JSNA Annual Report 2024

Southwark's Joint Strategic Needs Assessment

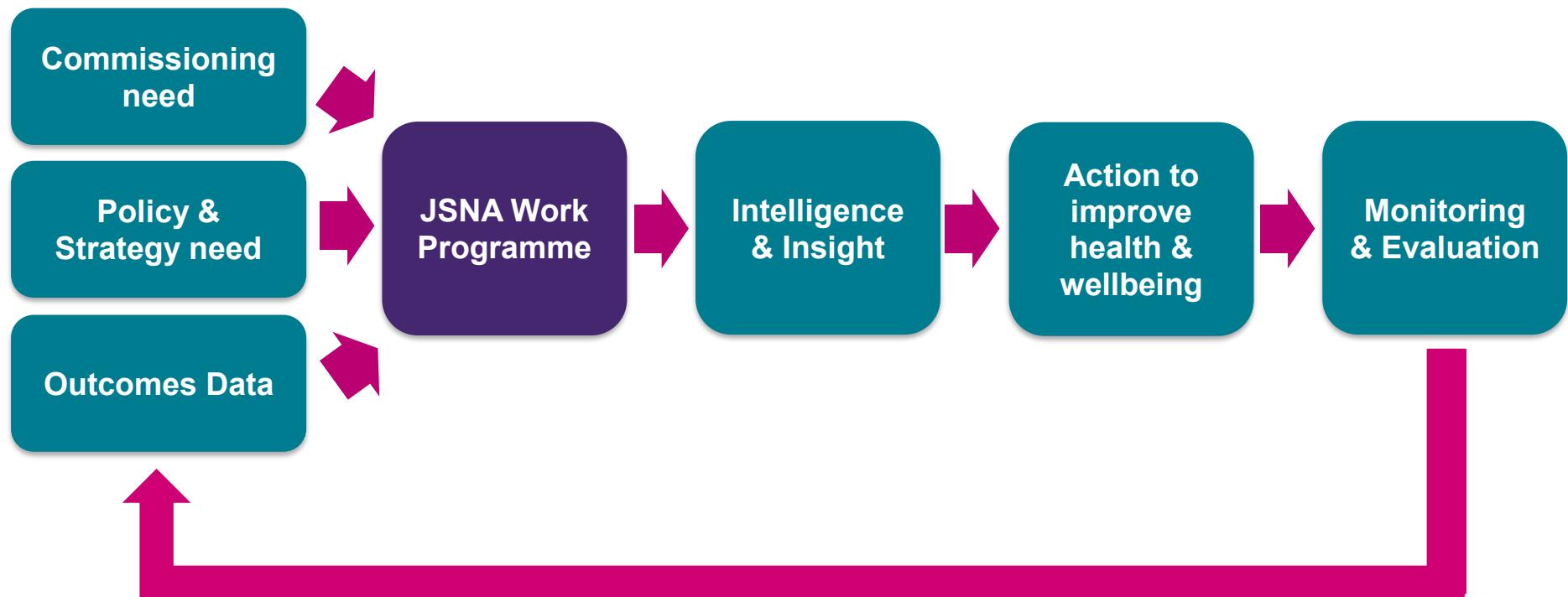**OVERVIEW OF HEALTH & WELLBEING**
PUBLIC HEALTH DIVISION
CHILDREN & ADULTS DEPARTMENT
LONDON BOROUGH OF SOUTHWARK

1. BACKGROUND

The JSNA Annual Report provides a broad overview of health and wellbeing in Southwark. It seeks to provide an analysis of our changing population, along with details of the health inequalities that exist in the borough.

This report forms part of the borough's Joint Strategic Needs Assessment (JSNA) work programme, and supports the monitoring of key health and wellbeing outcomes set out in the Joint Health & Wellbeing Strategy (JHWS) and other local strategies and plans.

2. CONTENTS

3. SUMMARY

3.1 Overview of Southwark

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 disadvantage, where health outcomes fall short of what any resident should expect.

Our population is young, diverse and growing, with large numbers of young adults, from a wide range of ethnic and social backgrounds.

- The median age (33.4 years) is more than two years younger than London, and almost seven years younger than England.

- Around half (51%) of people living in Southwark have a White ethnic background compared to 81% nationally.

- The largest ethnic group other than White is 'Black, Black British, Caribbean or African', accounting for one-quarter (25%) of Southwark residents.

- Over 80 languages are spoken in the borough. Of the 53,700 Southwark residents whose main language is not English, 10,200 (19%) cannot speak English well or have no English proficiency.

- Over 40 distinct religions are reported by Southwark residents.

- Southwark has the fourth largest LGB+ population and the fifth largest trans population of any English local authority: 8.1% residents aged 16+ (nearly 21,000 people) identify as non-heterosexual, and 1.2% (over 3,000 people) report a gender identity different to their birth sex registration.

- Over 18,000 residents provide unpaid care, equivalent to 6% of Southwark's population. Around a quarter of unpaid carers in the borough provided more than 50 hours of care per week.

3.2 Achievements

Across the borough there have been some improvements in health and wellbeing over the last decade:

- Life expectancy is comparable to the London and England average.

- Levels of relative deprivation in the borough continue to reduce.

- Child vaccination rates are generally comparable to or better than the London average.

- Key risk factors such as smoking, alcohol and physical inactivity are comparable or better than the national average.

- Preventable mortality has reduced by more than 40% between 2001 and 2022.

3.3 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, and trusted by our communities, these groups are key partners in efforts to tackle the inequalities we see in Southwark.

- 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 Leisure Centre and Peckham Pulse. Such assets provide opportunities for physical activity, sport and play, helping to reduce stress and prevent the development of long-term conditions.

- Southwark also has a network of modern libraries located across the borough. These facilities provide spaces for the whole community to use, whether that be through baby sensory sessions, community group activities, or accessing local council services.

- 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.

3.4 Challenges

Although there have been improvements in health outcomes in Southwark, many challenges remain:

- Improvements in life expectancy have stalled, with no notable increase over the last decade. This mirrors and regional national trends.

- Female residents are spending less years in good health. Female healthy life expectancy has reduced by 8.8 years for the 3 years up to 2020.

- The prevalence of long-term conditions such as cancer, chronic kidney disease, mental health & obesity are increasing.

- Poverty is a leading cause of the poor health and premature mortality we see in the borough, and many of our residents live in financial hardship. In 2021/22 over a third of children in the borough were living in poverty after adjusting for housing costs.

- There remain significant inequalities in access, experience and outcomes within the borough.

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

The map opposite highlights the areas of the borough that fall within the 20% most disadvantaged nationally. These are concentrated across the central and northern parts of Southwark. 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 these neighbourhoods. In particular, communities in Faraday and Peckham wards. However, it is important to acknowledge that pockets of disadvantage also exist within areas of affluence, such as the Kingswood estate in Dulwich Wood and Downtown estate in Surrey Docks.
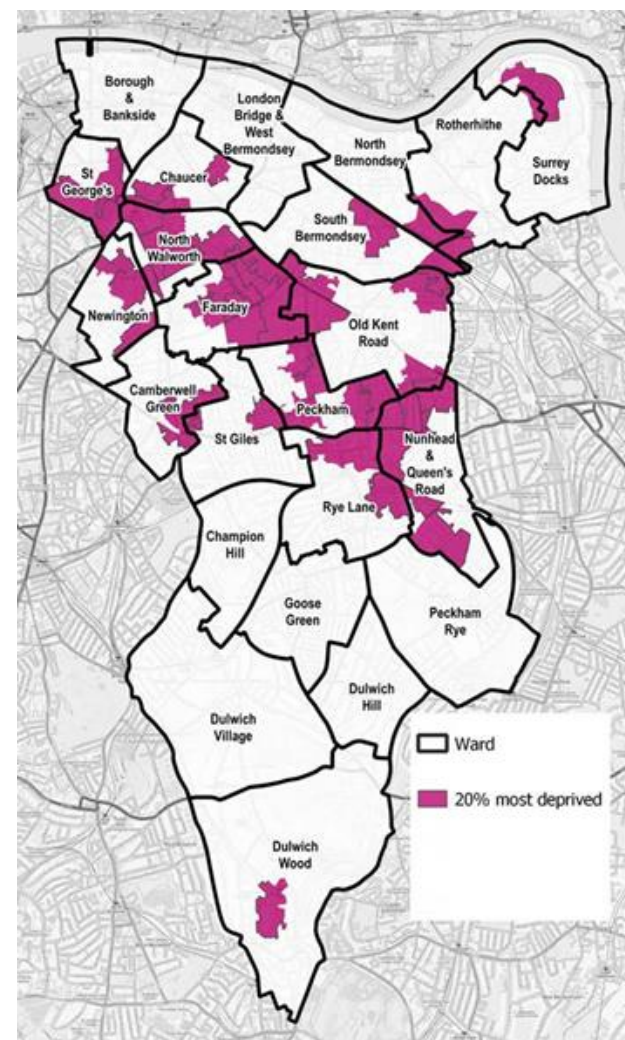

Figure 1: 2019 Index of Multiple Deprivation quintiles for Southwark LSOAs. Source: Ministry of Housing, Communities and Local Government 2019. English Indices of Deprivation. © OS crown copyright and database rights 2024. Ordnance Survey (0)100019252.

Population Inequalities

There are key population groups in the borough which face significant inequalities in not only health outcomes, but also in their access and experience of services which should be there to support them.

Carers	Residents with disabilities	LGBTQIA+	Asylum Seekers & Refugees	Rough Sleepers	Black & Ethnic Minorities
Those providing unpaid care are more likely to report poor health than those not providing care. They are also more likely to experience loneliness and social isolation. The number of cared-for people is increasing and surviving longer but with more health issues, so carers' burden and duration of care are growing.	Residents with physical and/or learning disabilities are more likely to experience a range of health conditions and have a lower life expectancy than the general population. Those with disabilities often experience barriers when accessing services, from transport through to the understanding of staff.	Key health challenges disproportionately impact those identifying as LGBTQIA+, with higher levels of smoking, alcohol use, incidence of some cancers and mental ill-health. LGBTQI+ individuals also experience discrimination and homophobia when accessing services.	Asylum seekers and refugees have multiple, complex health and wellbeing needs. They often experience trauma-related mental health issues and challenges with social integration. They often have poor access to services as a result of language barriers, difficulty navigating an unfamiliar health system.	Those sleeping rough are much more likely to die young, with an average age of death of 47 years of age, compared to 77 amongst the general population. People who experience homelessness often struggle to access quality health and care and often attend emergency care.	Residents from ethnic minority backgrounds are more likely to live in disadvantaged communities, develop a greater number of long-term conditions, have poorer mental health, and experience discrimination and racism when accessing services.
Over 18,000 residents provide some level of unpaid care, equivalent to 6% of the population Nearly a quarter provide over 50 hours of care a week, equivalent to nearly 5,000 residents.	Over 42,000 residents recorded a disability at the time of the 2021 Census Old Kent Road, South Bermondsey and Nunhead & Queen's Road, have the highest levels Of those in Southwark who were disabled at the time of the Census, half were aged 50 or over.	Approximately 21,000 residents identify as gay, lesbian, or bisexual – 4th largest in England. Approximately 3,200 residents identify as trans or non-binary - 5th largest in England. The Burgess Park area has the largest community in Southwark.	By September 2022 the asylum seeking population in Southwark increased to almost 2,000 In addition there are hundreds of Afghan and Ukrainian refugees in the borough.	In 2022/23 Southwark had the 6th largest rough sleeper population in London, with 549 individuals identified. The majority were male (86%) and more than half were from an ethnic minority background (56%).	Around half of residents identify as from a Black, Asian or ethnic minority background. The largest single group is Black African (16%). There is a significant Latin American community in the borough, with 9,200 residents. Around 40% of people living in the borough were born outside the UK.

Intersectionality

It is important to acknowledge that neighbourhoods and population groups facing inequality are not homogenous. Within-group experiences and outcomes can vary, e.g. depending on specific ethnic, gender identity or sexual orientation group. When planning interventions, services and strategies to improve outcomes and reduce inequalities, it is important to consider how different demographic and social characteristics overlap and intersect, magnifying disadvantage.

Wider Determinants of Health

Despite the cost of living crises, many of Southwark's socio-economic outcomes are comparable to regional and/or national averages. However, borough-wide averages can mask significant inequalities experienced by many Southwark residents. Over a third of Southwark children live in poverty, and significant numbers live in homes suffering from food insecurity – exacerbated by the cost of living crisis.

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.

3.5 Other JSNA Work

Several more in depth needs assessments have been completed in the last year, focusing populations or health areas where there are specific needs or inequalities in the borough, and align with the priorities set out in our Joint Health and Wellbeing Strategy.

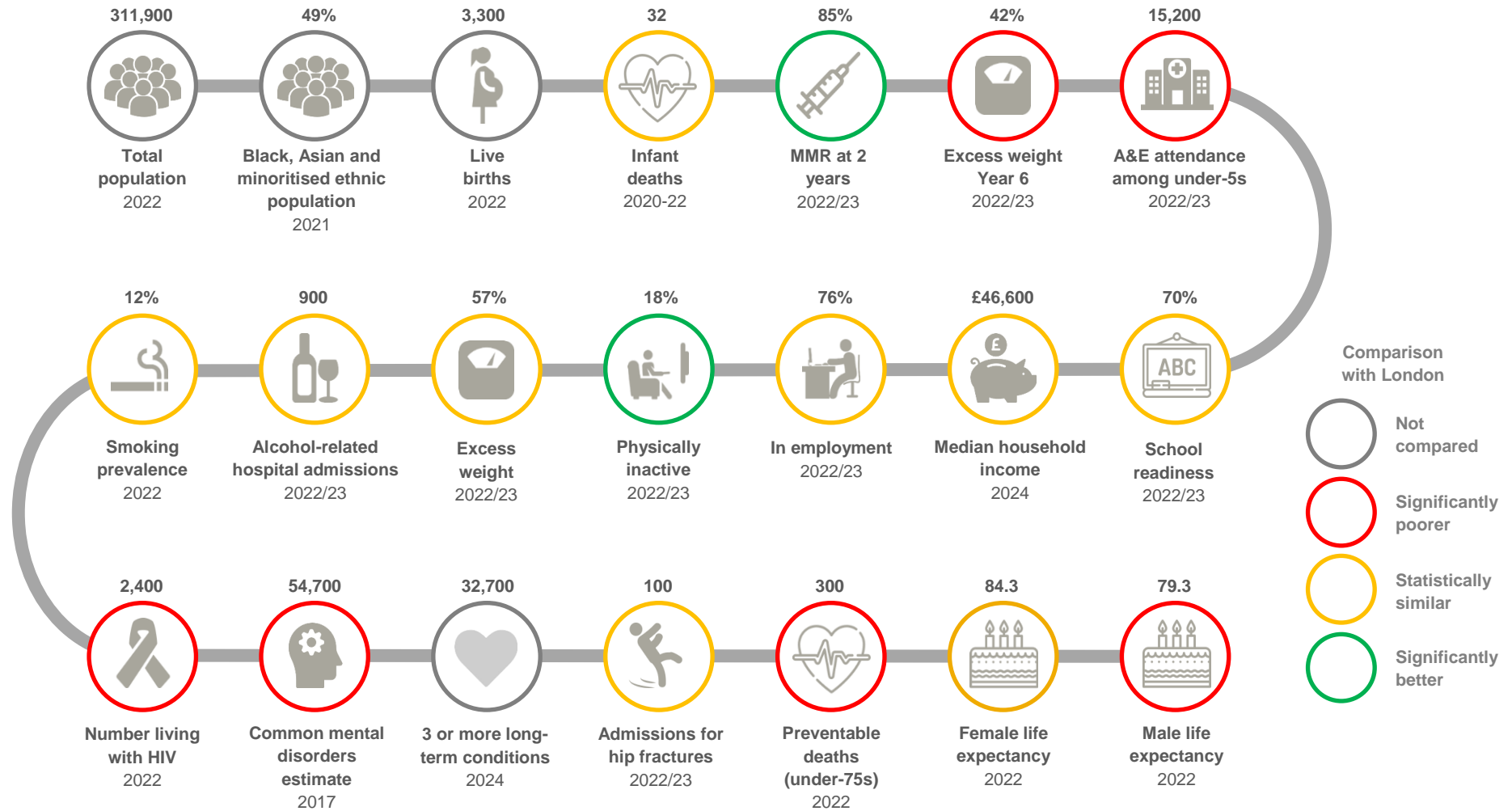In the past year, health needs assessments completed as part of Southwark's JSNA programme included:

- Neighbourhood profiles
- Children and young people's mental health
- Cancer screening

These are accessible via: www.southwark.gov.uk/jsna

In addition to these publications, additional in-depth needs assessments are underway, including:

- LGBTQIA+ groups
- Latin American communities
- Severe Mental Illness

4. SOUTHWARK HEALTH & WELLBEING INFOGRAPHIC

311,900
Total population
2022

49%
Black, Asian and minoritised ethnic population
2021

3,300
Live births
2022

32
Infant deaths
2020-22

85%
MMR at 2 years
2022/23

42%
Excess weight Year 6
2022/23

15,200
A&E attendance among under-5s
2022/23

12%
Smoking prevalence
2022

900
Alcohol-related hospital admissions
2022/23

57%
Excess weight
2022/23

18%
Physically inactive
2022/23

76%
In employment
2022/23

£46,600
Median household income
2024

70%
School readiness
2022/23

2,400
Number living with HIV
2022

54,700
Common mental disorders estimate
2017

32,700
3 or more long-term conditions
2024

100
Admissions for hip fractures
2022/23

300
Preventable deaths (under-75s)
2022

84.3
Female life expectancy
2022

79.3
Male life expectancy
2022

Comparison with London

Not compared

Significantly poorer

Statistically similar

Significantly better

5. HEALTH & WELLBEING GEOGRAPHIC INEQUALITY INFOGRAPHIC

There is a wide and growing range of data that highlights the geographical inequality in health and wellbeing outcomes in the borough, often linked to socio-economic disadvantage. Southwark's multi-ward area profiles give further details.

Faraday has the highest level of socio-economic deprivation

- 64% from Black or other minoritised ethnic groups
- £38,000 median income
- 33% of children under 16 live in poverty
- 10% of adults are unemployed
- 66% of households social rental
- 7% above average London crime rate
- 46% of Year 6 pupils overweight or obese
- 4% above average national emergency hospital admission rate
- 78.8 male life expectancy
- 84.5 female life expectancy

Dulwich Village has the lowest level of socio-economic deprivation

- 21% from Black or other minoritised ethnic groups
- £61,200 median income
- 5% of children under 16 live in poverty
- 3% of adults are unemployed
- 13% of households social rental
- 30% below average London crime rate
- 17% of Year 6 pupils overweight or obese
- 45% below average national emergency hospital admission rate
- 87.1 male life expectancy
- 89.5 female life expectancy

6. HEALTH & WELLBEING ETHNICITY INEQUALITY INFOGRAPHIC

Local data on inequalities between demographic groups highlights 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

66% of households comprising only Black residents experience disadvantage

52% Black children in Year 6 are overweight or obese

49 Black students' average GCSE attainment score

28% Black adults experience food insecurity

56% Bowel cancer screening uptake in Black groups

16% Black adults with 3 or more long-term health conditions

White residents have amongst the best health & wellbeing outcomes

45% of households comprising only White residents experience disadvantage

31% White children in Year 6 are overweight or obese

56 White students' average GCSE attainment score

9% White adults experience food insecurity

64% Bowel cancer screening uptake in White groups

11% White adults with 3 or more long-term health conditions

7. 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 socio-economic disadvantage, where health outcomes fall short of what any resident should expect.

7.1 Current population

Home to some 311,900 people, Southwark has a comparatively young population. The median age (33.4 years) is more than two years younger than London, and almost seven years younger than England.

311,900	**33.4 years**
Population in 2022	Median age in 2022

Figure 2: Southwark population estimate, 2022
Source: ONS 2023. Population estimates for England and Wales: mid-2022.

Figure 2 shows the age structure of Southwark compared to England (black outline). The chart demonstrates that the low average age in the borough arises not from large numbers of children, but from a large number of young working-age residents: 41% of the Southwark population is aged 20 to 39.
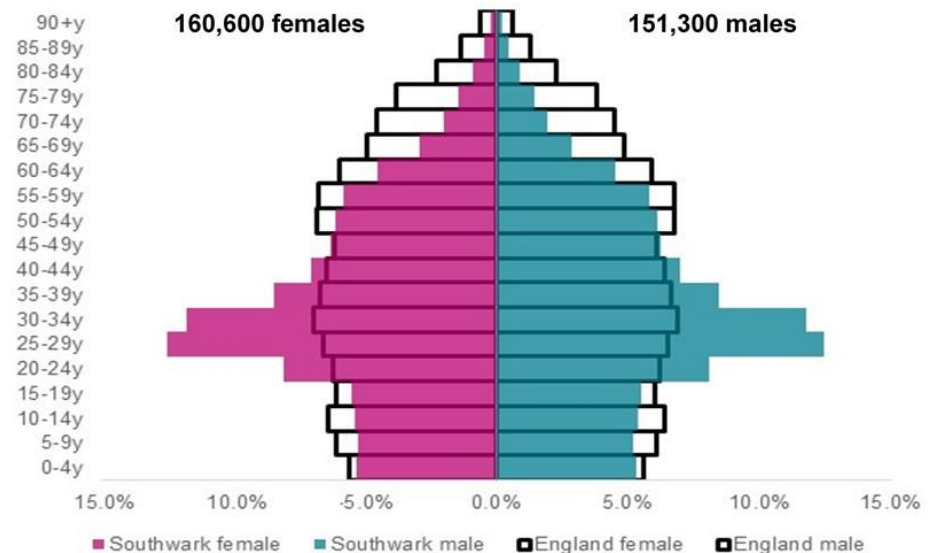

Figure 3: Age structure of Southwark compared to England, 2022
Source: ONS 2024. Mid-year population estimates, mid-2022.

7.2 Population Change

The population of Southwark grew by 6% between 2012 and 2022, in line with both London and national averages. However, the change over the decade has not been uniform. Over the ten-year period, the most significant changes in Southwark age structure have been among adults aged 55 to 69 yr, and children under 5 yr.
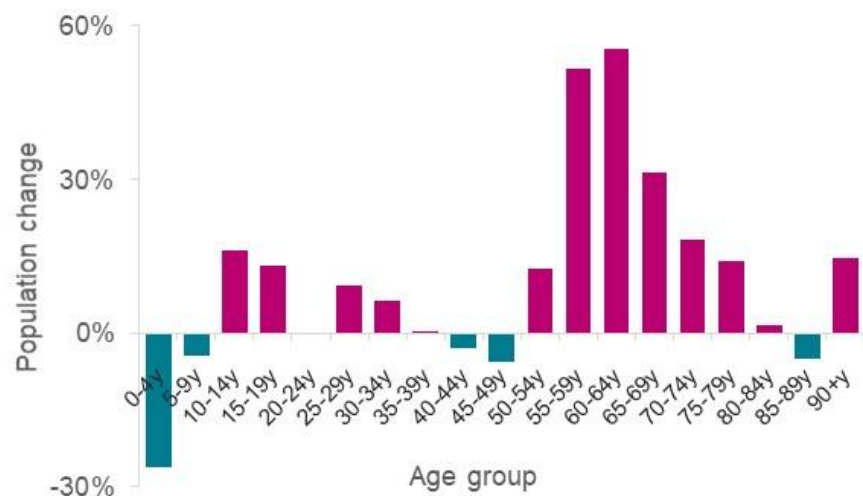

Figure 4: Percentage change in Southwark population by age, 2012 to 2022 Source: ONS 2023. Mid-year population estimates, 2012 and 2022.

The latest population projections suggest that our population will continue to grow over the next decade. 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.

7.3 Ethnicity, languages and country of birth

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

Data from the 2021 Census shows that 51% of people living in Southwark have a White ethnic background compared to 81% nationally. Just over a third (36%) of residents identify as 'White: English, British, Welsh, Scottish or Northern Irish' ethnicity.

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

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

The diversity of Southwark is much greater among our children and young people, with roughly equal proportions of young people from White and Black ethnic backgrounds, and 14% with mixed or multiple ethnicities.
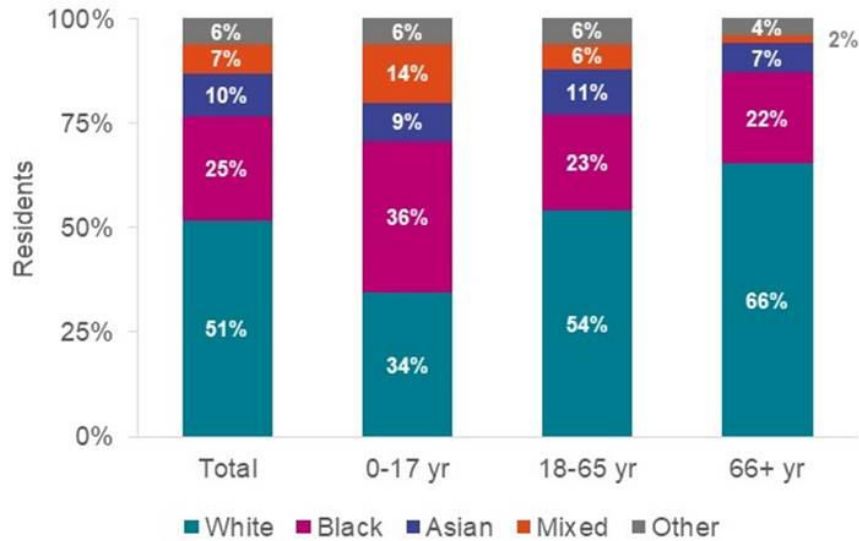
Figure 5: Southwark population by broad ethnic group and age, 2021
Source: ONS 2023. Census 2021 – Age and ethnic group

Over 80 languages are spoken as main languages in Southwark, with 79% of the population speaking English as their main language. The most common language after English was Spanish, which has almost doubled since 2011 and spoken as a main language by over 13,000 residents. Somali was the most common African language spoken.

The top five main languages (other than English) spoken at the time of the 2021 Census were:

- Spanish (13,000)
- Italian (4,300)
- Portuguese (3,600)
- French (3,500)
- Chinese (excl. Cantonese and Mandarin) (2,200)

Of the 53,700 Southwark residents whose main language is not English, 10,200 (19%) cannot speak English well or have no English proficiency.

A large proportion of our residents were also born overseas, with 40% of Southwark's residents born outside the UK, Channel Islands and Ireland. The top country of birth outside the UK and Ireland was Nigeria, making up around 4% of Southwark residents. Italy, Jamaica, Spain and Ghana also made up a notable proportion of Southwark's population. Around 8% of residents were born in the Americas or the Caribbean, with over half of these residents being born in countries in South America.

Figure 6: Residents' country of birth as a proportion of total population, 2021
Source: ONS 2022. Census 2021 - International migration, England and Wales

7.4 Religion & Faith

There were over 40 distinct religions identified among Southwark residents by the 2021 Census.

In 2021, 43% of residents reported their religion to be Christian, a drop of 10% since the 2011 Census.

'No religion' was the second most common option reported among Southwark residents, representing over one third (36%) of the population, substantially larger than across London (27%), but similar to the proportion nationally (37%).

Over 29,600 Southwark residents reported their religion to be Muslim, equating to approximately 10% of the population. Those with Muslim or Hindu religion made up a notably smaller proportion of the population in Southwark than was seen across London.

7.5 Sexual Orientation

Southwark is ranked fourth in England for proportion of residents identifying with a non-heterosexual orientation, most frequently lesbian, gay or bisexual. In Southwark, 8% of residents (nearly 21,000 people) aged 16+ have a non-heterosexual sexual identity. Within this population, 56% identified as lesbian or gay and 40% identified as bisexual or pansexual. 6% of Southwark women identify as LGB+ overall, though this reaches 12% within the 16-24 age bracket. More men identify as LGB+: 10% of male residents overall, peaking at 13% within the 35-44 age bracket. The Burgess Park area of Southwark has the largest LGB+ population within the borough.

Figure 7: Residents identifying with a non-heterosexual sexual identity
Source: ONS 2023. Census 2021 - Sexual orientation, England and Wales

7.6 Gender Identity

Southwark is the fifth highest ranking local authority in England for residents identifying as trans or non-binary. Within the borough 3,200 residents reporting a gender identity different from their sex registered at birth. Half of these used no specific gender identity term, the rest used 'trans woman', 'trans man' or 'non binary'. Despite having a relatively high proportion of the population with gender identities that differed from sex assigned at birth, the numbers are likely to be underestimates as many residents declined to answer the question.
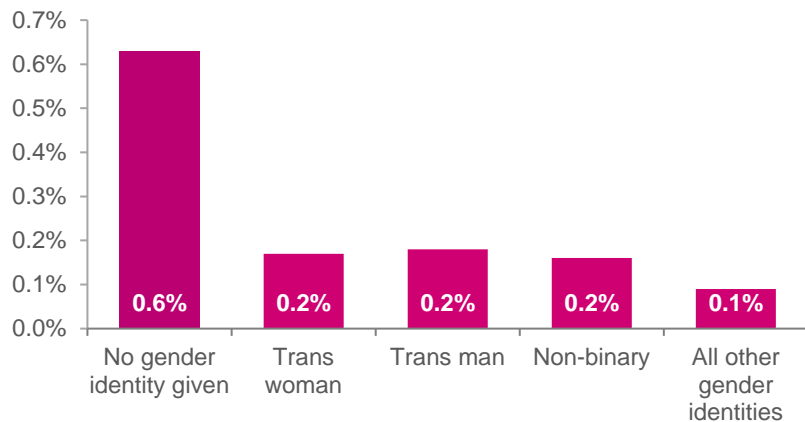
Figure 8: Proportion of Southwark residents who reported a gender identity different to their sex assigned at birth.
Source: ONS 2023. Census 2021 – Gender identity, England and Wales.

7.7 Disability & Impairment

The 2010 Equality Act defines a disability as a physical or mental impairment which has a substantial and long-term negative effect on a person's ability to do normal daily activities.

In 2021 over 42,000 Southwark residents (14%) recorded a disability. This is a similar proportion to London but slightly less than the national average of 17%. Almost a quarter of households (33,000) had at least one resident with a disability.

The neighbourhoods with higher proportions of disability are Old Kent Road, South Bermondsey and Nunhead & Queen's Road, where in some areas 17-23% of residents were disabled.
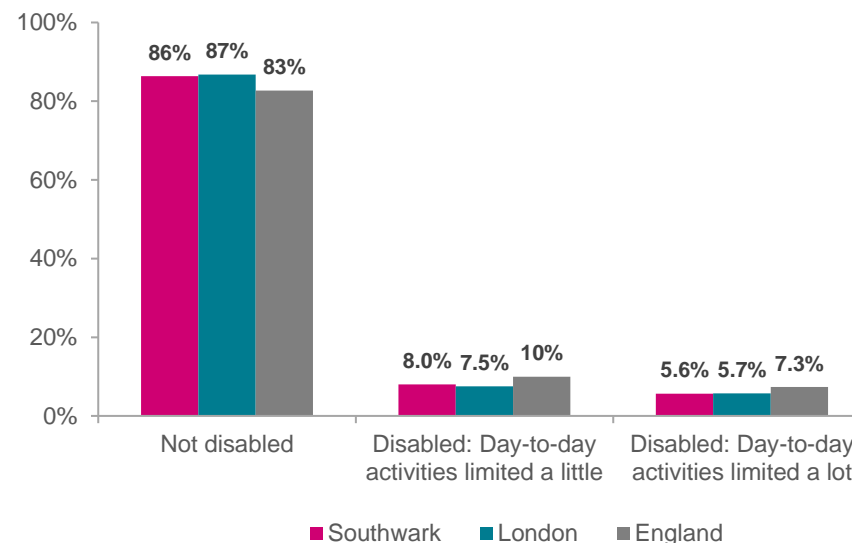

Figure 9: Proportion of Southwark, London and England residents who were disabled at the time of the census.
Source: ONS, 2023. Census 2021 – Health, disability and unpaid care, England and Wales.

Of those in Southwark who were disabled in 2021, half were aged 50 or over. Levels of disability among residents of different ethnicities broadly mirror that of the general population in the borough.
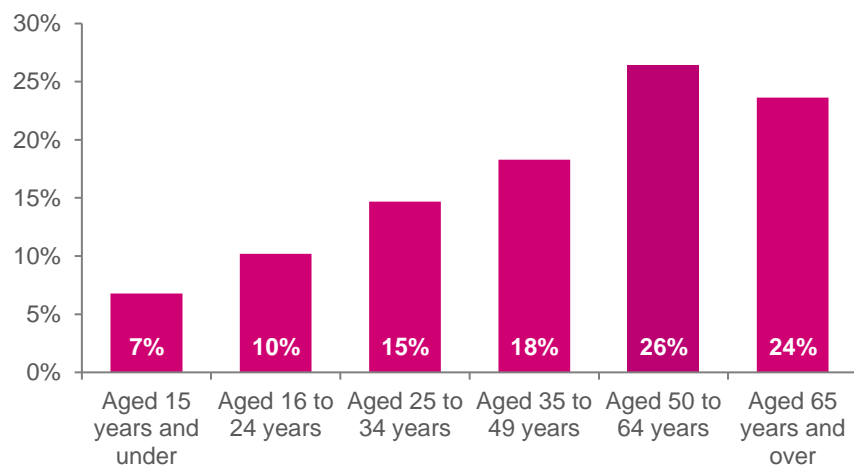
Figure 10: Disabled residents of Southwark by age group.
Source: ONS 2023. Census 2021 – Age and disability

The Family Resource Survey by the Department of Work and Pensions, collects data on what disability/disabilities people have. The latest national survey was conducted in 2022/23.

For disabled working-age adults, 47% reported a mental health impairment, the most prevalent category among this age group. This was closely followed by a mobility impairment, at 41%. The third most likely impairment type related to stamina, breathing or fatigue, at 34%. Local patterns of disability are likely to broadly reflect these categories.

7.8 Carers

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

While this is similar to the 2011 Census, there has been an increase in the hours of care provided over the decade. In 2021, around a quarter (26%) of unpaid carers provided 50+ hours of care per week, equivalent to nearly 5,000 residents.

The increased demand for care disproportionately affects women, people from Black African ethnic backgrounds, and those who themselves live with disability and complex care needs.

7.9 Housing and households

A 'household' is defined as one person living alone, or a group of people living at the same address who share cooking facilities and a living room or dining area. In Southwark in 2021, there were approximately 130,800 households, an increase of over 10,000 since 2011.

In 2021 Southwark ranked highest of all local authorities in England for the proportion of households which rent accommodation from the Council, at 27%. When including households rented from the Council and Housing Associations, (i.e. all socially rented households) this increases to 40%, equating to 52,000 socially rented households in the borough.
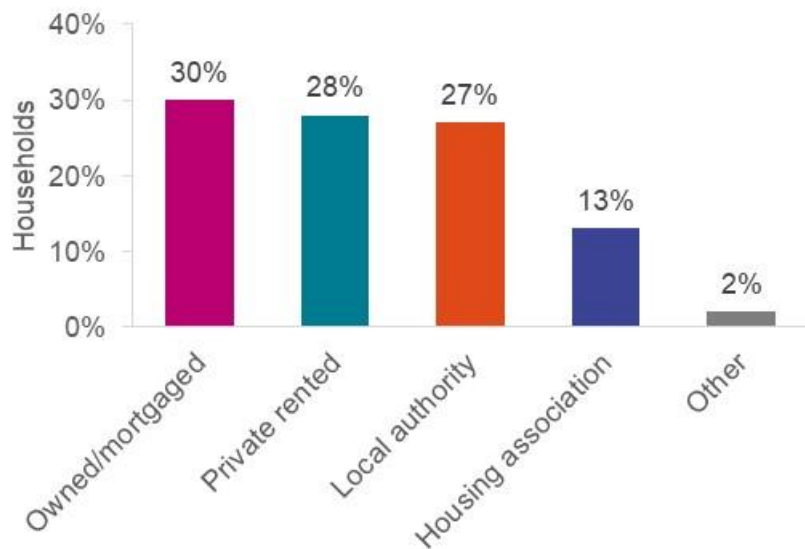
Figure 11: Housing tenure profile in Southwark in 2021
Source: ONS 2023. Census 2021 – Housing, England and Wales

There has been an increase of 9,000 privately rented households since 2011, making up 28% of households in the borough.

In 2021 around one-third of Southwark residents were living alone; slightly higher than both the London and national average. This includes over 9,500 households (7%) of a person aged 66 or over living alone.

One quarter of households included at least one dependent child with a tenth of households being lone parent households with dependent children, equivalent to 12,000 households.
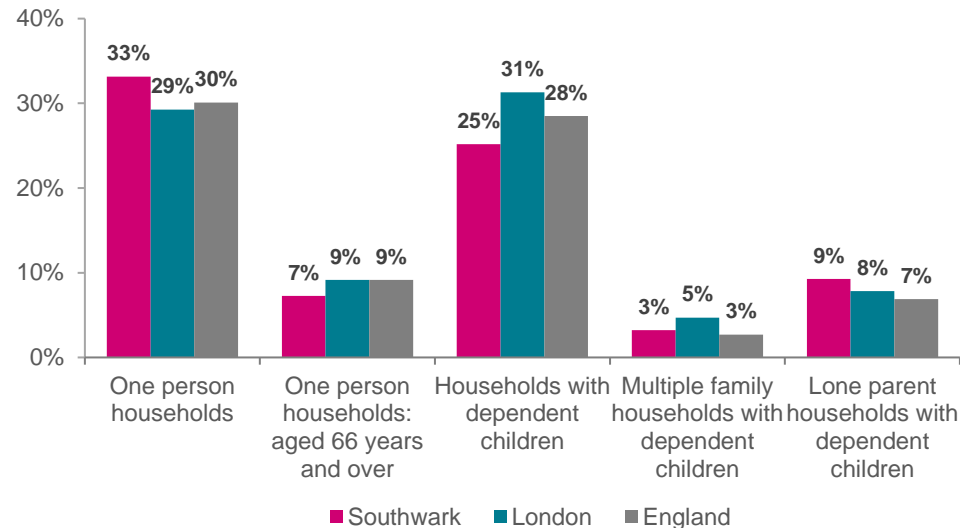

Figure 12: Proportion of households with selected household compositions, in Southwark, London and England.
Source: ONS 2022. Census 2021 – Household and resident characteristics, England and Wales.

Household disadvantage measured by taking a number of factors into account, including employment, education, health and disability and housing quality (overcrowding, shared dwelling or no central heating). In 2021, 51% of Southwark households were classed as disadvantaged, similar to the London and England averages. In Southwark, 12% of households (approximately 16,000) are classed as overcrowded, higher than the London and England averages.

8. PLACE

8.1 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's relative deprivation levels have improved since 2015, but it remains one of the most deprived areas in England.

Table 1: Indices of Deprivation – Southwark ranking in 2015 & 2019
Source: Ministry of Housing, Communities & Local Government

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

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 fifth nationally. This increases to 23% among those aged under 18.
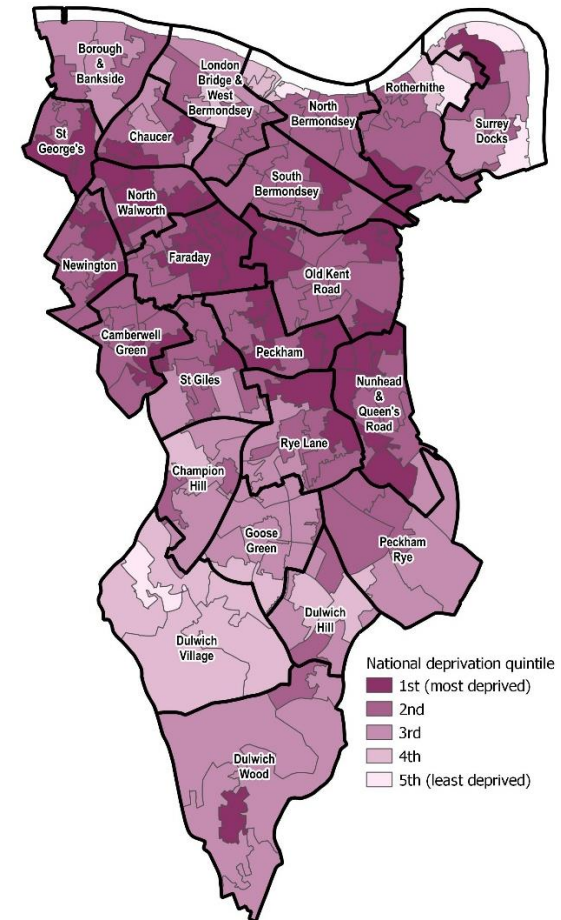

Figure 13: 2019 Index of Multiple Deprivation quintiles for Southwark LSOAs. Source: Ministry of Housing, Communities and Local Government 2019. English Indices of Deprivation. © OS crown copyright and database rights 2024. Ordnance Survey (0)100019252.

8.2 Employment & Income

Figures for 2023 show that economic activity levels in Southwark are similar to London and England. For the year up to 31st December 2023, 78.4% of the population aged 16+ were economically active, 76.5% of whom were in employment.

Table 2: Economic activity of the population aged 16+ in Southwark, London and England, 2023
Source: ONS annual population survey 2023

Measure	Southwark Number	Southwark %	London	England
Economically active	**192,700**	**78.4%**	**78.6%**	**78.8%**
In employment	188,100	76.5%	74.6%	75.8%
Unemployed	7,600	3.9%	5%	3.7%
Economically inactive	**51,900**	**21.6%**	**21.4%**	**21.2%**

Despite economic activity levels in Southwark reflecting similar levels to the region, we have seen a continued reduction since 2020. For the year up to December 2023, there has been a 2% reduction in economically active residents, following a similar trend to the regional and national picture.
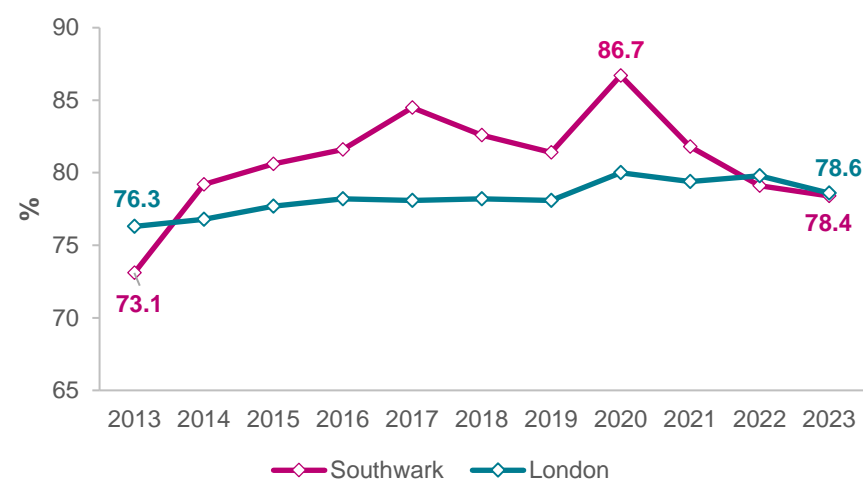

Figure 14: Economically active residents aged 16+ in Southwark and London: December 2013 – December 2023
Source: ONS annual population survey 2023

The median (average) household income in Southwark in 2024 was £46,634, higher the UK average of £37,861. However, there was a wide range of incomes in Southwark, with around 1 in 30 (3%) households in the borough having a total income of less than £15,000 per year.

Figure 15: Percentage of Southwark households by income bracket, 2024
Source: CACI Paycheck Directory, 2024.
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While average income in Southwark is higher than UK levels, there are significant geographical inequalities within the borough, with median income highest in Dulwich Village (£61,229) and lowest in Peckham (£36,405).
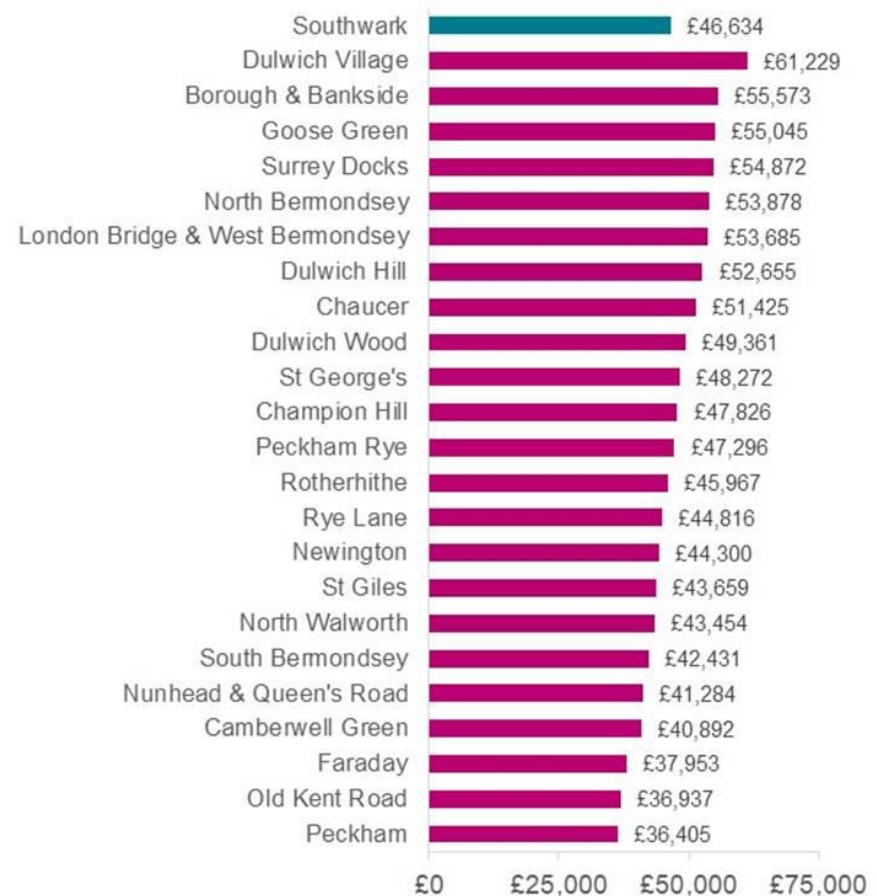

Figure 16: Median gross household income by ward, 2024.
Source: CACI Paycheck Directory, 2024.
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8.3 Child Poverty

Children are classed as growing up in poverty if their family income is below the poverty line: earning 60% below the median income. The data here examines child poverty after housing costs of rent, water rates, mortgage interest payments, buildings insurance payments, ground rent and service charges are taken into account.

In 2022/23 approximately 23,400 children aged 0-15 in Southwark were living in poverty, after housing costs were factored in, equating to 37.5% of children in the borough. Southwark ranked 8th highest of the London boroughs for child poverty after housing costs in 2022/23.

Figure 17: Percentage of children (aged 0-15 yr) living in poverty after housing costs are taken into account, in Southwark, London and England, 2022/23. Source: End Child Poverty, 2024. Local child poverty rates after housing costs.
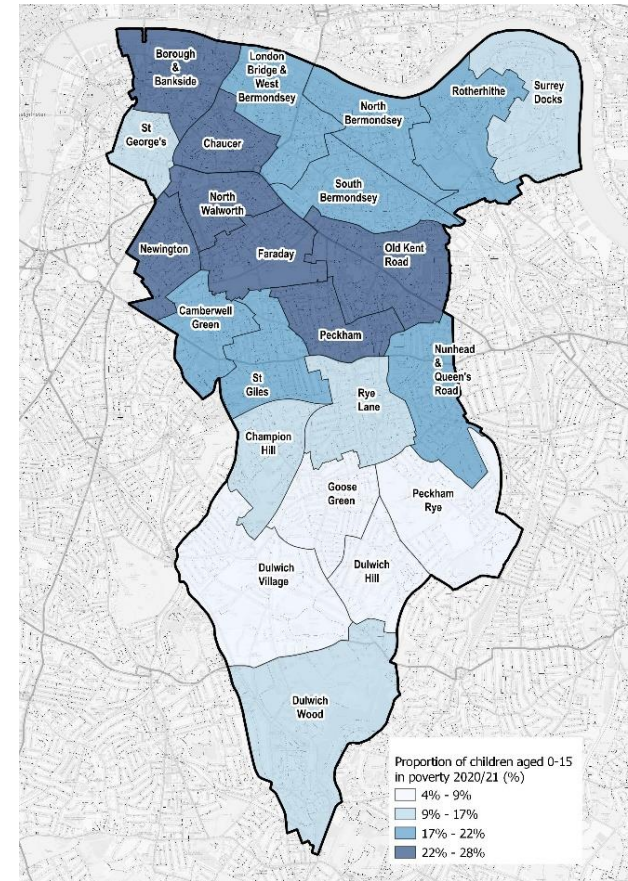

Figure 18: Percentage of children aged 0-15 yr living in poverty (relative low income families) by ward, before housing costs 2020/21
Source: Department for Work and Pensions 2023. Children in low income families: Relative low income 2021/22. Accessed via StatXplore.
ONS, 2022. 2021 Census – Population and household estimates, England and Wales.
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8.4 Cost of Living Crisis

What is the cost of living crisis?

The on-going cost of living crisis has been defined by large and rapid increase to peoples' day-to-day costs across almost all spending categories, most notably housing, fuel and food costs.

Russia's invasion of Ukraine and subsequent sanctions limited supply of gas across Europe. This contributed to a rise in fuel costs for transport, homes and businesses. Increased fuel costs have since had a knock-on effect, increasing prices of goods and services across multiple industries.

Who is most affected by the crisis?

While prices have risen for everyone, those on lower incomes are more affected, as a greater proportion of their expenditure is spent on essentials such as household bills and food. Furthermore, fuel and food have also seen some of the highest price rises, above the average inflation rate. Those on low incomes are less likely to have room to cut back, as many will have already been limiting their spending before the cost of living crisis.

Within Southwark, Old Kent Road, Faraday, Peckham and Camberwell Green wards have the highest proportions of residents on low incomes. Polls by the Greater London Authority have found that those on incomes of less than £20,000; those who are deaf or disabled and those who live in socially rented properties are more likely to be struggling financially than the average Londoner. Those who are on low incomes but above the threshold for means-tested cost of living support as well as those without recourse to public funds are also likely to have been impacted more heavily by the crisis.
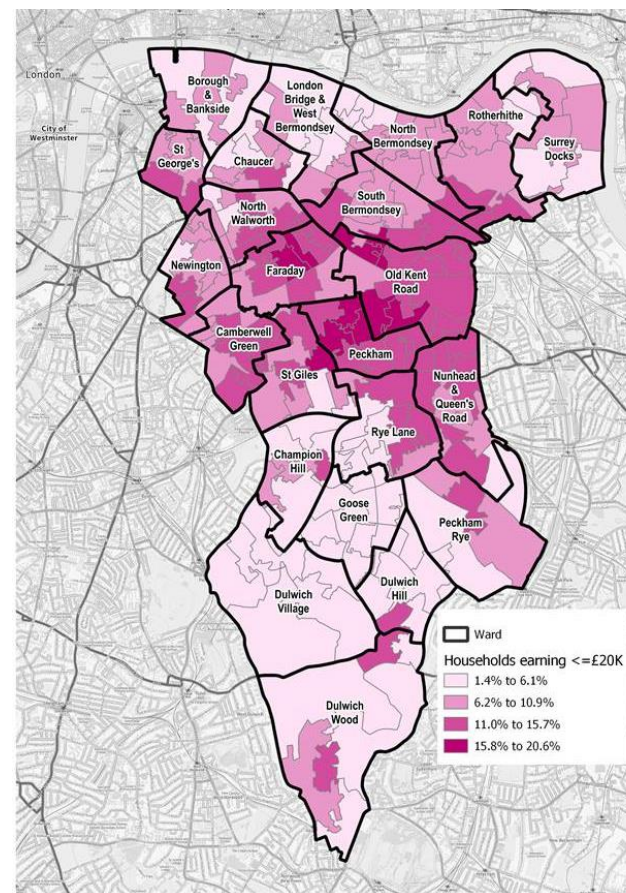

Figure 19: Percentage of Southwark households with total gross income £20,000 or less, by Lower Super Output Area, in 2024.
Source: CACI Paycheck Directory, 2024.
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What is the impact on food security?

The cost of living crisis has exacerbated food insecurity, with food prices rising by an average of 25% between January 2022 and January 2024. This will impact low income households the most, as they spend a greater proportion of their income on essentials such as food.

A study by Trust for London estimated that on average, low income households spend 17% of their weekly expenditure on food compared to only 8% of high income households. Furthermore, costs have risen above the average inflation rate for many essentials such as milk, bread, oils and fats making higher costs unavoidable for many.

More recently however, food prices have stabilised and in some cases reduced – for example, the cost of 2 pints of milk fell 5% between Apr 2023 and Apr 2024.

Surveys by the Greater London Authority provide insights on how the cost of living crisis is affecting Londoners. Of respondents who report as financially struggling, 60% said they were buying less food and essentials to manage living costs. In January 2023, 13% of Londoners said they had regularly or occasionally gone without food or relied on outside support such as from food banks.

The Survey of Londoners estimated adult food insecurity to be 16% in Southwark in 2021/22, equivalent to 41,000 residents aged 16+ yr. The survey also found that approximately 2% of residents across Southwark and Lambeth had used a food bank in the past 12 months to collect food, and 1% had used food banks for other services such as counselling.

Table 3: Cost of common grocery items in May 2023 and May 2024, plus annual change in price.
Source: ONS 2024. Shopping prices comparison tool.

Product	Average price		Annual growth
	May 2023	May 2024	
A dozen eggs	£3.26	£3.35	3%
White sliced bread	£1.35	£1.35	0%
Butter	£2.31	£2.18	↓ 6%
Baked beans	£1.07	£0.98	↓ 8%
Semi-skimmed milk (2 pints)	£1.29	£1.25	↓ 3%

8.5 Homelessness

Southwark has the eighth largest population of rough sleepers in London. In 2023/24 549 individuals were identified by outreach teams as rough sleepers in the borough, a 26% increase on the year before. Of the rough sleepers identified, 66% were new rough sleepers and 19% were classed as living on the streets (having been seen for a minimum of two consecutive years). Levels of rough sleeping are generally highest in the north west of the borough, around Borough & Bankside, London Bridge & West Bermondsey and St George's, with pockets in Faraday, Old Kent Road, Rye Lane and Champion Hill.
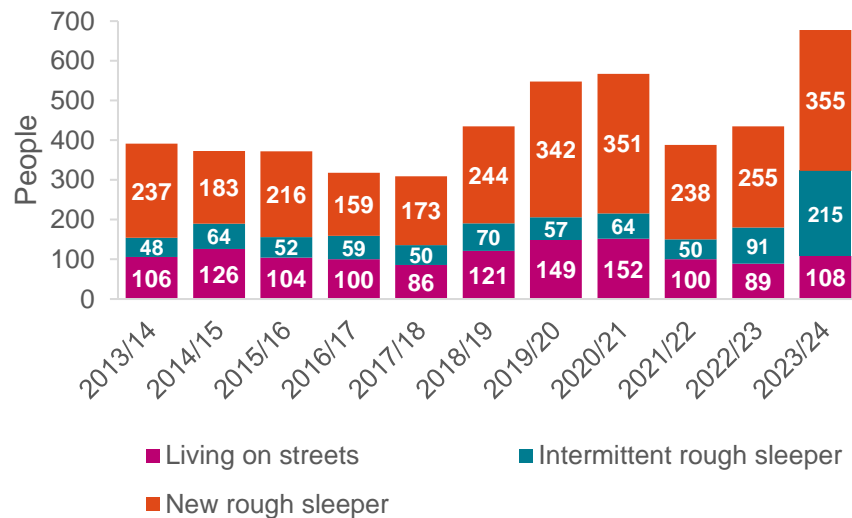
In 2023/24, most rough sleepers identified in Southwark were male (88%). A third (33%) were 26-35 years old, with a similar number aged 36-45 years old (32%). The main ethnic groups were White (45%, including 22% White-British) and Black (32%).

The most common support need for those rough sleepers receiving an assessment was mental health (49%). However a third (33%) had more than one support need related to mental health, drugs or alcohol, reflecting the complexity of the health needs for this population group.

Figure 20: Numbers of rough sleepers identified by outreach teams in Southwark, 2013/14 to 2023/24.
Source: GLA, 2024. Rough sleeping in London (CHAIN reports).
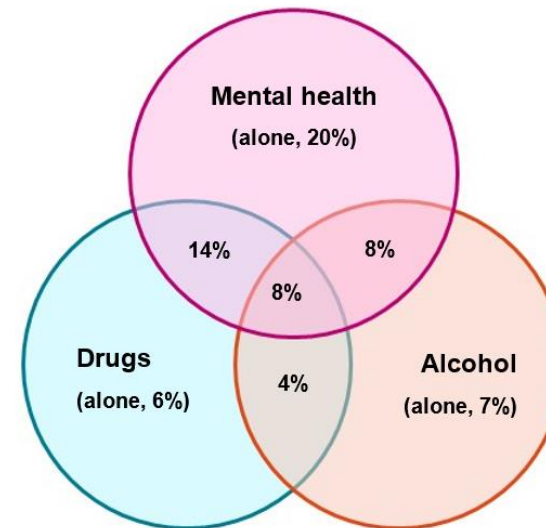

Figure 21: Recorded support needs of Southwark rough sleepers with needs assessed, 2023/24.
Source: GLA, 2024. Rough sleeping in London (CHAIN reports)

8.6 Crime

Crime can have a significant impact on the health and wellbeing of residents and communities. In 2023, there were over 37,100 offences recorded in Southwark. This was equivalent to 119 offences per 1,000 population, a rate significantly higher rate than the London average of 101 offences per 1,000 population.
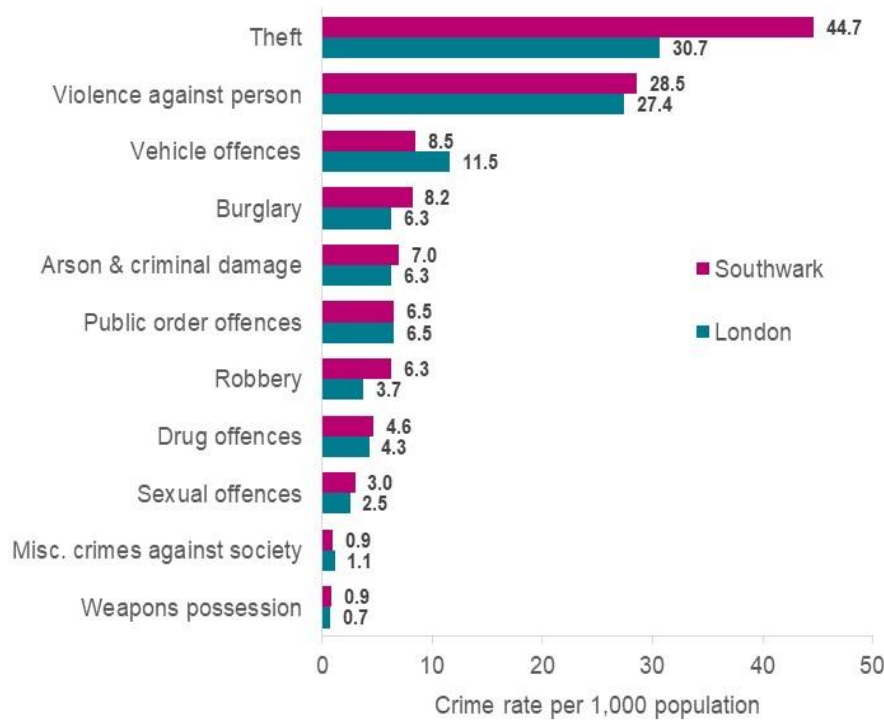
The pattern of recorded offences in Southwark follows that for London as a whole, with theft and violence against the person being the most common types of crime.

In 2023, there were about 13,900 recorded cases of theft in Southwark and about 8,900 cases of violence against the person. Across the borough, the highest crime rates were in Borough & Bankside, St George's and London Bridge & West Bermondsey.

Emergency hospital admissions for violence (including sexual violence) are comparable to London and England averages. Over the three-year period 2020/21–2022/23, there were 380 such admissions of Southwark residents. The number of hospital admissions related to violence among residents has fallen by almost 60% since monitoring began in 2009/10.

Figure 22: Crime rate for Southwark and London, 2023.
Source: GLA, London Datastore, 2024. Crime Dashboard.

8.7 Air Quality

There is strong evidence showing the harmful effects of air pollution on health. These include exacerbation of respiratory conditions (such as asthma and chronic respiratory disease) and increased emergency hospital admission rates.

London-wide, levels of the pollutants nitrogen dioxide (NO_2) and particulate matter of diameter 10 μm or less (PM_{10}) exceed national air quality standards. Southwark's largest single source of air pollution is road transport, contributing one-third of $PM_{2.5}$ emissions. Domestic and commercial fuels, used mostly in cooking and heating, also contribute substantially to levels of NO_2, PM_{10} and $PM_{2.5}$.

ROAD TRANSPORT   **DOMESTIC & COMMERCIAL BOILERS**   **POWER STATIONS & INDUSTRY**

Figure 23: Main sources of outdoor air pollution

While short-term exposure to air pollution is known to harm health, the relative risk of long-term exposure is much greater, contributing to the initiation, progression and exacerbation of disease. Nitrogen dioxide is linked to lung damage, while $PM_{2.5}$ and PM_{10} are associated with respiratory disease, lung damage and cancer.

As well as harming health, long-term exposure to air pollution increases the risk of premature death. Exposure to air pollution is estimated to reduce average UK life expectancy by 6 months. The effect of particulate matter $PM_{2.5}$ on mortality is higher in Southwark than across London and England (as shown in the figure below), but the impact has reduced since 2010 due to falling emission rates.

Figure 24: Percentage of adult deaths attributable to $PM_{2.5}$ air pollution in Southwark, London and England, 2022.
Source: OHID, 2024. Public Health Outcomes Framework

Southwark has seven Air Quality Focus Areas which have specific targets set for air pollution levels.

More information on the health impact of air quality is available in the 2023 Annual Public Health Report, available at: www.southwark.gov.uk/aphr.

9. COMMUNITY VOICE

There has been a wide range of community engagement over the last year, through which local residents have raised their views and concerns regarding health and wellbeing in the borough. This on-going engagement has highlighted a number of common themes, building on those identified in the last JSNA Annual Report. These include:

- The importance of community connectedness and mutual care, to improve local support networks and tackle social isolation.

- Access to good, healthy, affordable food.

- Good quality, safe, affordable housing.

- Safer, cleaner, more walkable local streets.

- Free or low-cost access to leisure centres.

- A good variety of fitness activities to help people stay physically and mentally well.

- Concerns about good mental health (at all ages), and better access to mental health support.

- Tackling barriers to healthcare, particularly access to local GPs (e.g. language barriers).

- Health provision within community venues

- A more coordinated approach to services, including co-production with residents and those with lived experience, plus better feedback on how participants' voices shape local service development.

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

9.1 Rebuilding Trust through Community Engagement and Empowerment

Southwark Council commissioned Social Finance and Centric to develop and test approaches to community engagement and co-production with seldom-heard communities. A focus of this work was on building trust with residents from Black, Asian and other minoritised ethnic groups, via community engagement, as an essential foundation for action to reduce health inequalities in Southwark.

A set of recommendations were developed through one-to-one engagement and workshops, led by community researchers. This work re-iterated the importance of:

- Embedding community engagement throughout the work of health and care organisations, with processes that prioritise accountability and transparency.

- Connecting engagement across organisations, meaning residents can engage with the wider health and care system.

- Helping communities to engage through prioritising accessible language and outreach to existing community spaces.

9.2 Southwark Stands Together

Southwark Stands Together is a borough-wide initiative, established in 2020 in response to the murder of George Floyd and the resulting Black Lives Matter movement. It aims to put tackling racial inequalities at the forefront of our work to deliver a fairer and more equal society for all.

Some of the initiative's recommendations addressed inequalities faced by residents from Black, Asian and other minoritised ethnic groups, within the health and care sectors. These were:

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

- Recognise that discrimination can occur in many different ways, from front line to backroom functions; adopt and embed organisation wide approaches to improve the experience of Black, Asian and minority ethnic communities.

- Work with key partners to ensure health services and initiatives are culturally appropriate and accessible for Black, Asian and minority ethnic residents.

- Increase uptake of preventative programmes such as screening, health improvement and education (i.e. myth busting and health literacy) amongst Black, Asian and minority ethnic communities.

The Southwark Stands Together programme has delivered positive health and wellbeing initiatives, including introduction of community health ambassadors, a network of local volunteers who provide accurate health information and resources to their local communities.

9.3 Southwark 2030

The Southwark 2030 programme aims to establish the vision and priorities for the borough through to the end of the decade. The programme has sought views from a wide range of groups, providing opportunities for local people, community groups, business and public services to share their ambitions for the borough.

Engagement involved a range of formats: in-depth individual conversations; pop-up engagement stands at specific events involving harder-to-reach groups (e.g. Eid festivities); workshops; and a survey delivered via online and hard copy formats.

In addition, a wide range of community groups hosted listening events gathering views from friends, neighbours and communities on how Southwark could be improved. A total of 38 listening sessions took place, attended by over 800 people. A school toolkit was also developed to involve children and young people in the process.

As a result of survey results and community engagement, a number of co-designed goals with residents and partners were identified to help deliver on the Southwark 2030 vision. These draft goals include:

- Decent homes for all
- A good start in life
- A safer Southwark
- A strong and fair economy
- Staying well
- A healthy environment

The draft goals are underpinned by three principles that align with those of the Joint Health & Wellbeing Strategy: reducing inequality, empowering people, and investing in prevention.

9.4 Southwark Maternity Commission

The Maternity Commission was established earlier this year to understand the health inequalities in maternity care in the borough, especially amongst Black and Brown women and people who give birth. Since January, it has engaged with and heard from over 600 residents and frontline professionals through a series of four well-attended public meetings in the community, targeted surveys and specially-commissioned insights research. There remain two further separate information-gathering meetings with fathers and maternity care innovators later in July.

Five key themes have emerged from the work to date:

- Tackling discrimination
- Ensuring women are listened to and supported to speak up
- Providing women with the right information at the right time
- Joining up Council and NHS services better
- Supporting the workforce to provide compassionate, kind and high quality care

Working with a broad stakeholder group, the emerging themes are being used to develop recommendations to the Council, local NHS Trusts, Local Maternity and Neonatal System, Integrated Care Board and Central Government. The Commission report will be launched at the final meeting at the end of September, after which the recommendations will be brought to the Health & Wellbeing Board to support action planning and implementation.

9.5 Engagement with Latin American & LGBTQIA+ Residents

Mabadiliko is a local Community Interest Company that works to raise awareness of cultural biases and prejudices and to create workplaces and communities that are inclusive and provide equity for all racial groups. The organisation was commissioned by the NHS to undertake engagement with Latin American and LGBTQIA+ residents in the borough to explore 4 main research questions:

1. What types of preventative healthcare services and support are required – linked to what are their health priorities? And therefore, what types of services would they want?
2. How can we maximise access to support? What are the barriers to access and engagement? How can we overcome barriers to ensure services help people stay well for longer?
3. What are the key principles for service design? E.g. Language requirements? Cultural tailoring requirements?
4. How can Southwark best support outcomes that matter?

The research highlighted continued stigma and discrimination experienced by residents, and a lack of cultural sensitivity in the delivery of services. Residents also emphasised the need for broader policy and systems changes to address the social determinants of health inequities they faced, such as in housing and employment.

Both groups called for meaningful, ongoing partnership between borough decision-makers in the development of policy and services to address their needs.

The work is contributing towards the development of two in-depth health needs assessments, however highlights of the recommendations from this research is shown below.

Latin American Residents

- Provide accessible and culturally tailored health education programs that promote preventative health measures.
- Ensure the consistent availability of reliable translation services and increasing the number of bilingual healthcare providers.
- Develop clear guides on navigating the UK healthcare system and simplifying the process of accessing services.
- Provide ongoing cultural competence training for healthcare professionals and encouraging a more holistic and culturally sensitive approach to care.
- Collaborate with trusted community organisations to conduct outreach and provide health information and support.
- Develop integrated care models that address the diverse health needs of Latin American communities, including physical, mental, and social well-being.
- Advocate for policies and programs that address the broader social determinants of health, such as affordable housing, living wage employment, and access to education and language support services.

LGBTQIA+ Residents

- Establish mandatory LGBTQIA+ cultural competency training and certification requirements for all healthcare providers and staff, with regular assessments and accountability mechanisms.
- Increase dedicated funding and resources for LGBTQIA+ specific health clinics, community centres, and other organisations that provide culturally relevant services and programming for LGBTQIA+ communities in Southwark.
- Develop and implement targeted outreach, navigation, and case management services to help LGBTQIA+ individuals in Southwark, particularly those from marginalised communities, connect with appropriate and affirming healthcare providers and resources.
- Establish clear policies and guidelines for creating welcoming, inclusive, and affirming healthcare environments for LGBTQIA+ patients in Southwark, including requirements for gender-neutral facilities, inclusive intake forms and electronic health records, and visible signs of LGBTQIA+ allyship.
- Develop and expand LGBTQIA+-specific mental health support services in Southwark, including access to culturally competent therapy, counselling, and peer support groups.
- Develop and implement comprehensive LGBTQIA+ data collection and monitoring systems across all services, with a focus on identifying and addressing disparities in access, outcomes, and experiences of care.

9.6 Summary

There are a number of recurring themes which cut across the various engagement programmes that have taken place with residents, including the need to:

- Embed meaningful partnership with residents in the work of health and care organisations, with processes that focus on co-production rather than engagement, and which prioritise accountability and transparency.
- Connect partnership with residents across organisations, meaning they can engage with the wider health and care system.
- Help communities to collaborate through prioritising accessible language and outreach to existing community spaces.

10. STARTING WELL

10.1 Births

The total number of babies born in Southwark has been decreasing year on year over the past 10 years. There were 3,393 live births in 2022, down from 5,030 in 2012, a drop of one-third (34%). Note that Southwark's local birth information comes from NHS sources, which exclude home births and those in private facilities; numbers differ from Office for National Statistics data.
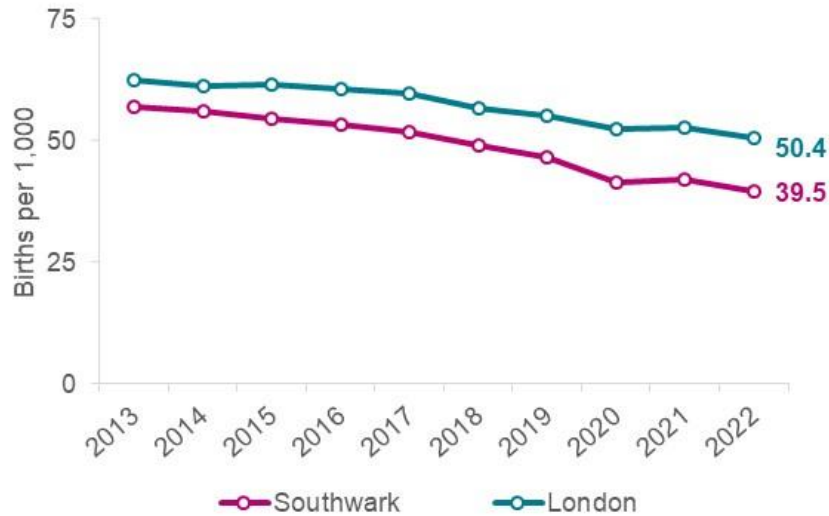
The decline in the fertility rate in Southwark is seen across all age groups, but particularly among younger women. The average age of mothers giving birth in Southwark in 2022 was around 33 years.

Across the borough, there is substantial variation in the birth rate. The 2020–22 the birth rate was almost three-times higher in Dulwich Hill (62.9 births per 1,000) compared to Borough & Bankside (22.5 births per 1,000).
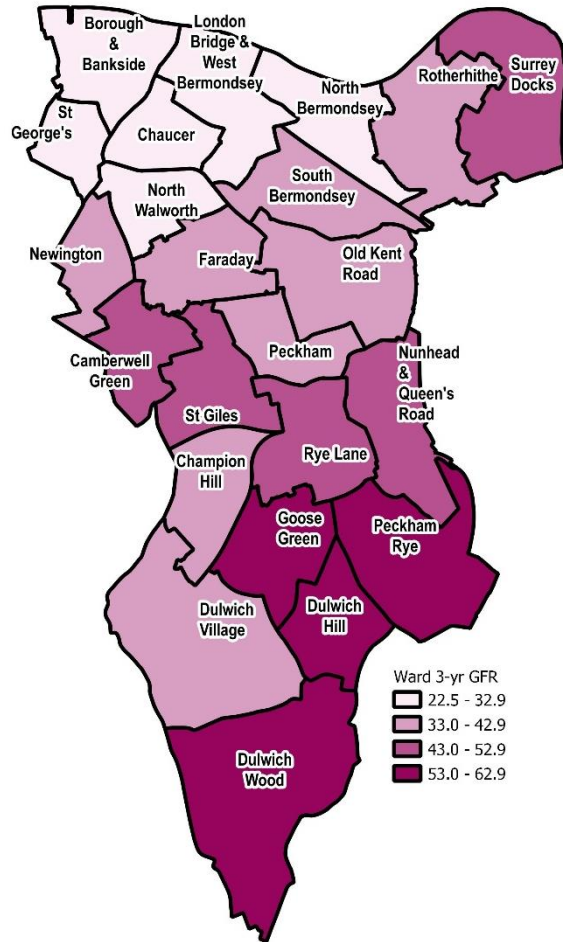

Figure 25: General fertility rate (live births per 1,000 females aged 15–44 yr) for Southwark and London, 2013 to 2022.
Source: OHID, 2024. Child & Maternal Health Profiles

Figure 26: 3-yr average general fertility rate (GFR) by Southwark ward, 2020–2022.
Source: NHS Digital, 2023. Local birth files.
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New mothers in Southwark come from a diverse range of backgrounds. In 2022, three-fifths (61%) were born in Europe – most (72.9%) of these mothers were born in England. The most common non-UK countries of birth of mothers were Nigeria, Sierra Leone, Ghana, France and Afghanistan.
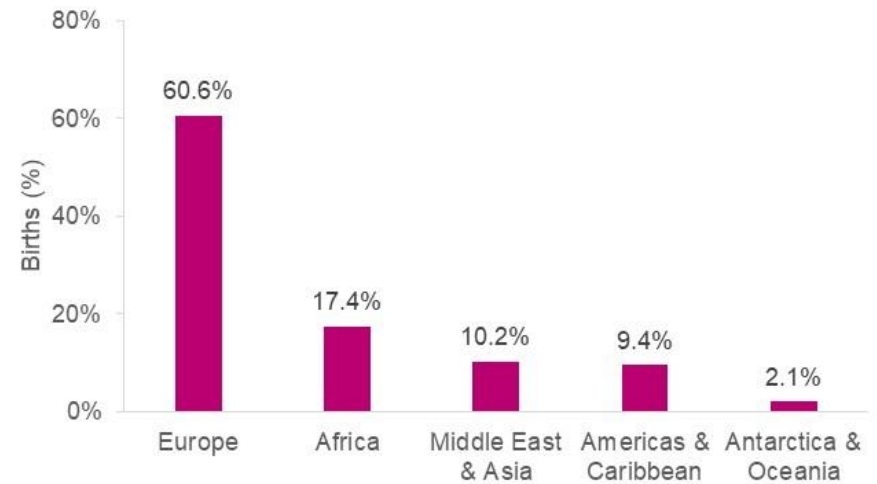

Figure 27. Southwark 2022 births by mother's continent of birth.
Source: NHS Digital, 2023. Local birth data.

Stillbirths are thankfully rare, with 45 cases in the three-year period 2020–22, and rates are comparable to London and England. However, there are significant inequalities, with almost two-thirds (65%) of stillbirths among women and people not born in the UK, and over one-third of these to women and people born in African countries.

10.2 Infant mortality

Infant mortality refers to deaths within the first year of life. It includes:

- Perinatal mortality - deaths within the first 7 days
- Neonatal mortality - deaths under 28 days
- Post-neonatal mortality - deaths between 28 days and one year.

There has been a significant reduction in infant mortality in Southwark since 2001, with rates falling by almost two-thirds; though improvements have slowed in recent years. The inequality gap with England has now reversed, with levels of infant mortality in the borough now below the national average.
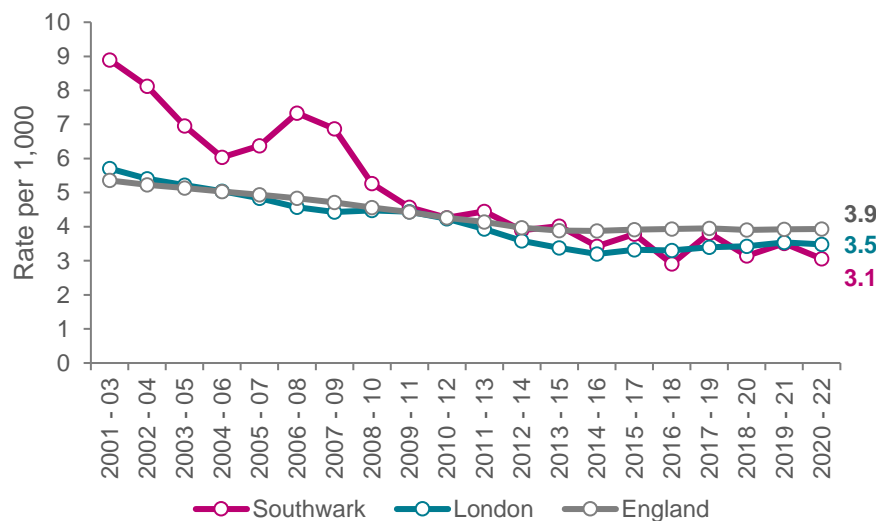

**Figure 28: Infant deaths under 1 year of age, per 1,000 live births
Source: OHID, 2024. Public Health Outcomes Framework.**

Between 2020 and 2022 there were 32 infant deaths locally, with half of these deaths occurring within the first 7 days of life.

10.3 Childhood vaccinations

Vaccination is the safest and most effective way of protecting individuals and communities from vaccine-preventable diseases.

Uptake of childhood vaccinations in Southwark is generally comparable to London averages but below England averages and target levels. Levels of childhood 5-in-1 vaccination (covering diphtheria, tetanus, pertussis, polio and Haemophilus influenza type B) have generally fallen in recent years, but less so in Southwark than across London and England.
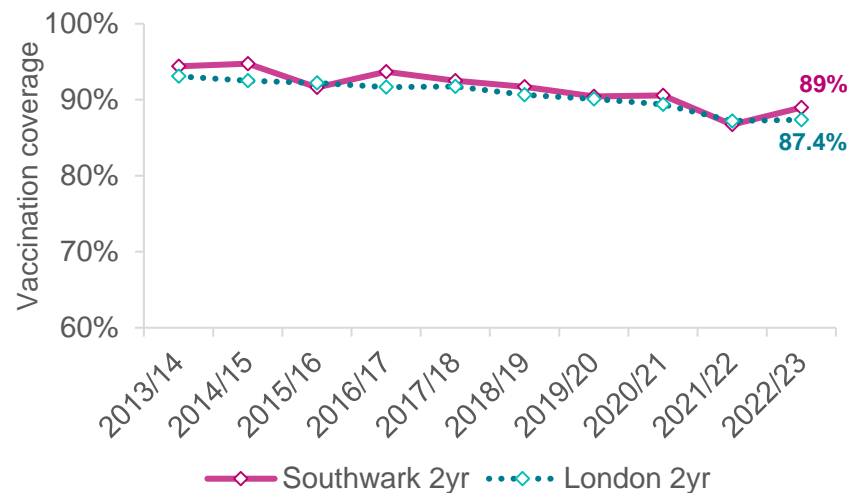

**Figure 29: Childhood 6-in-1 vaccination coverage at 2 years of age, for Southwark & London: 2013/14 to 2022/23.
Source: NHS England, 2023. Child Vaccination Coverage Statistics, 2010-11 to 2022-23.**

Southwark levels of childhood measles, mumps and rubella (MMR) vaccination have fallen in recent years (as have London and England levels), but stabilised over the last 2 years. However, levels are far below the 95% threshold needed for herd immunity.
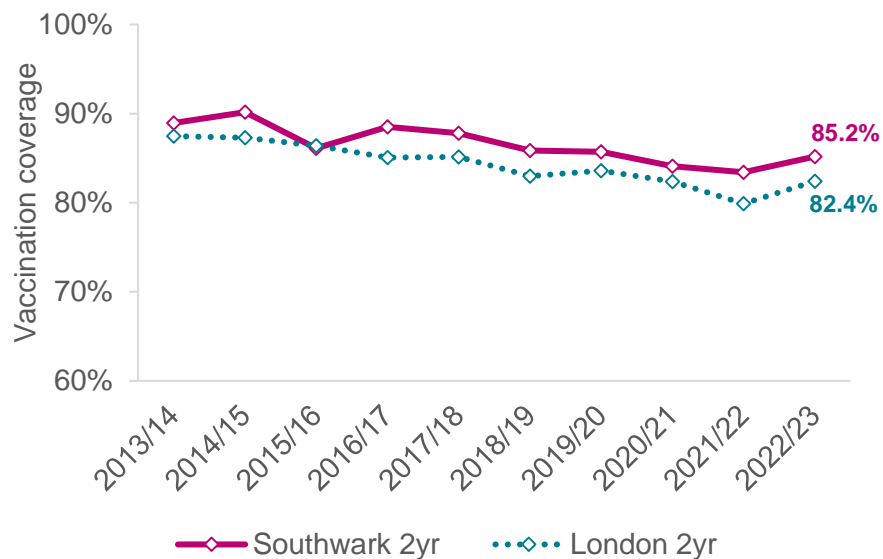

Figure 30: Childhood MMR vaccination coverage at 2 years of age, for Southwark & London: 2013/14 to 2022/23.
Source: NHS England, 2023. Child Vaccination Coverage Statistics, 2010-11 to 2022-23.

Levels of child flu vaccination have fallen substantially in Southwark in recent years (from a post-pandemic high point), in line with falling London levels.

Figure 31: Childhood flu vaccination coverage at 2 and yr of age, for Southwark & London: 2014/15 to 2022/23. (2019/20 data not available.)
Source: NHS England, 2023. Child Vaccination Coverage Statistics, 2010-11 to 2022-23.

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

10.4 Healthy weight

Excess weight in childhood typically persists into adulthood and is associated with increased risk of a range of health consequences, including type 2 diabetes, hypertension and heart disease. In Southwark, levels of excess weight among Year 6 pupils are consistently above London and national levels, although levels in Reception pupils are now comparable to London.

In 2022/23, 1 in 5 (21.7%) Reception pupils were overweight or obese, with levels increasing to over 2 in 5 (41.5%) among Year 6 pupils. Over the last 15 years, excess weight levels have fallen among Southwark Reception pupils, but this improvement has not been reflected among Year 6 pupils.

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 living with obesity compared to the Southwark average. Those living in more disadvantaged areas are also more likely to be overweight or living with obesity than those living in more affluent communities. Over the 3 years 2020/21– 2022/23, over half (52.9%) of Year 6 pupils in Old Kent Road were overweight or obese, triple the level in Dulwich Village (17.2%).

Figure 32: Prevalence of excess weight (overweight or obesity) in Reception and Year 6 pupils in Southwark, London and England, 2006/07 to 2022/23. Source: OHID, 2024. Child health profiles.
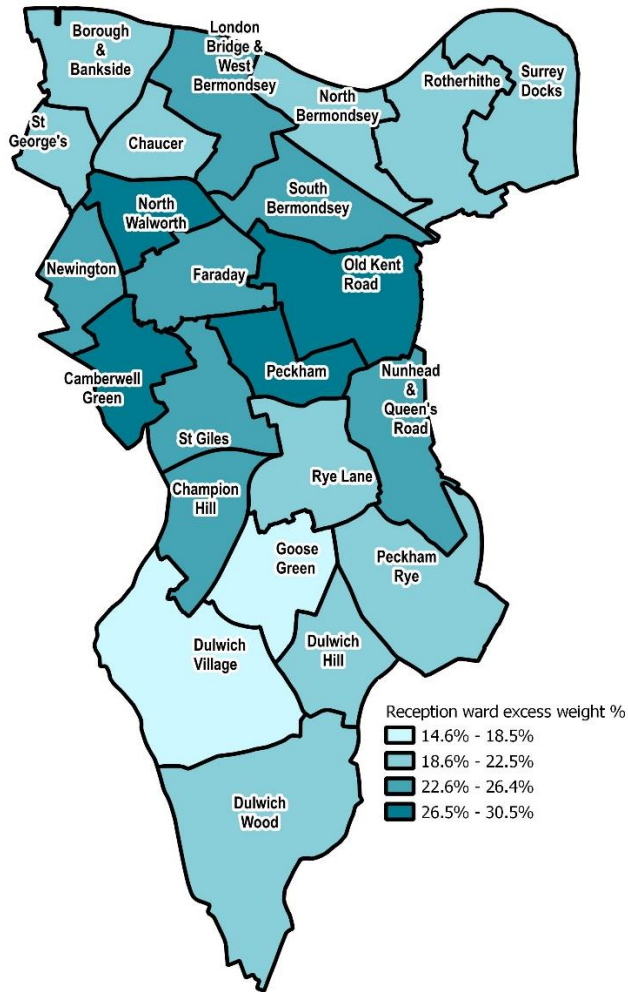
Figure 33: Excess weight (overweight or obese) prevalence in Southwark Reception pupils, 2020/21 to 2022/23.
Source: OHID, 2024. Local Health Profile
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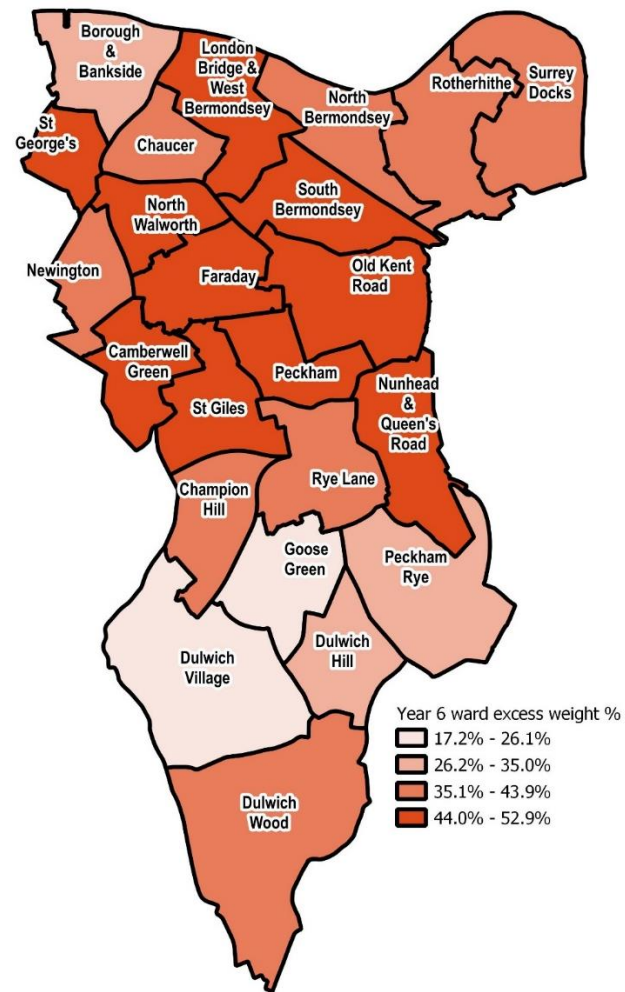
Figure 34: Excess weight (overweight or obese) prevalence in Southwark Year 6 pupils (right), 2020/21 to 2022/23.
Source: OHID, 2024. Local Health Profile
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10.5 Vulnerable Children

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.*"

On 31st March 2023, there were 2,741 children in need in Southwark, with levels substantially higher than London and England. This is down 63 from the 2,804 children assessed as being in need in March 2022. For Southwark children in need, the most common primary need was abuse or neglect, reflecting the national picture. The figure opposite shows Southwark children's primary needs at assessment, for 2023; in addition, smaller numbers were identified as being in need due to low family income or socially unacceptable behaviour.

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 contributory factors identified for Southwark children in need in 2023 were:

- Domestic abuse (1,428 cases)
- Parental or adult mental health (693 cases)
- Emotional abuse (623 cases)
- Physical abuse (555 cases)
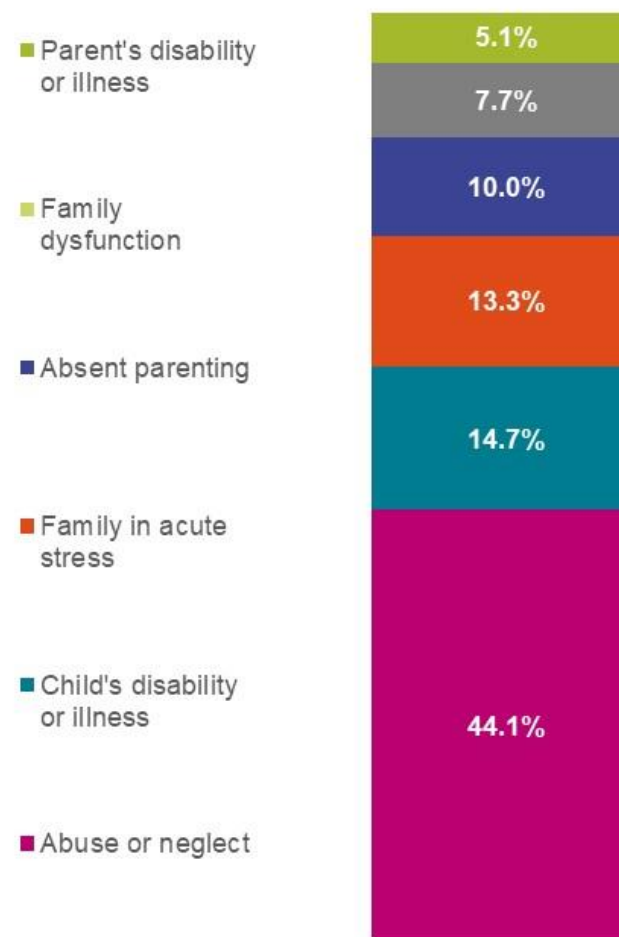- Child's mental health (469 cases)

Figure 35: Southwark 2023 child in need assessment episodes, by primary need identified.
Source: Department for Education, 2023. Children in Need 2022 to 2023.

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 2023, there were 661 children in Southwark with a child protection plan. The most common underlying cause was emotional abuse, followed by neglect.

10.6 Healthcare use

In 2022/23, there were 1,415 emergency hospital admissions of Southwark children under the age of 5. Borough admission rates were significantly lower than London and England averages however there are substantial inequalities, with significantly higher levels seen in the north of the borough.

A&E 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. In 2022/23, there were 15,175 attendances to A&E by Southwark children aged 0-4, with rates significantly higher than both London and England levels.
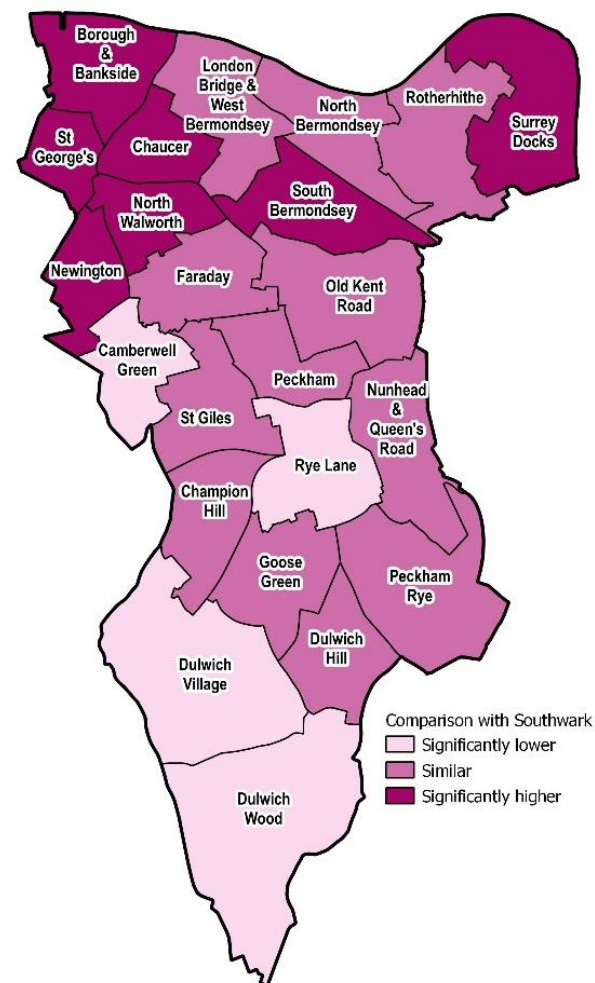

Figure 36: Southwark 0–4 yr emergency hospital admission rate per 1,000 population by ward, compared with Southwark average, 2016/17–2020/21. Source: OHID 2024. Local Health - Small Area Public Health Data. © OS crown copyright and database rights 2024. Ordnance Survey (0)100019252.

11. LIVING WELL

11.1 Risk factors

Data from the Global Burden of Disease study shows the top risk factors for poor health. Southwark is similar to the national picture, with tobacco, overweight/obesity, risky alcohol consumption, high blood sugar and poor diet being the top five risk factors affecting healthy living in the borough.

The figure below shows the prevalence of key behavioural risk factors in Southwark adults, compared with London and England levels.
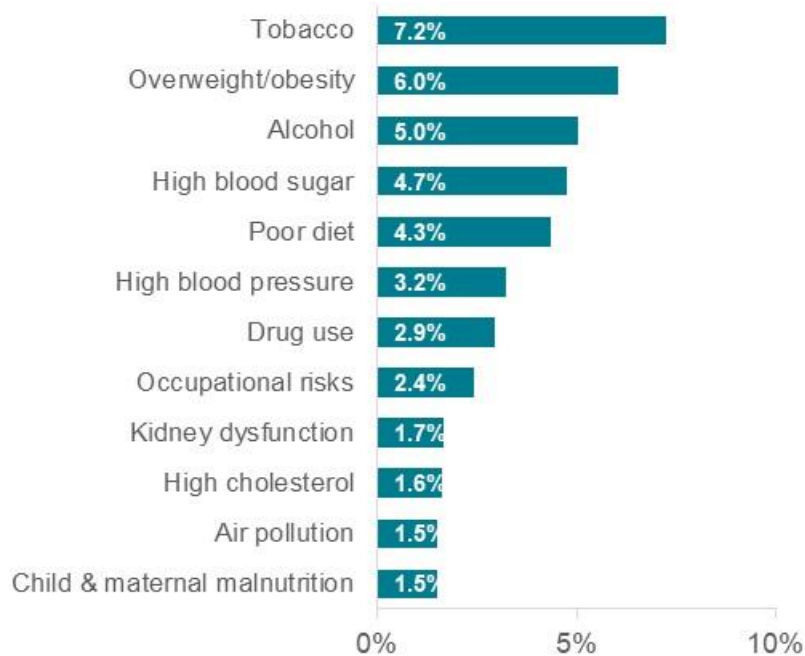

Figure 37: Risk factors causing greatest loss of years of life due to disability or premature death (Disability-Adjusted Life Years) in Southwark, 2021. Source: IHME 2024. Global Durden of Disease Compare tool

1 in 10 (11.6%) Southwark adults smoke, increasing to 27% among routine & manual workers, similar to London and England levels.

Over half (56.5%) of Southwark adults are overweight or obese, lower than London and England levels.

There were 1,749 alcohol-specific hospital admissions in Southwark in 2022/23, significantly higher than England.

1 in 3 (34.3%) Southwark 16+ yr olds eat their recommended '5-a-day', similar to London and England.

Over 1 in 6 (17.9%) Southwark adults are inactive, lower than London and England levels.

40 Southwark residents died of drug misuse over 2020–22; levels were similar to London and England.

Figure 38: Behavioural health risk factor levels in Southwark. Source: OHID 2024. Public Health Profiles.

11.2 Sexual health

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

In 2023, there were over 8,200 new STI diagnoses among residents, a 4% increase compared with 2022. In Southwark within the last year, there has been a:

- 5.4% increase in gonorrhoea diagnoses
- 3.0% increase in chlamydia diagnoses
- 2.4% increase in genital warts diagnoses
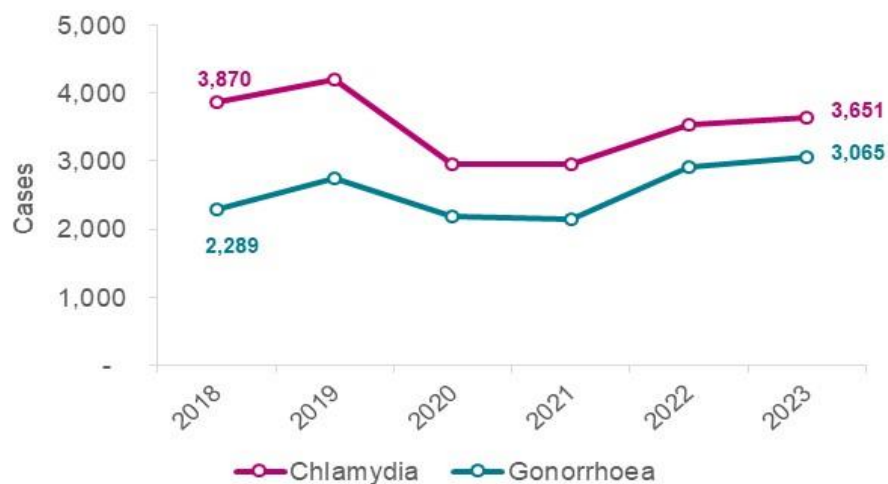- 10.3% drop in syphillis diagnoses

Figure 39: Annual number of diagnosed cases of chlamydia and gonorrhoea in Southwark residents, 2018–2023.
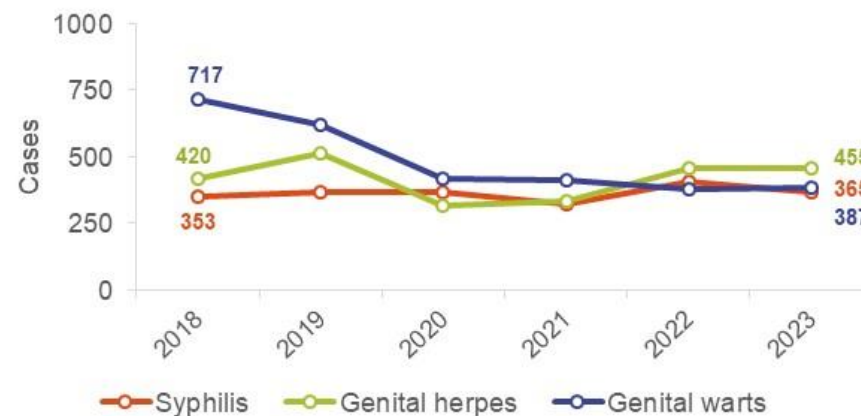Source: OHID, 2024. Sexual and Reproductive Health Profiles

Figure 40: Annual number of diagnosed cases of syphilis, genital herpes and genital warts in Southwark residents, 2018–2023.
Source: OHID, 2024. Sexual and Reproductive Health Profiles

STI test numbers have continued to increase since 2020. Between 2022 and 2023, there was a 9.3% increase in STI testing in the borough (excluding chlamydia testing in under-25s).

Local STI infections are highest among:

- Men: account for over three-quarters (77.0%) of cases
- 25–34 year olds: over two-fifths (42.3%) of cases
- Gay and bisexual men: over half (55.4%) of cases

2023 data showed that new STI diagnosis rates were not equal across Southwark: the highest levels were seen in north-west and west-central areas of the borough.
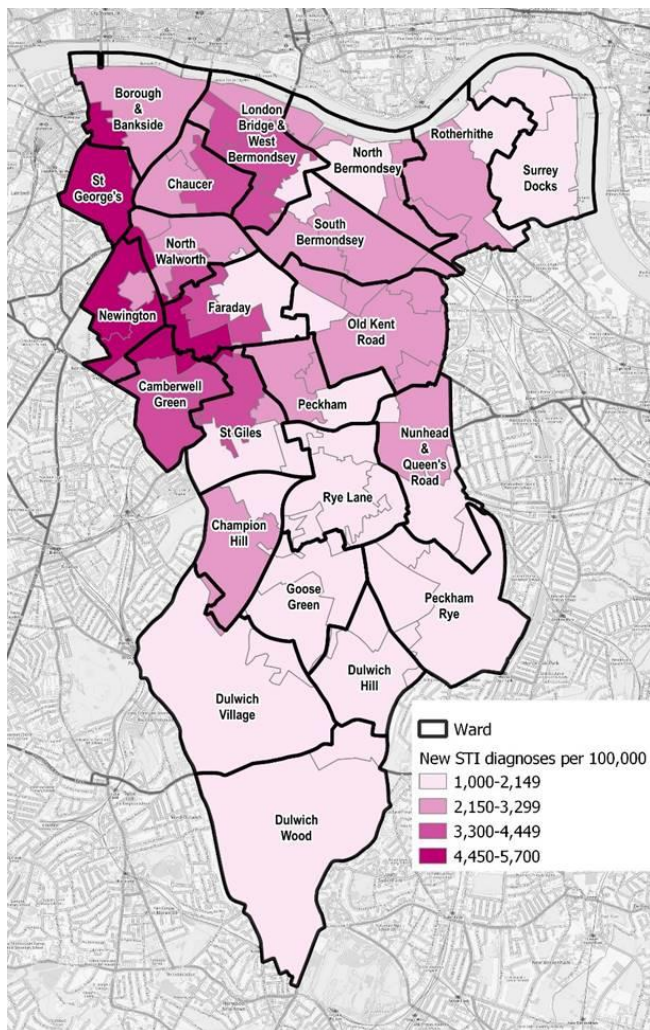
Figure 41: Prevalence of new STI diagnoses in all-age Southwark residents, per 100,000 population, by Middle Super Output Area, 2023
Source: UKHSA 2023.
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HIV

In addition to high levels of sexually transmitted infections, Southwark also has high levels of HIV. The borough has the second highest prevalence rate in England, after Lambeth. Southwark rates of diagnosed HIV are over double London levels and over five times higher than the England average.

In 2022, there were 2,880 residents with diagnosed HIV; 2022 data indicated highest prevalence in the north-west and centre-west of the borough. There were 78 new diagnoses in 2022, giving a rate of 25.5 per 100,000, the fifth highest level of new diagnoses in London.

Levels of HIV testing in the borough are significantly higher than London and England averages, with 65.1% of eligible specialist sexual health service attendees accepting an HIV test in 2022.

Figure 42: HIV testing coverage among those eligible for an HIV test in specialist sexual health services, by sexual identity group, for Southwark and London, 2022. Gay, bi or MSM = gay or bisexual men, and other men who have sex with men. Source: OHID 2024. Sexual and Reproductive Health Profiles.

Late diagnosis of HIV is an important predictor of poor health and premature death. In 2020–22, 41% of Southwark adults diagnosed with HIV received a late diagnosis, comparable to London (39.4%) and England (43.3%).

Almost one-third (31.9%) of gay, bisexual and other men who have sex with men received a late diagnosis in 2020-22, lower than levels for heterosexual or bisexual women (48.6%) and heterosexual men (76.2%).
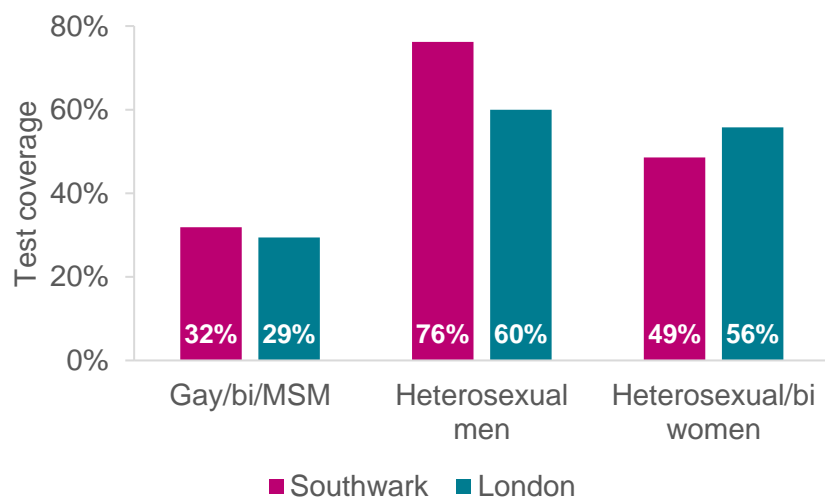

Figure 43: Percentage of HIV cases (15+ yr, first diagnosed in UK) with a late diagnosis, by sexual identity group, in Southwark and London, 2020–22.
Bi = bisexual; MSM = men who have sex with men; het = heterosexual.
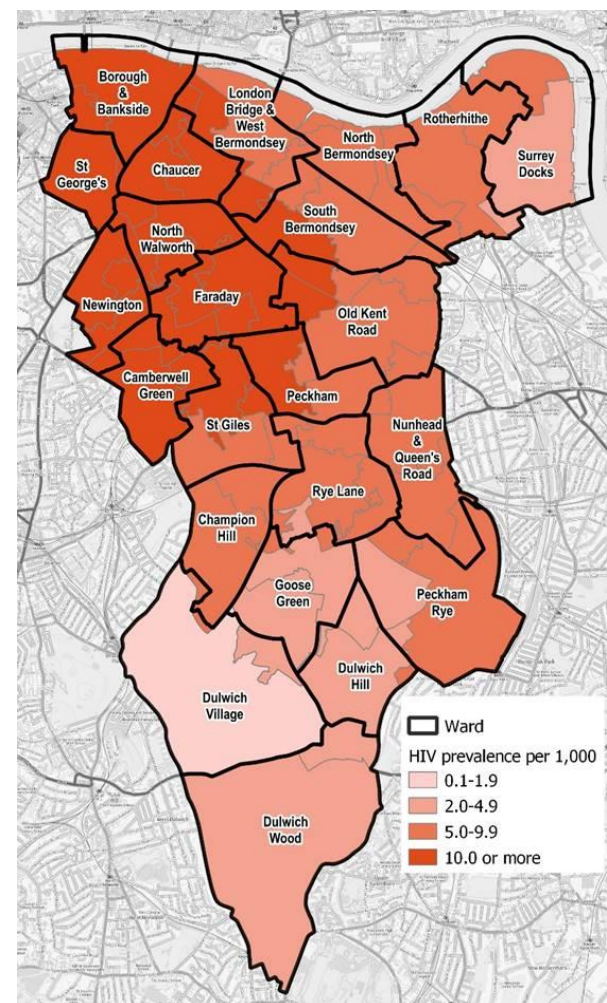**Source: OHID 2024. Sexual and Reproductive Health Profiles.**

Figure 44: Diagnosed HIV prevalence per 1,000 population for all-age Southwark residents by Middle Super Output Area, 2022.
Source: UKHSA 2024.
© OS crown copyright and database rights 2024. Ordnance Survey (0)100019252.

11.3 Long-term conditions

The Department of Health & Social Care defines a long-term condition (LTC) 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, and have a significant impact on people's health and wellbeing.

Over 111,000 Southwark GP patients are living with one or more long-term condition; over 32,000 are living with three or more. The most commonly diagnosed long-term conditions among Southwark GP patients are hypertension, depression and obesity. They are the most prevalent conditions in both the North and South Southwark Primary Care Networks, as well the most diagnosed conditions England-wide.

Hypertension

Hypertension (high blood pressure) is the most prevalent long-term condition in the borough, and a key risk factor for life-threatening conditions such as heart attacks and strokes. Hypertension disproportionately affects those from Black groups. Almost 1 in 5 (18.3%) of Southwark GP-registered patients from Black groups have diagnosed hypertension, compared with 1 in 10 (9.4%) in White patients, 1 in 13 (7.6%) in Asian patients, and 1 in 20 in mixed ethnicity (5.5%) and other ethnic group (5.1%) patients.

Depression

People from Black, Asian and other minoritised ethnic groups are known to be at greater risk of poor mental health due to greater exposure to risk factors (especially poverty, discrimination and unpaid care work) and poorer access to support services (often due to stigma and cultural barriers). However, depression diagnosis levels are disproportionately low among those from non-White groups: these patients make up over half (51.0%) of all Southwark GP patients, but only around one-third (36.8%) of patients with diagnosed depression.

Obesity

Obesity reduces life expectancy and increases the risk of cancer, chronic diseases and poor mental health. In Southwark, recorded obesity rates are more than twice as high in GP patients from Black groups (14.4%) compared with White groups (6.9%); levels are lower in those from Asian (5.6%), mixed (5.4%) and other (4.5%) ethnic groups.

Diabetes

Diabetes mellitus is the fourth most common long-term condition in Southwark. Type 2 diabetes is most common type of diabetes, with over 19,600 local people diagnosed with this condition. A further 24,300 local GP patients have known raised blood sugar (i.e. non-diabetic hyperglycaemia), putting them at risk of developing diabetes. Diabetes causes cardiovascular, kidney, foot and eye diseases which greatly reduce quality of life. Type 2 diabetes onset can be prevented or delayed by lifestyle changes. Southwark GP patients from Black community groups have over double the type 2 diabetes rate (9.9%) of White patients (3.9%); Asian patients also have higher levels (7.1%).

Hypertension 38,300	Depression 37,800	Obesity 29,600
Non-diabetic hyperglycaemia 24,300	Diabetes mellitus 20,100	Asthma 15,400
Chronic kidney disease 9,600	Cancer 8,400	Coronary heart disease 4,700
Severe mental illness 4,600	COPD 4,500	Stroke 3,600

Figure 45: Patient numbers for most prevalent long-term conditions diagnosed by Southwark GPs, 31 May 2024.
Source: South East London Integrated Care System, 2024. Comorbidities dashboard.

The diagnosed prevalence of many long-term conditions has increased over time. Over the last 3 years, the 3 leading causes of long-term conditions in Southwark have seen notable increases. For the most recent year up to April 2024, hypertension, depression and obesity have seen an increased prevalence of more than 1,000.
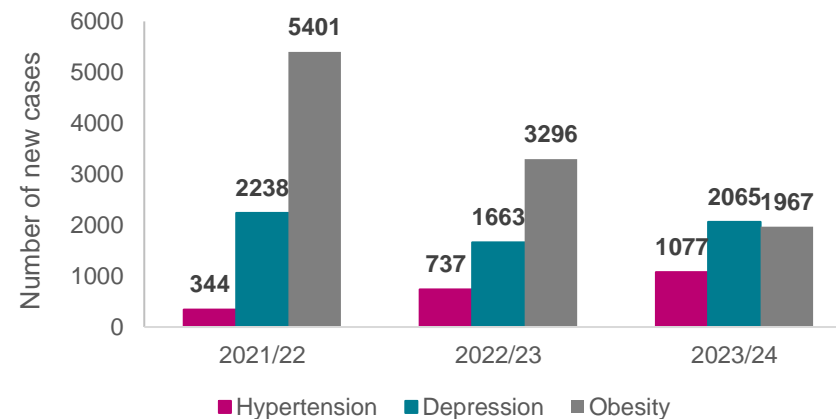

Figure 46: Yearly increase of diagnosed hypertension, depression and obesity for Southwark GP patients: 2021/22-2023/24
Source: South East London Integrated Care System, 2024. Comorbidities dashboard.

Multi-morbidity

Multi-morbidity refers to living with multiple long-term health conditions. Research on the development of multiple long-term conditions continues to expand; key findings from national and local data indicate that:

- People in the UK are developing multiple long-term conditions at an increasingly younger age.
- Nationally, people from Black, Asian and minoritised ethnic groups are more likely to develop multiple long-term conditions, and to develop them at a younger age, than those from White groups.

- Multiple long-term conditions are more common in communities experiencing higher levels of socio-economic disadvantage. Progression to two (or more) long-term conditions happens up to 10 years earlier among people living in the most disadvantaged areas of the country, compared to those in the most affluent areas.
- Certain long-term conditions are linked: having one increases the likelihood of developing other, associated conditions.

In Southwark, around 111,400 people have been diagnosed with one or more long-term conditions; about 32,700 people have three or more.

Locally, more than half (54.8%) of local GP patients with one or more long-term conditions are female; under half (45.2%) are male. Levels are similar among patients with three or more long-term conditions (54.2% are female; 45.8% are male).

Southwark GP patients from a Black ethnic background are over-represented among those with long-term health conditions. They account for over one-third (34.2%) of those with one or more long-term conditions, and over two-fifths (41.5%) of those with three or more long-term conditions, despite making up only one-quarter (26.9%) of the GP patient population.
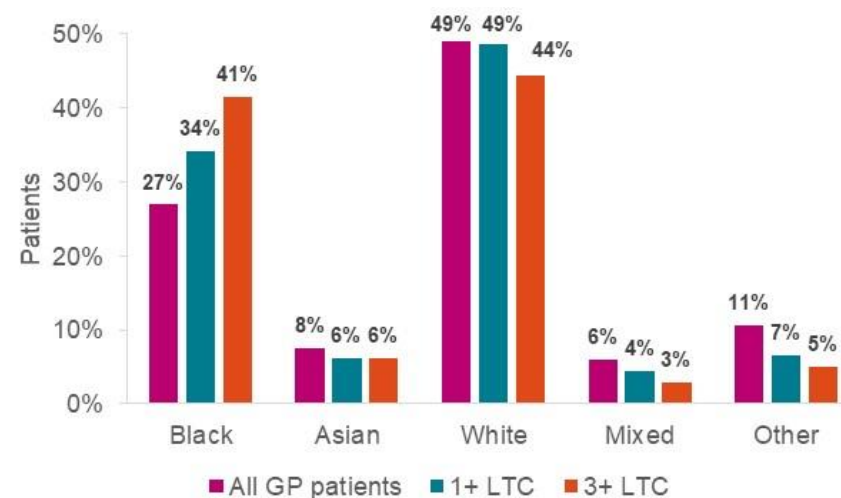

Figure 47: Percentage of Southwark GP patients by ethnic group, for all registered patients, those with 1 or more long-term conditions (LTC), and those with 3 or more LTC.
Source: South East London Integrated Care System, 2024. Comorbidities Dashboard.

As populations age, so too does the number of people with multiple long-term conditions. This change requires a shift towards better co-ordinated and more holistic care, rather than just higher numbers of disconnected care episodes, in order to best support population health. Research increasingly emphasises the importance of addressing patients' social and economic context, in order to prevent, and slow progression of, multiple long-term conditions.

Ambulatory care sensitive conditions

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

Reducing the number of hospital admissions for ambulatory care sensitive conditions is a key NHS goal. In 2023/24, there were roughly 2,000 unplanned hospital admissions of Southwark residents due to these conditions. Local admission rates (882 per 100,000). are higher than the South East London average (682 per 100,000).
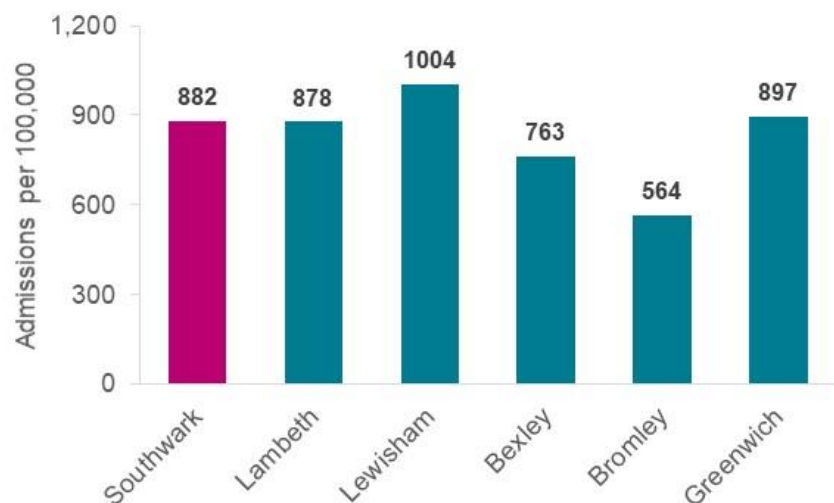

Figure 48: Indirectly standardised rate of unplanned admissions for ambulatory care sensitive conditions per 100,000 residents, for South East London Integrated Care System residents, by borough, for 2023/24.
Sources: SEL ICS, 2024, Unplanned ACSC Admissions Report; ONS, 2023, 2022 mid-year population estimates for England and Wales.

11.4 Hospital waiting times

Patients who have been referred by their GP for specialist consultant treatment, but whose treatment has not yet started, may be waiting for different events in their patient journey, such as diagnostic investigations, a consultant assessment, or hospital admission for a medical procedure. All these 'incomplete pathways' collectively make up the NHS waiting list. The NHS Constitution states that 92% of patients referred for consultant-led treatment should be seen within 18 weeks of their referral date.

Hospital waiting lists were rising before the COVID-19 pandemic and have continued to deteriorate since then. England-wide, over 7.5 million patients were estimated to be waiting to start treatment in April 2024; three-fifths (58.3%) had been waiting for 18 weeks or less and two-fifths (41.7%) had been waiting more than 18 weeks.

Current waiting times at Southwark's local hospital trusts are similar to the national average. In April 2024, almost 244,000 people were waiting for treatment at either Guy's & St Thomas' Hospital NHS Foundation Trust or King's College Hospital NHS Foundation Trust; within-18-week proportions were 56% and 57% respectively.

Guy's & St Thomas' Hospitals NHS Foundation Trust

140,700
patients waiting to start treatment

56%
waiting within 18 week standard

King's College Hospital NHS Foundation Trust

103,300
patients waiting to start treatment
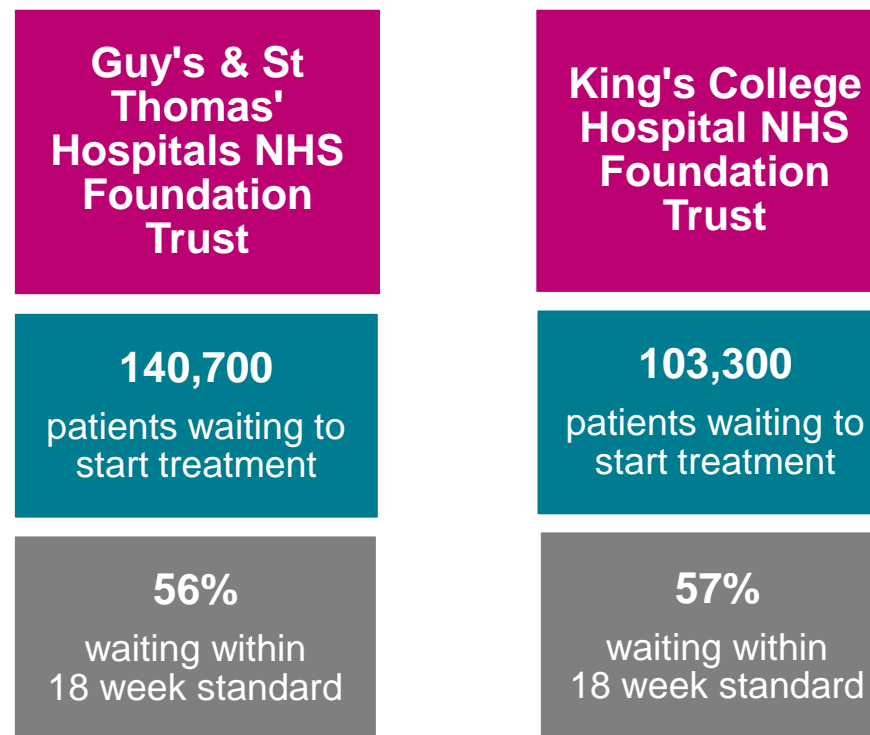
57%
waiting within 18 week standard

Figure 49: Waiting times data for consultant-led referral to treatment, for King's College Hospital NHS Foundation Trust and Guy's and St Thomas' NHS Foundation Trust (all sites), April 2024.
Source: NHS England, 2024. Consultant-led Referral to Treatment Waiting Times Data 2024-25.

11.5 Cancer

In 2022/23, about 7,400 Southwark GP patients had a cancer diagnosis (2.1%), lower than London (2.4%) and England (3.5%) levels.

Among all Southwark GP patients in May 2024, the most prevalent forms of cancer were prostate (18.6%) and breast (18.0%).
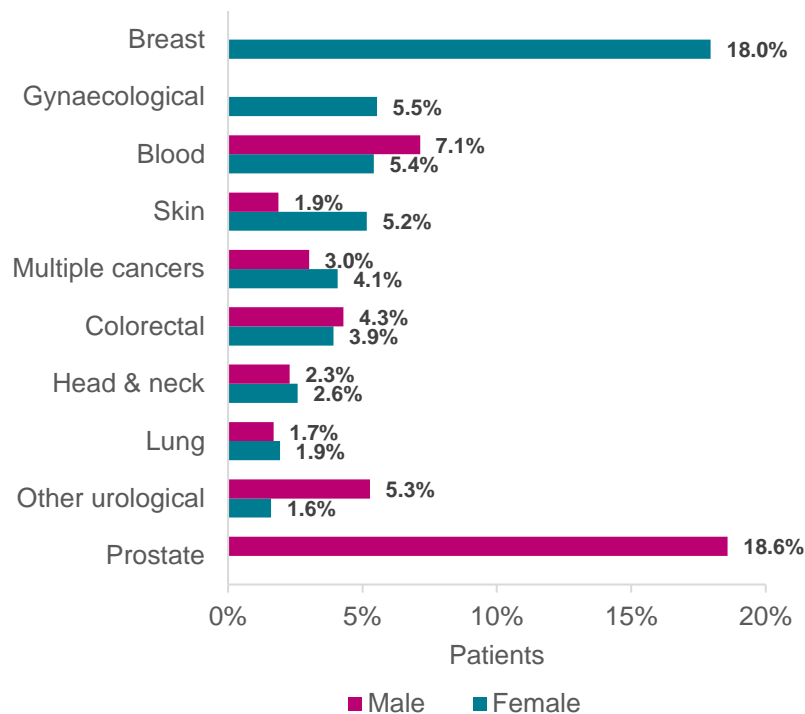

Figure 50: Percentage prevalence of cancers by site and gender, for all Southwark GP patients, May 2024.
Source: South East London Integrated Care System, 2024. Cancer Population Insights Dashboard.

The prevalence of cancers differs between men and women; both genders have high levels of blood and colorectal cancers.

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

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 occurring in those aged 75 and over. There is also a strong association between cancer incidence and socio-economic disadvantage. In 2023 evidence from Cancer Research UK cited an estimated 33,000 extra cancer cases UK-wide each year due to socio-economic deprivation – nearly 1 in 10 of all cases.

Cancer prevalence rates vary between different ethnic groups with those from a White ethnic background having a significantly higher cancer prevalence (3.0%) than those from non-White ethnic background (1.9%). Differences in age structure and healthcare access should be considered when interpreting these between-group differences.
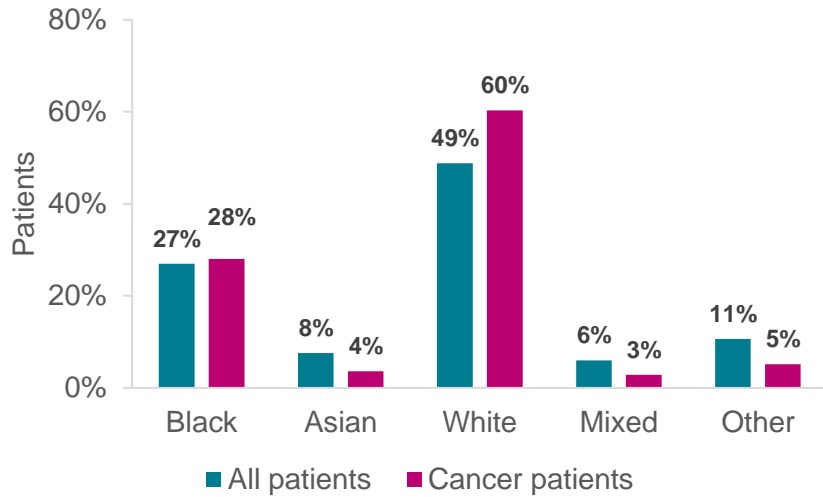
Figure 51: Prevalence of ethnic group for all Southwark GP patients and for those with diagnosed cancer, May 2024.
Source: South East London Integrated Care System, 2024. Cancer Population Insights Dashboard.

Cancer screening is a vital tool which enables cancer diagnosis at an earlier and more treatable stage. Screening is currently available for bowel, breast and cervical cancers. In 2023, Southwark bowel and breast cancer screening rates were significantly lower than London and England levels; cervical cancer screening rates were similar to London but significantly lower than England.
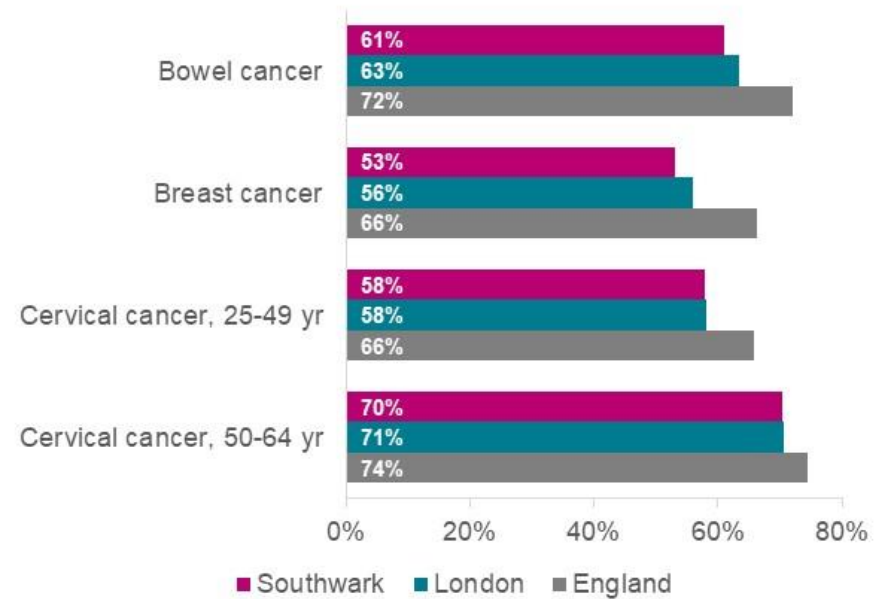

Figure 52: Proportion of eligible residents receiving screening for bowel, breast and cervical cancer, for Southwark, London and England, in 2023.
Source: OHID, 2024. Public Health Outcomes Framework.

South East London provides data on cancer screening coverage for local GP patients from different ethnic groups. Although the figures provided are estimates, the large gap between cervical cancer screening coverage in Black patients (three-quarters; 74%) versus patients from Asian and other ethnic groups (about one-half; 55% for each) is notable.
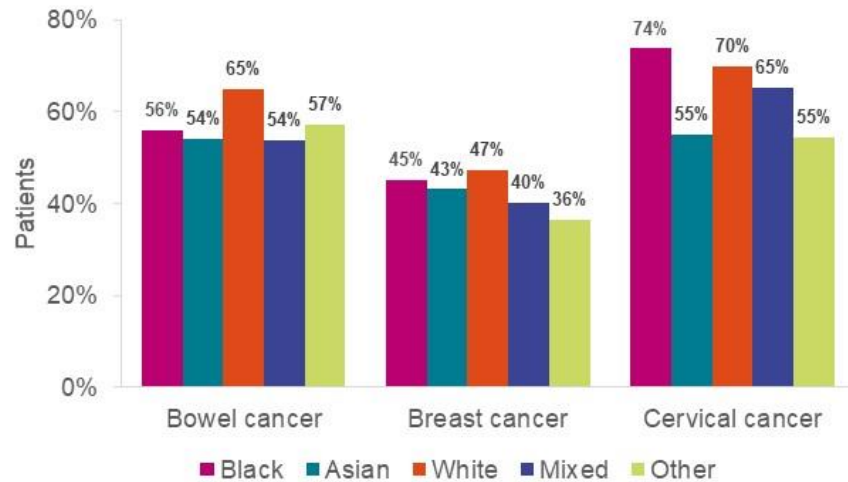
Figure 53: Estimated proportion of eligible Southwark GP patients receiving screening for bowel cancer, breast cancer and cervical cancer, May 2024. Source: South East London Integrated Care System 2024. Cancer Population Insights Dashboard.

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

- Breast cancer: 59.7% (female)
- Uterine cancer: 59.7% (female)
- Cervical cancer: 36.9% (female)
- Prostate cancer: 38.0% (male)
- Other urological cancer: 17.7% (female); 19.7% (male)
- Bowel cancer: 28.8% (female); 31.9% (male)
- Lung cancer: 31.5% (female); 24.4% (male)
- Skin cancer: 5.5% (female); 4.1% (male)

11.6 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 estimated that 1 in 4 people will experience a mental health problem in any given year.

In 2017, about 54,700 people in Southwark aged 16+ had a common mental disorder (CMD), equating to an estimated prevalence of 21% within the population. This was significantly higher than the estimated prevalence for London (19%) and England (17%). The prevalence of common mental disorders in Southwark residents aged 65 or more was estimated at 13%, significantly higher than London (11%) and England (10%).
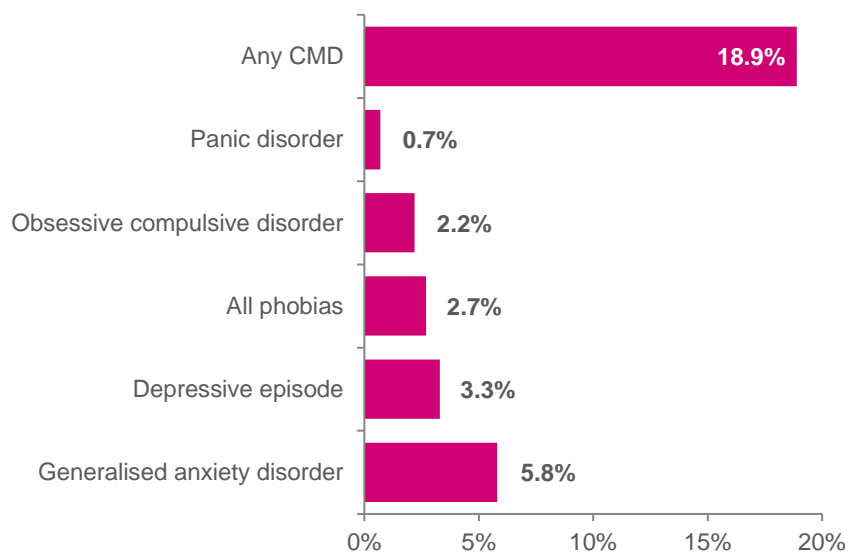

Figure 54: Common mental disorder (CMD) prevalence in London adults. Source: NHS Digital, 2016. Adult Psychiatric Morbidity Survey, 2014.

The 2014 English Adult Psychiatric Morbidity Survey (APMS) found that 1 in 6 adults had a common mental disorder in the week prior to the survey, rising to almost in 1 in 5 adults in London. The prevalence of different disorders is shown in the figure above; generalised anxiety disorder was the most common. All types of common mental disorders are more common in women: 1 in 5 women report experiencing them, compared to 1 in 8 men. The gender gap is particularly pronounced among those aged 16–24: in this age group, more than three times as many young women experience common mental disorders compared with young men.

The same survey also found that almost a quarter (23%) of adults from Black community groups reported experiencing a common mental disorder in the past week, substantially higher than levels among White British (17%) and White Other (14%) groups; levels among those from Mixed and Other (20%) ethnic groups were also higher, while reported levels among Asian groups (18%) were comparable. Results for the 2022 Adult Psychiatric Morbidity Survey are expected in mid-2025.

Among Southwark GP patients aged 10–29 diagnosed depression is more than twice as common in females (9.2%); almost 4,900 people) than males ((4.5%); almost 2,200 people).

Local survey results for 2023 suggest that 17% Southwark adults have a mental health condition which has lasted longer than 12 months. Of Southwark and Lambeth survey respondents reporting a long-term mental health condition, two-fifths (41%) also had a long-term physical health condition, 1 in 4 (27%) also had a physical or mobility condition, and 1 in 5 (22%) also had a learning disability. Over half (54%) survey respondents reported using mental health services over the last 2 years, but of those who did, half (50%) reported that accessing the

service was not easy. Mental health service use was more likely among Southwark and Lambeth respondents who were:

- Younger than 35;
- Disabled;
- Living with learning disabilities;
- Unpaid carers;
- LGBTQ+;
- from White backgrounds;
- Struggling financially;
- At the lowest and highest ends of the income scale.

Southwark NHS therapy services

The NHS Talking Therapies programme (formerly Improving Access to Psychological Therapies; IAPT) provides psychological therapy services to those with depression or anxiety.

In 2022/23, over 12,500 people were referred to Southwark Psychological Therapy Services. While referral rates for residents from a White or Black ethnic backgrounds are reflective of our population, we see lower referrals among residents from Asian backgrounds.
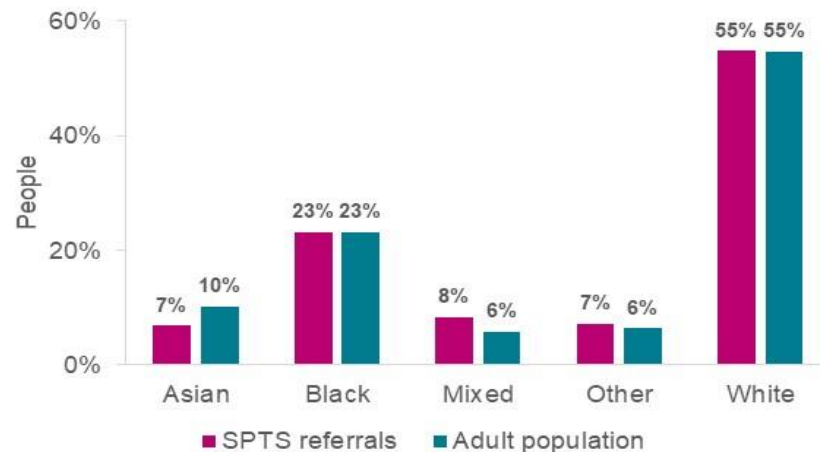

Figure 55: Proportions of 2022/23 referrals to Southwark Psychological Therapy Services (SPTS), and 2021 Southwark 16+ yr residents, by ethnic group.
Sources: NHS Digital, 2024, NHS Talking Therapies for Anxiety and Depression Annual Reports 2022-23; ONS, 2023, Custom Data Tool (accessing Census 2021 data).

As real population levels of common mental disorder are expected to be substantially higher in people from Black, Mixed and Other ethnic groups, local Talking Therapies data suggest that referral levels in those groups are disproportionately low.

Referral rates among females in 2023/24 were at least double their male counterparts for almost all age groups.
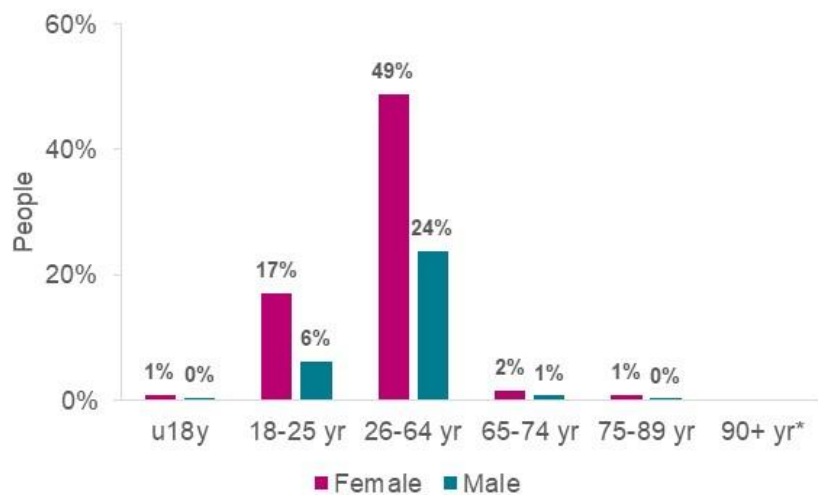

Figure 56: Proportion of total Southwark Psychological Therapies Services referrals in 2022/23, by gender-specific age group.
Source: NHS Digital, 2024. NHS Talking Therapies for Anxiety and Depression Annual Reports 2022-23.

Severe Mental Illness (SMI)

Severe mental illness (SMI) refers to a range of conditions including schizophrenia, bipolar affective disorder and depression with psychosis. In 2022/23, just under 4,000 Southwark GP patients had a diagnosed severe mental illness.

This cohort has significant health needs and experiences substantial socio-economic disadvantage: almost 3 in 10 (29.0%) live in neighbourhoods which are among the most socio-economically disadvantaged, compared with 1 in 4 (24.5%) of all Southwark GP patients.

There are also strong ethnic inequalities in severe mental illness prevalence. Almost 4 in 10 (39%) severe mental illness patients are from Black ethnic backgrounds, compared with 1 in 4 (25.5%) of all Southwark GP patients. Southwark also has a notably higher percentage of SMI patients from Black ethnic backgrounds when compared to South East London. Patients from Asian, White and Other ethnic groups are under-represented based on general GP patient population levels.
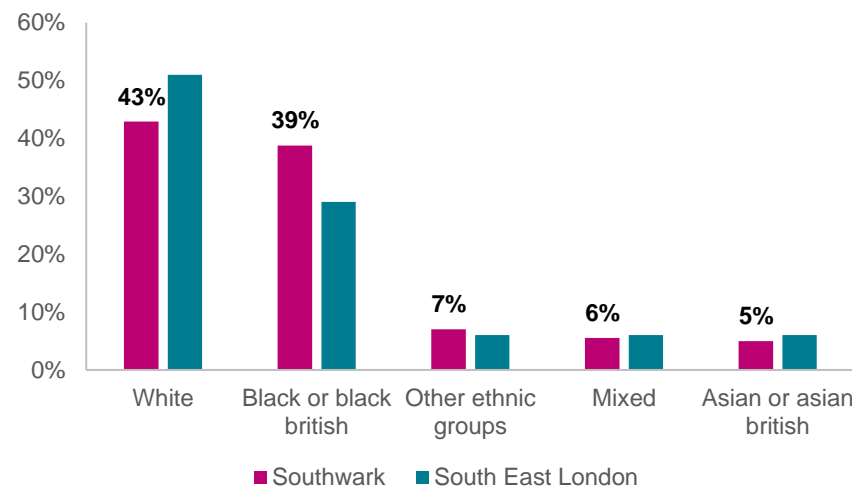

Figure 57: Proportion of Southwark & South East London SMI patients by broad ethnic group: 2022/23
Source: South East London Integrated Care System, 2024. SMI dashboard.

In terms of age, severe mental illness is most prevalent among those aged 41–60. This group make up over 4 in 10 (46%) of all severe mental illness patients (compared with 1 in 4 (26.6%) of GP patients generally).

Residents diagnosed with SMI should be offered an annual health check, covering 6 core components:

- Lipid profile
- Smoking Status
- Blood Pressure
- Body Mass Index
- Blood Glucose
- Alcohol Consumption

In 2022/23, only about half (51.8%) of Southwark SMI patients received an annual health check. This was the highest when compared to all other South East London boroughs but below the national average (54.8%). Females (57%) were more likely to receive all 6 health checks when compared to males (47%). There was little difference in receiving all 6 health checks between ethnic groups.

In 2020-22, there were 535 premature deaths in Southwark among residents who had been referred to mental health services in the 5years prior to death. Rates in Southwark (124.0 per 100,000) are significantly higher than London (110.3 per 100,000) and England (111.2 per 100,000).
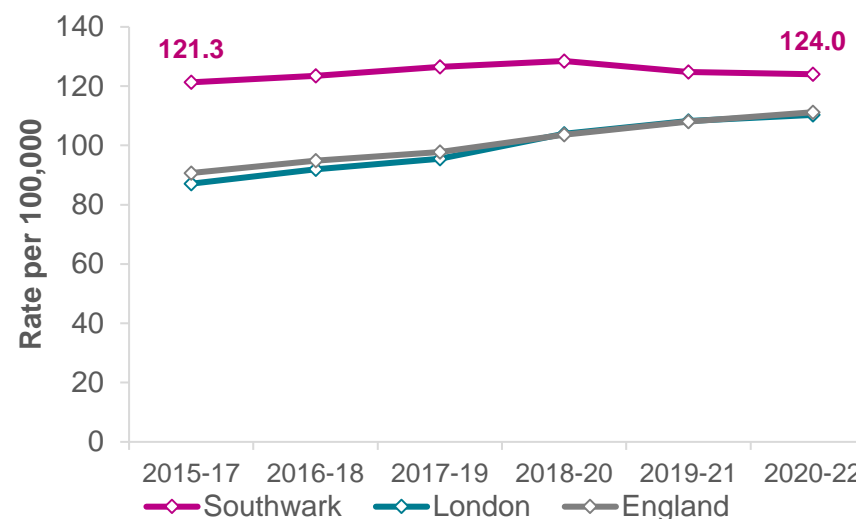

Figure 58: Directly age-standardised premature mortality rate per 100,000 population for adults (18–74 yr) with severe mental illness in Southwark, London and England, 2015–2022.
Source: OHID, 2024. Severe Mental Illness profile.

South London and Maudsley NHS Foundation Trust

The main provider for acute mental health care in Southwark is South London and Maudsley NHS Foundation Trust (SLaM). In 2022-23, 527,920 people were in contact with mental health services provided by SLaM.

Between January and March 2024, there were over 26,400 referrals to SLaM. In 2022/23, SLaM had 6,130 acute admissions for care, and received 2,545 referrals on the Early Intervention for Psychosis pathway.

Self-harm

Self-harm is one of the top 5 causes of acute medical admission in England. Research suggests that people attending Accident & Emergency due to self-harm have a 66-fold higher risk of suicide in the following year, compared with general population risk.

In 2022/23, there were 200 emergency hospital admissions for intentional self-harm in Southwark, with a rate of 59.6 emergency admissions per 100,000 population. Southwark's rate was comparable to London levels and significantly lower than England.

Over half (55.0%; 110) of these admissions were for residents aged 10–24. In this age bracket, Southwark's self-harm emergency admissions rate (195.9 per 100,000) is similar to London levels and significantly lower than England.

Suicide

The three-year suicide rate in Southwark has remained similar over the past 20 years, and in 2020–22 was comparable to London levels and significantly lower than England. In 2023, there were 24 reported deaths of Southwark residents by suspected suicide, nearly double the number reported in 2022 (13). Actual numbers of suicide deaths will vary due to absent or delayed reporting.

Often no single cause explains why someone has taken their own life. Usually several risk factors add together to increase an individual's risk. At the same time, the presence of risk factors does not necessarily lead to suicidal behaviour. For example, it is estimated that 80-90% of people who die by suicide are experiencing a mental health condition. However, only a small proportion of those with depression will attempt suicide.

12. AGEING WELL

12.1 Adult Social Care

Adult Social Care provide information, advice and services to local residents to support them to remain independent. In 2023/24 there were 1,082 people who requested and started using a service for short and long term support, down by 43 from the previous year. In 2023/24, the percentage of service users by age group was similar to 2022/23.
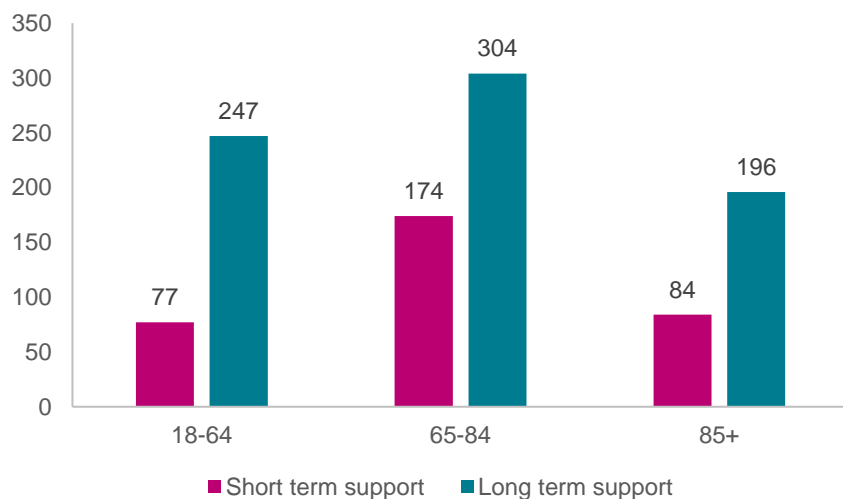

Figure 59: New service users (short & long term support) who started between April 2023 and March 2024, by age group.
Source: Southwark Adult Social Care Division

Adult Social Care provided support to 5,650 long-term service users in 2023/24, down by 166 from the previous year. The most common primary support reason was for older people and physical disability (68%). The next most common reason for support was learning disability, with the majority of these service users being aged 18-64.
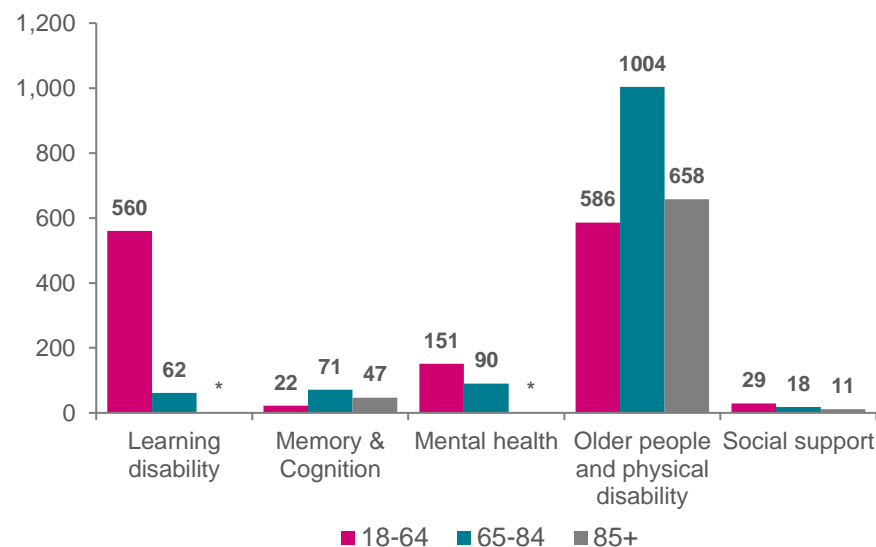

Figure 60: Primary support reason for long-term service users in 2023/24, by age group.
Source: Southwark Adult Social Care Division
***Denotes small numbers which have been supressed**

Adult Social Care also provide support to those providing unpaid care. In 2023/24 Southwark supported 175 newly identified unpaid carers, similar to the previous year (178).

12.2 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.

Despite the latest figures showing that there were 485 admissions in Southwark between 2022/23, this figure is down from 560 in the previous year. 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. Rates of admissions for 65-79 year olds are similar to regional and national levels, whilst rates for residents aged 80+ are below regional and national levels.

Figure 61: Emergency admissions due to falls in those aged 65-79 and 80+ 2022/23.
Source: OHID, 2024. Productive & Healthy Ageing Profile.

Since 2010 the level of emergency admissions due to falls in the borough has fallen by 25% among those aged 65-79 and by 20% among those 80+, reversing the gap between Southwark and London.
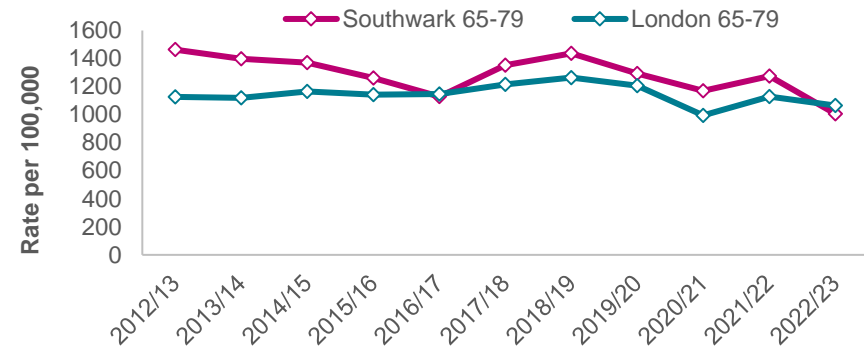

Figure 62: Emergency admissions due to falls in those aged 65-79: 2022/23. Source: OHID, 2024. Productive Healthy Ageing Profile.
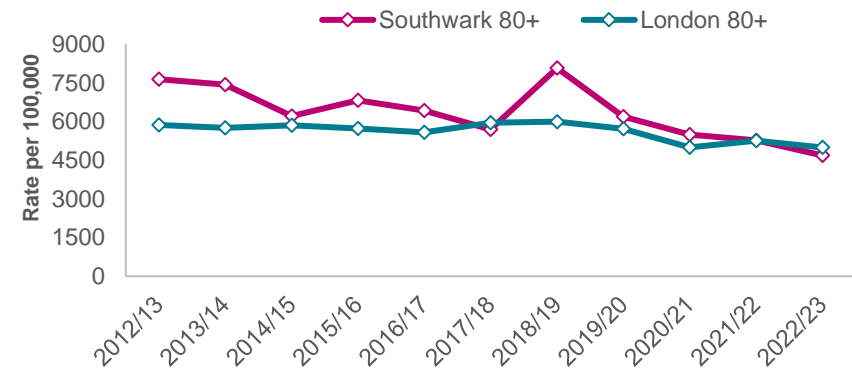

Figure 63: Emergency admissions due to falls in those aged 80+: 2022/23. Source: OHID, 2024. Productive Healthy Ageing Profile.

12.3 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 2024 show over 1,800 people in Southwark are estimated to have a dementia diagnosis. Research shows a timely diagnosis of dementia can have a significantly positive impact on a person's quality of life. Latest estimates suggest that over three-quarters (71%) of those thought to be living with dementia in Southwark have received a diagnosis; higher than regional (67%) and national levels (65%).

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.

12.4 Mortality

Deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause could mainly be avoided by public health and primary prevention interventions

In 2022 there were 272 deaths among those aged under 75 in Southwark that were considered preventable, 100 less deaths than the previous year. At a rate of 146 per 100,000 the preventable mortality rate in Southwark was higher than London but lower then England.

Figure 64: Preventable mortality: under 75 mortality rate from all causes considered preventable, per 100,000 population. Age standardised mortality rate: 2022
Source: OHID, 2024. Public Health Outcomes Framework.

The most recent year has seen a sharp reduction in the rate of preventable mortality, with levels dropping by 15%, mirroring patterns in London and England.
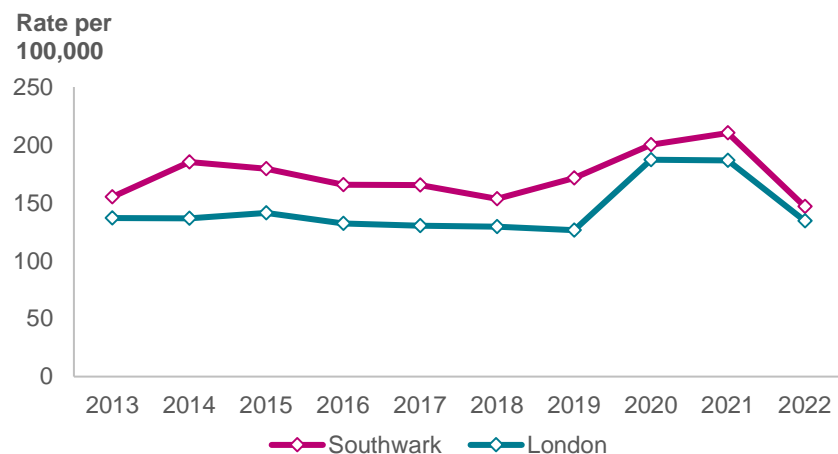
Rate per 100,000

Figure 65: Preventable mortality: under 75 mortality rate from all causes considered preventable, per 100,000 population in Southwark & London. Age standardised mortality rate: 2013-2022
Source: OHID, 2024. Public Health Outcomes Framework.

Preventable mortality rates are also broken down by 4 key disease groups: cardiovascular, cancer, liver and respiratory diseases. Preventable mortality in Southwark is statistically similar to both London and England for all four disease groups.
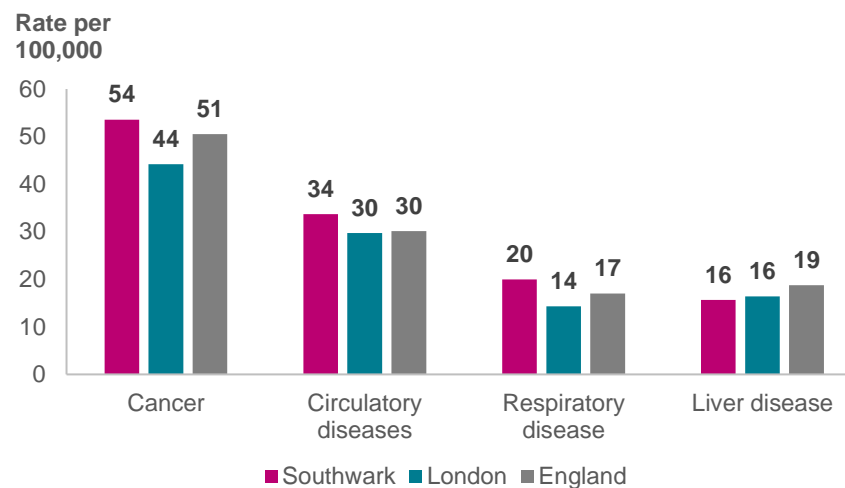
Rate per 100,000

Figure 66: Preventable mortality among those aged under 75 per 100,000 residents, by condition: 3-year average (2020-22). Age standardised mortality rate. Source: OHID, 2024. Public Health Outcomes Framework.

Cancer remains the leading cause of preventable mortality in those under 75, both locally and nationally, but has seen a noticeable reduction over the last decade. Only causes of preventable mortality by circulatory disease has seen an increase in recent years, with the most recent data (2020-22) being at its highest rate of mortality since 2014.
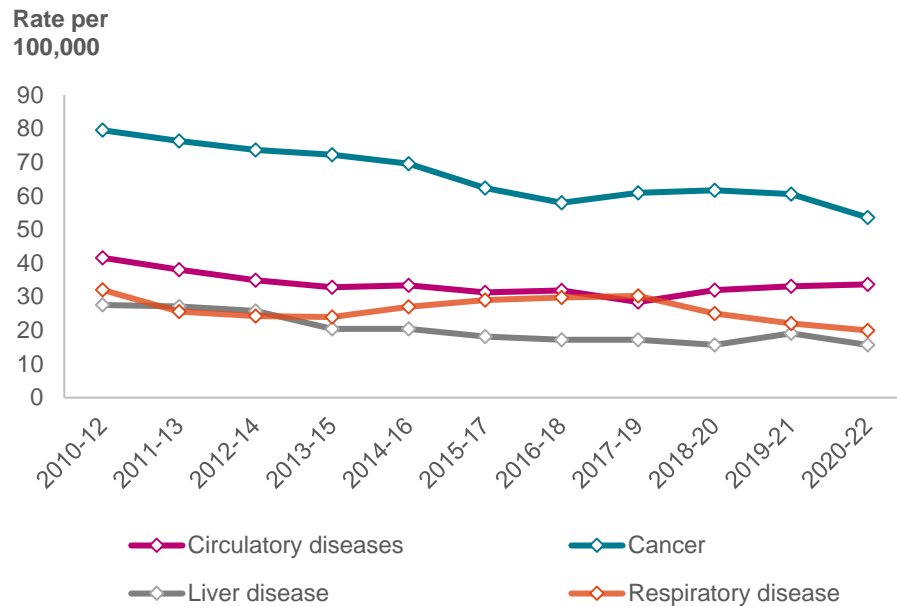
Rate per
100,000

Figure 67: Preventable mortality among those aged under 75 per 100,000 residents, by condition: 3-year average (2013-15 - 2020-22). Age standardised mortality rate. Source: OHID, 2024. Public Health Outcomes Framework.

Geographical inequalities in preventable mortality mirror many of the underlying health issues in the borough, with levels often highest in our more disadvantaged communities. Dulwich Village Ward has the lowest rate of preventable mortality whilst Nunhead & Queen's Road has the highest rate of preventable mortality in the borough.
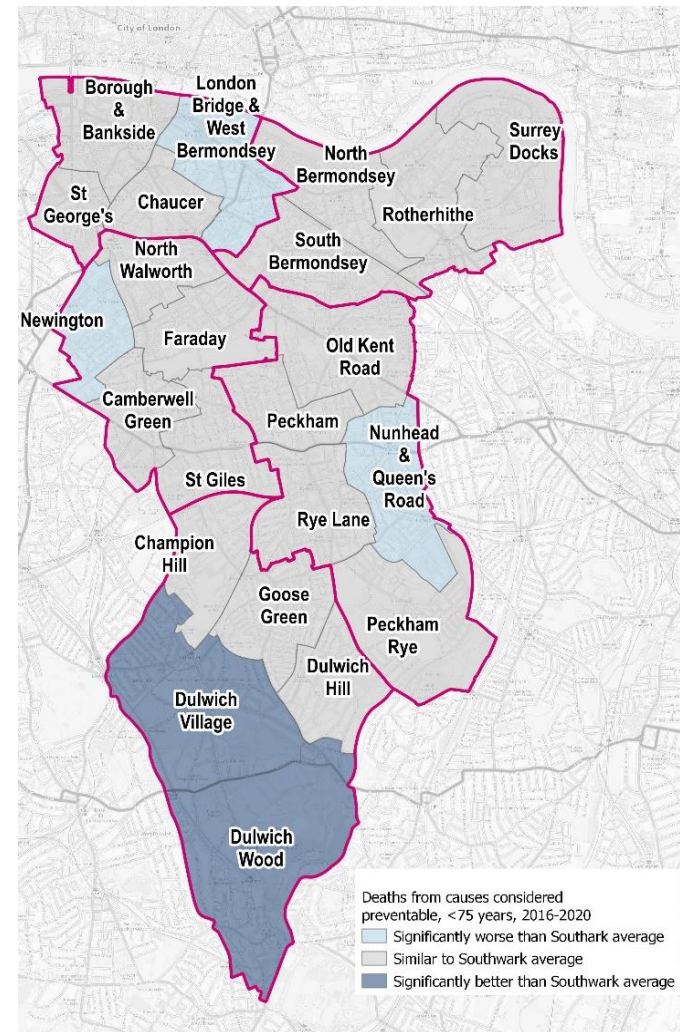

Figure 68: Significance of mortality rate from all causes considered preventable in residents under 75 years old, by ward of residence in comparison to the Southwark average (2016-2020).
Source: OHID 2024. Local Health – Small Area Public Health Data.
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12.5 Life expectancy

Life expectancy is often used as the overarching measure of the health of the population. In 2020-22, life expectancy at birth was 78.4 years for men and 83.2 years for women in Southwark. Female life expectancy was higher than England and comparable to London. Male life expectancy was comparable to England but lower than London.

Until 2011 there was a consistent pattern of increasing life expectancy in both Southwark and England, along with a closing of the inequality gap. While the COVID-19 pandemic has impacted the most recent life expectancy figures, trends shows that there has been a longer-term pattern of stalling in life expectancy locally and nationally, with no discernible improvement over the last decade.

National analysis suggests there is no single cause driving this slow down, with factors including:

- Slowing down in improvements in premature mortality from heart disease and stroke
- Slowing down of improvements in mortality among younger adults under the age of 60
- Increases in winter deaths in 2014-15 through to 2017-18

The analysis also showed impact of this slowing down in improvements has been greatest amongst the most disadvantaged communities, exacerbating inequalities.
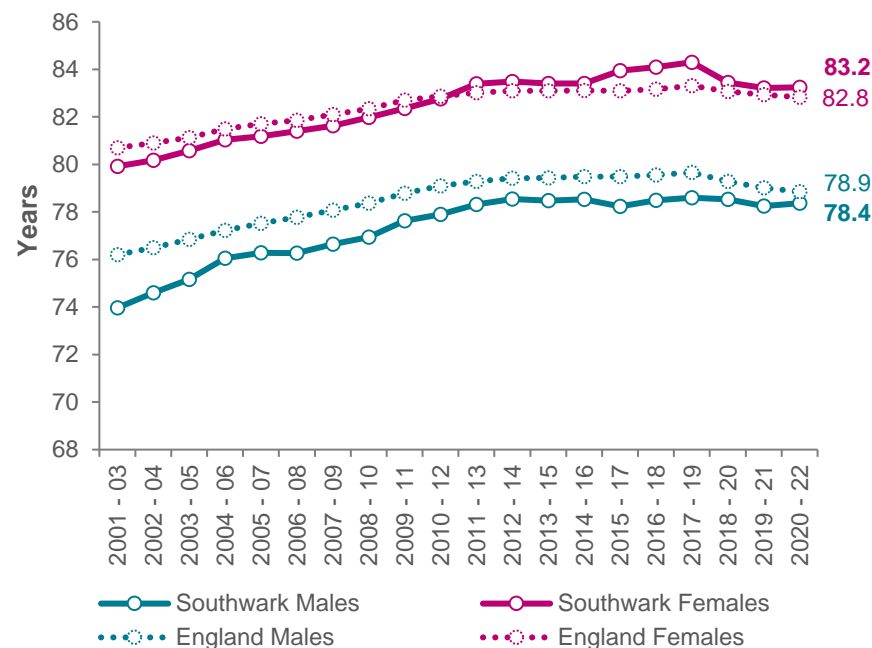

Figure 69: Female & Male Life expectancy at birth in Southwark: 2001-03 to 2020-22. Source: OHID 2024. Productive Healthy Ageing Profile.

Life expectancy is not uniform across the borough. Based on 2016–20 data, male life expectancy is highest in Dulwich Village ward (87.1 years) with men in Nunhead & Queen's Road living more than 10 years less (75.3 years). Female life expectancy is highest in Champion Hill (89.8 years), almost 10 years higher than London Bridge & West Bermondsey (80.0 years).
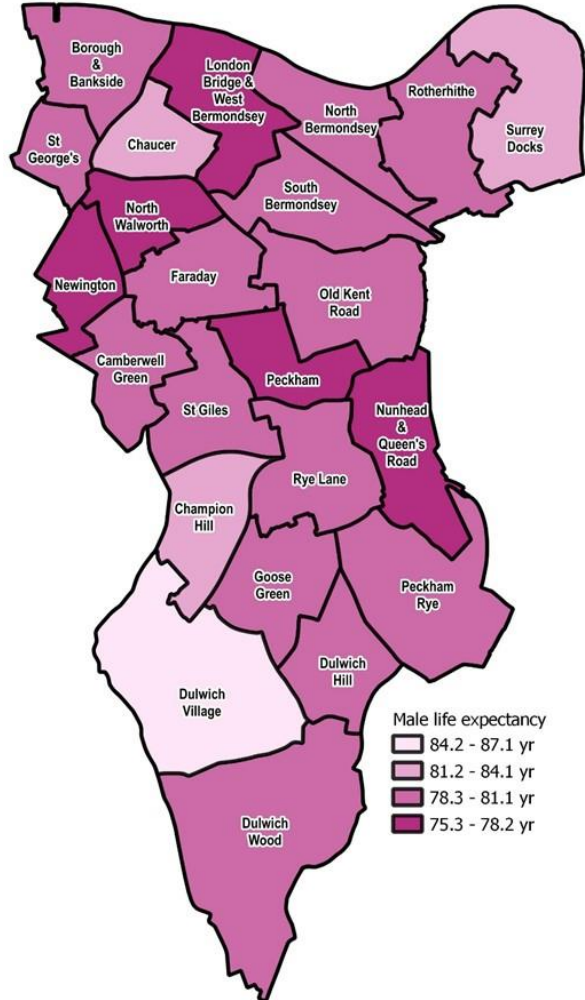
Figure 70: Male life expectancy at birth by ward, 2016–20.
Source: OHID, 2024. Local Health.
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Male life expectancy
- 84.2 - 87.1 yr
- 81.2 - 84.1 yr
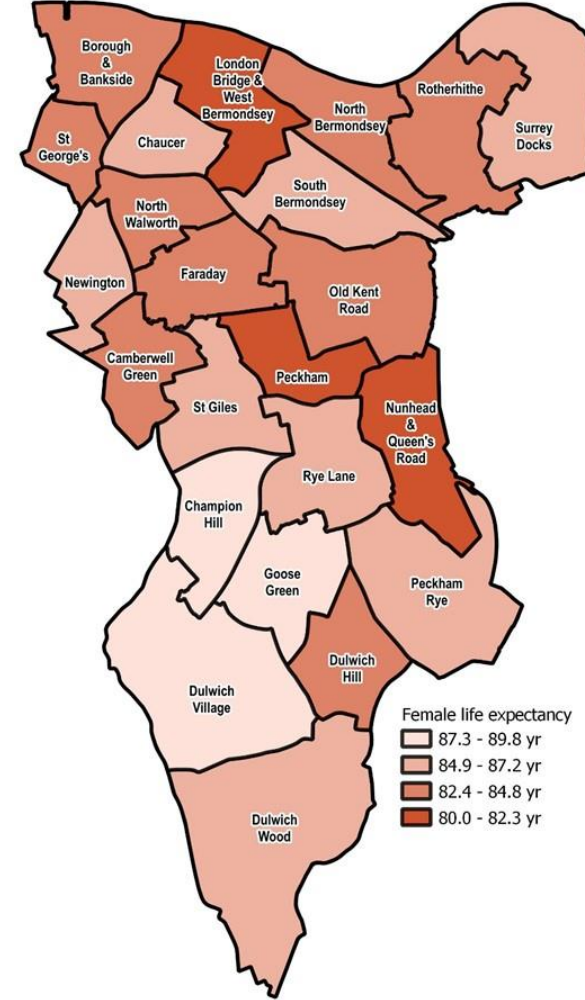- 78.3 - 81.1 yr
- 75.3 - 78.2 yr

Figure 71: Female life expectancy at birth by ward, 2016–20.
Source: OHID, 2024. Local Health.
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Female life expectancy
- 87.3 - 89.8 yr
- 84.9 - 87.2 yr
- 82.4 - 84.8 yr
- 80.0 - 82.3 yr

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. Despite Southwark females living more years than males, these extra years are spent in poorer health.

Southwark females spend less years in good health when compared to London and England. Southwark males spend similar years in good health when compared to London and England.

Female healthy life expectancy in Southwark has dropped by 8.8 years since 2017, with the most recent year being similar to male healthy life expectancy. A gradual increase up to 2017 saw females reporting living 8.4 years longer in better health than males, indicating a stark inequality. However, for the 4 years up to 2020 the gap in healthy life expectancy reduced, with males indicating 1.4 more lived years in good health.

Figure 72: Female & Male Healthy Life expectancy at birth in Southwark, London & England: 2018-2020.
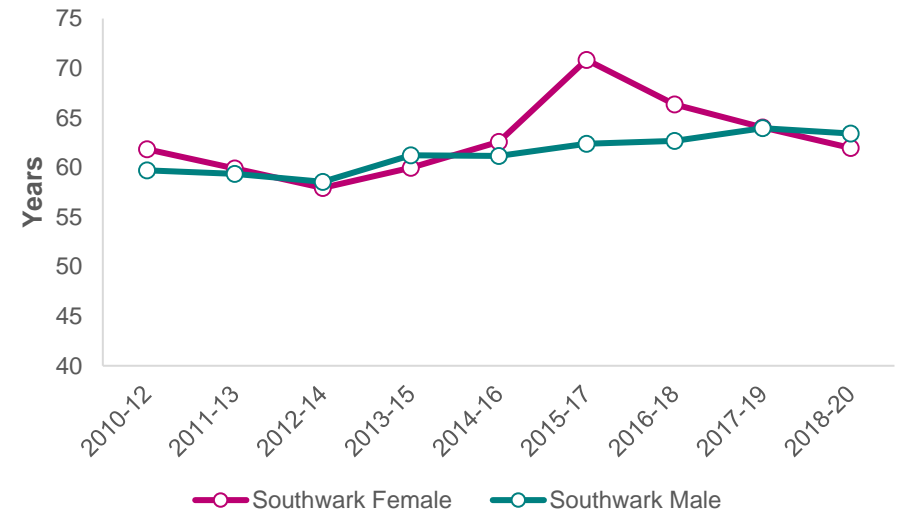Source: OHID 2024. Productive Healthy Ageing Profile.

Figure 73: Female & Male Healthy Life expectancy at birth in Southwark: 2010-12 – 2018-2020.
Source: OHID 2024. Productive Healthy Ageing Profile.

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