

State of the Borough Report 2022

Southwark's Joint Strategic Needs Assessment

OVERVIEW OF HEALTH & WELLBEING

PUBLIC HEALTH DIVISION

ENVIRONMENT & LEISURE DEPARTMENT

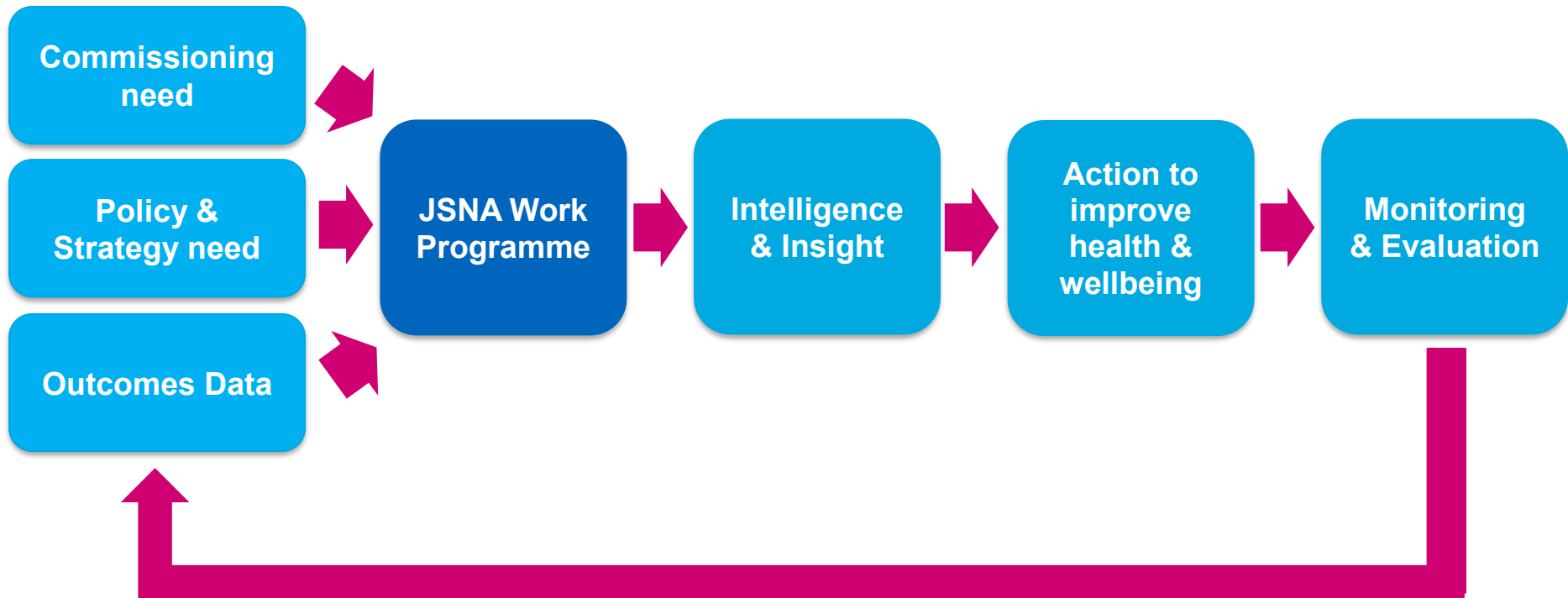
LONDON BOROUGH OF SOUTHWARK



1. BACKGROUND

The State of the Borough report provides a broad overview of health and wellbeing in Southwark. It seeks to provide an analysis of our population, along with details of the health inequalities that exist in the borough. These quantitative data are intended to complement the Annual Public Health Report, which this year focuses on the impact of the COVID-19 pandemic.

The report forms part of the borough's Joint Strategic Needs Assessment (JSNA) work programme, and helps inform the Joint Health & Wellbeing Strategy (JHWS) and other local action to improve health and wellbeing in Southwark.



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3. PEOPLE

Southwark is a densely populated and diverse inner London borough situated on the south bank of the River Thames, with Lambeth to the west and Lewisham to the east. The borough is made up of a patchwork of communities: from leafy Dulwich in the south, to bustling Peckham and Camberwell, and the rapidly changing Rotherhithe peninsula. Towards the north, Borough and Bankside are thriving with high levels of private investment and development. Yet there remain areas affected by high levels of deprivation, where health outcomes fall short of what any resident should expect.

3.1 Current population

Home to some 320,000 people, Southwark has a comparatively young population. The average age (33.9 years) is almost two years younger than London, and almost seven years younger than England.

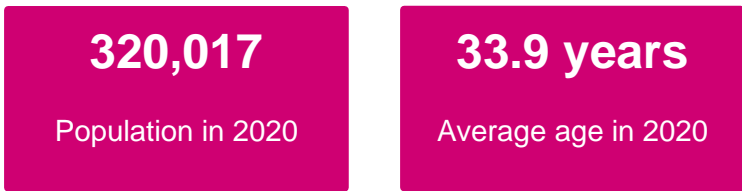


Figure 1: Mid-year resident population estimate, 2020
Source: [ONS, 2021. Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2020](#)

Figure 2 shows the age structure of Southwark compared to England (black outline). The chart demonstrates that the low average age in the borough stems not from a large number of children, but from a large number of young working age residents: 39% of the Southwark population is aged 20 to 39, compared to just 32% in London and 26% in England.

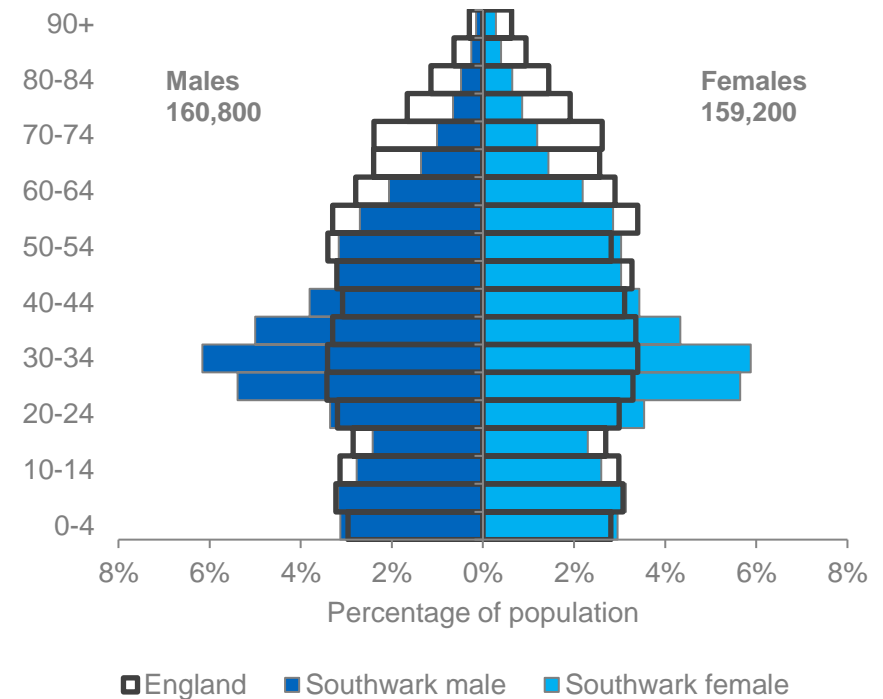


Figure 2: Age structure of Southwark compared to England, 2020
Source: [ONS, 2021. Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2020](#)

3.2 Trends and projections

The population of Southwark has been growing at a much faster pace than the national average, with numbers increasing by a quarter since 2001.

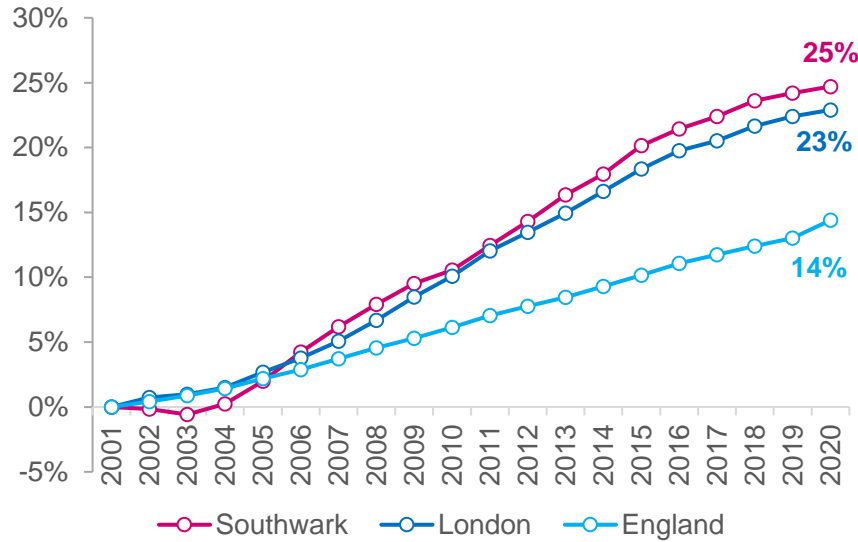


Figure 3: Percentage change in resident population, 2001 to 2020
 Source: [ONS, 2021. Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2020](#)

The latest population projections suggest that our population will continue to grow, with over 17,000 additional people living in the borough by 2030. Population growth is set to take place across almost all parts of the borough, but the largest increases are expected in redevelopment areas around Old Kent Road, Canada Water, and Elephant and Castle.

3.3 Ethnicity

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

Latest estimates indicate that 51% of people living in Southwark have a white ethnic background compared to 84% nationally. A much larger proportion of our residents come from black and mixed ethnic backgrounds when compared to England.

The diversity of Southwark is much greater among our children and young people, with roughly equal proportions of young people from white and black ethnic backgrounds.

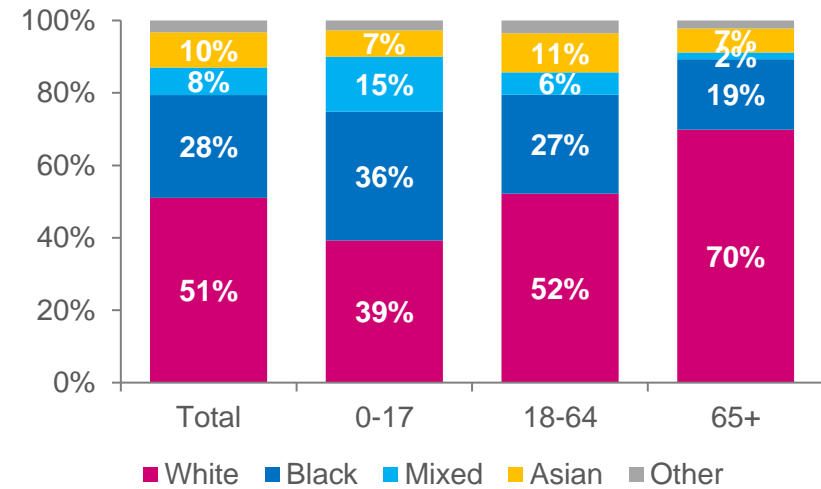


Figure 4: Southwark population by broad ethnic group and age, 2019
 Source: [ONS 2020, Population denominators by broad ethnic group and local authorities in England & Wales: 2011-2019](#)

Over 120 languages are spoken here, with just over 1 in 10 households having no members who speak English as a first language. The top five main languages (other than English) spoken at the time of the 2011 Census were:

- Spanish (2.3%)
- French (1.6%)
- Portuguese (1.3%)
- Polish (1.2%)
- Italian (0.9%)

A large proportion of our residents were also born overseas, with latest estimates suggesting around 4 in 10 people living in the borough were born outside the UK.

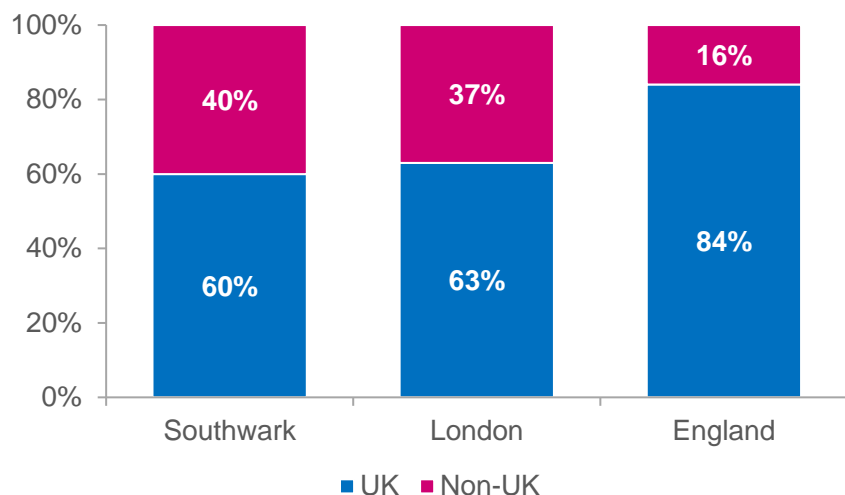


Figure 5: Resident population by country of birth, 2021
 Source: [ONS 2021, Population of the UK by country of birth and nationality, July 2020 to June 2021](#)

It is estimated that 13% of those born overseas are from other countries in the European Union, 14% from Sub-Saharan Africa, and 4% from Central and South America.

3.4 Sexual Orientation

Research from the Office of National Statistics and the GP Patient Survey suggests that Southwark has one of the largest gay, lesbian and bisexual populations in the country, where 7% (23,000 people) of the adults in the borough identify as being gay, lesbian or bisexual, compared to only 4% of the entire London population and 3% nationally.

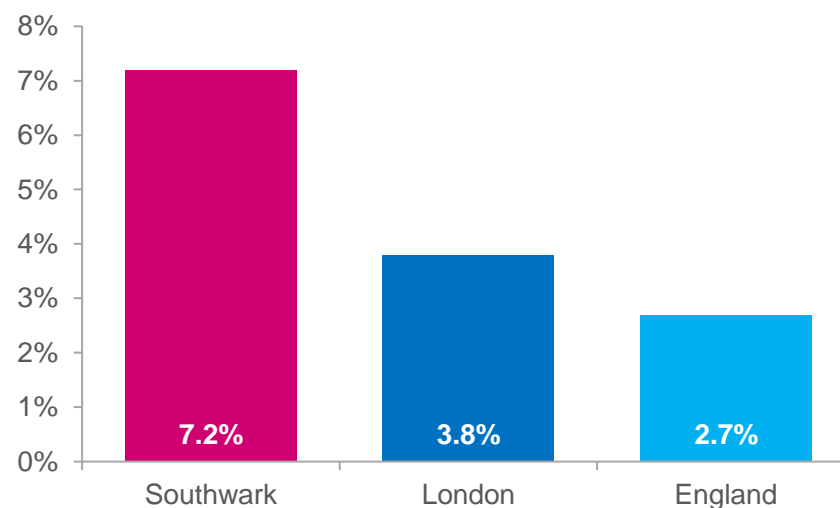


Figure 6: Residents identifying as gay or lesbian

Source: [ONS 2021, Sexual Orientation, UK: 2012-2019](#); NHS 2020, GP Patient Survey: 2019.

3.5 Disability & Impairment

The Family Resources Survey (FRS) collects extensive information on disability in the UK and is a key source of information on disabled adults and children.

The definition of disability used within the survey is consistent with the core definition of disability under the Equality Act 2010. A person is considered to have a disability if they have a long-standing illness, disability or impairment that causes substantial difficulty with day-to-day activities.

Figures for 2019/20 suggest 14% of residents in inner-London have a disability. For Southwark this would equate to 44,800 people.

The survey results also highlight the main impairment types for those with a disability, with the largest impairment being mobility. The chart opposite presents extrapolated figures for Southwark and should be treated as a guide to the scale of impairment in the borough, rather than exact figures.

3.6 Carers

Unpaid or informal carers play an integral role in supporting the family members and friends they care for. Estimates vary, however at the start of 2020 Southwark was thought to have at least 25,700 unpaid carers, with numbers expected to increase further in the future.

Never has the importance of carers been emphasised more than during the pandemic. The increased demand for care since the emergence of COVID-19 has disproportionately affected women, people from Black African ethnic backgrounds, and those who themselves live with disability and complex care needs.

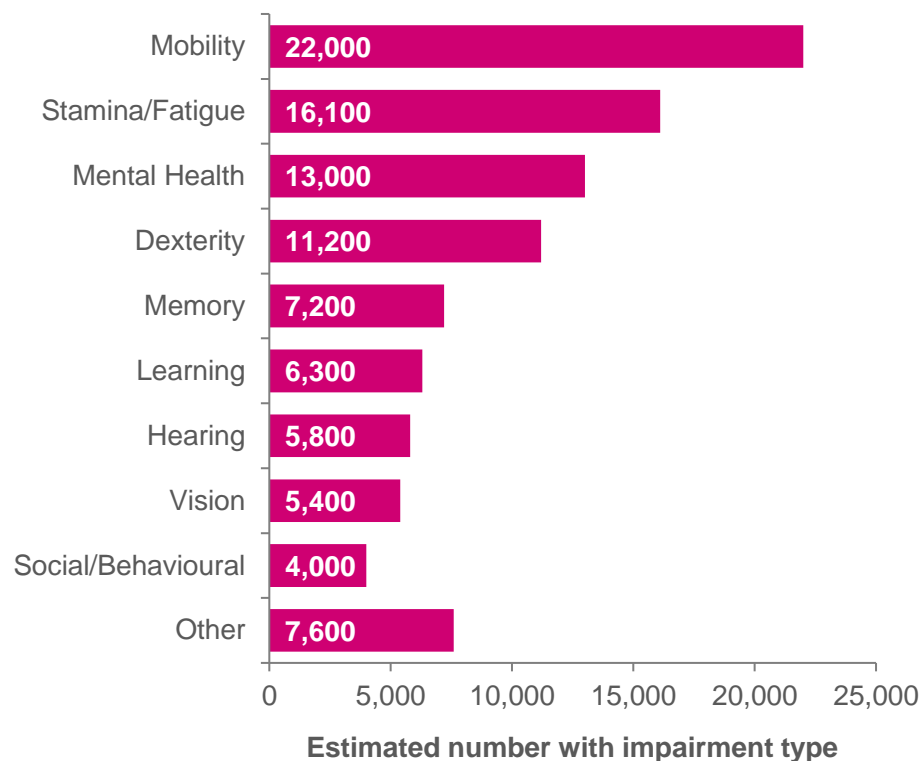


Figure 7: Extrapolated prevalence of key impairment types for those with a disability in Southwark, 2019/20

Source: [Department for Work & Pensions, 2021. Family Resources Survey 2019/20.](#)

4. PLACE

4.1 Deprivation

The Indices of Deprivation (IoD) is the official measure of relative deprivation in England, encompassing a wide range of indicators assessing living conditions.

Southwark has seen an improvement in its' ranking relative to other local authorities since 2015, yet remains one of the most deprived in the country.

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

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

Source: [Ministry of Housing, Communities & Local Government](#)

It is important to acknowledge that the Indices of Deprivation measures relative deprivation. While the ranking of Southwark has improved relative to other local authorities, this does not necessarily indicate that there has been a reduction in absolute levels of deprivation.

Approximately 21% of Southwark's population live in communities ranked within the most deprived nationally. This increases to 23% among those aged under 18.

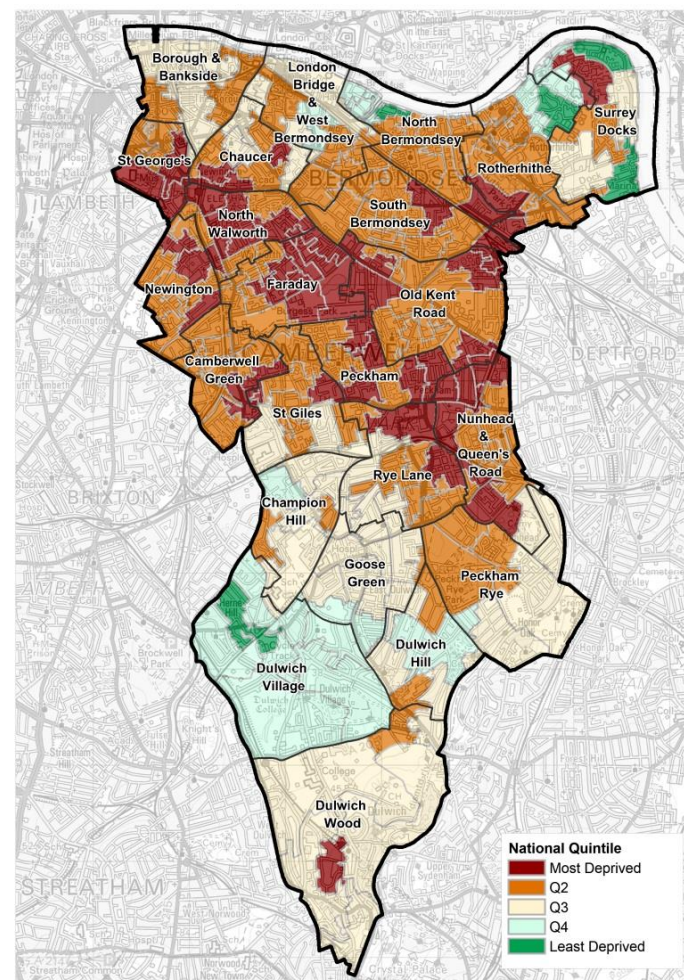


Figure 8: Indices of Deprivation 2019. © OS crown copyright and database rights 2021. Ordnance Survey (0)100019252.

4.2 Urban Health Index

Impact on Urban Health have worked with the Social Progress Imperative to create an index that assesses social progress. The index they have developed uses 42 social and environmental indicators to show how different aspects of urban living vary across the boroughs and how the environment impacts on resident's health. The indicators are grouped under three themes:

- Basic human needs
- Foundations of wellbeing
- Opportunity

The index looks at 68 neighbourhoods across Southwark and Lambeth, ranking them as strong (ranked in the top 20 areas), weak (ranked in the bottom 20 areas) or neutral (ranked in between). In the south of the borough, all neighbourhoods were ranked in the top 20, whilst several the neighbourhoods in the middle and towards the north of the borough were ranked in the bottom 20. Southwark has a more polarised distribution of neighbourhoods compared to Lambeth, where most of the neighbourhoods had a neutral score.

A neighbourhood with a weak score, however, does not mean it is weak across all aspects. Many of the neighbourhoods in the bottom 20 rank highly on active and engaged community score, whilst the trend for obesity in children follows the overall rank more closely.

The Urban Health Index acts as a useful tool to both understand how the wider determinants of health differ across Southwark and Lambeth. It also enables us to understand the factors that contribute to a neighbourhood's good or poor health, at a population level.

The Urban Health Index can be accessed [here](#).

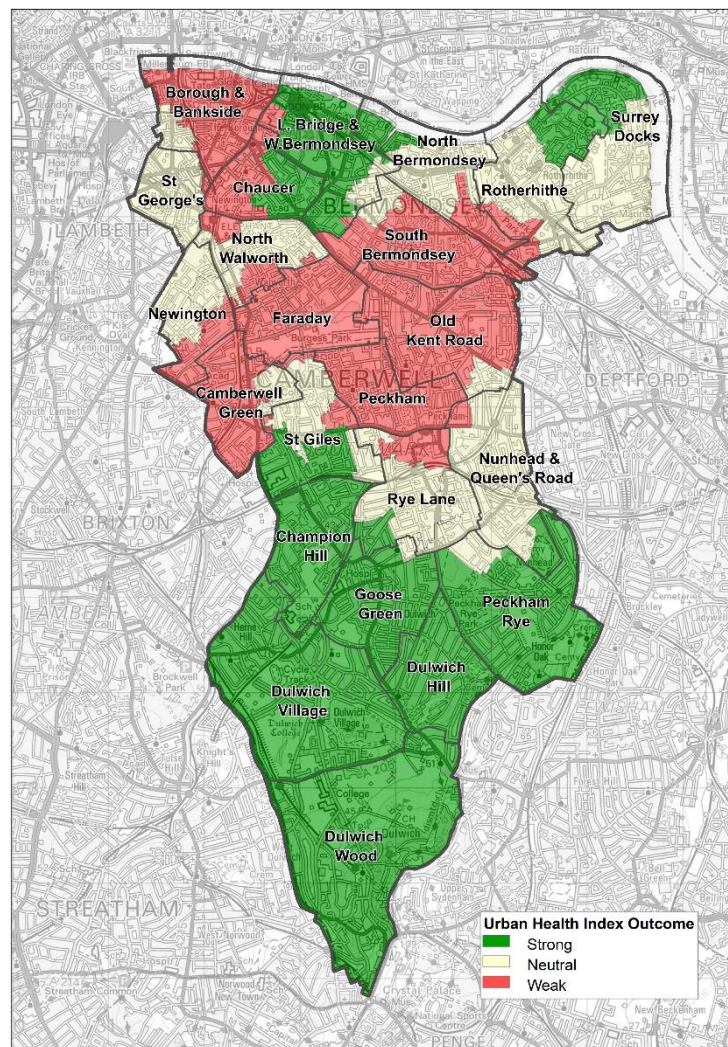


Figure 9: Urban Health Index Score 2021. © OS crown copyright and database rights 2021. Ordnance Survey (0)100019252.

4.3 Employment & Income

The Annual Population Survey shows that economic activity levels in Southwark are higher than both London and England. At the end of June 2021 there were approximately 233,400 working age adults in Southwark, with more than three quarters in employment.

Economic inactivity in Southwark is significantly below regional and national levels. While the majority of this group do not want a job, a much larger proportion of this group in Southwark would like a job when compared to London and England.

The main group of those who are economically inactive and not seeking work are students, with 16,500 in the borough, followed by those who are long-term sick, with over 10,000 in this group.

Measure	Southwark		London	England
	Number	%		
Economically active	193,200	82.8%	79%	78.8%
In employment	178,000	76.2%	73.8%	74.7%
Unemployed	15,200	7.9%	6.6%	5.2%
Economically inactive	40,200	17.2%	21.2%	21.0%
Who want a job	10,000	24.9%	22.9%	21.0%
Who do not want a job	30,200	75.1%	77.1%	79.0%

Table 2: Economic activity in Southwark, London and England. July 2020 to June 2021.

Source: [Nomis, 2021. Annual Population Survey](#)

Note: Unemployment figures are modelled. Figures may not tally due to rounding.

Figures for 2020 suggest there were 15,000 workless households in the borough, with levels comparable to London and England.

The median (average) household income in Southwark in 2021 was £33,848 broadly comparable to the national average of £32,549. There is a wide range of income in Southwark with around 1 in 7 households in the borough having an income less than £15,000 per year, and a similar proportion earning over £75,000.

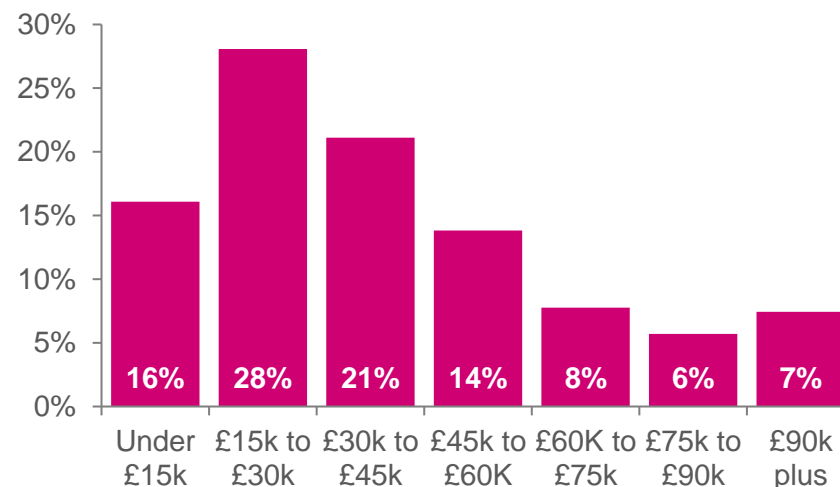


Figure 10: Percentage of Southwark households by income bracket, 2021

Source: [CACI Paycheck Directory, 2021](#)

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While average income in Southwark is in line with national levels there are significant geographical inequalities within the borough, with levels highest in Dulwich Village (£61,271) and lowest in Old Kent Road (£24,632).

4.4 Child Poverty

There are a range of indicators of child poverty, and the table below shows the estimates for Southwark for 2019/20 before housing costs are factored in.

Measures	Number in 2019/20
Under 16	11,970
Under 18	13,800
All Dependent Children	15,020

Table 3: Children living in poverty in Southwark, before housing costs
Source: [End Child Poverty, 2021. Before Housing Cost ward data, 2019/20.](#)

While the official figures of child poverty shown above are considered reliable, they do not take account of housing costs. The chart below shows estimates of child poverty for those aged under 16 after including the impact of housing cost. Almost 25,700 children in Southwark are included in this broader measure.

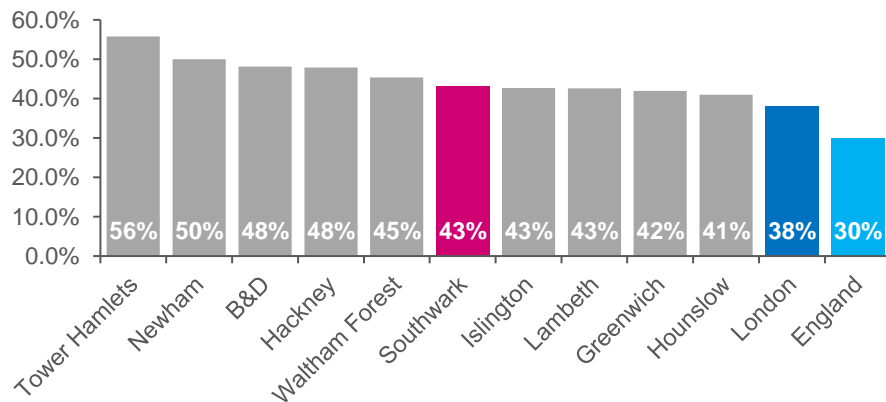


Figure 11: Top London boroughs for child poverty after housing costs
Source: [End Child Poverty, 2021. Child poverty after housing costs, 2019/20.](#)

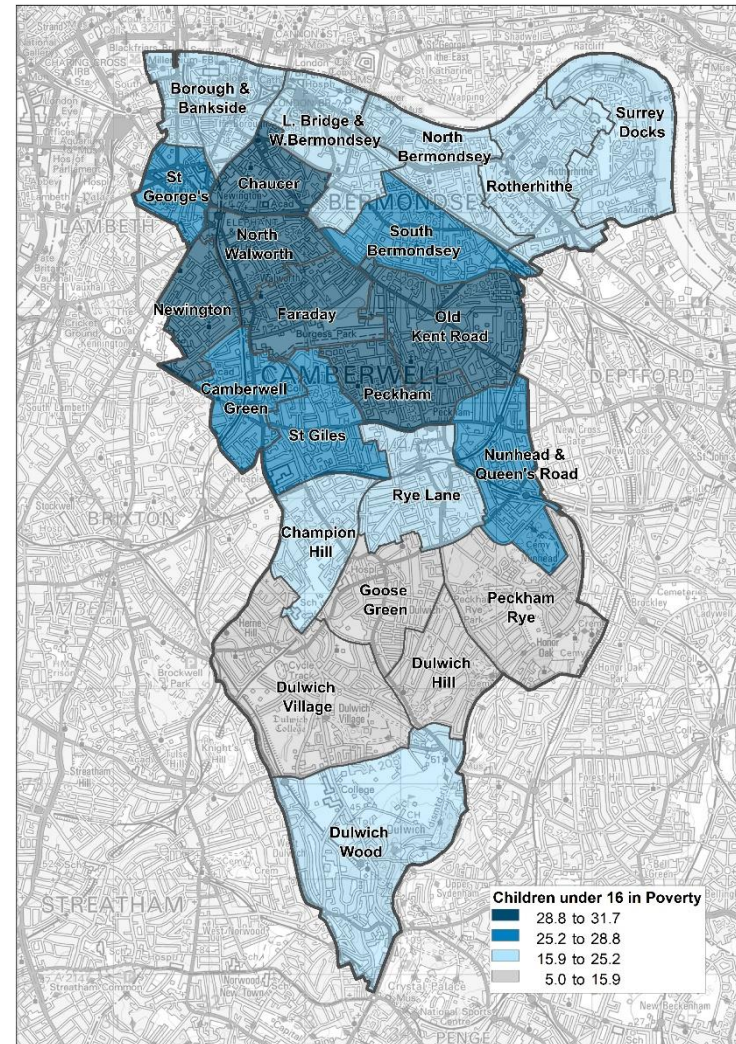


Figure 12: Percent under 16 living in poverty in by ward, before housing costs
Source: [End Child Poverty, 2021. Before Housing Cost ward data, 2019/20.](#)

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4.5 Food Security

Food insecurity is a limited or uncertain availability of nutritionally adequate and safe food or limited or uncertain ability to acquire acceptable food in socially acceptable ways.

In June 2019, an estimated one in four aged 16 years or older (75,000) in Southwark were food insecure, based on a survey where respondents were asked about running out of money to buy food, skipping meals or cutting down on quantities eaten due to lack of money and not being able to afford balanced meals.

Parents were also asked about whether their child was food insecure, with one in four children aged 0-16 years old (16,000) estimated to be food insecure. The estimated prevalence in Southwark was higher than London, for both adults and children.

There are significant inequalities in the distribution of food insecurity between different population groups in the borough.

- More respondents from a Black ethnic background were food insecure (46%), compared to those from a White ethnic background (9%).
- Almost half (44%) of those who lived in social-rented housing reported food insecurity, much higher than those who lived in private-rented housing (14%) or who lived in a property they owned (8%).
- More adults with dependent children reported being food insecure (43%), compared to adults who did not (18%).

There are also significant geographical inequalities in households at high risk of food insecurity, with higher levels across central and northern parts of the borough.

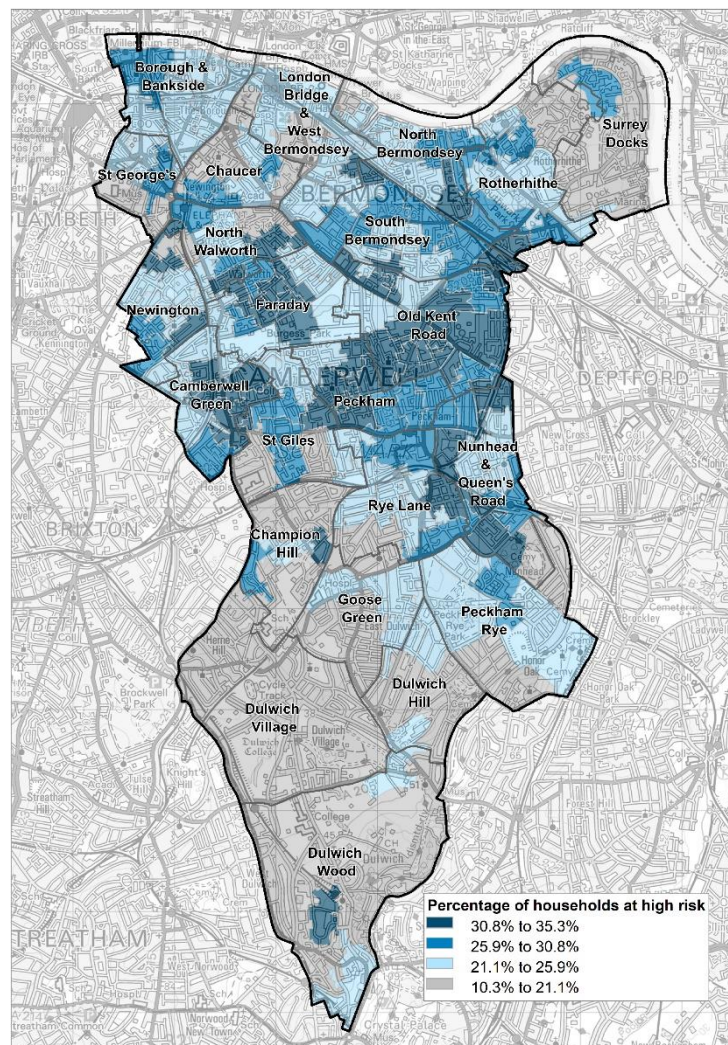


Figure 13: Households at high risk of food insecurity

Source: Smith, Thompson et al 2018.

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4.6 Housing & Homelessness

There are almost 143,000 residential dwellings in Southwark, with 39% being social housing and 61% being privately owned.

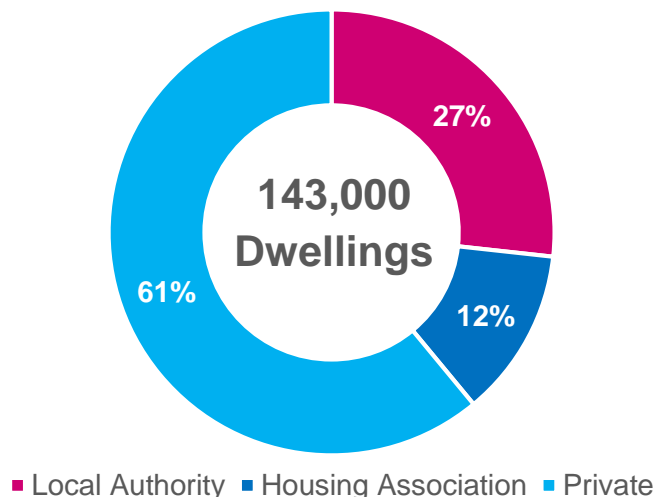


Figure 14: Housing tenure profile in Southwark in 2020

Source: [Southwark Council, 2020. Southwark Key Housing Stats 2020.](#)

Overall, the number of homes in the borough increased by 14% between 2010 and 2020, driven by a large increase in the number of private sector homes (up by 24%). Although the number of local authority owned homes fell by almost 5% in the same period, Southwark still has the largest social housing stock in London with over 38,000 homes in the borough (including those owned by other local authorities).

Housing of decent quality is important factor in supporting good health, particularly for vulnerable people. Poor housing conditions, such as overcrowding, damp, indoor air pollutants and cold, are known to be associated with illnesses such as eczema, hypothermia and heart disease. They are also linked to increased incidence of infections, respiratory disease and asthma.

To meet the decent homes standard a home must meet the statutory minimum standard for housing (i.e. not have a category 1 hazard), and be in a reasonable state of repair, and have reasonably modern facilities and services, and provide a reasonable degree of thermal comfort.

In April 2020, just over 3,100 local authority owned homes in Southwark were classed as non-decent. However, a study in 2019 predicted 8,500 private rented sector homes in the borough had at least one Category 1 hazard. This equates to around 20% of privately rented homes.

Sector	Assessment Date	Non-decent homes
Local authority	April 2020	3,137
Housing association	2019	128
Privately rented	2019	8,497

Table 4: Non-decent home estimates for Southwark

Source: [Southwark Council, 2020. Southwark Key Housing Stats 2020.](#)

Southwark has the sixth largest population of rough sleepers in London. Over the year 2020/21, 567 individuals were identified by outreach teams as rough sleepers in the borough, with numbers increasing by over 80% since 2017/18. Levels of rough sleeping are generally highest in the north west of the borough, around London Bridge, with pockets around Burgess Park and Peckham.

Number of rough sleepers

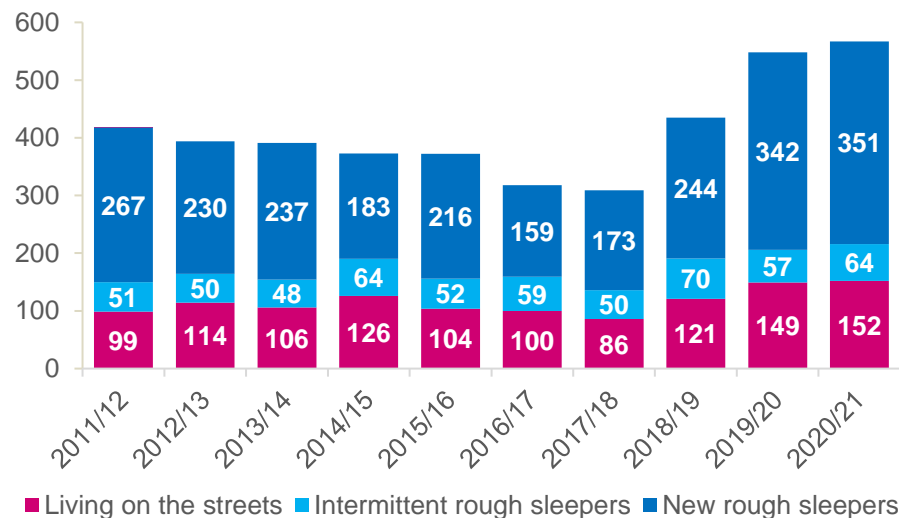


Figure 15: Number of rough sleepers identified by outreach teams in Southwark 2011/12 to 2020/21
 Source: [GLA, 2021. CHAIN Annual Report: Southwark. 2020/21.](#)

The majority of rough sleepers identified in Southwark in 2020/21 were male (88%). The main ethnic groups were White (60%) or Black (26%). About a third (31%) were 26-35 years old, with a further third aged 36-45 years old. Three in four (72%) had at least one complex

need identified as part of a support needs assessments, with about a third (34%) having at least two support needs.

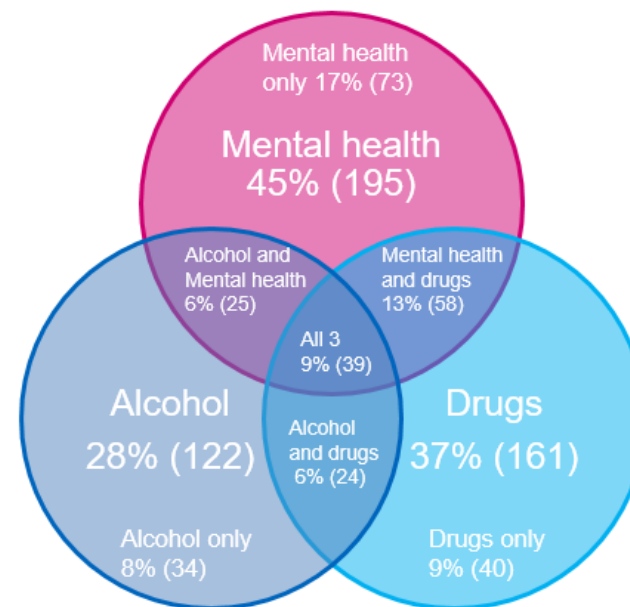


Figure 16: Recorded support needs of rough sleepers in Southwark, 2020/21
 Source: [GLA, 2021. CHAIN Annual Report: Southwark. 2020/21.](#)
 Note: (n=433)

4.7 Crime

Crime can have a significant impact on the health and wellbeing of our residents and communities. From April 2020 to March 2021, there were over 30,000 recorded offences in Southwark, a rate significantly higher than the London average, but lower than previous years. The recent decline in criminal offences is likely related to the impact of national lockdowns related to COVID-19.

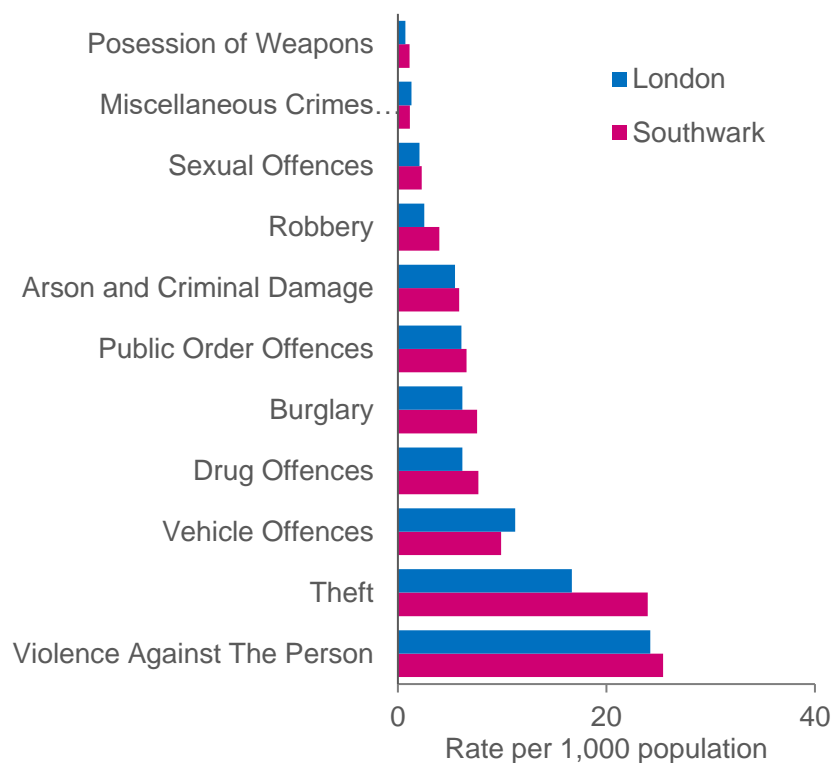


Figure 17: Top ten recorded offences by group in 2020-21
Source: [Metropolitan Police, 2021. Crime Data Dashboard](#)

The pattern of recorded offences in Southwark mirrors that for London as a whole, with violence against the person and theft being the most common. In 2020/21 there were 7,672 recorded cases of theft in the borough and 8,143 cases of violence against the person. In both cases the crime rate in Southwark is above levels for London.

While emergency hospital admissions related to violence are above regional and national levels there has been a significant reduction in the last six years. Over the three year period 2017/18 to 2019/20, there were 480 such emergency admissions in Southwark.

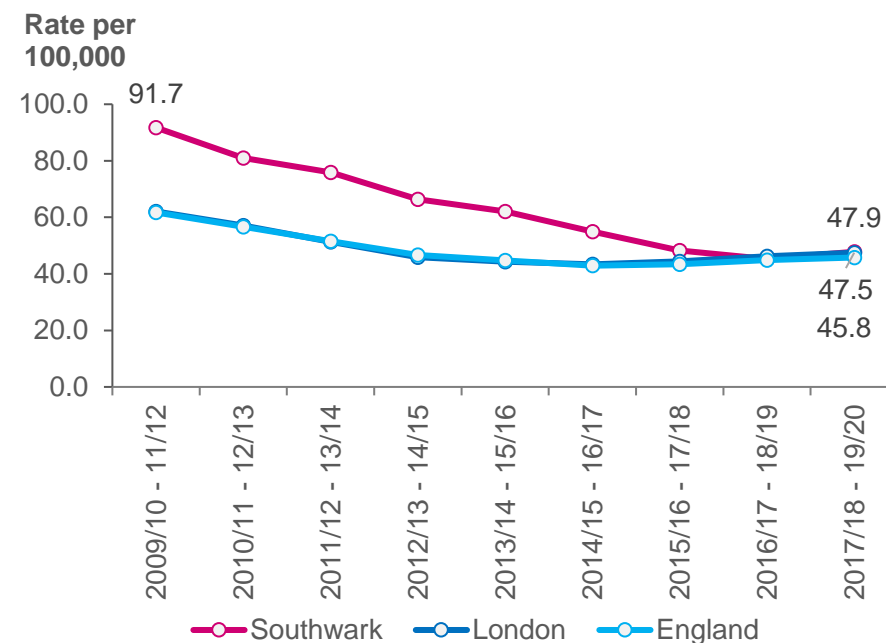


Figure 18: Emergency hospital admissions for violence
Source: [OHID, 2021. Public Health Profiles.](#)

4.8 Air Quality

There is strong evidence to show the impacts of air pollution on health. This ranges from exacerbation of respiratory conditions such as asthma and chronic respiratory disease, through to an increase in emergency admissions to hospital.

While short-term exposure to air pollution is known to adversely affect health, the relative risk associated with long-term exposure is much greater, contributing to the initiation, progression and exacerbation of disease. It is estimated that the average reduction in UK life expectancy associated with air pollution is six months.

As well as impacting health conditions, long-term exposure to air pollution can increase the risk of premature death. The effect of PM^{2.5} on mortality is higher in Southwark than in London or England, but rates have fallen since 2010 following reductions in emission rates.

The largest single source of air pollution in Southwark is road transport, contributing around a third of PM^{2.5} emissions. Domestic and commercial fuels, which come mostly from cooking and heating, are another significant pollutant in the borough.

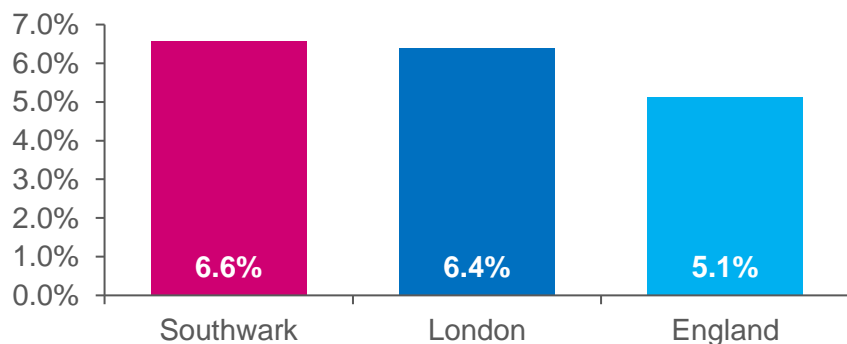


Figure 19: Percentage of deaths in those aged 30+ attributable to particulate air pollution (PM_{2.5}) in 2019

Source: [OHID, 2021. Public Health Profiles](#)

5. COMMUNITY VOICE

There has been a wide range of community engagement over the course of the last two years, through which local residents have raised their views and concerns regarding health and wellbeing in the borough.

A common finding of the engagement has been concerns regarding the extent of inequalities that existed before, and exacerbated by, the COVID-19 pandemic.

5.1 Southwark Stands Together

Southwark Stands Together is the borough wide initiative established in 2020 in response to the killing of George Floyd. It aims to better understand the injustice and racism experienced by Black, Asian and minority ethnic communities in order to help deliver a fairer and more equal society.

The initiative highlighted inequalities and experiences of racism and discrimination across a range of settings, including health and care, by people from Black, Asian, and minority ethnic backgrounds.

Following on from the findings of the Southwark Stands Together initiative, the following recommendations relating to health and care were proposed by the council:

- Develop a strong partnership approach across the whole health sector to address the wider health inequalities that disproportionately impact Black, Asian and minority ethnic communities and their physical, mental and emotional wellbeing.

- Recognise that discrimination can occur in many different ways from front line to backroom functions and adopt and embed organisation wide approaches to improve the experiences of Black, Asian and minority ethnic patients in health and care.
- Commission and co-produce health services and interventions with Black, Asian and minority ethnic communities.
- Work with key partners to ensure health services and initiatives are culturally appropriate and accessible for Black, Asian and minority ethnic residents.
- Increase the uptake of preventive programmes such as screening, health improvement and education (i.e. awareness, myth busting and health literacy) amongst Black, Asian and minority ethnic communities.

5.2 South London Listens

South London Listens is an urgent mental ill-health prevention response to ensure that communities in south London can recover from the impacts of the COVID-19 pandemic. It was launched in 2020 by the three mental health Trusts in South London and is a partnership of community organisations, local authorities, and the NHS. The programme is working to deliver pledges across four priority areas:

- Loneliness, social isolation and digital exclusion
- Work and wages
- Children, young people and parental mental health
- Access to mental health services for migrants, refugees and diaspora communities

5.3 Understanding Southwark

Social Life carried out a year long, in-depth research project between April 2020 and August 2021 on behalf of Southwark Council. The research looked at the impact of COVID-19 across Southwark and daily life in six areas going through change; Camberwell, Elephant and Castle, Old Kent Road, Peckham, Walworth, and the social housing estates in Dulwich.

The research highlighted that existing challenges faced by people in Southwark have been exacerbated by the COVID-19 pandemic but also the importance of local assets that have supported people over this time. Themes from the research included:

- The role of multiple vulnerabilities and concern that vulnerable people are falling through gaps in support schemes.
- The importance of support groups and networks.
- Concerns about digital and data exclusion.
- Food poverty and food insecurity.
- Impacts on mental health.
- The impact of structural racism.
- The need for more provision to support young people.
- The importance of decent and affordable housing.
- Difficulties for small businesses and traders.
- Communication and engagement by the council.
- Conversations about planned and ongoing local change.
- Parks, green spaces, diversity, and strong local community organisations as major assets.

5.4 Life After COVID-19

The COVID-19 pandemic changed the way local services work as the borough took urgent action to respond, kept vital frontline services operating and supported residents and businesses through the crisis. In light of this change a survey of almost 2,800 took place in 2021, supplemented by a series of conversations and focus groups, to understand resident aspirations and hopes for the future including on jobs and the economy and take a temperature check on the big issues facing the borough.

Key themes which emerged from the research included:

- A feeling of positivity about the future but concern around health and wellbeing. Significantly, one in four did not feel positive.
- Areas of concern highlighted included COVID-19 specifically, climate change and traffic. Priorities for action were air pollution, crime, and less traffic.
- For our Black, Asian and minority ethnic communities concerns were more focused on financial and economic issues such as employment, cost of living, rental affordability as well as crime.
- Impact on mental health and wellbeing has been high and remains a significant factor shaping future needs.
- Local community is important to people and community autonomy is valued.
- What is valued most by respondents in their neighbourhoods are green spaces, public transport, restaurants/pubs and cafes, shops and neighbours
- Different communities are failing to connect with services and initiatives that have been designed to address the very concerns they raise.

6. STARTING WELL

6.1 Births

The total number of babies born in Southwark has been decreasing year on year since 2010. There were just under 3,600 live births in 2020, down from over 5,100 in 2010.

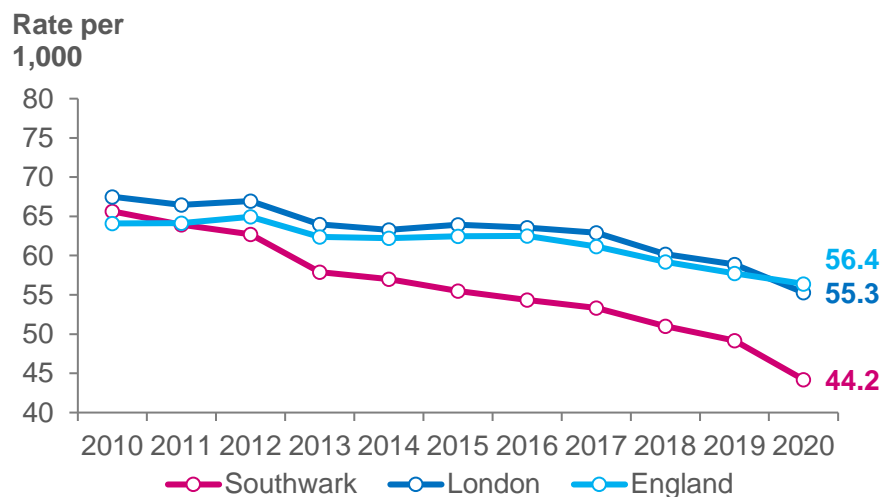


Figure 20: General fertility rate per 1,000 females aged 15-44

Source: [OHID, 2021. Child & Maternal Health Profiles](#)

The decline in the fertility rate in Southwark is seen across all age groups, but particularly among younger women. The average age of mothers giving birth in Southwark is now just over 33 years.

Across the borough there is substantial variation in the number of births each year, with rates much higher in central and south Southwark compared to the north of the borough.

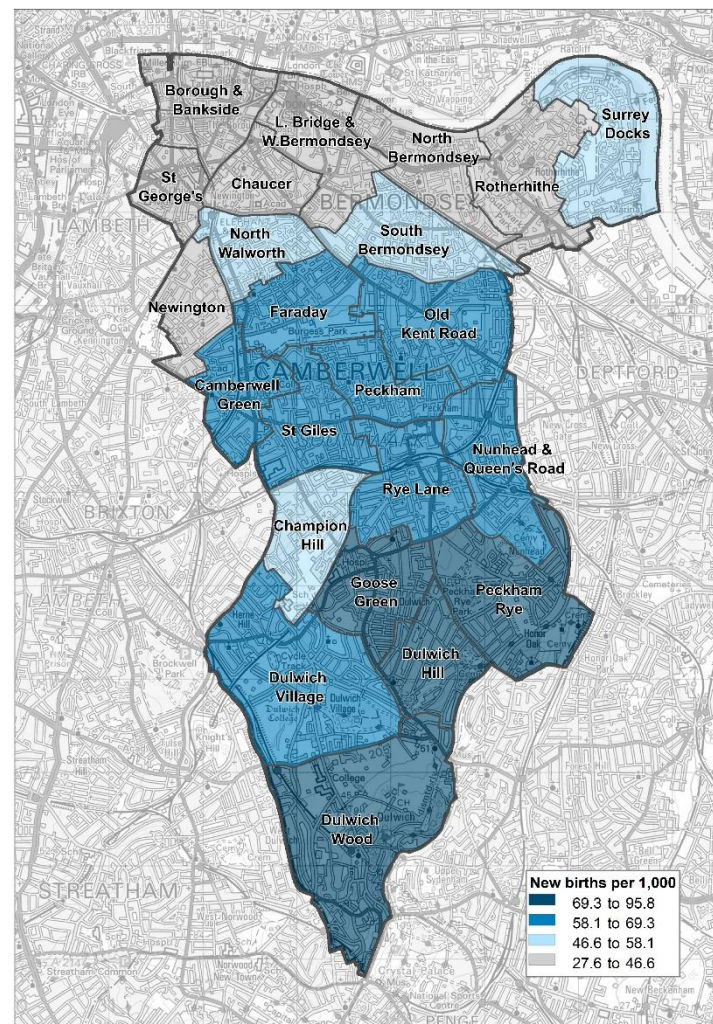


Figure 21: General fertility rate by ward, 2015-19. © OS crown copyright and database rights 2019. Ordnance Survey (0)100019252.

6.2 Infant mortality

Infant mortality refers to deaths within the first 28 days of life, and is a key indicator of the general health of the population. It is associated with many modifiable risk factors such as smoking during pregnancy and obesity.

There has been a significant reduction in infant mortality in Southwark since 2001, with rates more than halving over that period. Levels of infant mortality in the borough are now comparable with London and England. There were 37 infant deaths in Southwark in 2018-20, with the majority of these occurring in the first week of life.

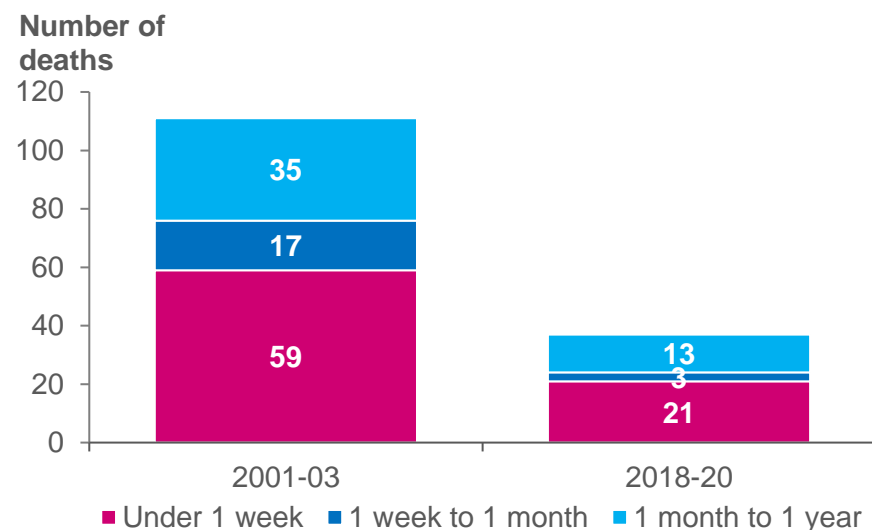


Figure 22: Infant mortality by age

Source: [ONS, 2021. Deaths Registered in England & Wales](#)

6.3 Childhood vaccinations

Vaccination is the safest and most effective way of protecting individuals and communities from vaccine preventable diseases. National immunisation programmes have led to exceptional reductions in the incidence of previously common disease, and related deaths.

Uptake of childhood vaccinations in Southwark is generally above London as a whole, although fall below target levels.

Vaccination	Southwark	London	England
DTaP/IPV/Hib/HepB at 1yr	87.8%	86.7%	92.0%
MMR1 at 2yrs	84.1%	82.4%	90.3%
MMR1 at 5yrs	91.2%	88.8%	94.3%
MMR2 at 5yrs	83.1%	75.1%	86.6%
DTaP/IPV/Hib at 5yrs	92.6%	91.2%	95.2%

Table 5: Childhood vaccination coverage, 2020/21

Source: [NHS Digital, 2021. Child Vaccination Coverage Statistics 2020/21](#)

Whilst efforts have been made to improve uptake among vulnerable groups, inequalities may remain: children with additional health, social or safeguarding needs; new migrants to Southwark, and later-born children of large families are all thought to be at risk of going unimmunised.

6.4 Healthy weight

Excess weight in childhood typically persists into adulthood and is associated with increased risk of a range of health consequences such as diabetes, hypertension and heart disease.

Levels of excess weight in Southwark are consistently above London and national levels. Approximately 1 in 4 local children in Reception are overweight or obese, with levels increasing significantly by Year 6.

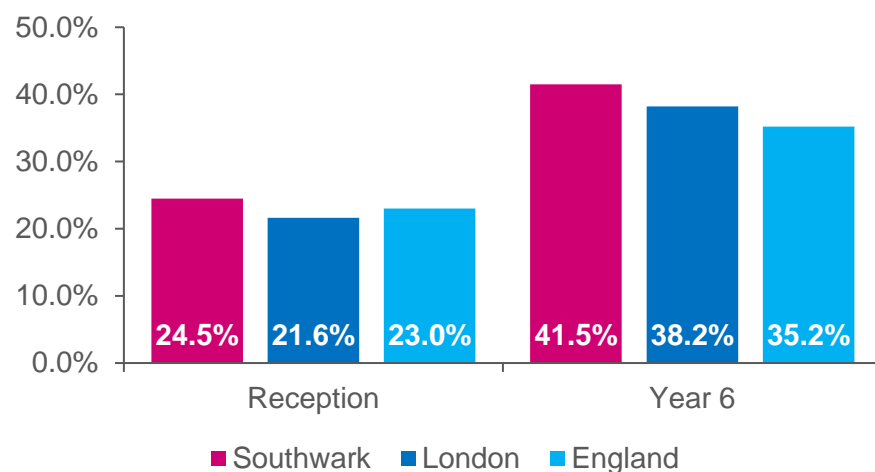


Figure 23: Prevalence of excess weight in 2019/20

Source: [OHID 2021. Obesity Profiles.](#)

Within the borough there are significant inequalities in the prevalence of excess weight, with children from Black ethnic groups significantly more likely to be overweight or obese compared to other ethnic groups, along with those living in more deprived communities.

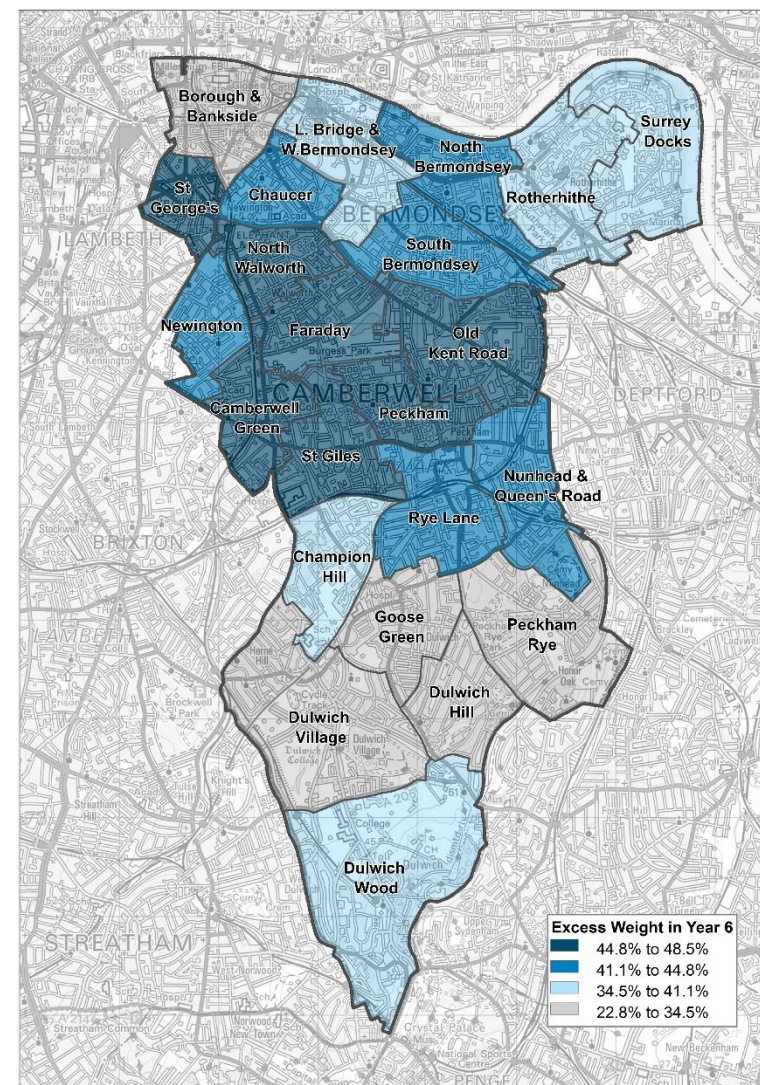


Figure 24: Excess weight in Year 6, 2017/18 to 2019/20. © OS crown copyright and database rights 2019. Ordnance Survey (0)100019252.

6.5 Vulnerable Children

Adverse Childhood Experiences

Early adverse experiences can affect a child’s ability to form secure attachments and are strongly associated with an increased risk of poor physical and mental health later in life. Adverse childhood experiences (ACEs) are common, however it is the multiplicity of ACEs that is most concerning and most strongly associated with poor outcomes and risk behaviour.



Figure 25: Adverse childhood experiences

Approximately 2,000 children aged 0-4 years in Southwark (10%) may be living in a household affected by four or more ACEs. As they develop into adulthood these children are more likely to use illicit drugs, have unhealthy diets, experience an unplanned teenage pregnancy, become involved in violence, and have poor mental wellbeing.

Children in Need

A child in need is defined as “...a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of services, or the child is disabled.”

At the end of March 2021 there were 2,771 children in need in Southwark, with levels above both London and England. This is down slightly from 2,820 at the end of March 2020. The most common primary need of assessed children in Southwark was abuse or neglect, mirroring the national picture.

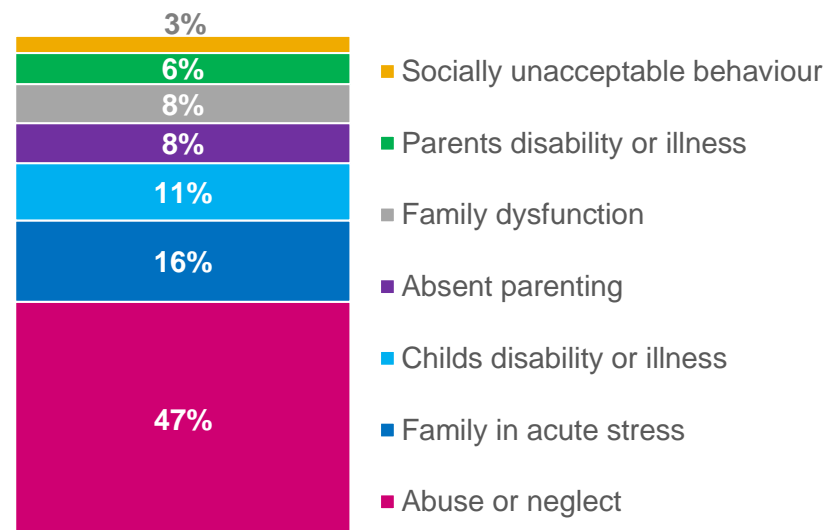


Figure 26: Percentage of children in need in Southwark at March 2021 by primary need at assessment

Source: [Department for Education, 2021. Characteristics of Children in Need, 2020/21.](#)

In addition to the primary need, a range of factors that contribute to the child being in need are recorded as part of the assessment. The top five factors identified in Southwark in 2020/21 were:

- Domestic Violence (1,846 cases)
- Mental Health (1,100 cases)
- Emotional Abuse (772 cases)
- Drug or Alcohol Misuse (768 cases)
- Physical Abuse (426 cases)

Child Protection Plans

Children at risk of significant harm have a child protection plan, the aim of which is to:

- To ensure the child is safe and prevent any further significant harm by supporting the strengths of the family, by addressing the risk factors and vulnerabilities and by providing services to meet the child's assessed needs
- To promote the child's welfare, health and development
- Provided it is in the best interests of the child, to support the family and wider family members to safeguard and promote the welfare of their child.

At the end of March 2021 there were 392 children in Southwark with a child protection plan. The most common underlying cause is emotional abuse, mirroring the national pattern.

Locally and nationally, three factors have combined to place children at greater risk of abuse: increase in stressors to parents and care givers, increase in children's vulnerabilities and changes in access to universal services as a result of the COVID-19 pandemic.

6.6 Healthcare use

Emergency department attendances in young children are often preventable, and commonly caused by accidental injury or by minor illnesses which could have been treated in primary care.

Each year there are over 15,000 emergency department attendances by children under 5 years in Southwark, with rates significantly above the national average and increasing over time.

While rates of emergency department attendance among young children are high, rates of emergency admission into hospital are significantly below the national average and comparable with London. In 2019/20 there were 2,160 emergency hospital admissions among children under 5 years.

There are substantial inequalities within the borough in levels of emergency admission among children, with significantly higher levels seen in the north of the borough

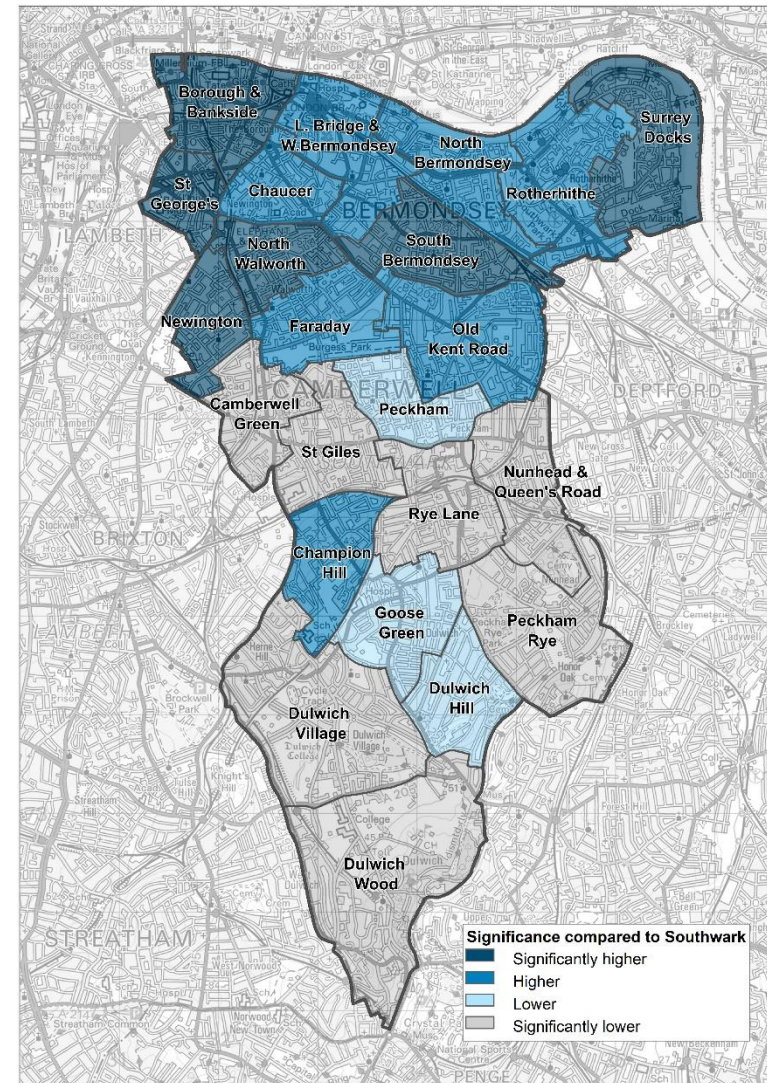


Figure 27: Emergency admissions among under 5s, 2017/18 to 2019/20. © OS crown copyright and database rights 2019. Ordnance Survey (0)100019252.

7. LIVING WELL

7.1 Risk factors

Data from the Global Burden of Disease study outlines the top ten risk factors for poor health. Southwark mirrors the national picture, with smoking, obesity, poor diet among the top risks impacting on healthy life in our borough.

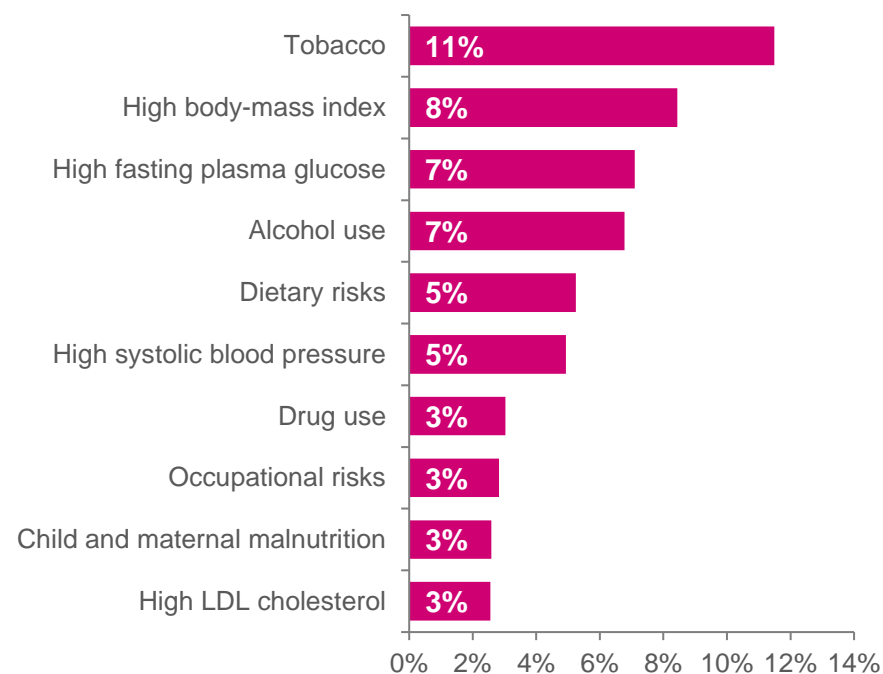


Figure 28: Percentage of years of life lost to disability or premature death (DALYs) in Southwark by risk factor, 2019

The table opposite illustrates the latest prevalence of key risk factors among adults in Southwark compared to London and England.







	<ul style="list-style-type: none"> 50.4% of adults in Southwark in 2019/20 were classified as either overweight or obese. This was significantly below both London (55.7%) and England (62.8%).
	<ul style="list-style-type: none"> 53.4% of adults in Southwark in 2019/20 ate the recommended '5-a-day' on a usual day. This was comparable to London (55.8%) and England (55.4%).
	<ul style="list-style-type: none"> 20.4% of adults in Southwark in 2019/20 were physically inactive. This was comparable to London (23.8%) and England (22.9%).
	<ul style="list-style-type: none"> 15.6% of adults in Southwark in 2019 were current smokers. This was comparable to London (12.9%) and England (13.9%).
	<ul style="list-style-type: none"> 1.6% of adults in Southwark in 2018/19 were estimated to be dependent drinkers. This was statistically comparable to London (1.3%) and England (1.4%).
	<ul style="list-style-type: none"> 46 people in Southwark died from drug misuse in 2018-20. This was statistically comparable to both London and England.

Table 6: Prevalence of key risk factors in Southwark

There is increasing evidence that many people experience more than one of the risk factors shown above, and these often cluster within population groups. This not only increases the risk of poor health outcomes for the individual, but also increases health inequalities between communities.

The 2017 Health Survey for England captured evidence regarding the prevalence of multiple risk factors, focusing on smoking, alcohol consumption, poor diet, physical inactivity and obesity. Results showed that 14% of adults aged 16 and over in London had 3 or more of risk factors, slightly behind the national average of 19%. The prevalence of 3 or more risk factors in London was also significantly higher among men (17%) when compared to women (11%).

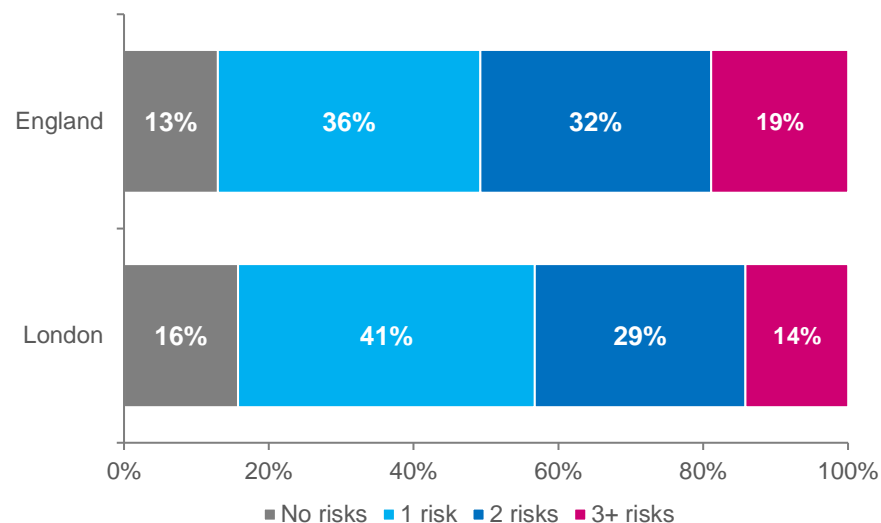


Figure 29: Prevalence of multiple risk factors in adults aged 16+
 Source: [NHS Digital, 2018. Health Survey for England, 2017. Multiple Risk Factors.](#)

7.2 Sexual health

In addition to obesity, poor diet and smoking, poor sexual and reproductive health has a significant impact on health and wellbeing in Southwark. The borough has the second highest levels of sexually transmitted infections in England, just behind Lambeth. In 2020 there were over 6,500 new STI diagnoses among local residents, with rates more than four times the national average.

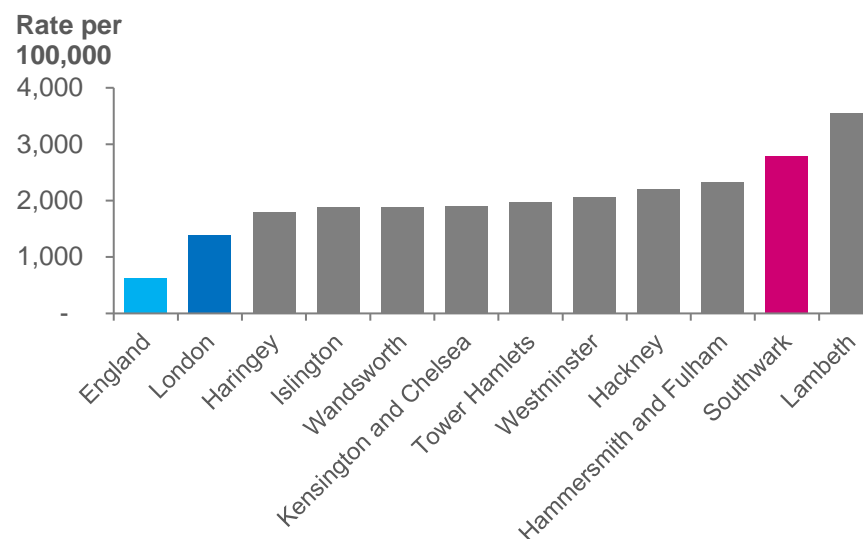


Figure 30: Local authorities with highest new STI diagnoses in 2020
 Source: [OHID 2021. Sexual & Reproductive Health Profiles.](#)

When looking at inequalities in sexual health, infection rates in Southwark are highest in the following groups:

- Men – accounting for almost 70% of cases
- 15-24 year olds – accounting for over a quarter of cases
- Gay, bisexual and men who have sex with men – accounting for two thirds of cases

Rates of new diagnoses are also unequal across the borough, with the highest levels seen in the north-west corner of the borough, around Elephant & Castle, Borough and Camberwell.

In addition to high levels of sexually transmitted infections, levels of HIV in Southwark are also high, with the borough having the second highest prevalence in England, behind neighbouring Lambeth. Figures for 2020 show there are 2,881 people currently living in the borough who have been diagnosed with HIV, with the highest prevalence in the north west of the borough. However, the number of new cases of HIV in the borough each year continues to reduce, with levels falling by more than half since 2011.

Late diagnosis of HIV is an important predictor of poor health and premature death. Recent figures show levels in Southwark (44%) are comparable to London (38%) and England (42%), however there are wide inequalities in late diagnosis in the borough, with levels highest among heterosexual women.

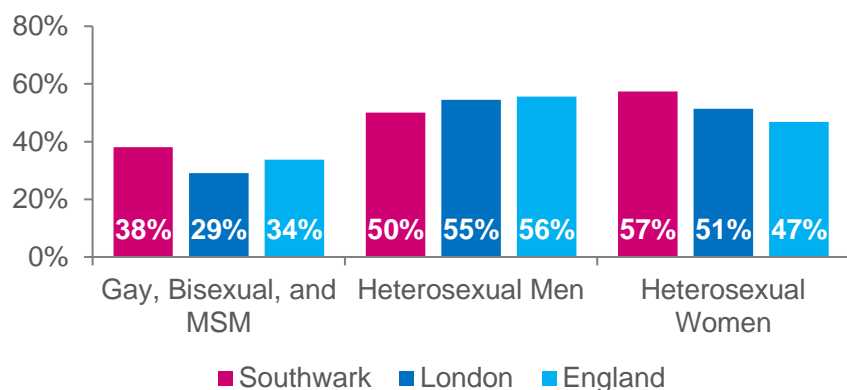


Figure 31: Percentage of HIV cases with a late diagnosis, 2018-20
Source: [OHID 2021. Sexual & Reproductive Health Profiles.](#)

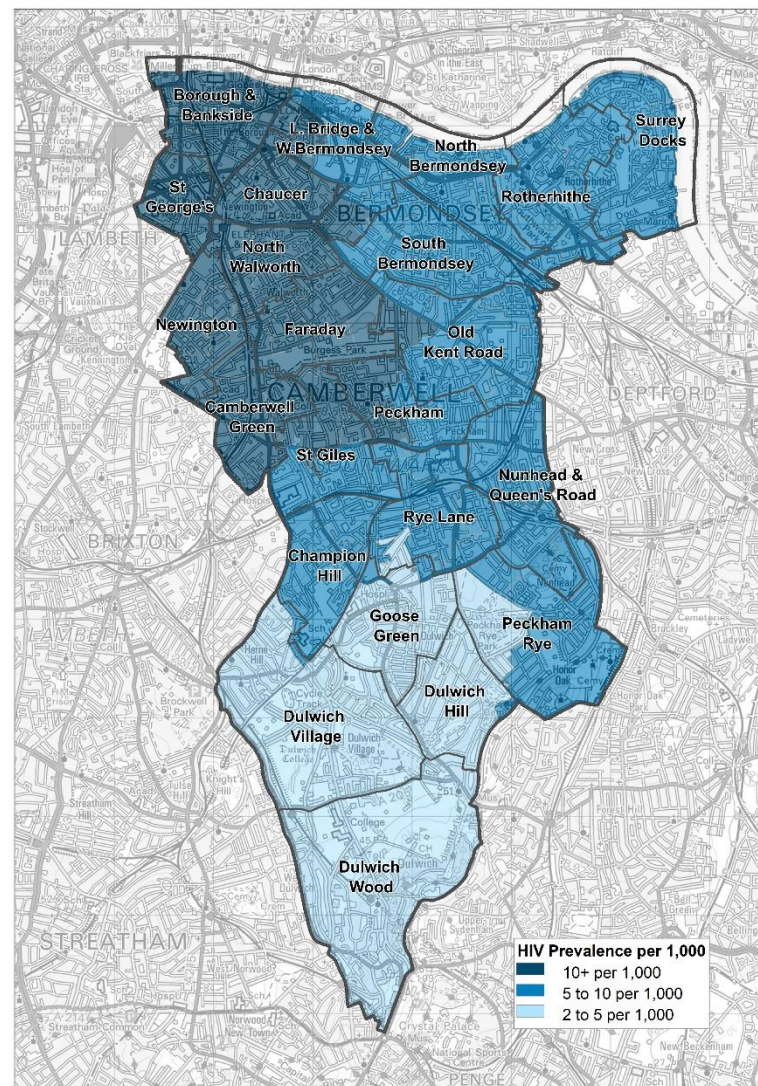


Figure 32: Diagnosed HIV prevalence among people of all ages, 2019. © OS crown copyright and database rights 2019. Ordnance Survey (0)100019252.

7.3 Long-term conditions

The Department of Health & Social Care defines a long-term condition as: “...one that cannot currently be cured but can be controlled with the use of medication and/or other therapies.”

Long-term conditions are the main driver of cost and activity in the NHS, accounting for around 70% of overall health and care spend in England. People with long-term conditions are disproportionately higher users of health services, representing:

- 50% of GP appointments
- 70% of inpatient bed days
- 70% of acute & primary care budgets

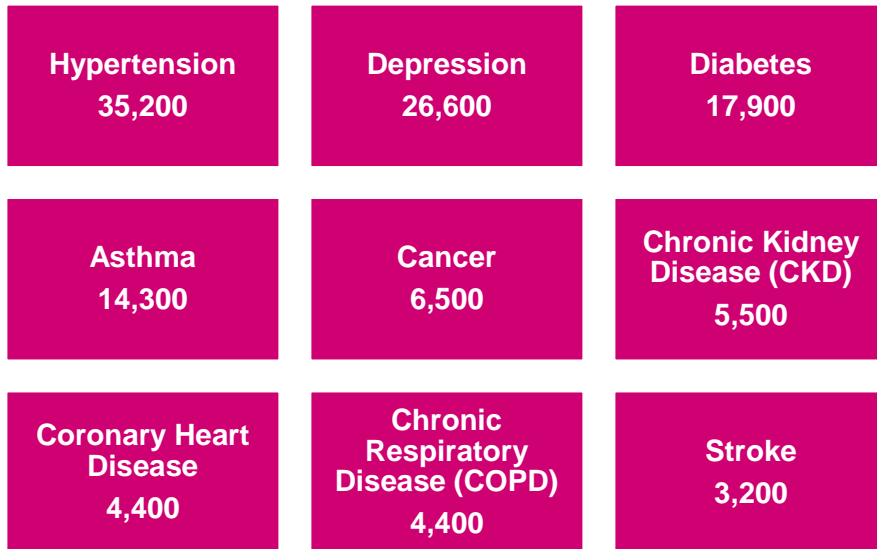


Figure 33: Top diagnosed conditions in Southwark, 2020/21

Source: [NHS Digital 2021, Quality & Outcomes Framework, 2020/21](#)

Note: Figures rounded to the nearest 100

While it is thought the proportion of people with any individual long-term condition will remain relatively stable in the short/medium term, it is estimated that there will be a substantial increase in the number of people with multiple conditions.

Our knowledge and understanding regarding the development and progression to multiple long-term conditions continues to develop, however key findings from national and local research indicates that:

- People in the UK are developing multiple long-term conditions at an increasingly younger age.
- Those from a Black and Asian background are also more likely to develop multiple long-term conditions at a younger age than those from a White background.
- Multiple long-term conditions are often concentrated in communities experiencing higher levels of socio-economic deprivation. Those living in the most deprived areas of the country can expect to develop two or more long-term conditions up to 10years earlier than those living in the most affluent communities.

This increase in the number of people with multiple long-term conditions requires a greater shift towards co-ordinated and holistic care, rather than the provision of unconnected episodes of care. Research increasingly points to the importance of addressing both the social and economic context in which residents live in order to prevent and slow the progression to multiple long-term conditions.

In 2019 just under 16,000 people registered with a Southwark GP were included in the care co-ordination cohort which focuses on improving outcomes for people with multiple long-term conditions. The most prevalent conditions among this group were diabetes and depression.

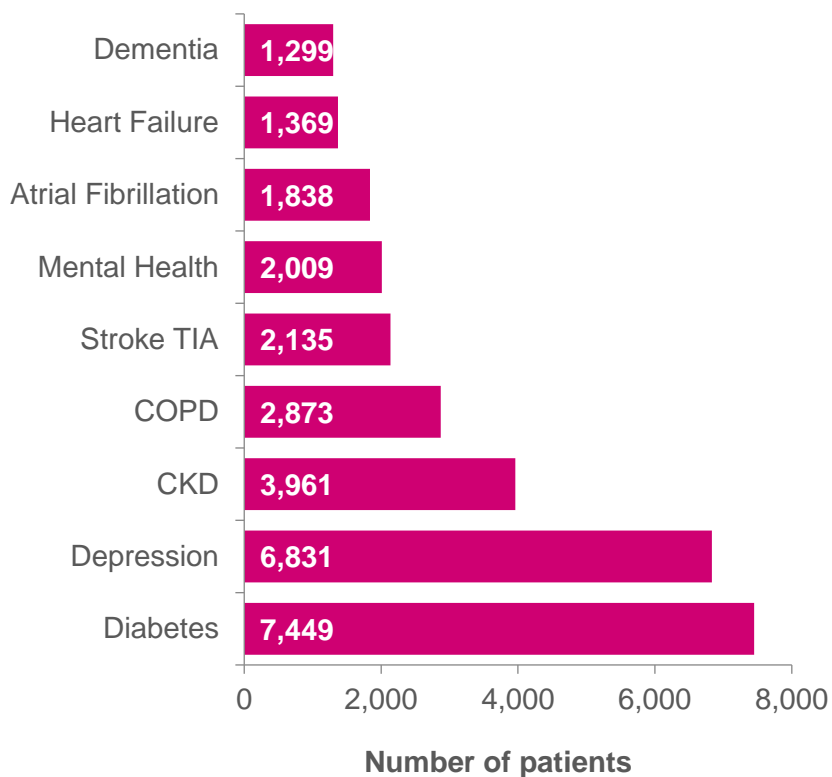


Figure 34: Top diagnosed conditions for those in the care coordination cohort in 2019

Source: Southwark GP Federations

The term ‘ambulatory care sensitive conditions’ refers to long-term conditions that should not normally require hospitalisation. These include conditions such as diabetes and high blood pressure, which can effectively be managed within the community.

Reducing the number of hospital admissions for ambulatory care sensitive conditions is a key ambition of the NHS. Figures for 2019/20 show there were almost 2,400 emergency hospital admissions in Southwark for these conditions. While rates are comparable to neighbouring Lambeth, they are significantly higher than both the London and national average, changing little over time.

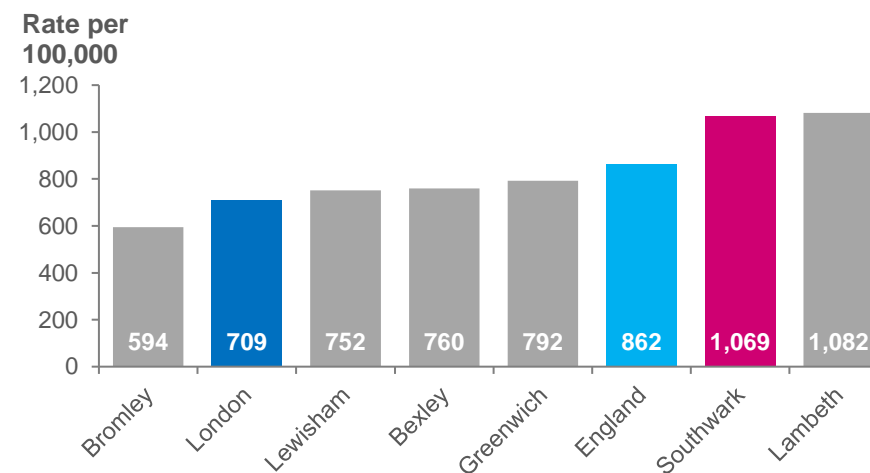


Figure 35: Unplanned admissions for ambulatory care sensitive conditions per 100,000 residents, 2019/20

Source: [NHS Digital 2021](#), [NHS Outcomes Framework, 2021](#)

7.4 Hospital Waiting Times

'Incomplete pathways' are the waiting times for patients waiting to start treatment. These patients will be at various stages of their care, for example, waiting for diagnostics, an appointment with a consultant, or for admission for a procedure. These are sometimes referred to as the NHS waiting list. The NHS Constitution standard sets out that more than 92% of patients on 'incomplete pathways' should have been waiting no more than 18 weeks from referral.

While the number of people on hospital waiting lists was increasing before the pandemic, we know the situation has deteriorated further over the last two years. Figures for November 2021 published by NHS England show there are almost 6million patients waiting to start treatment, with 66% waiting within the 18 weeks standard.

Our local hospital trusts perform better than the national average for waiting times, with a much larger percentage of patients waiting within the standard set out in the NHS Constitution. However, over 151,000 people are waiting for treatment at our two main hospital trusts, with over 2,000 people waiting longer than a year.

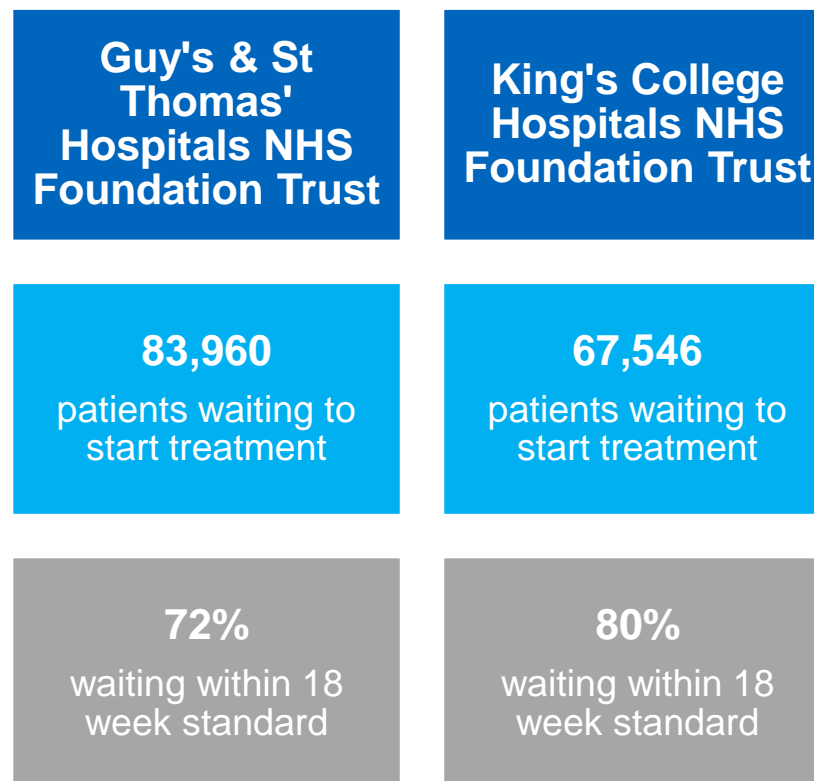


Figure 36: Consultant-led Referral to Treatment Waiting Times Data, November 2021

Source: [NHS England, 2022. Incomplete provider data November 2021.](#)

7.5 Cancer

In 2018 there were just over 1,200 new cases of cancer diagnosed among Southwark residents. Over half of these were from four key cancer types, as shown below.

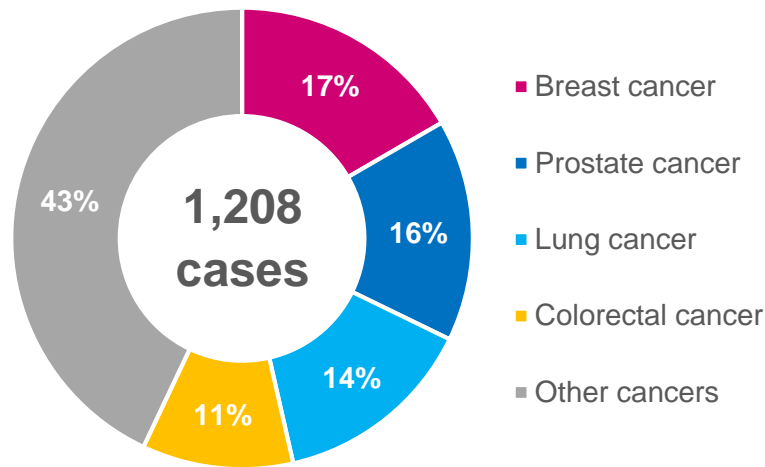


Figure 37: Cancer incidence by tumour site in Southwark in 2018
Source: National Cancer Registration & Analysis Service

The overall incidence of new cancer cases in Southwark is comparable to England, however rates of both lung cancer and prostate cancer are significantly higher than the national average.

National evidence shows that age is one of the largest risk factors for the development of cancer, with more than a third of all cancers occur in those aged 75 and over. There is also a strong association between cancer incidence and deprivation. Evidence from [CancerResearchUK](https://www.cancerresearchuk.org/) points to almost 17,000 additional cases of cancer each year in England due to socio-economic inequalities.

Prior to the pandemic cancer screening coverage in Southwark was broadly comparable to the London average in the south of the borough, with levels lower in the north. However, coverage was below the national average for all programmes.

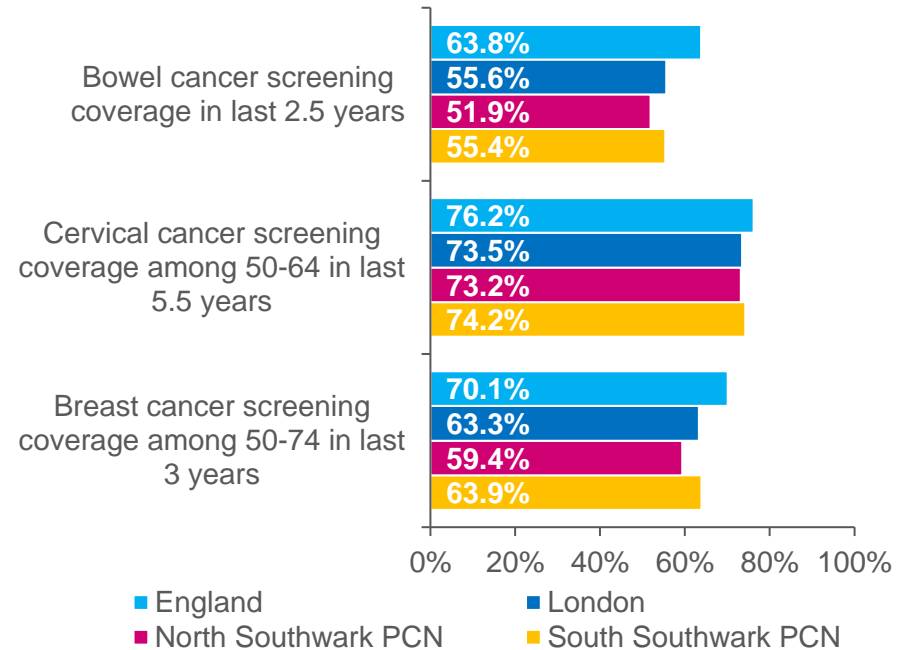


Figure 38: Coverage of cancer screening programmes in 2019/20 by Primary Care Network

Source: [OHID, 2021. Cancer Services Profile.](#)

The early diagnosis of cancer is an important factor in ensuring the best health outcome. There is a national ambition for 75% of cancers in England to be diagnosed at Stage1 or Stage 2 by 2028. Figures for 2018 show 55% of cancers in Southwark are diagnosed at this point, comparable to neighbouring boroughs.

7.6 Mental Health

Mental illness covers a wide range of conditions such as depression, anxiety disorders and obsessive compulsive disorders, through to more severe conditions like schizophrenia. It is thought one in four people will experience a mental health problem in any given year.

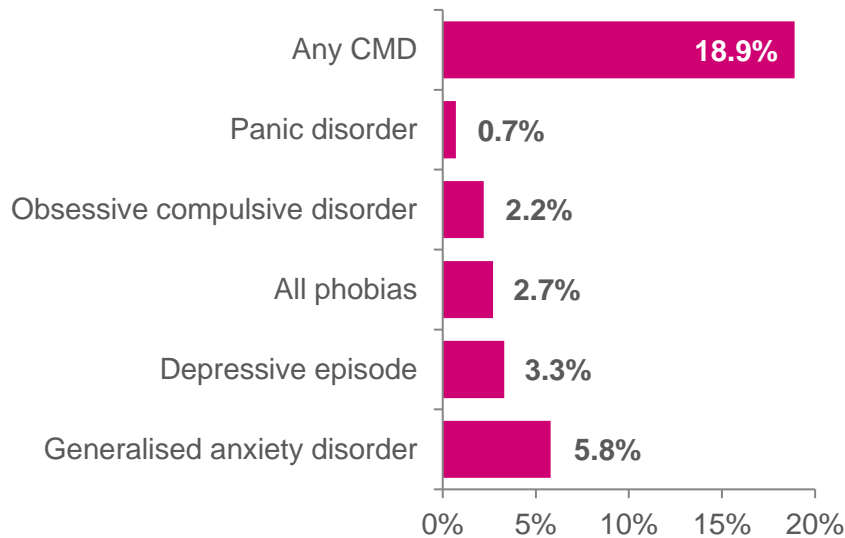


Figure 39: Prevalence of common mental disorders among adults in London
Source: [NHS Digital, 2016. Adult Psychiatric Morbidity Survey, 2014.](#)

Results from the 2014 Adult Psychiatric Morbidity Survey show that 1 in 6 adults had a common mental disorder (CMD) in the week prior to the survey, rising to almost 1 in 5 adults in London. Applying the London prevalence to Southwark would equate to almost 48,700 adults in the borough experiencing a CMD.

All types of common mental disorders are more prevalent in women than among men: 1 in 5 women report experiencing CMD, compared

to 1 in 8 men. The gender gap is particularly pronounced among those aged 16-24, where more than three times the number of women have a common mental disorder than men.

Figures for 2020/21 show that just over 10,100 people in Southwark were referred to psychological therapy services. The most represented groups referred were females (70% of referrals) and adults aged 18-35 (63% of referrals).

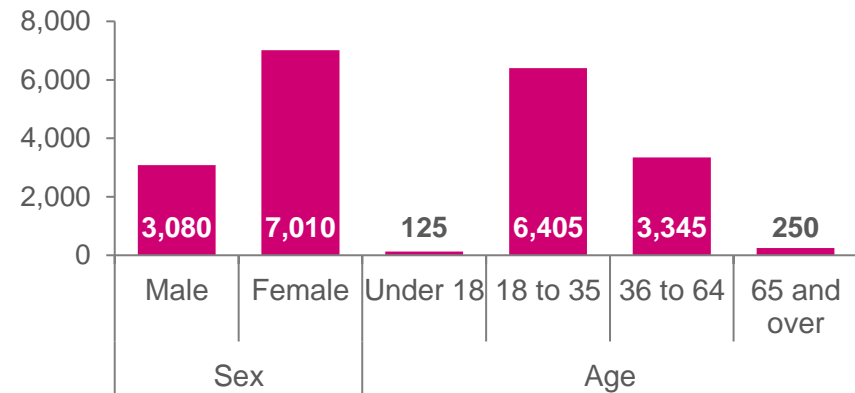


Figure 40: Number of referrals to Southwark IAPT in 2020/21 by group
Source: [NHS Digital, 2021. Psychological Therapies, Annual Reports on the use of IAPT services.](#)

At the other end of the spectrum, Severe Mental Illness (SMI) refers to a range of conditions which include schizophrenia, bipolar affective disorder and depression with psychosis. Figures for 2020/21 show over 4,100 patients registered with a Southwark GP have been diagnosed with severe mental illness.

This cohort has significant health needs and also experiences great socio-economic disadvantage. People with SMI in Southwark are more likely to be male, older and from a Black ethnic background.

8. AGEING WELL

8.1 Adult Social Care

Adult Social Care provide information, advice and services to local residents to support them to remain independent. In 2020/21 Southwark Adult Social Care received 5,145 new requests for support, compared to 4,760 in 2019/20. Rates of requests for support in the borough are below regional and national levels among both working age adults and older people.

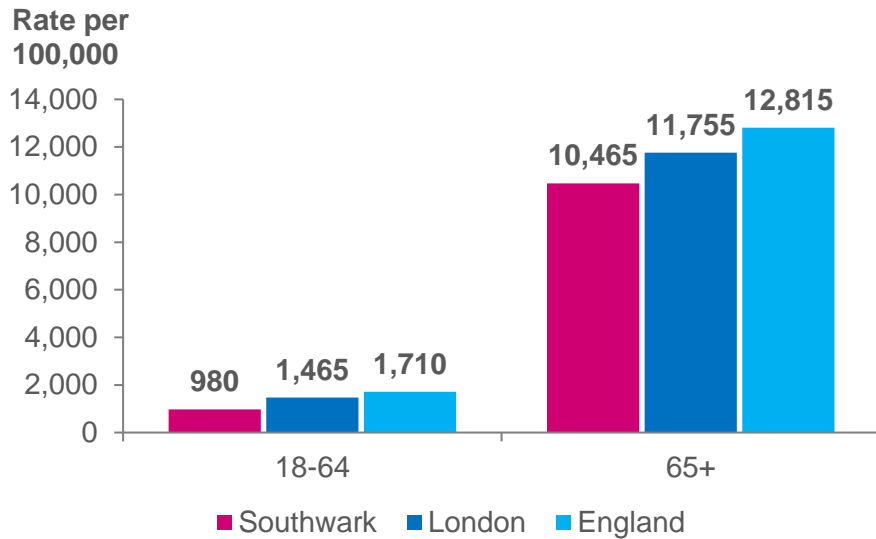


Figure 41: Requests for support from new clients per 100,000 in 2020/21
Source: Southwark Adult Social Care Division

The requests for support are broadly equal, with 49% coming from residents of working age and 51% coming from those aged 65 or over.

Adult Social Care provided support to 3,456 long-term service users in 2020/21. The most common primary support reason was physical support (59%), with the majority of these service users requiring help with personal care.

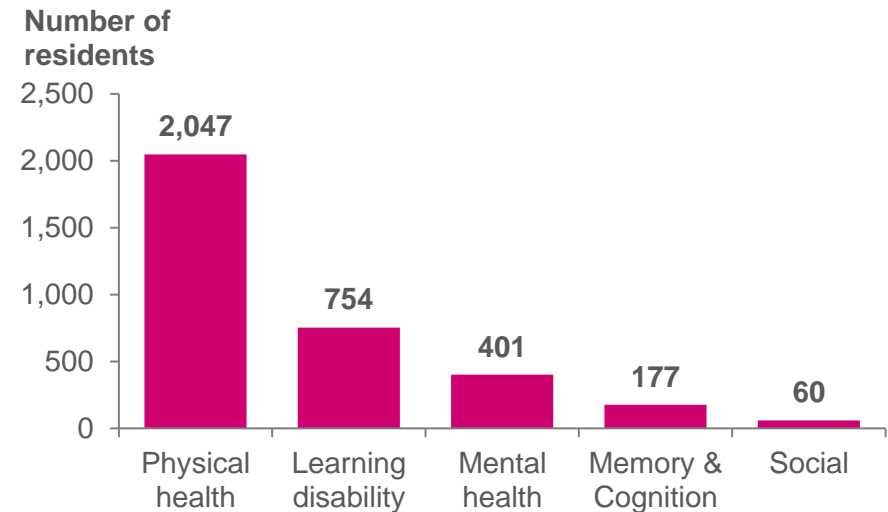


Figure 42: Primary support reason for long-term service users in 2020/21
Source: Southwark Adult Social Care Division

The vast majority of long-term service users receive a community-based service, with 16% of long-term service users based in a Residential or Nursing Care Home.

In 2020/21, Southwark Adult Social Care also provided support to 1,487 unpaid carers, including 484 newly identified carers.

8.2 Falls

Falls are the largest cause of emergency hospital admissions among older people and can significantly affect longer term outcomes. Those aged over 65 are at greatest risk of falling, with around a third of this group falling at least once a year, increasing to around half among those aged 80 and over.

Emergency hospital admissions for injuries due to falls in older people in Southwark are consistently above national and regional levels. Latest figures show there were 615 admissions in Southwark between during 2019/20, with the borough consistently having the highest admission rate in South East London.

Admission rates also increase significantly with age, mirroring the national pattern. Rates among those aged 80 and over are more than four times those under 80.

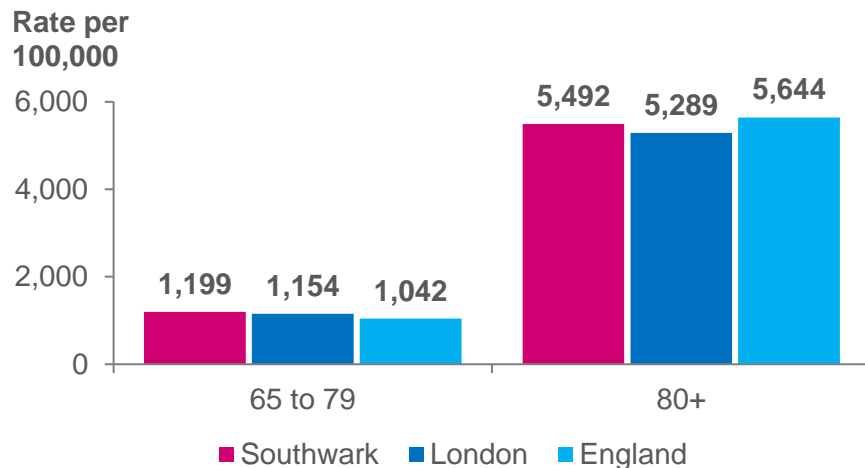


Figure 43: Emergency admissions for falls in 2019/20
Source: [OHID, 2021. Productive & Healthy Ageing Profile.](#)

8.3 Dementia

Dementia is a group of symptoms characterised by difficulties with one or more areas of mental function. These areas may include memory, language, ability to complete activities of daily living, behavioural changes including self-neglect and out of character behaviour and psychiatric problems. Because they are less able to perform activities of daily living, people with dementia often require additional community support and long-term care.

Figures for 2020 show 1,178 people in Southwark aged 65 or over have been diagnosed with dementia, and our recorded prevalence (4.0%) is comparable both London (4.2%) and England (4.0%).

Research shows a timely diagnosis of dementia can have a significantly positive impact on a person's quality of life. Latest estimates suggest that just over two thirds of those thought to be living with dementia in Southwark have received a diagnosis; comparable to regional and national levels.

In 2019/20 there were over 1,620 emergency hospital admissions by Southwark residents with a diagnosis of dementia. The borough has the highest rate of emergency hospital admission for dementia in the capital with rates significantly above both London and England.

8.4 Mortality

Deaths are considered preventable if, in the light of the understanding of the determinants of health at the time, all or most them could potentially be avoided by public health interventions in the broadest sense.

In 2020 there are 261 deaths among those aged under 75 in Southwark that were considered preventable, equating to around one quarter of all cases. However, there have been significant reductions in preventable mortality since 2001, with rates in Southwark falling by 48%, compared to a reduction of 29% nationally.

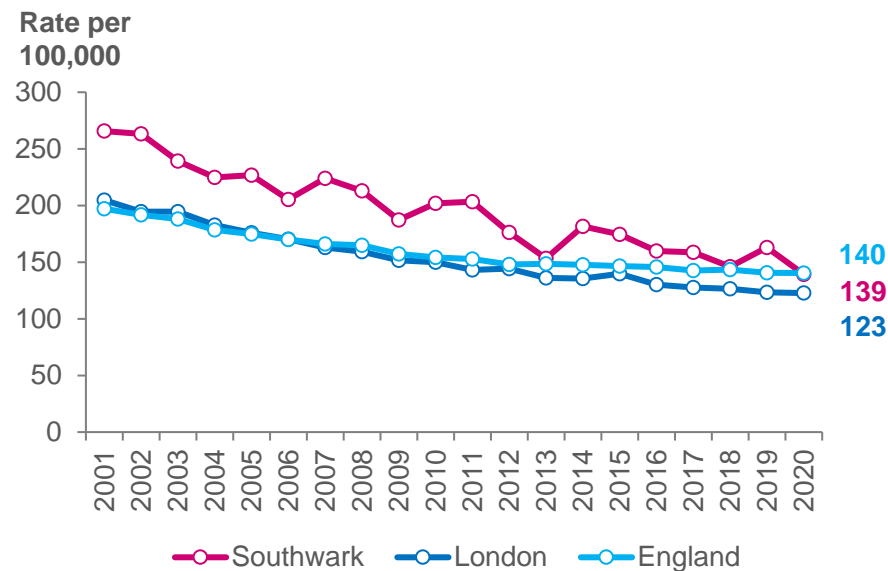


Figure 44: Trends in preventable mortality among those aged under 75
Source: [OHID, 2021. Public Health Outcomes Framework.](#)

Geographical inequalities in preventable mortality mirror many of the underlying health issues in the borough, with levels highest in our more deprived communities. St George’s, Nunhead & Queen’s Road and Newington wards in particular have high levels of preventable mortality.

Latest figures show that cancer remains the largest cause of preventable deaths, both locally and nationally. When compared to other areas, preventable mortality in Southwark is statistically similar to both London and England for all three disease groups.

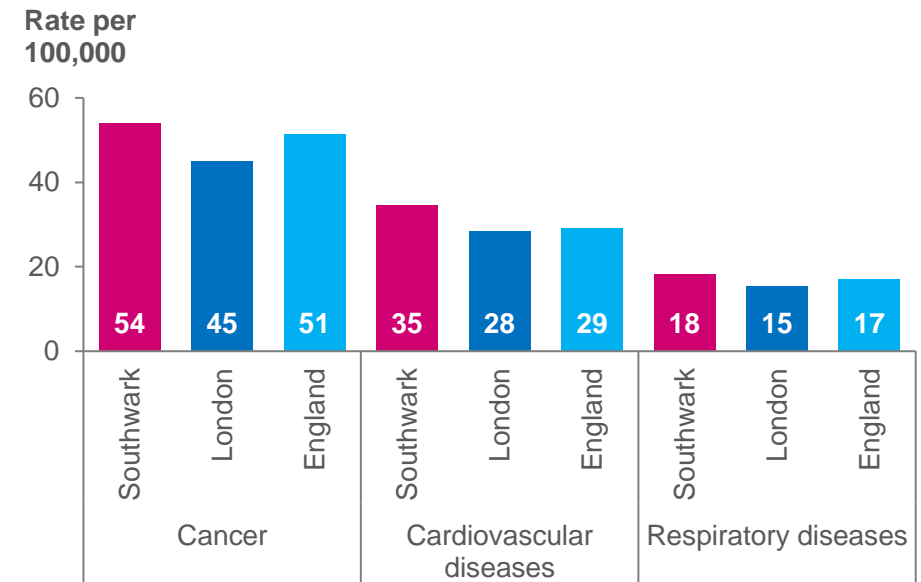


Figure 45: Preventable mortality among those aged under 75 by condition in 2020
Source: [OHID, 2021. Public Health Outcomes Framework.](#)

8.5 Life expectancy

Life expectancy at birth has been increasing steadily over time. This is true across London and England, but the improvement has been more pronounced in Southwark. In 2018-20, life expectancy at birth for men was 79.6 years and 84.1 years for women in Southwark.

Male	Life expectancy at birth		Change over time
	2001-03	2018-20	
Southwark	74.0	79.6	+5.7
London	76.0	80.3	+4.3
England	76.2	79.4	+3.2

Female	Life expectancy at birth		Change over time
	2001-03	2018-20	
Southwark	79.9	84.1	+4.2
London	80.8	84.3	+3.5
England	80.7	83.1	+2.4

Table 7: Life expectancy at birth in Southwark, London & England

Source: [OHID, 2021. Productive Healthy Ageing Profile.](#)

Since 2001-03, the gap in life expectancy at birth between Southwark and England has been overturned, with both men and women in the borough now living longer than the national average.

While life expectancy in Southwark is increasing, this improvement has not been the same across the borough. Overall levels of life expectancy remain lowest in communities with higher levels of socio-economic deprivation such as Peckham and highest in our more affluent communities, such as Dulwich.

Whilst our local residents are living longer, the length of the time spent living in good health is also an important factor. Healthy life expectancy is often considered a measure of whether we are adding life to years, as well as years to life.

Figures for 2017-19 show that while life expectancy among females in Southwark is higher than their male counterparts, these extra years are spent in poor health.

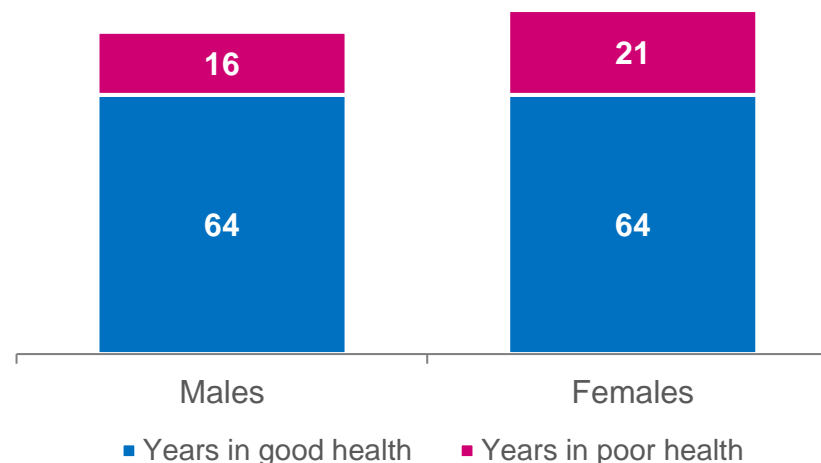


Figure 46: Healthy life expectancy at birth in Southwark by sex 2017-19

Source: [OHID, 2021. Productive Healthy Ageing Profile.](#)

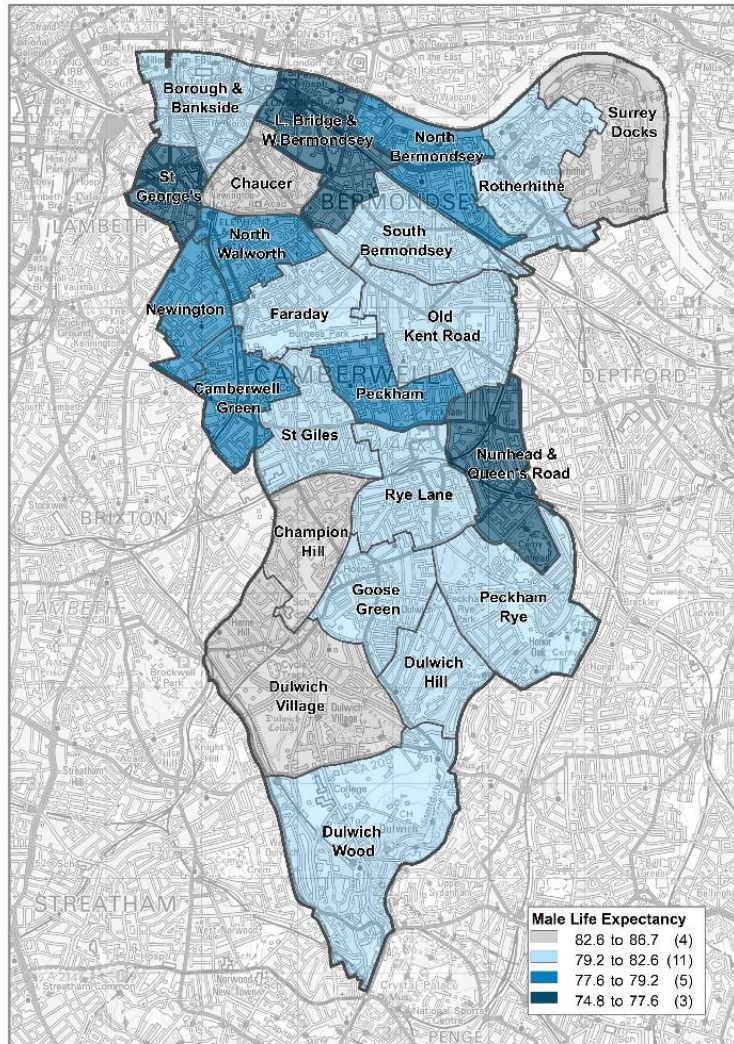


Figure 47: Male life expectancy at birth, by ward. 2017-19 © OS crown copyright and database rights 2021. Ordnance Survey (0)100019252.
Source: [OHID, 2021. Local Health tool.](#)

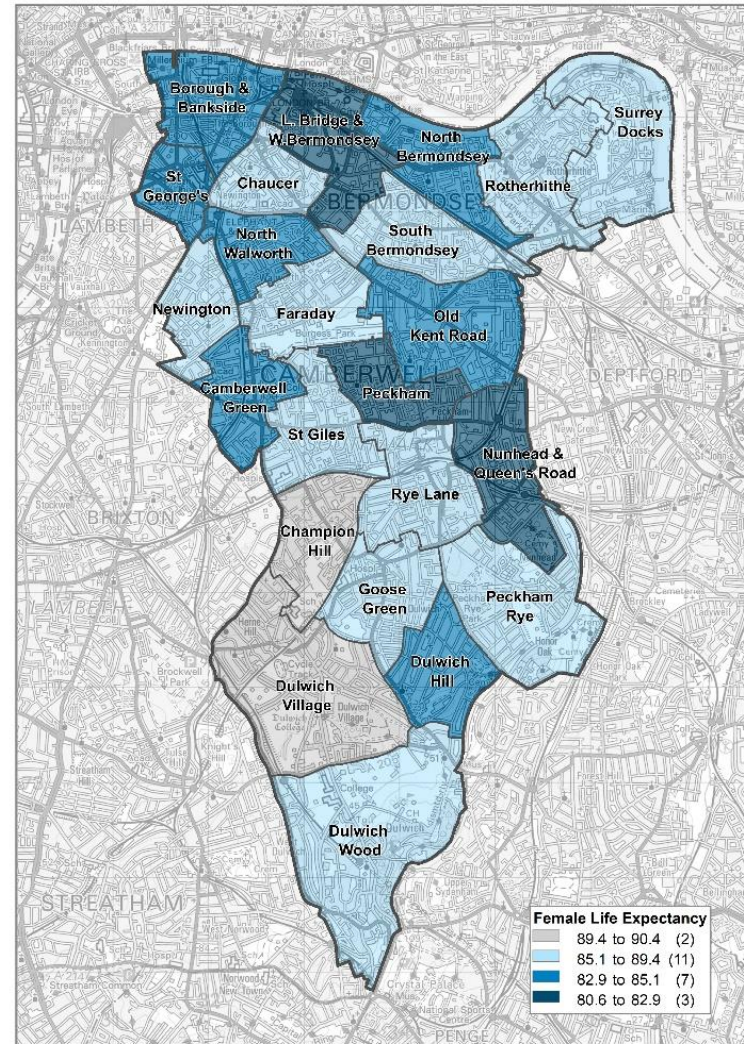


Figure 48: Female life expectancy at birth, by ward. 2017-19 © OS crown copyright and database rights 2021. Ordnance Survey (0)100019252.
Source: [OHID, 2021. Local Health tool.](#)

9. SUMMARY

9.1 Achievements

Southwark is a young, diverse and rapidly growing borough with large numbers of young adults and residents from a wide range of ethnic backgrounds. Across the borough there have been significant improvements in health and wellbeing in recent years, and there are many areas of success that should be celebrated:

- Our residents are living longer and healthier lives than ever before, with life expectancy comparable or better than the national average.
- Levels of relative deprivation in the borough continue to reduce.
- Around 9 in 10 children in Southwark achieve a good level of development at 2-2^{1/2} years.
- Key risk factors such as smoking, alcohol and physical inactivity are comparable or better than the national average.
- Preventable mortality has reduced by almost half since 2001, narrowing the gap with England.

9.2 Assets

Southwark benefits from a wide range of social and physical assets that help our communities to maintain and sustain good health and wellbeing.

- The borough has an active and large range of community, voluntary and faith organisations working to support local residents. Embedded within our communities, these groups are key partners in efforts to tackle the inequalities we see in Southwark.

- Southwark also has a network of modern libraries located across the borough. These facilities provide access to more than just books, but act as spaces for the whole community to use, whether that be through baby sensory sessions, community group activities, or accessing local council services.
- There are a diverse range of high quality open spaces in Southwark, from the Thames pathway, to our extensive network of parks and community gardens. These outdoor spaces are complimented by a range of modern leisure facilities such as the Castle Centre and Peckham Pulse. Such facilities provide opportunities for physical activity, sport and play, helping reduce stress and prevent the development of long-term conditions.
- The borough is also home to a number of world-class health and care facilities, from our large hospital trusts, through to our community based clinics and hubs. These services provide our residents with access to high quality support and care for those in need.

These are just some examples of the social and physical assets in Southwark that partners and residents can draw on as we seek to improve health and reduce inequalities in our borough.

9.3 Challenges

Although there have been substantial improvements in health outcomes in Southwark, many challenges remain. The COVID-19 pandemic has exposed and exacerbated the inequalities that too many people experience. These inequalities are both avoidable and unfair.

While inequalities vary across different issues, there are a number of communities and population groups within the borough that consistently experience poorer outcomes than others.

Geographic Inequalities

Across a wide range of health, social and economic measures, from child poverty through to obesity, hospital admissions and life expectancy, outcomes are poorer in central and northern parts of Southwark. In particular, communities in Faraday and Peckham wards. However, it is important to acknowledge that pockets of deprivation also exist within areas of affluence, such as the Kingswood estate in Dulwich Wood and Downtown estate in Surrey Docks.

Population Inequalities

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

While we have indications and examples of the inequality in outcomes between different ethnic groups, there remain gaps in our understanding at a local level. A number of national reviews have identified the continued need to improve the recording and the analysis of ethnicity data. Locally, as nationally, additional work is required to improve the quality of ethnicity data, to ensure we support those most in need and reduce inequalities. This is particularly the case for groups that are too often excluded from national data collections, such as residents with a Latin American background.

It is estimated that Southwark has one of the largest LGBTQI+ communities in the country. There is increasing academic evidence that key public health challenges disproportionately impact this population group, with higher levels of smoking, alcohol use, incidence of some cancers and mental ill-health. LGBTQI+ individuals also experience discrimination and homophobia when accessing health, care and other services. While the evidence base continues to improve, robust data on health outcomes is lacking at both a national and local level. As with ethnicity, additional work is required to collect data on sexual orientation within local services to enable better monitoring and tackle local inequalities.

There are also a number of notable health inclusion groups in Southwark. These are groups that are often socially excluded, have multiple risk factors for poor health, and experience stigma and discrimination, including:

- People with learning disabilities
- Carers
- Rough sleepers
- Asylum seekers and refugees

Intersectionality

The national and local evidence base regarding the health inequalities experienced by different population groups continues to improve. However it is important to acknowledge that these groups are not homogenous. The experiences and outcomes of specific ethnic groups, or those with the same sexual orientation are not equal. As we plan interventions, services and strategies to improve outcomes and reduce inequalities within the borough it is important to consider how different demographic and social characteristics overlap and intersect, magnifying disadvantage.

Wider Determinants of Health

The importance of addressing the wider determinants of health was clearly outlined in the Marmot Review in 2010: *“This link between social conditions and health is not a footnote to the ‘real’ concerns with health – health care and unhealthy behaviours – it should become the main focus.”* What was true in 2010 remains true today. Only by improving the social and economic conditions in which our residents live can we make meaningful and sustainable improvements in health and reduce inequalities.

We have seen notable improvements in many social and economic measures, and Southwark achieves outcomes that are often comparable to the national average. However, this masks significant inequalities experienced by many of our residents. More than 4 in 10 of our children live in poverty when housing costs are considered, and significant numbers live in homes suffering from food insecurity. Our updated Joint Health & Wellbeing Strategy seeks to address these challenges head on, placing tackling inequality and the wider determinants of health at the heart of our work.

9.4 Approach to Monitoring Outcomes

To support the refreshed Joint Health & Wellbeing Strategy an updated approach to monitoring health outcomes and inequalities is being developed, including:

- An annual update of this State of the Borough report that provides the narrative of health, wellbeing and inequalities in Southwark.
- A series of themed ‘*deep dives*’ each year, enabling the Health and Wellbeing Board to consider both outcomes and local action.
- A borough level outcomes framework, tracking key indicators associated with the priorities and objectives of the strategy.

Outcomes Framework

The table below presents a working draft of an outcomes framework that will underpin the refreshed Joint Health & Wellbeing Strategy. This framework is in development, and it is envisaged the indicators will be further refined and baselines established as we continue to consult partners. Wherever possible these will be aligned to other plans and strategies in the borough to ensure partners work to a common goal.

Future Opportunities

To support the approach outlined above, the Public Health Division are working in collaboration with [*Impact on Urban Health*](#), to explore the development of a health and wellbeing survey across Southwark and Lambeth. The survey will aim to improve understanding of local health, social and economic outcomes in our boroughs.

Such a survey would also significantly enhance our understanding of inequalities that exist between neighbourhoods and population groups in the borough. If repeated, the survey would also enable the monitoring of changes over time.

Draft Southwark Health & Wellbeing Outcomes Framework

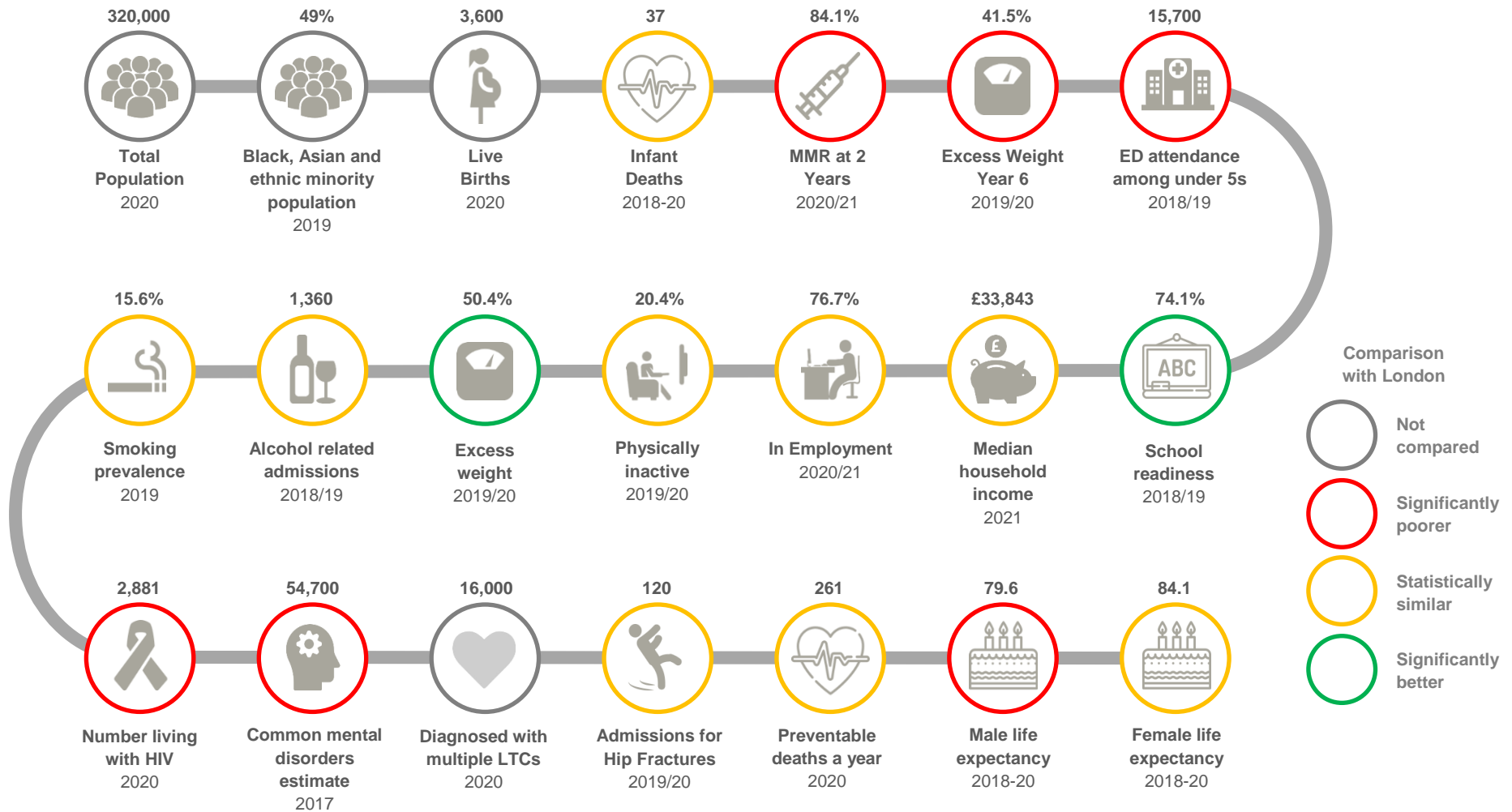
Priority	Objective	How will we measure this?
Ensure the best start in life for every child	Ensure there is holistic support and care for families during pregnancy and the first years of life	<ul style="list-style-type: none"> ▪ Proportion of infants who received a 6-8 week review by the time they were 8 weeks old
	Support every child to develop and maximise school readiness	<ul style="list-style-type: none"> ▪ Percentage of children achieving a good level of development at the end of Reception
	Protect and safeguard children from harm using a whole-family approach	<ul style="list-style-type: none"> ▪ <i>TBC with Children's Social Care</i>
	Improve the mental health and wellbeing of children and young people	<ul style="list-style-type: none"> ▪ Percentage of children in Year 4 and Year 6 with high self-esteem scores ▪ Number of young people accessing The Nest, including by ethnicity ▪ Number of young people referred to CAHMS, including by ethnicity
Enable all children, young people and adults to maximise their capabilities and have control over their lives	Support all children to achieve their potential in education – including through tackling the underlying causes of school exclusions, and supporting children with special educational needs and disabilities and children in contact with children's services	<ul style="list-style-type: none"> ▪ Percentage of Year 1 pupils meeting the extended standard of phonic decoding, including by ethnicity and free school meals status ▪ Percentage of pupils reaching the expected standard in reading, writing and maths by end of Key Stage 2, including by ethnicity and free school meals status ▪ Percentage of pupils achieving a good pass in English and Maths GCSE, including by ethnicity and free school meals status ▪ Permanent exclusions rate ▪ <i>Indicators relating to SEND education to be informed by SEND strategy – in development and will be included in 2023 update</i> ▪ <i>Indicators relating to children in contact with children's services TBC with Children's Social Care</i>
	Enable young people to thrive in all areas of their lives – including through youth services and opportunities in higher education, training, and employment	<ul style="list-style-type: none"> ▪ 16-17 year olds not in education, employment or training (NEET) or whose activity is unknown ▪ Progression rate of pupils to higher education, including by ethnicity and free school meals status
	Ensure young people shape their local areas and services through collaboration and co-design	<ul style="list-style-type: none"> ▪ <i>Indicators will be developed with Youth Parliament</i>
	Support adults of all ages to access lifelong learning and skills development	<ul style="list-style-type: none"> ▪ <i>TBC with Adult Education team</i>
Create fair employment and	Increase access to good quality jobs, creating new routes to employment and providing holistic support to those facing barriers to employment, with a particular	<ul style="list-style-type: none"> ▪ Percentage of employers who are Good Work Standard accredited ▪ Gap in the employment rate between those with a long-term health condition and the overall employment rate

good work for all	focus on those facing systemic inequality such as those from Black, Asian and minority ethnic backgrounds, women and disabled people	<ul style="list-style-type: none"> ▪ Gap in the employment rate between those with a mental health condition and the overall employment rate ▪ Gap in the employment rate between those from White ethnic backgrounds and those from Black, Asian and minority ethnic backgrounds ▪ Number of new job starts through Southwark Works
	Reduce in-work poverty, by promoting the London Living Wage and improving access to support for those facing financial difficulties	<ul style="list-style-type: none"> ▪ Percentage of employers signed up to London Living Wage ▪ Number of Universal Credit claimants in work (in-work poverty)
	Maintain a skills and training offer that is aligned to the needs of key economic sectors and provides the high-quality training needed to access good quality jobs	<ul style="list-style-type: none"> ▪ Number of Southwark residents who take up higher apprenticeships (degree level) ▪ Number of Southwark Works contacts who complete training (accredited, pre-employment or non-accredited)
	Champion and promote health and wellbeing across the economy, through improving access to integrated wellbeing and employment support	<ul style="list-style-type: none"> ▪ TBC with Local Economy team
	Support businesses to become more resilient and to thrive, particularly those providing essential goods and services and those more prone to and less capable of recovering from economic shocks with less access to social and financial capital such as Black, female and disabled entrepreneurs.	<ul style="list-style-type: none"> ▪ Number of good jobs in the foundational economy ▪
	Develop a diverse, inclusive and culturally competent workforce	<ul style="list-style-type: none"> ▪ Percentage of Southwark Council workforce at grade 14 and above from Black and ethnic minority backgrounds by grade ▪ Gender pay gap ▪ Disability pay gap
Ensure a healthy standard of living for all	Improve food security and access to healthy and sustainable food	<ul style="list-style-type: none"> ▪ Percentage uptake of Healthy Start vouchers by those eligible ▪ Percentage self-reporting food insecurity (including ethnicity gap)
	Identify and act on opportunities to mitigate the impacts of poverty	<ul style="list-style-type: none"> ▪ Households with significant priority debts (rent and council tax debt) ▪ Children in absolute low income families (under 16s)
	Support our residents to manage debt	<ul style="list-style-type: none"> ▪ Percentage uptake of Step by Step recovery payment scheme by those eligible
	Ensure that services are accessible to and meet the needs of the most excluded groups - including people facing multiple disadvantage, the homeless, refugees, asylum seekers, and vulnerable migrants	<ul style="list-style-type: none"> ▪ <i>TBC with Adult Social Care, Housing and Public Health</i>
	Improve digital inclusion	<ul style="list-style-type: none"> ▪ <i>TBC with Digital team</i>

	Make the borough a safer place for everyone – including through tackling violence and domestic abuse and protecting and safeguarding vulnerable adults and understanding and tackling exploitation	<ul style="list-style-type: none"> ▪ Hospital admissions for violence (including sexual violence) ▪ Number of domestic abuse offences
Create and develop healthy and sustainable places and communities	Have strong and connected communities	<ul style="list-style-type: none"> ▪ Percentage of residents who say they belong to their local area ▪ Percentage of residents who say they feel lonely often or always ▪ Percentage of residents who agree that their local areas is a place where people from different backgrounds get on well together ▪ Percentage of residents who have participated in formal or informal volunteering in the last year
	Ensure everyone has access to good quality parks and green spaces	<ul style="list-style-type: none"> ▪ Rank in top 5 boroughs in Parks for London award ▪
	Improve the quality, security, and affordability of housing	<ul style="list-style-type: none"> ▪ House price to earnings ratio ▪ Number of non-decent homes (local authority, housing association, private rented)
	Plan town centres, high streets, and public spaces that are inclusive and promote health	<ul style="list-style-type: none"> ▪ <i>TBC with Planning team</i>
	Improve air quality and reduce the impact of air pollution	<ul style="list-style-type: none"> ▪ Fraction of mortality attributable to particulate air pollution
	Tackle climate change	<ul style="list-style-type: none"> ▪ On-track to carbon neutral by 2030
Strengthen the role and impact of ill health prevention	Promote good mental health across all ages	<ul style="list-style-type: none"> ▪ Proportion of adults in contact with secondary mental health services in paid employment ▪ <i>Additional indicators TBC with Public Health, NHS</i>
	Ensure there are effective and accessible services that help prevent ill-health – including immunisations, screening, and measures to tackle “The Vital 5”	<ul style="list-style-type: none"> ▪ Cancer screening coverage – bowel cancer ▪ NHS health check annual uptake ▪ First dose MMR vaccine coverage at 2 years
	Support everyone to be physically active - including through active travel	<ul style="list-style-type: none"> ▪ Percentage of physically active adults ▪ Percentage of residents doing at least two x 10 minutes of active travel a day ▪ Percentage of school pupils who actively travel (walk/ bike/ scooter) to school
	Reduce the impact of COVID-19	<ul style="list-style-type: none"> ▪ COVID-19 vaccination coverage, including booster programmes
Deliver high quality, joined up, person-	Ensure access to the services and support that each person needs, close to home or in their home, in order to stay healthy and independent	<ul style="list-style-type: none"> ▪ Overall satisfaction of people who use services with their care and support ▪ Proportion of people who feel they have choice and control over daily life ▪ Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services

centred health and social care	Support carers and families to look after their own wellbeing	<ul style="list-style-type: none"> ▪ Proportion of adult carers who have found it easy to find information and advice about support, services or benefits ▪ Proportion of adult carers who have as much social contact as they want
	Make community voices central to the ways that health and social care services are shaped and delivered	<ul style="list-style-type: none"> ▪ YTD average attendance at Provider forums
	Develop joined up approaches to delivering care at a neighbourhood and communities level	<ul style="list-style-type: none"> ▪ <i>TBC with Adult Social Care</i>
	Provide community and accommodation-based services which maximise people's independence	<ul style="list-style-type: none"> ▪ Overall satisfaction of people who use services with their care and support ▪ Proportion of people who feel they have choice and control over daily life

10. SOUTHWARK HEALTH & WELLBEING INFOGRAPHIC



11. HEALTH & WELLBEING GEOGRAPHIC INEQUALITY INFOGRAPHIC

There is a wide and growing range of data which highlight the geographical inequality in health and wellbeing outcomes in the borough, often linked to socio-economic deprivation.

Faraday

has the highest level of socio-economic deprivation



Dulwich Village

has the lowest level of socio-economic deprivation

60.1%
are from a Black and minority ethnic background



19.2%
are from a Black and minority ethnic background

31.7%
of children under 16 live in poverty



5%
of children under 16 live in poverty

5.2%
of adults are unemployed



1.2%
of adults are unemployed

14.3%
of adults have a limiting long-term illness



9.6%
of adults have a limiting long-term illness

5% above
the national average for emergency hospital admissions



44% below
the national average for emergency hospital admissions

79.3
male life expectancy



86.7
male life expectancy

12. HEALTH & WELLBEING ETHNICITY INEQUALITY INFOGRAPHIC

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

Black African & Black Caribbean

residents have amongst the poorest health & wellbeing outcomes



29%

of Black residents live in the most deprived neighbourhoods



31%

Black children in Year 6 are overweight or obese



53%

Black students achieve a strong pass in English & Maths



46%

Black adults experience food insecurity



44%

COVID-19 dose 1 vaccine coverage in Black Caribbean population



38%

Bowel cancer screening uptake in Black population



White

residents have amongst the best health & wellbeing outcomes

17%

of White adults live in the most deprived neighbourhoods

20%

White children in Year 6 are overweight or obese

62%

White students achieve a strong pass in English & Maths

9%

White adults experience food insecurity

71%

COVID-19 dose 1 vaccine coverage in White population

44%

Bowel cancer screening uptake in White population

13. HEALTH & WELLBEING WARD MATRIX

Multi Ward Area	Electoral Ward	Place			Start Well			Live Well			Age Well				
		IMD Score	Unemployed	Overall Crime	A&E visits in under 5s	Emergency admissions in under 5s	Excess Weight - Year 6	Cancer Incidence	Emergency hospital admissions	Deaths from all causes	Deaths from cancer	Deaths from CVD	Deaths from resp. diseases	Male L.E.	Female L.E.
		2019	2019/20	2020/21	2017/18 - 2019/20	2017/18 - 2019/20	2017/18 - 2019/20	2014 - 2018	2015/16 - 2019/20	2015-19	2015-19	2015-19	2015-19	2015-19	2015-19
		Score	%	Rate per 1,000	Rate per 1,000	Rate per 1,000	%	Ratio	Ratio	Ratio	Ratio	Ratio	Ratio	Years	Years
North East	North Bermondsey	22.4	2.6	176	645.0	115.0	41.1	95.1	92.3	105.0	105.5	111.9	81.8	78.8	82.9
	Rotherhithe	24.6	2.8	212	636.4	108.5	37.5	93.0	89.7	89.9	83.4	79.5	107.2	79.9	85.2
	South Bermondsey	28.3	4.3	166	793.4	121.2	43.9	107.6	103.7	87.5	99.9	95.3	89.1	79.9	85.5
	Surrey Docks	16.8	2.0	154	671.2	137.3	37.5	89.6	81.4	75.7	95.9	76.5	76.0	84.7	85.1
North West	Borough & Bankside	21.1	2.6	497	885.5	132.2	30.8	115.5	96.3	97.3	127.3	84.2	85.3	79.6	83.4
	Chaucer	26.4	3.3	215	828.3	121.1	41.2	93.6	95.1	73.3	102.7	64.6	66.2	85.3	85.8
	L.Bridge & W.Berm.	23.3	3.0	398	712.4	115.2	38.9	108.5	98.0	128.5	127.2	115.3	143.9	75.7	80.6
	St George's	32.6	4.5	343	930.6	155.9	46.9	100.0	126.4	118.3	108.0	145.2	76.1	76.0	83.0
East Central	Nunhead & Q. Road	33.9	4.3	153	733.6	88.0	42.4	94.5	101.7	141.3	109.2	141.1	129.7	74.8	80.8
	Old Kent Road	32.0	5.1	225	765.0	116.0	46.0	105.8	102.9	94.2	108.3	85.1	109.6	79.6	84.4
	Peckham	34.0	5.8	159	782.8	91.5	45.4	100.5	102.4	108.9	105.9	102.2	93.0	78.1	81.4
	Peckham Rye	21.3	3.4	105	629.2	75.0	26.3	98.5	73.8	84.5	96.0	78.0	64.5	80.7	85.9
	Rye Lane	27.2	4.2	258	706.8	80.7	41.6	107.1	80.2	87.5	103.7	92.4	95.7	79.7	85.4
West Central	Camberwell Green	31.2	4.9	220	826.5	90.3	48.5	100.0	91.4	108.4	101.8	109.5	85.2	78.2	83.4
	Faraday	34.3	5.2	213	763.8	116.9	44.8	96.4	105.1	86.1	98.4	72.8	93.6	79.3	85.9
	Newington	30.0	4.6	134	781.8	132.8	43.3	114.3	108.0	92.6	106.0	92.2	87.1	77.6	86.2
	North Walworth	33.6	4.0	366	852.0	143.4	46.7	109.0	111.1	101.0	92.8	125.3	116.0	78.0	84.4
	St Giles	27.2	4.3	187	851.5	90.0	48.2	105.4	89.2	90.4	102.5	101.6	85.7	80.0	85.2
South	Champion Hill	18.2	3.2	110	789.3	111.3	35.0	99.1	72.4	67.0	85.9	61.0	45.3	82.6	90.4
	Dulwich Hill	18.1	2.6	124	698.0	93.3	26.5	97.2	82.6	97.8	98.6	101.6	96.6	79.2	83.8
	Dulwich Village	9.8	1.2	120	549.0	72.1	23.1	90.2	56.2	56.1	64.8	64.3	37.5	86.7	89.4
	Dulwich Wood	20.3	3.3	129	573.9	66.1	34.5	97.3	77.3	81.2	92.9	79.3	71.1	80.2	86.9
	Goose Green	16.4	2.5	140	684.4	104.5	22.8	98.3	72.2	83.9	99.2	79.7	67.7	80.6	86.1
Southwark		25.8	3.7	205	734.2	104.9	40.3	100.8	91.7	93.8	100.2	93.6	88.0	79.4	84.6

Outcome significantly poorer than Southwark
Outcome poorer than Southwark, but not significantly
Outcome better than Southwark, but not significantly
Outcome significantly better than Southwark

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PUBLIC HEALTH DIVISION

LONDON BOROUGH OF SOUTHWARK