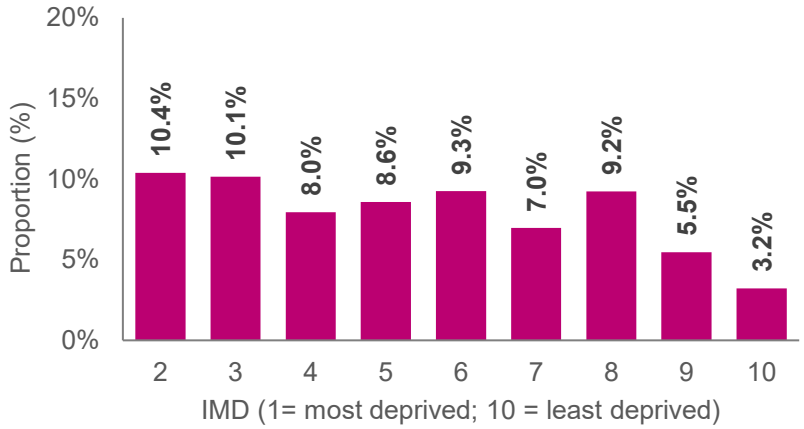


Figure 44. Proportion of emergency-admitted residents during 2024/25 with 3 or more admissions, by IMD decile of residence. Source: NHS Hospital Episode Statistics Southwark Council. 2026.

Older adults also experience a greater burden of repeat emergency admissions. Residents aged over 65 were over 1.7 times more likely to be admitted more than once in the year compared with those under 65 years of age. Similarly, residents aged over 65 years old were 1.4 times more likely to be admitted for a different reason than their first emergency admission compared with children and young people aged 0-17 years old.

9.5 Adult Vaccines

Vaccination is the safest and most effective way of protecting individuals and communities from vaccine-preventable diseases. Flu vaccinations are offered every year to vulnerable groups, such as people aged 65+ and those with long-term health conditions.

Flu vaccine coverage in Southwark has declined steadily over the past decade, falling from 71% in 2010/11 to 56% in 2024/25.

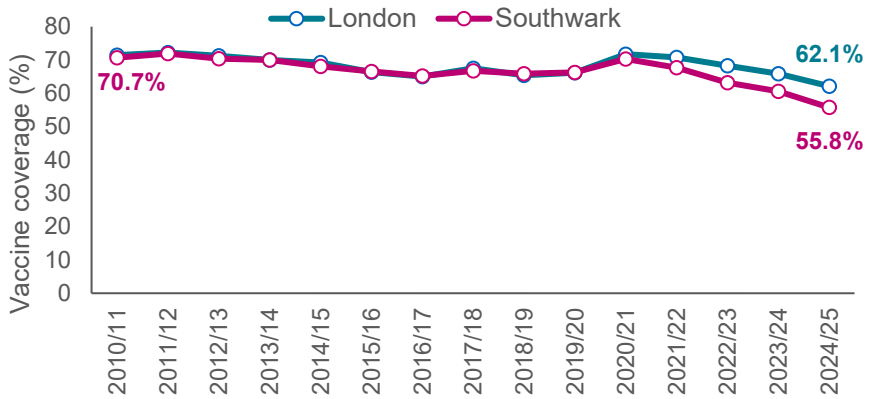


Figure 45. Flu vaccine coverage (65+) for Southwark and London,2010-2025. Source: DHSC. 2026. Public Health Outcome Framework.

Data for the London region (2025-2026) highlights that flu vaccine uptake is lowest in the most socioeconomically disadvantaged communities, as flu vaccine coverage was below 60% in the 20% most deprived areas, compared to over 70% in the 20% least deprived areas.

The Pneumococcal Polysaccharide Vaccine (PPV) protects vulnerable population groups, such as older adults, from pneumococcal disease, which is a significant cause of morbidity and

mortality in the population. Coverage of the PPV vaccine in Southwark has remained largely unchanged over the past decade, with current coverage at 60%, below London (68%) and England (74%) levels.

9.6 Social care

Care needs

As residents get older, they may require care and support from Adult Social Care. People can be assessed under the Care Act 2014 for long-term support and may be eligible if: they have an impairment or illness, which means they are unable to achieve 2 or more key outcomes such as maintain personal hygiene, and this is having a significant impact on their daily life. Adult Social Care also provide short-term, preventive support services to help people remain independent.

In 2025/26, Adult Social Care provided support to 6,223 long-term service users. Figure 46 shows that in 2025/26 there were 1,497 new people who requested and started using either a service for short or long-term support, representing a 18% increase from 2024/25.

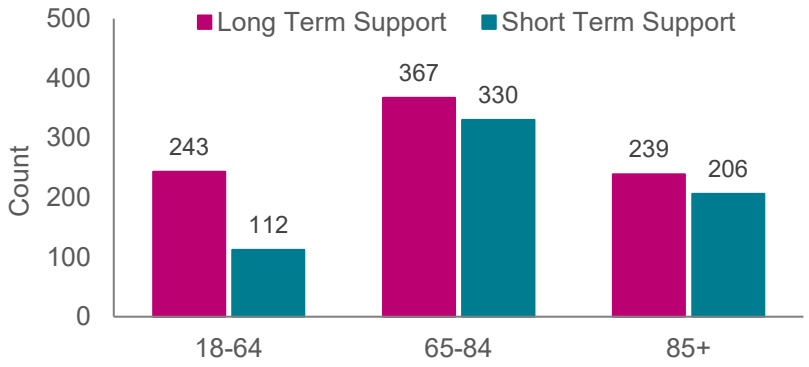


Figure 46. New Adult Social Care service users in 2025/25, by age group. Source: Southwark Adult Social Care Division, 2026.

Figure 47 shows that the majority of adult social care users had a primary support reason of 'Older People and Physical Disability' (68%), highlighting the importance of prevention, early intervention and integrated care to help older people maintain their health and independence for longer.

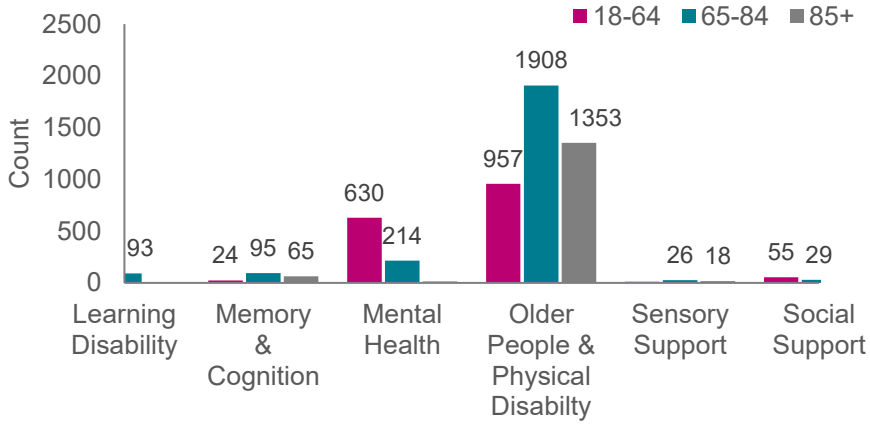


Figure 47. Primary support reason for Adult Social Care long-term service users in 2025/26, by age group. Source: Southwark Adult Social Care Division, 2026.

During this period, 335 residents received short-term support across 1,220 episodes of care. Short-term preventative and reablement services play a key role in helping people remain independent, reducing the need for more intensive long-term care and easing pressure on the wider system

Carers

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

Engagement highlight: Carer's Strategy consultation

About 100 unpaid carers were interviewed or attended focus groups and community sessions between January and May 2026, to discuss priorities for Southwark Council's Carer's Strategy.

The engagement sessions involved a diverse range of unpaid carers including parent carers, carers of people with learning disabilities, young carers and carers from culturally diverse communities. Organisations supporting this engagement included Southwark Independent Voice , Latin American Disabled People's Project and South London and Maudsley Friends and Family Carer Group.

Several themes emerged from the engagement, including:

- **Recognition, identity and value of carers –** carers want system wide recognition and validation of caring as a distinct and demanding role
- **Communication, responsiveness and being heard –** regular proactive communication and key points of contact would prevent carers feeling ignored and dismissed
- **Access to information and support –** through better signposting, guidance and peer support

In 2025/26, Adult Social Care provided support to over 1,400 people in the borough who were providing unpaid care to their loved ones. Caring can have a significant impact on health and wellbeing, with many carers also having unmet care needs themselves. In a recent survey (2023-2024) of carers known to Southwark, 5% reported a long-term mental health condition.

The proportion of unpaid carers with a mental health condition or long-term illness in the borough is likely greater than those known to the Council. In a recent survey (2023) by Impact on Urban Health, 25% of respondents who were recorded themselves as unpaid carers (but were not necessarily Council accessing services) reported a mental health condition.

The Personal Social Services Survey of Adult Carers in England (SACE) is a biennial survey that covers informal, unpaid carers aged 18+, caring for a person aged 18+. Carers are included if they received ongoing support during the year, even if no review of these arrangements took place. Carers assessed during the year, but who were provided with no support are also included. Response rates for these surveys can be low so results should be viewed at with caution.

Estimates from the Personal Social Services Survey of Adult Carers in England (SACE) in Southwark 2023-2024 show 22% of carers reported having little social contact with people and feeling socially isolated, and 25% felt they had no encouragement and support in their caring role. Overall, 37% reported it was easy to find information about support services. More information on Southwark's carers can be found in the Carers' Needs JSNA.

10. HEALTHY COMMUNITIES

The **environments in which we live, work and socialise** have a significant influence on our health and wellbeing. Access to good-quality and accessible housing, green spaces, local amenities, including access to supermarkets with fresh fruit and vegetables, safe transport networks and strong and connected communities contribute to healthier lifestyles and better health outcomes. **By creating communities that support people's physical, mental and social needs, efforts can help reduce health inequalities,** strengthen resilience and enable individuals and their families to live longer, healthier lives.



Housing quality: Safe, good quality housing is one of the main building blocks for health. Southwark reported that 91% of its housing stock were of a decent standard in May 2026, based on a sample of 1/3 of properties.



Housing needs: Over 4,000 households were living in temporary accommodation provided by Southwark Council in January 2025, 66% higher compared to 2018.



Air pollution: During 2024, 7.1% of deaths were attributable to particulate air pollution in Southwark.



Road injuries: In Southwark, for every 2 million miles travelled, there is for approximately one person killed or seriously injured on Southwark's roads, with absolute risk higher than in London.



Loneliness: Between 2019/20 and 2023/24, the proportion of adults who feel lonely often or always rose from 5.3% to 7.7%.

10.1 Housing

Housing stock

Affordable, good quality housing was one of the top priorities highlighted in the first Health of the Borough event 2025 and is one of the main building blocks for health. Poor-quality and unsafe homes put people's health at risk in several ways, including injuries and deaths from hazards, and respiratory problems because of damp and mould or inadequate insulation.

With 37,138 council homes, housing one in three Southwark residents, the Council has considerable influence over the living conditions that affect residents' health. Improvements to housing quality can help create healthier homes and support better health outcomes across the borough.

Housing hazards

Southwark is currently undergoing a large stock condition survey of its properties, examining the age and condition of the building, which is ongoing to May 2029. As of July 2026, from a survey of 1/3 of total stock, Southwark reported that 91% of its housing stock was meeting the Decent Homes Standard. To meet this standard, homes must be free of Category 1 hazards to health (the most significant hazards), key building components must be in a reasonable state of repair, the home must have effective insulation and reasonably modern kitchen and bathroom facilities. The new Decent Homes Standard will expand this definition to ensure buildings are free from any damp and mould and ensure there are latches on windows to prevent falls. Landlords have until 2035 to bring homes in line with this new standard.

The most common hazards reported in the stock condition survey between July 2025 and July 2026 were damp and mould, and fire hazard. This does not cover hazards reported directly by residents across the same period.

Rough sleepers

People who are homeless face worse health outcomes than the general population. Homelessness is both a cause and an outcome of poor health. Those with addiction and mental health conditions are at greater risk of homelessness, and many people self-medicate with drug and alcohol use that keeps them on the streets. Living on the streets impacts physical and mental health and creates barriers to accessing medical support and screening programmes. National estimates find that people who are homeless use A&E four times more often than the general population.

Southwark has one of the largest number of rough sleepers in London. In 2025/26 over 600 individuals were identified by outreach teams as rough sleepers in the borough. Of the rough sleepers identified, 56% were new rough sleepers and 29% were classed as living on the streets (having been seen for a minimum of two consecutive years).

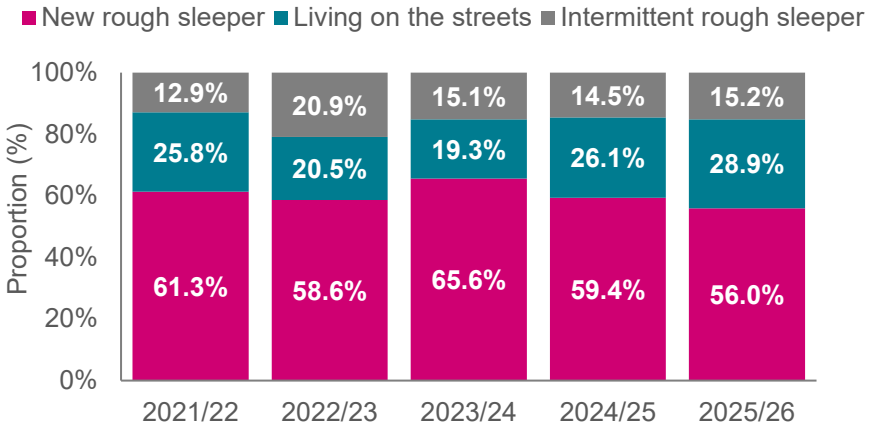


Figure 48. Southwark rough sleepers by category, 2025/26. Source: GLA. 2026. Rough Sleepers Chain Report.

Levels of rough sleeping are generally highest in the north-west of the borough, around Borough & Bankside, London Bridge & West Bermondsey and St George's, with pockets in Faraday, Old Kent Road, Rye Lane and Champion Hill. The geographical spread is closely linked to transport hubs within the borough and areas of high footfall.

In 2025/26, most rough sleepers identified in Southwark were male (85%). A third (36%) were 36-45 years old, followed by those aged 26-35 years old (26%). The main ethnic groups were White (47%, including 30% White-British) and Black (27%). The most common support need for those rough sleepers receiving an assessment was mental health (60%). However almost half (45%) had more than one support need related to mental health, drugs or alcohol, reflecting the complexity of the health needs for this population group.

Rough sleepers are at very high risk from heat, with more deaths in summer than in winter and even a 1.5°C increase in temperature will significantly increase admissions in over 75s and those living in more disadvantaged areas.

Temporary accommodation

In Southwark, 20,000 households are on the waiting list for council housing. People who become homeless are put in temporary accommodation while waiting for housing; this is intended to fill a gap, but people often live there for over a year.

In January 2025, over 4,000 households were living in temporary accommodation provided by Southwark Council. This represents a 66% increase since 2018. Around 70% of households report at least one dependent children, with over 5,000 dependent children living in temporary accommodation.

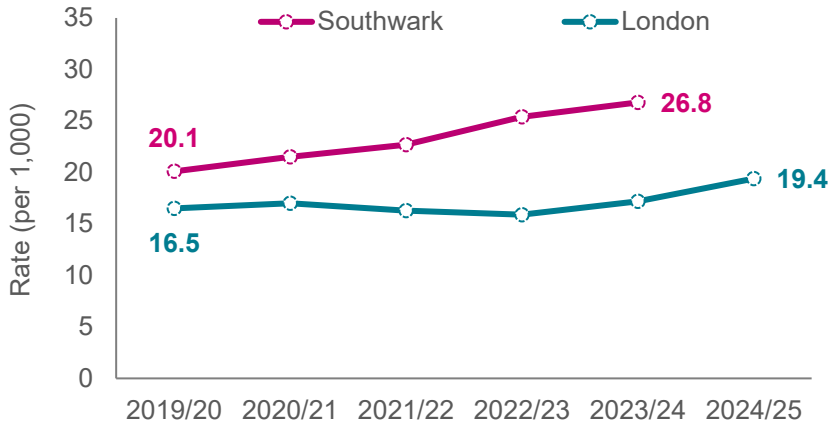


Figure 49. Rate of households living in temporary accommodation per 1,000, in Southwark and London, over time. Source: DHSC. 2026. Public Health Outcome Framework.

Engagement with those living in temporary accommodation has highlighted the complexity of need, including: health impacts of poor-quality housing; lack of suitability regarding existing health needs and vulnerabilities; and barriers to health service access.

> Many [people stuck in temporary accommodation] are domestic abuse survivors. Many have accrued debt or fallen into rent arrears of no fault of their own, often through coerced debt, or simply through, as we know, the absolutely ridiculous state of the private rented sector and the difficulty there of paying rent."
>
> ***Impact on Urban Health, Directory of Themes from Lambeth and Southwark***

More information can be found in the Temporary Accommodation JSNA 2025.

Engagement highlight: Follow-up Health of the Borough event on accessing health and housing support

In November 2025, 50 attendees from 25 different organisations representing the Health & Wellbeing Board, Public Health, Housing, the NHS, Voluntary Sector, and Tenants and Residents Associations met to discuss opportunities and challenges for the further integration of health and housing support. Insights from this event centred around four themes:

Partnership working and communication: Further work is required to improve communication and coordination between services, exploring opportunities to bring different teams together across the Council and its partners.

Navigators: Navigator roles are needed to support residents to access and move between services. By acting as a single point of contact, navigators could improve out-of-borough service access and communication between services as well as building trusted relationships with vulnerable residents.

Co-location: There are opportunities to co-locate housing and wellbeing support in friendly, trusted spaces through collaborating with VCS/neighbourhood organisations.

Training and staff support: Further training is required to assist all staff in supporting service users who are neurodiverse or have experienced trauma. Mental health support should also be available to frontline housing staff.

10.2 Place and environment

Climate emergency

The A Well-Adapted UK, the Fourth Independent Assessment of UK Climate Risk, prepared by the Climate Change Committee, names heat as the greatest risk to health in the UK from climate change. It specifically calls on government to invest in cooling for key public services, including schools alongside hospitals, and care homes.

Under the most likely scenario of 2°C of warming by 2050, Southwark will see 50% more very hot days (>30°C) by 2050. Evidence suggests hot weather-related excess deaths in Southwark (14 in July 2022) will increase sixfold by 2050, given projected warming trends. All of Southwark is in the highest heat risk area for buildings according to Part O of the building regulations, because of the Urban Heat Island effect (UHI). Northern and central parts of Southwark, including Walworth, Camberwell, Peckham and South Bermondsey are at highest risk from hot weather.

> "But I do think like, look at like, guess an example from our work is like, climate anxiety. People are really scared about the future"
>
> ***Impact on Urban Health, Health effects of air pollution programme***

For more information on the climate emergency and health impacts, including areas that will need to adapt fastest, see the Hot Weather & Health JSNA.

Air quality

Air pollutants contribute to our warming climate and directly impact health and wellbeing. Warming climates are also associated with worsening air quality. Many actions to improve air quality have co-benefits for mitigating climate change.

Exposure to poor air quality is associated with both ill health and premature death. Many people will not notice the effects of air pollution, but long-term exposure can contribute to the development of chronic conditions and increase the risk of respiratory illness. Children, older people and those with heart and respiratory conditions are most affected and are considered vulnerable groups.

Southwark emissions are within UK legal limits but remain short of the more ambitious WHO particulate emission targets. Southwark has seen a reduction in $PM_{2.5}$ concentration since 2019, broadly in line with London levels (Figure 50). At the same time, there has been a 16% increase in PM_{10} particulate emissions since 2019, mostly driven by increased industrial and commercial emissions.

Any improvement in air quality will have positive health consequences, but it is recognised that there is no safe level of particulates. Since 2018, there has been a slight decrease in the proportion of deaths in Southwark that are attributable to particulate air pollution, from 9.3% to 7.1% in 2024. Even with this improvement, Southwark has the seventh highest level of mortality attributable to particulate air pollution in England.

For more data on the link between air quality and health, and other information, see Southwark's air quality and health JSNA update 2025.

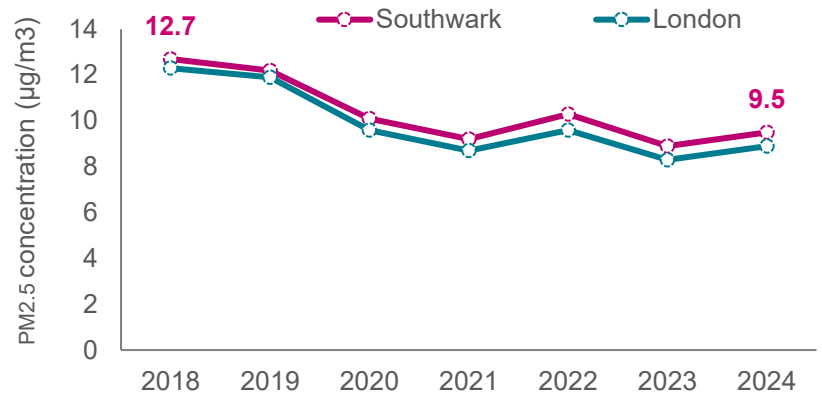


Figure 50. Air pollution (PM2.5) in Southwark and London. Source: DHSC. 2026. Public Health Outcome Framework.

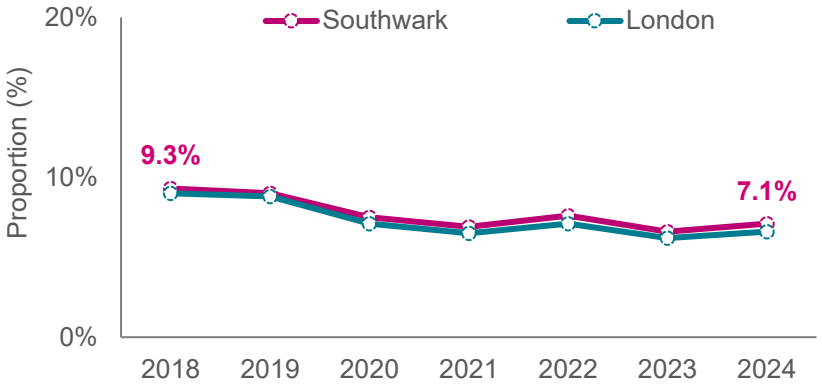


Figure 51. Fraction (%) of mortality attributable to particulate air pollution in Southwark and London. Source: DHSC. 2026. Public Health Outcome Framework.

Access to greenspace

Access to good quality greenspace is a critical resource for health, which is particularly important for people in urban environments who cannot access private gardens. Parks and green spaces can help cool surrounding buildings and improve air quality. Use of such spaces is associated with a range of physical and mental health benefits, highlighting the importance of equitable access.

Figure 52 shows the proportion of Southwark households that can walk to greenspace within 15 minutes. It shows that communities in north-western and central-eastern areas of the borough have poorer walking access, decreasing the likelihood that individuals will choose to utilise their nearest greenspace.

Perceptions of the quality of the greenspace can also impact use and access.

> "A lot more just really active. Drawing in the park, a flower, a tree, whatever. I think that would really help with a lot of the mental health [issues] people are experiencing."
>
> ***Impact on Urban Health, Directory of Themes from Lambeth and Southwark***

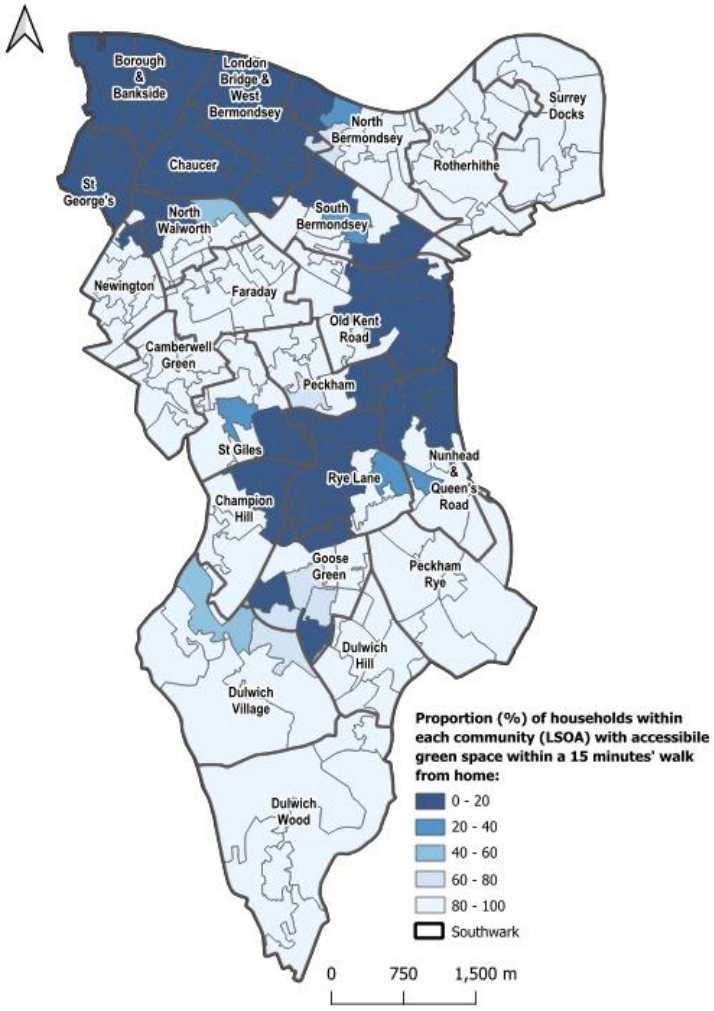


Figure 52. Proportion of Southwark households with accessible green space within 15 minutes' walk, by LSOA. Source: DEFRA. 2026. Access to green space in England.

Number of killed or seriously injuries (KSI) casualties

Road traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups. Most road traffic collisions are preventable, with a strong relationship between road safety and public health aims. Parents also often cite vehicle speed and volume as reasons why they do not allow their children to walk or cycle, thereby reducing opportunities for physical activity.

During 2024, about 200 people were killed or seriously injured on Southwark roads (511 per billion vehicle miles), a significant increase since 2017 (when 150 were killed or seriously injured; 331 per billion vehicle miles) (Figure 53). For every 2 million miles travelled on Southwark roads, one person is killed or seriously injured.

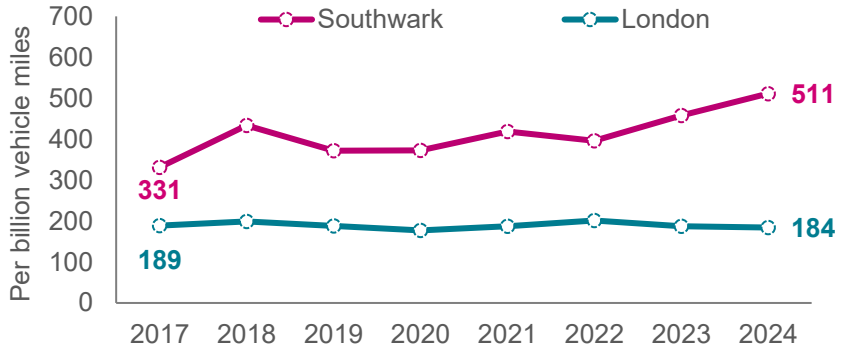


Figure 53. Number of killed and seriously injuries casualties on the roads per billion vehicle miles, in Southwark and London, over time. Source: DHSC. 2026. Mortality Profile

Analysis in TFL's Vision Zero Action Plan 2 has shown that London's roads are now safer than in many comparable cities, both nationally and internationally, including Manchester, New York and Paris.

10.3 Neighbourhoods and community sector

Loneliness

Loneliness and social isolation increase the risk of cognitive decline and other health conditions including stroke, and premature death. Having a supportive social network is an asset to health, helping people to access resources. Social isolation refers to the inadequate quality and quantity of social relations. Loneliness is a subjective, unwelcome feeling of lack or loss of companionship, and impacts on both physical and mental health - increasing the risk of disability and cognitive decline.

Evidence suggests that one of the most effective ways of combating loneliness is to combat isolation. Impact on Urban Health found that 12% of Southwark & Lambeth residents report feeling lonely often/always, increasing to 23% among those with a disability and 33% for those with mental health conditions.

> "I have two people I can think of, both were discharged from hospital, one from cancer surgery, one from brain surgery. They get discharged. They live alone. They have no family, no friends, they have no support, and they are sent home to die. Because you've come out of major surgery, you are physically unwell. You're mentally unwell, you're completely isolated, and you have no-one to cook for you. You don't have the strength to cook for yourself. There's no social services support."
>
> ***Impact on Urban Health, Directory of Themes, Quotes from Lambeth and Southwark***

11. REFERENCES

Where possible, links to publicly available data have been made available directly in the report. All other references are provided here.

1. CACI, 2026. CACI Paycheck Directory.
2. Impact on Urban Health, 2025. Directory of Themes.
3. Institute of Health Equity, 2024. Structural Racism, Ethnicity and Health Inequalities in London.
4. London Borough of Southwark, 2026. Adult Social Care Division.
5. London Borough of Southwark, 2026. Children's and Families Division.
6. London Borough of Southwark, 2026. Family Early Help Service.
7. London Borough of Southwark. 2026. National Child Weight Management Programme data.
8. London Borough of Southwark, 2025. Public Health Division.
9. London Borough of Southwark, 2026. Resident Insight Survey.
10. NHS England, 2026. Hospital Episode Statistics.
11. NHS England, 2026. Births data.
12. South East London ICS, 2026. Screening dashboard.
13. South East London ICS, 2026. Comorbidities dashboard.
14. South East London ICS, 2025. Primary Care Childhood Immunisations dashboard.
15. Sport England, 2026. Active Lives Adult Survey.
16. UK Health Security Agency, 2026. Seasonal Influenza Vaccine Uptake in GP Patients in England: Winter Season 2025 to 2026.

12. APPENDIX

Adult Obesity Factsheet

The 2025 adult obesity factsheet provides a high-level overview of adult healthy weight, lifestyle factors influencing weight and how the health outcomes associated to obesity.

Air Quality Update

The 2025 air quality needs assessment update was a review of the 2022 needs assessment, evaluating progress against the recommendations.

Alcohol Harms

The 2026 alcohol harms needs assessment provided an updated assessment of the impact and scale of problem alcohol use and interventions to prevent alcohol harms in Southwark.

Carers' Needs

The 2025 carers needs assessment aimed to evaluate the unmet needs of Southwark's unpaid carers, reviewing progress against the 2021 carers needs assessment and identifying new recommendations for partners to action.

Childhood Obesity Factsheet

The 2025 childhood obesity factsheet reviewed how obesity affects different child population groups across Southwark.

Ethnicity Factsheets

The 2026 ethnicity factsheets provide a high level overview of health across the life course for each of the 5 broad ethnic groups.

Hot Weather and Health

The 2025 hot weather and health needs assessment collated evidence about hot weather risks, adaptation and response, with the aim to inform local action.

South East London Gambling Harms

The 2026 gambling harms needs assessment provided an evidence review on the scale of gambling harms across South East London to inform a coordinated system-wide response.

Indices of Deprivation for Southwark

The 2025 indices of deprivation report highlights localised areas of the borough where levels of disadvantage is highest for a range of socioeconomic and health topics.

Neighbourhood Profiles

The 2026 neighbourhood profiles provide an understanding of key health and wellbeing needs within localised areas of the borough.

Poverty Factsheet

The 2025 poverty factsheet provided a high-level review of poverty in Southwark and how different population groups are impacted.

Temporary Accommodation and Health

The 2025 temporary accommodation needs assessment reviewed the health needs of people living in temporary accommodation in Southwark, their use of and access to health and social care services and any barriers they may face.

Find out more at:

southwark.gov.uk/insight-hub

Agenda Item 10

Meeting Name:	Health & Wellbeing Board
Date:	17 September 2026
Report title:	**State of Urban Health Report**
Ward(s) or groups affected:	**All** Key population groups (as defined by Southwark's JSNA) affected by decision/recommendation: ☐ Carers ☐ Residents with disabilities ☐ LGBTQIA+ residents ☐ Asylum seekers and refugees ☐ Rough sleepers ☐ Black and ethnic minority communities ☒ **All**
Classification:	Open
Reason for lateness (if applicable):	N/A
From:	Mohammed Osman, Executive Director, Impact on Urban Health Presented by Dr Liz Scowcroft, Director of Data, Evaluation and Learning

RECOMMENDATION(S)

That the Health and Wellbeing Board:

1. Note the findings and recommendations of the State of Urban Health report.

2. Considers the implications for improving health equity in Southwark and implications for the neighbourhood health agenda.

PURPOSE OF THE ITEM

3. To present the State of Urban Health report and its findings on health inequalities, the wider determinants of health and opportunities for prevention and neighbourhood-based action.

4. The report supports the Board's ambition to reduce health inequalities and strengthen prevention by highlighting the impact of poverty, housing, employment, environment and access to services on health outcomes.

BACKGROUND INFORMATION

5. The State of Urban Health report provides a comprehensive analysis of urban health inequalities in England, combining analysis of over 120 indicators with lived experience research involving residents and partners in Lambeth and Southwark.

6. The report highlights the concentration of health inequalities within urban areas and sets out recommendations for neighbourhood health planning and community involvement.

KEY ISSUES FOR CONSIDERATION

7. Key findings include: shorter life expectancy and higher preventable mortality in urban areas; concentrated child poverty and deprivation; structural inequalities associated with racism and discrimination; the impact of housing, homelessness, air pollution and access to healthy food; and the importance of community participation in shaping policy.

8. The report concludes that urban health inequalities are systemic, preventable and require coordinated action across organisations.

Policy framework implications

9. The report aligns with the Joint Local Health and Wellbeing Strategy, Southwark's commitment to reducing health inequalities, and emerging national neighbourhood health and prevention agendas. It provides evidence to support place-based and preventative approaches to health improvement.

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

Community impact statement

10. The report is relevant to all Southwark communities. It highlights the unequal distribution of health outcomes and wider determinants of health, particularly for residents experiencing poverty, deprivation, racism, discrimination, poor housing and exclusion from services.

Equalities (including socio-economic) impact statement

11. The report identifies significant inequalities associated with deprivation, ethnicity, disability, age and other protected characteristics. It emphasises the need to consider equity in policy design and recommends Equality and Health Inequalities Impact Assessments within neighbourhood health plans.

Health impact statement

12. The report has positive implications for health improvement by strengthening the evidence base for prevention, reducing inequalities and improving the conditions that support healthy lives.

Climate change implications

13. The report highlights air pollution, transport, housing quality and neighbourhood environments as important determinants of health. Improved environmental conditions can produce both health and climate benefits.

Resource implications

14. There are no direct resource implications arising from noting the report. Any future actions arising from the findings would be subject to separate consideration and resource assessment.

Consultation

15. The report is informed by engagement with residents and partners in Lambeth and Southwark, including qualitative research and lived experience insights.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

N/A

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
State of Urban Health Executive Summary	Impact on urban Health	Dr Liz Scowcroft, Director of Data, Evaluation and Learning

APPENDICES

No.	Title
Appendix 1	State of Urban Health Executive Summary

AUDIT TRAIL

Lead Officer	Mohammed Osman, Exec Director, Impact on Urban Health
Report Author	Dr Liz Scowcroft, Director of Data, Evaluation and Learning
Version	Final, published
Dated	8 September 2026
Key Decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Governance	N/A	N/A
Strategic Director of Resources	N/A	N/A
Executive Member	No	No
Date final report sent to Constitutional Team		8 September 2026

THE STATE OF URBAN HEALTH

Impact on Urban Health



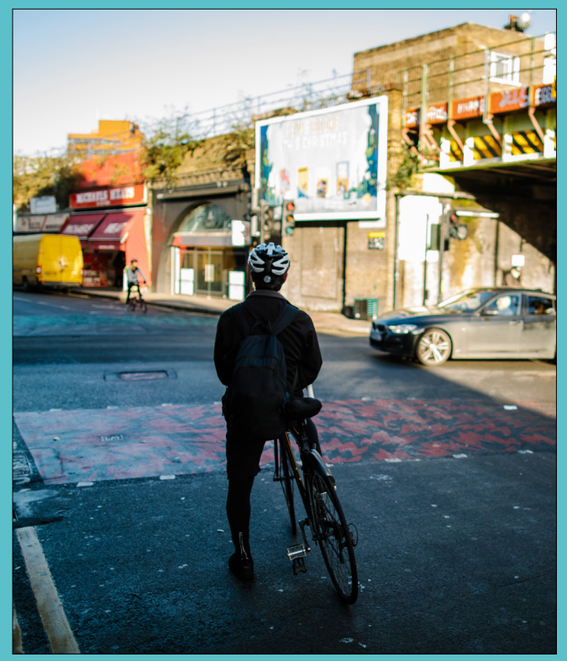
EXECUTIVE SUMMARY

FOR MOST PEOPLE IN ENGLAND, URBAN HEALTH IS HEALTH.
URBAN LIFE IS WHERE SOME OF THE STARKEST HEALTH INEQUALITIES ARE FOUND. BUT THESE INEQUALITIES ARE NOT INEVITABLE, THEY ARE PREVENTABLE. THE STATE OF URBAN HEALTH REVEALS HOW PLACE AND SYSTEMS SHAPE HEALTH, AND WHERE ACTION CAN CHANGE OUTCOMES.

Urban areas are home to more than eight in ten people in England. They are centres of diversity, opportunity, and growth. But they are also where health inequalities are most concentrated, complex, and persistent.

The State of Urban Health provides one of the most comprehensive pictures of urban health in England to date. It combines analysis of over 120 national indicators with lived experience from residents and our partners in Lambeth and Southwark, alongside wider evidence. This research enables us to understand not only where there are inequalities, but how they are shaped by systems and experiences in daily life.

This report sits alongside a suite of data dashboards and resources, designed to make urban health visible, navigable, and actionable. Together, they provide a shared evidence base to explore inequalities in more depth and support more informed decision-making.



The most striking findings from this analysis are:

1. **Urban life expectancy is shorter — and urban areas contain some of England's starkest health inequalities.**

2. **Living in deprived urban areas can more than double your risk of poor health.**

3. **Poverty in urban areas is widespread — and for many children, it is the norm.**

4. **Health inequalities are structurally driven and shaped by racism and discrimination.**

5. **Everyday environments and systems are undermining health.**

6. **Communities are clear on what needs to change.**

7. **Urban health inequalities are not inevitable — they are systemic and preventable.**

URBAN LIFE EXPECTANCY IS SHORTER — AND URBAN AREAS CONTAIN SOME OF ENGLAND'S STARKEST HEALTH INEQUALITIES

People living in urban areas can expect to live on average **two years less** than those in rural areas. And in urban areas the range of average life expectancy is much wider.

Urban areas include both some of the best and worst health outcomes nationally, with stark differences often found between neighbouring communities.

Preventable mortality [1] is also around **10% higher** than the national average — indicating a greater burden of deaths that could be avoided through effective public health and healthcare.

Serious illness is also more common. Emergency hospital admissions for conditions such as chronic obstructive pulmonary disease (COPD) are on average around **twice as high** in urban areas.

[1] **Preventable mortality:** "...deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could mainly be avoided through effective public health and primary prevention interventions." (Department of Health and Social Care (DHSC)).



LIVING IN DEPRIVED URBAN AREAS CAN MORE THAN DOUBLE YOUR RISK OF POOR HEALTH

People living in the most deprived urban neighbourhoods experience preventable mortality rates more than **two and a half times** higher than those in the least deprived.

Across multiple indicators, urban areas contain both the highest and lowest outcomes in the country. This means that people living just streets apart can experience entirely different realities of health.



POVERTY IN URBAN AREAS IS WIDESPREAD — AND FOR MANY CHILDREN, IT IS THE NORM

Poverty is one of the most powerful drivers of these inequalities — and it is more prevalent, more extreme, and more concentrated in urban areas.

In England's urban areas, an average of **around one in five children** come from families living on low incomes, but in some areas, this rises to as many as **nine in ten.**



"Ultimately, people haven't got money to buy food. They can't cover the cost of living. We thought COVID was bad, but the state of it now [...] it's worse [...] and people just not being able to make their money stretch."

Funded partner, Impact on Urban Health
Children's health and food programme

HEALTH INEQUALITIES ARE STRUCTURALLY DRIVEN AND SHAPED BY RACISM AND DISCRIMINATION

Inequalities for people who experience racism persist across multiple outcomes related to health, including child mortality, housing, and employment, where people from minoritised ethnic groups experience worse outcomes.

These findings point to structural drivers of inequity, including systemic racism and discrimination more broadly, which shape access to resources, services, and opportunity.



"

"...a lot of Black women [are] saying they're not listened to and they're not respected when they discuss their children's housing needs, as simple as that."

Funded partner, Impact on Urban Health
Children's mental health programme

EVERYDAY ENVIRONMENTS AND SYSTEMS ARE UNDERMINING HEALTH

Health in urban areas is shaped by the environments people live in and the systems they rely on every day.

Many people are living in conditions that actively harm their health.

For example:

Overcrowding is higher in urban areas.

Homelessness rates in the urban areas we reviewed are far above the national average.

Healthy food is often inaccessible or unaffordable.

Air pollution remains a major health risk.

People in Lambeth and Southwark described systems that are difficult to access, slow to respond, and not designed around their lives – with gaps in mental health, domestic abuse, and other essential support.



”

“The people I work with [...] can’t be healthy if they’re living in bad situations. [...] they’re still going home to a damp and mouldy flat, and they can’t do anything about that.”

35-39; Male; white British

COMMUNITIES ARE CLEAR ON WHAT NEEDS TO CHANGE

People in Lambeth and Southwark we spoke to described similar conditions needed for good health: **trusted local relationships, accessible services, and stable community spaces.**

People were clear that communities already understand what shapes health locally. The challenge is how consistently this insight is reflected in the systems around them.



"One thing I'd love to see happen in the next few years is increased investment in community-led health initiatives. I'd like to see more funding and resources allocated to community-led health initiatives, just like developing culturally sensitive means of health support services. That would be very helpful."

25-29; Female; white British

URBAN HEALTH INEQUALITIES ARE NOT INEVITABLE — THEY ARE SYSTEMIC AND PREVENTABLE

Urban health inequalities are not random or inevitable. **They are deeply concentrated within places and shaped by the conditions people live in every day.**

The concentration of inequality, where disadvantage is not spread evenly but clustered in specific communities, is what makes urban health both more urgent and more solvable.



RECOMMENDATIONS

Based on the insights from this extensive research, we have two key recommendations for policymakers to improve the health and lives of people living in urban areas and increase health equity.



RECOMMENDATION 1

Make prevention count in neighbourhood health design

To maximise the potential of the Government's 10 Year Health Plan and Neighbourhood Health agenda, and ensure concerted action on the wider determinants of health to make urban places healthier for everyone to live and work in, we recommend:

1. Centring prevention by requiring Health and Wellbeing Boards to set locally–determined targets and metrics for primary prevention as part of neighbourhood health plans.

2. That these targets, and subsequent action, should be determined in partnership and consultation with local communities, to ensure plans reflect need and reach those people furthest from health equity.

RECOMMENDATION 2

Involve the people most affected by urban health issues in policymaking

We recommend that policymakers across government departments:

1. Actively involve people and communities most impacted by urban health challenges in policy development — starting with the Government's flagship Neighbourhood Health approach. 'Seldom heard' communities should be included by:

   A. Proactively reaching out to these groups, for example via community research organisations which can act as a trusted broker between policymakers and communities.

   B. Ensuring pre-read materials are accessible, by avoiding jargon and making them available in different languages.

   C. Fairly compensating people for their time and expertise.

2. As an enabling step, NHS England should develop "best practice guidance" for local authorities and Health and Wellbeing Boards on involving local communities in Neighbourhood Health policy.

3. To ensure neighbourhood health plans take full account of equity considerations, they should include a specific Equality and Health Inequalities Impact Assessment (EHIA), following the standard format set out by NHS England.



Implications for decision-makers

Urban health is not a niche issue and yet, historically, it has not formed a specific focus in policy and practice efforts to improve health.

More than eight in ten people in England live in urban areas. Making those places health-enabling holds enormous potential to unlock health and equity for the population as a whole, and particularly for those who have faced significant barriers to good health.

While our recommendations are directed to government and to the emerging Neighbourhood Health agenda, this report is relevant to anyone shaping the conditions for health in urban areas. Local authorities, health systems, funders, employers, housing providers, planners, service providers, researchers, and community organisations all make decisions that influence whether urban areas protect health or deepen inequality.

The findings show that urban areas can create opportunities for health, connection, and support, but these benefits are not shared equally. Neighbourhood-level data, lived experience, and a clear focus on the people and places facing the greatest barriers to good health are essential for making better decisions.





EXPLORE

THE DATA

EXPLORE THE DATA

Our interactive **Dashboards** allow users to explore the datasets used in this report in more detail:

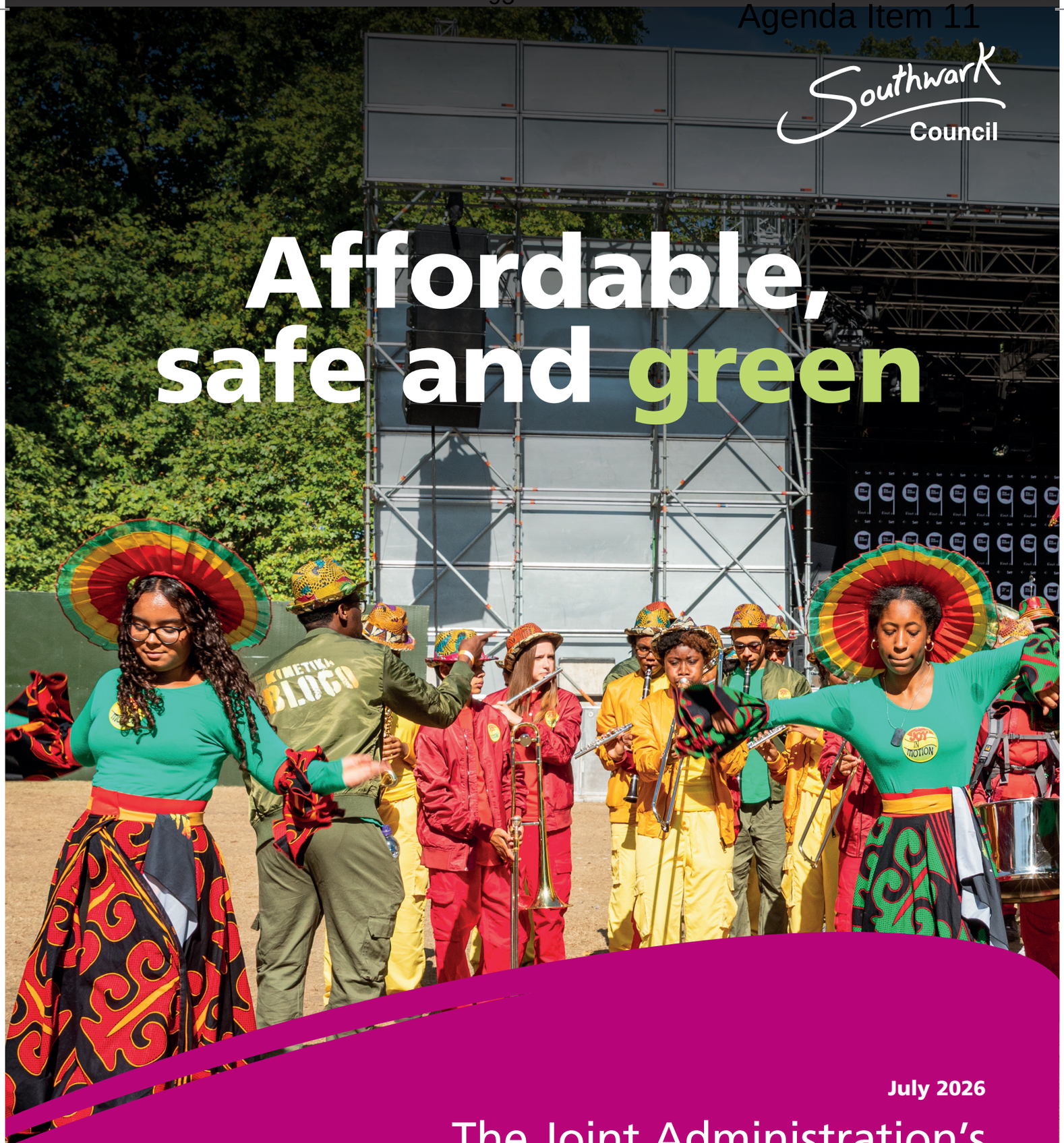
- **Urban & Rural Differences**
- **Demographics in Major Urban Areas**
- **Outcomes in Major Urban Areas**
- **Avoidable Mortality**
- **Child Mortality**
- **Housing Conditions**
- **Homelessness**
- **Temporary Accommodation**

Dashboard **User Guides** are available to help users navigate and interpret the dashboards.

Our **Directory of Themes** also provides a detailed bank of quotes from the qualitative research grouped by themes as set out in this report.

Southwark Council

Affordable, safe and green



July 2026

The Joint Administration's ambition for Southwark for the **next 4 years**

July 2026

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Foreword from **Councillor James McAsh**

Leader of the Council

Future historians will be fascinated by the period we are living through. Previous generations enjoyed a sense of certainty that no longer feels so sure. They expected their children to be better off than they were. They watched societies become more inclusive and tolerant. They behaved as though the planet's resources were limitless.

This reassuring tapestry of progress has begun to unravel. The financial crisis of 2007 inflicted lasting damage on our economy. The rise of the far right challenges our values of tolerance and inclusion we once took for granted. And the climate emergency is no longer a distant warning but a daily reality.

Against this backdrop, Britain's traditional two-party system is fragmenting. In Southwark, residents chose a different path. They voted for change, but they gave no single party a majority. In doing so, they sent a clear message: work together to address the borough's priorities. That is what this Joint Administration of the Green Party and Liberal Democrats will do.

We will build a Southwark that is affordable, safe and green—one where bold ambition is matched by practical action. We will remain true to our values, recognising that Southwark is part of a wider world. We will stand up for human rights, oppose the genocides taking place in Palestine and Sudan, champion our role as a Borough of Sanctuary, and play our part in creating a fairer, more peaceful and sustainable world.

Our new administration has inherited a difficult situation. The previous Labour administration left a funding gap of more than £100 million and a debt burden of over a billion pounds. Our housing service has been judged to be failing by both residents and the regulator. Across the borough, we are already experiencing the effects of extreme heat and increasingly unpredictable weather.

Yet Southwark's strengths are greater than its challenges. We are the greatest borough in the best city in the world, blessed with outstanding parks and green spaces, thriving high streets and town centres, excellent schools, and world-leading hospitals.

Above all, our greatest asset is the people of Southwark. Residents from across the world have brought their cultures, talents and experiences here, enriching every part of borough life for hundreds of years. We will draw on that strength. We will be a council that listens, a council that works with residents, and a council that you can shape. When historians look back on this chapter in Southwark's story, they will see not only what happened, but what we achieved together.



Foreword from **Councillor Victor Chamberlain**

Deputy Leader and Executive Member for Neighbourhoods, Strategic Planning, and Wellbeing

In the local elections in May, the people of Southwark sent a resounding message of change. They chose to not give any one party a majority, expecting politicians to put party political differences aside in the interests of making Southwark a better place to live.

From the housing emergency, rising crime and anti-social behaviour, and the cost of living crisis, we heard time and again that the status quo was not good enough.

Whilst the Green Party and Liberal Democrats are different political parties from different political traditions – we find much common ground. We share an ambition to make Southwark safer, greener, and more affordable.

This document is the starting point of what this Joint Administration will achieve – and what we will be held accountable to.

Our shared priorities have been shaped by what we heard from residents; on the doorsteps, through our casework and surgeries, in community organisations, and through representations in the town hall. As we rebuild trust in local democracy, community councils will play a central role in ensuring local people have a stronger voice in the decisions that affect their neighbourhoods.

The scale of the challenge we face cannot be under-estimated; we have inherited a legacy of an administration stuck in its ways for 16 years, and a gap in the council's finances – due to cuts and underfunding from the Labour Government - of £102 million.

Liberal Democrats were elected on a promise to fix Southwark, and in these challenges, we see opportunities for change. We will protect frontline services and support for our most vulnerable residents, whilst delivering the fresh thinking and reform that residents voted for.

We will stand up for Southwark's interests more loudly than ever, we will genuinely listen to residents and empower communities to take decisions about their own areas, and we will make our streets cleaner and safer.

We will deliver on these priorities not from the silo of Tooley Street, but with real, meaningful engagement with our communities. Together, we will fix Southwark, and make our borough safer, greener, and more affordable.

Introduction

Following the May 2026 local elections, Southwark's Green and Liberal Democrat parties have formed a Joint Administration, united by a shared commitment to a more affordable, safer and greener Southwark where everyone can grow up and grow older with dignity, opportunity and hope.

This document sets out our ambition to rapidly transform how Southwark is governed, looking beyond short-term political cycles to long-term stewardship.

We are committed to a more open and collaborative style of leadership that shares power with residents and gives local people a genuine voice in shaping the borough's future.

Southwark is a borough of extraordinary diversity and opportunity, but too many people face financial insecurity. Residents voted at a time of rising pressure on household budgets, housing and public services, and declining trust in politics. We will stand up for Southwark and challenge the financial pressures facing both the council and residents.

At the same time, Government decisions now mean the council must find £102 million in savings by 2030. This administration rejects the idea that cuts to public services are inevitable. We will be a strong voice for Southwark across London and nationally, campaigning for fairer funding, greater local powers and an end to the ongoing austerity that has weakened councils and communities.

We are immediately focusing on the issues that matter most: tackling the cost of living, increasing access to decent and affordable homes, creating safer and cleaner neighbourhoods, and ensuring everyone has the opportunity to thrive. We will embed climate justice, respect for nature, and emissions reduction across the council's work, improving health, reducing inequality, lowering energy bills and building a more resilient Southwark.

We are committed to excellent education, children's and adult services, recognising the vital role they play in helping residents thrive at every stage of life. Meeting these challenges will require innovation and close collaboration with residents, businesses, community organisations and public services.

This document sets out our priorities and strategic direction. It will form the basis of a fully costed Borough Action Plan to be published in November, translating these ambitions into measurable action. We will publish our progress openly, invite residents to hold us to account, and continually learn and adapt as we work together towards a greener, fairer, safer and more affordable Southwark.

Affordable, safe and green

Affordable, safe and green are more than our priorities – they are the principles that will shape how we make decisions, work with residents and measure our progress over the next 4 years.

- **Affordable:** Making Southwark a place where everyone can afford to live, work and thrive by tackling the cost of living, increasing access to good jobs and affordable homes, and reducing inequality.
- **Safe:** Creating communities where people feel safe at home and in public, by supporting vulnerable residents, investing in young people, preventing crime and anti-social behaviour, and maintaining welcoming public spaces.
- **Green:** Tackling the climate and nature emergencies while improving everyday life through warmer homes, lower energy bills, cleaner air, greener neighbourhoods and climate justice.

Shared priorities

Like every council, much of our work is delivering essential services that residents rely on every day, from support for children and families to adult social care.

This document focuses on the areas where this Joint Administration will prioritise change over the next 4 years, while remaining committed to delivering and improving these vital services.

We want residents to see and feel the difference their council has made, guided by 7 shared priorities:

- A borough we can afford
- Serious action on climate
- Tackling the housing crisis
- A safer Southwark
- Clean and green streets
- Defending Southwark's interests
- A council that listens and that residents can shape

We will champion ethical investment and procurement, deliver value for money, and work with residents and partners to build a council that is effective, trusted and focused on long-term outcomes.

Priority

A borough we can afford

Everyone should be able to afford to live, work and thrive in Southwark. Young people who grow up here should be able to afford to build families and grow old in their neighbourhoods.

We will tackle the cost of living by making support easier to access, expanding opportunities for good jobs and affordable homes, and ensuring the council uses every lever available to reduce inequality. We will support families to give children the best start in life and help older residents to live independently, recognising that financial security at every stage of life strengthens our communities.

We will work with businesses, educational institutions and local partners to grow an inclusive, low-carbon economy that creates good local jobs, supports thriving high streets and town centres, and opens up opportunities through skills, apprenticeships and green industries.

Our aim is to make Southwark the best place for families and for growing older well: where people can build a secure future, remain inter-generationally connected, and not be priced out of the communities they call home.

Why this matters

Too many residents face rising living costs and deep financial inequality. Child poverty after housing costs stands at 43.1%, among the highest rates in the country, and around 11,000 households live in fuel poverty. Families are moving out of the borough, contributing to a fall in birthrate by 36% in the past 15 years.

Residents consistently identify the cost of living and housing affordability as their biggest concerns, yet awareness of council support remains low. These challenges require a more joined-up approach that makes services easier to access, strengthens economic opportunity and helps more residents get the support they need.

Priority

Serious action on climate

Our administration will treat the climate and ecological emergency as it is: the defining challenge of this century. Climate action will shape every council decision, from housing and planning to transport, procurement and public health.

We will embed climate and nature recovery across all council services, delivering a rapid and just transition that improves everyday life through warmer homes, lower energy bills, cleaner air, greener neighbourhoods and greater resilience to heatwaves, flooding and other climate impacts.

We will ensure the transition is fair, supporting those most affected by fuel poverty, pollution and climate impacts. Our goal is to cut emissions while building a greener, healthier and more resilient Southwark for everyone.

Why this matters

Southwark is already experiencing the impacts of climate breakdown, including rising temperatures, more frequent heatwaves, flooding and poor air quality. These impacts fall hardest on those who have contributed least to the crisis.

Almost half of the borough's carbon emissions come from industry and commercial activity, with transport and homes accounting for most of the rest. Air pollution continues to harm residents' health, while climate change is increasing health inequalities, putting pressure on public services and local infrastructure, and exposing unequal access to nature across the borough.

People in Southwark expect stronger action. More than three-quarters are concerned about climate change and 4 in 5 believe the council should do more, yet fewer than half think enough action is currently being taken. We know our businesses and educational institutions also look to the council for climate leadership, and we will utilise our role as a key convenor to drive climate action.

Incremental change is no longer enough. We must look to the future. Bold and practical climate action, united with other London boroughs, is essential to cut emissions, strengthen resilience, improve health, reduce inequality and demonstrate the local leadership needed to meet the scale of this challenge, alongside campaigning for more funding and powers to be devolved to local level from central government.

Priority

Tackling the housing crisis

Southwark is in the grip of a housing crisis.

Everyone deserves a safe, secure and genuinely affordable home, yet too many residents face rising rents, poor-quality housing and insecurity. Housing is a right, and tackling this crisis is central to building a fairer, greener borough.

We want to improve and retrofit existing homes while increasing the supply of genuinely affordable housing. Our goal is to build well, maintain homes and keep communities together so people are not priced out of the places they call home.

We will improve standards across all tenures, with better-managed council homes, faster repairs, fairer allocations and more transparent services. When residents need help, they should be listened to and see action without delay.

A trusted housing service is key to restoring confidence in the council. Everyone in Southwark should have the opportunity to live in a good home that meets their needs.

Why this matters

Housing pressures in Southwark are acute and growing. More than 23,000 households are on the housing waiting list, a constantly increasing number. Over 4,200 households are in temporary accommodation and costs have more than doubled since 2018/19.

Nearly 1 in 3 residents live in council-managed homes, giving the council a major role and responsibility within the local housing system.

Residents consistently identify housing affordability and supply as key concerns, and only around half feel the council is currently effective in ensuring access to safe, well-managed homes. These pressures underline the need for faster action on supply, stronger housing management and a service residents can trust.

Priority

A safer Southwark

We will build safer neighbourhoods by putting prevention first, strengthening safeguarding and early intervention, working closely with partners to protect vulnerable children and adults, and using effective enforcement where it is needed.

Alongside tackling crime and anti-social behaviour, we will prioritise action to prevent violence against women and girls, youth services and well-maintained public spaces. We will work with partners such as the Metropolitan Police to achieve our shared goals, while also holding them to account.

Our ambition is to ensure that, through a consistent protection and prevention framework, everyone can feel safe in their neighbourhood, regardless of their postcode, background or gender.

Why this matters

Everyone deserves to feel safe in their neighbourhood, yet too many residents do not – especially after dark. While 92% of residents feel safe in their local area during the day, this falls to 59% at night, with women, older people and disabled residents reporting lower levels of safety.

Preventable harm continues to affect our communities and streets. Anti-social behaviour generates around 11,000 service requests each year, while fly-tipping remains a persistent issue, affecting neighbourhoods and costing the council millions of pounds annually.

Residents consistently identify crime and policing as major concerns, and trust in the Metropolitan Police remains below the London average. These challenges require a co-ordinated approach focused on preventing harm, protecting vulnerable residents and building confidence in the services that keep communities safe.

Priority

Clean and green streets

The quality of our streets and public spaces shapes how people experience Southwark every day.

We will create cleaner, greener and healthier neighbourhoods by improving waste and recycling, tackling fly-tipping and graffiti, investing in greener streets. We will make it easier and safer to walk, wheel and cycle and end the scandal of people dying on our roads.

Our ambition is to ensure every neighbourhood is well cared for, welcoming and easy to get around.

Why this matters

Residents rightly expect clean, attractive neighbourhoods and reliable environmental services. While satisfaction with waste collection and street cleaning is high, concerns remain about fly-tipping, graffiti and bulky waste collection, all of which have a significant impact on how people feel about their local area.

Household recycling rates also remain at 34%, highlighting the need to reduce waste and increase recycling. By improving the everyday environment, we can make Southwark a better place to live.

Priority

Defending Southwark's interests

We will be a strong voice for Southwark, standing up for the borough while managing public money responsibly.

Faced with continued Government under-funding and an inherited budget crisis, we will plan for the long-term, focus on prevention, and involve residents in decisions about priorities and spending.

We will be honest about the financial challenges we face, while refusing to accept declining services as inevitable.

Our ambition is to be a strong and trusted voice for Southwark, standing up for the borough's interests and ensuring residents know we will always put them first.

Why this matters

Southwark faces a £102 million funding challenge over the life of this administration, driven by rising demand, increasing costs and continued Government under-funding.

These pressures make it more important than ever to use resources wisely and invest where they will have the greatest long-term impact.

Residents want a greater say in how the council spends its budget, particularly on priorities such as community safety, affordable housing, youth services and support for children and families. Meeting these expectations requires a more transparent, collaborative approach to decision-making that puts local people at the heart of difficult choices.

Priority

A council that listens and that residents can shape

We will build a more open, accountable and participatory council by changing how decisions are made, not just what decisions are made.

We want to empower people to shape their own communities, including local priorities, budgets and services, while making it easier to contact the council, get answers and influence the issues that matter to you.

Our ambition is to create a culture of partnership, where power is shared and communities play a genuine role in shaping Southwark's future.

Why this matters

While most residents are satisfied with how the council runs services, only 40% feel they can influence decisions in their local area. Many also report difficulties contacting the council or getting issues resolved first time.

This gap between delivering services and involving residents shows why reform is needed. Building trust means improving both the everyday experience of dealing with the council and giving local people a stronger voice in the decisions that affect their communities.



Next Steps

This document sets out our shared direction of travel. The next stage is to develop a fully costed Borough Action Plan translating these priorities into clear actions, milestones and measures.

This will move beyond our initial shared priorities to cover the full extent of the council's vital services, including children's services and adult social care.

The Borough Action Plan will provide the framework for delivery and accountability over the next 4 years. As we put that plan into action, we will work differently making decisions more openly, collaborating across the Joint Administration, and giving residents, staff and partners a stronger role in shaping how priorities are delivered in their communities.

By changing not only what the council delivers, but how it works, we will build a more affordable, safer and greener Southwark where everyone can grow up and grow older with dignity, opportunity and hope.



Contact

If you have any questions or want to find out more about the Joint Administration's ambition for Southwark for the next 4 years please visit our website **southwark.gov.uk**

July 2026

Agenda Item 12

Meeting Name:	Health & Wellbeing Board
Date:	17 September 2026
Report title:	**Joint Health & Wellbeing Strategy & Neighbourhood Health Update**
Ward(s) or groups affected:	All wards Key population groups (as defined by Southwark's JSNA) affected by decision/recommendation: ☐ Carers ☐ Residents with disabilities ☐ LGBTQIA+ residents ☐ Asylum seekers and refugees ☐ Rough sleepers ☐ Black and ethnic minority communities ☒ All
Classification:	Open
Reason for lateness (if applicable):	N/A
From:	Rosie Dalton-Lucas, Head of Programme for Place & Partnerships, Public Health Harprit Lally, Interim Southwark INT Programme Director, South East London ICB Simon Bampfylde, Director of Strategy - Integrated and Specialist Medicine, Guy's and St Thomas' NHS Foundation Trust

RECOMMENDATION(S)

That the Health and Wellbeing Board:

1. Notes the work to date on the Joint Health & Wellbeing Strategy.

2. Notes the potential implications of the NHS Modernisation Bill regarding the responsibilities of the Health & Wellbeing Board.

3. Agrees to the co-leadership of work to identify future priorities of the Board.

4. Agrees the underpinning principles to the development of future priorities outlined in section 22.

5. Agrees the recommendations outlined in section 23 in developing a Neighbourhood Health Plan, to:
   - Focus on a small number of cross cutting priorities
   - Include an action plan with clear accountability, focused on prevention
   - Borough-wide actions to be delivered via neighbourhood specific approaches
   - Strengthen existing and emerging work to avoid overstretching system capacity

6. Agrees the proposal to host a future workshop to discuss future priorities.

POINTS TO NOTE

Background

Joint Health and Wellbeing Strategy

7. Health and Wellbeing Boards (HWBs) have a number of statutory duties including: the development of the Joint Strategic Needs Assessment (JSNA), which assesses the health and care needs of the population, and development of a Joint Health and Wellbeing Strategy (JHWS), which sets out how these needs will be addressed by:
    - Preventing ill health
    - Promoting wellbeing, and
    - Reducing health inequalities

8. Southwark's current Joint Health and Wellbeing Strategy covers the period 2022 to 2027, with a corresponding two-year action plan 2025 to 2027.

9. The action plan details 44 actions across four themes: A Healthy Start in Life, Healthy Work and Lives, Support to Stay Well, and Healthy Communities.

10. The next Joint Health and Wellbeing Strategy is due to be published in 2027.

Implications of the NHS Modernisation Bill on the Joint Health and Wellbeing Strategy

11. The NHS Modernisation Bill is currently going through parliament and proposes Neighbourhood Health Plans replace Joint Health & Wellbeing Strategies. There is currently no indication this will result in a change of overall purpose, i.e.: to establish how the NHS, local government and partners will improve the health and wellbeing of the people in its area, informed by the Joint Strategic Needs Assessment.

12. The Neighbourhood Health Framework, published by the Department of Health & Social Care in March 2026, states that Neighbourhood Health Plans should be published in the 2027/28 financial year. It also establishes a role for Health and Wellbeing Boards in achieving the following:
    a. Agreeing how neighbourhood health can deliver "**additional benefits"** beyond the mandated and clinically focused goals for Integrated Neighbourhood Teams (INTs), according to **local priorities**.
    b. Defining "**local outcome measures** that address health and social care needs identified through the Joint Strategic Needs Assessment and align with the Local Government Outcomes Framework".
    c. Considering how neighbourhood health plans can "complement and build upon wider public service reform and further integration of services, **refocusing services towards prevention and early intervention"**.

13. It is proposed that work to review and refresh the Health & Wellbeing Boards priorities in line with the conclusion of the current Joint Health & Wellbeing Strategy is brought together with the anticipated duty to oversee the development of a Neighbourhood Health Plan.

14. It is recommended that this work is co-led by Public Health, the Integrated Care Board, and Guy's & St Thomas' NHS Hospital Foundation Trust.

The Neighbourhood Health model and Integrated Neighbourhood Teams

15. The Neighbourhood Health model is a central element of the 10year NHS plan and seeks to deliver more integrated, proactive and preventative care closer to where people live. In Southwark, Integrated Neighbourhood Teams (INTs) bring together primary care, community services, mental health, social care, voluntary and community organisations, and wider partners to support residents with the most complex needs, improve health outcomes and address the social drivers of health. This approach aligns with national policy and provides a delivery mechanism for future Neighbourhood Health Plans.

16. There is an Integrator in each South East London borough, which is responsible for coordinating the planning and delivery of INTs and wider neighbourhood health services. The Southwark Integrator is Guy's & St Thomas' (GSTT), in partnership with the Southwark Primary Care Provider Alliance, appointed in July 2025. The Southwark Integrator Delivery Board was established in August 2026 and includes partners from GSTT, GP Federations, King's College Hospital (KCH), Local Medical Committee, Public Health, South London & Maudsley (SLaM), Social Care, Southwark ICB Place and Community Southwark.

17. The Southwark Integrator has transitioned from design into delivery, with Integrated Neighbourhood Teams (INTs) for frailty and multiple long-term conditions mobilised from April 2026, alongside the continued development of the children and young people model. Clinical leadership and neighbourhood management capacity are now in place across all five neighbourhoods, supporting multidisciplinary working, proactive outreach and the implementation of local delivery models. Learning from the mobilisation phase is informing plans to spread and scale successful approaches during 2026/27.

18. Strategic Investment Fund (SIF) investment has been agreed to strengthen INT delivery, prevention and integrator infrastructure, with a focus on frailty, multiple long-term conditions, children and young people, neighbourhood prevention and proactive risk management.

19. The next phase of development will strengthen the connection between INTs, prevention and wider community assets. Key initiatives include the introduction of financial support workers employed through the Crisis Resilience Fund procurement, the establishment of neighbourhood-based VCSE anchor organisations to support engagement and community capacity, and the further expansion of frailty outreach in community and sheltered housing settings. Together, these developments will support a more integrated approach to addressing both clinical needs and the wider determinants of health, while creating opportunities to align investment, reduce duplication and scale successful neighbourhood-based interventions across Southwark.

20. There is an expectation of a significant increase in INT delivery during 2027/28 (from covering 1.5% of population to 4%). A strategic case for neighbourhoods/INTs is being developed setting out the case for change, operating model, financial investment case and roadmap which has been informed by stakeholder workshops and discussions. During September, further partner engagement is planned, including agreement of next steps, ensuring alignment across organisations.

Development of Future Priorities

21. Work to date has included:

I. **Review of local needs and inequalities:** Reviewing local data and outcomes frameworks, through production of the Joint Strategic Needs Assessment annual report.

II. **Stakeholder engagement:** Establishing a development group with head of service representation from teams and organisations represented on the Health and Wellbeing Board.

III. **Community engagement:** Reviewing recent and related engagement with residents and community organisations on issues relating to health and wellbeing.

22. Taking learning from the previous Joint Health and Wellbeing Strategy and from stakeholders in a strategy development workshop, we recommend a number of underlining principles in development of the plan:

Principle 1: Optimising the partnership. Health and Wellbeing Boards bring together NHS, local government and communities to improve health and wellbeing. Priorities chosen should optimise collaboration across the strategic partnership. They should also be simple and clear enough that all members can articulate their role in delivering them.

Principle 2: Leading on prevention. Health and Wellbeing Boards provide strategic leadership on the wider determinants of health and reducing health inequalities. While they have an important role in promoting integrated health and care services, the strategic plans for healthcare delivery are covered elsewhere in the system e.g. INT care model.

Principle 3: Sharper focus. Having a small number of priorities and actions will allow greater attention and focus on achieving impact in key areas. This was a clear recommendation of Board development work with the Local Government Association in 2024/25.

Principle 4: Smart resourcing. In recognition that system capacity is stretched we should guard against duplication, endeavour to add value, and to identify priorities either where new work is needed or where existing work requires improvement or expansion.

23. Taking these learnings together with inputs from a strategy development workshop regarding the development of the Boards future priorities, we would welcome further input from the Board on the following recommendations:

Recommendation	Considerations
Maintain a small number of cross cutting priorities	It is recommended that the Board maintains a focus on three to four priorities that cut across the life course and are relevant to all neighbourhoods. Additional work outside of these priorities could be brought to the Board by partners for discussion as and when required.
Include an action plan with clear accountability, focused on prevention	The Board's strategic priorities have typically been underpinned by an associated action plan, delivered by organisations represented on the Board. The development group have expressed support for a focused action plan (fewer actions than previously) to support the prevention agenda. This should set out clear accountability for partner organisations in supporting the achievement of shared outcomes.
Borough-wide actions to be delivered via neighbourhood specific approaches	We recommend that localities do not each have different sets of actions, rather a *common* set of actions for the borough but we would encourage *neighbourhood-specific approaches* to delivery. "Test and learn" actions could focus on specific neighbourhoods with the aim of rolling out successful approaches across all areas of the borough.
Strengthen existing and emerging work to avoid overstretching system capacity	The development group stressed that there is little capacity in the system to deliver entirely new programmes. The Board should focus on actions and enablers that strengthen delivery of existing or emerging work. This could include programmes of work that have commenced under the current Joint Health and Wellbeing Strategy, but not yet been completed.

Timeline and phases of development

24. A timeline and suggested next phases of development are:

Time	Phase	Detail
Sept – Dec	Collect insights for determining potential priorities	Data analysis, stakeholder, resident and VCS engagement to support evaluation of potential priorities.
Dec - Feb	Decide priorities	Health and Wellbeing Board workshop to review analysis and insights and decide on final priorities.
Feb - May	Engagement to determine outcomes and actions	Further stakeholder and resident engagement to identify specific actions and develop a Theory of Change.
May - July	Write up and refinement	With the aim of presenting priorities and actions to the Board in summer 2027.

25. The first round of resident engagement to inform the priority areas will involve reviewing existing engagement work recently conducted by the Council, ICB, Healthwatch, Community Southwark, Impact on Urban Health and the acute health trusts, and supplementing this with targeted engagement with priority populations.

Policy framework implications

26. There is a statutory responsibility for the Health and Wellbeing Board to produce a Joint Health and Wellbeing Strategy and provide assurance that the strategy is being delivered effectively to improve the health and wellbeing of the population. The Health (NHS Modernisation) Bill 2026/27, which is currently being scrutinised in parliament, will replace this responsibility with a like-for-like responsibility for a Neighbourhood Health Plan.

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

27. A primary aim of the Joint Health & Wellbeing Strategy / Neighbourhood Health Plan is to establish how system partners will work together to tackle health inequalities, through actions and approaches delivered in hyper-local areas.

Climate change implications

28. Due regard will be given to the climate impacts of any priorities and actions agreed by the Board, recognising the health impacts of climate change and the co-benefits of action to tackle climate change and promote health and wellbeing.

Resource, legal and financial implications

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

Consultation

30. Identification of priorities and underpinning actions will include engagement and consultation with stakeholders, residents and the VCS.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

31. This paper has been shaped by consultation with the Neighbourhood Health Plan development group, with membership including officers from all Council directorates represented on the Health and Wellbeing Board:

Role	Current person in post
Head of Place and Partnerships, Public Health, Southwark Council	Rosie Dalton-Lucas
Assistant Director of Public Health, Southwark Council	Chris Williamson
Director of Partnership Delivery and Sustainability (Southwark), South East London Integrated Care Board	Rebecca Jarvis
Place Lead for Neighbourhoods (Southwark), South East London Integrated Care Board	Harprit Lally
Director of Strategy, Integrated and Specialist Medicine, GSTT NHS Foundation Trust (representing the Integrator)	Simon Bampfylde
Assistant Director, Strategy, Transformation and Business Intelligence, Children's Services, Southwark Council	Michael Crowe
Neighbourhoods Team Manager, Stronger Neighbourhoods, Southwark Council	Forid Ahmed
Director of Leisure, Southwark Council	Toni Ainge
Healthwatch Southwark Manager, Community Southwark	Rhyana Ebanks-Babb
Interim Director of Policy, Influencing and Change, Impact on Urban Health	Mark Heffernan
Chief Executive Officer, The Charter Schools Educational Trust (Health and Wellbeing Board schools representative)	Cassie Buchanan
Head of Partnerships & Community Engagement, SLaM NHS Foundation Trust	Kat Macann
Social Prescribing Team Lead, North Southwark PCN	Mary Olushoto
Social Prescribing Team Lead, South Southwark PCN	Gay Palmer

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark Joint Health and Wellbeing Strategy action plan 2025-27	Public Health, Southwark Council	Rosie Dalton-Lucas, PublicHealth@southwark.gov.uk

AUDIT TRAIL

Lead Officer	Rosie Dalton-Lucas, Head of Programme for Place & Partnerships, Public Health
Report Author	Rosie Dalton-Lucas, Head of Programme for Place & Partnerships, Public Health Harprit Lally, Interim Southwark INT Programme Director, South East London ICB Simon Bampfylde, Director of Strategy - Integrated and Specialist Medicine, Guy's and St Thomas' NHS Foundation Trust
Version	Final
Dated	8 September 2026
Key Decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Governance	No	No
Strategic Director of Resources	No	No
Executive Member	No	No
Date final report sent to Constitutional Team		8 September 2026

Southwark's Joint Health and Wellbeing Strategy 2022-2027

Action Plan 2025-2027

Reducing health inequalities so that people in all our communities can live healthier and longer lives

Priority 1	Priority 2	Priority 3	Priority 4
			
A Healthy Start in Life	Healthy Work & Lives	Support to Stay Well	Healthy Communities

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Background

Southwark Health and Wellbeing Board

The Health and Wellbeing Board is a statutory partnership between the Council, NHS, and community, voluntary and learning organisations in Southwark (Figure 1). The Board provides a place for partners to come together to take strategic decisions with the aim of:

- **Improving the health and wellbeing of the population of Southwark from pre-birth to end of life**
- **Reducing inequalities in health and wellbeing for Southwark residents**
- **Ensuring the local community is fully involved in the above**

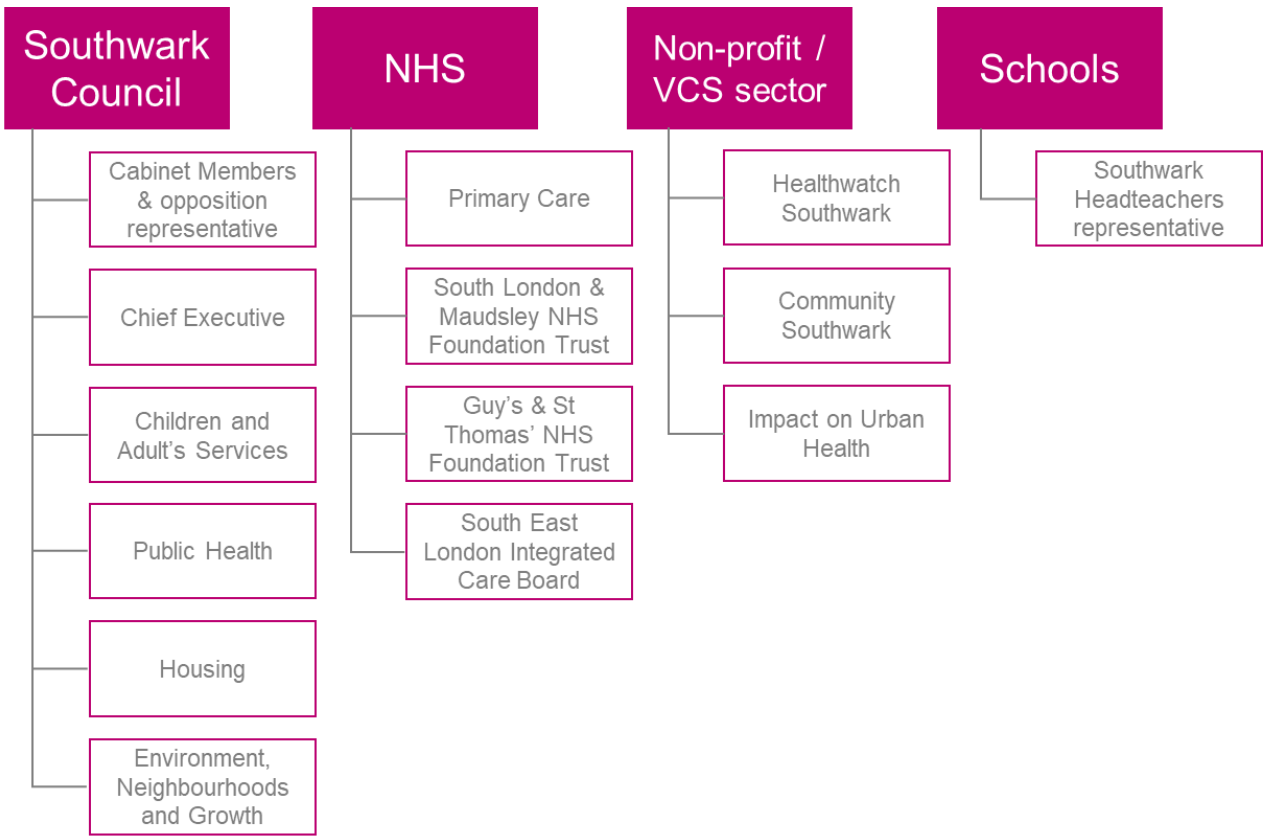


Figure 1. Organisations represented on Southwark's Health and Wellbeing Board

There is a statutory responsibility for the Board to produce a Joint Health and Wellbeing Strategy that addresses the health needs of our population, as outlined in Southwark's Joint Strategic Needs Assessment (JSNA).[1,2]

Southwark's Joint Health and Wellbeing Strategy 2022-2027

Southwark's Joint Health and Wellbeing Strategy sets out how the Health and Wellbeing Board will work together to **prevent ill health, promote wellbeing** and **reduce health inequalities** in Southwark.[3]

The current iteration of the Strategy runs from 2022 to 2027. The original report included an action plan containing actions that were to be delivered in the first two years of the Strategy. In 2024, progress against the original action plan was reviewed,[4] and the Board decided that a new action plan was required to establish how partners will build on this momentum and ensure further progress against the aims of the Strategy through to 2027.

Priorities

The Strategy outlined five priority areas that were identified as being important to people in Southwark and requiring all agencies to work together to achieve change.

For the 2025-2027 action plan, we have simplified the language used to describe these priorities, to improve communication of the Board's areas of focus.

Priority 1: A healthy start in life

We will aim to ensure all families in Southwark receive access to good quality maternity care and support through the early years, reducing differential outcomes between population groups. We want to improve mental health for the whole family and reduce inequalities in outcomes by providing support for families at risk of adverse childhood experiences and children with special educational needs and disabilities (SEND).

[1] Department of Health (2012). Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies
[2] Southwark Council (2024). Joint Strategic Needs Assessment Annual Report 2024
[3] Southwark Council (2022). Southwark's Joint Health and Wellbeing Strategy 2022-2027
[4] Southwark Council (2024). Southwark Joint Health and Wellbeing Strategy 2022-27 – Progress Report: November 2024

Priority 2: Healthy work and lives

We want to increase access to good quality jobs that support and promote health and wellbeing. We will enable and empower adults to lead healthy lifestyles, for example by maximising access to leisure, physical activity and creative and cultural activities.

Priority 3: Support to stay well

We want to provide accessible and effective services that focus on prevention to keep people well through the life course. We recognise the role that unpaid carers play in keeping our residents safe and well, and therefore want to ensure that carers themselves are well supported and able to live healthy lives.

Priority 4: Healthy communities

We will build resilient communities by supporting our voluntary and community sector (VCS) and creating healthy places, environments and homes that promote wellbeing and social connection.

Priority 5: Integration of health and social care

Following the creation of South East London Integrated Care System (SEL ICS) and our local care partnership, Partnership Southwark, we are working to provide joined-up care, explore where care can be delivered at a neighbourhood level, and strengthen how we involve local people in health and social care delivery. **This priority is now covered by the Partnership Southwark Health and Care Plan, and so does not feature in this iteration of the action plan.**

The state of health and inequalities in Southwark

Southwark is a densely populated, diverse and rapidly growing borough with large numbers of young adults and residents from a wide range of ethnic backgrounds. Across the range of health and wellbeing measures that we review through our annual Joint Strategic Needs Assessment, there have been many significant improvements in recent years that should be celebrated:

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

Life expectancy and **healthy life expectancy** are our overall measures of the quality of population health in Southwark, while the corresponding gaps between people living in places with the lowest and highest levels of deprivation are our overall measures of health inequality.



Figure 2. Life expectancy and number of years spent in good health (healthy life expectancy) at birth, in Southwark, regardless of sex by level of deprivation of area of residence.[5] Level of deprivation is defined by most deprived (IMD-19 deciles: 1–4) and least deprived (IMD-19 deciles: 5–10).[6]

[5] NHS Digital (2023). Primary Care Mortality Data Set (2021-2023); Office for National Statistics (2024). Population and household estimates, England and Wales: Census 2021

[6] This data analysis uses the Index of Multiple Deprivation (IMD) from 2019. Ministry of Housing, Communities and Local Government (2019). English indices of deprivation 2019.

Life expectancy: The average number of years that would be lived by babies born in a given time period if mortality levels at each age remain constant.

Healthy life expectancy: An estimate of the average number of years babies born this year would live in a state of 'good' general health if mortality levels at each age, and the level of good health at each age, remain constant in the future.

The average life expectancy in the borough is 82.7 for people living in our most affluent communities and 79.4 for those living in our most disadvantaged communities (a gap of 3.3 years) (Figure 2). It is important to note that improvements in life expectancy have stalled locally and nationally, with no notable increases over the last decade.

Not all of these years are spent in good health, with healthy life expectancy at birth being 69 for those living in our most affluent communities and 62.6 for those in our most disadvantaged communities (a gap of 6.4 years) (Figure 2). Of note, female healthy life expectancy reduced by 8.8 years in the 3 years up to 2020, and increases in healthy life expectancy are being prevented by the increasing prevalence of long-term conditions such as cancer, chronic kidney disease and mental health conditions.[7]

Significant inequalities in other health outcomes remain, which are both avoidable and unfair. Below, we set out some key challenges in relation to our four priority areas. These figures demonstrate why taking action in these areas is crucial to strengthening the health of Southwark and highlights the outcomes we want to improve upon.

[7] Southwark Council (2024). Joint Strategic Needs Assessment Annual Report 2024

A healthy start in life	**Stillbirth** disproportionately affects women and people born outside of the UK • Between 2021-22, 64% of stillbirths in Southwark were to women and people not born in the UK, despite this cohort making up 54% of the maternal population[8] **Mental health in childhood** is an important determinant of health outcomes in later life • In 2023/24, 67% of year 4 and 6 children in Southwark said they were "fairly happy" or "very happy" with their life[9]
Healthy work and lives	People with **long-term health conditions or learning disabilities** are less likely to be in **employment** and those in work earn less than average • The gap in employment rate between adults in receipt of long-term support for a learning disability and the overall employment rate is 69 percentage points[10] If every Londoner **walked or cycled** for 20 minutes a day, we would prevent 1 in 6 early deaths and save the NHS £1.7 billion over 25 years • In 2023, 45.4% of Southwark residents reported cycling or walking, for any purpose, at least five times per week[11]
Support to stay well	**Smoking** is the leading cause of preventable premature death in the UK • Smoking prevalence in adults in Southwark increased from 11.6% to 13.7% between 2022 and 2023.[12] Levels increase to 27% among routine and manual workers. **Carers** providing care for longer are more likely to report poorer health outcomes • Southwark has a higher percentage of unpaid carers reporting to not be in good health and living with a long-standing illness when compared to London[13]
Healthy communities	**Poverty** impacts the lives of children and families with children significantly, yet child poverty is rising across the borough • 8,080 Southwark children live in relative poverty and 4,119 children live in a household unable to afford food, fuel and water[14] **Poor air quality** is thought to contribute to one in five deaths globally and to have cost the NHS and social care at least £1.6 billion between 2017 and 2025 in England • The fraction of mortality attributable to particulate air pollution in Southwark is 7%[15]

[8] Southwark Council (2024). Joint Strategic Needs Assessment: The First 1001 Days
[9] Southwark Council (in preparation). Supporting the Health and Wellbeing of CYP in Southwark Primary Schools
[10] Department of Health and Social Care (2024). Fingertips: Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 64) and the overall employment rate
[11] Department for Transport (2024). Walking and cycling statistics
[12] Office for National Statistics (2023). Annual Population Survey.
[13] Southwark Council (in preparation). Joint Strategic Needs Assessment: Carers
[14] Southwark Council (in preparation). Joint Strategic Needs Assessment: Poverty factsheet
[15] Department of Health and Social Care (2025). Fingertips: Fraction of mortality attributable to particulate air pollution

Strategic context

The Joint Health and Wellbeing Strategy does not stand alone and must be considered alongside the accompanying strategies, action plans and evolving workstreams that are being delivered across the borough to improve health and wellbeing.

Southwark 2030

The Southwark 2030 strategy outlines how local partners will work together to build a fair, green and safe Southwark where everyone can live a good life as part of a strong community.[16] This vision will be delivered by focusing on six goals underpinned by three guiding principles (Figure 3).

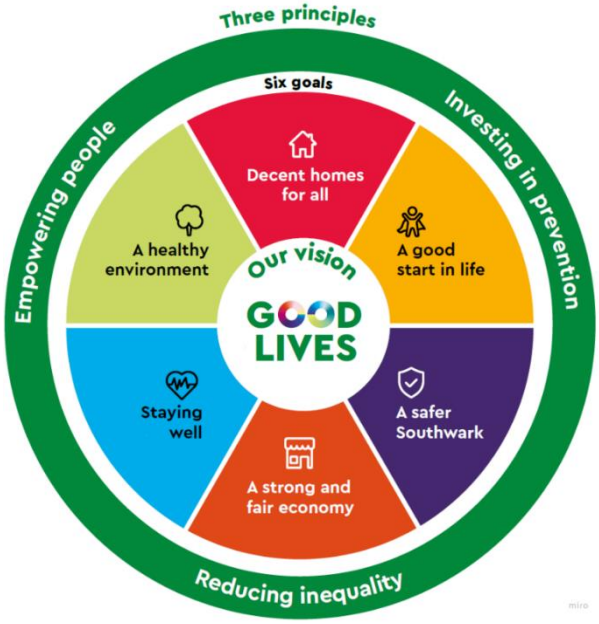


Figure 3. Principles and goals of Southwark 2030

The Joint Health and Wellbeing Strategy provides a delivery mechanism for Southwark 2030, with the action plan for 2025-27 containing multiple actions that support Council Delivery Plan commitments across all six of the goals. The three principles, investing in prevention, reducing inequality and empowering people, are reflected in the key principles of the Strategy (described on page 19) and throughout the action plan.

[16] Southwark Council (2025). Southwark 2030 strategy.

South East London Integrated Care System Integrated Care Strategic Priorities 2023-28

South East London Integrated Care System (SEL ICS) is a partnership that brings together the organisations responsible for publicly funded health and care services, including the Integrated Care Board (ICB), NHS health services, the six local authorities in the region and organisations from the voluntary, community and social enterprise sector. The SEL ICS Integrated Care Strategic Priorities outline how the partnership will help people stay healthy and well, deliver more joined-up, convenient care, and better support people from marginalised communities.[17]

The priorities are:

1. Prevention and wellbeing
2. Ensuring a good start in life
3. Children and young people's mental health
4. Adult's mental health
5. Primary care and people with long-term conditions

Partnership Southwark Health and Care Plan 2023-28

Partnership Southwark brings together SEL ICB, Southwark Council, Primary Care Networks, Guy's and St Thomas' (GSTT), Kings College Hospital (KCH) and South London and Maudsley (SLaM) NHS Foundation Trusts, voluntary and community sector representatives, Healthwatch and care providers, to collectively design and implement plans to improve health and care services for Southwark residents and patients. The Partnership board has formally delegated responsibilities from the ICB.

Partnership Southwark's Health and Care Plan sets out how health, care and voluntary and community services in Southwark will work together with residents and communities to improve health and wellbeing outcomes for people of all ages.[18] It describes a set of strategic priorities that align with wider system goals, with a focus on meeting the needs of Southwark residents:

- Children and young people's mental health
- Adult mental health
- Integrated frailty pathway

[17] South East London Integrated Care System (2023). Integrated Care Strategic Priorities for 2023-28
[18] Partnership Southwark (2023). Health and Care Plan 2023-2028

- Integrated neighbourhood teams
- Prevention and health inequalities

The focus of the Health and Care Plan is on utilising strong partnership working to improve the efficiency, efficacy, accessibility and equitability of our health and care services and the role of the sector in prevention of ill-health and reducing health inequalities. In doing so, the Plan provides a means to deliver elements of the "Staying Well" goal of Southwark 2030 and Joint Health and Wellbeing Strategy, replacing the "Integration of health and social care" priority of the 2022-2027 Strategy.

Southwark Stands Together

Southwark Council "Southwark Stands Together" is long-term programme of positive action, education and initiatives to tackle racism, injustice and inequality.[19] The programme was the Council's response to the murder of George Floyd and the resulting Black Lives Matter movement, as well as the disproportional impact of the COVID-19 pandemic on Black, Asian and minority ethnic communities.

The recommendations resulting from this work that apply to the health and social care sector are:

1. Develop a **strong partnership approach** across the whole health sector addressing the wider health inequalities that disproportionally impact Black, Asian and minority ethnic communities, and their physical, mental and emotional wellbeing.
2. Recognise that discrimination can occur in many different ways, from front line to backroom functions; **adopt and embed organisation-wide approaches** to improve the experience of Black, Asian and minority ethnic communities.
3. Work with key partners to **ensure health services and initiatives are culturally appropriate and accessible** for Black, Asian and minority ethnic residents.
4. Increase uptake of **preventative programmes** such as screening, health improvement and education (i.e. myth busting and health literacy) amongst Black, Asian and minority ethnic communities.
5. Commission and **co-produce health services and interventions** with Black, Asian and minority ethnic communities.

The actions within our new action plan have been developed with the aim of meeting these recommendations.

[19] Southwark Council (2020). Southwark Stands Together

The role of the Joint Health and Wellbeing Strategy in the strategic landscape

The Joint Health and Wellbeing Strategy sets the strategic direction of the borough in relation to prevention of ill-health, promotion of wellbeing and reduction of health inequalities. Other local plans and strategies are required to follow its direction and reflect its aims.

The Partnership Southwark Health and Care Plan defines the role of partners in supporting the health and care system to deliver joined-up, effective and accessible care, prevent ill health and reduce inequalities. This allows the Joint Health and Wellbeing Strategy to focus on the role of a broader range of partners in prevention and reducing inequalities through settings outside of the health and social care system (Figure 4). This requires coordinated action to tackle the wider determinants of health, such as housing, employment, financial circumstance, education and environmental factors. Our action plan therefore contains actions owned by partners across the Council, including Housing, Environment, Leisure, Local Economy and Planning teams. Health and social care partners still have a vital role to play in delivering the Joint Health and Wellbeing Strategy, with actions for these partners focusing on how they work with stakeholders outside of health and care to tackle wider determinants of health.

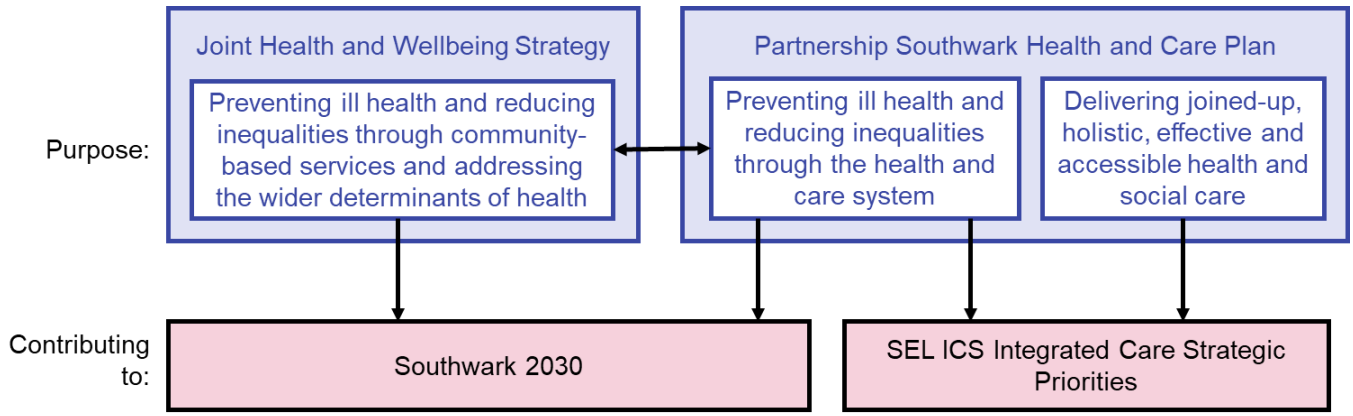


Figure 4. Remit of the Joint Health and Wellbeing Strategy and Partnership Southwark Health and Care Plan, and their connection to broader system-wide and regional strategies

Action plan 2025-2027

Our vision for 2025-2027 is that **people in all our communities can live healthier and longer lives by reducing health inequalities.**

The action plan and outcomes framework can be found in **Appendix 1**. The framework contains the following fields:

Aim	Action	Drive action	Owner	Partners	Output	Achieved by	Short-term outcome measures/targets	Long-term population health targets

Aim: Each priority area contains a series of aims which set out our ambitions for the remainder of the Strategy.

Action: What we will do to achieve our aims.

Drive action: The Health and Wellbeing Board's "Drive" actions. The Board will be responsible for overseeing the delivery of all actions in the action plan. However, there are some actions that will require additional focus and strategic direction from the Board to ensure these actions are delivered.

Owner: Every action has a designated owner – a team or organisation who is responsible for delivering the action and accountable to the Health and Wellbeing Board.

Partners: The purpose of the Strategy is to identify where partnership working is required to achieve change, and so all actions have designated partners who will support delivery of the actions.

Output: What will be delivered.

Achieved by: When the outputs will be delivered by.

Short-term outcome measures/targets: Outcomes and targets related to the specific service or programme that is the subject of the action, which will help us quantify impact and track progress.

Long-term population health targets: These define the progress we would like to see in our population health metrics, and the inequalities that exist within these metrics, over the long-term. The outcomes corresponding to these targets are influenced by a complex range of factors, and so we will not be assessing the success of specific actions according to how these outcomes change. Instead, these targets are designed to allow us to assess how we are performing as a whole system, for example by comparing ourselves against regional averages.

Aims for 2025-2027

The aims for 2025-2027 largely follow the aims of the overarching five year strategy, but have been updated to address recently identified needs and to align with the strategic context.

By delivering the action plan, the Health and Wellbeing Board will aim to:

A healthy start in life	1. Ensure all families in Southwark benefit from access to good quality **maternity care** and holistic support during the **first years of life**, reducing differential outcomes for Black women and families 2. Provide early interventions and support for children with **early developmental needs and special educational needs and disabilities** 3. Promote good **mental wellbeing** and prevent mental illness in children, young people, and families 4. Accelerate the reduction in **childhood excess weight and obesity** 5. Ensure the sustained uptake of life-saving childhood **vaccinations**
Healthy work and lives	6. Increase access to **good quality jobs**, providing support to those facing systemic inequalities and barriers to employment, including Black, Asian and ethnic minority residents, older people, women and disabled people 7. Support good health and wellbeing across our **workforce and commissioned services** 8. Support people to lead **healthy lifestyles** that keep them well, working with population groups and communities where risk factors are clustered 9. Maximise access to **leisure, daily movement and physical activity**, ensuring that financial circumstance does not limit access
Support to stay well	10. Ensure that there are effective and accessible **services that prevent illness and promote wellbeing**, including measures to tackle “The Vital 5” 11. Reduce admissions to hospital for **falls** 12. Support **carers** and families to look after their own wellbeing
Healthy communities	13. Work together to mitigate the impacts of the **cost of living** crisis for people in Southwark 14. Promote good **mental health** and reduce **social isolation** and loneliness by focusing on prevention and creating connected communities 15. Support our thriving **voluntary and community sector** to deliver impactful programmes and services that contribute to reducing health inequalities 16. Ensure Southwark residents have access to good quality **homes, streets and environments** that promote good health and wellbeing

Drive actions

Out of the 44 actions in the action plan (Appendix 1), 13 will receive particular attention from the Board – the "Drive" actions. These are actions whereby partnership working across the agencies represented on the Board is particularly vital for action delivery. Owners of these actions will be required to give more regular updates to allow the Board to monitor progress and shape delivery.

Action	Owner
A healthy start in life	
1.1: Develop and implement an action plan to address the recommendations of the Southwark Maternity Commission	SEL ICS (Strategic Director for Integrated Health and Care)
1.4: Develop an evidence-based and integrated early intervention offer through the SEND Children and Family Hub, providing support to children with early developmental needs prior to diagnosis	Southwark Council (Children's services)
1.12: Expand and extend the role of Local Child Health Teams to deliver interventions and signposting to tackle the wider determinants of child health, linking the teams with a broader range of children and family services	GSTT (Child Health Integrated Learning and Delivery System)
Healthy work and lives	
2.1: Embed employment support within primary care, secondary care and community health services through the Connect to Work programme	Southwark Council (Local Economy)
2.9: Expand the offer of affordable leisure activities in community settings and promote a wider range of physical activities	Southwark Council (Leisure Services)
2.10: Design and deliver zone-by-zone or borough-wide programmes and initiatives that address the financial, social and cultural barriers to active travel through the Streets for People strategy	Southwark Council (Highways)
Support to stay well	
3.1: Establish Southwark Hubs for Health as part of our 'Health in the High Street' programme, to increase access to Vital 5 checks and health promotion advice amongst groups at risk of ill health and our Black, Asian and ethnic minority communities	Southwark Council (Public Health)
3.3: Recommission the Southwark Wellbeing Hub with a focus on improving the outreach offer to ensure underserved populations can access the support they need in their local area	SEL ICS (Integrated Commissioning)
3.8: Improve access to support for carers by developing digital forms of carer assessment delivery, increasing awareness of carers assessments and improving data linkage	Southwark Council (Adult Social Care)
Healthy communities	
4.1: Develop a cross-borough anti-poverty plan, informed by resident engagement, to understand and tackle poverty and its impact on our residents	Southwark Council (Strategy and Communities)

4.7: Work in partnership across the Council and ICS to strengthen air quality monitoring and develop shared approaches, building on the work of the Air Pollution Footprint Partnership at a local level	Southwark Council (Environmental Protection)
4.11: Establish sites for co-located housing and health and wellbeing support, including at the Housing Options Service, Family Hubs and health outreach hubs	Southwark Council (Housing Needs)
4.12: Ensure the revised Local Plan helps to address health inequalities through the spatial consideration of land uses such as open space, design considerations and the transport and movement network	Southwark Council (Planning and Growth)

Meeting our key principles

Across the five priority areas, the 2022-2027 Strategy defines five overarching principles that are central to meeting the aims of the Strategy:

1. Embedding an approach to tackling **health inequalities** across all our policy making, services and delivery
2. Targeted **place-based approach** and **population groups**
3. Making **sustainability and tackling climate change** an integral part of protecting and improving health
4. Community **empowerment and co-production**
5. Delivering **high quality, joined-up and person-centred** health and social care

We have strived to ensure that these principles are embedded within the new action plan, and in the way in which the actions will be delivered.

Principle 1: Embedding an approach to tackling health inequalities across all our policy making, services and delivery

Reducing health inequalities is everyone's business. Southwark's Annual Public Health Report for 2024, "A Fairer Future", outlines the status of health inequalities in Southwark and highlights the work ongoing across our borough to address these inequalities.[20]

A targeted approach

If we are to reduce inequalities, the actions we take must be implemented proportionately to the needs of different communities, with those most in need receiving the greatest support. We therefore need a coordinated, system-wide approach that helps stakeholders to prioritise interventions for those in greatest need. In identifying "target groups", we recognise that these communities are at risk of poorer outcomes because of unfair social systems and the circumstances in which they live, not because of who they are or individual factors.

One mechanism for supporting proportionate delivery is Core20PLUS5, an NHS approach to reducing healthcare inequalities. The approach defines a target population, with the "Core20" being the most disadvantaged 20% of the population and "PLUS" groups being defined according to local need.

[20] Southwark Council (2025). A fairer future: Tackling health inequalities in Southwark. Southwark's Annual Public Health Report 2024.

In our Joint Strategic Needs Assessment, we define six key population groups that partners across the system should focus on when tackling health inequalities: Carers, residents with disabilities, LGBTQIA+ residents, asylum seekers and refugees, rough sleepers and Black, Latin American and minoritised ethnic groups.

Tackling wider determinants

Social, economic and environmental factors, such as income, employment and housing, have the largest impact on health, with inequalities in these factors leading to inequalities in health. The 2024 Annual Public Health Report recommends that to tackle health inequalities, the Joint Health and Wellbeing Strategy should revitalise its focus on influencing these wider determinants of health. This iteration of the action plan therefore has an extended reach across the public sector, with action owners and partners including the Council's Housing, Planning, Environment, Exchequer Services, Education and Community Safety teams.

Addressing systemic bias in service design and commissioning

Many of our actions relate to how we will deliver or improve the services we are responsible for. To address inequalities in access to and experience of services, the Southwark systemic bias toolkit was developed to commissioners to reduce systemic bias in service design and commissioning processes. This toolkit can be used by action owners to ensure actions related to service design and commissioning contribute towards our goal of reducing health inequalities.

Principle 2: Targeted place-based approach and population groups

The Joint Health and Wellbeing Strategy formalises the system and borough-wide actions that are required to improve population health, and so largely does not detail actions that are specific to certain geographies or populations. However, all actions will be delivered in a proportionate matter, with a view to meeting the specific needs of our priority populations. Recent population-based needs assessments that make recommendations to be addressed through delivery of this action plan focus on the following populations:

- Latin American residents[21]
- Carers[22]
- Children and young people with special educational needs and disabilities[23]
- LGBTQIA+ residents[24]

[21] Southwark Council (2024). Southwark's Joint Strategic Needs Assessment: Latin American Health
[22] Southwark Council (in preparation). Southwark's Joint Strategic Needs Assessment: Carers
[23] Southwark Council (2024). Southwark's Joint Strategic Needs Assessment: Children and young people with special educational needs and disabilities
[24] Southwark Council (in preparation). Southwark's Joint Strategic Needs Assessment: LGBTQIA+

- Asylum seeker and refugees[25]

Many actions will be delivered using targeted place-based approaches. Partners across the Council and ICS are increasingly using innovative hyperlocal approaches to delivering services and programmes, focusing on defined localities. Some examples include:

- **Integrated Neighbourhood Teams (INTs):** INTs will bring together staff across health, social care and the VCS to work as a single team to deliver coordinated and person-centred care to individuals within a defined neighbourhood. The next phase of this programme will involve defining neighbourhood footprints and mapping local needs.
- **Intermediate Care Southwark:** The service is being delivered across five Southwark "patches", allocating specific staff to each patch who will use insights on demographics, local need and community assets to provide tailored interventions with the aim of reducing inequalities.
- **Resident Health and Wellbeing Programme:** This programme aims to identify and address health and wellbeing needs in specific social housing settings, involving the co-production of place-based interventions with residents to meet the identified needs. The pilot of the programme has focused on three Council housing estates and will be evaluated in 2025.

Principle 3: Making sustainability and tackling climate change an integral part of protecting and improving health

The climate emergency will have a direct impact on the residents of Southwark, and it is often those who are vulnerable who are most directly impacted. Tackling and responding to climate change is therefore an integral part of our approach to reducing inequalities.

Several actions within the plan were prioritised due to the co-benefits of reducing carbon emissions or mitigating against the impacts of climate change, such as those that aim to reduce air pollution, promote physical activity or increase resilience against the health impacts of hot weather.

Principle 4: Community empowerment and co-production

Individuals are experts in their own lives and their local communities. Community-based research and engagement was the source of several actions in this plan. We are working in partnership with our communities to deliver the actions, utilising expertise from Community Southwark, Healthwatch Southwark and Impact on Urban Health.

The Board recognises the vital contribution of our voluntary and community sector in delivering interventions that prevent ill-health and reduce health inequalities and is committed to supporting

[25] Southwark Council (2024). Southwark's Joint Strategic Needs Assessment: Asylum seekers and refugees

the VCS to perform this function. Actions describing how the Board will support the VCS are outlined on pages 44-46.

The new Southwark Insights and Intelligence Programme (SIIP) is helping to embed a culture of co-design with residents across the Council and wider community.[26] Projects being led by SIIP over the next couple of years will facilitate the effective and equitable delivery of actions in this plan, with a focus on age-friendly practices, preventing child poverty, making homes resilient to overheating and early help for families affected by youth violence. In addition, through its community research and co-production workstream, residents and members of VCS organisations are being trained to become community researchers who can support monitoring of outcomes and co-production of interventions.

Principle 5: Delivering high quality, joined-up and person-centred health and social care

We want local health and care services to work for local people; we know we can only achieve that if our local communities shape those services. We also know that joined-up care, delivered close to people's homes, will lead to better outcomes for local people. Although priority 5, "Integration of health and care", is now covered by the Partnership Southwark Health and Care Plan, provision of high quality, joined-up and person-centred care is at the heart of many of our actions, and we aim to extend this ethos to all our services beyond the health and social care system.

[26] Southwark Council (2024). Southwark insights and intelligence programme.

Delivery and monitoring impact

Governance and delivery mechanisms

The Health and Wellbeing Board are responsible for the strategic oversight of the action plan, with individual action owners being accountable to the Board for delivery of their actions. For some actions, the Board will have a more direct role to play in providing strategic direction and a driving force behind the action, as marked by a "✓" in the framework. These actions will receive greater attention at Board meetings, with action owners being asked to present updates and identify support needed from the Board at regular intervals.

The Partnership Southwark Delivery Executive will support this oversight function by providing strategic direction and leadership in relation to relevant parts of the Strategy and actions that relate to or impact health and social care.

Monitoring impact

The Health and Wellbeing Board will monitor progress against the action plan through:

- **A Health and Wellbeing Outcomes Report,** a live document tracking our short-term and long-term outcome measures that will be updated every six months. The long-term outcome measures have been selected on the basis that they will help the Board to monitor inequalities in population health outcomes. Where possible, we will track our metrics over time and measure success by comparing against London averages.
- **Our JSNA Annual Report**, which will focus on progress against our key long-term outcome measures and inequalities in the borough.
- **Health and Wellbeing Board meetings** that will be designed around the priorities of the Strategy, with deep dives on the drive actions (page 17) throughout the year.
- **An impact report** at the end of the Strategy period to determine the efficacy of partnership working to deliver the action plan and reflect on learnings, to support development of the next five-year Strategy.

Appendix 1: Action plan framework

Priority 1: A healthy start in life

Aim	Action	Drive action	Owner	Partners	Output	Achieved by	Short-term outcome measures/targets	Long-term population health targets
							#: number **%:** percentage	
Ensure all families in Southwark benefit from access to good quality maternity care and holistic support during the first years of life, reducing differential outcomes for Black women and families	**1.1:** Develop and implement an action plan to address the recommendations of the Southwark Maternity Commission	✓	SEL ICS (Strategic Director for Integrated Health and Care)	Public Health Partnership Southwark (all Start Well partners) Local Maternity and Neonatal System VCS partners GSTT KCH SLaM	Action plan developed and presented to Health and Wellbeing Board Action plan implemented	June 2025 2027	*Short-term outcome measures will be defined within the action plan*	Reduction of the gap in % of stillbirths to mothers born outside of the UK compared to mothers born in the UK Reduction in infant (< 1 year) mortality rate
	1.2: Work with the VCS to fund and run culturally appropriate and inclusive workshops on maternity rights for pregnant people and new families		Southwark Council (Public Health)	VCS partners GSTT KCH SLaM	Community-based sessions delivered	Regular delivery by March 2027	**Outcomes:** # of sessions held # of attendees **Targets:** % of participants from Black, Asian or ethnic minority	

				Children's services			groups matches or is greater than that of the Southwark population	
	1.3: Promote engagement with the Baby Buddy app, focusing on ensuring pregnant people are informed of the app at points of contact with the NHS and community services		Southwark Council (Children's services)	Public Health Partnership Southwark (Start Well Clinical Care Professional Leads (CCPLs)) VCS partners	Information about Baby Buddy features on appointment booking confirmations Learning sessions or awareness campaign targeted at primary care and maternity staff Information on app on GP practice websites	April 2025 December 2025 December 2025	**Outcomes:** # of health care staff reached through awareness raising activities **Targets:** Increase in # of residents using Baby Buddy app % users from Black, Asian or ethnic minority groups matches or is greater than that of the Southwark population	
Provide early interventions and support for children with early developmental needs and special educational needs and disabilities	**These actions focus on early intervention for SEND. Actions related to diagnosis, treatment, management and services for children with neurodevelopmental disorders are outlined in the Partnership Southwark Health and Care Plan "Children and Young People's Mental Health" delivery plan.**							Increase in % of children with free school meal status achieving a good level of development at the end of Reception in Southwark Reduction in the gap in average Key Stage 4 attainment
	1.4: Develop an evidence-based and integrated early intervention offer through the SEND Children and Family Hub, providing support to children	✓	Southwark Council (Children's services)	Public Health Partnership Southwark (Delivery Team and Start Well CCPLs)	Consideration of development of a version of the Portsmouth approach to whole system change in relation to meeting needs prior to diagnosis	December 2025	**Outcomes:** # of children/families receiving support through SEND Family Hub **Targets:**	

with early developmental needs prior to diagnosis			Start Well Integrated Commissioning VCS partners GSTT (Community Paediatrics) London South Early Years Stronger Practice Hub SEND Designated Clinical Officer (DCO) team	SEND Children and Family Hub established Needs assessment with qualitative insights from engagement with families Evidence of best practice relating to SEND early intervention built into antenatal parenting education programmes Promotion of parenting education programmes with a focus on improving equitable access for families of Black, Asian or minority ethnic heritage	March 2026 March 2026 March 2027 March 2027	% of children/families receiving support through SEND Family Hub and parenting education programmes from Black, Asian or ethnic minority groups matches or is greater than that of the Southwark population Decrease in # of referrals to Family Early Help and community paediatric services	between all pupils and pupils with SEN support
1.5: Deliver a consistent programme of drop-in sessions at Family Hubs, Children and Young People's Development Centres and special needs schools to provide support around common issues for children with early developmental or additional needs		GSTT (Community Paediatrics)	Children's services VCS partners SEND DCO team	Deliver pilot drop-in sessions focused on sleep and toileting	December 2025	**Targets:** Increase in parent satisfaction and confidence following drop-in sessions Decreased number of referrals to Family Early Help and community paediatric services	

	1.6: Develop a joint commissioning strategy for speech and language therapy, with the aim of addressing local needs and increasing provision of evidence-based interventions		SEL ICS (Integrated Commissioning)	Speech and language services Children's services Schools Childcare settings SEND DCO team	Speech and language needs assessment Commissioning strategy developed	All July 2025	**Targets:** Decreased average age of speech, language, and communication diagnosis	
Promote good mental wellbeing and prevent mental illness in children, young people, and families	**These actions focus on mental health prevention. Actions related to community and NHS children's mental health services are outlined in the Partnership Southwark Health and Care Plan "Children and Young People's Mental Health" delivery plan.**							Increase in % of Year 4 and 6 children who are very happy or happy with their life Reduction in rate of hospital admissions as a result of self-harm (10-24 years old)
	1.7: Review and widen access to and uptake of existing parenting intervention services, as part of a community-based offer to prevent adverse childhood experiences (ACEs)		Southwark Council (Children's services)	Start Well Integrated Commissioning VCS partners GSTT (Child Health Integrated Learning and Delivery System and Health Visiting service)	Market review of providers offering evidence-based parenting interventions Costed commissioning plan Widen uptake of parenting interventions through Children and Family Hubs and Youth Justice System Agree data sharing protocol with partners, to allow mechanism to flag risk factors for ACEs on healthcare records	December 2025 December 2025 April 2026 March 2027	**Targets:** Increased # of self-referrals Increased % of parents showing increase in confidence in parenting/goals met	

	1.8: Review the current mental health offer in schools and other educational settings to ensure quality, equity and consistency of programmes and identify gaps in coverage and provision		Southwark Council (Children's services)	Schools Improving Mental Health and Resilience in Schools (IMHARS) Champions Network Start Well Integrated Commissioning Public Health VCS partners	Schools and Students Health Education Unit (SHEU) survey adapted to give insight into mental health needs Lancaster model delivered and informing wider support offer to children and families Cross-system group for attendance and inclusion to consider recommendations including how to take forward the IMHARS Champions Network	All March 2026	**Outcomes:** Number of children completing SHEU and Lancaster model questionnaires	
	1.9: Develop a programme of support for schools to prevent and respond to child death and self-harm, working in partnership with the aim of addressing local needs		Southwark Council (Public Health)	Schools Child Death Overview Panel Children's services IMHARS Champions Network Start Well Integrated Commissioning	Programme of support and resources developed	December 2025	**Outcomes:** # of schools engaging with or using resources	
Accelerate the reduction in childhood	**Actions related to this aim are now covered in the Southwark Healthy Weight Strategy 2022-2027 and corresponding annual action plans**							Reduction of the gap in % Year 6 children with excess

excess weight and obesity								weight between white and Black, Asian and ethnic minority children
Ensure the sustained uptake of life-saving childhood vaccinations	**1.10:** Deliver a new programme to develop the role of health visitors in engaging with families around childhood vaccinations, targeting population groups with the lowest uptake		SEL ICB (Southwark Primary and Community Based Care)	Public Health Integrated Commissioning Public Health GSTT 0-19 service Children's services	Pilot of new health visitor vaccination engagement service Programme of targeted engagement in Children and Family Centres/Family Hubs Vaccine training delivered to health visitors	All December 2026	**Outcomes:** # of engagement sessions held # of children/families engaged with # of children offered targeted support # of health visitors trained	Reduction in the gap in 6 in 1 vaccine coverage at 12 months between white and Black, Asian and ethnic minority children
Cross-cutting (all aims)	**1.11:** Review development and skills needs of early years workforce (across childcare, community services, healthcare and education) in relation to topics such as perinatal mental health, neglect, identification of ACEs, early response to developmental issues and maternal obesity, and embed		Southwark Council (Children's services)	London South Early Years Stronger Practice Hub Integrated Commissioning Public Health VCS partners GSST (Health Visiting service) Schools and childcare settings Perinatal and parent-infant	Review of current training offer and workforce needs Early years-specific Making Every Contact Count training offered to early years staff on a regular basis	December 2025 Ongoing	*Outcomes for monitoring coverage and quality of training to be determined through the review*	*As outlined for the aims above*

	a joined-up training offer			relationships steering group Safeguarding Children Partnership				
	1.12: Expand and extend the role of Local Child Health Teams to deliver interventions and signposting to tackle the wider determinants of child health, linking the teams with a broader range of children and family services	✓	GSTT (Child Health Integrated Learning and Delivery System)	Children's services Public Health Primary Care Networks and social prescribers SLaM Health visiting and school nurse services Partnership Southwark (Start Well CCPLs)	Local needs and causes of child health inequalities at a neighbourhood level reviewed Partnerships required at a neighbourhood level to address needs identified	All December 2025	**Outcomes:** # of children receiving child health checks % of children/families being signposted to wider forms of support	

Priority 2: Healthy work and lives

Aim	Action	Drive action	Owner	Partners	Output	Achieved by	Short-term outcome measures/targets	Long-term population health targets
							#: number **%:** percentage	
Increase access to good quality jobs, providing support to those facing systemic inequalities and barriers to employment, including Black, Asian and ethnic minority residents, older people, women and disabled people	**2.1:** Embed employment support within primary care, secondary care and community health services through the Connect to Work programme	✓	Southwark Council (Local Economy)	Partnership Southwark Live Well Commissioning Department for Work and Pensions North Primary Care Network South Primary Care Network	Live Connect to Work delivery plan developed Employment support offer embedded within healthcare services (e.g. Integrated Healthy Lifestyle Service)	December 2025 March 2027	**Outcomes:** # of individuals with long-term conditions or belonging to Core20PLUS groups who receive support through Connect to Work	Reduction of the gap in the employment rate between those with a long-term health condition and the overall employment rate Reduction of the gap in the employment rate between those who are in receipt of long-term support for a learning disability (aged 18 to 64) and the overall employment rate
	2.2: Pilot a creative and cultural skills programme to support residents from disadvantaged backgrounds and/or facing barriers to employment to pursue a career in the creative and cultural sector and		Southwark Council (Local Economy)	Public Health Culture Skills partners, including Southwark Works Local creative and cultural organisations VCS partners	Online and/or physical hub offer, integrated with the borough's Creative Health offer	March 2027	**Outcomes:** % of clients (including those with long-term conditions) progressing to employment and/or further learning **Targets** % of clients from target groups	

	support their health and wellbeing						matches or is greater than that of the Southwark population
Support good health and wellbeing across our workforce and commissioned services	**2.3:** Build key performance indicators relating to wellbeing and fair employment into the new home care and reablement service specifications, aligning with Southwark's Ethical Care Charter (ECC)		SEL ICS (Integrated Commissioning)	Quality, Performance and Transformation (Commissioning) Adult Social Care	Service specification with clear workforce wellbeing key performance indicators Contract monitoring to review compliance with the ECC and associated benefits (e.g. staff retention.	March 2025 Quarterly through to 2030	**Targets:** 100% of providers compliant with the ECC 100% of staff paid at least the London Living Wage Improvement in job satisfaction and other wellbeing indicators
	2.4: Use the new Southwark Council Social Value Framework to ensure all Council divisions can evaluate, monitor and measure commitments to staff health and wellbeing within the procurement of commissioned services and contract management		Southwark Council (Local Economy)	All Council divisions	Social Value Framework and Measurement System developed Review of phased introduction of Social Value Framework	April 2025 March 2026	**Outcomes:** Contract resources donated in creative and cultural events or projects and community health interventions # of contracts with organisations that provide staff physical and mental health programmes # of long-term unemployed people

							from priority cohorts recruited **Targets:** Increase in # of London Living Wage employers	
	2.5: Deliver and evaluate programmes to support the wellbeing of primary and social care staff		SEL ICB (People and Culture)	Partnership Southwark Integrated Commissioning GSTT SLaM	Pilot programmes aiming to support staff following incidences of violence and aggression evaluated Repository of best practice and system wide framework for dealing with violence and aggression developed Engagement with staff to co-produce solutions to stress caused by dysfunctional systems	March 2027 March 2027 March 2027	**Outcomes:** # of staff attending wellbeing activities # of staff reached through engagement work	
Support people to lead healthy lifestyles that keep them well, working with population groups and communities where risk factors are clustered	**A range of actions supporting this aim can be found within other strategies that are overseen by the Health and Wellbeing Board: Southwark's Air Quality Action Plan 2023-2027, Healthy Weight Strategy 2022-2027, Sustainable Food Strategy 2023-2026 and Tobacco Control Strategy 2024-2030**							Reduction in the % of residents experiencing food poverty Increase in the % of residents satisfied with "services and support to help you and your family live a healthy lifestyle"
	2.6: Evaluate the implementation and impact of Southwark's Healthy Advertising Policy		Southwark Council (Public Health)	Planning and Growth Culture Communications Highways	Evaluation plan agreed by Public Health and Planning Divisional Management Teams	December 2025	**Outcomes:** # of advertisements or event sponsorship applications rejected on the basis of the Healthy Advertising Policy	

							Targets: Decrease in % of school children reporting having seen adverts for products high in fat, salt, or sugar on the way to school	*Other outcomes relevant to this aim (such as those relating to physical activity, mental health and prevalence of long-term conditions) are listed against other aims*
	2.7: Use a Health in All Policies and evidence-based approach to develop a targeted Leisure Service, Parks and Culture offer		Southwark Council (Leisure)	Public Health	Health in All Policies workshop delivered and implementation plan developed Mechanisms for collecting, monitoring and reporting service user data established Development and roll-out of targeted offers	June 2025 March 2027 March 2027	**Outcomes:** # of Leisure Service, Parks and Culture activities and programmes that target specific population groups *Other outcome measures will be defined alongside work to develop data collection processes and will include metrics related to demographics of service users*	
	2.8: Expand the Rose Voucher healthy food scheme to different populations and delivery locations based on local need		Southwark Council (Public Health)	Local Economy Exchequer Services Southwark Food Action Alliance	Review of current policy, operations and population need Strategic options analysis	April 2025 April 2025	**Outcomes:** # of residents belonging to new target groups receiving vouchers	

				Contracted partners Southwark Children and Family Centres Markets and Street Trading VCS partners	Onboarding of new voucher collection and distribution support hubs Staff/volunteer training (including Making Every Contact Count and Dignity Principles)	June 2025 March 2026	# of individuals signposted to other health and wellbeing support services through the scheme **Targets:** Increase in # of low-income residents and pregnant people receiving vouchers % of people receiving vouchers from Black, Asian or ethnic minority groups matches or is greater than that of the Southwark population Increase in # of businesses registered with the scheme selling culturally appropriate food Increase in voucher utilisation	
Maximise access to leisure, daily movement and	**2.9:** Expand the offer of affordable leisure activities in community settings	✓	Southwark Council (Leisure Services)	Parks Culture Public Health	Leisure offer within community venues such as Parks, Libraries,	March 2027	**Outcomes:** # of leisure activities delivered	Increase in % of residents walking or cycling at least 5 times per week

physical activity, ensuring that financial circumstance does not limit access	and promote a wider range of physical activities			Schools VCS partners Children's and Adults' Services Highways Climate Change and Sustainability	schools, faith settings established Southwark "Move" campaign delivered, including assets that promote the benefits of active travel	December 2025	outside of leisure centres *Other outcome metrics to be defined as part of work to review data collection across Leisure Services (action 2.7)*	Reduction of the gap in resident satisfaction in the "Council's work to encourage cycling and walking in the borough", between economically active and inactive groups
	2.10: Design and deliver zone-by-zone or borough-wide programmes and initiatives that address the financial, social and cultural barriers to active travel through the Streets for People strategy	✓	Southwark Council (Highways)	Climate Change and Sustainability Public Health Leisure Communications Environmental Protection	Targeted engagement work with communities facing barriers to active travel to support design of programmes Targeted promotion of cycle schemes such as "Try a Bike" Pilot of JUST Streets co-production approach to redeveloping streets and outdoor space	Ongoing Ongoing March 2027	**Outcomes:** # of residents engaging with programmes	

Priority 3: Support to stay well

Aim	Action	Drive action	Owner	Partners	Output	Achieved by	Short-term outcome measures/targets	Long-term population health targets
							#: number **%:** percentage	
Ensure that there are effective and accessible services that prevent illness and promote wellbeing, including measures to tackle "The Vital 5"	**Actions outlining the role of the health and social care system in achieving this aim are outlined in the Partnership Southwark Health and Care Plan "Prevention and Health Inequalities" delivery plan.**							Reduction of smoking prevalence in adults Reduction in the gap in obesity prevalence in adults by ethnicity
	3.1: Establish Southwark Hubs for Health as part of our 'Health in the High Street' programme, to increase access to Vital 5 checks and health promotion advice amongst groups at risk of ill health and our Black, Asian and ethnic minority communities	✓	Southwark Council (Public Health)	Partnership Southwark GSTT QHS GP Federation IHL GP Federation Community Southwark Healthwatch Southwark VCS organisations Leisure Local Economy	Implementation of the Southwark Hubs for Health, with specific focus on reaching Core20PLUS groups	March 2026	**Outcomes:** Qualitative feedback on satisfaction with the service amongst Core20PLUS groups **Targets:** Increase in the % of Vital 5 check participants from Core20PLUS groups	
	3.2: Commission a new Healthy Lifestyle Service with		Southwark Council (Public Health)	Leisure Local Economy	Service recommissioned	October 2025	**Outcomes:**	

a single point of access that integrates health improvement and outreach programmes, ensuring it is well-placed to support residents with wider determinants impacting their health and to contribute to ongoing behaviour change support			Integrated Commissioning Partnership Southwark Customer and Exchequer Services Housing Healthwatch Children's Services	Development of practitioner portal to enable direct referrals from Southwark Health Kiosks Network of commissioners and providers established to support integration and co-location of Healthy Lifestyle Service with wider local services	December 2025 December 2025	# of residents who have used the single point of access # of residents accessing wider health and wellbeing initiatives through the single point of access **Targets:** % of people engaging with single point of access from Core20PLUS groups matches or is greater than that of Southwark population Increase in % of service users supported to have a higher level of physical activity Increase in % of stop smoking service users achieving a 4-week quit
3.3: Recommission the Southwark Wellbeing Hub with	✓	SEL ICS (Integrated Commissioning)	VCS organisations	New Southwark Wellbeing Hub service launched	April 2026	**Outcomes:**

a focus on improving the outreach offer to ensure underserved populations can access the support they need in their local area			Primary Care Networks SLaM			# of residents accessing the service **Targets:** % of service users from Core20 and Black, Asian and ethnic minority groups matches or is greater than that of the Southwark population
3.4: Establish a new Women's Safety Centre that is integrated with wider health, employment, housing and financial support services		Southwark Council (Community Safety)	SEL ICB King's Health Partners SEL ICB (Southwark Primary and Community Based Care) GSTT SLaM Integrated Commissioning Customer and Exchequer Services Local Economy Housing Public Health	New Women's Safety Centre established Public health data used to identify local areas of need to enable delivery of preventative programmes and outreach Training and resource needs identified (to support the health and care system to identify and support women and girls at risk of violence and increase awareness of public space forms of violence)	All December 2026	**Outcomes:** # of service users # of service users accessing wider forms of support (e.g. housing support) # of interventions in public spaces to address hotspots # of health and social care staff receiving training

			VCS partners			
3.5: Deliver a review of link workers across the NHS and Council, including Social Prescribers and Community Health Ambassadors, considering their capacity and capabilities with a view to developing a more integrated approach		Partnership Southwark Delivery Team	Public Health Healthwatch GP federations Primary Care Collaborative	Review of link worker roles with recommended next steps	March 2026	*Outcomes to measure efficacy of an integrated approach to be defined during the review process*
3.6: Deliver and evaluate an inclusive surgeries programme across GP practices in Southwark		Southwark Council (Public Health)	GP federations SEL ICB (Southwark Primary and Community Based Care)	Adoption of programme with completed 6-month action plans for each GP practice Evaluation of the programme	February 2027 July 2027	**Outcomes:** # of practices implementing an inclusive surgeries programme **Targets:** Improved staff awareness of health inequalities and how practices can better meet need of residents Residents and carers have improved

							experience of primary care Increased uptake of preventative care and early diagnosis amongst target populations	
Reduce admissions to hospital for falls	**This aim is supported by the Partnership Southwark Health and Care Plan "Integrated Frailty Pathway" delivery plan.**							Reduction in rate (per 100,000) of emergency hospital admissions due to falls in people aged 65 and over in Southwark
	3.7: Map the falls prevention exercise provision in Southwark to identify tailored forms of support for specific communities, enable personalised signposting, and to identify gaps in the support offer		GSTT (Integrated Care Transformation Team)	Leisure Services Adult Social Care Age Well Integrated Commissioning VCS organisations Public Health	Mapping of activity and exercise provision Guide for frontline staff/referrers Guide for residents	All March 2026	**Outcomes:** # of people attending falls prevention classes **Targets:** 10% increase in referrals to Community Rehab and Falls service % of people attending falls prevention classes from Core20 and Black, Asian and ethnic minority groups matches or is greater than that of Southwark population	

Support carers and families to look after their own wellbeing	**3.8:** Improve access to support for carers by developing digital forms of carer assessment delivery, increasing awareness of carers assessments and improving data linkage	✓	Southwark Council (Adult Social Care)	Age Well Integrated Commissioning Contracted organisations Primary Care Networks SEL ICB VCS organisations	Digital carers assessments with Mobilise explored Awareness sessions with adult social care and healthcare staff delivered VCS and faith organisations identified and engaged with Linkage of cared-for person support plans and carer data across social services and NHS systems, including the London Care Record	March 2026 March 2026 March 2026 March 2027	**Targets:** Increased take up of carers assessments Increased take up of support for carers Improved satisfaction of services amongst carers	Reduction in the % of unpaid carers reporting a mental health condition or long-standing illness
	3.9: Commission a new Carers Centre providing a comprehensive support offer for Southwark		SEL ICS (Integrated Commissioning)	Adult Social Care Public Health VCS organisations	New centre commissioned	June 2026	**Targets:** Increased take up of support for carers Improved satisfaction of services amongst carers	

Priority 4: Healthy communities

Aim	Action	Drive action	Owner	Partners	Output	Achieved by	Short-term outcome measures/targets	Long-term population health targets
							#: number **%:** percentage	
Work together to mitigate the impacts of the cost of living crisis for people in Southwark	**4.1:** Develop a cross-borough anti-poverty plan, informed by resident engagement, to understand and tackle poverty and its impact on our residents	✓	Southwark Council (Strategy and Communities)	Public Health Exchequer Services Community Engagement Children's Services Policy and Public Affairs Southwark Insights and Intelligence Programme VCS partners	Poverty JSNA factsheet published Mapping of Council work to tackle poverty Resident engagement exercise delivered Cross-Council plan presented to Health and Wellbeing Board	April 2025 July 2025 December 2025 December 2025	*Short-term outcomes to be defined within the anti-poverty plan*	Reduction in % of children living in relative poverty in Southwark
Promote good mental health and reduce social isolation and loneliness by focusing on prevention and creating connected communities	**Actions supporting this aim can be found in Southwark's Suicide Prevention Strategy 2023-2028.** **Actions relating to mental health treatment, management and services can be found in the Partnership Southwark Health and Care Plan "Adult's Mental Health" delivery plan.**							Reduction in the percentage of adults who feel lonely often or always Reduction in gap in prevalence of depression
	4.2: Launch a new 5 ways to wellbeing campaign in Southwark to promote the		Southwark Council (Public Health)	Leisure Communications Housing Adult Social Care	Theory of Change for campaign co-produced Map local provision/ opportunities against each of the five ways to	May 2025 July 2025	**Outcomes:** # of people accessing information about services related to the 5 ways to	

	Leisure Services, Parks and Culture offer amongst the Core20PLUS and those at risk of poor mental health			Exchequer Services Local Economy VCS partners	wellbeing and develop or sponsor initiatives to meet any identified gaps Develop campaign resources and launch an online media campaign to promote the five ways to wellbeing and related services Deliver MECC training to support campaign	July 2025 March 2026	wellbeing through the Southwark Council website **Targets:** Annual increase in visits to the mental health pages on the Southwark council website Increase in # of residents, and those belonging to Core20PLUS groups, accessing relevant services	between white and Black residents
Support our thriving voluntary and community sector to deliver impactful programmes and services that contribute to reducing health inequalities	**4.3:** Support a consortium of VCS organisations promoting good mental health to pilot a collaborative commissioning approach, with the aim of identifying lessons learned that can inform expansion of this approach to different areas of health and wellbeing		Community Southwark	VCS organisations Partnership Southwark	Analysis of funding landscape Consortium established Embed learning and opportunities from SEL ICB work on Creative Health	All March 2027	**Outcomes:** # of successful joint bids Amount of funding received	Increase in % of VCS organisations who report having secure funding for the next 12 months

4.4: Establish an approach for identifying and tracking localised funding opportunities for VCS organisations providing health and wellbeing support, starting with youth services		Community Southwark	VCS organisations Children's services Local funders	Shared map of funding opportunities for youth services in a defined area	March 2026	**Outcomes:** Funding received by youth services *Other metrics to establish impact of collaborative approach will be identified during delivery of the project*
4.5: Support the VCS to influence policy and practice that impacts health inequalities by building skills and capacity in community research		Southwark Council (Public Health)	People and Organisational Development Community Southwark Community Engagement London South Bank University VCS partners	Training on research methods, co-production and Participatory Action Research approaches delivered to VCS and Council staff Community Researcher programme delivered and evaluated	All March 2027	**Outcomes:** # of staff trained # of community researchers *Other outcome measures will be defined within the SIIP evaluation plan*
4.6: Develop Trust and Health Creation Partnerships and fund capacity building and skills support to help VCS partners co-produce community interventions to		SEL ICS (Voluntary Sector Collaboration and Partnerships)	SEL Voluntary, Community and Social Enterprise Strategic Alliance Community Southwark VCS partners Partnership Southwark	Trust and Health Creation Partnerships established Community interventions trialled Interim evaluation findings, frameworks and lessons learned from Trust and Health	April 2025 2027 2027	**Outcomes:** Funding invested in Southwark VCS groups through the Trust and Health Creation Partnerships and capacity building and skills funding (£)

	tackle the vital 5, improve uptake of vaccinations and reduce health inequalities			(Delivery Team, Live Well group and prevention and health inequalities working group) King's Health Partners SEL ICB (Southwark Primary and Community Based Care) Public Health	Creation Partnerships shared with local partners Frameworks adopted by local partners Skills and capacity building support delivered to micro "By and For" VCS groups through Community Southwark	2027 2027	# of Southwark VCS groups receiving skills and capacity building support Qualitative measures of the impact of capacity building and skills support *Impact measures for the Trust and Health Creation Partnerships will be co-developed upon programme initiation*	
Ensure Southwark residents have access to good quality homes, streets and environments that promote good health and wellbeing	**Further actions related to air quality can be found within Southwark's Air Quality Action Plan 2023-2027**							Increase % of residents satisfied in the Council and partners' work towards decent homes for all Reduction in fraction of mortality attributable to particulate air pollution in Southwark
	4.7: Work in partnership across the Council and ICS to strengthen air quality monitoring and develop shared approaches, building on the work of the Air Pollution Footprint Partnership at a local level	✓	Southwark Council (Environmental Protection)	SEL ICB (Corporate Team) GSTT KCH SLaM Impact on Urban Health Climate Change and Sustainability Local Economy	Review of shared data to identify opportunities for further joint working All partner institutions using Ricardo air quality monitoring tools	March 2026 March 2027	**Outcomes:** # of local organisations (including health and care partners) signed up to use the Air Pollution Footprint Partnership tools	

			Public Health			
4.8: Use insights from the Amplifying Voices programme to develop a programme of community engagement that will shape delivery of Southwark's Air Quality Action plan		Southwark Council (Environmental Protection) and Impact on Urban Health	Public Health	Insights from Amplifying Voices shared with Southwark Council Established community engagement programme (e.g. a Citizen's Assembly) that has embedded learnings from Amplifying Voices	Ongoing, quarterly March 2026	*Outcomes to be defined as the plan for community engagement is developed*
4.9: Deliver and evaluate a behaviour change campaign and a pilot of moisture alleviation measures to prevent ill health from damp and mould within Council housing		Southwark Council (Housing - Responsive Repairs)	Public Health Housing (Planned Maintenance) Academic institutions	Behaviour change campaign delivered Moisture alleviation measure piloted and evaluated	All March 2026	**Targets:** Reduced # of call-outs for damp and mould
4.10: Adopt a data-driven approach to prioritise damp and mould interventions, combining insights from the stock condition survey to identify vulnerable		Southwark Council (Housing - Planned Maintenance)	Public Health Housing (Responsive Repairs)	Mechanism for data-driven prioritisation of damp and mould interventions in place Integration of primary care data with Council asset management systems	Both 2027	**Outcomes:** # of vulnerable residents and properties identified % of residents identified receiving

properties and primary care data to identify high-risk residents						proactive interventions **Targets:** 60% of stock condition data collected by 2027 Reduced # of call-outs for damp and mould
4.11: Establish sites for co-located housing and health and wellbeing support, including at the Housing Options Service, Family Hubs and health outreach hubs	✓	Southwark Council (Housing - Housing Needs)	Public Health Children's Services VCS organisations, including local foodbanks No Recourse to Public Funds GP federations	Co-location feasibility assessments Co-location sites established	December 2025 December 2026	**Outcomes:** # of sites established # of individuals receiving housing support at outreach sites
4.12: Ensure the revised Local Plan helps to address health inequalities through the spatial consideration of land uses such as open space, design considerations and the transport and movement network	✓	Southwark Council (Planning and Growth)	Public Health	Public Health review of the current Local Plan and Healthy Advertising Policy Local Plan reflecting local public health priorities out for public consultation	December 2025 2027	*Planning policies will be monitored using indicators agreed as part of the new Plan*

	4.13: Develop a cross-Council action plan to limit the impacts of hot weather on health		Southwark Council (Public Health)	Climate Change and Sustainability Emergency Planning Southwark Insights and Intelligence Programme	Action plan developed Pilot initiatives to better understand and address 'hot homes' Extreme heat emergency preparedness and response exercise Enhanced provision to support rough sleepers and other health inclusion groups during hot weather delivered	March 2026 March 2027 March 2027 March 2027	**Outcomes:** Qualitative metrics of heat-related wellbeing	

Agenda Item 13

Meeting Name:	Health & Wellbeing Board
Date:	17 September 2026
Report title:	**Crisis and Resilience Fund: Progress on Resilience Services Design and Delivery**
Ward(s) or groups affected:	All wards Key population groups (as defined by Southwark's JSNA) affected by decision/recommendation: ☐ Carers ☐ Residents with disabilities ☐ LGBTQIA+ residents ☐ Asylum seekers and refugees ☐ Rough sleepers ☐ Black and ethnic minority communities ☒ All
Classification:	Open
Reason for lateness (if applicable):	No
From:	Eugene Nixon, Asst Director of Strategy & Insight, Customer & Exchequer, Southwark Council

RECOMMENDATIONS

That the Health and Wellbeing Board:

1. Note the progress made in designing and mobilising Crisis and Resilience Fund (CRF)-funded Resilience Services in Southwark, including the outcome of the Task & Finish Group process and the commencement of procurement for a Hub Delivery Organisation (HDO).

2. Note the proposal to embed Strategic Investment Fund (SIF) supported financial advice posts — piloted in Camberwell & Walworth and Peckham & Nunhead — within the CRF-funded Hub Delivery Organisation model, and the progress made in securing support for this approach from Integrated Neighbourhood Team (INT) partners.

3. Endorses the direction of travel set out in this report, noting that several scope and design questions remain open pending the outcome of the Council's preliminary market engagement (responses due 25 September 2026) and the Council's internal governance and approval processes.

BACKGROUND INFORMATION

The Crisis and Resilience Fund (CRF)

4. The Department for Work and Pensions introduced the CRF from 1 April 2026, replacing the Household Support Fund. The CRF provides Southwark with £5.1 million per year for at least three years (2026–2029) to help residents withstand and recover from financial shocks and to build longer-term financial resilience. The Fund covers four strands: the first two strands Crisis Payments and Housing Payments are about providing short term financial support low to middle income households to help them deal with the immediate impacts of a financial crisis; the third and fourth strands Resilience Services, and Community Coordination are about building the financial resilience of households so they are less likely to experience a crisis and better able to deal with a crisis that may occur in future, reducing the risk of material deprivation[1]. The Council retains responsibility for administering Crisis and Housing Payments, determining eligibility, processing payments, and submitting management information returns to the DWP. This report concerns the Resilience Services and Community Coordination strands, which the Council is developing through a hub-and-spoke delivery model.

Previous decisions of this Board

5. This Board has previously considered matters directly relevant to this report:

- 11 December 2025 (Financial Shield Project Update): the Board resolved to support the expansion and continuation of Financial Shield in Southwark and, specifically, to *"embed financial advice into Integrated Neighbourhood Teams being developed as part of the NHS 10-year plan, using learnings from the Financial Shield pilot."*
- 12 March 2026 (Healthy Communities progress update, action 4.1): the Board was informed that the Centre for Responsible Credit had been commissioned to prepare a scoping paper outlining options for a local resilience service to be funded through the CRF, embedding learning from the Impact on Urban Health Financial Shield project, and that the Council was committed to working with the local VCS on its design and delivery, with a service "rolled out later in 2026." This report is the intended update on that commitment.

This report should therefore be read as reporting progress against decisions the Board has already taken, rather than introducing new proposals.

The Task & Finish Group process

6. Since May 2026 the Council has convened a Task & Finish Group of statutory and other local voluntary and community sector (VCS) partners to co-design the Resilience Services model. This process has been supported by the Centre for Responsible Credit, mainly to help ensure that learning from the Financial Shield report was applied.

- Meeting 1 (May 2026) established the case for a hub-and-spoke architecture, agreed eligibility principles distinguishing CRF-funded Resilience Services from

[1] Technical report: update to measures using material deprivation for households below average income FYE 2024 - GOV.UK

business-as-usual advice, and set out a draft Theory of Change that explicitly set out improvements to resident health and wellbeing as a wider aim of these services

- Meeting 2 (June 2026) endorsed early identification of a Hub Delivery Organisation (HDO) and commencement of its procurement, agreed the broad shape of Category A (directly commissioned specialist spokes) and Category B (community-led spokes, via a Community Funding Pot) provision, and confirmed a commitment to a minimum viable proposition (MVP) by Autumn 2026.
- Meeting 3 (July 2026) refined the functional boundary between the hub and specialist spokes, developed the proactive referral network, and began work on monitoring, evaluation, data sharing and governance. Insights from the Group are intended to directly inform a report to Council Executive on the future governance of Resilience Services, expected in autumn 2026 (date to be confirmed).

KEY ISSUES FOR CONSIDERATION

The hub-and-spoke model and the minimum viable proposition (MVP)

7. Southwark's proposed delivery model is based on a “hub-and-spoke” approach. A single organisation — to be appointed as the Hub Delivery Organisation (HDO) — acts as the main point of contact for residents. The hub provides general financial advice (such as maximising benefit income and help with priority debts) and, where a resident's needs go beyond this, makes a supported, “warm” referral into the right specialist organisation rather than simply signposting the resident elsewhere. Those specialist organisations are the “spokes” in the model — for example, organisations providing immigration advice, specialist housing advice, employment support or mental health support.

8. Residents are expected to reach the hub through three main routes: directly from the Council, where frontline staff make a warm referral following an application for a Crisis or Housing Payment; through a proactive referral network — initially food banks, GP practices and community organisations — who identify residents at risk of crisis and connect them to the hub before their situation escalates; and directly from community organisations already supporting a resident, where the hub's role is to complement that support rather than duplicate it. This referral network is expected to widen over the life of the Fund.

9. Because the Fund runs for three years and the full system cannot be designed and commissioned all at once, Southwark's approach is to launch a deliberately pared-back starting point this Autumn, described as a minimum viable proposition (MVP) — comprising the hub, a small number of directly commissioned specialist spokes, and a fund to support smaller community organisations — with the model built out and refined over the remaining life of the Fund as evidence, capacity and demand become clearer.

10. The specialist spoke organisations fall into two categories, funded and managed differently. Category A spokes are larger, established providers — for example of immigration advice, housing advice, employment support or mental health support — commissioned directly by the Council under a formal contract, with the monitoring and reporting the Department for Work and Pensions requires. Category B spokes are smaller, community-based organisations whose value lies in trusted

relationships within specific communities; because a formal commissioning approach of this kind would be disproportionate for organisations of this size, the Council proposes is to fund these through a separate, lighter-touch Community Funding Pot, potentially administered by Community Southwark.

11. To decide what the hub can safely provide itself, and when a resident's case needs to be referred to a specialist spoke, the Task & Finish Group has applied a recognised advice-sector framework that distinguishes straightforward advice from advice that includes ongoing casework on a resident's behalf, and from more complex specialist casework. In practice, the boundary is set by case complexity together with any legal accreditation or regulatory requirements that apply — for example, immigration advice and can only lawfully be provided by specifically accredited advisers, so these sit with specialist spokes rather than the hub. Under the proposed MVP, the hub would provide advice and help with claims on benefits and social security (up to, but not including, formal tribunal representation) and debts such as rent or council tax arrears, while immigration, employment, mental health and housing needs are identified by the hub and referred into the relevant Category A spoke. A slight variation is being considered with respect to advice on FCA regulated debts (i.e., mortgage and consumer credit debt) where advisers need to be FCA approved. While this suggests a specialist spoke is needed, it may be possible to include this aspect of support within the HDO itself. A decision regarding this will be made following market engagement. Interim arrangements extending legacy advice provision are already in place offering a rudimentary Resilience Service pending appointment of the HDO.

Procurement of the Hub Delivery Organisation

12. The Council has issued a Preliminary Market Engagement (Request for Information) to test market capacity and interest ahead of a formal procurement. This is not itself the commencement of a procurement procedure and the Council is not committed to proceeding on any particular basis. Responses are due by 25 September 2026. The indicative timetable anticipates a tender notice in November 2026, a tender deadline in December 2026, evaluation and award between January and March 2027, mobilisation in March 2027, and a contract start of 1 April 2027, running to 31 March 2029 with an option to extend to 31 March 2030. The indicative maximum contract value across the full term is £2,130,000 excluding VAT.

13. Three scope questions are put to the market and remain undecided: how much debt advice the hub will provides; how the Southwark Energy Savers service should relate to the hub; and — the matter of most direct relevance to this Board — whether SIF-funded financial advice provision should form part of the hub, operate as a specialist spoke, or be delivered through a separate but connected arrangement.

SIF-funded neighbourhood pilots and alignment with Integrated Neighbourhood Teams

14. Building on the Board's December 2025 resolution and on learning from the Financial Shield pilot, the Council has proposed embedding SIF-funded financial adviser posts — “Financial Support Workers” — within the CRF Resilience Services model rather than delivering them as a standalone service. These posts would be employed by the Hub Delivery Organisation but based within a GP practice inside a pilot Integrated Neighbourhood Team, taking referrals directly from clinical and social prescribing staff and able to draw on the hub's referral pathways into both

Category A and Category B spokes. The pilot covers two neighbourhoods: Camberwell & Walworth and Peckham & Nunhead, consistent with the test-and-learn sites already identified for Neighbourhood Health Services and funded through the Strategic Investment Fund, which is directed through the “integrator”, Guy's & St Thomas' NHS Foundation Trust.

15. The case for integration was set out in a paper provided to the INT Programme Director on 17 August 2026, and rests on five points:
    - greater sustainability and operational resilience by drawing on the scale and infrastructure of a larger, well-resourced hub rather than a small standalone service;
    - stronger outcomes through integration into a broader referral network and specialist support offer, while bespoke SIF outcomes remain separately definable and monitorable, consistent with the developing CRF evaluation framework's focus on health and wellbeing alongside financial outcomes;
    - a credible path to future growth, since SIF funding currently covers one year and two neighbourhoods against CRF funding of at least two years, opening the possibility of extending provision to further neighbourhoods from 2027 subject to evaluation;
    - alignment with the wider community investment approach already built into CRF-funded Resilience Services, including the Funding Differently approach to VCS commissioning; and
    - maintaining strategic oversight. The proposed CRF governance arrangements will include a role for the integrator, providing oversight of the use of funding while also ensuring a meaningful contribution to service design, performance monitoring and future evaluation.

16. An infographic setting out the customer journeys for the proposed hub and spoke model, including the SIF funded positions within the Hub Delivery Organisation is provided in Appendix 1.

17. This proposal has secured support from INT partners. Following the August paper, the INT Programme Director reported that PCN leads were supportive of the approach, subject to clarifying points internally, and that this would be shared with the relevant Clinical Director groups. Following the Council's Preliminary Market Engagement document — which formalised the SIF question as part of the market-facing procurement — the INT Programme Director met with GP Federation leads who were content with the wording. At the time of writing, a follow-up meeting, including a Federation lead and Council officers is being scheduled for the week commencing 7 September 2026.

18. No final decision on the funding and delivery route for the SIF-funded posts has, however, yet been taken. This remains one of three open scope questions in the Preliminary Market Engagement and will be informed by market feedback, the outcome of the proposed follow-up meeting, and the Council's internal governance processes.

19. **Summary of outstanding decisions and risks**

- Funding allocations for Resilience Services, alongside future governance arrangements, have not yet been finalised and remain subject to sign-off by the Council's Executive, expected in autumn 2026.
- Whether the Southwark Wellbeing Hub requires additional CRF resourcing to meet referral-generated demand.
- Whether and how SIF-funded financial advice provision is incorporated into the Hub Delivery Organisation contract, pending the outcome of the Preliminary Market Engagement and the proposed follow-up meeting with INT partners.
- Development of the data sharing agreement, its legal basis and Data Protection Impact Assessment, and of a technology solution to support case tracking and outcome evaluation across the hub and spokes.
- Establishment of standing governance arrangements to succeed the Task & Finish Group and further development of the evaluation framework.

20. **Timeline**

- Week commencing 7 September 2026: proposed follow-up meeting between the Council, the INT Programme Director and a GP Federation lead on SIF integration.
- 25 September 2026: Preliminary Market Engagement responses due.
- Autumn 2026: report to Council Executive on future governance arrangements and finalise funding allocations for Resilience Services (date to be confirmed).
- November–December 2026: anticipated tender notice and tender deadline for the Hub Delivery Organisation contract.
- January–March 2027: anticipated evaluation and contract award.
- 1 April 2027: anticipated Hub Delivery Organisation contract start.

Policy framework implications

21. This report supports the Joint Health and Wellbeing Strategy's Healthy Communities theme, in particular action 4.1 (the cross-borough anti-poverty plan), and is directly relevant to the emerging Healthy Neighbourhoods development theme, which is intended to be the Board's key mechanism for shaping the non-clinical aspects of neighbourhood health delivery. The proposal to embed SIF-funded financial advice within Integrated Neighbourhood Teams directly delivers the Board's resolution of 11 December 2025. The report is also consistent with the Southwark Neighbourhood Health and Integrated Neighbourhood Teams programme and the NHS 10-Year Plan's shift towards prevention and community-based care. No conflicts with existing Council or Board policy have been identified.

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

22. CRF-funded Resilience Services are targeted at residents at greatest risk of financial hardship, including, for example, people living with multiple long-term physical or mental health conditions, disabled residents, unpaid carers, and — as identified through the Task & Finish Group — residents with no recourse to public funds, refugees requiring resettlement support, people leaving institutional care or prison, young people, and LGBTQ+ residents facing gaps in housing support.

Embedding financial advice within GP and neighbourhood settings is directly intended to reduce health inequalities: evaluation of the Financial Shield pilot found that 53% of residents supported reported improved mental or physical health, and that one in three made fewer GP visits, a 30% reduction. A full equality and health impact analysis will be developed as the Hub Delivery Organisation service specification and SIF integration decision are finalised; this report is a progress update and does not itself constitute a decision requiring a completed analysis.

Climate change implications

23. The proposals in this report have no material direct climate change implications. Embedding Financial Support Workers within existing GP practices, rather than establishing new premises, avoids additional built footprint, and co-locating advice within neighbourhood settings that residents already use is expected to reduce travel associated with accessing support.

Resource implications

24. The CRF provides Southwark with £5.1 million per year for at least three years (2026–2029), which funds the Resilience Services and Community Coordination strands including the Hub Delivery Organisation contract (indicative maximum value £2,130,000 excluding VAT across the full contract term). SIF funding for the neighbourhood pilots is separate, currently covers one year across two neighbourhoods, and is directed through the integrator, Guy's & St Thomas' NHS Foundation Trust. The proposal to align SIF-funded posts with the CRF model is intended to strengthen the sustainability of that provision, but no final decision on the funding route has been taken and no new financial commitment is sought from the Board through this report. More broadly, no final decisions on funding allocations for Resilience Services have yet been made; these remain subject to sign-off by the Council's Executive, expected in autumn 2026, alongside future governance arrangements.

Consultation

25. The Task & Finish Group, comprising statutory partners and VCS organisations, has been the primary mechanism for co-designing the Resilience Services model since May 2026. Bilateral engagement has also taken place with the INT Programme Director and GP Federation and Clinical Director leads on the proposal to embed SIF-funded posts within the hub model, with support confirmed in principle at two stages, as set out above. A Preliminary Market Engagement is also underway with potential providers, with responses due by 25 September 2026. Further consultation, including with a Federation lead, is proposed for the week commencing 7 September 2026.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

26. None sought for this progress update. Comments will be sought from the Assistant Chief Executive, Governance and Assurance, and the Strategic Director of Resources, as required, as the Hub Delivery Organisation procurement and the SIF integration decision progress towards a substantive decision.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Minutes of the Task & Finish Group, 16 July 2026	Southwark Council	Eugene Nixon
CRF/SIF paper on neighbourhood pilots, provided to Integrated Neighbourhood Teams, 17 August 2026	Southwark Council	Eugene Nixon
Preliminary Market Engagement (Request for Information): Crisis and Resilience Hub Delivery Organisation	Southwark Council	Eugene Nixon
Health and Wellbeing Board minutes, 11 December 2025 (Financial Shield Project Update)	Southwark Council	Eugene Nixon
Health and Wellbeing Board, Healthy Communities progress update (action 4.1), 12 March 2026	Southwark Council	Eugene Nixon

APPENDICES

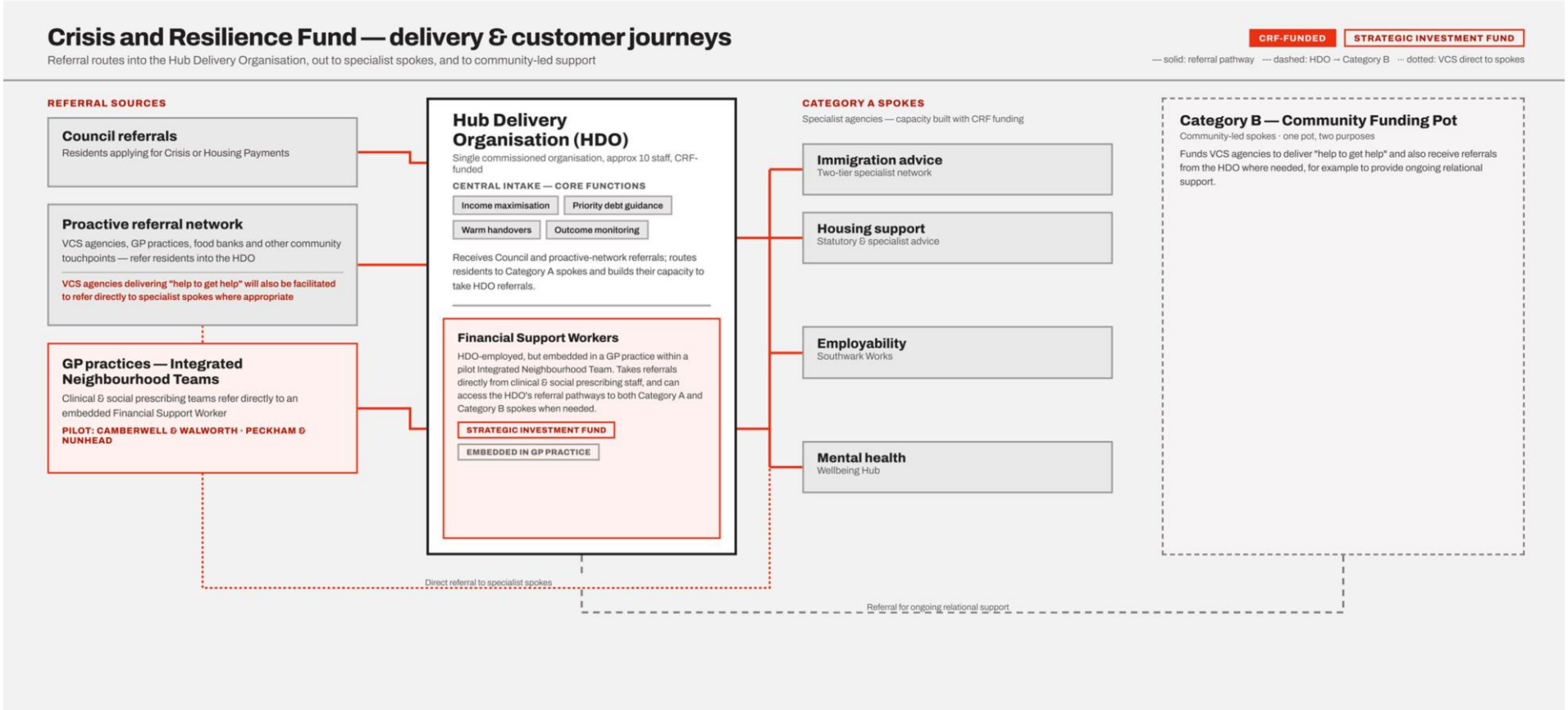
No.	Title
Appendix 1	Crisis and Resilience Fund — delivery and customer journeys (infographic)

AUDIT TRAIL

Lead Officer	Eugene Nixon, Head of Strategy & Compliance, Customer & Exchequer Resources	
Report Author	Eugene Nixon, Head of Strategy & Compliance, Customer & Exchequer Resources	
Version	Final	
Dated	8 September 2026	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Governance	No	No
Strategic Director of Resources	No	No
Director of Public Health	No	No
Executive Member with responsibility for Health and Wellbeing	No	No
Date final report sent to Constitutional Team	8 September 2026	

Appendix 1

Crisis and Resilience Fund — delivery and customer journeys



Department of Health & Social Care | Ministry of Housing, Communities & Local Government | NHS England

Southwark 19.05.26

Better Care Fund 2026-27 Narrative return

Introduction and guidance

This return has been designed to enable ICBs and local authorities, working with Health and Wellbeing Boards (HWBs), to submit information which demonstrates how their plans for the Better Care Fund (BCF) meet the national conditions and planning requirements for 2026-27. Completing and submitting the BCF narrative return is a required part of the overall BCF submission process. Planning leads should ensure that all questions within this narrative return are fully addressed.

This year, the length of the narrative return has been reduced. This reflects feedback on the benefits of a more focused BCF assurance process. In completing the return, HWBs, ICBs and local authorities may wish to develop more detailed joint plans for BCF expenditure for their own use and/or draw on other joint plans.

Each question in the return has a suggested length of around a page (around 500 words) and we would generally expect the overall submission to be around 2500 words. These act as a guide to support a more focused assurance process rather than strict limits.

The narrative provided in this return should align with the expenditure plans and the ambitions for the national metrics set out in your BCF excel numerical return.

When completing the narrative return, please use the following documents for guidance and support, these can be found on the BCF Exchange:

- **Planning Principles:** outlines what good practice looks like in relation to each narrative question and aligns with the relevant national conditions.
- **Metrics Handbook:** provides the formal technical specifications for the national metrics within the framework, including the rationale, methodology, required data inputs and worked examples.

Submission Requirements:

- Each HWB area must have its own BCF excel numerical return, but a single narrative BCF return covering multiple HWBs may be submitted where this reflects local integrated working arrangements.
- Each HWB area included in a combined narrative return should provide clarity and state any specific details relevant to the separate HWBs within the narrative questions (and more words may be required for this than a single HWB return). Local authorities, ICBs and HWBs for each area should formally sign off the shared narrative return and their individual numerical excel BCF return.

- The deadline for completing this narrative return is **19 May 2026.**
- Please submit this return to both: england.bettercarefundteam@nhs.net and your regional better care manager(s).

Submission details

Mandatory to complete, please do not submit a return without completing the details below:

Adapt as necessary	**HWB area 1**	**HWB area 2**
HWB	**Southwark**	
ICB	**South East London ICB**	
ICB		
ICB		

1. **Please provide a short statement setting out the rationale for using BCF funding to maximise delivery of integrated and preventative care linked to the relevant areas of neighbourhood health and social care services.**

Objectives of the Southwark Better Care Fund

The overarching objective of the Better Care Fund as set out in the updated planning framework is to **effectively support the delivery of integrated and preventative care**. This aligns with the longstanding objectives of the services funded from the Southwark BCF that will continue into 2026/27 which are as follows:

- **To support the shift from sickness to prevention** – including timely, proactive and joined-up support for people with more complex health and care needs; use of home adaptations and technology; and support for unpaid carers.

- **To support people living independently and the shift from hospital to home** – including help prevent avoidable hospital admissions; achieve more timely and effective discharge from acute, community and mental health hospital settings; support people to recover in their own homes (or other usual place of residence); and reduce the proportion of people who need long-term residential or nursing home care.

During 2026/27 the emphasis will be on aligning these services with the emerging neighbourhood health model and NHS Ten Year Plan delivery in line with the planning framework, laying the foundations for 2027/28 when the BCF is anticipated to be incorporated into the first Southwark Neighbourhood Health Plan.

BCF alignment to neighbourhood health and social care priorities and the ICB 5 Year Strategic Commissioning Plan

As a pilot borough in the National Neighbourhood Health Implementation Programme, partners are creating an integrated health and care model to deliver the shift of care from hospitals to communities and focusing on prevention. Initial priorities include frailty, long-term conditions, and children.

The SEL ICB 5 Year Strategic Commissioning Plan sets out how the five integrated neighbourhood teams across Southwark will roll out the successful frailty pilot scheme across all neighbourhoods. This will provide proactive co-ordinated local support to people at risk of losing their independence, preventing ill-health and avoiding the need for urgent care or care home admission. These aims and objectives clearly align strongly with the objectives of the services funded from the BCF as set out above. There is also a strong overlap between the frailty cohort the teams will initially focus on and current BCF service users.

The BCF funds the integrated Intermediate Care Southwark service, including Rehab & Reablement. It also provides extensive funding for home care services. These services are aligning their team structures with the five agreed neighbourhood footprints, and are all strongly focused on preventing admissions to hospital and care homes and securing timely and effective discharge from hospital. These are targets that are held in common by the BCF and the neighbourhood health programme further emphasising the level of alignment.

Other services funded by the BCF are part of the local network of resources that will be vital for the delivery of neighbourhood objectives even if not organised at a neighbourhood level, for example the Integrated Community Equipment Service, Disabled Facilities Grants, Telecare, hospital discharge teams, Flexi -Care, VCSE and related services.

A significant tranche of BCF funding is applied to the residential and nursing care home sector. Care homes are a key enabler of the shift from hospital to the community, and fundamental to the delivery of the two key targets around reducing delayed transfers of care and preventing avoidable hospital admissions.

The BCF also funds community based mental health services for adults, which will be an area of future focus in the neighbourhood health programme.

Changes in the 2026/27 plan

In terms of expenditure, the total budget has increased £1.279m (2.2%) to £58,847,822 in 2026/27.

The existing plan was reviewed by partners against the revised planning guidance and found to be already in alignment with the new emphasis around integrated preventative care and alignment with neighbourhoods, and no funding changes were deemed necessary to meet planning requirements. However, there have been some significant changes that relate to local priorities, rationalising funding arrangements, changes in services, value for money judgements and cost pressures. Key changes including the reasons for the changes, and the impact of the changes both in relation to services with reduced BCF funding and the positive impact of investing new funding in the growth areas, are set out below.

Changes in the 2026/27 plan (ICB expenditure)

ICB changes: significant reductions

- The Kings Outreach Therapy Service (£176,000) is no longer funded from the BCF having been absorbed into mainstream KCH funding following a successful pilot period with BCF funding. This demonstrates how the BCF can be successfully used to pilot service initiatives.

- The Homeless discharge funding (£120,000) is now sourced from central ICB funding.

- The Falls service funding is being reduced by £129,071 to align to improved accuracy of cost allocations across GSTT community services. It is not an underlying service change.

- Mental health services: ICB funded adult mental health services relating to discharge step down flats (£389,000) are being funded as a separate commissioned service through the main mental health trust contract and are no longer being treated as a BCF scheme. Similarly, the Enhanced Intervention Service (£235,181) was absorbed into the main mental health trust contract after initially being set up as a BCF funded scheme. Also, Positive Behavioural Support (£100k) is to be funded from alternative funding sources during 2026/27 from the ICB whilst a review is undertaken of total resources across SEL ICB and viability of long term funding is considered.

ICB changes: significant increases

The funding released by the above changes and the use of BCF uplift has enabled the following changes:

- The discharge support team and associated supported discharge budgets (£1,216,584) were previously part of the GSTT contract but not part of the BCF. These are being bought into the BCF to consolidate all Intermediate Care Southwark related spend into the BCF.

- Therapy services (£164,624) to align to improved accuracy of cost allocations across GSTT community services. Not an underlying service change.

- Spot purchasing of complex intermediate Pathway 2 and 3 discharges budget increased £96,644 in anticipation of continued rising demand.

- A budget of £40,000 provided to fund primary care in-reach into a bedded intermediate care unit.

- Integrated Community Equipment Service (ICES) budgets increased by £75,287 reflecting projected cost increases.

- Other community health contractual uplifts of £92,329.

These changes are in the context of a total of £12.289m budget for ICB led services, an increase of £0.536m (4.6%) on 2025/26.

Council Changes

Changes due to realignment of lines / funding

- Pathway 3 Discharge Support - Residential Care (increase £947,413). This line was re-aligned to ensure the plan reflect the appropriate funding flows. This includes the addition of the previous budget for D2A funding (council costs) (£540,600) which was freed up by a change in local arrangements for the funding of placements prior to completion of the CHC assessment process, and the Voluntary Sector Carers Services funding which was being used for residential respite to support carers (£158,000).
- Nursing Care Placements (social care costs) – increased £465,529 due largely to consolidation with Residential Care Charter budget (£500,000).
- Voluntary Sector Prevention Services. This line was reduced by £425,000 as result of re-aligning funding streams within the council. There was no reduction in the overall preventative voluntary sector investment from the council and the reduction on this line was re-invested into preventative Flexi-care accommodation. Continued expenditure on Aging Well Southwark Contract, Care Home visiting service and dementia support.
- Urgent community response reduced by £206,422 to reflect actual team configurations, budget moved to rehab and reablement.

Council Changes: Increases

- Residential Care Placements – increase of £195,227(5%) in line with year-on-year cost increases and inflationary uplift.
- Flexicare Accommodation - Preventative service (£449,503) – This scheme is added as the Council's strategic vision to reduce residential and nursing care placements. The aim is to support residents to live independently for longer.
- Disabled Facilities Grant – uplifted £75,105 from original 2025/26 BCF plan in line with grant determination (although to be noted that amount is £72,208 lower than 2025/26 final income as additional DFG received in-year).
- A range of schemes were uplifted in line with inflationary increases (including London Living Wage, staffing inflation etc)

Council Changes: Reductions

- Telecare – This line was reduced by £102,000 in line with changes to the service and the introduction of revised criteria for provision.

- Avon Unit bedded step down reduced in line with VFM decisions to close unit (£195,227 reduction in reablement budget).
- Discharge to Assess Council costs (£540,600): this 2025/26 budget was transferred to the main residential care budget under revised CHC funding arrangements. Overall investment in discharge to assess was not reduced by this change.

These changes are in the context of a total budget of £46,558,939 for local authority led services, an increase of £660k (3%) on 2025/26.

Intermediate Care Southwark

The Intermediate Care Southwark service funded by the BCF provides reablement, rehabilitation and intermediate care through a single integrated team incorporating social care and community health. The key aim of the service is admissions avoidance and supporting safe and effective discharge, supporting a successful home first discharge and reablement strategy that is not reliant on significant bed based services.

This is a particularly mature model in Southwark, first established in 2018, and it has continued to develop in line with the best practice set out in the BCF framework as “business as usual”. This has helped to target limited resources more effectively and deliver improved outcomes. The multidisciplinary team brings together six professional groups: social work, occupational therapy, community nursing, physiotherapy, pharmacy, and speech and language therapy.

Recent improvements include the establishment of a BCF-funded care home liaison team, aiming to reduce the delayed transfers of care for new residents into care homes. This has also strengthened the interface between care homes and hospitals, helping to minimise hospital admissions. Where admissions do occur, improved communication ensures that key care information is shared promptly and supports safe, well-coordinated discharge back to the care home. Data from the maturing EPIC system is being increasingly used to help plan for the use of resources to match demand and capacity, including the rostering of staff, as well as better understanding the flow of patients through the system. Commissioner’s ability to ensure capacity matches demand is limited by the need to operate within finite budget resources. However, for home based intermediate care, residents being discharged home have their reablement support commence immediately after discharge with the commissioned care provider, shortly followed by assessments and therapy input. Contracting arrangements have successfully ensured sufficient capacity is available for this purpose.

During 2025/26, a proactive review of a 17-bed unit providing reablement and discharge-to-assess placements helped to optimise the balance between bed-based and home-based intermediate care. Based on value for money (including void levels), affordability, length of stay and patient outcomes, partners agreed to build on the strengths of the successful home-based

model by transitioning away from this bed-based approach. The unit is instead used as additional nursing care, responding to a recognised area of high demand and capacity pressure.

2. **Please provide a brief explanation of the rationale for how you have set out goals for the metrics of non-elective admissions (for those 65 years old and over) and delayed discharges. Please also set out how you will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement, including through any locally agreed goals for long term admissions to residential care and nursing homes.**

Non-elective admissions for over 65 year olds target

The 2026/27 target set for non-elective admissions reflects an ambitious reduction of around 6% on 2025/26. This is based on our acute provider operational plan trajectories, which have been mapped to Southwark. The level of reduction reflects an assumed shift away from non-elective admissions arising from two main drivers:

- Targeted reduction of non-elective admissions in line with Medium Term Planning Framework. This is supported by the assumption that ICBs will deliver more urgent care in the community and reduce avoidable admissions through the neighbourhood agenda aligned with BCF related services.
- The shift of activity from non-elective inpatient admissions to Same Day Emergency Care (SDEC) SDEC type services, including Extended Emergency Medicine Ambulatory Care (EEMAC).

The target is subject to revision if there is a change in counting and coding for some ED Type 5 activity, which may be reclassified as non-elective admissions under recent “Model ED” guidance.

The target is considered to be especially stretching when taking into account the aging population in Southwark. The projected change in over 65’s between 2025 and 2027 alone is 8% (source: POPPI). The numbers of older people with dementia and long terms conditions is also rising correspondingly, with, for example, a 4% rise in dementia and 7% rise in CVD over the same period.

Discharge targets

The targets set for discharge have been retained at 2025/26 levels, which have proved very challenging to meet locally. However, these are felt to be valid targets that should be attained through existing system flow initiatives. National data quality concerns render meaningful benchmarking difficult, however the data does suggest significantly higher average days delayed for those not discharged on the discharge ready date. It is noted that these metrics are expected to be subject to a national re-launch with more precise guidance to ensure greater accuracy and consistency. The ICB will work with Trusts on any data quality issues in relation to Southwark patients. This may well impact significantly on baseline performance and

benchmarking. Should that be the case Southwark will seek to submit revised 2026/27 BCF targets.

The targets align with the level of ambition set out in the planning submissions of our main local trusts.

There are a wide range of BCF schemes that will contribute to this target (see Q3) but of particular note is the support provided by Intermediate Care Southwark and Discharge to Assess pathways.

Ongoing improvement plans for discharge are overseen by the multi-agency Discharge Operational Delivery Group covering Southwark and Lambeth partners.

Care Home Admissions

The partnership will continue to monitor local data on permanent care home admissions against the target which will be to maintain rates at 2025/26 levels. This target has been met during 2025/26, however, it remains challenging in the demographic context set out for the non-elective admissions target.

The increased investment in Flexicare housing as an alternative to permanent care home admission is a key enabler for this target. Reduced admissions will also be an expected outcome of the Integrated Neighbourhood Team frailty, end of life and long term conditions work.

Reablement outcomes

Monitoring of reablement outcomes continued in Southwark after the withdrawal of the previous target from the BCF and will continue with a focus on the re-defined target. From Q1 there will be monthly reporting of the new measure in the adult social care dashboard, which will feed into our BCF quarterly monitoring. Targets will be developed when more baseline data and benchmarking information is available. There is also monitoring of the proportion of patients receiving reablement on discharge and outcomes in terms of reduced ongoing needs for long term care services after reablement.

Monitoring performance

As stated in the governance section, the Joint Commissioning Oversight Group receives routine benchmarking and trend reports on the three main targets and subsidiary metrics taken from the DHSC BCF dashboard. The performance dashboards are also reported to the Integrated Governance and Assurance Committee and the Partnership Southwark Strategic Board for information.

3. **Please provide a short explanation of the planned impact of BCF funding on achievement of goals.**

In planning the BCF for 2026/27 a mid-year review was undertaken which included an assessment of how well services contribute to the main BCF targets and goals. It was judged that the services being carried forward into the 2026/27 plan have a very clear link to delivery of one or more BCF targets, with a number impacting on all three. All services have good alignment with the overall goal of effectively supporting the delivery of integrated and preventative care

Overall, the Southwark BCF will support the shift from hospital to home by funding services that help ensure that avoidable hospital and care home admissions are prevented and that patients who are admitted to hospital are supported to be safely and effectively discharged as soon as they are ready for discharge.

These services will be operating within the strategic framework that underpins the Neighbourhood Health Model, focusing on proactive integrated care targeted at those at risk of admission to hospital.

Specific examples of how BCF services impact on targets are set out below:

Target 1: Minimising non-elective inpatient admissions to hospital for over 65s

- Home care packages offer tailored support vital to enable people to continue living safely and independently in their own home, reducing avoidable care home admissions and hospital admissions and essential for supporting discharge arrangements. (Schemes 1, 18)
- Intermediate Care Southwark “step up” reablement and rehab services provide urgent community response services to those identified as in need of immediate support to prevent admission. (Schemes 4,7, 20, 24, 34)
- Intermediate Care Southwark “step down” services help ensure that people discharged from hospital are supported to regain independence, reducing the rate of readmission. (Schemes 4,7, 20, 24, 34)
- GSTT @home services provide hospital at home type services to reduce the need for inpatient admissions (Scheme 24)

- Telecare and community equipment and disabled facilities grants all help ensure a safe home environment for those at risk of admissions, for example in relation to falls. (Schemes 13,14,23, 29)
    - The falls service works with people who are at risk of admission due to falls, and supports care homes in reducing the risk of falls. (Scheme 25)

- The Palliative Care @home service supports people to die in their normal place of residence if in line with their wishes, without the need for emergency admissions (Scheme 26)
- Support for carers help maintain the ability of informal carers to support their loved ones, without which hospital admissions would increase (Scheme 16)

Target 2: Minimising the number of patients discharged from hospital after their discharge ready date and average days of delay

- Residential Care and Nursing Care, including permanent admissions and Discharge to Assess temporary placements, are key services in reducing average delays in hospital discharge. (Schemes 2, 3, 19, 21, 30, 35). Shortfalls in capacity in these services are a key driver of discharge delays and the substantial BCF investment in these services is crucial.
- The discharge system in Southwark embodies a strong ethos on "home first" discharge to assess, and has relatively low reliance on bed based step down options. Funding for intermediate care providing reablement and rehab packages is essential for safe and effective discharge as part of this approach. (Schemes 4,7, 20, 24,34). The initial home care support is also vital as part of the pathway (Scheme 1).
- The additional funding provided from the BCF for Community Equipment has been key is maintaining this service, which can frequently be a cause of delayed discharge.
- Complex health funded P2 and P3 discharges fund high needs intermediate step down placements without which long delays would often result. (Scheme 30)

Target 3: Minimising permanent care home admissions

- Flexicare services that provide flexible care within a housing scheme to maximise a person's independence and reduces long term nursing and residential care admissions. (Schemes 17,22)
- The discharge service has a strong "home first" approach focussed on provision of intermediate care at home. (Scheme 5)
- All services listed above as helping hospital admissions avoidance also contribute to the goal of care home admissions avoidance. Services that support people to live independently at home, such as intensive home care, provide both an alternative to permanent care home admission, and prevent the deterioration and loss of independence that can necessitate care home admission. In addition, by avoiding hospital admission there is reduced chance of needing to be discharged to a care home.

4. **Please outline how ICBs and local authorities have confidence that the services funded through the BCF represent value for money, and how they will seek to raise the productivity of services.**

Joint commissioning arrangements – focus on value for money

Southwark has a longstanding integrated commissioning team for health and social care that ensures that value for money considerations are built in to each stage of the commissioning cycle. The commissioning framework in use (VERQ: Visibility, Evidence, Relationship, Quality) ensures a systematic focus on the use of benchmarking to identify value for money opportunities and optimal service and pricing models. Needs are identified and the required outcomes are defined to ensure appropriate targeting of resources, procurement arrangements ensure optimal provider arrangements balancing cost and quality, and contract delivery is monitored.

The Joint Commissioning Oversight Group oversees these arrangements for jointly funded services and plays a key role in leading the development and delivery of the BCF on behalf of the Health and Wellbeing Board, including the review of business cases for new service development and evaluation reports. The group's membership includes the ICB Place Executive Lead and Council Strategic Director for Integrated Health and Care, the Director of Adult Social, the joint Director of Integrated Commissioning, the Director of Partnership Delivery and Sustainability and the council/ICB Director of Finance representatives.

Additional assurance is provided by the Age Well Commissioning Board which oversees key procurements and contracts such as for home care.

Intermediate Care Southwark (as described in Q1) has specific oversight arrangements to help ensure services are delivering value for money, including a joint GSTT and local authority forum. The overall GSTT contract is managed by the SELICB planning team, and has a contract monitoring board that is attended by Southwark commissioners.

Strong governance within partner organisations

Both the council and the ICB have a duty to secure best value that is thoroughly embedded within the governance arrangements of each organisation, including procurement, scheme of delegation, budget and financial management and audit. It is the responsibility of the lead organisation for each BCF scheme to ensure value for money is obtained in line with their organisational requirements.

Budget processes

Both the ICB and Council have to manage finite resources that are under extreme pressure and have developed challenging annual budget setting processes that have a rigorous focus on identifying potential efficiency savings.

Health services funded from BCF

As stated above the ICB and local authority have confidence that BCF funded services represent value for money through robust strategic commissioning, governance, and ongoing performance management arrangements. Performance is also reported and referenced at Provider Contract Monitoring Boards (CMBs), at regular intervals during the year, to ensure oversight. In South East London, BCF investment is aligned to the ICB's Medium Term Financial Strategy (MTFS), which provides a clear allocative framework linking funding decisions to population need, agreed outcomes, and national priorities such as prevention, community-based care and reducing inequalities.

Investment decisions are increasingly subject to explicit tests of return on investment, benefits realisation and value for money, including post-investment review and reprioritisation where schemes do not demonstrate sufficient impact. The use of weighted population approaches and targeted funding provides further assurance that resources are directed to areas of highest need.

Productivity improvement is a core requirement within the financial framework. All services are expected to contribute to system-wide efficiency and productivity gains, including those funded through the BCF. This is supported by a combination of embedded efficiency assumptions within funding uplifts (2% in 26/27), service redesign, and integration at place and neighbourhood level to shift activity away from higher-cost acute settings

System sustainability

The focus of BCF services is to help ensure system sustainability by preventing or delaying the need for more intensive services such as hospital or care home admission. This helps deliver whole system value for money, maximising outcomes from the "Southwark £", a guiding principle of the local care partnership.

Examples of how value for money have been achieved include:

- Intermediate Care Southwark restructured its service model moved to a new neighbourhood patch based approach, which is considered to have significantly increased efficiency by linking in more effectively with local networks and community assets. It has also rationalised how care hours are better targeted to have the greatest impact working with MDTs.

- Past decisions to step down BCF services deemed to be no longer delivering value for money including the Nightowls overnight home care service and the Avon Unit for bedded step down intermediate care.
- The recent home care tender used benchmarking to inform the tender evaluation and pricing model.
- BCF funding for Flexicare has increased over time, which is serving as an alternative to Residential and Nursing Care that offers better quality and outcomes as well as improved value for money.
- The care home commissioning strategy has developed lower cost care options through the strategic use of council owned land and buildings.

5. Please outline your robust joint governance for managing the expenditure of BCF funding, including assessing impact of funding, value for money and continuous improvement.

The BCF plan is agreed between the council and the ICB prior to approval by the Health and Wellbeing Board. After a draft has been agreed through the Joint Commissioning Oversight Group it is formally agreed through each organisation's respective governance requirements, including Chief Executive and Director of Finance sign off as required by the guidance. (See Q4 for further details about the Joint Commissioning Oversight Group).

The Southwark Health and Wellbeing Board does not allow for delegated approval of the BCF submission, and has elected not to hold extraordinary meetings for sign off arrangements. It will therefore be approved at the next Health and Wellbeing Board after submission. The date for this has not been set but is expected to be 18 June 2026.

Following submission to NHSE the plan is subject to both the regional and national assurance process and any comments or suggestions received to improve the plan are addressed.

The pooled budget arrangements are governed by a Section 75 agreement between the council and the ICB which sets out in detail the shared responsibilities to implement the planned spending as agreed. This Section 75 agreement is formally finalised and signed after the national approval letter has been received.

The BCF is subject to quarterly and year end reporting to NHSE on performance and finance. This is reviewed by the Joint Commissioning Oversight Group on behalf of the Health and Wellbeing Board and agreed by the council and ICB before submission.

Each scheme in the BCF is assigned a lead organisation responsible for the expenditure on that budget which is managed within the governance arrangements of the lead organisation.

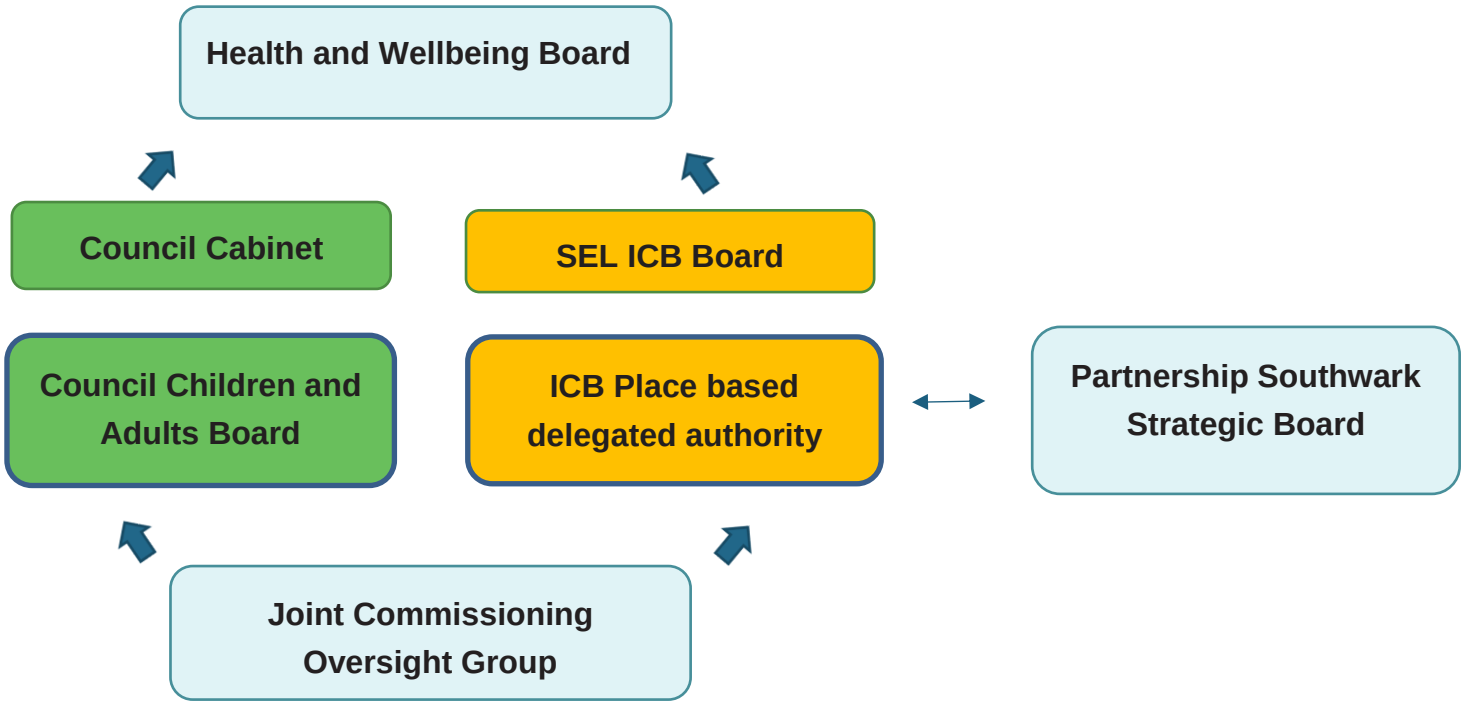
The Joint Commissioning Oversight Group meets bi-monthly and reviews the development and delivery of the BCF Plan, including oversight of the quarterly monitoring process. The group includes the Director of Adult Social Care, the Director of Integrated Commissioning (joint post) the Strategic Director for Integrated Health and Care/Southwark Place Executive lead (joint post), the ICB Director of Partnership Delivery and Sustainability and the Finance leads from the council and ICB.

The monitoring information reviewed by the Joint Commissioning Oversight Group also includes bi-monthly detailed spend and projections for each scheme, including overspends. For performance the group receives benchmarking and trend charts on the three main targets and subsidiary metrics taken from the DHSC BCF dashboard.

The performance dashboards are also reported to the Integrated Governance and Assurance Committee and the Partnership Southwark Strategic Board for information. The board requested a deep dive on the subject of discharge delays performance arising from this report. This resulted in revised action plans in the discharge teams, illustrating that the governance arrangements do have impact.

It is anticipated that during 2026/27 the governance will be reviewed to reflect BCF reforms and the intended merging of the BCF into Neighbourhood Health Plan governance in 2027/28.

Summary: Governance Structure for the Southwark BCF



Better Care Fund 2026-27 Numerical Template

2. Cover

Version 1.0

Please Note:
- The BCF numerical template is categorised as 'Management Information' and data from them will be published in an aggregated form on the NHS England website and gov.uk. This will include any narrative section. Some data may also be published in non-aggregated form on gov.uk. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners (MHCLG, DHSC, NHS England) to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Governance and Sign off

			Complete:
Health and Wellbeing Board:	Southwark		Yes
Confirmation that the plan has been signed off by Health and Wellbeing Board ahead of submission - Plans should be signed off ahead of submission.	No		Yes
If no indicate the reasons for the delay.	No scheduled Health and Wellbeing Board meeting prior to submi		Yes
If no please indicate when the HWB is expected to sign off the plan:	Thu 18/06/2026	<< Please enter using the format, DD/MM/YYYY	Yes

Submitted by:	Adrian Ward	Yes
Role and organisation:	BCF lead (Southwark) South East London ICB	Yes
E-mail:	adrian.ward@selondonics.nhs.uk	Yes
Contact number:	0208 176 5349	Yes
Documents submitted (please select from drop down) **In addition to this template the HWB are submitting the following:**	Narrative	Yes

	Role:	Professional title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Organisation	
Health and wellbeing board chair(s) sign off	Health and wellbeing board chair	Cllr	Evelyn	Akoto	cllrevelyn.akoto@southwark.gov.uk		Yes
	Health and wellbeing board chair						

Named accountable person	Local authority chief executive	n/a	Althea	Loderick	althea.loderick@southwark.gov.uk		Yes
	ICB chief executive 1	n/a	Andrew	Bland	andrew.bland@selondonics.nhs.uk	NHS SEL ICB	Yes
	ICB chief executive 2 (where required)						
	ICB chief executive 3 (where required)						
Finance sign off	LA section 151 officer	n/a	Clive	Palfreyman	clive.palfreyman@southwark.gov.uk		Yes
	ICB finance director 1	n/a	Mike	Fox	mike.fox@selondonics.nhs.uk	NHS SEL ICB	Yes
	ICB finance director 2 (where required)						
	ICB finance director 3 (where required)						
Area assurance contacts	Local authority director of adult social services	n/a	David	Quirke-Thornton	David.Quirke-Thornton@southwark.gov.		Yes
	DFG lead	n/a	Keith	Kiernan	Keith.Kiernan@southwark.gov.uk		Yes
	ICB place lead 1	n/a	Darren	Summers	darren.summers@selondonics.nhs.uk	NHS SEL ICB	Yes
Please add any additional key contacts who have been responsible for completing the plan	ICB place lead 2 (where required)						
	ICB place lead 3 (where required)						
	Head of Planning, Performance and Business Support, SELICB	n/a	Adrian	Ward	adrian.ward@selondonics.nhs.uk	NHS SEL ICB	
	Director of Joint Commissioning	n/a	Claire	Belgarde	Belgard, Claire <claire.belgard@southwark	Joint post	

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your better care manager(s).

	Complete:
2. Cover	Yes
3. Income	Yes
4. Expenditure	Yes
5. Metrics	Yes
6. National Conditions	Yes

^^ Link back to top

Better Care Fund 2026-27 Numerical Template

3. Income

Selected HWB: Southwark

Local authority contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Southwark	£2,167,336
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum local authority contribution (exc local authority BCF grant)	**£2,167,336**

Local authority better care grant (LABCG)	Contribution
Southwark	£22,017,633
Total Local authority better care grant	**£22,017,633**

Are any additional local authority contributions being made in 2026-27? If yes, please detail below	No

Complete:

Yes

Local authority additional contribution	Contribution	Comments - Please use this box to clarify any specific uses or sources of funding
Total additional local authority contribution	**£0**	

Yes

NHS minimum contribution	Contribution
NHS South East London ICB	£34,662,853
Total NHS minimum contribution	**£34,662,853**

Are any additional NHS contributions being made in 2026-27? If yes, please detail below	No

Yes

Additional NHS contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total additional NHS contribution	**£0**	
Total NHS contribution	**£34,662,853**	

Yes

	2026-27
Total BCF pooled budget	**£58,847,822**

Funding contributions comments For any useful details please use the text box below (for no additional comments, insert 'NA')
n/a

Yes

Better Care Fund 2026-27 Numerical Template

4. Expenditure

Selected Health and Wellbeing Board: Southwark

	2026-27		
Running Balances	Income	Expenditure	Balance
DFG	£2,167,336	£2,167,336	£0
NHS Minimum Contribution	£34,662,853	£34,662,853	£0
Local Authority Better Care Grant	£22,017,633	£22,017,633	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£0	£0	£0
Total	**£58,847,822**	**£58,847,822**	**£0**

Required spend on adult social care from NHS minimum allocations

	2026-27	
	Minimum required spend	Planned Spend
Adult Social Care services spend from the NHS minimum allocations	£22,373,970	£22,373,970

Checklist

Column complete:

	Yes	Yes	Yes	Yes	Yes

Number	Category of scheme	Description of scheme	Source of funding	Adult Social Care Spend	Expenditure for 2026-27 (£)
1	Long-term home-based social care services	Pathway 1 Discharges - Care at Home	NHS Minimum Contribution	Yes	£4,018,003
2	Long-term residential/nursing home care	Pathway 3 Discharge Support - Nursing Care	NHS Minimum Contribution	Yes	£3,576,280
3	Long-term residential/nursing home care	Pathway 3 Discharge Support - Residential Care	NHS Minimum Contribution	Yes	£3,844,668
4	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Intermediate Care Southwark - Rehab and Reablement	NHS Minimum Contribution	Yes	£1,292,000

5	Discharge support and infrastructure	Transfer of Care Service -staffing costs	NHS Minimum Contribution	Yes	£2,109,000
6	Urgent community response	Intermediate Care Southwark - Urgent Community Response	NHS Minimum Contribution	Yes	£409,000
7	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Reablement Care	NHS Minimum Contribution	Yes	£1,970,000
8	Long-term home-based social care services	Community Mental Health Services	NHS Minimum Contribution	Yes	£711,658
9	Wider local support to promote prevention and independence	Enhanced Psychological Support for those with LD	NHS Minimum Contribution	Yes	£29,725
10	Personalised budgeting and commissioning	Learning Disability - Personal Budgets	NHS Minimum Contribution	Yes	£234,843
11	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Mental Health Reablement	NHS Minimum Contribution	Yes	£366,640
12	Personalised budgeting and commissioning	Mental Health - Personal Budgets	NHS Minimum Contribution	Yes	£1,013,434
13	Assistive technologies and equipment	Integrated Community Equipment Services (ICES)	NHS Minimum Contribution	Yes	£1,057,836
14	Assistive technologies and equipment	Telecare	NHS Minimum Contribution	Yes	£521,995
15	Wider local support to promote prevention and independence	Voluntary Sector Prevention Services (council spend) – range of services provided by the voluntary sector to promote independence including care home visit, aging well Southwark, disability hub and associated services.	NHS Minimum Contribution	Yes	£527,385
16	Support to carers, including unpaid carers	Range of different carers offers including respite, carers groups, advisory support and signposting	NHS Minimum Contribution	Yes	£242,000
17	Housing related schemes	Care support for Flexicare schemes - Preventing long term residential and nursing care placements.	NHS Minimum Contribution	Yes	£449,503
18	Long-term home-based social care services	Home care support to enable residents to return home from hospital – supporting home first approach. Includes costs of ethical care charter.	Local Authority Better Care Grant	Yes	£10,783,338

19	Long-term residential/nursing home care	Nursing Care Placements (Council costs)	Local Authority Better Care Grant	Yes	£6,866,878
20	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Reablement care	Local Authority Better Care Grant	Yes	£1,795,000
21	Long-term residential/nursing home care	Residential Care Placements	Local Authority Better Care Grant	Yes	£1,676,178
22	Housing related schemes	Flexicare and Stepdown accommodation	Local Authority Better Care Grant	Yes	£896,239
23	Disabled Facilities Grant related schemes	Disabilities Facilities Grant	DFG	Yes	£2,167,336
24	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Admissions avoidance - Enhanced Rapd Response, Discharge support, Intermediate Care Southwark and @home .	NHS Minimum Contribution	No	£6,214,754
25	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Falls Service (GSTT community health)	NHS Minimum Contribution	No	£533,387
26	End of life care	Palliative Care at Home (GSTT community health)	NHS Minimum Contribution	No	£603,835
27	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Therapy Services - Occupational Health, Foot Health, Speech & Language (GSTT community health)	NHS Minimum Contribution	No	£503,465
28	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Neuro - Rehabilitation Team. Home based rehab pathway (GSTT community health)	NHS Minimum Contribution	No	£215,290
29	Assistive technologies and equipment	Community Equipment Service	NHS Minimum Contribution	No	£1,233,045
30	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Pathway 2 & 3 Discharges - complex health funded intermediate placement	NHS Minimum Contribution	No	£1,170,360
31	Short-term home-based social care (excluding rehabilitation, reablement or recovery services)	Discharge to Assess (Social Worker costs)	NHS Minimum Contribution	No	£120,000
32	Discharge support and infrastructure	Care Home Liaison Service - joint funded scheme ICB element	NHS Minimum Contribution	No	£60,000
33	Wider local support to promote prevention and independence	Voluntary Sector Prevention Services (ICB attributed spend) – range of services provided by the voluntary	NHS Minimum Contribution	No	£378,163
34	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Funding to GSTT element of Intermediate Care Southwark to support hospital discharge and avoid admissions. Includes double handed care.	NHS Minimum Contribution	No	£1,216,584
35	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Pulross Intermediate Care unit GP support	NHS Minimum Contribution	No	£40,000

4a. Expenditure Guidance

Guidance for completing expenditure sheet

1. Please enter spend information in the bottom table starting cell B30 including the category of spend which is a dropdown containing the categories listed in the table below. You must also enter scheme-level detail for the line of spend in 'Description of Scheme' with the appropriate level of information keeping this relatively succint, for example 'Community Health Rehabilitation' or 'MSK services' or 'Integrated Crisis and Rapid Response' would be sufficient. Please also enter source of funding which determines the total spend appearing in the source of funding table at the top. Ensure a 'Number' is entered in the 'Expenditure for 2026-27 (£)' so that the validation boxes can be marked as complete.

2. Please ensure 'Adult Social Care Spend' is marked 'Yes' when the money is spent on Adult Social Care across any funding source.

Scheme Types

Number	Category of scheme	Description
1	Assistive technologies and equipment	Using technology in care processes to support self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Housing related schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
3	DFG related schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place.
4	Wider support to promote prevention and independence	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and wellbeing.

5	Short-term home-based intermediate care (rehabilitation, reablement and recovery services)	Short-term (up to 6 weeks), therapy-led services in the person's usual residence (home or care home), following the 'Home First' principle. For adults 18+ to regain independence post-illness/injury/discharge (step-down) or prevent admissions/long-term care (step-up). Person-centred, with initial assessment and regular reviews; led by registered therapists (physiotherapists, occupational therapists, speech/language therapists) plus support from unregistered workers and other professionals (nurses, doctors, social workers). Outcomes: better function, confidence, wellbeing; less carer reliance and long-term care demand. Domiciliary social care (personal care, domestic help) included only within a rehab/reablement-focused package.
6	Short-term home-based social care (excluding rehabilitation, reablement and recovery services)	Short-term domiciliary social care (e.g. personal care, help with domestic tasks, voluntary sector support), except where it is provided as part of a package that also includes rehabilitation, reablement and/or recovery services.
7	Long-term home-based social care services	Ongoing social care services (e.g. personal care, help with domestic tasks), helping people continue to live at home and maintain independence.
8	Long-term home-based community health services	Ongoing health services provided in people's own homes or in other non-residential community-based settings.
9	Bed-based intermediate care (short-term bed-based rehabilitation, reablement or recovery)	Short-term (up to 6 weeks), therapy-led services in a community bed-based setting (e.g. community hospital, care home bed or designated facility). For adults 18+ to regain independence post-hospital stay (step-down) or prevent avoidable admission/long-term residential care (step-up from community). Person-centred, with initial assessment and regular reviews; led by registered therapists (physiotherapists, occupational therapists, speech/language therapists) plus multi-disciplinary support (unregistered workers, nurses, doctors, others as needed). Where safe and appropriate, transition to home-based intermediate care is required to continue recovery at usual residence. Outcomes: improved function, confidence, wellbeing; reduced acute admissions, readmissions and long-term social care demand. May include mixed health and social care interventions.
10	Long-term residential or nursing home care	Ongoing care provided in a residential care home or nursing home for people who need more intensive or specialised support than can be provided at home.
11	Discharge support and infrastructure	Services and activity to enable discharge. Examples include multi-disciplinary/multi-agency discharge functions or Home First/ Discharge to Assess process support/ core costs.
12	End of life care	Schemes specifically designed to provide care and support for people nearing the end of life.
13	Support to carers, including unpaid carers	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.

14	Evaluation and enabling integration	Schemes that monitor or evaluate the impact of integrated care schemes. Schemes or services that enable integrated care, such as (but not necessarily limited to): - Joint commissioning arrangements - Integrated care planning - Helping people navigate services - Workforce development or recruitment and retention
15	Urgent Community Response	Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
16	Personalised budgeting and commissioning	Various person centred approaches to commissioning and budgeting, including direct payments.
17	Other	This should only be selected where the scheme is not adequately represented by the above scheme types.

Better Care Fund 2026-27 Numerical Template

5. Metrics for 2026-27

Selected Health and Wellbeing Board: Southwark

5.1 Non-Elective admissions

		Apr 25 Actual	May 25 Actual	Jun 25 Actual	Jul 25 Actual	Aug 25 Actual	Sep 25 Actual	Oct 25 Actual	Nov 25 Actual	Dec 25 Actual	Jan 26 Actual	Feb 26 Actual	Mar 26 Actual
Non elective admissions to hospital for people aged 65 and over per 100,000 population	Rate	1,918	1,883	1,743	1,848	1,813	1,778	1,848					
	Number of admissions 65+	550	540	500	530	520	510	530					
	Population of 65+*	28,682	28,682	28,682	28,682	28,682	28,682	28,682					
		Apr 26 Plan	May 26 Plan	Jun 26 Plan	Jul 26 Plan	Aug 26 Plan	Sep 26 Plan	Oct 26 Plan	Nov 26 Plan	Dec 26 Plan	Jan 27 Plan	Feb 27 Plan	Mar 27 Plan
	Rate	1,680	1,478	1,538	1,712	1,611	1,628	1,747	1,471	1,586	1,632	1,541	1,586
	Number of admissions 65+	482	424	441	491	462	467	501	422	455	468	442	455
	Population of 65+	28,682	28,682	28,682	28,682	28,682	28,682	28,682	28,682	28,682	28,682	28,682	28,682

Complete:

Yes

Source: https://digital.nhs.uk/supplementary-information/2025/non-elective-inpatient-spells-at-english-hospitals-occurring-between-01-04-2020-and-30-11-2024-for-patients-aged-18-and-65

5.2 Discharge delays

*Dec Actual onwards are not available at time of publication

	Apr 25 Actual	May 25 Actual	Jun 25 Actual	Jul 25 Actual	Aug 25 Actual	Sep 25 Actual	Oct 25 Actual	Nov 25 Actual	Dec 25 Actual	Jan 26 Actual	Feb 26 Actual	Mar 26 Actual
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	0.95	1.07	1.24	1.27	0.91	1.28	1.19	0.95				
Proportion of adult patients discharged from acute hospitals on their discharge ready date	89.8%	89.6%	87.4%	88.9%	90.8%	90.1%	88.7%	88.1%				
For those adult patients not discharged on DRD, average number of days from DRD to discharge	9.3	10.4	9.9	11.5	9.9	12.9	10.5	8.0				

	Apr 26 Plan	May 26 Plan	Jun 26 Plan	Jul 26 Plan	Aug 26 Plan	Sep 26 Plan	Oct 26 Plan	Nov 26 Plan	Dec 26 Plan	Jan 27 Plan	Feb 27 Plan	Mar 27 Plan	
Average length of discharge delay for all acute adult patients	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	
Proportion of adult patients discharged from acute hospitals on their discharge ready date	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	Yes
For those adult patients not discharged on DRD, average number of days from DRD to discharge	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	Yes

Source: https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/

5.3 Admissions to residential and nursing care homes

		Rolling 12 month total until end of quarter date indicated								
		Actual Ending 31-12-2024	Actual Ending 31-03-2025	Actual Ending 30-06-2025	Actual Ending 30-09-2025	2026-27 Plan Ending 30-06-2026	2026-27 Plan Ending 30-09-2026	2026-27 Plan Ending 31-12-2026	2026-27 Plan Ending 31-03-2027	
Long-term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population	Rate	603.2	655.5	557.8	620.6	585.7	585.7	585.7	585.7	
	Number of admissions	173	188	160	178	168	168	168	168	Yes
	Population of 65+*	28,682	28,682	28,682	28,682	28,682	28,682	28,682	28,682	

*Population of people aged 65 and above are based on the latest available mid-year estimates from the ONS

Better Care Fund 2026-27 Numerical Template

6: National Condition Planning Requirements

Health and wellbeing board: Southwark

HM Government

NHS England

National Condition	Planning requirement	Assurance statement	Yes/No to assurance statement	Where the planning requirement or assurance statement is not met, please note the actions in place towards meeting the requirement	Timeframe for resolution
National Condition 1: effectively support the delivery of integrated and preventative care **ICBs and local authorities must develop joint plans, agreed by health and wellbeing boards, outlining how ICBs and local authorities intend to use BCF funding to deliver more integrated and preventative care, linked to the relevant areas of neighbourhood health and social care services.**	**ICBs and local authorities must have considered how to use the BCF most effectively to support the delivery of more integrated and preventative services, particularly supporting those with more complex health and social care needs. This must include setting out how the funding will be used to develop the quality, efficiency and outcomes from intermediate care.**	**Named ICB and local authority chief executives and named HWB chair must confirm that BCF expenditure is agreed and aligned with wider strategic objectives for neighbourhood health and social care.**	Yes	Note that HWB Board will not be meeting until after the election, expected date is 18th June.	
	ICBs and local authorities must set out plans that: **- show reasonable progress in the metrics of non-elective admissions (for people aged 65 and over) and delayed discharges** **- show how they will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement** **- include the specific contribution of BCF-funded services.**				
	ICBs and local authorities must demonstrate that their plans for the use of the BCF represent value for money and improve overall productivity				
National Condition 2: comply with expenditure and grant conditions **ICBs and local authorities must comply with all national grant and funding conditions and deliver in accordance with their approved return. ICBs must maintain the NHS minimum contribution to adult social care**	**ICBs and local authorities must pool their designated minimum contribution (in the case of ICB partners) and the Local Authority Better Care Grant and DFG (in the case of local authority partners). ICBs and local authorities are able to voluntarily pool additional funding through the BCF where they consider this is likely to lead to an improvement in the services being funded.**				

Complete:

Yes

and pool NHS BCF contributions into a section 75 (of the NHS Act 2006) pooled fund.	The NHS minimum contribution to adult social care must be met and maintained by the ICB in line with the published BCF allocations. This represents an increase of 4.4% in each health and wellbeing board area.	ICBs and local authorities confirm compliance with BCF national grant and funding conditions, and that they will deliver in accordance with approved spend and BCF numerical return, including maintaining the NHS minimum contribution to adult social care.	Yes			Yes
	Local authorities must comply with the grant conditions of the Local Authority Better Care Grant and the DFG, including the pooling of funding.	ICBs and local authorities confirm they will pool funds through Section 75 agreements by 30th September 2026.	Yes			Yes
National Condition 3: - effective governance, reporting and engagement ICBs and local authorities must comply and engage with BCF planning, governance and reporting requirements including adherence to any assurance and oversight processes.	ICBs and local authorities must have effective joint governance is in place to ensure local accountability for delivery of outcomes, including reviewing performance against plan objectives and local goals, and taking action if necessary to bring delivery back on track.					
	ICBs, local authorities and health and wellbeing boards are required to engage with BCF reporting, oversight and support processes	ICBs and local authorities confirm full compliance with BCF planning and reporting requirements and will adhere to the BCF oversight and support processes.	Yes			Yes

Agenda Item 15

Alignment between the Southwark Maternity Commission and learnings from the Ockenden Review of Maternity Services and the National Maternity and Neonatal Investigation

Introduction to the reports

The Southwark Maternity Commission (SMC) was established in response to MBRRACE statistics revealing that Black women were almost four times more likely[1] to die during and after childbirth than White women. The Commission aimed to:

- assess inequalities in maternity care access, experiences, and outcomes, focusing on parents from ethnic minorities and socially disadvantaged backgrounds;
- evaluate how national recommendations for maternity services are being followed to improve access, experiences, and outcomes while reducing inequalities; and,
- identify areas for further action and improvement for women in Southwark within the local maternity system.

The Ockenden Report responded to cases of adverse outcomes and sub-optimal care reportedly received at Nottingham University Hospitals. The review aimed to:

- provide assurance to families that their care has been openly and independently assessed and provide answers to questions regarding the quality and safety of the care they received;
- ensure the consistent delivery of safe, high quality and compassionate perinatal care for all families; and,
- recommend Local Actions for Learning (LAfLs) and England-wide Immediate and Essential Actions (IEAs) and develop a new assessment tool to help initiate a cultural shift in maternity units across England.

The National Maternity and Neonatal Investigation (NMNI) was set up to understand why avoidable deaths and harm continued to occur despite multiple reviews and numerous recommendations for improvement across maternity and neonatal care. The investigation aimed to:

- drive the improvements needed to ensure high-quality and safe maternity and neonatal care across England;
- reduce inequalities and promote health equity in the delivery of these services; and,
- help bereaved and harmed families to receive justice and accountability in the future.

[1] MBRRACE-UK ‘Saving Lives Improving Mothers’ Care 2023’ report

All three reports are rooted in extensive engagement with women and birthing people, families, and staff, and seek to improve safety, equity, and experience in maternity care. However, they differ in scope and scale:

- **Southwark Maternity Commission (2024):** Local, improvement oriented, focused on inequalities, lived experience, and co-production.
- **Ockenden Review (2026):** Nationally significant investigation into systemic failure, harm, and preventable deaths at a specific Trust (Nottingham University Hospitals NHS Trust), rooted in the experience of individuals and families, with enforceable actions.
- **National Maternity and Neonatal Investigation (2026):** Nationally commissioned independent investigation conducting specific work with 12 local NHS trusts and wider sources, recommending urgent national changes.

The reports identify key issues affecting care and outcomes that include women not being listened to; inequalities; workforce pressures; and culture. Key differences in the reports are the tools proposed for improvement due to both severity and scale of the issues identified and authority to drive change. Southwark Maternity Commission focuses on local improvement and co-production, with national calls to action. Ockenden exposes systemic failure with urgent national actions recommended and begins to propose a framework for national cultural shift. The National Maternity and Neonatal Investigation sets out a detailed programme of recommended governance and legislative changes and work to bring the voices of women and families into the system.

All three reports reinforce that safety, equity and experience come hand in hand. The Southwark Maternity Commission takes a public health approach and proposes work on inequalities to accessing understandable health information that occur before women enter maternity services, the NMNI, reviewing multiple trusts, areas, and national evidence, also considers and proposes work relating to the impact of infrastructure on maternity services.

Key strategic priorities and areas of alignment

Listening to women – must be treated as a core clinical safety function

Failure to listen is consistently linked to harm, thus embedding responsive listening must be a system priority. The SMC uncovered persistent reports of women and birthing people not being listened to; Ockenden found failure to listen directly linked to harm and adverse outcomes, NMNI highlights this across all the evidence it draws in and describes it as fundamental to safe, high-quality, and compassionate care. This is a clear recommendation in all reports; it is reflected in recommendations 5 and 10 of the SMC and the related action plans.

Inequalities in outcomes and experience – equity needs to be embedded in safety strategies

The reports show inequalities are not peripheral, but core to risk and outcomes. SMC centres on racial inequalities, with a specific focus on Black women and those living in more deprived areas. These inequalities and their impact on risk are confirmed by the Ockenden report. The NMNI highlights interpersonal discrimination and deprivation as driving inequalities, encompassing poor treatment based on a person's identity, perceived race, ethnicity or religion and disadvantage due to socio-economic status. This is a recommendation of all reports and is an underlying priority for the SMC and is specifically reflected in recommendations 1 and 4 of the SMC and the related action plans.

Workforce pressures – investment essential to safe and high-quality care

The reports highlight staffing shortages, training gaps, capacity constraints and working conditions. This is a clear recommendation in all 3 reports and is reflected in recommendation 3 of the SMC and related action plan.

Culture and compassionate care – organisational culture changes required to enable better outcomes

SMC highlighted the need for inclusive, respectful, culturally competent care, the Ockenden identified toxic cultures, bullying, and lack of compassion leading to harm, NMNI describes the need to challenge many aspects of culture from medical misogyny to management and working cultures. This is an underlying component of recommendations of all 3 reports.

There is a need to address culture and workforce together as safe care requires adequate staffing, supportive leadership, open, compassionate culture, anti-racism approach.

Joined up systems of care

The NMNI report makes multiple references to the need for systems of care to be joined up including from the very start notes Public Health's role in the provision of pre-conception care. This is reflected in SMC's recommendation 6 and 8.

Weaknesses in learning systems – accountability and transparency across the system is required

The SMC recognises disjoin between stakeholders across the system, and a need to strengthen partnership working to prevent mistakes being repeated. The Ockenden report identifies failure to investigate and learn from incidents, from multiple bodies including regulators and across time. The NMNI describes systemic failures of governance across the system and describes national change required to challenge this.

Combine local improvement with national accountability

All 3 reports emphasise the role for central government alongside the importance for local systems to drive improvement. As expected, the national report is more specific in its recommendations targeted at national government. Persistent themes across both reviews suggest the need for: robust incident investigation, transparent reporting, consistent national standards.

Differences in recommendations of Ockenden and NMNI but not SMC

The key area highlighted as a recommendation in Ockenden and NMNI, beyond those specifically targeted at individual hospital trusts or nationally, is working with colleges, universities and post-graduate providers and consideration of multi-professional learning.

Local response and next steps

The National Maternity and Neonatal Investigation (NMNI) and Ockenden report propose actions for maternity and neonatal services improvement from the national level that also require local response and changes to maternity services. Locally, we have a strong collaborative framework for maternity improvement in the existing Southwark Maternity Commission work, which brings together NHS and local authority partners across the Southwark system.

Priority: Align local co-produced improvement with national safety enforcement to deliver consistently safe, equitable maternity care

Southwark Maternity Commission will benefit from the publication of the national reports as they serve as a prompt to the broader system of the importance of the work of Southwark Maternity Commission; furthermore, nationally introduced interventions may help advance local actions where challenges have been faced such as joined up datasets that would allow reviewing of maternal and neonatal outcomes.

We propose that a discussion could be brought forward in the Southwark Maternity Commission steering group to review the short, medium and long term opportunities for further work and improvements to services created by the NMNI and Ockenden work, and ways to support the local NHS in responding to these, and the roles identified for public health in the NMNI for system improvement.

Appendix 1 – Recommendations

Southwark Maternity Commission	Ockenden Report	National Maternity and Neonatal Investigation
Recommendation for central government: **1 -** Leadership in addressing racism that leads to unequal maternal health	**Immediate and Essential Actions heading:** **1 -** Listening to Women & Families	**1 -** The Department of Health and Social Care (DHSC) must create a statutory Maternity and Neonatal Commissioner, introducing legislation into the Health Bill at the earliest possible opportunity, and appointing a Commissioner within six months of Royal Assent.
Recommendation for central government: **2 -** Develop a new national way of reporting maternal health.	**Immediate and Essential Actions heading:** **2** - Workforce Planning & Safe Staffing	**2 -** DHSC, NHSE, Integrated Care Boards (ICBs) and NHS trusts must take action to listen to the voices of women, birthing people, and families within 12 months.
Recommendation for central government: **3 -** Review the maternity workforce.	**Immediate and Essential Actions heading:** **3 -** Training & Multi-Professional Learning	**3 -** DHSC, NHSE and CQC must drive improvement, within 12 months of the quality, transparency, oversight, and accountability of investigations and ensure learning is captured and acted upon when things go wrong.
Local recommendation: **4 -** Evaluate the fairness of maternity services.	**Immediate and Essential Actions heading:** **4 -** Risk Assessment Throughout Pregnancy	**4 -** DHSC/NHSE must design a Modern Service Framework for maternity and neonatal services within 12 months and begin rollout within 18 months.
Local recommendation: **5 -** Listen to and empower families.	**Immediate and Essential Actions heading:** **5 -** Family Involvement	**5 -** DHSC, NHSE, ICBs, NHS trusts, the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC) must treat racism, discrimination, and inequality as a critical maternity safety issue – within 12 months, with work starting immediately.
Local recommendation: **6 -** Preparation and support before pregnancy	**Immediate and Essential Actions heading:** **6 -** Governance & Board Accountability	**6 -** DHSC/NHSE must clarify existing system governance, oversight and accountability structures and improve the effectiveness of regulatory oversight within nine months.

Local recommendation: **7 -** Give parents the right information, at the right time, in the right way	**Immediate and Essential Actions heading:** **7 -** Culture, Teamwork & Psychological Safety	**7 -** DHSC, NHSE, ICBs and NHS trusts must work with colleges, universities, post graduate educators, and others to improve culture and teamworking and strengthen leadership at all levels of the system and across professions within 12 months.
Local recommendation: **8 -** Create a joined-up approach to families' needs between the NHS, south east London boroughs, and voluntary and community sector.	**Immediate and Essential Actions heading:** **8 -** Mothers Who Have Died and Post Death Care	**8 -** DHSC/NHSE must deliver estates and digital systems that are fit for modern maternity and neonatal care with 12-month, five-year and 10-year investment commitments and implementation deadlines.
Local recommendation: **9 -** Southwark Council to review their role in maternity care.		
Local recommendation: **10 -** Review how feedback is dealt with.		
The Southwark Maternity Commission Report | Southwark Council	Findings, conclusions and essential actions from the independent review of maternity services at Nottingham University Hospitals NHS Trust	WEBSITE_NMNI-Final-Report-and-Recommendations.pdf

Appendix 2 – Methodology

Southwark Maternity Commission	Ockenden Report	National Maternity and Neonatal Investigation
The Commission brought together residents, maternity experts, NHS providers, voluntary organisations, and community representatives to examine maternity experiences and inequalities in Southwark, with a particular focus on Black and minoritised ethnic communities.	Examined maternity and neonatal care provided by Nottingham University Hospitals (NUH) through clinical case reviews, family experiences, and organisational/stakeholder evidence.	A rapid independent investigation through lived experiences of women, babies and families, an expert panel, local investigations of maternity and neonatal services at NHS trusts and other relevant data and evidence sources.
Over an eight-month period, the Commission gathered evidence through six public meetings, resident and workforce surveys, written submissions, targeted community engagement, and a review of national and local research. Over 750 contributions were made by residents and staff.	Over 2,500 cases reviewed by a multidisciplinary team using secure records systems, with each case assessed by at least two clinical specialists and graded against a recognised national framework to determine whether care may have influenced outcomes.	12 trusts underwent local reviews: Barking, Havering and Redbridge University Hospitals; Blackpool Teaching Hospitals; Bradford Teaching Hospitals; East Kent Hospitals; Gloucestershire Hospitals; Oxford University Hospitals; Queen Elizabeth Hospital King's Lynn; Sandwell and West Birmingham Hospitals; Somerset; University Hospitals of Leicester; University Hospitals of Morecambe Bay; University Hospitals Sussex
The Commission heard directly from women and birthing people, fathers and carers, maternity staff, service leaders, and community organisations through testimonies, focus groups, interviews, workshops, and surveys.	Review moved from opt-in to an opt-out model to improve inclusion and representativeness, increasing participation to over 2,400 families. Additional families shared experiences that informed thematic analysis even when cases fell outside the formal scope.	'Families first' approach; family engagement and voices central, but individual case reviews were not part of the methodology. Family evidence panels were conducted as part of local investigations and undertaken before any other activity relating to the trust site.
Additional engagement was undertaken with Black, Mixed-Black, Latin American, South Asian, Gypsy, Roma and Traveller communities using trusted community	Families were involved throughout the process via interviews, meetings, a Family and Community Voices Group, targeted outreach to under-represented communities, multilingual communications,	There was a focus on ensuring diverse voices were heard and engagement panels were held specifically for this purpose. All families received an information pack ahead of all meetings.

organisations and culturally tailored approaches.	and access to psychological support.	Large call for evidence surveys were conducted.
Evidence combined quantitative survey with qualitative findings from public meetings, personal testimonies, interviews, and community engagement to identify key themes and experiences.	Cases underwent additional review, validation, and consistency checks, with severe concern cases receiving greater scrutiny. Findings informed both individual family feedback and system-wide recommendations.	Staff engagement through call for evidence surveys, trust visits, and one-to-one interviews.
Findings from engagement, survey analysis and literature review were synthesised into key themes, which informed the Commission's recommendations for improving equity, safety, communication, and maternity experiences in Southwark.	The Review worked closely with NUH, NHS England, regulators, coroners, police, royal colleges, local authorities, MPs, community organisations, and the media to gather evidence, address emerging safety concerns, and support ongoing learning and improvement.	National system leaders and national and regional organisations were engaged with through evidence panels, interviews, and written evidence.

Southwark Local Action Plan 2026-2028

LSLBB Sexual and Reproductive Health and HIV Strategy (2025-2030)

Introduction and Background

The **Southwark Local Sexual and Reproductive Health (SRH) and HIV Action Plan (2026–2028)** has been developed to support local delivery of the Lambeth, Southwark, Lewisham, Bexley and Bromley (LSLBB) Sexual and Reproductive Health (SRH) and HIV Strategy (2025–2030). The Action Plan translates the shared sub-regional ambitions of the Strategy into **locally deliverable actions, priorities and measurable outcomes for Southwark residents** over the next three years.

The **LSLBB Sexual and Reproductive Health and HIV Strategy (2025–2030)** sets out a collective vision to improve sexual and reproductive health outcomes, reduce inequalities, improve access to prevention, testing and treatment, and support residents to live healthy sexual and reproductive lives. The Strategy is organised around four core themes:

1. **Healthy Relationships** – ensuring residents are empowered to build healthy, respectful and fulfilling sexual relationships and can access appropriate support where needed.
2. **Good Reproductive Health** – supporting residents to understand and manage their reproductive health, with equitable access to contraception and reproductive health services.
3. **Reducing the Rate of STIs** – reducing transmission and inequalities in sexually transmitted infections through prevention, testing, treatment and education.
4. **Preventing and Living Well with HIV** – reducing new HIV transmissions, improving early diagnosis, tackling stigma and discrimination, and supporting people living with HIV to live well.

This Action Plan aligns with relevant national policies, including the National HIV Action Plan for England (2025–2030), the Women's Health Strategy for England, NICE guidance, STI Prioritisation Framework, UKHSA **and** OHID commissioning guidance, and wider London priorities. It has been informed by local needs assessments, epidemiological data, JSNA findings, service activity and utilisation data, provider intelligence, stakeholder engagement, and emerging evidence on inequalities and unmet need.

Southwark Local Context

Southwark is home to approximately **312,000 residents** and has a comparatively young and diverse population, with **41% aged 20–39 years, 49% from Black, Asian, mixed or other ethnic backgrounds**, and an estimated **8% identifying as LGBTQ+.** These demographics are important in understanding local sexual health and HIV needs. Southwark also continues to experience a very high HIV diagnosed prevalence, estimated at **12.0 per 1,000 population aged 15–59**, among the highest rates nationally and the **second highest in London after Lambeth**. This highlights the continued importance of strengthening HIV prevention, early diagnosis, equitable access to testing and treatment, and supporting people living with HIV to live well.

Southwark also have a comparatively high levels of sexual ill health. Recent data show that the borough has a recent **STI diagnosis rate of 2,506 per 100,000 residents**, which are more than double the London average and more than five times the national average **(1,182 per 100,000).** Rates of gonorrhoea **(867 per 100,000)** and syphilis **(107.4 per 100,000)** also remain substantially higher than national levels, reflecting ongoing transmission and the need for targeted prevention and testing approaches.

While the female chlamydia detection rate among 15–24 year olds **(2,206 per 100,000)** remains above the England average **(1,589 per 100,000)**, the proportion of young women screened for chlamydia **(27.5%)** highlights continued opportunities to improve early detection and engagement with prevention services. Southwark also continues to have a very high HIV prevalence, with an HIV diagnosed prevalence rate of 10.88 per 1,000 adults aged 15–59 years and a new HIV diagnosis rate of **17.8 per 100,000 population**, both substantially higher than the England average. Although HIV testing rates in Southwark remain high **(13,505 per 100,000 population)**, **42%** of people continue to be diagnosed late, highlighting the importance of improving testing uptake and reducing missed opportunities for diagnosis.

In reproductive health, Southwark's LARC prescribing rate (excluding injections) is **31.3 per 1,000 population**, slightly above the London average **(29.5)** but below the England average **(40.0)**, highlighting opportunities to strengthen equitable access to contraception and reproductive health services. In addition, the **under-18 conception rate (10.9 per 1,000)** remains slightly above the London average **(10.0)**, with **82% of conceptions resulting in abortion,** reinforcing the importance of early prevention, contraception access and relationship and sex education.

Inequalities continue to disproportionately affect young people, Black and minoritised ethnic communities, LGBTQ+ residents, people living in deprivation, migrants, sex workers, and other inclusion health groups, highlighting the need for targeted, culturally appropriate and equitable approaches to prevention, testing, treatment and support. Recognising the scale and complexity of local need, this Action Plan sets out a **phased** programme of local action**,** acknowledging workforce and resource constraints while prioritising high-impact interventions, prevention, partnership working and reducing inequalities across Southwark over the lifetime of the Strategy.

Key Supporting Documents

- National HIV Action Plan for England
- LSLBB Sexual and Reproductive Health and HIV Strategy (2025–2030)
- STI Prioritisation Framework
- Women's Health Strategy for England
- NICE Guidelines: Reducing sexually transmitted infections
- Commissioning local HIV sexual and reproductive health services

Theme 1: Healthy Relationships

VISION: People are empowered to make their sexual relationships healthy and fulfilling.

Strategy Aim	Strategic Goal	Actions	Metrics	Data source	Who	Target/Range/ Timeframe	Health Equity Focus	Interdependencies
1.1. People in unhealthy or risky sexual relationships are supported appropriately	i. Pathways are in place between sexual health and substance misuse services	a) Work with partners to undertake a Chemsex needs assessment to inform recommissioning of a Chemsex support service	Number of referrals to Chemsex support services	Antidote/Chemsex support service referrals data (need to check with our providers)	**Commissioning Teams - LSLBB** (LSL in partnership with Local SRH Providers)	Target to be set following needs assessment; aim to establish clear referral pathway by end of 2026 **Timeframe / Priority:** Medium-term (Years 2–3)	LGBTQ+ communities; MSM engaged in Chemsex; residents with substance use vulnerabilities	Substance misuse services; Antidote; SRH providers; PH commissioning
	ii. People experiencing domestic violence are offered appropriate signposting and support	a) Commissioning the Gaia Centre to provide support on violence against women and girls (VAWG) training for sexual health and primary care staff b) Pilot Independent Gender Based Violence Advocates (IGVAs) within sexual health services	Number of referrals to the Gaia Centre (and via partners include Africa Advocacy Foundation, Spires, Bede house and Respeito) from sexual health and other health professionals	Activity reports from providers	**Commissioning Teams - LSLBB** (LSL in partnership with Local SRH Providers)	Commissiong the Gaia Centre by end of 2026. Increase referrals to VAWG / sexual-violence support by 25% and staff trained in trauma-informed practice by end of 2026.	Women and girls, LGBTQ+ survivors, looked-after children, and people with disabilities.	VAWG partnership; safeguarding; police; specialist VCSO

				Number of sexual health staff undertaking training			**Timeframe / Priority:** Immediate (Year 1)		
1.2. People have increased knowledge, confidence and skills to build healthy sexual relationships	i. Increased awareness of local sexual and reproductive health services among residents	a) Develop a communications strategy to target evidenced-based messaging and signposting to key groups and combat misinformation b) Work with VCS partners through outreach service to deliver peer support, 1:1s, workshops and information sessions to increase knowledge and awareness amongst young people, marginalised communities and Black and Latin American communities.	Attendance/uptake of sexual health services by under-represented groups Knowledge and awareness of sexual and reproductive health and relevant services	Demographic data from monitoring reports/GUMCAD	(via providers i.e. Turning Point)	80% of wider workforce trained in having SRH/relationship conversations by end of 2026. **Timeframe / Priority:** Immediate (Year 1)	Young people; Black and Latin American communities; marginalised groups; residents in high-deprivation wards	VCS partners; Turning Point; Public Health comms; schools; outreach providers
	ii. Increased sexual health literacy and confidence in accessing sexual health services			SHEU survey Service/outreach surveys. Outreach KPIs (LSL) Qual works with particular communities	**Commissioning Teams -LSLBB** (via providers i.e. Turning Point)	Targets informed by SHEU baseline; focus on annual improvement among low-literacy groups. **Timeframe / Priority:** Medium-term (Years 2–3)	Young people; marginalised communities; residents with low SRH knowledge; communities experiencing stigma	Schools; youth services; outreach teams; monitoring and evaluation
	i. All young people receive high quality, inclusive relationship, sex and health education (RSHE)	a) Deliver training to teachers to support implementation of statutory RSHE curriculum b) Provide evidenced-based information, guidance and signposting to young people through schools and outreach delivered through workshops, drop-in sessions and 1:1 service	Number of teachers and schools receiving training Number of young people engaged with Number of young people attending sexual health services Knowledge and awareness of sexual and reproductive health and relevant	Borough specific provider monitoring reports GUMCAD and service data SHEU Fingertips	**Commissioning's Team** – (via providers i.e. Turning Point)	Establish 5 new safe discussion hubs for 14–25s across the borough by end of 2026. **Timeframe / Priority:** Medium-term (Years 2–3)	Young people (esp. NEET, LGBTQ+, and from deprived wards).	Youth hubs; Turning Point; Adolescent Sure Start; Commissioning.

			services in young people STI rates in young people Teenage conception rate	 Fingertips Fingertips				
1.3. Stigma and discrimination related to sexual health and sexual relationships is reduced	i. All SRH services promote respect, reduce stigma and foster positive attitudes towards sexual health.	a) Develop a communications strategy to target evidenced-based messaging and signposting to key groups and combat misinformation b) Deliver training on how to have effective conversations on sexual and reproductive health for health professionals, with a specific focus on HIV and STIs in year one. c) Reducing stigma and promoting respect to be embedded in all contract specifications	Attendance/uptake of sexual health services by under-represented groups Number of staff attending training Service user feedback	Service data and GUMCAD Qual work with service users HIV Confident	**Commissioning Teams -LSLBB** (via SRH providers)	≥90% of SRH and frontline staff complete MECC and SRH communication training by end of 2026. **Timeframe / Priority:** Immediate (Year 1)	Frontline professionals in areas of highest deprivation and diverse communities.	SRH providers; Workforce development; Public Health training leads
	i. There is equity of access to sexual and reproductive health services for all residents			GUMCAD Provider monitoring reports Equity dashboards (where available) Service access audits	**Commissioning Teams -LSLBB** (via SRH providers)	Reduce variation in uptake of core SRH services between priority groups by at least 15% by end 2026. **Timeframe / Priority:** Medium-term (Years 2–3)	Residents in deprived wards; LGBTQ+ communities; people with disabilities; Black and minoritised ethnic groups; young men; digitally excluded communities	SRH providers; outreach teams; VCS partners; Public Health Intelligence; digital inclusion programmes

Theme 2: Good Reproductive Health

VISION: People effectively manage their reproductive health, understand what impacts it and have knowledge of and access to contraception.

Strategy Aim	Strategic Goal	Actions	Metrics	Data Sources	Who	Target/Range/ Timeframe	Health Equity Focus	Interdependencies
2.1. Knowledge and understanding of reproductive health and how to access services are in increased	i. All residents have access to comprehensive information about contraception in a way that is easy for people to understand.	a) Develop a communications strategy to target evidenced-based information and signposting to key groups and combat misinformation	Knowledge and awareness of reproductive health and relevant services Number of comms campaigns delivered	SHEU survey Qual work with service users Social media impressions "Find Sexual Health" Hits	**Commissioning's Team - LSL** (via Southwark Public Health Comms)	Deliver 4 annual evidence-based SRH comms campaigns by end of 2026. **Timeframe / Priority:** Immediate (Year 1)	Young people; Black and Latin American communities; residents with low health literacy; digitally excluded groups	Public Health Comms; SRH providers; VCS partners
2.2. All residents have access to visible, accessible, comprehensive contraceptive services	i. All residents have timely access to Long Acting Reversable Contraception (LARC) in a choice of settings	a) Implement online booking for LARC b) Increase evening and weekend appointments through the LARC Hubs c) Increase number of trained LARC fitters	LARC prescribing rate Number of LARC fitters Appointment availability (evenings/weekends) LARC in primary care	Fingertips Residents' activity vs out of area activity. Service data (count of appointments at evenings and weekends) Service data Fingertips	**Commissioning Teams -LSL** (Via LARC providers - GPs Feds; GP LARC Champions; Primary Care/ SEL-ICB; SRH Providers)	Increase LARC uptake by 10% by end of 2026 across primary and community settings. **Timeframe / Priority:** Immediate (Year 1)	Women and people of reproductive age in deprived wards; Black and minoritised ethnic groups; young people; residents with disabilities	SRH Providers; Primary Care Networks; LARC Hubs; GP LARC Champions; GP Federations; NHS England
	i. Uptake of NHS Pharmacy contraception services is increased	a) Support promotion of the Pharmacy service to ensure residents and health services are aware of this offer	Uptake of routine and emergency contraception via NHS Pharmacy service Number of pharmacies registered	NHS Pharmacy service uptake data via Meds Ops teams	**Commissioning Teams -LSL**	Increase uptake of routine contraception via pharmacy by 20% by end of 2026. **Timeframe / Priority:** Immediate (Year 1)	Young adults; residents with limited GP access; migrants; people with irregular working hours	NHS England Pharmacy Team; Community pharmacies; PCNs

	ii.	Women can access contraception within 3 weeks of delivery in a setting of their choice	a)	Work with partners, including the Local Maternity Neonatal System (LMNS), GPs and residents to understand barriers and improve access to contraception postpartum.	Uptake of contraception within 3 weeks of delivery	LMNS data SHIIG/CAG discussions maternity service records	**Commissioning Teams -LSL**	Improve postpartum contraception uptake by 15% by 2026. **Timeframe / Priority:** Immediate (Year 1)	Black African and Black Caribbean women; young mothers; women in deprived wards	LMNS; GPs; maternity commission/ teams; Public Health Intelligence
	iii.	Southwark residents can continue to access free routine and emergency contraception online	b)	Work with London Sexual Health Programme on re-procurement of new online service to ensure that the specification will meet the needs of Southwark residents	Uptake of routine and emergency contraception via e-service	SHL activity data	**Commissioning Teams -LSL**	Maintain or increase online contraception uptake year-on-year. **Timeframe / Priority:** Medium-term (Years 2–3)	Young people; digitally enabled residents; shift workers; residents seeking confidentiality	LSHP; SHL; SRH providers
	i.	Increased access to free condoms	a) b) c)	Increase number of outlets activity distributing condoms through the C-Card scheme Increase promotion of C-Card scheme within GPs and promotion of Find Sexual Health on practice websites Identify other key target groups through UKHSA STI prioritisation framework and develop pathways and services to enable access to free or low-cost condoms.	Number of outlets actively participating in C-card scheme Number of condoms distributed and demographics of recipients	Service activity data	**Commissioning Teams -LSL**	Increase C-Card outlet participation by 25% by end of 2026. **Timeframe / Priority:** Immediate (Year 1)	Young people; LGBTQ+ communities; Black and minoritised communities; people at higher STI risk	GPs; VCS partners; SRH providers
2.3. Unintended pregnancies and subsequent abortions are reduced	i.	The rate of subsequent abortions in Black African and Black Caribbean women is reduced	a)	Undertake engagement work with Black Heritage women to understand attitudes, needs and barriers to contraception	Rate of subsequent abortions by demographics (including age and ethnicity)	TOPs dashboard	**Commissioning Teams -LSL**	Reduce subsequent abortion rate among Black African and Black Caribbean women by 10% by end of 2026.	Black African and Black Caribbean women	TOPs providers; maternity services; VCS partners; Public Health Intelligence

						Timeframe / Priority: Immediate (Year 1)		
	i. Increased contraception up-take in abortion services	a) Produce and distribute accessible contraception leaflet b) Use available data to identify and target interventions and SRH training in areas with higher rates of abortions		Service activity data	**Commissioning Teams -LSL**	Ensure ≥70% of abortion service users leave with a contraception method by end of 2026. **Timeframe / Priority:** Immediate (Year 1)	Women in high-rate wards; minoritised communities; younger women	Abortion providers; SRH services; training providers; Public Health Intelligence
	i. All services offering emergency hormonal contraception (EHC) will proactively offer routine contraception	a) Work with partners and service providers to monitor uptake of routine contraception following EHC (ensure services have this information) b) Check referral pathway for e-service c) Work with partners to consider alternative/improved interventions for repeat EHC users - particularly around promotion of C-Card Scheme		Service activity data	**Commissioning Teams -LSL**	Reduce repeat EHC use by 10% by end of 2026. **Timeframe / Priority:** Immediate (Year 1)	Repeat EHC users; young women; women with poor access to primary care	Pharmacies; e-service; SRH providers; C-Card programme

Theme 3: Reducing the Rate of STIs

VISION: The local burden of STIs is reduced, especially amongst those who are disproportionately affected.

Strategy Aim	Strategic Goal	Actions	Metrics	Data Sources	Who	Target/Range/ Timeframe	Health Equity Focus	Interdependencies
3.1. Adverse health outcomes in residents who are disproportionally affected by poor sexual health are reduced	i. STI prevention, testing and treatment services are targeted to people with the highest need	a) Use the UKHSA STI prioritisation framework to prioritise key target groups and identify evidenced-based interventions b) Commission local service providers and VCS organisations to provide information, education and services tailored to the needs of specific population groups, as identified by UKHSA STI prioritisation framework.	STI diagnosis rates by demographic characteristics STI testing rates by demographic characteristics Re-infection rates by demographic characteristics	GUMCAD Service activity data	**Commissioning Teams -LSL**	Targets to be set using baseline by demographic group; aim for reduction in inequalities in STI diagnoses and reinfections over strategy period (2025-2030). **Timeframe / Priority:** Medium-term (Years 2–3)	Groups identified via UKHSA STI prioritisation framework, including young people, MSM, Black and minoritised ethnic communities, people in high-deprivation areas	UKHSA; SRH providers; VCS partners; Public Health Intelligence
3.2. Transmission of STIs and repeat infections are reduced	i. Residents have access to timely testing and medicines from multiple settings, including online and in the community.	a) Increase availability of bookable clinic appointments b) Increase availability of enhanced appointment times within clinics at evenings and weekends c) Commission outreach services to provide a clinical STI in-reach service to provide clinically appropriate testing and treatment in the community d) Commission outreach services to provide a chaperone service	Number of STI tests by service STI diagnosis rates STI testing rates Reinfection rates	GUMCAD Provider data from outreach service (clinic in-reach) (LSL)	**Commissioning Teams -LSL**	Increase STI testing among priority groups while reducing reinfection rates over the strategy period (targets to be agreed via SHIIG/CAG). **Timeframe / Priority:** Medium-term (Years 2–3)	Residents in deprived wards; young people; MSM; Black and minoritised communities; people with low service access	LSHP; SRH providers; outreach teams; primary care; Public Health

			and develop fast track referral pathways to clinics for marginalised communities e) Work with London Sexual Health Programme on re-procurement of new online service to ensure that the specification will meet the needs of Southwark residents						
	i.	Increased provision of free condoms	a) Increase number of outlets activity distributing condoms through the C-Card scheme (Under 25s) b) Increase promotion of C-Card scheme within GPs and promotion of Find Sexual Health on practice websites (Under 25s) c) Identify other key target groups through STI prioritisation framework and develop pathways and services to enable access to free or low-cost condoms.	Number of outlets actively participating in C-card scheme Number of condoms distributed and demographics of recipients Number of condoms distributed and demographics of recipients	Service activity data Provider monitoring (including demographics, where available)	**Commissioning Teams -LSL**	Year-on-year increase in condoms distributed via C-Card and other targeted schemes, particularly among priority groups. **Timeframe / Priority:** Medium-term (Years 2–3)	Young people (under 25s); LGBTQ+ communities; Black and minoritised groups; people at higher STI risk	GPs; VCS partners; UKHSA; youth services; schools
	i.	Residents have access to, and take up, preventative interventions such as vaccinations and other	a) Work with providers to start the provision of Doxy PEP and monitor uptake b) Work with providers (GPs and Pharmacies) to start the provision	Uptake of DoxyPEP by demographic characteristics Uptake of GC Vaccination by demographic characteristics	Service activity data	**Commissioning Teams -LSL**	Establish routine monitoring of DoxyPEP and GC vaccine uptake and work to increase appropriate uptake among highest-risk	MSM; people with repeat STI diagnoses; communities identified as high risk via STI prioritisation framework	SEL ICS; pharmacy/medicines optimisation; SRH providers; UKHSA

		biomedical innovations where clinically appropriate		of Gonorrhoea (GC) Vaccination and monitor uptake	Syphilis diagnoses rates Gonorrhoea diagnosis rates	GUMCAD		groups over the strategy period. **Timeframe / Priority:** Immediate (Year 1)		
	i.	Partner notification is strengthened	a) b)	Work with South East London Clinical Advisory Group and Clinicians to identify barriers and develop innovative solutions to improve and automate partner notification according to the BASH guidelines. Develop PN induction/ training for clinicians conducting STI/STD testing	Proportion of verified partners notified (via calls, texts) and those attending for testing	Baseline Data (Snapshot audit) on PN from providers and Service KPIs	**Commissioning Teams -LSL** (via SEL Clinical Advisory Group)	Improve partner notification outcomes (proportion contacted/ attending) and, number of clinicians induction for PN from the baseline over the strategy period per providers/clinics; or with specific targets set through SEL CAG according to BASH guidelines. **Timeframe / Priority:** Medium-term (Years 2–3)	Partners of people from high-incidence groups; communities with higher STI rates	SEL Clinical Advisory Group; SRH providers; UKHSA; outreach services
	i.	Residents have access to accurate information on STI prevention and services	a) b)	Develop a communications strategy to target evidenced-based information and signposting to key groups and combat misinformation Work with VCS partners through outreach service to deliver peer support, 1:1s, workshops and information sessions to increase knowledge and awareness amongst young	Attendance/uptake of sexual health services by under-represented groups Number of targeted STI education activities that take place each year across identified groups and services Knowledge and awareness of sexual and reproductive health and relevant services	GUMCAD/Service activity data Outreach/service activity data SHEU Qual work with service users Outreach KPIs	**Commissioning Teams -LSL**	Year-on-year increase in engagement with targeted STI education and services among under-represented groups. **Timeframe / Priority:** Medium-term (Years 2–3)	Young people; Black and Latin American communities; residents in high-deprivation areas; people with low SRH literacy	VCS partners; youth services; LSHP; SRH providers; schools

			people, marginalised communities and Black and Latin American communities.						
3.3. Stigma associated with testing for STIs is reduced	i. Residents have access to accurate information on STI prevention and services	a) Develop a communications strategy to target evidenced-based information and signposting to key groups and combat misinformation b) Work with VCS partners through outreach service to deliver peer support, 1:1s, workshops and information sessions to increase knowledge and awareness amongst young people, marginalised communities and Black and Latin American communities c) Deliver training and education on STI prevention and sexual health and wellbeing to health and social care staff & VCS in Southwark	Attendance/uptake of sexual health services by under-represented groups Number of health care professionals attending training Qualitative feedback via mystery shopping and resident engagement	Service activity data Training attendance logs Mystery shopping reports Resident engagement findings	**Commissioning Teams -LSL**	Increase number of staff trained in STI and stigma-aware practice over the strategy period and improve reported experiences from residents. **Timeframe / Priority:** Medium-term (Years 2–3)	Residents in high-deprivation wards; Black and minoritised communities; LGBTQ+ communities; young people; people experiencing stigma	SRH providers; workforce development teams; VCS partners; Public Health training and comms

Theme 4: Preventing and Living Well with HIV

Priority Area	Action Required	Who is Responsible / Delivery Partner
4.1.1. Prevent	**Improve PrEP Equity:** Roll out Southwark digital PrEP service, promote uptake and monitor access by demographic group, especially among under-served groups (specifically heterosexuals and Black/ethnic minority populations) to address inequalities. **Timeframe / Priority:** Immediate (Year 1) *(Links to the National HIV Action Plan)*	**Commissioning Teams - LSLBB** (LSL in partnership with Local SRH Providers)
4.1.2. Prevent	**Community PrEP Access:** Pilot delivery of PrEP through community and outreach settings to reach residents not attending clinics. **Timeframe / Priority:** Short-term (Years 1–2)	**Commissioning Teams - LSLBB** (via VCS partners and outreach providers)
4.1.3. Prevent	**Targeted PrEP Education:** Deliver education, signposting and peer support for MSM, Black African communities, trans women, migrants and residents working in at risk jobs such as sex workers. **Timeframe / Priority:** Immediate–Short term (Years 1–2)	**Commissioning Teams - LSLBB** (via VCS partners and outreach providers), Public Health (Via Comms and Engagement, community ambassadors)
4.1.4. Prevent	**Condom Distribution Services:** Expand outlets, GP promotion and youth settings to increase free condom access for under-25s and priority groups (Southwark primary care, C-cards scheme). **Timeframe / Priority:** Immediate (Year 1)	**Commissioning Teams and Southwark Public Health** (via SRH Providers, primary care)

Priority Area	Action Required	Who is Responsible / Delivery Partner
4.1.5. Prevent	**Free Formula Milk:** implement the new funding to provide free formula milk and sterilising equipment to mothers living with HIV to prevent vertical transmission. **Timeframe / Priority:** Immediate–Short term (Years 1–2) *(Links to the National HIV Action Plan)*	**SEL ICB (via** Southwark Maternity Commission)
4.1.6. Prevent	**Prevention Campaigns:** Work with London HIV Prevention Programme to deliver borough-level prevention communications and link residents to local services. **Timeframe / Priority:** Short-term (Years 1–2)	**LSLBB Commissioning Teams, Southwark Public Health** (via LHPP)
4.1.7. Prevent	**HIV Literacy & Awareness:** Deliver workshops, 1:1s and peer support sessions across community venues to improve HIV knowledge and prevention behaviours. **Timeframe / Priority:** Immediate–Short term (Years 1–2)	**Commissioning Teams LSLBB** (via VCS partners and outreach providers), Public Health (Via Comms and Engagement, community ambassadors)
4.2.1. Test	**Opt-Out Testing:** Continue opt-out HIV testing in Emergency Departments (A&Es), initiate Primary Care at new registrations and every 12months when a blood test is ordered, opt out in sexual health clinics, abortion services **Timeframe / Priority:** Immediate–Short term (Years 1–2) *(Links to the National HIV Action Plan)*	**NHS Trusts, Primary Care Providers, Termination of Pregnancy (ToP) Providers** (supported by **ICBs** & **Commissioners**)
4.2.2. Test	**Routine & Opportunistic Testing:** Increase HIV testing across sexual health clinics, primary care and outreach settings, focusing on populations with lower testing rates.	**Southwark Council Commissioning Team** (via

Priority Area	Action Required	Who is Responsible / Delivery Partner
	Timeframe / Priority: Short-term (Years 1–2)	SRH Providers), Public Health via NHS Health Checks
4.2.3. Test	**Community Testing:** Deliver testing in faith venues, community centres and local businesses to reduce barriers and stigma. **Timeframe / Priority:** Short-term (Years 1–2)	**LSL Commissioning Teams** (via outreach Providers), Public Health (Via Comms and Engagement, Council Business Team)
4.2.4. Test	**Digital Integration:** Build on the progress toward "digital front door from the Find Sexual Health digital tool. Work with NHS England and National team to Integrate local sexual health services for testing and prevention. **Timeframe / Priority:** Medium-term (Years 2–3) *(Links to the National HIV Action Plan)*	**LSL Commissioning Teams** (via outreach Providers) & **NHS England**
4.2.5. Test	**Reduce Late Diagnosis:** Conduct South East London late-stage diagnosis audit and implement targeted actions for identified high-risk groups. **Timeframe / Priority:** Medium-term (Years 2–3)	**LSLBB Commissioning Teams** (via SRH Providers), SEL ICS and Public Health
4.3.1. Treat	**Rapid Linkage to Care:** Ensure all newly diagnosed residents start Antiretroviral therapy (ART) promptly and are supported into ongoing care. **Timeframe / Priority:** Immediate–Short term (Years 1–2)	**LSL Commissioning Teams** (via SRH Providers)

Priority Area	Action Required	Who is Responsible / Delivery Partner
4.3.2. Treat	**Retention & Re-engagement:** proactive "call/recall" of patients who have disengaged from care, utilising the new £9m national retention funding. **Timeframe / Priority:** Medium-term (Years 2–3) *(Links to the National HIV Action Plan)*	**Southwark council Commissioning Team** (via HIV services, GP HIV Champions Providers, VCS)
4.3.3. Treat	**Peer & Social Support:** Promote and expand access to local peer support groups and holistic services for people living with HIV. **Timeframe / Priority:** Immediate–Short term (Years 1–2)	**LSL Commissioning Teams** (via SRH Providers, VCs)
4.3.4. Treat	**Pathway Reviews:** Conduct "Retention in Care" reviews to understand why patients drop out and strengthen local care pathways. **Timeframe / Priority:** Medium-term (Years 2–3) *(Links to the National HIV Action Plan)*	**LSL Commissioning Team** (via HIV services GSTT, KCH, GP HIV Champions)
4.4.1. Thrive	**Workforce/ Anti-Stigma Training:** Deliver mandatory HIV awareness and stigma-reduction training for frontline staff, aiming for ≥90% completion by 2026. **Timeframe / Priority:** Immediate–Short term (Years 1–2) *(Links to the National HIV Action Plan)*	**NHS Trusts, ICBs, Primacy care providers, Southwark Council**
4.4.2. Thrive	**HIV Confident Charter:** Continue implementation and renewal across Southwark organisations and employers.	**Southwark council Health Workforce Development**

Priority Area	Action Required	Who is Responsible / Delivery Partner
	Timeframe / Priority: Immediate–Short term (Years 1–2)	**Team, Southwark Public Health**
4.4.3. Thrive	**Women's Health:** Ensure the specific needs of women aging with HIV (e.g., menopause) are integrated into Women's Health Hubs. **Timeframe / Priority:** Medium-term (Years 2–3) *(Links to the National HIV Action Plan)*	**Southwark council Women's Health Hubs (ICBs)**
4.4.4. Thrive	**Community Stigma Reduction:** Provide HIV education in community settings including faith groups and local businesses. **Timeframe / Priority:** Medium-term (Years 2–3)	**Commissioning Team** (via outreach services), Public Health (Via Comms and Engagement, community ambassadors)
5.1.1. Collaborate	**Data-Driven Planning:** Monitor GUMCAD, Fingertips, outreach and service data to track inequalities and inform commissioning decisions. **Timeframe / Priority:** Immediate–Short term (Years 1–2)	**Southwark council Public Health Intelligence team**
5.1.2. Collaborate	**Needs Assessment:** Carry out a comprehensive local HIV needs assessment using data to identify service gaps. **Timeframe / Priority:** Medium-term (Years 2–3) *(Links to the National HIV Action Plan)*	**Southwark council Public Health, Local relevant partners including ICBs**

Priority Area	Action Required	Who is Responsible / Delivery Partner
5.1.3. Collaborate	**Local HIV Plan:** Develop and **publish a Local HIV Plan** during the 2026 financial year that aligns with national objectives (This Local action plan will align with the national HIV objectives and will also be published). **Timeframe / Priority:** Immediate–Short term (Years 1–2) *(Links to the National HIV Action Plan)*	**Southwark council Public Health, Local relevant partners in Southwark (i.e. ICB, SRH/ HIV providers, Primacy care, GP HIV Champions).**
5.1.4. Collaborate	**Reduce harms and inequalities from non-HIV STIs:** strengthen integration of syphilis and broader BBV testing pathways across sexual health, primary care and outreach services; deliver inclusive, sex-positive public health messaging and community engagement to improve awareness, vaccination uptake and reduce stigma; build on existing partnerships with schools, colleges, youth services and VCS partners to support inclusive, age-appropriate sexual health education and outreach; and maximise access through condom distribution schemes and targeted prevention for priority populations. **Timeframe / Priority:** Medium-term (Years 2–3) *(Links to the National HIV Action Plan)*	**NHS England** and **ICBs** (lead), **Southwark Public Health** (via Health Protection Board, SRH providers, primary care, schools/colleges and VCS partners

Implementation approach: Recognising workforce and resource constraints, actions will be delivered on a phased basis over the lifetime of the strategy, prioritising high-impact interventions in the short term while supporting longer-term system development.

Category	Meaning
Immediate (Year 1)	Existing work / high priority / already underway
Short-term (Years 1–2)	Can be implemented with moderate resource
Medium-term (Years 2–3)	Requires development, partnership, or funding

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Healthwatch Southwark

Housing, health and hope: Experiences of living in and moving on from asylum accommodation

Healthwatch Southwark
April 2026



Content warning: This report contains discussion of sensitive and potentially distressing topics. These include experiences of homelessness, food insecurity, discrimination, and other challenges associated with the asylum process. Please take care when reading and consider accessing support if you are affected by the themes in this report.

Contact Healthwatch Southwark at info@healthwatchsouthwark.org for help finding support services.

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This report was written by Ruman Kallar (Research & Projects Officer) and edited by Janet Morris (Volunteer).

For any questions or comments, please contact Ruman at ruman@healthwatchsouthwark.org

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1. Executive Summary

This project examines the health impacts of living in and moving on from Home Office asylum accommodation for newly recognised refugees. It is prompted by evidence that the move-on period represents a time of heightened housing insecurity, alongside growing recognition of housing as a key determinant of physical and mental health.

The research explored lived experiences of people who had recently moved, or are expecting to move, out of asylum accommodation after receiving a decision on their asylum claim. It involved workshops with refugees and asylum seekers, as well as interviews with staff and volunteers from voluntary and community sector (VCS) organisations and health services. In total, 30 people with lived experience and 11 people who work with them participated. Engagement was delivered in nine languages with interpreter support.

Findings show that the move-on period is widely experienced as highly stressful and destabilising. Short notice periods, lack of timely and accessible information, and limited affordable housing in Southwark place many people at high risk of homelessness, particularly single adults without dependants. Even participants who are not affected by digital, literacy or language barriers struggled to secure housing after receiving refugee status. Experiences of street homelessness and unsuitable accommodation were linked to deterioration in mental and long-term physical health, as well as increased safeguarding risks.

Participants highlighted that poor conditions in asylum accommodation, such as overcrowding, unsuitable food and unmet care needs, have lasting effects on health. Relocation out of borough often disrupts access to healthcare, education, social networks and VCS support, increasing isolation and undermining continuity of care. Many felt unprepared for the move-on process and struggled to navigate housing, healthcare, benefits and employment systems, contributing to increased risk of homelessness and worsening health.

VCS organisations were identified as the most trusted and effective source of support, providing multilingual practical assistance and community connection. Volunteering was described as providing purpose that supports mental wellbeing, particularly during the asylum period when paid employment is not allowed. However, heavy reliance on an under-resourced VCS, combined with gaps in statutory provision and limited communication between services, leaves many without support at critical points. Participants emphasised that secure accommodation is the foundation for health, wellbeing and integration.

The findings inform a set of recommendations outlined in Section 4, focused on improving access to information, preventing homelessness among single adults, ensuring continuity of healthcare, strengthening housing standards, and investing in community-based support.

1.1. Summary of Recommendations

This report makes recommendations to improve health and wellbeing for refugees moving on from asylum accommodation in Southwark. These focus on improving support within asylum accommodation and during the move-on period, as well as addressing longer-term housing and health inequalities.

This section provides a condensed overview of the report's recommendations. The complete list can be found in section four.

- Improve conditions and support in asylum accommodation
  Ensure access to nutritious and culturally appropriate food, adequate space and clear mechanisms for reporting poor living conditions.
- Strengthen access to healthcare
  Reduce barriers to primary care by improving access to interpreters, promoting information about rights to healthcare, and ensuring continuity of care during moves out of borough and periods of housing instability.
- Early information about the move-on process

Provide clear, multilingual information about the move-on process, including accessing benefits and housing, and expand in-reach support within asylum accommodation.

- Prevent homelessness and improve access to housing
  Increase targeted support for newly recognised refugees, strengthen access to the private rented sector, and improve awareness and enforcement of tenants' rights.
- Improve coordination across services
  Strengthen communication between housing, health and voluntary sector organisations to ensure more joined-up support.
- Invest in the voluntary and community sector
  Provide sustainable, long-term funding for organisations delivering frontline services to refugees and asylum seekers.
- Address wider determinants of health
  Improve access to mental health support, legal advice, education and employment services to support longer-term stability and wellbeing.

2. Introduction

Asylum seekers are typically housed in asylum accommodation provided by the Home Office while awaiting a decision on their claim. Asylum accommodation is allocated on a no-choice basis and includes initial accommodation centres (IACs) and, increasingly, contingency accommodation such as hotels. During this time, asylum seekers are entitled to free healthcare[1] and may study or volunteer, but they are not permitted to undertake paid employment. If a person is granted refugee status, they will receive notice to leave asylum accommodation within 28 days.[2] This report seeks to highlight the experiences of individuals navigating this transition period.

The move-on period presents significant challenges that can have serious implications for health and wellbeing. Navigating complex immigration, benefits, education, housing and health systems within a short timeframe can be overwhelming, often creating high levels of stress and leaving individuals at risk of homelessness. This transition follows the asylum period, which can itself be highly precarious, with negative impacts on health and wellbeing.

This research draws on the lived experiences of refugees and asylum seekers before and during this transition. It particularly explores the health impacts of moving on from asylum accommodation, identifies gaps in existing support, and offers recommendations to make the process safer, healthier, and more conducive to long-term integration.

2.1. Background research

Housing insecurity and substandard living conditions are associated with increased stress, poorer physical and mental health outcomes, and greater

[1] All refugees and asylum seekers with an active application or appeal (i.e. people who are awaiting a decision on their asylum claim) can access the full range of primary and secondary care services free of charge in any nation of the UK.
[2]The notice period starts from the date a positive asylum decision or discontinuation letter (eviction notice) is issued, whichever is sooner (Homeless Link 2026).

use of emergency healthcare services (Impact on Urban Health 2025). As a result, unsuitable housing is increasingly recognised as a critical public health issue by statutory services, academic institutions, and the charity sector (Marmot 2010; Department of Health and Social Care 2024; South East London Integrated Care System 2024; London Assembly 2024; London School of Economics 2023; Groundswell 2023; Medact 2025; Shelter 2023).

Local engagement highlights housing as a key health issue in Southwark. Housing was raised as a top concern by over 50% of participants during Healthwatch Southwark's Listening Tour 2024 and Southwark's Community Health Ambassadors network flagged housing as a key contributor to poor health among residents.

Southwark has the second highest number of households living in temporary accommodation in the UK and numbers continue to rise (Southwark Council 2025). Despite high levels of need, residents in temporary accommodation often face barriers to accessing health and support services, including language barriers, digital exclusion, and stigma (Southwark Council 2025). For people living in temporary asylum accommodation, these barriers are compounded by lack of clarity around healthcare entitlements and frequent relocation disrupting continuity of care (IVAR 2025).

Much of the existing research on temporary accommodation focuses on families with children, highlighting negative effects on children's health, development, and education (Shelter 2004; Trust for London 2024; Impact on Urban Health 2025; House of Commons 2025). There has been significantly less work focusing on the experiences of single adults.

The use of contingency accommodation such as hotels to house asylum seekers has increased significantly since the COVID-19 pandemic (Migration Observatory 2025). Between 2014 and 2023, the number of asylum seekers receiving accommodation support grew from 28,300 to 119,000 people (Migrant Observatory 2025). Nearly two-thirds of the increase in people receiving asylum accommodation was made up of people moving into

contingency accommodation, primarily hotels (Migration Observatory 2025).

As a Borough of Sanctuary, Southwark hosts the highest number of asylum seekers in southeast London and has the third highest number of refugees in London (Southwark Council 2024). Between 2019 and 2022, the number of asylum seekers in Southwark increased from 100 to 2000 (Southwark Council 2024). Limited housing availability means that many refugees experience ongoing housing insecurity following the transition from Home Office asylum accommodation, including moves out of borough and prolonged stays in temporary or poor-quality housing (Southwark Council 2023). Research indicates that the transition from Home Office support to mainstream benefits represents a period of heightened vulnerability, associated with increased risk of homelessness and destitution (UNHCR 2021; British Red Cross 2018).

This research aims to contribute to work supporting refugees and asylum seekers, by highlighting the health impacts of the transition from asylum accommodation to mainstream support, particularly for single adults.

2.2 Aims

This project aims to explore the lived experiences of refugees and asylum seekers who have moved on or will be moving on from Home Office asylum accommodation, and to understand their views on mitigating related health impacts.

Our objectives are to:

- Engage with refugees and asylum seekers and provide a platform for them to share their experiences
- Understand how the transition from Home Office asylum accommodation impacts residents' health, and identify support that could reduce negative health impacts

- Co-produce recommendations and share them with decision makers, to inform actions to mitigate health impacts associated with the asylum period and move-on process

This project was co-designed and reviewed by a steering group of stakeholders including people with lived experience, statutory partners, Community Health Ambassadors and VCS representatives.

2.3 Methodology

Participant Criteria

This research focuses on refugees and asylum seekers who are about to leave or have left asylum accommodation after receiving a decision on their claim. We were particularly keen to speak to single adults who do not have dependants. Sixty percent of our participants identified as single adults.

To be eligible to participate in this study, individuals had to be aged 18 and above and must have lived in Southwark at some point during their housing journey.

We also interviewed staff and volunteers from organisations that support these groups, including VCS groups and healthcare professionals.

Recruitment and Compensation

Participants were recruited by VCS partner organisations, promoting among their service users, networks, and in local asylum accommodation. Participants were given £25 vouchers, as well as signposting to services including legal advice, and mental health and wellbeing support.

Lived Experience Workshops

We partnered with five VCS organisations that support refugees and asylum seekers to deliver lived experience workshops with their service users. The partner organisations were:

- Latin Ageing UK
- Panjshir Aid
- Southwark Day Centre for Asylum Seekers
- Southwark Refugee Communities Forum
- Waterloo Community Counselling

The workshops used a guided journey-mapping approach, combining one-to-one interviews with a loosely structured timeline exercise. Participants shared their housing and health-related experiences since arriving in the UK. They could choose to draw, write, or talk to an interviewer, generating visual and descriptive qualitative data.

We engaged with 30 participants using nine languages. Multilingual participation was supported by Clearview interpreters, Community Health Ambassadors, VCS staff and volunteers, and digital translation tools.

Staff and volunteer Interviews

We conducted 11 one-to-one, semi-structured interviews with staff and volunteers. Interviewees represented a range of services, including housing advice, wellbeing support, emergency accommodation, health navigation, and primary healthcare. Some interviewees also had lived experience of the asylum process. These interviews confirmed that insights gathered from our lived experience participants were largely typical of the wider asylum seeker and refugee population.

The following VCS organisations took part in interviews: Kineara, Latin Ageing UK, Panjshir Aid, Robes, Southwark Group of Tenants' Organisation, Southwark Refugee Communities Forum, The Manna Society, and Waterloo Community Counselling.

Data collection took place between October and December 2025.

2.4 Analysis

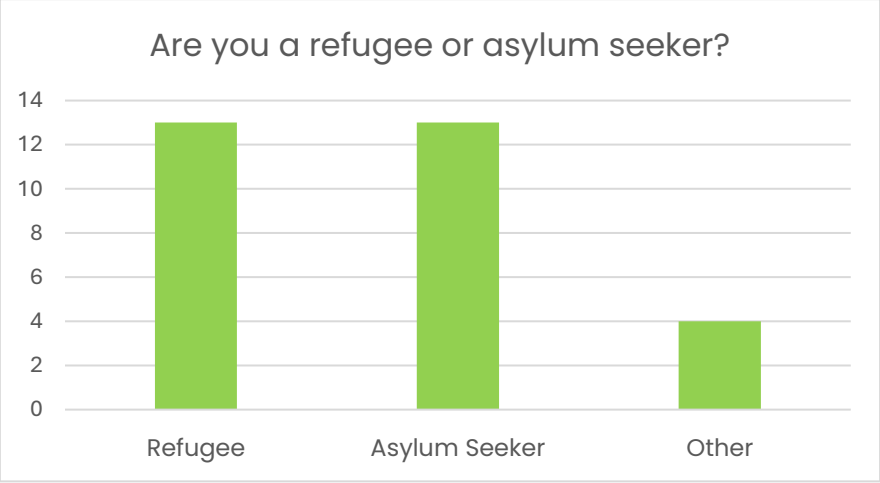
We used thematic analysis to process our qualitative data, focusing on how people described their experiences and what this revealed about housing and health systems. We took an inductive approach to let the data shape our themes.

The data was coded to describe expressed ideas, then codes were grouped to form broader themes. These themes were reviewed across the dataset to ensure they provide comprehensive and accurate representations of recurring issues and key ideas.

Preliminary findings were shared with the steering group for review, to test the salience of these themes.

2.5 Challenges

We experienced challenges engaging refugees who had already moved on from Home Office accommodation, as they are often relocated out of borough and lose contact with local services. To address this, we adapted our questions to include asylum seekers still living in hotels, exploring their understanding of the upcoming transition. This research included an equal number of asylum seekers who were still living in asylum accommodation (12 individuals), and refugees who had completed the move-on process (12 individuals). Four participants described their migrant status as 'Other.'



Participants had diverse communication needs and preferences, requiring differing levels of support. This made it challenging to use a uniform methodology. Recruiting most participants through VCS partners helped us plan effectively for their needs. We adopted a flexible facilitation approach, offering one-to-one support, interpreters, and written multilingual guidance to enable participants to engage at their own pace. Existing trusted relationships between participants and partner organisations also helped to encourage engagement.

3. Findings

We set out to address the following research questions:

1. How does the transition out of Home Office asylum accommodation affect residents' health and wellbeing?
2. What support do residents currently receive during this transition, and where are the gaps?
3. What ideas or recommendations do residents have for making this transition healthier, safer, and more manageable?

3.1. Living in asylum accommodation

While our research questions focus on moving on from asylum accommodation, many participants stressed that their time living in these environments had ongoing effects on their health and wellbeing after leaving. This section provides context on the conditions of asylum accommodation, and demonstrates the long-term impacts of unsuitable provision during the asylum period.

Key Issues

- Food. All participants emphasised that the food served in asylum accommodation was of poor quality and did not meet their cultural needs. Some experienced restricted access to food, stating that meals and snacks were only available at set times and missing these meant they did not eat, as they could not afford to buy food and did

not have access to cooking facilities. Several participants explained this limited their ability to engage with services outside of their hotels, including activities led by the VCS.

- Living conditions. Participants reported overcrowding, pests (including bedbugs, cockroaches, and mice), uncomfortable beds, curfews, frequent relocations between rooms or hotels, and safety concerns. Lack of space for respite heightened the mental health impacts of overcrowded rooms, particularly for families with children and single adults sharing rooms with strangers.
- Employment restrictions. Several participants explained that being unable to work as an asylum seeker negatively affected their mental health. Participants stated they could not afford public transport, limiting their ability to engage with services. Participants struggled to access information about employment and training while awaiting a decision on their asylum status; they felt this information would have made the transition into work as newly-recognised refugees easier. Some believed that prolonged unemployment affected their ability to secure housing and live independently after receiving refugee status.
- Lack of information. Uncertainty around migration status, entitlements, and the asylum process result in a high level of stress. Most participants had limited understanding of British systems, including housing, health, benefits, employment, and education, and did not know what would happen after they received a decision on their asylum status. They struggled to find information due to language barriers, digital access and not knowing where to go for support. Several participants felt unable to report issues with the conditions of their asylum accommodation, as they feared they would be evicted.



"The issues I had were stress, language barriers, being moved to different places, being surrounded by loud noises and drug addicts so I couldn't sleep. I couldn't ask for help in case they deported me. It was scary not knowing what would happen tomorrow."

"I'm in college and I need money for my transportation to school but I can't work. It seems they are keeping us here with no plans for our future. The hostels are very depressing."

"The accommodation given to us was a very small room where we stayed for a year. It had a serious bed bug infestation, which caused severe allergic reactions for my daughter."

"I am grateful for everything you have provided us throughout this journey, which has been 3 years of waiting. We would have liked to have had the opportunity to prepare some of our own meals. As for my daughter, the uncertainty of the wait affected her a lot; she got very depressed to the point of needing a doctor. It would be very helpful if there were lawyers available because many people are in distress because they do not have a legal representative, and there should be people available to help with the language and translation."

Health Impacts

Combined, these factors have a significant impact on the mental health of current and former residents of asylum accommodation. Many participants reported experiencing chronic stress, anxiety, and depression as a result of living conditions in asylum hotels.

Substandard living conditions also exacerbated physical health problems, including allergies, asthma, back pain, and joint pain. Several participants reported developing high blood pressure, anaemia, irregular periods, and digestive issues, as well as experiencing significant weight loss, which they largely attributed to the food provided in asylum hotels.

Some participants with long-term health conditions felt their condition deteriorated because the accommodation provided did not meet their care and support needs.

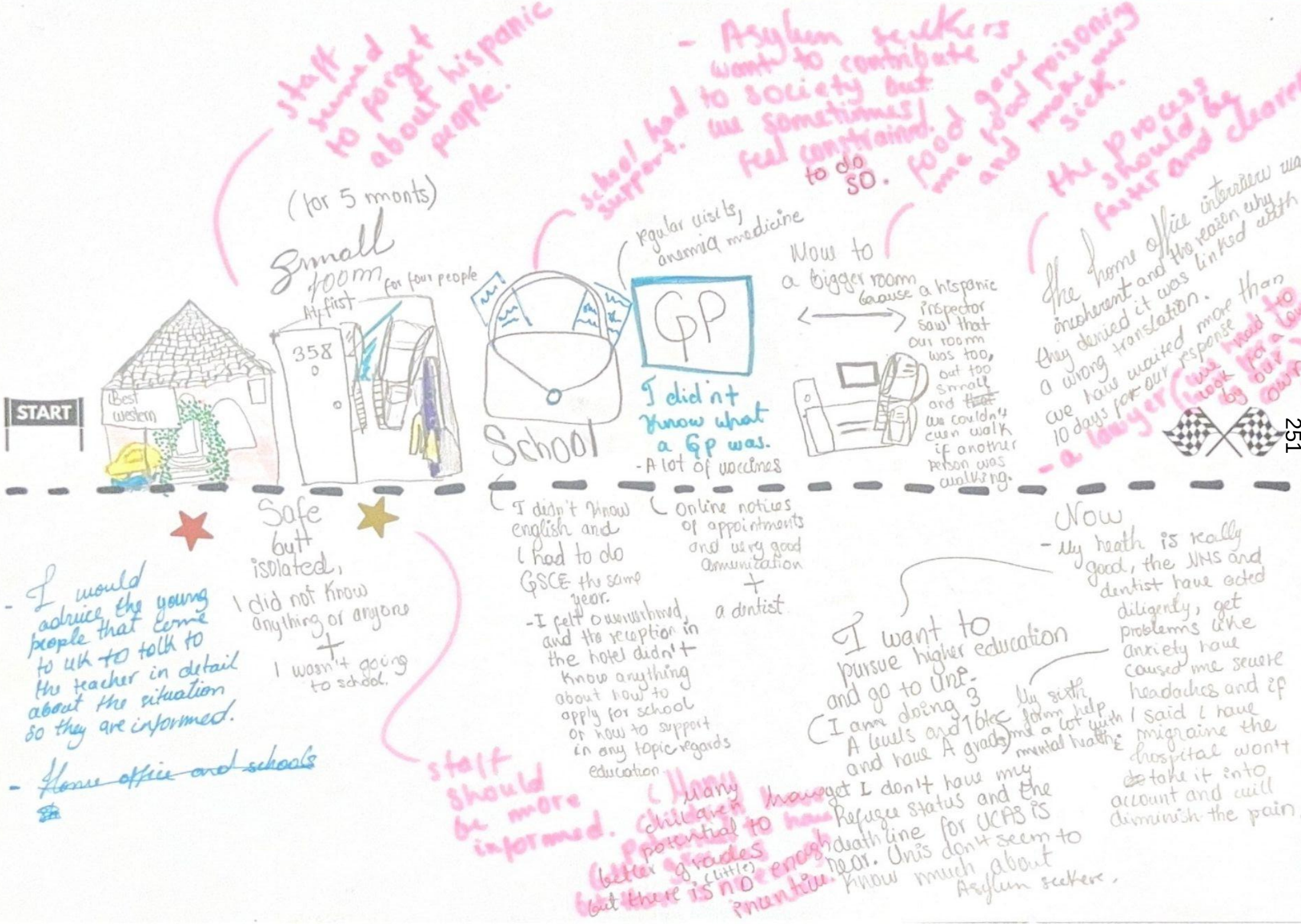
Case Study: Care and support needs

"I lived in Barry House in a small room with my wife for 7 months. There was not enough space in the room to turn my wheelchair

around. The handrail in the bathroom was too far from the toilet so I could not use it. My health deteriorated, I had constipation and stomach issues because of the food and because I couldn't use the toilet in my room. I would travel 1km to the park to use their toilets. I visited the GP every week, the doctor said sorry, but he couldn't help.

I had a breakdown because of the conditions, and I was afraid they would kick me out for complaining. I spoke to the medical staff in the hotel, and they eventually helped me move to a bigger room. They (hotel staff) knew about my problems but didn't do anything.

Before (living in the hotel) I used a wheelchair, but I had some mobility… I felt stronger, I could lift myself out of the chair independently. Now I can't do any of this."


staff need to forget about hispanic people.
- Asylum seekers want to contribute to society but sometimes feel constrained to do so.
school had to support us
food gave me bad poisoning and made me sick.
the process should be faster and clearer.
(for 5 months)
Small room for four people
At first
358
Best western
START
Safe but isolated,
I did not know anything or anyone + I wasn't going to school.
School
GP
regular visits, anemia medicine
I didn't know what a GP was.
- A lot of vaccines
Now to a bigger room because a hispanic inspector saw that our room was too, out too small and that we couldn't even walk if another person was walking.
The home office interview was incoherent and the reason why they denied it was linked with a wrong translation.
we have waited more than 10 days for our response
- a lawyer (we had to look by our own)
I didn't know english and I had to do GSCE the same year.
-I felt overwhelmed, and the reception in the hotel didn't know anything about how to apply for school or how to support in any topic regards education.
Online notices of appointments and very good communication + a dentist
Now
- My health is really good, the NHS and dentist have acted diligently, get problems like anxiety have caused me severe headaches and GP said I have migraine the hospital won't take it into account and will diminish the pain.
I want to pursue higher education and go to Uni.
(I am doing 3 A levels and 16 GCSE and have A grades)
My sixth form help me a lot with mental health
staff should be more informed.
Many children have potential to have better grades but there is no enough (little) support.
get I don't have my Refugee status and the death line for UCAS is near. Unis don't seem to know much about Asylum seekers.
- I would advice the young people that come to uk to talk to the teacher in detail about the situation so they are informed.
- ~~Home office and schools~~

3.2 How does the transition out of Home Office temporary accommodation affect residents' health and wellbeing?

Key Issues

Sudden eviction from asylum accommodation. Newly recognised refugees are given a notice period of 28 days to move on from asylum accommodation. There is consensus among people with lived experience and professionals supporting them that 28 days is not enough time to secure housing and access mainstream benefits. Some participants reported that delays in communication from the Home Office left people with less than a week to leave asylum accommodation.

"I became homeless for 10 days and slept at the station. This happens to most people. The time given (after eviction) to find a place is not enough."

"One client last week received his eviction notice and had to leave accommodation in 2 days because the Home Office sent his refugee status to the wrong email address. There is no way he would be able to launch a homelessness application, get a housing assessment and receive his housing personal plan in that time. He is a single man, so he needs to find private rented accommodation, so you need a lot of time. He is going to be destitute in this kind of weather; it's a health and safety risk. This is not a one-off example."

Lack of timely and accessible information. Most participants had limited understanding of the move-on process. Uncertainty exacerbates stress and prevents timely access to housing assessments, benefits, and school enrolment for children. Some individuals housed in temporary accommodation after move-on do not realise they need to claim housing benefit, resulting in debt.

Staff and volunteers stated that the lack of information for asylum seekers fosters unrealistic expectations about what life will be like after leaving asylum accommodation. Because residents do not receive accessible guidance about housing, they often turn to other refugees and asylum seekers for advice. This can be misleading, contributing to disappointment and risk of homelessness.

"The expectation of what you will get from the Council hasn't been well-managed and has been fuelled by others in the same position. There's not an understanding of the reality of the housing stock in London. I've seen people refuse accommodation that wasn't in the location they wanted, due to advice from friends. This can result in street homelessness."

"Since receiving my eviction notice (4 weeks ago), I haven't heard from the Home Office. I don't know what the next steps are."

"The support we are missing is information. We are not told where to go for anything—not for school registration, medical services, or other support. We had to figure everything out on our own. We were told social workers would provide guidance, but they did not deliver."

High risk of street homelessness, particularly among adults aged under 35 who do not have dependants. Due to shortages in social housing, single adults who are not considered to have priority need must find accommodation in the private rented sector. This can be challenging, as they must first access Universal Credit to pay rent.

Southwark Council offers a deposit scheme to support refugees into private rented accommodation. However, participants explained that many landlords will discriminate against applicants who are using the deposit scheme and receiving Universal Credit. While language barriers and digital exclusion further complicate this process, participants who are not affected by these barriers still struggled to find affordable private rented accommodation. As a result, many newly recognised refugees become street homeless, causing rapid health deterioration.

"Affordability is the main issue. The Council doesn't accept them because they are deemed not vulnerable, they cannot afford the private sector, and so they become homeless. There's a big cohort of people like this...most landlords don't want people on universal credit and when they find out, they say no. If you explain to them, the Council will pay the deposit, they say no because they don't want to deal with the Council."

Several participants received temporary housing after encountering homelessness charities such as St. Mungo's, or emergency healthcare services due to risks associated with street homelessness. There was a strong sense that people must become more unwell to access housing.

Case study: *Street homelessness, safeguarding risks and health deterioration.*



A single man aged under 35 who has diabetes could not complete the housing benefit application because he does not know English. He became street homeless after eviction from asylum accommodation and slept in a park, where he was robbed and stabbed. After receiving treatment in A&E, doctors refused to discharge him from hospital without safe accommodation. He was then housed in social housing in Greenwich.

"If you're single and not priority, it's incredibly challenging because there is a lack of support. Single men and women face destitution and homelessness because they are expected to go into private rented housing, but there is a gap in payments for universal credit before they move out of Home Office accommodation. We saw a case where the landlord didn't receive their deposit for 6 months. They started threatening the tenant, getting the housing officer involved. It caused more issues." – VCS organisation

Unsuitable and poor-quality housing after leaving asylum accommodation continues or worsens the health impacts of previous living conditions. Individuals with assessed vulnerabilities described very poor housing quality in temporary accommodation provided by Southwark Council. Issues included damp, mould, disrepairs and pest infestations. Some participants said they reported that the accommodation was inaccessible or unsafe, but they were told by housing officers that there was nothing they could do as the accommodation was temporary.

Case study: temporary accommodation



"One of our clients, a man who is deaf and mute, was provided temporary accommodation because of his health conditions. He complained about the conditions, there were rodents and cockroaches, he couldn't communicate with the people he was sharing with. It was escalated and not getting anywhere.

The ceiling in his accommodation collapsed, he would've been severely injured or killed if he was home. I spent more than 1 hour with his housing officer trying to say this is a safeguarding issue, this person is vulnerable

he shouldn't be sharing. They were not having it until the roof collapsed. He would come to the surgery with cockroach bites on his body, someone who cannot speak or hear, he is always isolated.

When they moved him somewhere nicer, I cannot describe to you the way he looked when he came back to us; he looked alive, refreshed, happy and resting." – VCS organisation

Participants living in private rented accommodation also described struggling to make complaints and get a response from landlords.

"It's difficult to get private landlords to resolve issues. They can threaten tenants with eviction. Tenants are forced to be quiet in circumstances that are not suitable." – Southwark Group of Tenants' Organisation



Relocation out of borough. Due to housing shortages in Southwark, many newly recognised refugees are required to move outside the borough. Relocation can separate people from established social networks, schools, VCS support and local healthcare services, contributing to stress, isolation and poor mental health. While relocation can be unavoidable given local housing constraints, short eviction notices and lack of information in advance exacerbates the impact of these moves, as individuals are not prepared to leave.

Participants explained that some people are told on the day or days before that they will be moved out of London. This can be highly distressing and contribute towards street homelessness and police involvement, if people panic and refuse to leave hotels.

Relocation can also disrupt continuity of care for those managing health conditions.

One health professional explained, "*People have to register with a new GP practice, and they don't have the literacy and digital skills or knowledge of healthcare systems to do this."*



Another participant shared that after being placed in temporary accommodation in Essex, he travels by taxi to Southwark twice a week for kidney dialysis. He frequently arrives late due to traffic, which shortens appointments and negatively affects treatment outcomes.

Eligibility criteria for health services. Homelessness and relocation across borough boundaries complicate access to services, particularly where admissions criteria are linked to local residency or GP registration.

As one health professional explained, *"mental health need is massive, but mental health teams won't take them because they are very strict. You have to be a local resident or your GP has to be in the area. Lots of people use the GP as an address if they're homeless, so mental health teams in other areas won't see them."* This leads to delays, gaps in care, and increased stress during an already challenging transition period.

Employment, skills, and training. Most participants who are newly recognised refugees said they struggled to find work because they do not have UK-based work experience and qualifications. Those with professional career backgrounds struggled to access training and employment that aligns with their skills. Participants who are experiencing housing insecurity said they feel that they are trapped in a cycle, needing to secure accommodation before applying for work, while not being able to afford private rented housing without a job.

Health Impacts

- The most prevalent theme is mental health deterioration, with most participants reporting experiences of chronic stress, anxiety, depression, and in fewer cases, psychosis. Single adults may be at greater risk of an acute mental health crisis, and harms associated with street homelessness.

"(The transition is) absolutely destroying, a complete minefield… The problem with moving on is the threat of homelessness. The idea of being evicted is so mentally stressful."

"People feel panicked because of the short notice… Mostly it will affect their mental health, some already have traumatic moments on their journey to the UK so it can remind them of tough situations they've been through if they've become homeless in a country where they believed they are safe."

- Physical health deterioration including joint problems, back pain, sores, scabies, skin conditions, exposure to drugs and alcohol, and deterioration of long-term conditions like diabetes and hypertension. This is particularly linked to experiences of street homelessness and poor-quality accommodation.

- Safeguarding issues including exploitation, abuse and physical violence. Exposure to safeguarding issues increase significantly when people become street homeless.
- Disproportionate harm to vulnerable groups, particularly disabled and elderly people. Some participants felt that services are not always able to identify vulnerabilities, and refugees can struggle to declare or evidence them due to language barriers, cultural differences, and low engagement with services.

Case study: *An elderly man had been housed by Southwark Council in temporary accommodation due to long-term health conditions.*



"He was complaining about the conditions affecting his health, and we could tell he was deteriorating … coughing, wheezing, short of breath.

"After a few weeks he suffered a stroke. He had been managing his health well, and his temporary accommodation pushed him into being somebody who needs care and now uses a wheelchair." – VCS organisation



El Salvador!

Cardiff, Wales
Living in a house with my expartner Here and my 2 boys alone

WALES

START

3 years here!
and then shipped out to London.

Yeh, I always sharing!
Felt supported by Home Office and also my family!

1. East Ham — 8 months
2. Guildford — 3 months
3. Elephant and Castle — 1 year
4. Seven Sisters — 1 month
5. Colindale NW9 — Im still here! Maybe Closing!

Here with one Priscoll House

5 years waiting! NOT ONLINE!
Looong time!

Kitchen! and also visitors!

NHS mental health support

Momma and daddy came to visit! They were so happy!

NO CHANCE OF DRIVING!

What was missing?

Here i was with 5 guys on a big room!



I love music!

Looking happy, but dying inside

But Loving London it's my style

Don't give me your money!
Just give me the chance to WORK!



I couldn't, sorry!

NOT BEING ABLE TO TRAVEL its the worse thing

Its not my land!!!

When you have no choice you take what they give you! — HOME OFFICE

Indian People Rocks!
Not Lying

3.3. What support do residents currently receive during this transition, and where are the gaps?

3.3.1. Existing Support

Primary care

Feedback indicates that access to primary care is generally good but concentrated in asylum accommodation, creating sharp gaps after move-on.

Some participants received health checks and appointments with nurses from onsite Health Inclusion teams while living in asylum accommodation, which they found particularly effective for children and elderly people. Feedback about hotel in-reach services was largely positive, with most participants feeling well supported and able to access primary care. Some participants said the Health Inclusion team also helped resolve issues with their accommodation but did not have enough time and capacity to see everyone who needed help.



"I felt supported by the medical team at Barry House and felt very happy."

"I felt comforted by the NHS, I felt very safe."

All participants said they were registered with a GP while in asylum accommodation. Feedback was mostly positive or neutral, however, three participants said they were not offered an interpreter during GP appointments, instead relying on friends or children. Some participants felt they were discriminated against because they are migrants and cannot speak English, reporting interactions with GP doctors where they felt dismissed and discriminated against.



"I was told an MRI is too expensive, the doctors were not listening and telling me to get a job."

> *"I don't always have a translator and sometimes the staff are rude to me because I don't speak English. They don't usually provide translators. I ask my granddaughter, but she is busy with school."*

Whilst engagement with primary care is high, health professionals flagged that primary care services often lose track of patients after move-on, particularly if they leave the borough or become homeless. It can be challenging for patients to register with new GPs independently, due to digital and language barriers, lack of information, and other pressures that cause health to be deprioritised.

> *One health professional explained, "it takes so long for people to be registered with GPs they run out of medication. The moving on team do not register patients. They won't provide (the patient's GP before move-on) with the new addresses so we can't support them."*

Finally, primary health services seem to be well linked in with the VCS, regularly making referrals to organisations such as Southwark Day Centre for Asylum Seekers and The Manna Society Day Centre for casework and emergency housing, particularly for newly-recognised refugees following the move-on period.

Mental health

Experiences of mental health support varied. Several participants said they were prescribed medication for depression and anxiety but were not offered counselling. Those who had accessed counselling described it positively; however, many required long-term support and adjoining practical help such as legal advice or casework.

Many participants felt their poor mental health was driven primarily by social factors including housing and employment difficulties, making a solely medicalised response insufficient.

> *"I never had depression before this... They just give you pills to take. They don't help my problem."*

In recognition of this, organisations such as Waterloo Community Counselling explained that they often extend beyond their remit to provide casework support, *"We do casework because we know it has to be done, you can't offer a therapy service and not address the practical stuff. We've had to adapt to the needs of the clients."*

Wellbeing and wraparound support

When asked about effective support, participants overwhelmingly identified VCS organisations. In response to rising need, many VCS organisations have expanded their services to include casework, advocacy, hot food, emergency supplies and interpretation, often without formal training or funding. Participants described this wraparound support as critical to their wellbeing.

A key strength of VCS provision is the ability to offer multilingual support, particularly through refugee-led organisations that share lived experience and provide trusted, culturally safe spaces. Many participants also volunteer with VCS groups, which they described as giving a sense of purpose and community.

Statutory services such as social prescribers, Southwark's Refugee Resettlement Team and Health Inclusion teams also offer specialist support, including hotel in-reach for asylum seekers, system navigation and signposting to VCS organisations. Participants felt that these organisations were most effective at overcoming system barriers, for example, one participant who refused an unsuitable housing offer said, "*the Refugee Resettlement team give very good support, they helped us regain our place in the queue for housing and close our rent arrears to the hostel which we could not do alone. Now we are rehoused, we are learning English, my wife has counselling and we are very happy.*"

What works well: Partnership-based community provision, combining wellbeing activities and practical support.

"My GP referred me to SDCAS – we do gardening, get advice, free hot food, legal help."

"Small community groups with activities, open welcoming spaces… that offer the necessities of life without any barriers… We have a really nice partnership with St John's Church… they offer English classes, art club, chess club, walking group… we have a partnership with them so clients might come to us for therapy… then we can make some referrals to the day centre for advice."

"Southwark Refugee Communities Forum (SRCF) has helped me a lot. This is because I have had direct interaction with the Housing Solution officers and especially with Kineara that helps with private rented accommodation. The staff at SRCF and Kineara are very welcoming and kind."



3.3.1. Gaps in support

While participants recognised that services work well in many ways, they also highlighted gaps that create risk and place unsustainable pressure on the VCS.

Key gaps include:

- Early information and preparation for move-on
- Limited housing options for single adults
- Access to timely legal advice
- Insufficient emergency and contingency support for people who are at risk of or experiencing homelessness.
- Continuity of healthcare after move-on
- Reduced access to in-person casework
- Limited communication between agencies, particularly with housing officers.
- Heavy reliance on an under-resourced VCS
- Limited structural support for long-term integration, including employment pathways, ESOL, and skills development.
- Insufficient wellbeing support and specialist training for VCS staff

Participants consistently emphasised that secure accommodation is the foundation for all other outcomes, noting that delays and gaps in the housing process have knock-on effects on wellbeing, employability, and integration.

One health professional said, *"Having secure accommodation is the big one… That process needs to be happening earlier … There's no communication with the Council, even if I email about street homelessness or pending evictions, no acknowledgement of emails … We get no communication back…On a Friday afternoon SDCAS, Manna, will be*



shut so the only thing you can do is help them get a sleeping bag and tell them to sleep outside and make a Streetlink referral. It's really hard."

Waterloo Community Counselling add, *"WCC wasn't set up to offer casework but more and more we've had to do it … We need more training on housing, how to communicate with the Council, understanding the Council's obligations, the legal stuff. General training on current policy because the landscape changes constantly.*



Llegamos en el año 2022 al Hotel Luky 8 ilford estubimos viviendo 1 año comer ya que la comida contenia mucho Picante y eso dañaba mi estomago Peso una anemia severa acudi al medico Por mi debilidad y me empezaron a tratar. lo que era la anemia





Familia Somos 5 Personas con mi en Ilford llegamos con mi 3 adultos 2 niños mi persona mi esposo mi Hijo mi Hija y mi nieta

mi consejo para las Personas nuevas que se yenen de mucha Paciencia y mucha fé aser muchas amistades Que les permitan aser sus alimentos porque abeses si se burlasan de las Personas staff apollen a las Personas a cargo como los Solicitantes de asilo.

actualmente resivo tratamiento de terapias por mi Hombro ya que tengo desgaste en el Hombro derecho e recibido atención medica Inyecciones en mi Hombro no e mejorado mucho pero estoy en Fisioterapia





agradesco todo lo que nos an brindado a lo largo de este camino que an sido 3 años en espera nos ubiera gustado aber tenido la oportunidad de poder cosinar nuestros Propios alimentos y que el tiempo de espera fuera mas corto En cuanto ami hija le afecto mucho la insertidumbre de la espera se deprimio mucho al grado de nesecitar sicologo y ciquiatra ella a mejorado considerablemente Rediria que para las Personas que aun estan en espera el tiempo sea menos y porfavor que la condición de alimentación mejorara



en el año 2023 nos movieron a PeckHam al Hotel best Western en ese Lugar emos conosido Personas muy buenas que nos an ayudado en el aspecto que nos dan donde poder aser nuestros alimentos no es siempre Paragradesemos la ayuda que nos brindan actual mente aun Vivimos en el Hotel Best western. ase un mes nos aprobaron el estatu de Refugiado y estamos Felices.





espesamos muy pronto Vivir en una casa donde podamos cosinar nuestros Propios alimentos



1. Recommendations

The final research question, 'What ideas or recommendations do residents have for making this transition healthier, safer, and more manageable?' is addressed in the recommendations below, which are directly informed by participant and stakeholder feedback.

Our recommendations focus on local action to maximise the impact of this research. However, our findings also indicate strongly that the Home Office should:

- Re-extend the eviction period after receiving a decision on asylum status to 56 days
- Give asylum seekers the right to work
- Provide multilingual information on the asylum process, English language and employment support to asylum seekers from arrival
- Establish monitoring to proactively enforce minimum standards for asylum accommodation

Issues	Recommendations	Timeframe	Partners
Food provided in asylum accommodation may not be nutritionally complete or culturally appropriate, and is not available flexibly Overcrowding and limited space for respite in asylum accommodation	1. Influence local providers of asylum accommodation (e.g. hotels) to ensure residents' care and supports needs are met. This includes provision of healthy food when residents need it, and shared space for respite. 2. Promote VCS wellbeing activities, food programmes and warm spaces in asylum accommodation.	Medium term Short term	Public Health; Borough of Sanctuary partners Southwark Council Communications
Living conditions in asylum accommodation may be substandard, such as damp, mould, or pests.	3. Empower residents in asylum accommodation and advocates (e.g. VCS groups and healthcare professionals) to report issues indicating regulatory noncompliance in asylum accommodation by providing multilingual guidance and contact information for Migrant Help.	Medium term	Southwark Council Community Support/ Refugee Resettlement Team Lead

	4. Expand Social Prescribing Housing Officer role or fund an additional role to cover south Southwark.	Long term	Southeast London Integrated Care Board
Interpreters not provided, and patients may feel discriminated against during GP appointments	5. Use Reasonable Adjustment Flags to indicate need for an interpreter during appointments. 6. Gather patient feedback to evaluate the Inclusive Surgeries programme.	Medium term Medium term	Primary Care Committee; GP Federations; Public Health As above
Uncertainty surrounding the move-on process **Reduced access to healthcare after move-on from asylum accommodation**	7. Promote multilingual guidance about the move-on process and how to access health and wellbeing support after moving on from asylum accommodation. For example, by funding VCS in-reach projects and promoting Praxis A Migrant's Guide and Groundswell 'My rights to healthcare' cards in asylum accommodation.	Short term	Southwark Community Support Team; Guy's & St. Thomas' Health Inclusion Team
High risk of homelessness for	8. Commission a homelessness prevention service for single refugees, for example Bridges Outcomes Single Homeless Prevention	Long term	Southeast London Integrated Care Board; Southwark Council

newly recognised refugees Limited regulation in the private rented sector	9. Evaluate the Refugee Rent Deposit scheme and share how learnings will be implemented. 10. Strengthen enforcement and awareness of tenants' rights under the Renters' Rights Act 2025 for newly recognised refugees by providing clear information on new protections and landlord obligations and practical support including Southwark Private Renters Forum and the Private Rented Sector Ombudsman.	Medium term Short term	Housing and Modernisation team Southwark Council Private Landlord Team Southwark Council Community Support Team
Lack of communication between housing and other services (e.g. health, VCS)	11. Establish robust communication channels between housing officers and other agencies (e.g. VCS, healthcare services), providing up-to-date contact details and notification of staff changes. 12. Increase VCS, health services and Southwark Council teams' participation in Southwark Private Renters' Forum to support	Short term Short term	Southwark Council Housing Solutions Team; Public Health; Guy's & St. Thomas' Health Inclusion Team As above

	advocacy for refugees who are private renting or seeking private rented accommodation.		
Poor quality housing negatively affecting health	13. Align definition of key terms 'vulnerability' and 'priority need' used by housing teams with Shelter guidance and case law to ensure care and support needs are met under the Care Act 2014. 14. Commission a Community Embedded Worker role to provide specialised mental health support for migrants and refugees in collaboration with VCS organisations. 15. Ensure the redevelopment of community mental health services explicitly addresses the needs of refugees and asylum seekers, including dedicated funding for VCS organisations supporting these groups.	Short term Long term Medium term	Southwark Council Refugee Resettlement Team; Adult Social Care Southeast London Integrated Care Board; South London and Maudsley NHS Foundation Trust As above
Heavy reliance on under-resourced VCS and lack of	16. Provide core, long-term funding for VCS groups supporting migrants and refugees, including smaller organisations, and support collaboration between groups.	Long term	Southeast London Integrated Care Board; Southwark Council

wellbeing support for staff and volunteers	17. Commission wellbeing support for VCS groups offering services for refugees and asylum seekers.	Medium term	Community Support and Family Early Help Teams; Public Health South London and Maudsley NHS Foundation Trust; Southeast London Integrated Care Board
Demand for legal advice significantly exceeds supply	18. Increase provision of free legal and immigration advice, including specific advice for homeless refugees, by funding VCS delivery partners and creating a referral pathway from VCS organisations to pro bono services such as King's College London Legal Clinic.	Medium term	Southwark Council Community Support Team; Trusts and Foundations
Newly recognised refugees struggle to find employment	19. Commission a bespoke employment service for refugees and migrants, including asylum seekers preparing to receive the right to work. For example, Refugees Better Outcomes Partnership	Long term	Southwark Council Community Support/Borough of Sanctuary Partners

One year from now, I hope to be...

"I hope to be in a different situation. I am always anxious about my status, knowing that my situation here depends on another person's decision. I would love to have my right to work because I usually lie to friends saying that I have my own house, instead of saying that I live in a hotel."



"We hope to soon live in a house where we can cook our own food."



"I want my life to change for the better."

"I would like to feel better mentally"



"I used to teach Mathematics in secondary school. I would like to improve my English so I can teach again."





"I want to improve my English as I feel it is preventing me from taking part."

"I want my family to eat well"



"I want to use my education, regain my independence and improve my quality of life."

"I want to contribute to society"



"I hope to move back to Southwark."

"I would be very happy if I could be reunited with my husband, secure better accommodation, finish my courses, and get a full-time job to help people in similar situations."

5. Next Steps

We will share this report with key stakeholders including:

Partners	Type
Guy's & St. Thomas' Trust; Southwark Adult Social Care; Southwark Council; Southwark Wellbeing Hub; Primary Care Committee; Southwark Culture Health and Wellbeing Partnership; South London and Maudsley NHS Foundation Trust	Service Delivery
Partnership Southwark; Impact on Urban Health; Southeast London Integrated Care Board; Southwark Council; City Bridge Trust; and other trusts and foundations	Funding
Southwark Health and Wellbeing Board; Southwark Health and Social Care Scrutiny Committee; Citizens UK Health and Housing Coalition	Governance

We will publish a summary version of this report in all languages used by our research participants. These resources will be available on Healthwatch Southwark's website and shared directly with participants.

Statutory partners will be asked to provide formal responses to the recommendations in this report. Responses will also be published on Healthwatch Southwark's website.

To track progress, we will complete follow-up reviews with partners six and 12 months after publication. Participants will receive updates outlining the impact of our work. In addition, a one-year progress update will be shared publicly on our website and social media channels.

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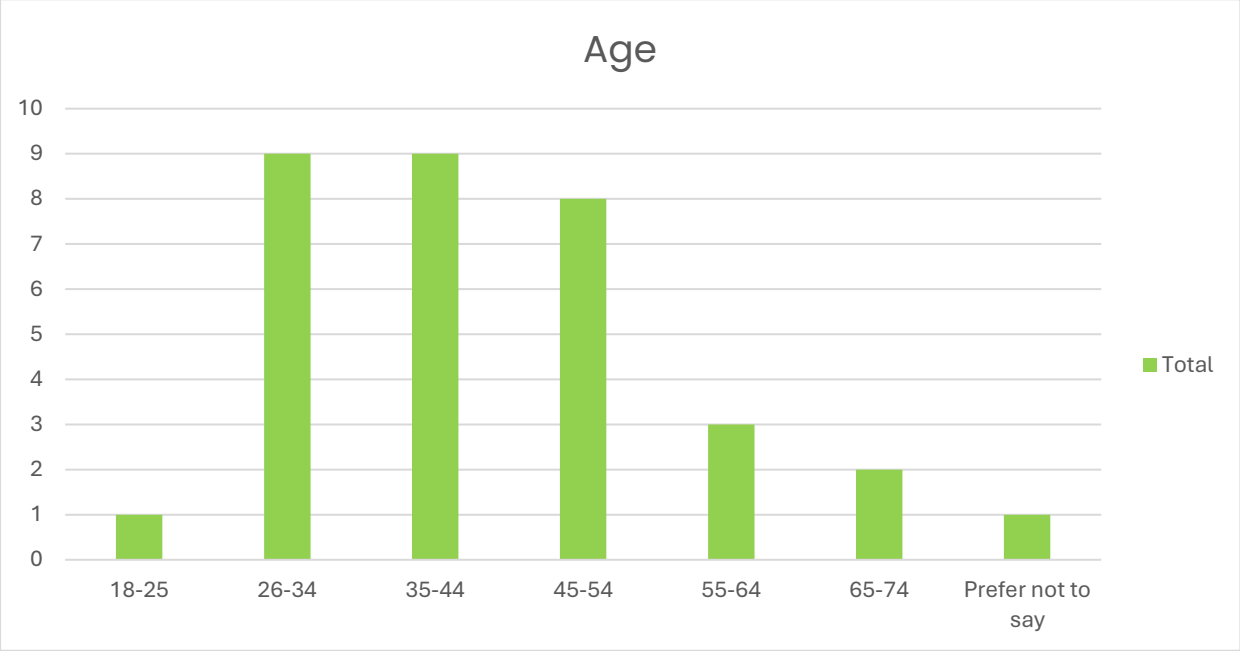
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Appendices

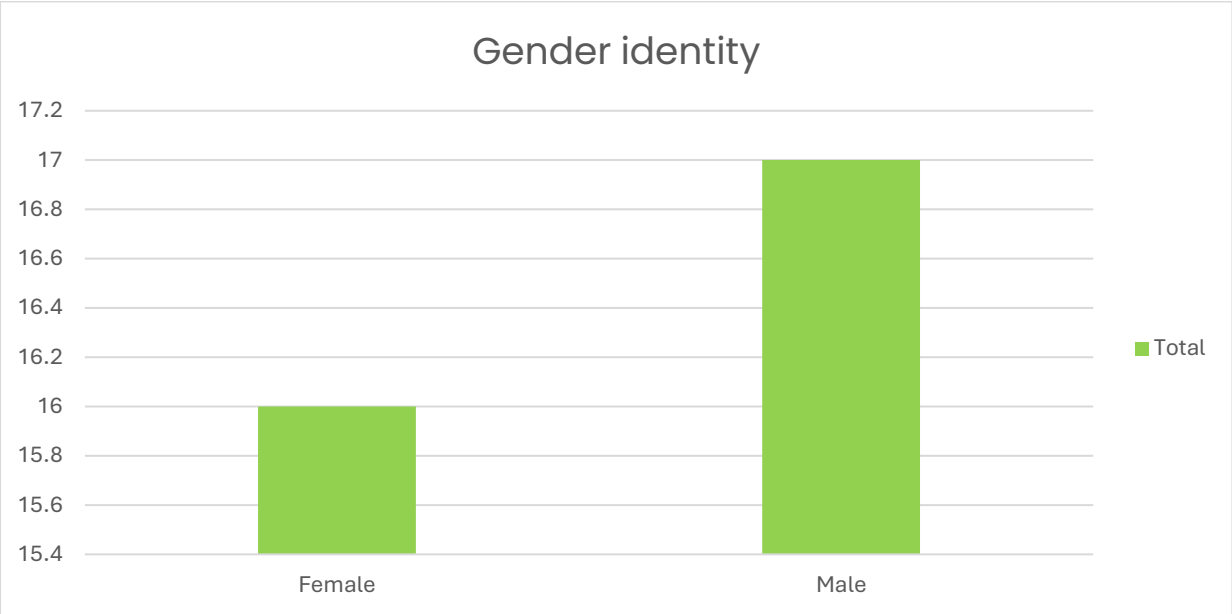
Appendix 1- Equalities Data[3]

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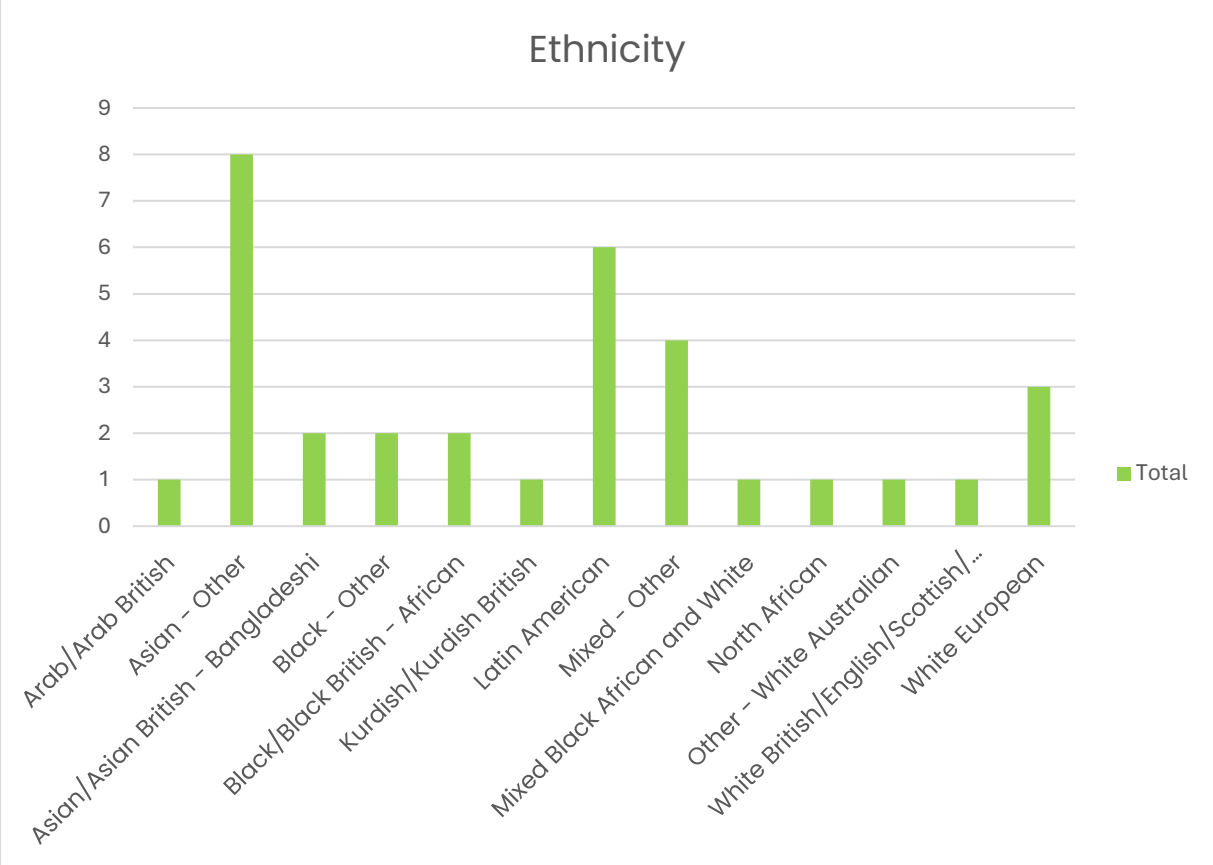


[3] Equalities data is shared voluntarily by participants. This data represents 28 out of 30 lived experience participants, and five out of 11 staff and volunteer participants.

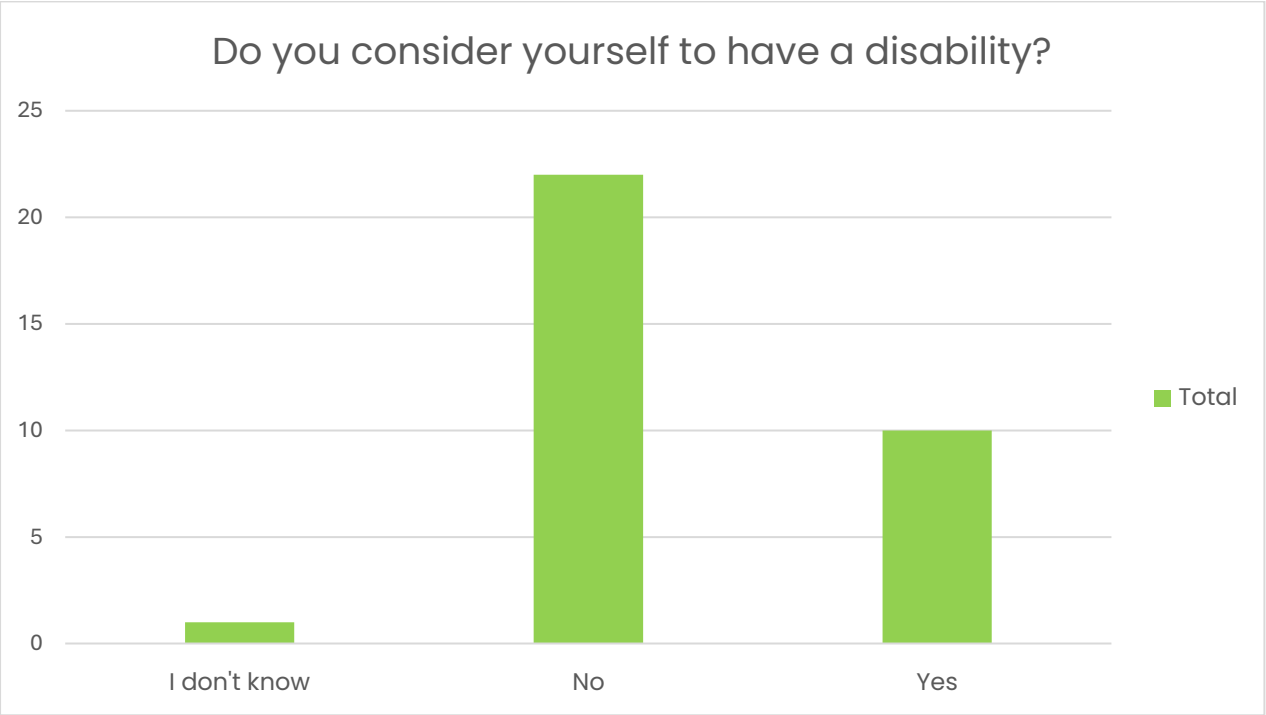
Gender identity



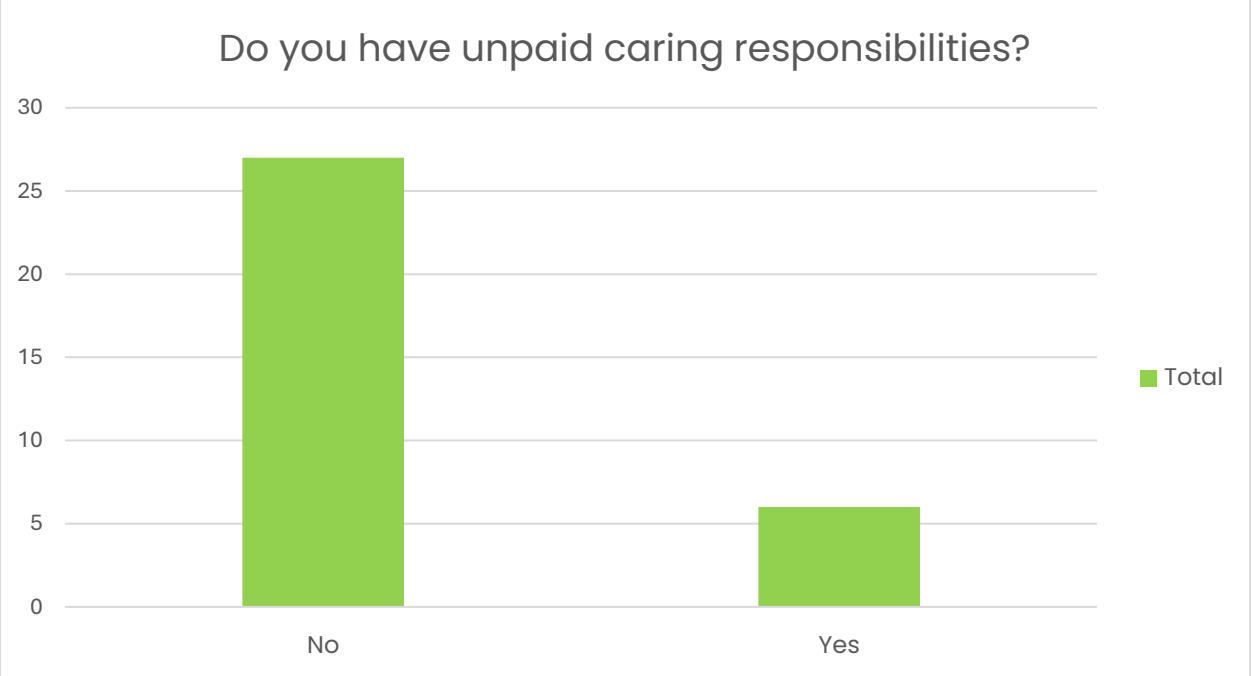
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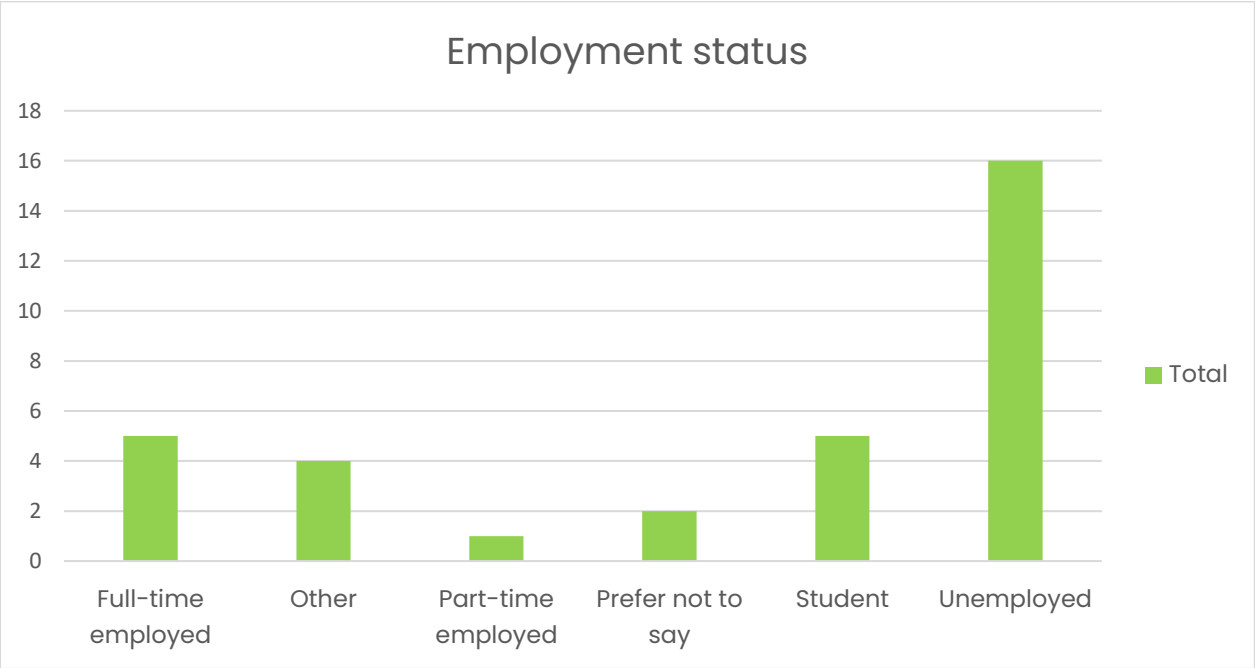
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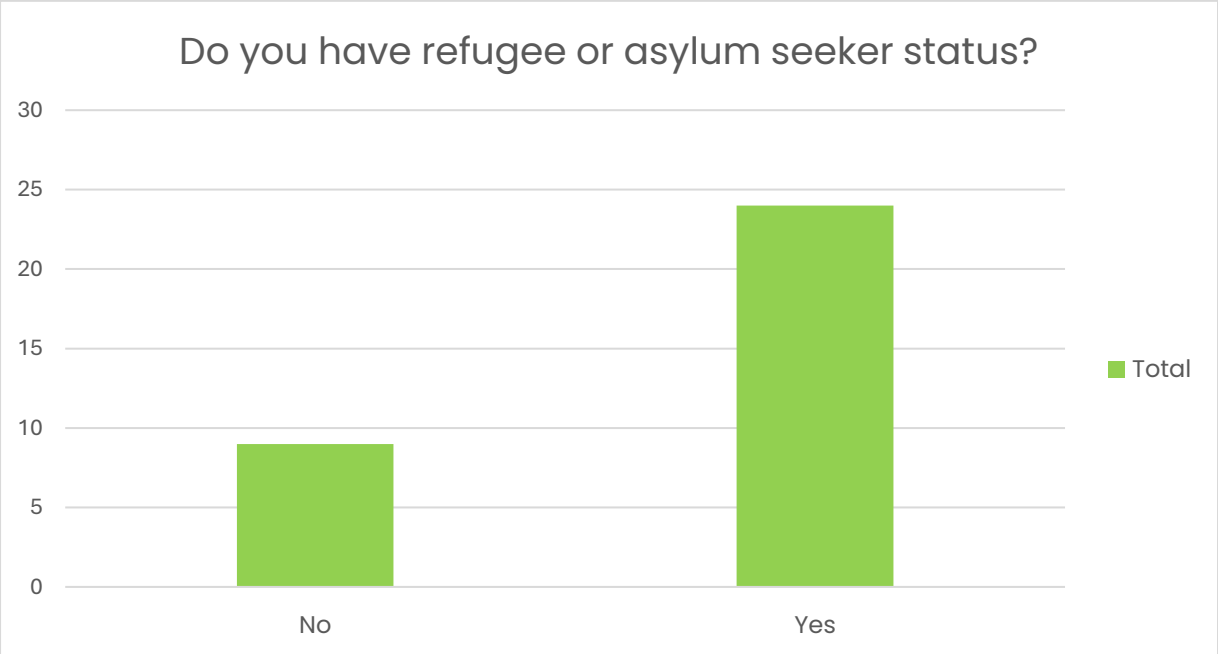
Unpaid Caring Responsibilities



Employment Status



Refugee or asylum seeker status



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