Open Agenda

Health, Adult Social Care and Community Safety Scrutiny Commission

Thursday 23 July 2026
7.00 pm
Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

Membership

Councillor Dean Peters (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Sam Dalton
Councillor Esme Dobson
Councillor Natasha Ennin
Councillor Pascale Mitchell
Councillor Lina Usma

Reserves

Councillor Hellen Benavides
Councillor Colin Boyle
Councillor Dora Dixon-Fyle MBE
Councillor Tori Griffiths
Councillor George Grime
Councillor Felicia Johnston
Councillor Richard Macmillan

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Contact Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk

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Members of the committee are summoned to attend this meeting
Althea Loderick
Chief Executive
Date: 15 July 2026

PRINTED ON RECYCLED PAPER

Health, Adult Social Care and Community Safety Scrutiny Commission

Thursday 23 July 2026
7.00 pm
Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
1.	**APOLOGIES** To receive any apologies for absence.	
2.	**NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT** In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.	
3.	**DISCLOSURE OF INTERESTS AND DISPENSATIONS** Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.	
4.	**MINUTES** To note the Minutes of the previous Health & Social Care Scrutiny Commission meetings held on the 2 and 17 March 2026.	1 - 13
5.	**HEALTH SCRUTINY** A paper is to follow on Health scrutiny's role, requirements, and best practice.	
6.	**PARTNERSHIP SOUTHWARK** Darren Summers, Strategic Director for Integrated Health and Care/Southwark Place Executive Lead, will present the enclosed document, which sets outs local health provision and priorities.	14 - 28

Item No.	Title	Page No.

7. HEALTHWATCH 29 - 105

Ruman Kallar, Research and Projects Officer, from Healthwatch Southwark, will present the enclosed reports on:

a. Annual Report 2025–26
b. Housing, health and hope: Experiences of living in and moving on from asylum accommodation

8. CRIME AND DISORDER SCRUTINY 106 - 120

A presentation is enclosed on the Commission's Community Safety remit focusing on Crime and Disorder Scrutiny – role, requirements, and best practice. A protocol setting out how scrutiny will work with the Crime and Safety Partnership is to follow.

9. ASYLUM ROAD CARE HOME DELIVERY UPDATE

A paper is to follow.

10. WORK PROGRAMME 121 - 125

Date: 15 July 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 4

HEALTH AND SOCIAL CARE SCRUTINY COMMISSION

MINUTES of the Health and Social Care Scrutiny Commission held on Monday 2 March 2026 at 7.00 pm at 160, Tooley Street, SE1 2QH

PRESENT:	Councillor Suzanne Abachor (Chair) Councillor Maria Linforth-Hall (Vice-Chair) Councillor Esme Dobson Councillor Sandra Rhule
OTHER MEMBERS PRESENT:	Councillor Evelyn Akoto, Cabinet Member for Health and Wellbeing
OFFICER SUPPORT:	Charlotte Keeble, Interim Associate Director for Primary and Community Based Care Rebecca Jarvis, Director of Partnership Delivery and Sustainability Liz Shutler, Director of Strategy, KCH Ms Rantimi Ayodele, Medical Director for Strategy, Quality Improvement and Healthcare Equity and Deputy Chief Medical Officer, KCH Julie Timbrell, Project Manager, Scrutiny

1. APOLOGIES

Councillors Naima Ali and Charlie Smith gave apologies.

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

There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were none.

4. GP APPOINTMENTS UPDATE

The chair welcomed representatives from the Integrated Care Board (ICB) and Partnership Southwark to provide an update on GP access in the borough.
The following officers were in attendance:

- Charlotte Keeble, Interim Associate Director for Primary and Community Based Care

- Rebecca Jarvis, Director of Partnership Delivery and Sustainability

The Commission noted that the purpose of the report was to provide an overview of progress in improving access to GP appointments, including ensuring services remain accessible to residents who are not digitally confident or have communication needs.

The chair invited the officers to provide a summary of the report and the following was covered:

- The ICB is implementing the Modern General Practice (MGP) Access model, aimed at improving access across phone, online and in-person routes and reducing the traditional 8am bottleneck.

- Work is underway to ensure inclusive access, including targeted support for residents at risk of digital exclusion and maintaining non-digital routes.

- All practices now use cloud-based telephony systems, supporting call-back functions, queue information and improved service management.

- Members also noted performance data showing:

  115,454 GP appointments delivered in December 2025
  80% of appointments delivered face-to-face
  87.44% of appointments completed within two weeks

Members of the commission were then invited to ask questions and the following points were made:

Access and booking experience
Members reflected that prior to the Covid-19 pandemic, residents could attend surgeries and wait for an appointment, whereas access is now more structured and, in some cases, delayed. Examples

were provided of residents waiting several weeks for booked appointments, despite ultimately receiving timely care through alternative routes.

Members also raised concerns about the continued pressure of the 8am booking system, including the need to call repeatedly across different days.

Officers responded that the Modern General Practice (MGP) Access model is intended to reduce the 8am bottleneck by improving triage and ensuring patients receive a timely response without needing to call back repeatedly.

Digital access and exclusion

Members expressed significant concern regarding digital exclusion, including:

- Lack of awareness of digital inclusion hubs and available support
- Barriers created by QR codes and digital-only routes
- A perception that services are becoming “digital by default”

Members also noted that previous online booking systems (such as earlier e-consult models) were perceived to offer more flexibility for daytime appointments.

Officers clarified that GP services are not intended to be digital by default, and practices are required to provide a range of access routes, including phone and in-person access alongside online systems.

They further advised that:

- Digital inclusion is a core priority, with targeted work to support residents who are less confident using digital tools
- Digital inclusion hubs are in place across neighbourhoods to provide support with access and skills
- Reception teams and care navigation processes can assist patients who are unable to use online systems independently

Telephone systems and call-back processes

Members reported issues with call-back systems, noting that patients may not know when they will be contacted, making it difficult to respond.

Officers highlighted that the introduction of cloud-based telephony systems is intended to improve patient experience, including call-

back functionality, queue visibility and better service management.

Impact on wider services
Members expressed concern that difficulties accessing GP services may increase pressure on A&E departments. Officers advised that a key aim of the access improvement programme, including extended access and improved triage, is to ensure patients are directed to the most appropriate service and reduce unnecessary demand on urgent and emergency care.

Positive feedback and local innovation
Members acknowledged examples of strong clinical care once access was achieved, and welcomed innovations such as health kiosks in community settings, including libraries. Officers noted that a range of initiatives, including community-based support and outreach, are being used to improve access and engagement across the borough.

Information sharing and systems
A concern was raised regarding the handling of test results across digital systems, including instances where results were not uploaded to GP systems and the need for improved use of shared care systems such as the London Care Plan. Officers acknowledged the importance of improving system integration and awareness among practitioners to ensure information is accessible and shared appropriately across services.

RESOLVED

- Officers to provide details of the 15 digital inclusion hubs across the borough
- Officers to share information on digital support with the Southwark Pensioners Centre.

5. CABINET MEMBER INTERVIEW - COUNCILLOR EVELYN AKOTO CABINET MEMBER FOR HEALTH AND WELLBEING

The chair invited the Councillor Evelyn Akoto, Cabinet Member for Health and Wellbeing, to provide a short overview of her portfolio.

Members were then invited to ask questions, and the following themes were covered:

- Health outreach to engage to diverse communities, including Spanish speaking Latin American communities,

- FGM prevention work and how members who are not returning after the election can continue to advocate for this in the community and sustain the momentum with health partners,

- The Annual Report for social care in preparation and how this will focus enabling people to prepare for the future,

- Quality of care - the road to good and outstanding,

- Addressing quality concerns.

6. KING'S COLLEGE HOSPITAL FOUNDATION TRUST - NEW FIVE YEAR STRATEGY 2026 - 2031

The chair invited the following King's College Hospital Foundation Trust representatives to present their new five-year strategy 2026 to 2031.

- Liz Shutler, Director of Strategy
- Ms Rantimi Ayodele, Medical Director for Strategy, Quality Improvement and Healthcare Equity and Deputy Chief Medical Officer

The chair then invited questions, and the following points were made:

- A member asked about methods that will be employed to improve financial performance while keeping patients safe. The Director of Strategy spoke about improving flow to save money utilising staff knowledge. The Medical Director for Strategy referred to establishing good principles for transformation.

- In response to a question on equalities the KCH representatives spoke about improving equitable delivery - and gave an example of looking at the late diagnosis of bowl cancer and how to improve screening across communities.

- A member referred to her experience of family member going into hospital and how struck she was by the number of things thrown away. KCH representatives said that the sustainability plan is looking at reducing single use items as well as a range of other issues. The Director of Strategy said that there are occasions where it is highly appropriate to use single use items whereas other items could be reused and gave an example of crutches that often accumulate and which the trust is now seeking to gather to reuse.

7. CANCER SCRUTINY REVIEW REPORT

The chair invited the scrutiny project manager to present to the draft executive summary and recommendations of the Cancer Prevention and Eary Diagnosis scrutiny review report.

The commission discussed the substantial progress made in early diagnosis, particularly through the leadership of the Southeast London Cancer Alliance and the expansion of Rapid Diagnostic Clinics. Members noted these achievements demonstrate what is possible when data, partnership, and community engagement are aligned around clear targets. The commission agreed that the reports focus on calling for the same rigor, accountability, and system-wide focus be brought to cancer prevention is correct.

A number of minor amendments were discussed.

RESOLVED

A final draft will be brought to the next meeting with the following changes:

- Ensure that cancer prevention is describe clearly as a system wide responsibility, not solely a public health function, spanning environmental policy, employment conditions, housing quality, occupational safety, and access to primary care,

- Improve the clarity on governance responsibility for strategic work to prevent the incidence of cancer,

- Include reference to the financial savings that could be made by reducing incidence,

- Recommend co-design with women affected by FGM to improve screening.

8. WORK PROGRAMME

The work – plan was noted.

RESOLVED

The recent CQC report on adult social care will be included the 17 March meeting agenda.

HEALTH AND SOCIAL CARE SCRUTINY COMMISSION

MINUTES of the Health and Social Care Scrutiny Commission held on Tuesday 17 March 2026 at 7.00 pm at 160, Tooley Street, SE1 2QH

PRESENT:

Councillor Maria Linforth-Hall
Councillor Naima Ali
Councillor Sandra Rhule

OTHER MEMBERS PRESENT:

OFFICER SUPPORT:

Anna Berry, Independent Chair of the Southwark Safeguarding Adults Board
Pauline O'Hare, Director of Adult Social Care

1. APOLOGIES

Apologies were received from Councillors Abachor, Dobson and Smith.

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

There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were none.

4. MINUTES

The minutes of the meeting held on 27 January 2026 were agreed as an accurate record.

5. SOUTHWARK SAFEGUARDING ADULTS BOARD REPORT AND INTERVIEW

Anna Berry, Independent Chair of the Southwark Safeguarding Adults Board, and Pauline O'Hare, Director of Adult Social Care, presented the 2024-25 annual report, highlighting progress in complex safeguarding, multi-agency collaboration, and the inclusion of voluntary sector voices.

Board Structure and Staffing: Anna Berry explained that the board secured temporary posts to strengthen functions such as learning, training, quality oversight, and assurance mechanisms, following the appointment of a new business manager.

Complex Safeguarding Initiatives: The board made considerable progress in approaches to complex safeguarding, including the development of a complex case pathway for early intervention and prevention, targeting individuals who may not meet statutory safeguarding criteria but are at risk due to issues like hoarding or self-neglect.

Multi-Agency Audit and Data Collection: A London-wide multi-agency audit (SAPAT) was conducted to assess safeguarding practices across member agencies, leading to improvements in communication, engagement, and the development of a more inclusive annual report that captures data and insights from all partners, not just the local authority.

Voluntary Sector Engagement: The board increased engagement with voluntary and community sector organisations, including participation in the Community Southwark Development Day, to ensure their insights and experiences inform the board's performance framework and safeguarding strategies.

Safeguarding Adult Reviews: During the reporting period, seven referrals for safeguarding adult reviews were received, with four meeting the criteria; these included thematic reviews on hospital discharge and transfers of care, and a published review (SAR David) focusing on complex safeguarding, mental health, and inter-agency collaboration.

Pauline O'Hare and Anna Berry then addressed questions from commission members, detailing the rise in complex safeguarding risks such as cuckooing, the board's multidisciplinary approach, and the importance of early intervention and community engagement:

Increasing Complexity of Cases: Pauline O'Hare reported that while safeguarding referrals have slightly decreased, the complexity of cases has increased, with issues such as cuckooing (criminals taking over vulnerable adults' homes), drug use, and disability-related vulnerabilities becoming more prominent.

Cuckooing and Housing Vulnerabilities: Cuckooing was identified as a growing problem, exacerbated by the housing crisis and affecting those on benefits or with disabilities; the council has established a multi-agency cocoon board to address these cases, sometimes rehousing victims to ensure their safety.

Multi-Disciplinary and Preventative Approaches: The board is promoting more frequent multi-agency meetings and case conferences, encouraging staff to collaborate with GPs, health visitors, and housing colleagues to address complex cases and prevent silo working.

Community and Voluntary Sector Role: Anna Berry highlighted the need for clear, accessible information for volunteers and community sector workers, and committed to improving website resources to help them identify and refer safeguarding concerns.

Referral and Support Pathways: Pauline O'Hare advised councillors and community members to use established contact points for reporting concerns, emphasising the council's responsiveness to member inquiries and the importance of councillors as community eyes and ears.

Lessons Learned from Safeguarding Adult Reviews: Anna Berry and Pauline O'Hare summarised key lessons from recent safeguarding adult reviews, focusing on the need for improved communication, collective agency working, and enhanced training on the Mental Capacity Act and dementia.

Communication and Multi-Agency Working: Reviews repeatedly highlighted the importance of early, collective action and communication between agencies, moving away from siloed working to ensure vulnerable adults receive coordinated support before reaching crisis.

Mental Capacity Act Awareness: A recurring lesson was the need for better understanding and application of the Mental Capacity Act; the board is developing bite-sized learning materials and lunchtime learning sessions to raise awareness among staff.

Dementia and Carer Support: Emerging themes include the need for deeper understanding of dementia and support for carers, with

future reviews set to address these areas and inform further training and action planning.

Implementation of Learning: Action plans from safeguarding adult reviews are actively managed through the board's learning network, focusing on recognising complexity, sharing information earlier, and improving responses to safeguarding concerns.

RESOLVED

- Provide information on cuckooing and support resources to members for use in community volunteering

- Ensure that materials on the Safeguarding Adults Board website clearly indicate where volunteers and community sector workers can access help and support for at-risk individuals.

6. CQC REPORT ON SOUTHWARK ADULT SOCIAL CARE

Pauline O'Hare, Director, Social Care responded to questions about the recent CQC report on Southwark Adult Social Care, confirming a 'good' rating, identifying areas for improvement in training and data reliability, and outlining ongoing and planned actions.

- **CQC Key Findings:** The CQC rated Southwark Adult Social Care as 'good', with most feedback being positive; some areas for improvement were noted, particularly in staff training and safeguarding data reporting.

- **Data Reliability Issues:** The CQC report highlighted concerns about the accuracy of safeguarding training data, as some providers had not uploaded their figures, resulting in an underestimation of trained staff.

- **Improvement Plans:** The council is reviewing the CQC findings line by line and will develop plans to address identified issues, including enhancing digital tools for managing referrals and continuing general service improvements.

RESOLVED

Pauline O'Hare confirmed that an update on improvement plans and safeguarding actions as a result of the CQC report will be shared with the Commission.

7. SAFEGUARDING SCRUTINY REVIEW HEADLINE REPORT

RESOLVED

This item is deferred to a following meeting to allow members who could not attend this meeting to contribute.

8. CANCER PREVENTION AND EARLY DIAGNOSIS SCRUTINY REVIEW REPORT

The chair and scrutiny project manager reported that NHS colleagues had provided comments on the draft report via email to the commission. In addition, the vice chair had provided minor amendments to the body of the report to improve comprehension.

RESOLVED

The report was agreed with the following amendments:

- Incorporate reference to the existing work that NHS colleagues drew the commissions attention to, while keeping the recommendations broadly the same,

- Incorporate the proposed changes to improve the grammar and clarity of the report.

9. ASYLUM ROAD CARE HOME DELIVERY

Members noted the update provided.

10. WORK PROGRAMME

The commission discussed the workplan circulated with the agenda, with a view to recommending items for the commission that will be constituted next administrative year

RESOLVED

The commission recommended the following items be considered:

FGM with officer, NHS and community partners covering

a) work to prevent girls coming to harm

b) work with adult women on recognising and healing trauma

Freedom Pass and improving bus driver behaviour with Mayor of London / TFL / and community partners , covering:

a) an earlier than 9am Freedom bus pass starting time for medical appointments,

b) driver behaviour (e.g. allowing people to sit down and embark safely).

Disabled parking arrangements, including an update on items held previous administrative years including

a) Officer updates,

b) London wide work on disabled people parking scheme alignment.

Improving access to public toilets with officers covering

a) Updates on implementation of the previous scrutiny review

b) Focus on provision for homeless people and people with medical conditions

Asylum Road care home delivery

Partnership Southwark Briefing Pack

1st July 2026

Purpose of this briefing

Partnership Southwark

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

This briefing is from Partnership Southwark, the local care partnership which brings together Southwark Council, NHS South East London ICB, NHS acute, community and mental health providers, primary care and the voluntary and community sector.

It is designed to give Members a clear, strategic understanding of:

- How the Southwark and wider health system works
- The main pressures and risks
- Where the biggest opportunities sit
- How Members can shape impact

Partnership Southwark at a glance

Partnership Southwark

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

What is Partnership Southwark?

The borough's main forum for joint leadership of health, care and wellbeing, bringing together:

- Southwark Council (adult social care, public health, housing, children's services)
- NHS South East London Integrated Care Board (Southwark Place)
- NHS acute, community and mental health providers and primary care
- Voluntary and community sector partners, healthwatch and care providers
- The Local Medical Committee (LMC)

What we do?

- Set shared priorities for health and wellbeing in Southwark
- Oversee integration between council and NHS services
- Lead neighbourhood health and care development
- Provide joint system leadership on finance, performance and tackling inequalities

Why this matters?

Health and care pressures are one of the biggest drivers of demand on council services, financial risk and resident experience. Strong partnership working is essential to:

- Protect council and NHS finances
- Reduce pressure on hospitals and social care
- Improve outcomes and tackle inequalities

Health and care in Southwark – the big picture

Partnership Southwark

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

Our five headline challenges:

1. Unmet need for CYP and adults with mental health problems
2. Lack of support and coordinated care for people with frailty and complexity
3. Missed opportunities for prevention of multiple long-term conditions for adults
4. Inequalities in access and outcomes
5. Limitations on impact due to workforce shortages and financial pressures

Our ambition:

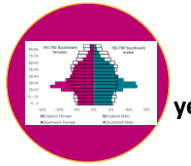
A joined-up neighbourhood system that keeps people well, supports independence, reduces health inequalities and protects public services from unsustainable demand.

These pressures drive a large share of adult social care demand and council financial risk.

Health in Southwark Summary, 2025

Demography

Structure



41% 20-39 years age group

Southwark has a **young population** profile, younger than the regional and national averages

Population trends

14% increase

45,000 increase in population expected between 2022-2040

Ageing

92% increase expected in 70-80 age group (2022-40)

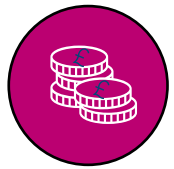
Population diversity

Ethnically diverse population with Black, Asian and Multi-Ethnic community, making up **49%** of the population

25% from Black Ethnicity; **10%** Asian ethnic group; **7%** Mixed ethnic group

Social and economic determinants of health

One in five of Southwark's residents live in an area in the 20% most deprived in England



21% of children in low-income families & **30%** older people are income deprived

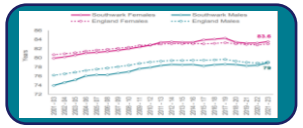
These disadvantaged communities experience the highest levels of underlying **health issues** and **preventable mortality**

Health Profile

Life expectancy

Men 79

Women 84

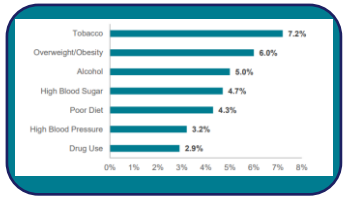


Life expectancy at birth is **plateauing.** However, the gap between Southwark and England is **narrowing**

Healthy life expectancy

People are living **20 years in poor health** from a range of long-term conditions and comorbidities. HLE for males and females in 2023 is similar to or worse than 10 years ago.

Risk factors



Avoidable risk factors include **smoking, obesity, alcohol, poor diet, high blood pressure and , drug misuse** across the life course

Other determinants of health

Natural & Built Environment

- **Heat exposure**
- **Noise**
- **Air pollution**
- **Housing**

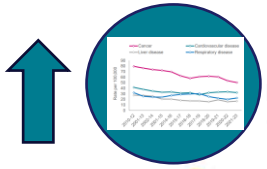
Education

2,033 (70%) children achieving **good level of development** at end of Reception

Violent crime and theft remain an important issue, **higher than the London rate**. These are concentrated around transport hubs

Health Profile

Deaths



On average 309 preventable deaths each year

Since 2019, the preventable and overall mortality rate has **either decreased or plateaued,** with **cancer** remaining the leading cause of premature death in the under 75s locally and regionally.

Avoidable deaths

Account for **44%** of all deaths. Common causes are from **Cancer, Cardiovascular, Respiratory and Liver disease deaths.** Significant differences exist between the least & most disadvantaged areas of Southwark

Health protection priorities

Cancer screening

Childhood vaccinations COVER programme[1]

Extreme weather

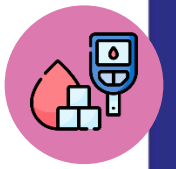
Main diseases & long-term conditions of residents

Hypertension

Serious Mental Illness

Sexual health

Obesity



Diabetes

How the South East London health and care system fits together

Partnership Southwark

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

Southwark is part of the **South East London Integrated Care System (SEL ICS),** bringing together all the organisations responsible for delivering health and care in south east London.
This includes local councils, 35 primary care networks, NHS Trusts and NHS Foundation Trusts.
In south east London, there are a total of 193 GP practices, including 31 in Southwark.
SEL ICS operates throughout the six south east London borough Local Care Partnerships, including Partnership Southwark :

Bexley Wellbeing Partnership
One **Bromley**
Healthier **Greenwich** Partnership
Lambeth Together
Lewisham Health and Care Partnership
Partnership **Southwark**

The **South East London Integrated Care Board (SEL ICB)** is the NHS management unit of the wider SEL ICS, which exists to deliver four core purposes:

- Improve outcomes in south east London population health, health and care services
- Tackle inequalities in outcomes, experience and access suffered by local residents
- Enhance productivity and value for money in the use of health and care resources
- Help the NHS support broader local social and economic development

The ICB holds the NHS budget and major commissioning decisions.
Southwark Place is where the council and NHS agree local priorities
Partnership Southwark is the borough's joint leadership forum

ICB Change Programme – a system risk

Partnership Southwark

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

- All ICBs are required to reduce management and running costs by 2026 to 27
- South East London ICB must deliver a 35 percent reduction in management and running costs. (Commissioning budgets are not included in this change).
- ICB colleagues are being supported throughout the process and have multiple opportunities to question, input and provide feedback. Formal consultation with ICB staff concluded in May 2026.
- South East London ICB is 'clustering' with South West London ICB, whereby the Chair, Chief Executive Officer and executive team will work across both, and some functions will be managed jointly. Each ICB will retain its own board, and financial allocations will continue to be managed separately.

What this means for Southwark

- Reduced system leadership and programme capacity
- Risk to pace and quality of neighbourhood and integration programmes
- Potential impact on commissioning and partnership support

Strong joint leadership is needed to protect local priorities during this period.

NHS 10 Year Plan: Medium Term Planning Framework

Partnership Southwark

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

The **Medium Term Planning Framework (MTPF)** is an ambitious document. Over the next 3 years it will return the NHS to much better health – with waiting times dramatically reduced, access to local care restored to the level patients and communities expect, and unnecessary bureaucracy slashed so that savings are poured back into frontline services and staff.

Building on the 10YHP it sets out how the NHS can deliver the three shifts and sets out the new way of working:

Hospital to Community	Sickness to prevention	Analogue to digital
• Accelerating progress on Neighbourhood Health • Same-day appointments for urgent cases in general practice • Increasing community service capacity and productivity • Greater use of community pharmacy • 700k extra urgent dental appointments a year	• Tackling obesity, including continued rollout of weight loss medicines and weight management services • Supporting the target of a 25% reduction in CVD-related premature mortality • Implementing opt-out models of tobacco dependency services • Reducing antibiotic use and polypharmacy	• Making full use of the NHS App to communicate with and support patients to better access and manage the care and services they need • Using the NHS Federated Data Platform to improve care through better use of data • Deploying AI tools like ambient voice technology and digital therapeutics

These shifts will be supported by:

1. Transforming our approach to quality, including setting out what good looks like in key clinical areas and rolling out data-led monitoring, starting in maternity services
2. A new Operating Model for the NHS which provides clarity on roles and accountabilities, and offers greater freedom and flexibilities for those performing well
3. A new financial regime which distributes funding more fairly and ensures payment schemes support new models of care, including the shift to community
4. A renewed approach to improving productivity, reducing unwarranted variation, transforming pathways and maximising the use of technology to speed up processes.

Partnership Southwark's Strategic Priorities
(From the SEL ICB 5 Year Strategic Commissioning Plan 2026-31)

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

Priority Area	What are we aiming to achieve?	Why does this matter?
Integrated Neighbourhood Health and Care	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.	Delivering neighbourhood health at pace is central to returning patient and community trust in the NHS, breaking down siloed working among our staff and improving urgent care by providing more convenient and appropriate services. This is a central objective of the NHS 10 year plan.
Mental Health	Reduction in waiting times for adults and children who need help with their mental health. The support will be easy to access and co-ordinated around their needs.	There are unacceptable long waits for Children and Adolescent Mental Health services and adult mental health services in Southwark. The delays in diagnosis and treatment have a potentially serious impact on the health and wellbeing of our population.
Frailty	Integrated neighbourhood teams to roll out the successful frailty pilot 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.	Almost half of Southwark's residents over 65 report that they are not in good health, with this cohort of residents having poorer healthy life expectancy than the national average. The ageing population in Southwark amplifies these pressures and highlights the need for coordinated care.
Prevention and Health Inequalities	Work in partnership to reduce rates of avoidable illness and inequalities in outcomes between the most and least deprived communities. The most deprived communities will be more easily able to access tailored support for the five leading causes of poor health. Prevention and health inequalities goals will be embedded across all workstreams.	People in Southwark are living 20 years in poor health from a range of long-term conditions and comorbidities. Avoidable deaths account for 44% of all deaths. Common causes are from Cancer, Cardiovascular, Respiratory and Liver disease. Significant differences exist between the least and most disadvantaged areas of Southwark.
Primary Care access	Improve our resident's access to primary care so that people who want to see a GP or other primary care professional are consistently able to make an appointment in a timely way. Unwarranted variation in the time between requesting an appointment and being seen will be tackled.	We know that one of the most frequently expressed concerns of the public about health services is that making a GP appointment can be extremely frustrating and often not lead to a timely appointment. Delays in access can lead to increased pressure on the urgent care system.

Delivering a neighbourhood health service – integrated neighbourhood teams (INTs)

Partnership Southwark

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

The aims are to bring care closer to people's homes, improve outcomes, reduce inequalities, and make the best use of collective resources

- Neighbourhood healthcare is not a new idea - we have been working to join up services to better support residents for many years
- INTs go beyond this to fully integrate services and staff around people's lives, bringing together GPs, community health services, mental health support, acute and specialist services, local authority (including social care and public health) and voluntary services, to deliver coordinated and proactive care to people with the most complex needs in a specific neighbourhood
- Publication of the London Case for Change and the Target Operating Model sets out how we will be working across London and in each of our six SE London boroughs to deliver the neighbourhood NHS
- The Health and Well Being Board will have responsibility for a Southwark 'Neighbourhood Health Plan', which will be delivered by Partnership Southwark.

How we're introducing integrated neighbourhood teams across south east London

Partnership Southwark

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

Starting with prioritising three key groups where we see the greatest opportunity for improvement:

1. people with three or more long term health conditions: helping people manage their conditions to avoid longer term impacts from their condition and reduce the need for hospital care
2. frailty and end of life care: supporting older adults to live independently and get care in their community
3. children with complex needs: providing early and ongoing support for children and families

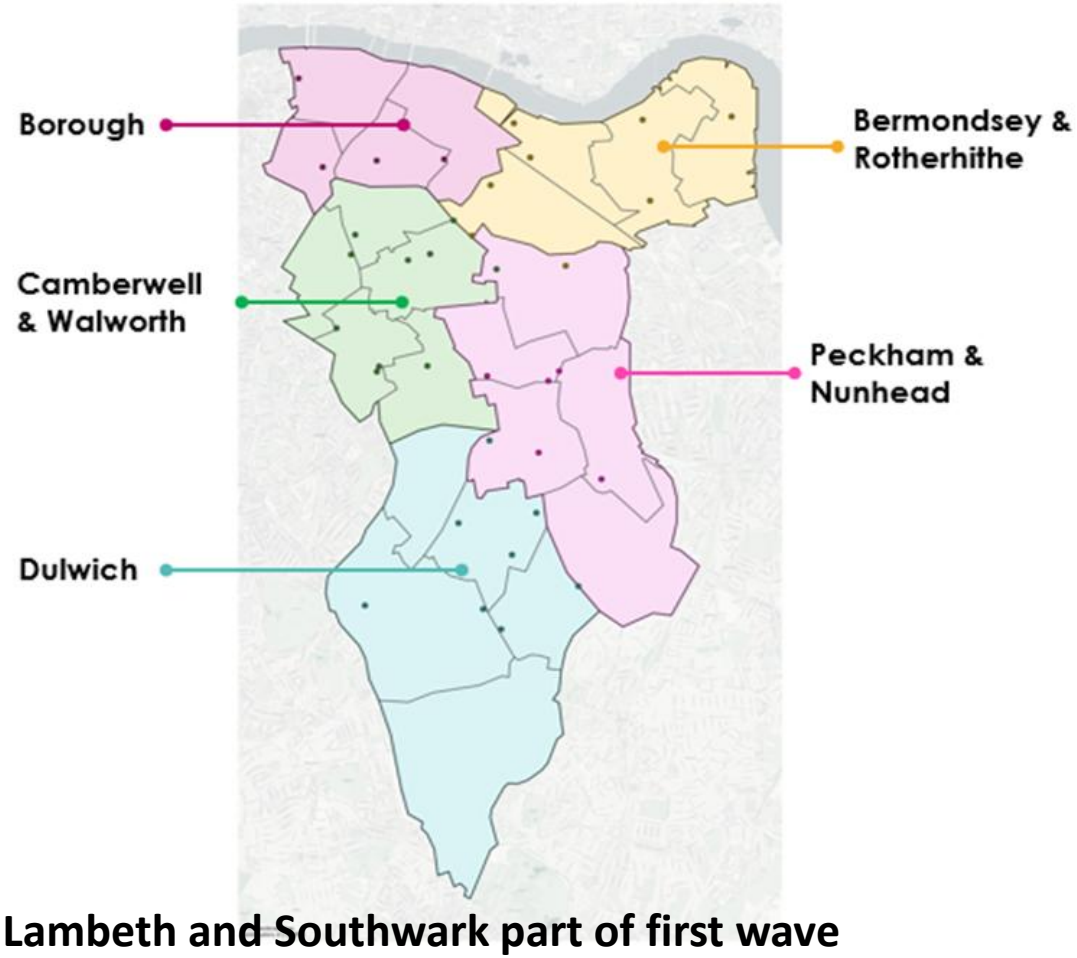
Neighbourhood Working in Southwark

Neighbourhood footprints agreed (March 2025)
Five neighbourhoods aligned to ten council neighbourhoods, enabling joint planning and delivery.
Services re-configuring around neighbourhood geography include South London and Maudsley (SLaM) community mental health teams, Community Nursing, Home Care, Intermediate Care Southwark

'Integrator' appointed to coordinate and enable the design, mobilisation and delivery of INTs (July 2025)
Partnership between Guy's & St Thomas' (GSTT) and Southwark Primary Care Provider Alliance (SPCPA)

Programme structures set up underpinned by appropriate governance
Integrator Delivery Board established which reports into the Partnership Southwark Strategic Board

Integrated Neighbourhood Teams launched (April 2026)
Clinical leads and neighbourhood managers appointed and taking up posts.



Lambeth and Southwark part of first wave National Neighbourhood Health Implementation Programme (NNHIP)
Accelerator programme began in October 2025 and has provided opportunity to access shared learning from other national pilot sites, and to influence the development of national policy

Neighbourhood Working in practice – Proactive care for frailty

Partnership Southwark

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

A small-scale trial of a neighbourhood based model of care for frailty delivered encouraging results in the Walworth Triangle between Nov 2024 and Jan 2025, and now being expanded across the entire borough.

The integrated neighbourhood team (INT) includes clinical and non-clinical staff from GP surgeries, hospitals, and community and voluntary organisations, working together to offer joined-up care to help people stay healthy longer, avoid repeated appointments and hospital admissions, and reduce the need for long-term care.

Frail patients identified from GP records receive a detailed home-based review and follow-up support. Early results show this has kept care close to home, eased pressure on hospitals, and improved communication between GPs and hospital teams. Patients have also benefited from medication reviews and the opportunity to record their care preferences in case of future serious illness or incapacity.

Work is progressing within teams, and across to housing, the Voluntary and Community Sector (VCS) and social care on ways to identify frailty sooner and deliver more proactive and coordinated care.

We are linking with local authority teams to identify opportunities for frailty screening in the adult social care assessment process.

Neighbourhood Working in practice – Early intervention and personalised care for children and young people with more complex needs

Partnership Southwark

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

The CHILDS model (Child Health Integrated Learning and Delivery System) brings together general practitioners, paediatricians and community nurses in neighbourhood-based teams to support children and young people with asthma, eczema and constipation. Results across Southwark and Lambeth, where the system is in place, have shown reductions in emergency department attendances, hospital admissions, and outpatient appointments for those seen by the service.

The CHILDS offer was expanded in 2025 to strengthen support for children with emotional wellbeing needs, particularly those who may not meet referral thresholds for specialist services. This additional support builds on the mental health input already linked to some teams and reflects the wider ambition to integrate physical and emotional health more closely.

Building on the CHILDS model, Southwark's new Children and Young People Integrated Neighbourhood Teams will provide better coordinated, earlier, and more joined-up care. This work will help address health inequalities and support better outcomes for children and families across the borough.

Reflections?

Partnership Southwark

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

What are the main health and care issues you're already hearing about from councillors and residents?

How would you like us, as a partnership, to work with you in representing Southwark's priorities (& our responses) with London and national partners?

What would success (in integration) look like for you in terms of how the council and the NHS are working together across neighbourhoods over the next two years?

healthwatch Southwark

The Strength of Community Voices

Healthwatch Southwark
Annual Report 2025/26

Contents

Acting Chief Executive Healthwatch England
Chris McCann

"The NHS plays a vital role in our lives, and we know it faces real challenges. Listening to people's thoughts about their care is one of the best ways to improve services. Every comment, concern, and compliment helps health and care professionals see what works and what needs to change, so care can be safer and better for everyone.

"We want to say a heartfelt thanks to all the local people who have taken the time to share their experiences, and to the health and social care professionals who have listened and acted on that feedback. Your commitment has helped make a real difference for our community."

A message from our Advisory Board Chairs

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

Key to this is our independence, meaning we represent local people without fear or favour. Sadly, the Government's new NHS bill proposes the closure of Healthwatch, losing that vital ingredient. For example, this year it underpinned our local campaigning, work with the Kings' Fund and our Enter and View activities.

Nevertheless, our superb team have continued to work hard on behalf of Southwark residents throughout the year. This report covers the many highlights of a very busy period.

Finally, I'd like to welcome Natasha Wright, who has taken on the role of Deputy Chair of the Advisory Board.

Chair
Graham Head

"Highlights for me have included our ongoing work looking at the experiences of people living in temporary accommodation and our submission to the Government's mental health consultation."

Deputy Chair
Natasha Wright

"During a year of change for the NHS and social care, Healthwatch Southwark continued to demonstrate the importance of having an independent organisation to amplify patient voices"

I am pleased to take on the role of Deputy Chair. It is a privilege to help empower residents in Southwark to influence health and social care improvements.

Given the government's announcement, we have begun planning the transition of the team to become a Community Health Team at Community Southwark. This will ensure that the knowledge and trusted relationships built by the team can be maintained, and that local voluntary and community organisations are included in discussions about changes to health and care services, such as the creation of neighbourhood health services.

Our team has continued their valuable work to strengthen relationships with underserved communities. Highlights have included seeing positive change, such as GP surgeries in North Southwark introducing Learning Disability and Autism champions after sharing our project findings. We also relaunched Enter and View, allowing us to fully use of our statutory powers to visit health and care services.

About us

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

Our vision

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

Our mission

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

Our values are:

Equity: We are compassionate and inclusive. We build strong connections and empower the communities we serve.

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

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

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

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

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

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

These values are always underpinned by:

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

Our year in numbers

In 2025/2026 we supported approximately **7,035** people to have their say, get information about their care and find support services available.

We currently employ core 3 Healthwatch staff and 3 staff to coordinate and deliver our Community Health Ambassador Programme funded by Public Health. Our work is supported by over 220 volunteers and Community Health Ambassadors.

Reaching out:

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

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

6,579 people accessed health and social care information and opportunities to shape local services on our social media platforms and in our newsletter

Championing your voice:

We were pleased to publish our report "*Towards Inclusive Healthcare: Rethinking mental health services for Black African and Caribbean communities in Southwark*" which explores how mental health services are perceived and experienced by these communities. This was our most popular report this year.

Other headline projects this year explored the health and wellbeing impacts on refugees and asylums seekers living in or moving on from asylum temporary accommodation.

Statutory funding:

We are funded by Southwark Council. In 2025/26 we received **£157,635** which is about the same as last year.

A year of making a difference

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

Spring

We enabled independent patient and resident voices to shape London's Neighbourhood Health Service model by facilitating Healthwatch participation in system simulation workshops. Three London Healthwatch organisations participated, with one taking the lead to ensure lived experience shaped planning This was strengthened by Southwark volunteers and Community Health Ambassadors, who added community perspectives. Together, these contributions directly influenced the design, learning, and emerging operating model, while reinforcing co-production and embedding a culture of listening in strategic decision making.

Summer

We published our 2025/26 priorities report, setting a clear strategic focus for our work on temporary accommodation and restarting our Enter and View activity at Southwark Resource Centre. By refining our priorities, our staff team and Advisory Board ensured resources are directed where they can have the greatest impact, strengthening our ability to deliver core functions. This focused approach supports more effective planning and helps ensure that local people's experiences shape our work and influence system priorities.

Autumn

We reviewed and provided evidence based feedback on South London and Maudsley NHS Trust's emerging strategy, drawing on our research into Black mental health. This helped highlight strengths and identify areas for improvement, ensuring the needs and experiences of Southwark's Black communities are reflected in future plans. Our input strengthened our 'critical friend' relationship with the Trust, leading to an invitation to join a planning group for their upcoming strategy event and positioning Healthwatch Southwark to continue influencing its development.

Winter

In partnership with VCS organisations, our temporary accommodation project raised awareness of the health and wellbeing implications and wider challenges facing residents living in this type of accommodation. Focusing strongly on refugees and asylum seekers with lived experience, we reinforced the urgent need for a coordinated system response by achieving coverage in the South East Londoner. Our findings were amplified further when we presented at the Southwark Health of the Borough event on co-located housing.

Working together for change

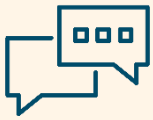
We've worked with neighbouring Healthwatch to ensure people's experiences of care in Southwark are heard at the Integrated Care System (ICS) level, and they influence decisions made about services at South East London Integrated Care Board (ICB)

This year, we've worked with Healthwatch across South East London to achieve the following:

A collaborative network of local Healthwatch:

Thematic insights from reports written and published by South East London Healthwatch were collated quarterly and shared with the South East London ICB, to support system oversight. We provided balanced, thematic insights for improvement in our regular reporting to the ICB Quality Directorate, the Engagement Assurance Committee, the Primary and Secondary Care Interface and the Equalities subcommittee. Representation at system level meetings is covered jointly by the Chief Executives of Lambeth and Healthwatch Greenwich.

A big conversation:



Following the 2025 closure announcement, local Healthwatch organisations have worked together to challenge the lack of patient voice in emerging 10-year plans. Through coordinated campaigning, promotion of a national petition, and local engagement activity, we have raised awareness, mobilised communities, and influenced debate. By amplifying public concerns and working collectively, we have strengthened the case for maintaining independent patient voice at the heart of health and care decision-making.

Building strong relationships to achieve more:

In March, we presented an overview of the Southwark Community Health Ambassador Network and casual worker model which was met with very positive feedback from South East London Champion Coordinators. Attendees particularly valued Southwark's structured approach to recruitment, training, and operational oversight. This has the potential to strengthen ambassador programmes across the network, improving consistency, compliance, and confidence, and enabling more coordinated, scalable delivery of community outreach and health engagement activities.

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

Making a difference in the community

We bring people's experiences to healthcare professionals and decision-makers, using their feedback to shape services and improve care over time. Here are some examples of our work in Southwark this year:

Creating empathy by bringing experiences to life

Hearing personal experiences and their impact on people's lives helps services better understand the issues people face.
We co-presented our 2024/25 annual report to the Partnership Southwark Strategic Board, highlighting the impact of our Community Health Ambassadors. This enabled reflection on insights and shaping shared priorities for upcoming neighbourhood health development plans. A review of link worker roles highlighted overlaps and strengths, with findings supporting clearer role definitions, stronger collaboration, promoting a more integrated wellbeing ecosystem across Southwark and improving consistency for residents.

Getting services to involve the public

By involving local people, services help improve care for everyone.
Southwark's Creative Health Strategy has embedded lived experience, addressing barriers, and promoting culturally responsive services as a result of sharing insights from our Black mental health project. These findings have shaped funding and support for Black-led organisations tackling inequalities. The Creative Health Strategy Steering Group ensures these priorities inform action plans, governance, and resource allocation, strengthening inclusive creative health provision for Black residents.

Improving care over time

Change takes time. We work behind the scenes with services to consistently raise issues and bring about change.
We published a one year update on our Learning Disabilities and Autism (LDA) access project, showing several examples of positive change resulting from this research project. This has included informing Guy's & St Thomas' All Age Autism Strategy, embedding co-production, accessible communication, flexible appointments, and staff training. Our work also shaped council strategy, Joint Strategic Needs Assessment reporting, and ICS priorities.

Listening to your experiences

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

This year, we've listened to feedback from all areas of our community. People's experiences of care help us know what's working and what isn't, so we can give feedback on services and help them improve.

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

Improving access to mental health services and support for Black communities

Last year, we championed the voices of Black African and Caribbean communities to highlight inequalities in access to mental health services across Southwark.

Through our research, residents, community groups, and frontline organisations made it clear that stigma, lack of culturally appropriate support, and distrust of services were significant barriers to getting the help they need.

What did we do

We carried out surveys, focus groups and interviews to better understand how Black African and Caribbean communities experience mental health services in Southwark. We worked closely with community organisations and hosted engagement activities to explore barriers to care, identify solutions, and develop practical recommendations for preventative care. From this we developed and distributed over 150 signposting directories of local, non-clinical support services, specifically for Black communities.

Key things we heard:

1 in 3 **of all participants who had used a mental health service in the last year experienced at least one issue with the care they received.**

GP's **remain the main route into mental health support, followed by Community Mental Health Teams (CMHT's).**

100% **reported an interest in a form of non-clinical, community based mental health service to understand and address their needs.**

Our work showed stigma, distrust, and cultural barriers limit access to care, with Black men particularly relying on informal support, highlighting strong demand for culturally appropriate, community-based services.

What difference did this make?

Following our research and ongoing engagement with partners and communities, we have influenced the development of local services, including work with South London and Maudsley, the recommissioning of the Wellbeing Hub, and wider council and ICS priorities. More priority is now being given to addressing inequalities by continuing to share our insights to strengthened awareness of Black mental health and the need for culturally appropriate, community based support in Southwark.

Black mental health project feedback

Charlene Brown, Quality Assurance and Communication Lead, Lewisham Children and Adolescent Mental Health Support team

This space essentially offers underrepresented Black men's mental health. Something that is too often withheld in broader society allowance. It allows for the expression of emotional awareness without judgment. It allows for safety and inclusivity, where vulnerability is not seen as weakness but as truth. It allows openness around topics often stigmatized; such as sexuality, mental health, and substance use, creating a space where honesty can exist without fear. It allows each man to show up fully and authentically, sharing his whole self, not just the parts the world says are acceptable. These gatherings are not just beneficial, they are necessary, they are a reminder that healing, growth, and freedom begin with being allowed to simply be.

Wil Lewis, Head of Live Well Integrated Commissioning, Southwark Council and SEL ICB.

Your work has been influential on our end in supporting us to secure additional funding for the Southwark Wellbeing Hub on a recurrent basis....this report emphasises how important and valuable local Healthwatch services can be to the communities they serve - long may it continue in Southwark.

Cllr Evelyn Akoto, Cabinet Member for Health and Wellbeing

The report is a valuable reflection of residents' voices and highlights the important collaborative work Healthwatch has led with partners across the borough

Kunlé Oyedeji, Chief Executive, The Empowerment Group

Many thanks for the PCREF lunch and learn session today. It was very informative and useful to be in especially as an organisation based in Southwark. The directory is great, and we are glad to be in it.

Strengthening community voice and reducing health inequalities

Across the Community Health Ambassadors network, we are supporting local people to actively improve their communities.

These case studies show how the programme builds confidence and develops practical skills within communities. They create clear pathways into employment while improving access to trusted health information. Overall, they strengthen community voice and contribute to reducing health inequalities.

Saran – Building confidence and career progression

Saran joined the Southwark Community Health Ambassadors Programme to develop her skills and give back to her community. Through training and ongoing support, she reported a significant boost in confidence and developed a strong interest in health promotion. As a direct result of her involvement, Saran has secured a role within healthcare and is now part of the outreach team. She credits the programme with shaping her career goals, particularly her passion for empowering others through lived experience.

Tina – Improving access to community health support

Tina used the knowledge and confidence gained through the programme to address health inequalities in her local area. She established monthly health check sessions on the Cossall Estate, providing residents with accessible health information and support. Her work has helped engage individuals who may not regularly access health services, improving awareness of preventative care and encouraging healthier behaviours. Thanks to her ongoing work, residents on the Cossall Estate have increased awareness of sickle cell and greater understanding of how to support someone living with the disease.

Adele – Inclusion and community empowerment

Adele joined the programme with limited confidence as English was not her first language. Through the supportive ambassador network, she felt welcomed and empowered to participate. Over time, Adele built the confidence to actively engage and support her community with health information. She has since progressed to join the outreach team, extending her reach and impact. For example, her work has helped French speaking individuals to access and navigate mainstream health services.

Hearing from all communities

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

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

This year, we have reached different communities by:

- Listening to refugees and asylums seekers' experiences of living and moving on from temporary accommodation
- Understanding individuals who are experiencing socio-economic deprivation and who are accessing local food banks to explore affordable, healthy cooking options and culturally familiar recipes.
- Utilising our service feedback regarding access, meeting patient needs, and their experiences of care, to inform the Southeast London's Equality Delivery Scoring for Paediatric Community Dental Services.

Improving understanding of health inequalities experienced by refugees and asylum seekers.

We investigated the health impacts of asylum accommodation

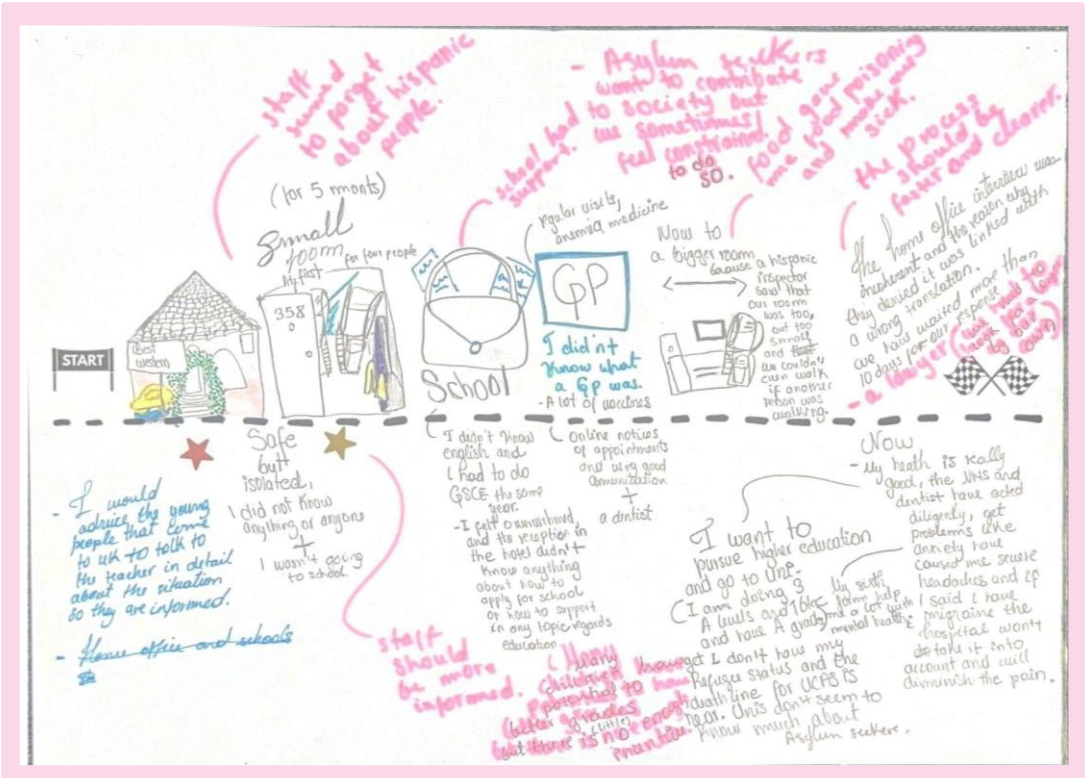
People told us about the long term health impacts of living in unsuitable conditions in asylum accommodation. Factors including poor quality food, overcrowding, safety concerns, and damp and mould caused residents to experience respiratory and digestive health issues, pain, and poor mental health.

We learned that the move-on process for newly recognised refugees is extremely challenging, due to lack of timely and accessible information, short eviction periods, and limited housing options. As a result, many refugees become homeless, particularly single adults. This, as well as disrupted access to healthcare services, further worsens health outcomes for these communities.

What difference did this make?

We are now awaiting responses from NHS service providers, Southwark Council and South East London Integrated Care Board, to the recommendations in this report. In the meantime, we have used insights gathered from this research to submit evidence to the government's consultation on Earned Settlement reform.

Photo of a journey map created by a participant of the project showing their experience navigating the asylum process



Better food, stronger voices, healthier communities.

Residents reported confusion around practical medical advice particularly related to weight loss and diabetes management, lack of cultural relevance, low cooking confidence, and concerns about affordability, leaving many unsure how to eat healthily within tight budgets and address health issues.

To help, we supported our Community Health Ambassadors to deliver hands-on cooking sessions using affordable ingredients and culturally familiar recipes, combining practical demonstrations, food tasting, and group learning to build confidence, address misconceptions, and show participants how to prepare healthy, enjoyable meals within tight budgets.

What difference did this make?

Participants reported increased confidence in cooking, improved understanding of nutrition and hydration, and a renewed interest in healthier traditional practices. Crucially, the programme bridged the gap between awareness and action, equipping people with realistic skills to improve their health. It also strengthened community connections, creating a supportive environment where individuals felt heard, valued, and empowered to take control of their wellbeing. By centering lived experiences, the *Fuel Your Body* project replaced generic advice with practical, culturally relevant solutions people could use in their daily lives. Trust grew significantly, especially among those initially disengaged or sceptical, leading to stronger participation and openness to change.

Community voices improving local health access

Residents reported low awareness of services, limited engagement in community activities, and poor communication, leaving many disconnected from local health support despite strong interest in improving wellbeing.

To help, we supported our Community Health Ambassadors to carry out targeted outreach, surveys, and conversations to understand how residents use Tenants and Residents Associations (TRAs), identifying gaps in awareness, access, and suitability as community health spaces. Using these insights from the *Bringing Health Closer to You* project, we worked to strengthen the role of TRAs by improving visibility, promoting activities, and supporting them as trusted, local hubs for delivering health services.

What difference did this make?

We established a scalable, community-led model for delivering prevention focused care. Listening to resident needs, revealed that the core issue was not lack of motivation, but gaps in awareness, access, and connection to trusted local support. This insight reframed TRAs as underused yet highly valued community assets, shifting focus towards activating them as accessible health hubs. By aligning with Community Southwark's Premises Project and integrating Community Health Ambassadors, the report findings and recommendations strengthened the case for investing in local infrastructure while supporting local strategic ambitions towards neighbourhood health. Turning evidence into action, this work embeds visible, relevant health support in everyday spaces to reduce inequalities.

Information and signposting

When you're struggling to find an NHS dentist, looking for help about how to make a complaint, or need advice about a good care home for a loved one – we're your first port of call.

This year 156 people have reached out to us for advice, support or help finding services. These conversations also help us to understand where, and how, your care can be made better.

This year, we've helped people by:

- Providing up-to-date information people can trust
- Helping people access the services they need
- Supporting people to look after their health
- Signposting people to additional support services

The strength of collaborative information and signposting in blood donation services

Raising awareness of sickle cell and the importance of ethnically diverse blood donors

The *Every Drop Matters* event supported collaboration between partners, improved access to trusted health information, and increased awareness of sickle cell and blood donation within local communities. It also enabled residents to engage directly with NHS professionals in an accessible community setting, while ensuring lived experience shaped conversations.

This was achieved through a partnership between Healthwatch Southwark, Guy's and St Thomas' NHS Foundation Trust (GSTT), NHS Blood and Transplant, and the National Institute of Health Research (NIHR), bringing together services that had not previously worked together to support shared learning and coordinated delivery. Community Health Ambassadors from affected communities played a key role in delivering the event.

Healthwatch Southwark built on this impact by facilitating follow-up engagement with NIHR to support more inclusive research, and the event has since been invited to run again at Urban Village Hall, demonstrating its ongoing value. Read more in our reflections report.

> **"I really enjoyed working with you and had some very helpful conversations about community collaboration"**

What difference did this make?

This work built connections across health and research partners, improving coordination and enabled better engagement approaches. It increased access to trusted information on sickle cell and blood donation for underrepresented communities. Residents were able to engage directly with NHS professionals in an accessible setting, strengthening involvement and trust. Ongoing partnerships with NIHR ensured community insight continues to inform inclusive research and future research planning.

Connecting the dots with services to improve patient access and action feedback

Establishing regular in-person engagement across health settings

Regular, in-person engagement across Community Mental Health Teams (CMHTs) and Guy's and St Thomas' NHS Foundation Trust (GSTT), including Evelina Children's Hospital, has improved access to information and created more consistent opportunities for residents to share their experiences.

It has also strengthened relationships with services, making it easier to share feedback directly and ensuring insight is used more effectively to inform service improvement. This progress was enabled by Healthwatch Southwark building a consistent presence in these settings, moving from initial trial activity to agreed regular engagement sessions.

"Thank you so much for this, it is incredibly helpful! Really appreciate you reaching out with this." - Guys and St Thomas' Foundation Trust

Strengthening local health connections to improve access

Creating connections across local health and community forums to improve access to information and strengthen signposting pathways.

Engagement with local partners through grassroots forums, including the Southwark Equity Neighbourhood Health meetings and the Black Mental Health Community Action Group, strengthened relationships across the voluntary, community, and statutory sectors.

This improved how organisations connect with each other and increased more effective signposting to appropriate support for residents through Healthwatch Southwark making connections through key resources, including the Black Mental Health service directory and report findings, so that organisations could build relationships to inform local priorities and understand available services.

"This is a match made in Heaven" - VCS feedback about partnership connections

Creating supportive spaces for men to share their experiences

A central part of our work is creating meaningful spaces where lived experience can be shared, heard, and valued.

Male Community Health Ambassadors brought men's health into sharper focus across the network, introducing vital perspectives and strengthening understanding in a predominantly female space.

Through honest, lived experience storytelling, Jeff Thompson led a powerful session on prostate cancer awareness, creating an open environment that encouraged questions, deepened knowledge, and built confidence.

As founder of Cancer Don't Let It Win, Jeff extends this impact beyond the network, fostering connection, openness, and support for men, families, and carers navigating diagnosis and recovery.

His leadership significantly increased awareness of early signs and support pathways, strengthening trusted signposting across the community.

What difference did this make?

As a result, the network is now better connected, more confident, and better equipped to engage men with empathy, credibility, and culturally relevant support.

This has driven more inclusive, informed, and collaborative approaches to men's health within the network.

Showcasing volunteer impact

Our fantastic volunteers and Community Health Ambassadors have given approximately **2,440 hours** of their time to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.

This year, our volunteers:

- Represented us at strategic meetings to ensure patient and resident voice is embedded in decision making.
- Supported their communities to share their views and experiences of using local services through health outreach activities, engagement events, promoting surveys and hosting interviews.
- Joined our steering groups to help us shape our projects and future priorities to enable us to share what matters most for local service improvement

Co-creating inclusive and responsive local programmes

Feedback from Community Health Ambassadors revealed opportunities to strengthen roles, influence, confidence, and recognition through more meaningful involvement.

We delivered a structured Away Day using workshops, group activities, and open discussions to create space for Ambassadors to share experiences, identify challenges, and co-design solutions. This enabled Ambassadors to actively shape priorities, contribute to policy development, and build stronger connections within the network.

Key things we heard:

Loved

Ambassadors consistently valued being embedded in communities, building relationships, and working within a diverse, supportive network where their voices were heard and represented.

Achieved

The programme successfully empowered Ambassadors with skills and confidence, increasing community engagement, health awareness, and participation, while significantly expanding the network and its visibility.

To improve

Address gaps in information sharing, limited participation from some groups, and the need to improve awareness of the programme and opportunities both internally and in the wider community.

> ***This was the first time I really felt like we were shaping the programme together, not just being told what it is.***

What difference did this make?

The Away Day created a clear change in Ambassador engagement and ownership. Ambassadors moved from feeling uncertain to actively contributing to programme design, with many going on to support wider outreach and engagement activities, including paid opportunities. It sparked interest in further training and development, with participants identifying how they wanted to apply their new skills in facilitation, advocacy, and community engagement. Importantly, the session directly informed proposals for the future direction, including a co-created policy that clearly defines the roles of Ambassadors, funders, and coordinators. This has strengthened accountability, improved structure, and ensured that Ambassador voices are embedded, shaping delivery in a more sustainable, inclusive, and responsive way.

At the heart of what we do

From finding out what residents think to helping raise awareness, our volunteers have championed community concerns to improve care.

Ese Anabui – Project steering group member

Taking part in the Refugees and Asylum Seekers research project has been a meaningful experience.

It's been rewarding to contribute to work that amplifies the voices of people who are often unheard, and to support a project that aims to create real impact for communities especially the underrepresented community members.

Being an Enter and View volunteer with Healthwatch Southwark is a great way to give something back to the community. I got informative training and lots of support from Rhyana and the team. I've just done my first visit. It was so interesting to check up on a local service and make sure it's doing a good job for the people of Southwark

Pete Fleischmann – Enter and View Volunteer

Be part of the change.

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

www.healthwatchsouthwark.org

020 3848 6546

info@healthwatchsouthwark.org

Making positive contributions

From finding out what residents think to helping raise awareness, our volunteers have championed community concerns to improve care.

With the supportive and welcoming energy of the team, I found myself working on some important projects which allowed me to contribute to something that helps the wider community. I had always been curious as to how being a researcher could help improve services in healthcare and social care, and I am now able to see actionable contributions develop from 'behind the scenes.'

This is the most satisfying part of the role for me and being able to see how everyone comes together on projects from writing reports, designing workshops and research projects, all the way to group workshops in action and resulting recommendations sent out to trusts and services.

The role has opened my eyes to the positive contributions I can make with the skills I have been developing over the past few years, and the good that I can do is worthwhile and impactful.

Sen – Healthwatch Southwark Research

Read the full story here: Sen's Volunteering Story

Be part of the change.

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

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Finance and future priorities

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

Our income and expenditure:

Income		Expenditure	
Annual grant from Government	£157, 635	Expenditure on pay	£147,969
		Non-pay expenditure	£4,981
		Office and management fee	£8,397
Total income	**£157,635**	**Total Expenditure**	**£161,347**

Additional income is broken down into:

Public Health funding:

- We received **£146,222** from Southwark Council's Public Health team for the Community Health Ambassador Coordinator role, two part time Ambassadors and to deliver the activities of the project.

Integrated Care System (ICS) funding:

Healthwatch Lambeth and Healthwatch Greenwich receive funding from our Integrated Care System (ICS) to support South-East London Healthwatch representation at this level.

Purpose of ICS funding	Amount
Participation and Involvement in SEL ICB governance meetings (x13)	£1,755
Producing the South East London Quarterly Insight report	£810
Total	**£2565**

Finance and future priorities

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

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

Our top three priorities for the next year are:

1. Progress reviews of past projects to ensure we are holding services to account.
2. Completing the priorities set for the duration of our contract – housing project, Enter and View programme.
3. Transition project which will focus on integrating our team into our host organisation – Community Southwark – which aims to understand how to support Southwark's VCS to engage with health and care partners throughout development of Neighbourhood Health plans

Statutory statements

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

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

The way we work

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

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

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

Throughout 2025/26, the Board met 4 times and made decisions on matters such as the future of Healthwatch, supporting us with a local campaign to retain patient voice in new health system structures, support for the team following the closure announcements. We ensure wider public involvement in deciding our work priorities.

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

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

During 2025/26, we have been available by phone and email, provided a web form on our website and through social media, attending meetings of community groups and forums, hosting topical events such as coffee mornings and signposting exhibition-style events for local services to share what they offer to communities.

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

Statutory statements

Responses to recommendations

We had two providers who did not respond to requests for information or recommendations. There were issues regarding following up with formal responses to reports and recommendations, which were escalated by us to the Healthwatch England, there were no resulting reviews or investigations.

Taking people's experiences to decision-makers

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

For example, in our local authority area, we take information to Adult Social Care and Community Mental Health team practitioners team meetings, Learning Disability and Autism Group, Primary Care Committee, Health and Social Care Scrutiny Commission as well as key strategic meetings such as Southwark Council's Health and Wellbeing Board, Integrator Delivery Board and the Partnership Southwark Strategic Board to name a few.

We also take insight and experiences to decision-makers in South East London Integrated Care Board (SEL ICB). For example, our 'Rethinking Mental Health' report was presented to the ICB's Equalities Sub-committee and used findings from this research to inform the commissioning of the Southwark Wellbeing Hub. We also share our data with Healthwatch England to help address health and care issues at a national level.

Healthwatch representatives

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

During 2025/26, our representative has effectively carried out this role by attending Board meetings to present public insights, challenging decisions that impact patient care and public involvement, ensuring the strategic vision centres authentic engagement with local residents' experiences in Insight meetings and feeding into the boards Neighbourhood Health plans.

Healthwatch Southwark is represented on Partnership Southwark Strategic Board, SEL Data Usage Committee, SEL London Care Record Governing Body, London Health Data Strategy Independent Information Access Group by Graham Head and South East London Integrated Care Board and Partnership by leads Folake Segun (Healthwatch Lambeth) and Joy Beishon (Healthwatch Greenwich).

Statutory statements

Enter and view

We conducted no visits this year, however we restarted our programme of work to prepare Authorised Representatives to conduct visits during 2026/27.

2025 – 2026 Outcomes

Project/activity	Outcomes achieved
Contribution to NHS digital transformation (e.g. NHS App / NHS Online webinars)	Ensured community voice shaped future digital services, highlighting barriers like digital exclusion and access issues
Partnership working with advocacy and support organisations (e.g. POhWER)	Strengthened referral pathways and improved support for residents needing help navigating complaints and services
Digital Vital 5 health checks (e.g Community Health Ambassador involvement)	Shaping the digital offer of preventative health checks and increasing access
Partnership building through research and knowledge exchange events (NIHR Applied Research Collaborative	Shared best practice and strengthened cross-sector collaboration to improve engagement with underserved communities
Community-led insight feeding into Joint Strategic Needs Assessment (JSNA)	Positioned Healthwatch research as trusted evidence, influencing borough-level understanding of health inequalities
Input into national policy consultations (e.g. Earned Settlement)	Amplified local community voice at national level, influencing wider policy and system direction
Volunteer and Ambassador involvement in steering groups, boards, and system level meetings	Increased community representation in decision-making spaces and embedded lived experience across system governance
Development and delivery of community engagement resources (e.g. directories, accessible reports, Easy Read videos)	Improved accessibility of information, enabling more people to understand services, engage with findings, and act on health information

healthwatch Southwark

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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.

Acknowledgements

We are deeply grateful to everyone who contributed to this project. We would like to thank our participants who generously shared their time, insights, and experiences with us. We appreciate your openness and trust.

We are thankful to our steering group members for their guidance and commitment. We also extend our thanks to the Community Health Ambassadors for their support with data collection and interpretation.

Finally, we would like to thank staff and volunteers of the voluntary and community sector organisations who facilitated this project: Latin Ageing UK, Panjshir Aid, Southwark Day Centre for Asylum Seekers, Southwark Refugee Communities Forum, and Waterloo Community Counselling. Thank you for your guidance, advocacy, and continued dedication to supporting refugees and people seeking asylum in Southwark.

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

Contents

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

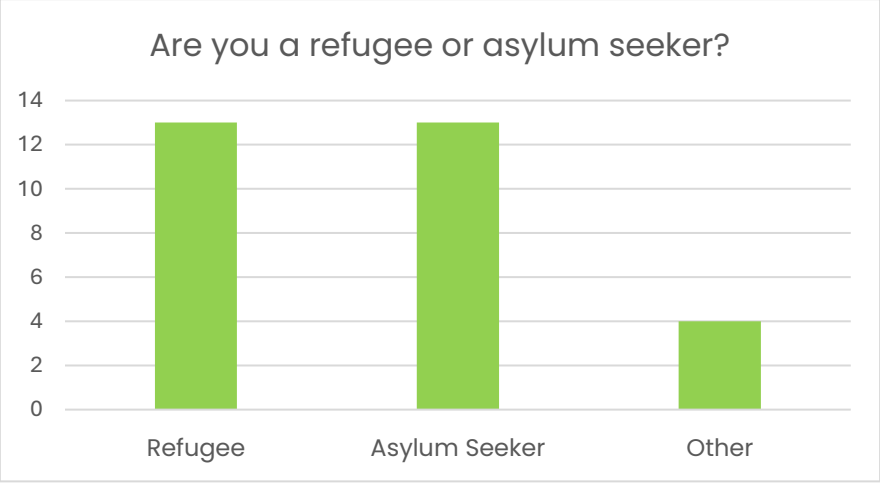
We used thematic analysis to process our qualitative data, focusing on how people described their experiences and what this revealed about housing and health systems. We took an inductive approach to let the data shape our themes.

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.

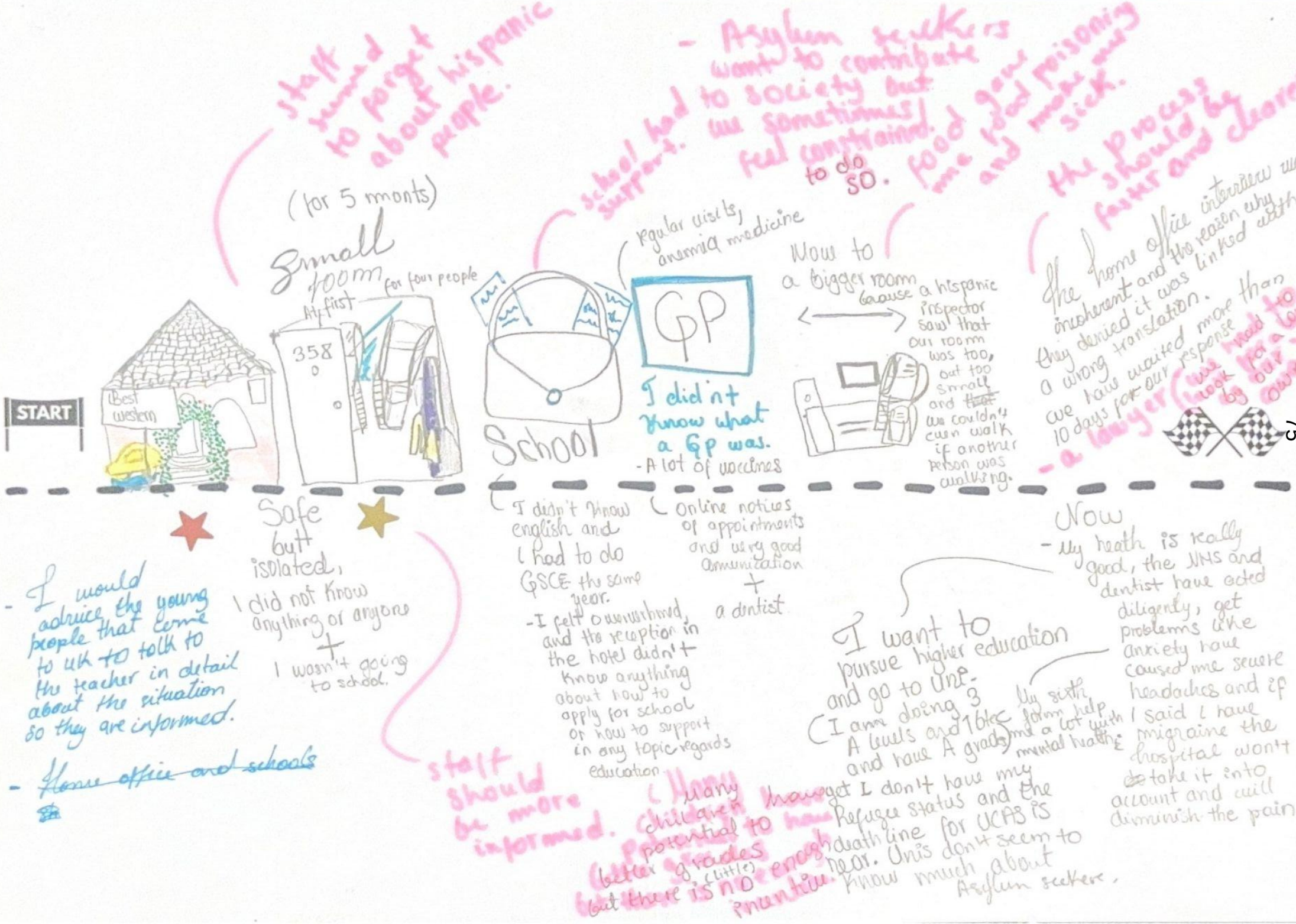
Case Study: Care and support needs

"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 be more aware 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
regular visits, anemia medicine
GP
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 heath 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 a lot with mental health
I don't have my Refuge 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~~
staff should be more informed.
(Little) Many children have potential to have better grades but there is no enough mentor.

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."

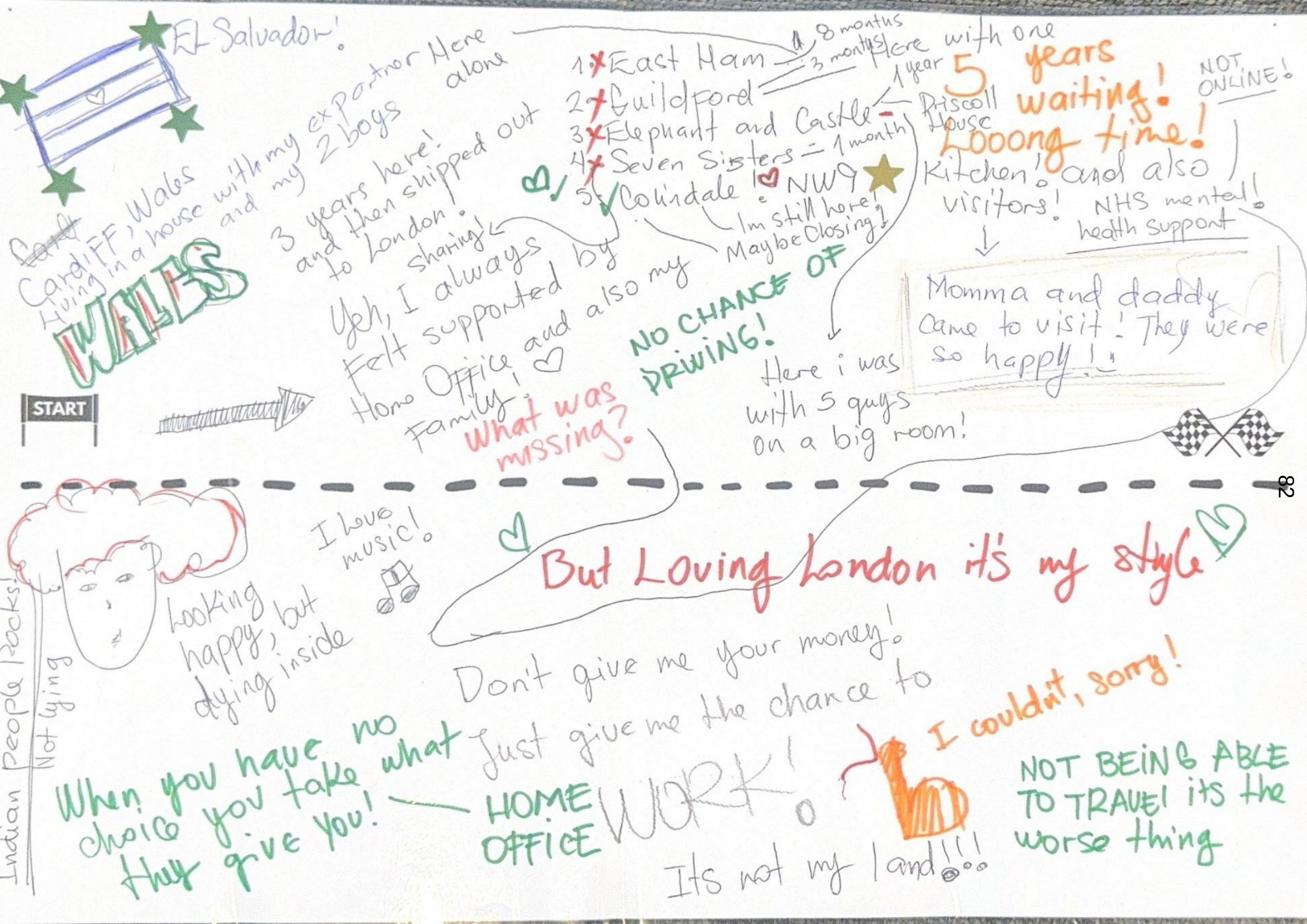
- Physical health deterioration including joint problems, back pain, sores, scabies, skin conditions, exposure to drugs and alcohol, and deterioration of long-term conditions like diabetes and hypertension. This is particularly linked to experiences of street homelessness and poor-quality accommodation.

- 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
Felt supported by
Home Office and also my
family!
sharing!
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!
Looong time!
NOT ONLINE!
Kitchen! and also
visitors!
NHS mental health support
NO CHANCE OF DRIVING!
What was missing?
Momma and daddy came to visit! They were so happy!
Here i was with 5 guys on a big room!
I love music!
But Loving London it's my style
Looking happy, but dying inside
Indian People Rocks! Not Lying
When you have no choice you take what they give you!
Don't give me your money!
Just give me the chance to
HOME OFFICE WORK!
I couldn't, sorry!
Its not my land!!!
NOT BEING ABLE TO TRAVEL its the worse thing

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 me Peso una anemia severa acudi al medico Por mi debilidad y me empezaron a tratar. lo que era la anemia

en Ilford llegamos con mi Familia Somos 5 Personas 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 a cargo como los Solicitantes de asilo. que las Personas como staff apollen a las Personas porque abeses si se burlasan de las Personas en condicion 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

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.

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

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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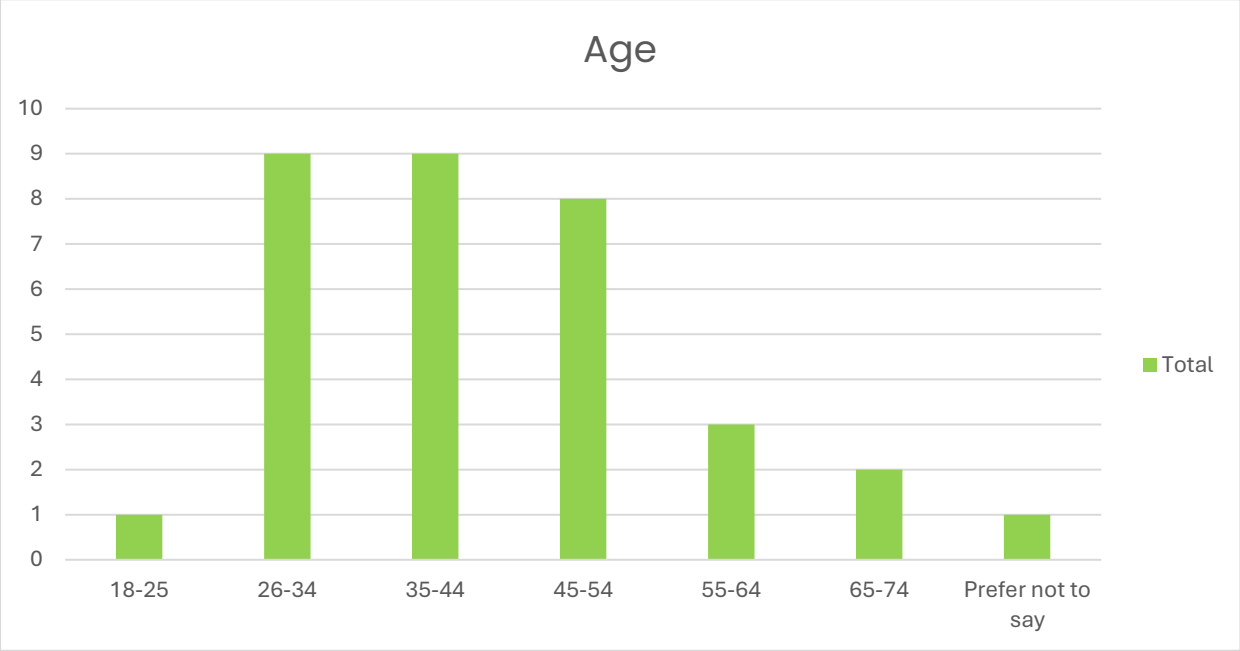
Appendices

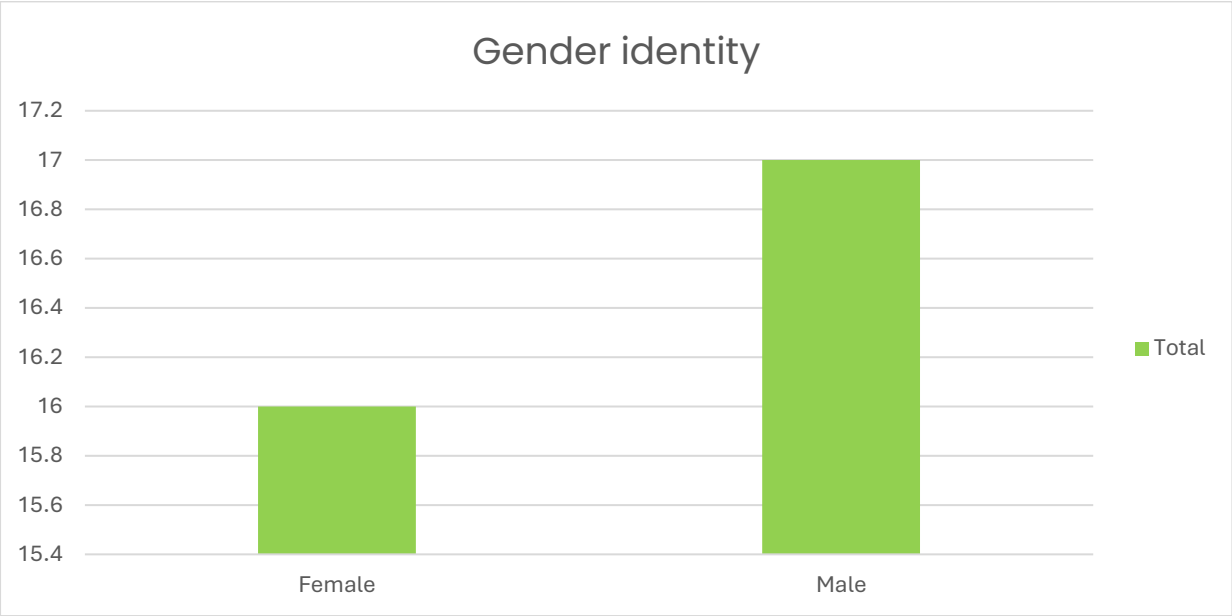
Appendix 1- Equalities Data[3]

Age

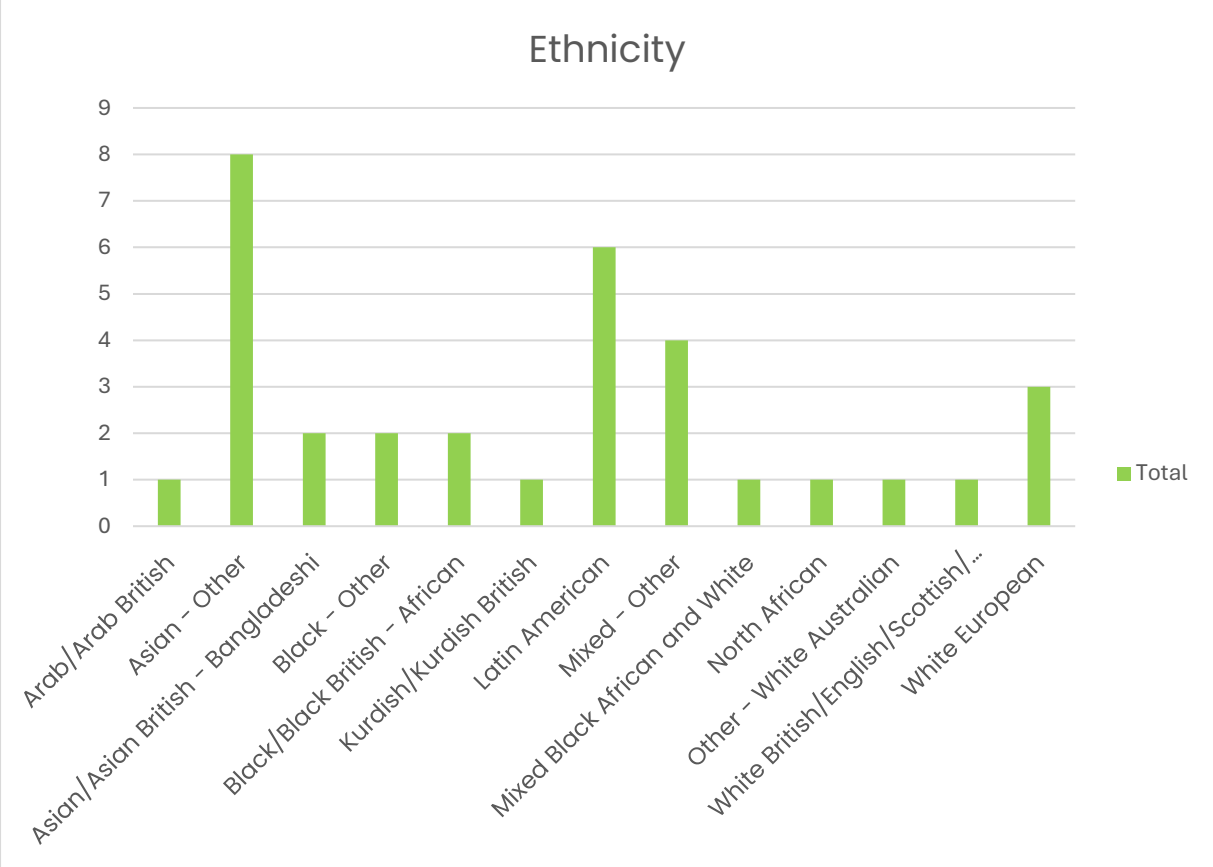


[3] Equalities data is shared voluntarily by participants. This data represents 28 out of 30 lived experience participants, and five out of 11 staff and volunteer participants.

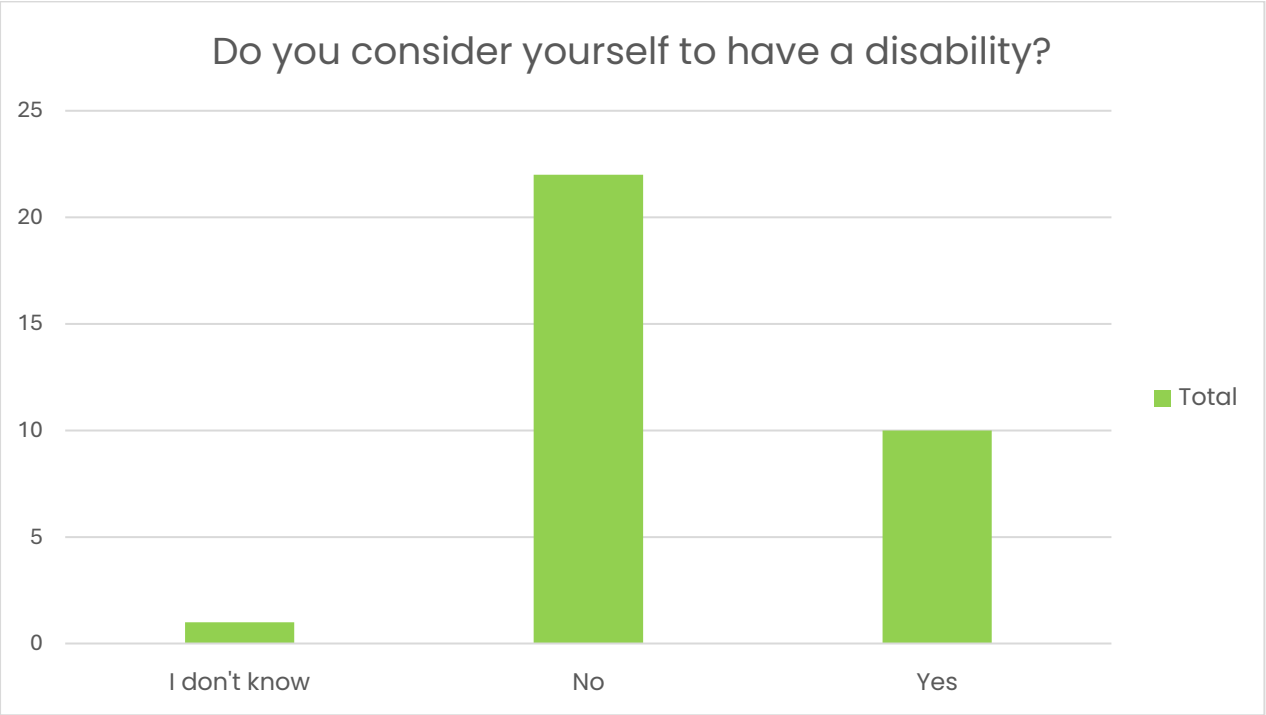
Gender identity



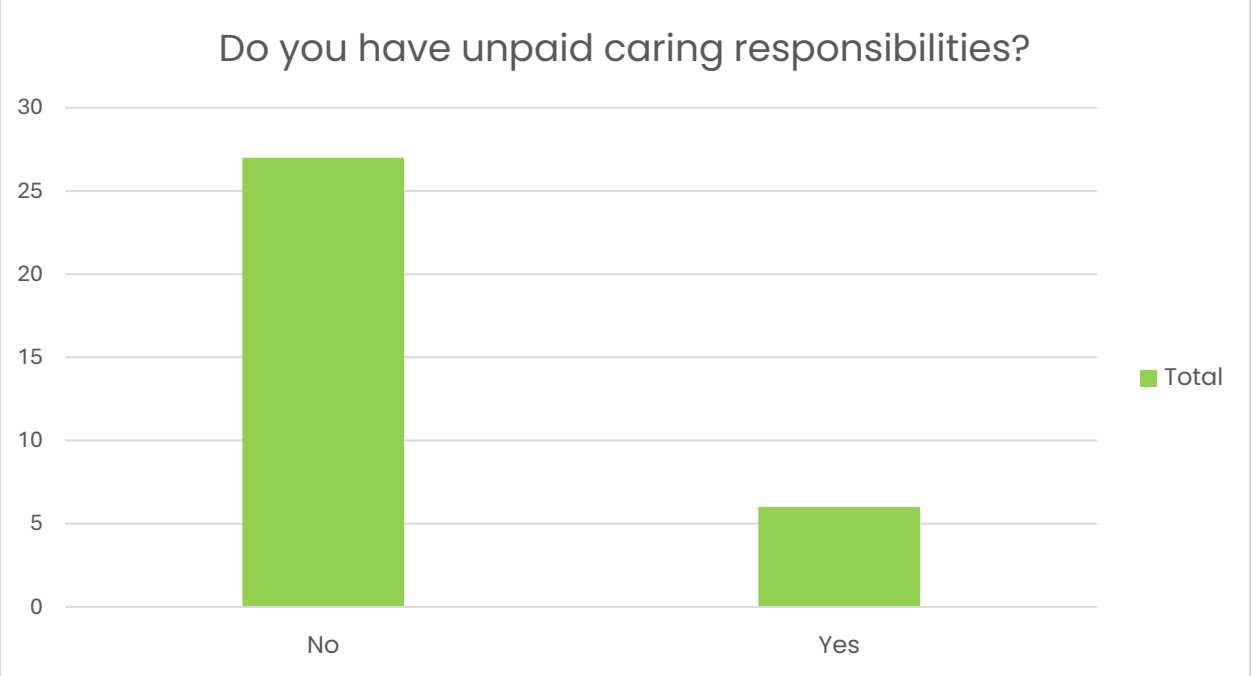
Ethnicity



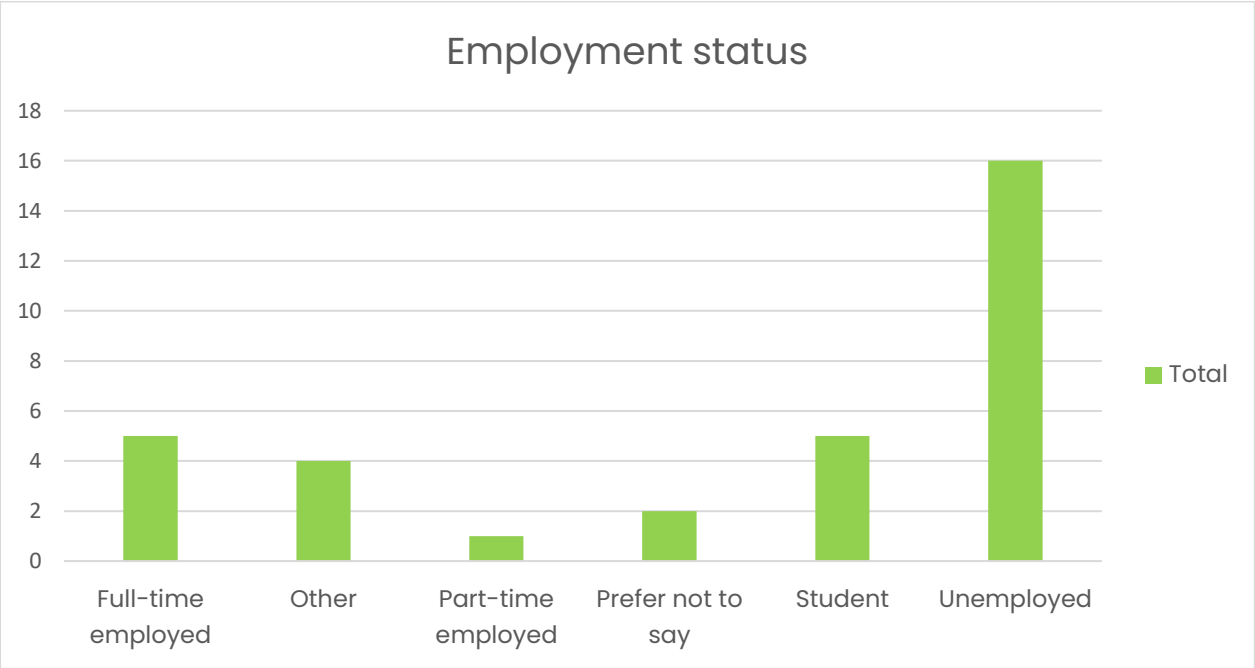
Disabilities



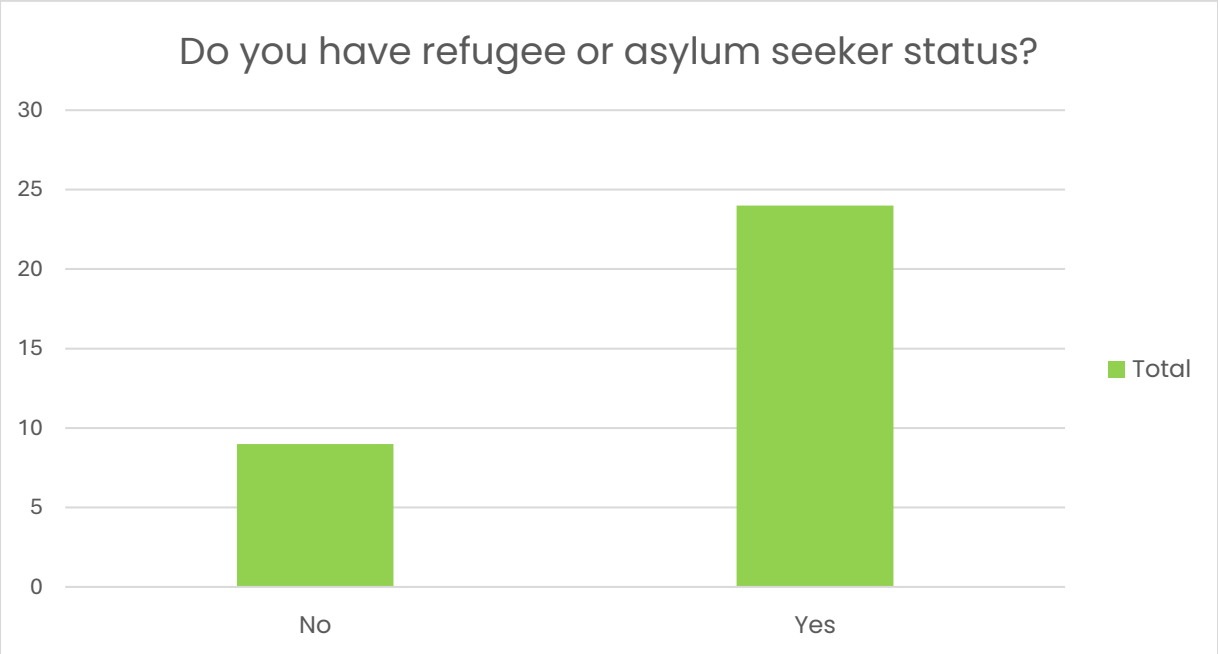
Unpaid Caring Responsibilities



Employment Status



Refugee or asylum seeker status



Crime and Disorder Scrutiny:

Statutory Requirements, Roles, And Best Practice

SAFER SOUTHWARK
A safer borough for all

Southwark Council

Agenda Overview

- The Legal Framework for Crime and Disorder Scrutiny including Scrutiny Panel Roles and Responsibilities
- Best Practice Guidance for Scrutinising Community Safety Partnerships
- Southwark Scrutiny Arrangements

Remit of Scrutiny of Community Safety Partnerships

- Scrutiny of the Southwark Community Safety Partnership is a statutory process that must occur at least annually.

- This focuses only on the activities taken jointly as a Community Safety partnership and not the day to day activities of individual responsible agencies

- Any scrutiny of individual agencies should be picked up through the External Scrutiny agenda or referred to their respective oversight processes.

The Legal Framework for Crime and Disorder Scrutiny

Crime and Disorder Scrutiny

Legislation:

- The requirement for Local Authorities to establish a ‘Crime and Disorder Scrutiny Committee’

- Was established under Section 19 of the Police and Justice Act 2006,the Local Government & Public Involvement in Health Act 2007 and the Crime and Disorder Overview and Scrutiny Regulations 2009.

Key Responsibilities:

The committee must convene at least once annually to

- Scrutinise the Community Safety Partnership (CSP) as a collective body and not individual responsible authorities
- Assess how effectively the partnership is fulfilling its statutory duties to reduce crime and disorder
- Review strategies, decisions, and actions taken jointly by the CSP, focusing on strategic oversight, not operational delivery
- Act as a ‘critical friend’ to the CSP.

Powers:

- Scrutiny can request information and attendance from responsible authorities where reasonable advance notice is given (ideally set out in a protocol).
- Information shared must not include information that would be reasonably likely to prejudice legal proceedings or current or future operations of the responsible authority and/or strategic partner (including Police operations).
- The responsible authorities must pay due regard to the recommendations made by the scrutiny committee and provide an explanation if they choose not to adopt them.
- The relevant partner (or partners) should submit a response within a period of 28 days from the date the report or recommendations are submitted (or if this is not possible as soon as reasonably possible);

Best Practice Guidance for Scrutinising Community Safety Partnerships

Crime and Disorder Scrutiny Best Practise

The Home Office published best practice guidance on the delivery Crime and Disorder Scrutiny.

Core Principles:

- Ensure effective delivery of crime and disorder reduction through partnership accountability
- Provide constructive challenge to the Community Safety Partnership (CSP) as a whole
- Strategic focus: assess outcomes, not operational detail
- Evidence-based: use data and community input

Approach:

- Focus on cross-cutting themes (e.g. anti-social behaviour, youth crime)
- Invite partner contributions and public perspectives
- Ensure recommendations are followed up and outcomes monitored

Information Requests:

- The Scrutiny Committee should ensure that requests for information are well focused and thought through;
- Requests should avoid duplication from reports presented outside of the Crime and Disorder scrutiny;
- The responsible authorities and/or strategic partners that submit information to the Scrutiny Committee should ensure it is relevant to the Committee's purposes.

Issues Relating to Individual Agencies:

- The focus of the Committee should be on the CSP's activity and functions and not on the activity of individual authorities where it is not on direct relevance to the partnership.
- If issues arise that relate specifically to a particular responsible authorities, the Home Office suggests it would be appropriate to refer such issues to the governing bodies of that organisation for action.

Crime and Disorder Scrutiny Protocol:

The Home Office guidance strongly recommend the creation of a protocol to formalise and clarify processes and expectations between the committee and responsible authorities.

The scope can include;

- Clarifies roles, responsibilities, and expectations
- Builds trust and cooperation between scrutiny body and CSP
- Scope of scrutiny: what will be reviewed and how
- Information sharing: what data is needed and how it will be accessed
- Engagement process: how partners will be involved
- Response and follow-up: how recommendations will be addressed

Crime and Disorder Scrutiny Committee

The Health and Community Safety subcommittee of the Oversight and Scrutiny committee is fulfils the statutory Crime and Disorder responsibilities.

- The chair has requested an overview of the CSP duties, scrutiny's role and the draft protocol to discuss at Scrutiny on 23rd July
- Good practice would be for the CSP Exec chairs to meet the Scrutiny chair and agree the protocol
- The chair has requested the first in depth item be held in October and look at Drugs, Asb and potential links to homelessness.

CSP Executive Recommendation

- Note the statutory requirements and best practice opportunities
- Presentation to be provided to Health and Community Safety Scrutiny outlining respective roles and responbilites.
- Agree the protocol to be discussed with the Health and Community Safety Scrutiny chair
- Chairs to agree to meet the Health and Community Safety Scrutiny chair
- Plan for first scrutiny of the CSP Exec in October with a view to ensuring good presentation from statutory partners, input from VCS and other stakeholders etc.

Conclusion

Any Questions?

Agenda Item 10

Meeting Name:	Health, Adult Social Care and Community Safety Scrutiny Commission
Date:	23 July 2026
Report title:	Health, Adult Social Care and Community Safety Scrutiny Commission Work Programme 2026-2027
Ward(s) or groups affected:	N/a
Classification:	Open
Reason for lateness (if applicable):	No
From:	Head of Scrutiny

RECOMMENDATION

1. That the Health, Adult Social Care and Community Safety Scrutiny Commission consider potential scrutiny topics for inclusion in the commission work programme for the 2026-27 municipal year.

2. That the commission defer agreement of the work programme until the next meeting in October 2026 for the reasons set out in paragraphs 4 to 7 of the report.

BACKGROUND INFORMATION

3. The general terms of reference of the scrutiny commissions are set out in the council's constitution (overview and scrutiny procedure rules - paragraph 5). The constitution states that:

   Within their terms of reference, all scrutiny committees/commissions will:

   a) review and scrutinise decisions made or actions taken in connection with the discharge of any of the council's functions

   b) review and scrutinise the decisions made by and performance of the executive and council officers both in relation to individual decisions and over time in areas covered by its terms of reference

   c) review and scrutinise the performance of the council in relation to its policy objectives, performance targets and/or particular service areas

d) question members of the executive and officers about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects and about their views on issues and proposals affecting the area

e) assist council assembly and the executive in the development of its budget and policy framework by in-depth analysis of policy issues

f) make reports and recommendations to the executive and or council assembly arising from the outcome of the scrutiny process

g) consider any matter affecting the area or its inhabitants

h) liaise with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working

i) review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the scrutiny committee and local people about their activities and performance

j) conduct research and consultation on the analysis of policy issues and possible options

k) question and gather evidence from any other person (with their consent)

l) consider and implement mechanisms to encourage and enhance community participation in the scrutiny process and in the development of policy options

m) conclude inquiries promptly and normally within six months

KEY ISSUES FOR CONSIDERATION

4. The overview and scrutiny committee has overall responsibility for agreeing the annual work programme for OSC and the commissions, and will either agree the work programmes or delegate agreement of the commission work programmes to the respective commissions.

5. In developing the work programmes the overview and scrutiny committee has been recommended to focus on key issues where scrutiny can make a significant impact for local people, and issues aligned to the council's strategic priorities, with input from executive members and senior officers on current council priorities, along with matters suggested by councillors in general and the public on potential topics for scrutiny.

6. Given the new administration, change in leadership and potential revision of the council's strategic priorities, along with the significant number of new councillors who are in the process of familiarising themselves with their councillor role and local ward, it is considered too early in the administration term to gather information for the committee and commission to make informed choices on agreeing meaningful work programmes.

7. It is therefore recommended that the OSC and the commissions use the period between now and the October scrutiny meetings led by the scrutiny chairs to undertake information gathering exercises including meetings with executive members and senior officers in order to identify a list of potential topics for prioritisation and agreement by overview and scrutiny committee and the commissions.

8. The commission has responsibility for the discharge of those functions of the council relating to the scrutiny of the health service contained in the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

9. The commission also has within its remit the executive portfolio elements listed below:

Neighbourhoods, Strategic Planning, and Wellbeing
(Councillor Victor Chamberlain)

Portfolio

- **public health** – including reducing health inequalities; Community Health Ambassadors; vaccinations, immunisation and screening; health visiting, school nursing and childhood obesity; sexual health, contraception and HIV; and smoking, drug and alcohol services
- **health and wellbeing partnerships** – overseeing key stakeholder relationships such as Health & Wellbeing Board and the South East London Integrated Care Partnership, Partnership Southwark and SC1
- **improving health services** – working with the NHS, general practice (GPs), local hospitals, community health services and pharmacists

Adult Services (Councillor Suzanne Wise)

Portfolio

- **adult social care** – including adult safeguarding; home care; nursing and care homes; occupational therapy, aids and adaptations; and commissioning extra care, sheltered and supported housing
- **adult mental health**
- **older people** – including ensuring Southwark is an age friendly borough
- **adults with disabilities** – including social care support; increasing the voice and influence of people with disabilities and their families in local decision making
- **carers** – support for people who are providing unpaid care for adult family members or friends with a disability or health condition, including respite care

(Note: this is a deputy executive member position – the signing off of executive reports and individual decision making relating to the Adult Services brief is delegated to the Executive Member for Education and Care, Councillor Rebecca Corn)

Community Safety and Engagement (Councillor David Watson)

Portfolio

- **reducing crime and antisocial behaviour** – including community wardens, anti-social behaviour team, noise service, CCTV, public spaces protection orders, preventing hate crime, tackling modern day slavery
- **violence reduction** – working to end misogyny and violence against women and girls, youth violence and the criminal exploitation of young people
- **domestic abuse** – support for people who have experienced domestic abuse, Women's Safety Centre and safe spaces
- **improving policing** – promoting equitable policing and strengthening community relations with the police
- **licensing – premises serving alcohol or late-night refreshments and gambling**
- **environmental health – including trading standards, food safety and environmental protection**
- **landlord licensing – increasing protections for private renters licencing and advice services for private sector renters**
- **youth offending services**
- **enforcement – taking assertive action to tackle fly tipping, graffiti and litter across our borough**

Parks and Recreation (Councillor Vanessa Threadgold)

Portfolio

- **food** – making Southwark a right to food borough with access to affordable healthy food for all, including the Food & Fun Fund

10. The work programme is a standing item on the Health, Adult Social Care and Community Safety Scrutiny Commission agenda and enables the Commission to consider, monitor and plan issues for consideration at each meeting.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Council Constitution • Section 3.3 – Executive Portfolios • Section 9 - Overview and Scrutiny Procedure Rules	Southwark Council Website	Everton Roberts 020 7525 7221
Link: Council Constitution		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Everton Roberts, Head of Scrutiny		
Report Author	Everton Roberts, Head of Scrutiny		
Version	Final		
Dated	15 July 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 Scrutiny Team			15 July 2026

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Health, Adult Social Care and Community Safety Scrutiny Commission

MUNICIPAL YEAR 2026-27

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all amendments/queries to Julie.Timbrell@southwark.gov.uk

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