

# JSNA Annual Report 2025

*Southwark's Joint Strategic Needs Assessment*

**OVERVIEW OF HEALTH & WELLBEING**

**PUBLIC HEALTH DIVISION**

**CHILDREN & ADULTS DEPARTMENT**

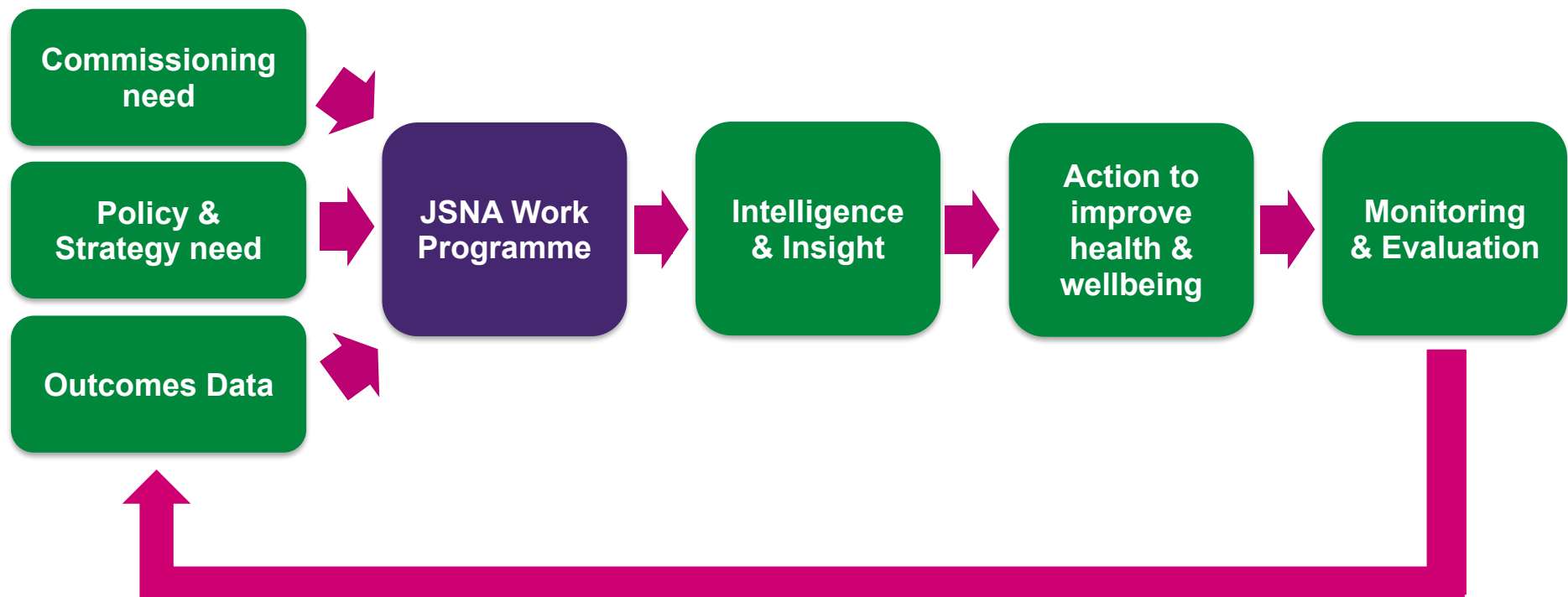
LONDON BOROUGH OF SOUTHWARK

# 1. BACKGROUND

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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.



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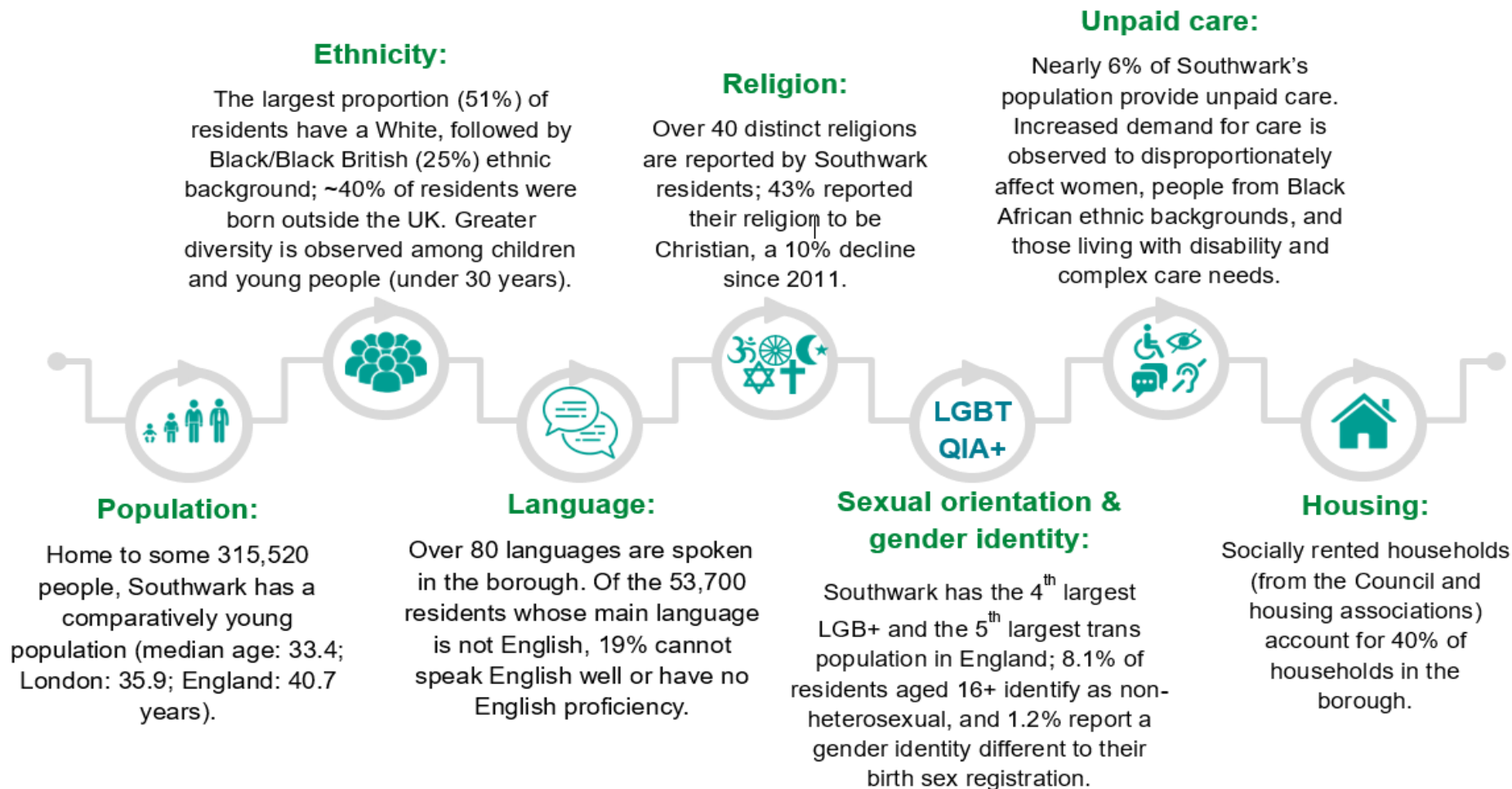
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## 3. SUMMARY

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### 3.1 Overview of Southwark population



## 3.2 Achievements

We continue to see improvements in infant and child health, through better access to early years services, in addition to school-based interventions such as educational care plans and free school meals.

Southwark is making strives to improve its physical, structural and social environment, helping to improve health and wellbeing for residents and limit the exposure to risk factors that have a negative impact on life quality.

We are prioritising services which help detect the early signs of disease, whilst implementing programmes to increase the adoption of healthy behaviours.

### Starting well



**Infant deaths are down by two thirds since 2002**



**Emergency admissions for children under 5 have fallen by 35% since 2013**

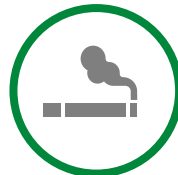


**There were 85 less asthma-related hospital admissions in 203/24 for children under the age of 19**

### Living well



**Levels of air pollution have fallen by 30% since 2018, leading to a 29% reduction in deaths attributed to air pollution**



**Levels of smoking are down by over a quarter since 2011, changing from 1 in 7 to 1 in 5 adult smokers**



**New cases of HIV have reduced by almost 65% since 2013, whilst the engagement in HIV testing is 40% higher than in 2018**

### Ageing well



**Hospital admissions for falls among the elderly have reduced by a quarter since 2010**



**Over three-quarters of those thought to be living with dementia in Southwark have received a diagnosis; higher than regional and national levels**



**There has been a 40% reduction in preventable mortality in Southwark between 2001 and 2023**

### 3.3 Challenges

Despite the improvements in many health outcomes, challenges persist. Life expectancy has stalled, quality of life years is decreasing, and there are a rising number of people living long-term conditions. These issues are exacerbated within and between population groups, as inequalities are widening.

People residing in areas of highest socioeconomic disadvantage live shorter lives and spend more of those years in poorer health. Children and families residing in areas of higher socioeconomic disadvantage face greater hardship and often require support to meet basic needs, such as access to healthy and affordable food. Residents from a black ethnic background are more likely to experience excess weight and are disproportionately impacted by long term conditions such as Hypertension and Diabetes.

#### Starting well



An increasing number of **children** are **living in poverty** with free school meal eligibility rising by 68% since 2018



Over 2 in 5 **Year 6 children** and 1 in 5 **Reception children** have **excess weight levels**



Coverage for **essential childhood vaccinations** have **dropped or stalled** compared to 10 years ago

#### Living well



There are 2,000 more residents **living with 3+ long term conditions** such as mental health and hypertension since last year



The number of newly identified **rough sleepers** continues to increase, **800** identified in 2024/25, **up 22%** from the previous year



**Inequalities** of health & wellbeing outcomes by ethnicity and **socioeconomic disadvantage** remain and are **worsening**

#### Ageing well



Trends indicate there has been a longer-term pattern of **stalling in life expectancy**, with no discernible improvement over the last decade



Residents are spending only 60 years in **good health**, which is lower than a decade ago



**Preventable mortality** in Southwark remains significantly higher than in London



### 3.4 JSNA Programme work

The Southwark Insight Hub has been redeveloped in the last year and can be accessed here: [www.southwark.gov.uk/insight-hub](http://www.southwark.gov.uk/insight-hub). The hub brings together a range of information on the demographics of Southwark and our neighbourhoods, a new interactive data-tool, and in-depth analysis from the Joint Strategic Needs Assessment.

Several in-depth needs assessments have been completed in the last year, focusing on communities or topic 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, needs assessments completed as part of Southwark's JSNA programme included:

- Latin American Health
- LGBTQIA+ Health and Wellbeing
- Hot Weather
- Carers
- Gypsy, Roma, and Traveller Populations (factsheet)
- Poverty (factsheet)
- Child & Adult Obesity (factsheet)

Needs assessments provide the opportunity to conduct in-depth reviews and establish system-wide recommendations to improve health and wellbeing for our residents. Each needs assessment undergoes an annual review to evaluate progress against their recommendations. Although completed needs assessment from 2024 have not reached the 1-year annual review timepoint, we have already been able to identify progress against many of the recommendations, including:

- Cultural competency training is being commissioned for Community Health Ambassadors, clinicians and frontline staff supporting the health outreach programme, with the first round of training beginning in summer 2025.
- A Pride in Practice programme is in the process of being implemented in primary care to improve the experience of health services among LGBTQIA+ residents.
- Monthly health outreach sessions have been set up at a local LGBTQIA+ community shelter, the Outside Project, with clinicians from the Bridge Clinic offering support and guidance.
- A monthly health outreach hub site focusing on Latin American residents has been established at Castle Square.
- Multiple language options are in the process of being rolled out across our digital health kiosks in the borough, including Spanish and Portuguese.
- Cared-for person support plans are linked across social services and NHS systems.
- A hospital discharge pathway for carers has been developed as part of the wider South East London Accelerated Reform Fund project.

Many of our needs assessments have cross-cutting implications across the 9 protected equality characteristics. It is essential that we identify and provide recommendations to promote equality and prevent discrimination for communities in various aspects of life. We are in the process of conducting a review of these recommendations to identify common themes and assess implementation.

## 4. SOUTHWARK'S JOINT HEALTH & WELLBEING STRATEGY (2022-2027)

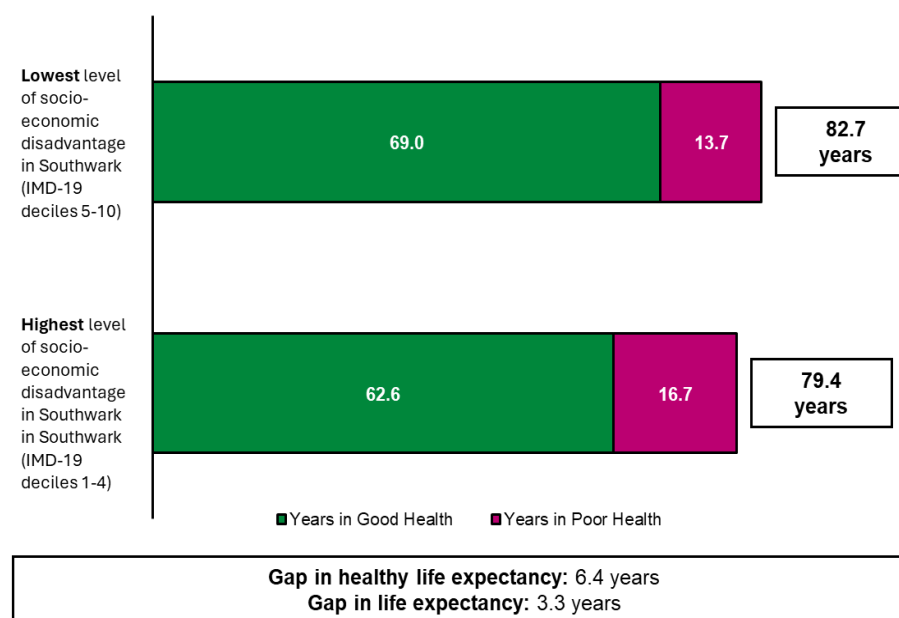
Southwark's Joint Health and Wellbeing Strategy (JHWS) sets out how the Health and Wellbeing Board will work together to prevent ill-health, promote wellbeing and reduce health inequalities.

The strategy runs from 2022 to 2027, and the underpinning action plan sets out how partners will ensure progress against the aims of the strategy. Priorities covered in the action plan include:



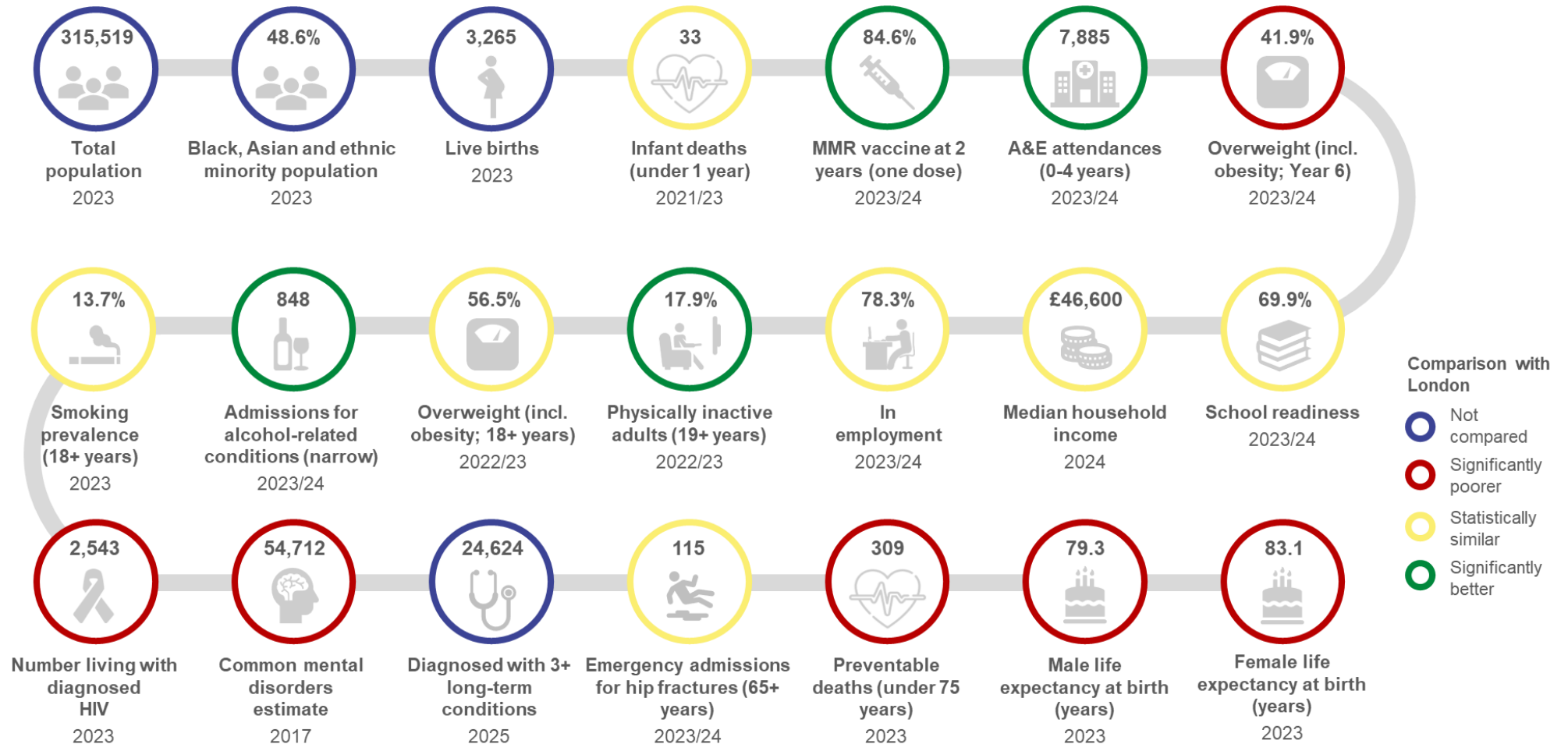
Many outcome measures set out across these four priorities areas are highlighted in this report through the life course approach. This JSNA Annual Report focuses on longer-term outcome measures as indicators of the long-term success of the Joint Health and Wellbeing Strategy.

Life expectancy and healthy life expectancy are the overall measures of the health of our population. Furthermore, the gap in life expectancy between those living in neighbourhoods with the lowest and highest levels of socio-economic disadvantage are our overall measures of health inequalities.



**Fig 1. Life expectancy and number of years spent in good health (healthy life expectancy) at birth, in Southwark, regardless of sex by level of deprivation (IMD-19 decile 1-4 vs 5-10) of area of residence, 2024. Source: Southwark Public Health Division, 2025.**

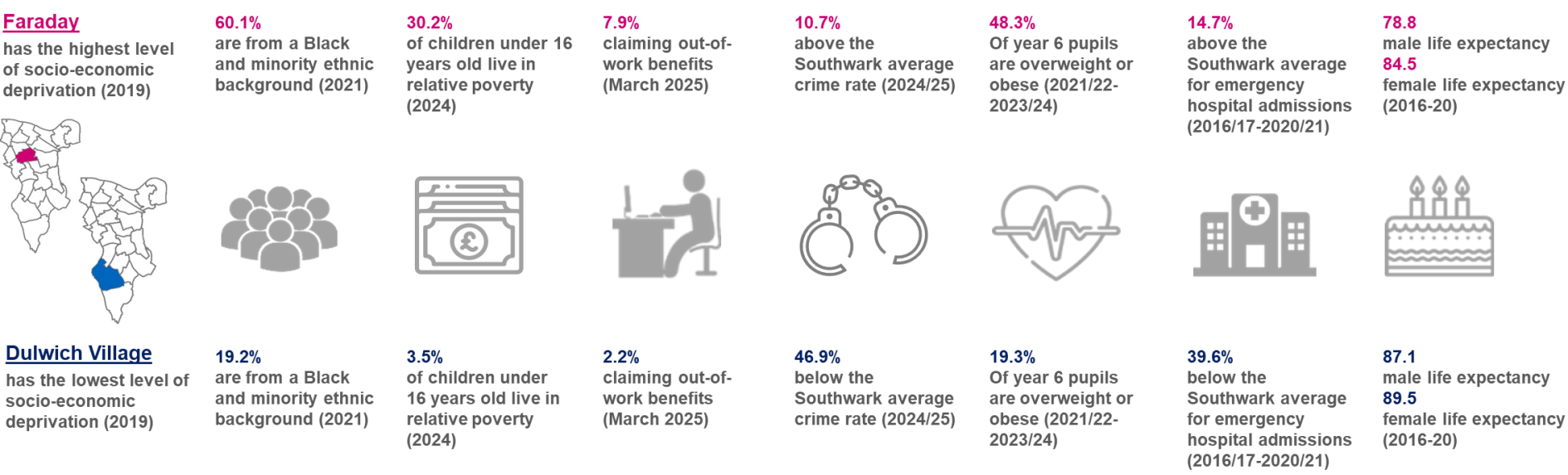
## 5. SOUTHWARK HEALTH & WELLBEING INFOGRAPHIC



# 6. 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. Further detail on the health of wards and neighbourhoods in Southwark is available via the [Southwark Insight Hub](#).

## Our poorest outcomes are concentrated in our most deprived neighbourhoods:



## 7. 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.

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

**Black African & Black Caribbean** residents have amongst the poorest health & wellbeing outcomes



**White** residents have amongst the best health & wellbeing outcomes

**29%** of Black residents live in the most deprived neighbourhoods (2019)



**17%** of White adults live in the most deprived neighbourhoods (2019)

**43%** Black children in Year 6 are overweight or obese (2023/24)



**30%** White children in Year 6 are overweight or obese (2023/24)

**50%** Black students achieve a Grade 5 or above in English & Maths (2023/24)



**65%** White students achieve a Grade 5 or above in English & Maths (2023/24)

**46%** Black adults experience food insecurity (2019)



**9%** White adults experience food insecurity (2019)

**31%** Flu vaccine coverage in residents of a Black ethnicity (2023/24)



**48%** Flu vaccine coverage in residents of a White ethnicity (2023/24)

**57%** Estimated bowel cancer screening uptake in Black population (2025)



**65%** Estimated bowel cancer screening uptake in White population (2025)

## 8. COMMUNITIES

Southwark is a **densely populated and diverse** inner London borough situated on the south bank of the River Thames, with Lambeth to the west and Lewisham to the east. The borough is made up of a **patchwork of communities**: from leafy Dulwich in the south, to bustling Peckham and Camberwell, and the rapidly changing Rotherhithe peninsula. Southwark is a rapidly growing borough with large numbers of young adults and residents from a wide range of ethnic and demographic backgrounds. **Significant inequalities remain** between different population groups mirroring trends seen at a national level. This inequality holds our whole community back; the desired harmony and prosperity we all look for in Southwark relies on a more equal society. **Reducing inequality is a core principle of the Joint Health & Wellbeing Strategy and Southwark 2030.**



Home to some **315,520** people, Southwark has a comparatively young population, with a large number (41%) of the population of young working age (aged 20 to 39 years).



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



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



In 2021, **Southwark ranked highest** of all local authorities in England for the proportion of households which rent accommodation from the Council, at **27%**.



Southwark is ranked fourth in England for proportion of residents identifying with a **non-heterosexual orientation, most frequently lesbian, gay or bisexual**. This equates to roughly **21,000** residents.

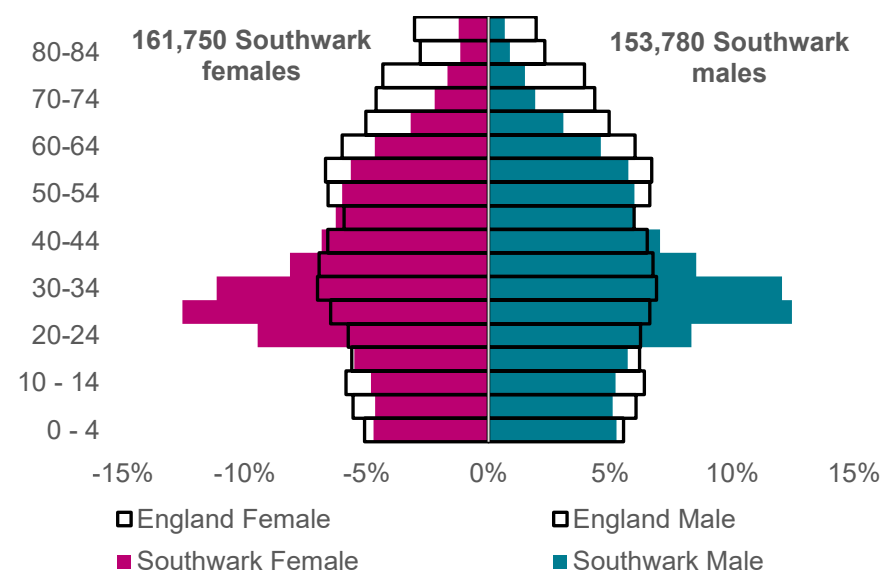


Almost a **quarter of households** (33,000) had at least one resident with a **disability**. Over the last decade, there has been an **increase** in the number of hours of **unpaid care** residents provide.

## 8.1 Current population

Home to some 315,520 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.

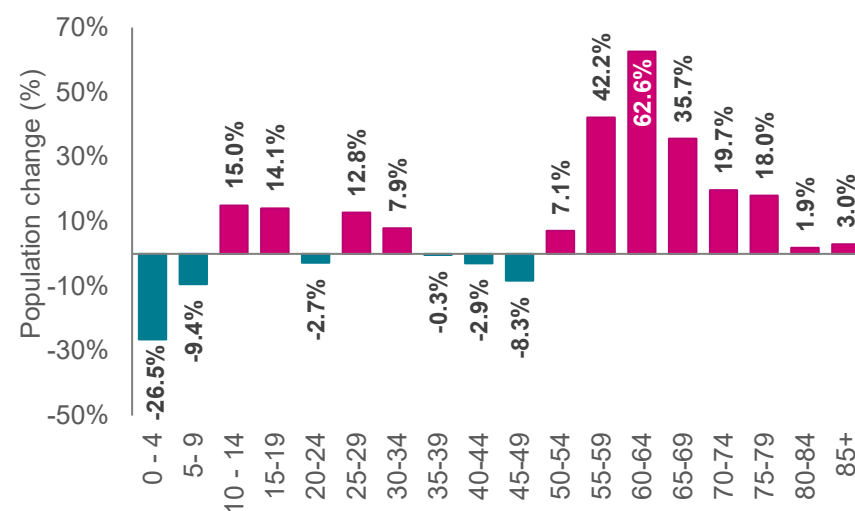
Figure 1 shows the age structure of Southwark compared to England (black outline). The chart demonstrates that the low average age in the borough arises not from large numbers of children, but from a large number of young working-age residents: 41% of the Southwark population is aged 20 to 39.



**Fig 2. Age structure of Southwark compared to England, 2023**  
Source: ONS 2025. Mid-year population estimates, mid-2023.

## 8.2 Population change

The population of Southwark grew by 6% between 2013 and 2023, in line with the London and national average. However, the change over the decade has not been uniform. Over the ten-year period, the most significant changes in the Southwark age profile have been among adults aged 55 to 69 years old, and children under 5 years old.



**Fig 3. Percentage change in Southwark population by age, 2013 to 2023**  
Source: ONS 2025. Mid-year population estimates, 2013 and 2023.

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. By 2040, the population of Southwark is projected to have increased by 14%



(2022-based projection). This is 1.6 times greater than the projected increase for London (+9% increase). By age, the largest increase is projected among those aged 71 to 80 years old (+92%, 2022 to 2040). However, during this period the number of young people aged 11 to 20, and 5 to 10 year olds is projected to decrease by 11% and 9%, respectively.



**Fig 4. Projected population change in Southwark from 2022 baseline.**  
Source: GLA 2025. Population projections (2022-based).

### 8.3 Ethnicity, languages and country of birth

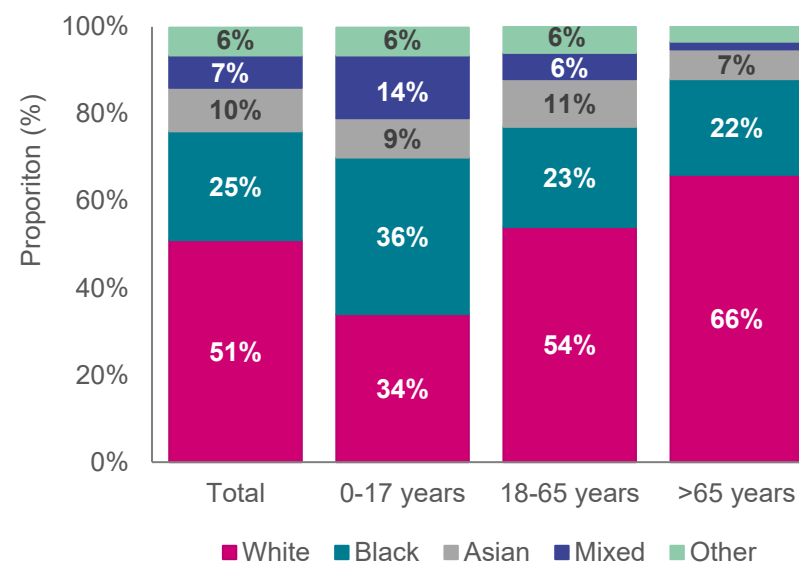
Southwark is a diverse borough with residents from a wide range of ethnicities and backgrounds. Data from the 2021 Census shows that 51% of people living in Southwark have a White ethnic background compared to 81% nationally. Just over a third (36%) of residents identify as 'White: English, British, 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, approximately 9,200 people in Southwark recorded this ethnicity.

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



**Fig 5. Southwark population by broad ethnic group and age, 2021**  
Source: ONS 2023. Census 2021 – Age and ethnic group.



**Equality, Diversity and Inclusion:** Southwark celebrates the richness of our diverse communities and partners are committed to addressing the needs of all residents with particular focus on the most vulnerable. We recognise that we may not have always got this right in the past, but we are dedicated to **intensifying our commitments** to strengthen engagement with staff, residents, businesses and the wider community to shape and deliver on the promise of a fairer future for all.

Over 80 languages are spoken in Southwark, with 79% of the population speaking English as their main language. The most common main 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.

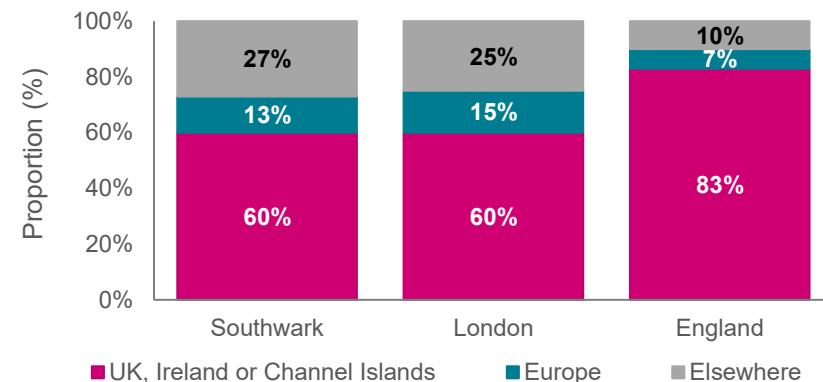
The top five main languages (other than English) spoken at the time of the 2021 Census were:

- 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 residents were born overseas: 40% were 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.



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

In March 2025, 914 asylum seekers were resident in Southwark (receiving support under Section 98, 95 or 4). Compared to London, Southwark has seen a significant decrease in the number of asylum seekers supported over the last year (March 2024 to March 2025); down by 26% compared to a decrease of 1% across the capital. Of the South-East London boroughs, Southwark hosts the highest number of asylum seekers (second highest: Lewisham).

## 8.4 Religion and 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 comparable 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.

## 8.5 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.



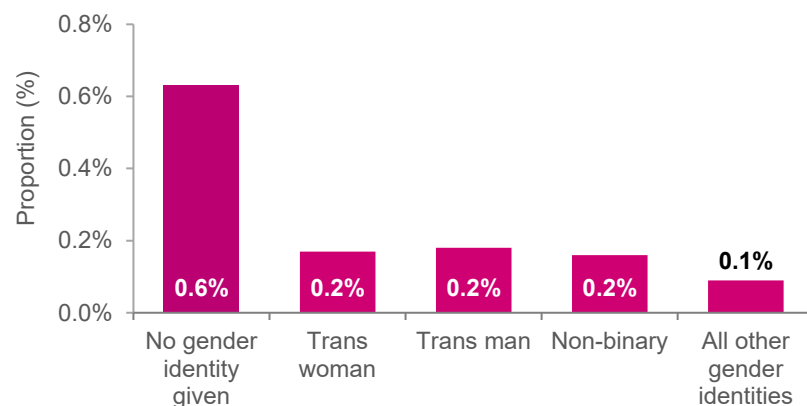
**Fig 7. Residents identifying with a non-heterosexual sexual identity** Source: ONS 2023. Census 2021 - Sexual orientation, England and Wales.

**Intersectionality:** It is important to acknowledge that neighbourhoods and population groups experiencing inequality are not homogenous. Within-group differences shaped by factors such as ethnicity, gender identity, sexual orientation, disability, and socioeconomic status can significantly influence individuals' experiences and outcomes.

When designing interventions, services, and strategies aimed at improving outcomes and reducing inequality, it is critical to adopt an intersectional approach. This involves understanding how overlapping social and demographic characteristics can interact to compound disadvantage and marginalisation.

## 8.6 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.

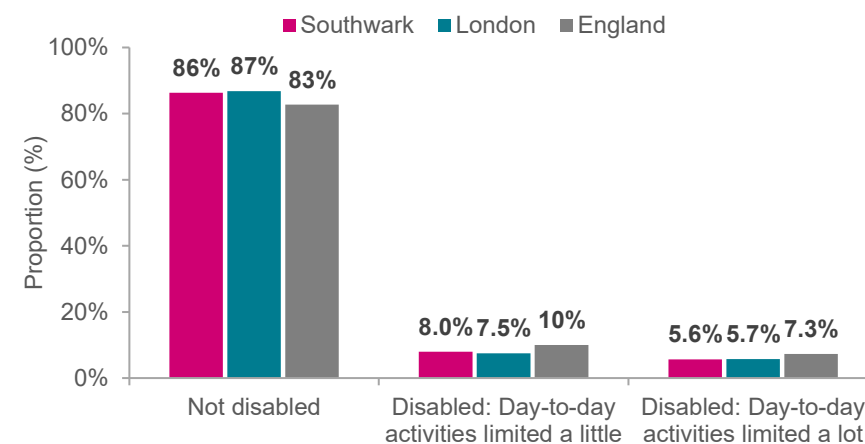


**Fig 8. Proportion of Southwark residents who reported a gender identity different to their sex assigned at birth. Source: ONS 2023. Census 2021 – Gender identity, England and Wales.**

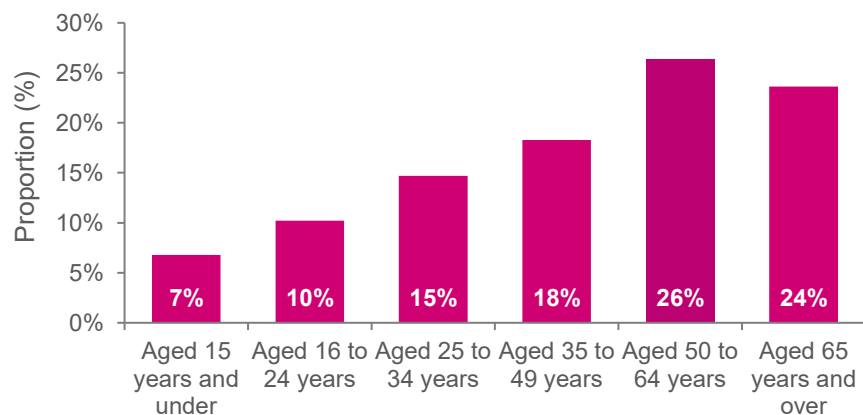
## 8.7 Disability and impairment

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.



**Fig 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.**



**Fig 10. Disabled residents of Southwark by age group. Source: ONS 2023. Census 2021 – Age and disability.**

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.

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 2023/24.

For disabled working-age adults, 48% reported a mental health impairment, the most prevalent category among this age group. This was closely followed by a mobility impairment, at 42%. The third most likely impairment type related to stamina, breathing or fatigue, at 35%. Local patterns of disability are likely to broadly reflect these categories.

During 2023/24, 0.4% of individuals attending a Southwark GP practice were recorded to be people living with a learning disability; this is significantly lower than in London (0.5%) and England (0.6%).

Similarly, during 2024/25, 1.3% of Southwark residents were living with autism spectrum condition; the largest proportion were observed among those aged 6-12 years old (31%).

## 8.8 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.

### Joint Health & Wellbeing Strategy Long Term Population Health Measure

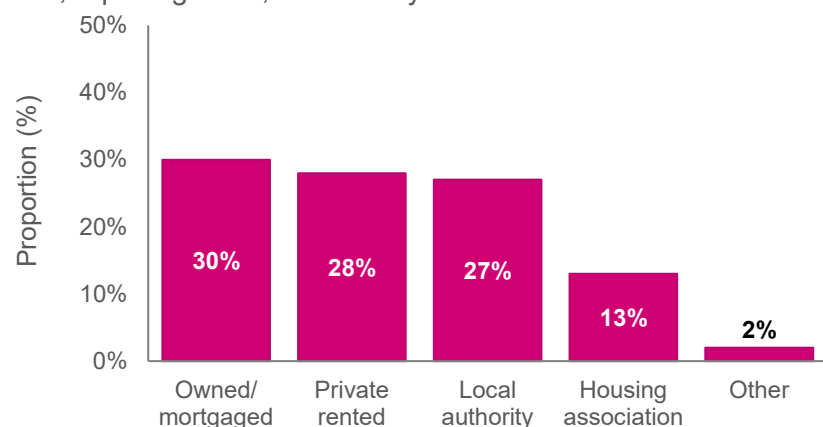
#### Priority Area 3: Support to stay well

**Measure:** Reduction in the % of unpaid carers reporting a mental health condition or long-standing illness

## 8.9 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 about 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.



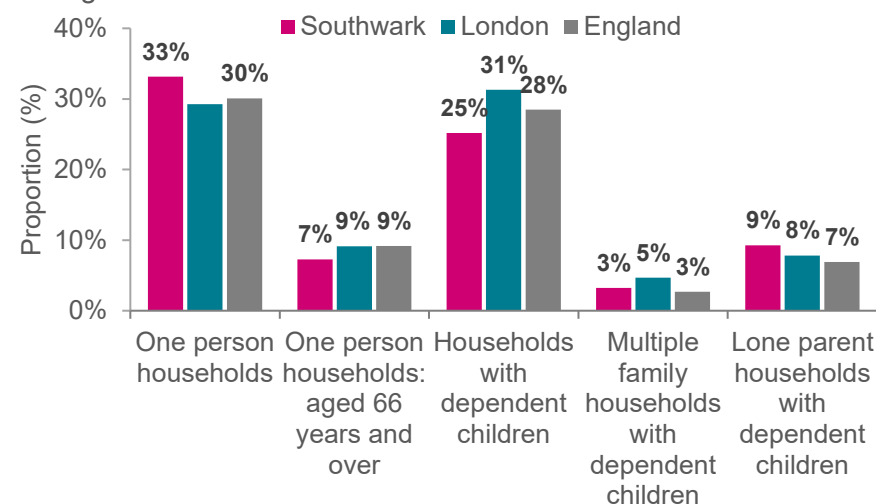
**Fig 11. Housing tenure profile in Southwark in 2021**

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. An estimated 11% of social housing and 18% of privately rented housing in Southwark is non-decent.

Most recent figures (January 2025) show over 4,000 households to be living in temporary accommodation provided by Southwark Council, 66% higher than in 2018. This includes over 5,000 dependent children, with specific needs related to health and education. Overall, younger women aged 18 to 44 years and people from Black ethnic groups are disproportionately represented among main applicants to temporary accommodation.

Household disadvantage is measured by taking a number of factors into account, including employment, education, health and disability and housing quality. In 2021, 51% of Southwark households were classed as disadvantaged, comparable to the London and England. In Southwark, 12% of households (approximately 16,000) are classed as overcrowded, higher than the London and England average.



**Fig 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**

## 9. PLACE

Where **people live** has a significant impact on their health outcomes. The **social determinants of health**, broadly defined as the conditions in which people are born, live and work, have a powerful influence on health inequalities. Improving where we live and the social environment around us is a key strategic approach of **Southwark 2030** and **encompasses several of the six goals: Goal 3 – A Safer Southwark; Goal 4 – A Strong and Fair Economy; Goal 6 – A Healthy Environment.**

Higher levels of social and economic disadvantage often go hand in hand with poorer access to resources like healthy and affordable food, green spaces, and quality healthcare, leading to poorer health outcomes. Child poverty, poor housing conditions, unemployment, and poor air quality can directly impact physical health throughout the life course.



There are variations in levels of socioeconomic disadvantage between **Southwark's 23 wards**, with higher levels of disadvantage located in the north of the borough compared to the south.



In 2024/25, over **800 individuals** were identified by as **rough sleepers in the borough**, a **22% increase on the year before**. Many of those identified required support for their **mental health & substance misuse**.



While economic activity in Southwark is comparable to the region, Southwark has a higher **unemployment rate (5.5%)** than the national average (**3.8%**), highlighting challenges to gaining employment.



Levels of air pollution in Southwark remain an issue to the environment and to health. Despite experiencing a **30% decrease in PM2.5 concentrations** since 2018, levels remain almost **twice** above recommended levels.



Southwark experiences higher levels of **child poverty**. In 2024, **over 10,000 children** aged below 16 were living in poverty in Southwark, mostly residing in the wards of **Faraday, North Walworth, and Old Kent Road**.



Incidences **of theft and violence** against a person in Southwark are higher than those in London. However, the number of hospital admissions related to violence among residents has **fallen by almost 60%** since monitoring began in 2009/10.

## 9.1 Southwark's geographical boundaries

The geography of Southwark can be divided into 3 broad groups for which health needs and service delivery can be assessed:

- 23 Electoral wards
- 10 Council Neighbourhoods
- 5 Integrated Neighbourhood Teams

The significance of these geographies when assessing the health and wellbeing of the borough are many. It allows for a better visual understanding of the health needs of residents within specific geographical areas, offering an opportunity to target interventions to specific parts of the borough. This level of granularity also offers a better accuracy and targeting of funding to reduce existing health inequalities. More information on each of Southwark's communities can be found at: [Southwark Insights Hub | Southwark's population and demographics](#).



Fig 13. Southwark's ten integrated neighbourhood areas and their respective wards.



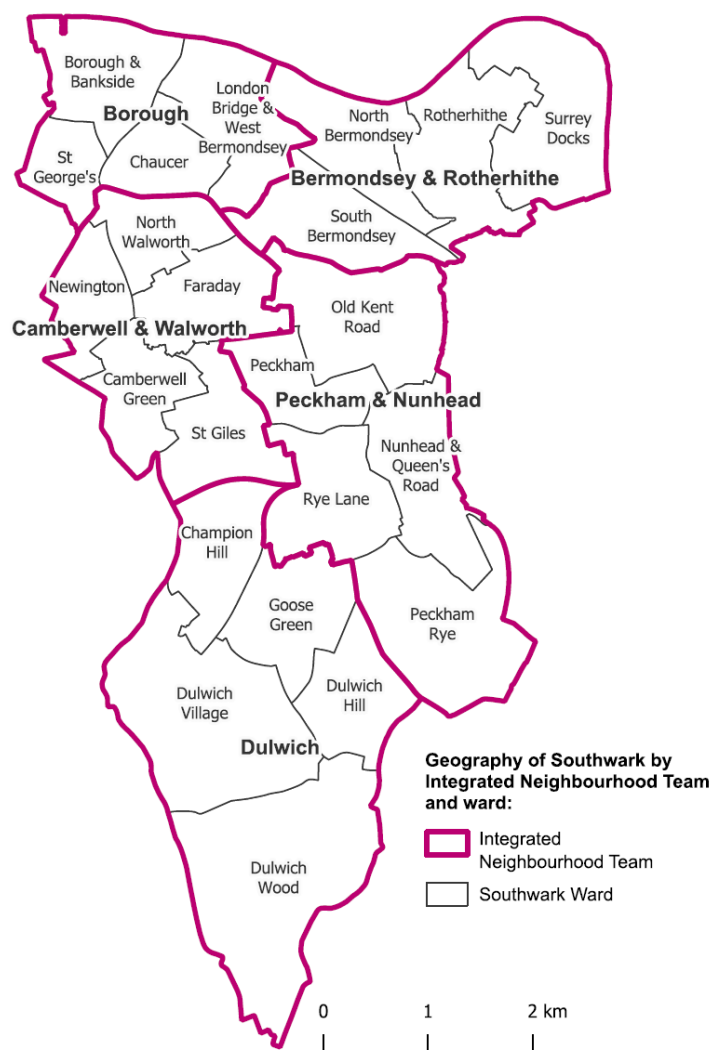


Fig 14. Southwark's five Integrated Neighbourhood Teams and their respective wards.

## 9.2 Areas by socioeconomic disadvantage

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.

### IoD 2015

Rank of Averages Rank: 23rd

Rank of Average Score: 40

### IoD 2019

Rank of Averages Rank: 43rd

Rank of Average Score: 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. These are concentrated across the central and northern parts of Southwark, such as Faraday and Peckham. It is important to acknowledge that pockets of disadvantage also exist within areas of affluence, such as the Kingswood estate in Dulwich Wood.



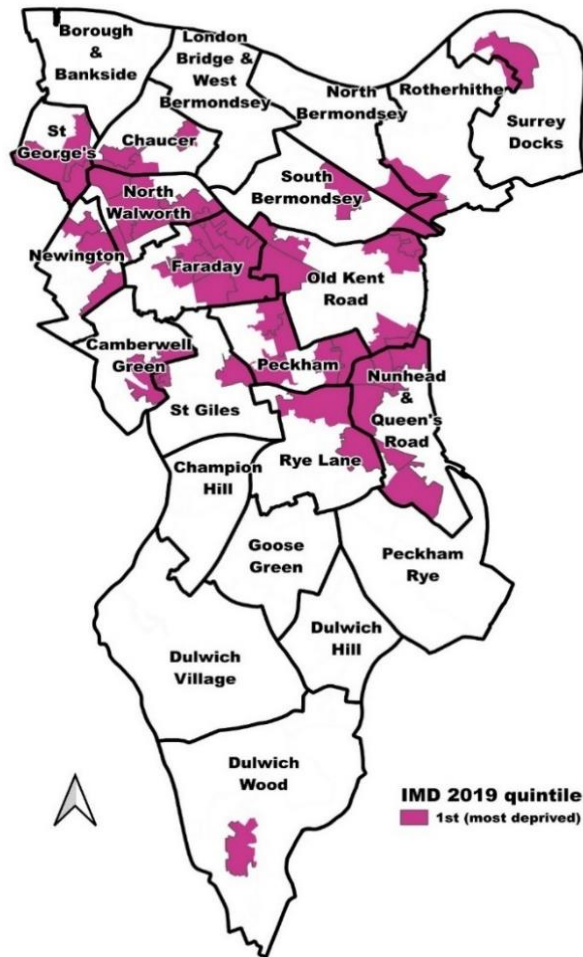


Fig 15. Southwark LSOAs in the 2019 Index of Deprivation first quintile (among the 20% most deprived LSOAs England-wide). Source: Ministry of Housing, Communities and Local Government 2019.

### Access to parks, GPs, pharmacies and transportation



Almost all of Southwark's 315,520 population is within 15-minute walking distance of a GP. Approximately a third of GPs in Southwark are located within the most disadvantaged neighbourhoods. There are 57 community pharmacies in Southwark, with over 90% of residents being within a 10-minute walk from a pharmacy. Of all pharmacies, 23% are located within the 10% most disadvantaged communities within the borough.



There are noticeable variations in access to public transport across the borough. There are excellent or very good levels of public transport in disadvantaged areas in the centre and north-east of the borough who are served by major transport links including London Bridge, Elephant and Castle and other overground trains in the Peckham area. However, there are gaps in transportation access in the less disadvantaged areas in the south of the borough.



Access to parks and green spaces across the borough are not evenly distributed, with a 50% difference in green space coverage between the least and most green wards.

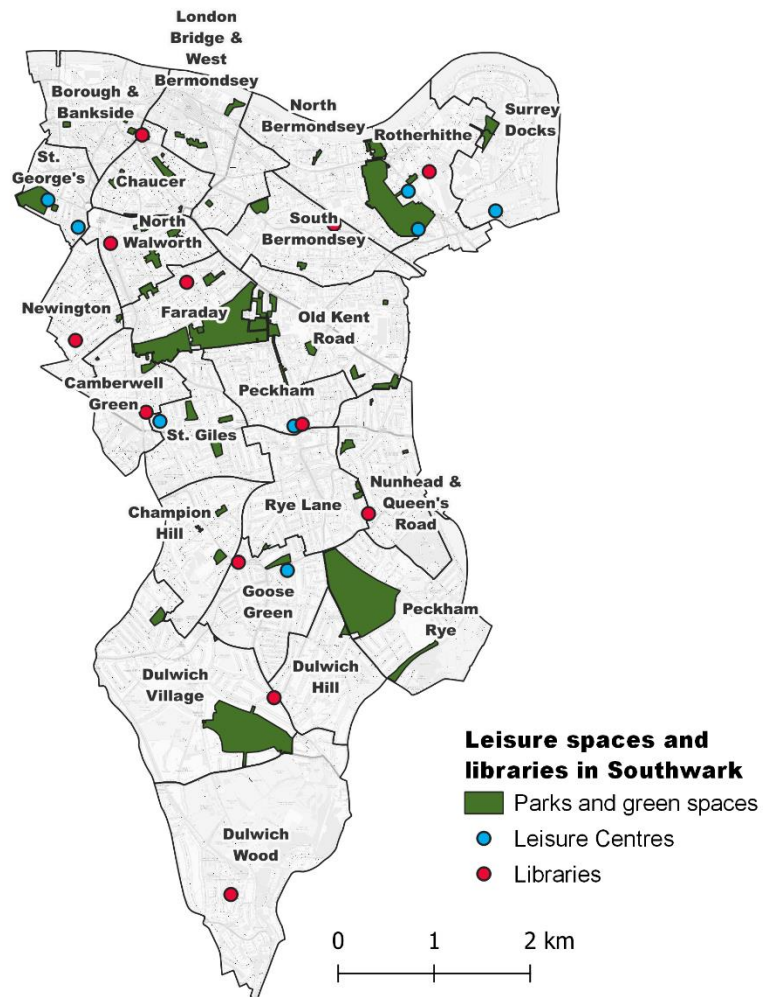


Fig 16. A map of green spaces, parks and libraries in Southwark.

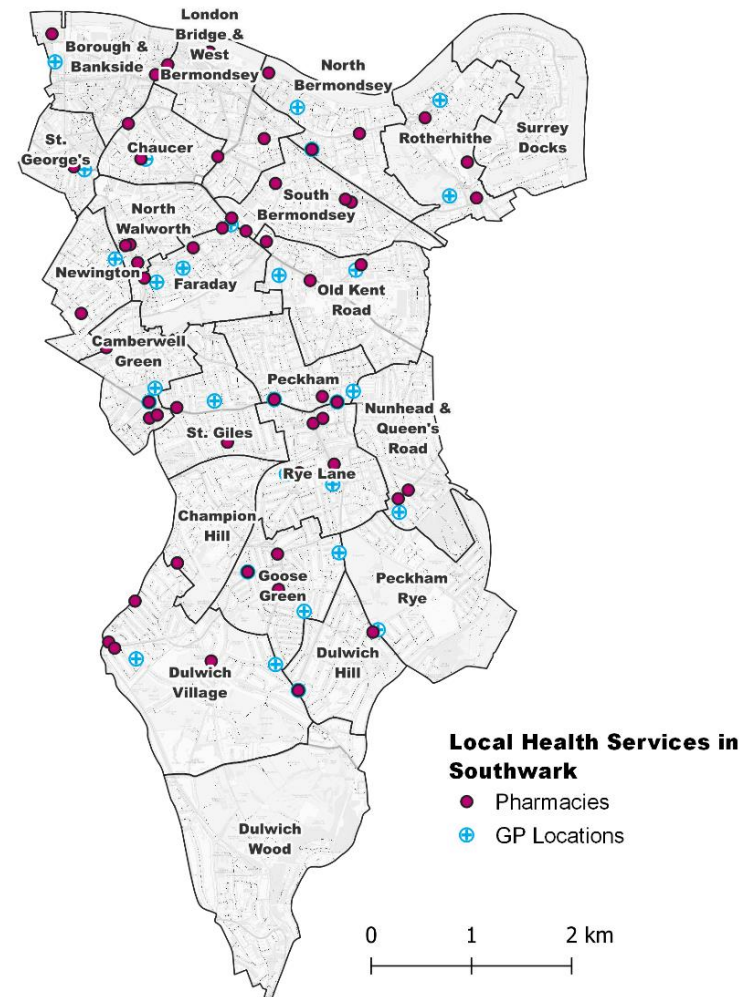


Fig 17. Local health services (pharmacies and GPs) in Southwark.

### 9.3 Employment and income

Figures for 2024 show that levels of economic activity in Southwark are comparable to London and England. For the year up to 31<sup>st</sup> December 2024, 81% of the population aged 16+ were economically active, 74% of whom were in employment, a 3% point decrease compared to 2023. Economic inactivity disproportionately impacts certain groups, such as those with a long-term health condition.

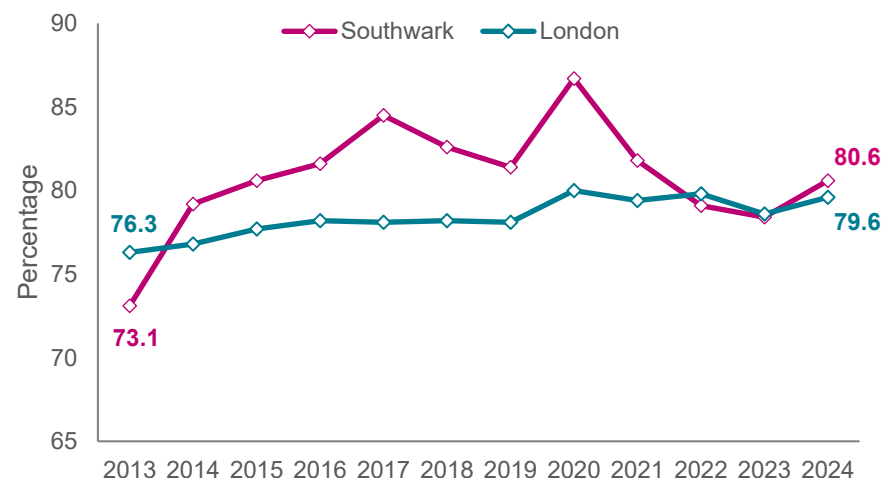
#### Joint Health & Wellbeing Strategy Long Term Population Health Measure

##### Priority Area 2: Health work and lives

**Measure 1:** Reduce gap in the employment rate between those with a long-term health condition and the overall employment rate

**Measure 2:** Reduce gap in employment rate between those who are in receipt of long-term support for a learning disability (aged 18 to 64) and the overall employment rate

Despite economic activity levels in Southwark reflecting similar levels to the region, levels of economic activity remain well below the levels of 2020 (86.7%) and are currently the same as 2015 levels.

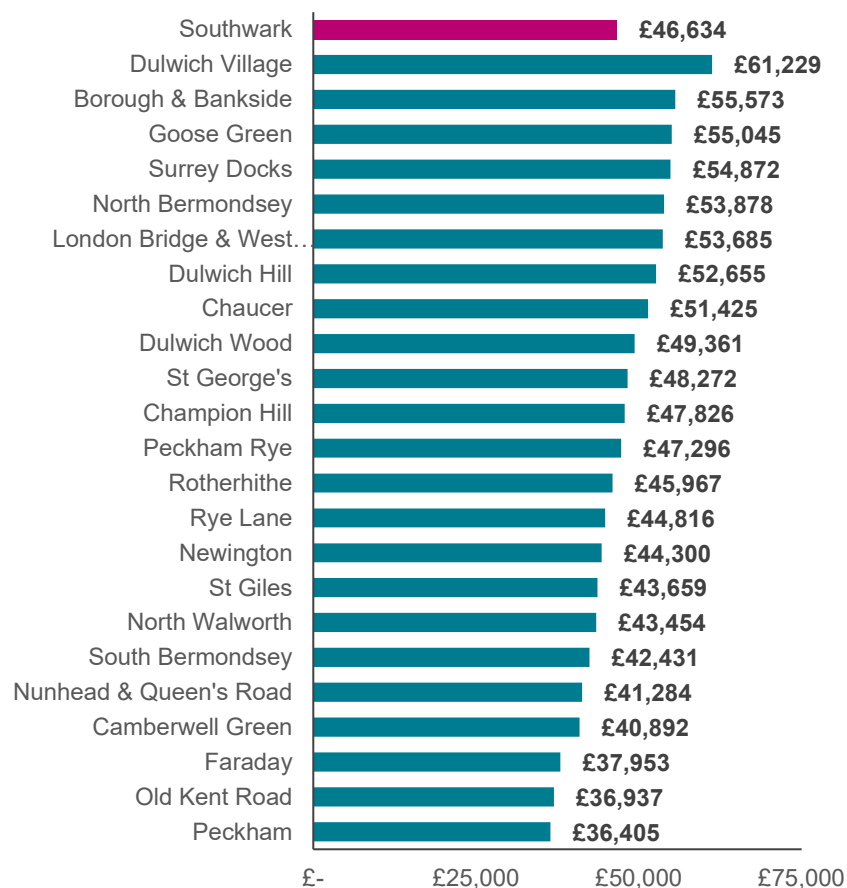


**Fig 18. Economically active residents aged 16+ in Southwark and London: December 2014 – December 2024.**

Source: ONS annual population survey 2024.

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 across the borough, with around 1 in 30 (3%) households having a total income of less than £15,000 per year.

While average income in Southwark is higher than UK levels, there are significant geographical inequalities, with median income highest in Dulwich Village (£61,229) and lowest in Peckham (£36,405).



**Fig 19. Median gross household income by ward, 2024.**

Source: CACI Paycheck Directory, 2024.

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## 9.4 Child poverty

Children are classed as growing up in relative poverty if their family income is below the poverty line: earning 60% below the median income in the reference year, before housing costs such as rent, heating, electricity and water. They must also be in receipt of Child Benefit and at least one other household benefit (Universal Credit, tax credits, or Housing Benefit) at any point in the year to be classed as low income.

In 2023/24, approximately 10,300 children aged 0-15 in Southwark were living in poverty, before housing costs were factored in, equating to 20.5% of children in the borough, less than the England average (21.8%). After factoring in housing costs including rent and water rates, the proportion of children in poverty doubled to 41% (25,000). This ranked Southwark the 8th highest amongst London boroughs for child poverty After Housing Costs (AHC), with the London average for this metric standing at 35%.

### Joint Health & Wellbeing Strategy Long Term Population Health Measure

**Priority Area 4:** Healthy and connected communities

**Measure:** Reduction in the % of children living in relative poverty

There is a greater impact of child poverty in north and central areas of the borough, such as Borough & bankside, Faraday, & Old Kent Road. This aligns with our understanding of areas which face greater socioeconomic disadvantage.

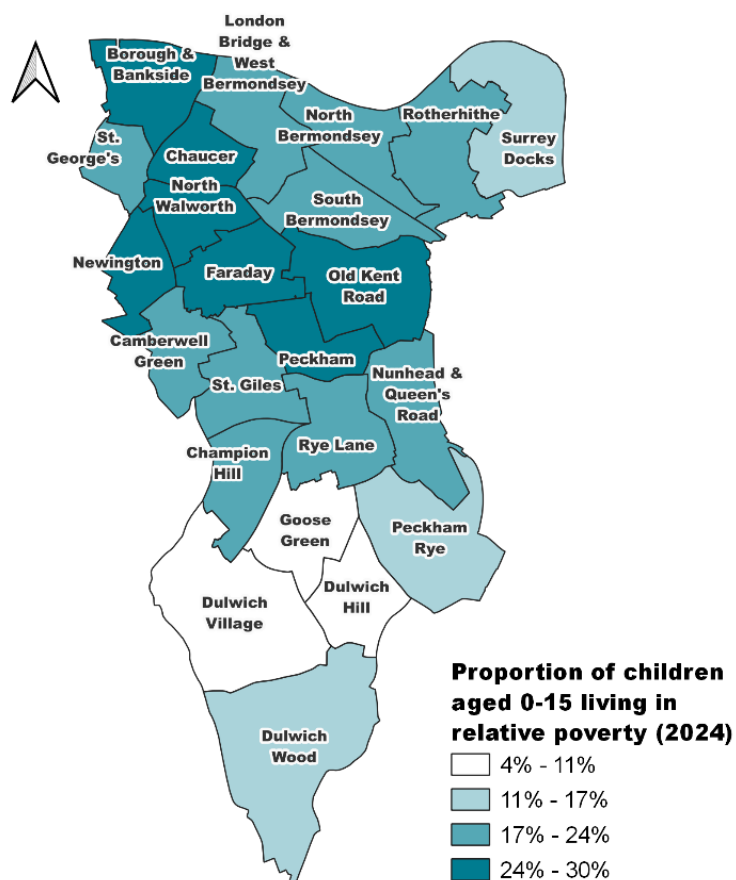


Fig 20. Percentage of children aged 0-15 yr living in poverty (relative low income families) by ward, before housing costs 2023/24. Source: Department for Work and Pensions 2025. Children in low income families: Relative low income 2023/24. Accessed via StatXplore.

## 9.5 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.

### *Who is most affected?*

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.

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.

### *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. While there has been a steady decrease in food inflation in the last year, from 4% in January 2024 to 3% in January 2025, prices continue to increase impacting low-income households



the most.

A survey by the Food Foundation in January 2025 found 13.9% of households in the UK are experiencing food insecurity and 38.7% of all households in receipt of Universal Credit are experiencing food insecurity. Households with children, single parent households and non-white ethnic groups are at a higher risk of food insecurity.

Data from Impact on Urban Health in 2023 highlighted that 16% of those surveyed in Southwark reported not eating for a whole day because they couldn't afford or access food, conveying the financial challenges experienced by residents.

The primary national policy mechanism in England for addressing family food insecurity is benefits related Free School Meals (FSM). The entitlement criteria is receipt of a household income under £7,400 before benefits. In January 2025, 40% of all school pupils living in Southwark were eligible for FSM.

In March 2025, 1,257 secondary school pupils living in Southwark, from families in receipt of Universal Credit but not eligible for FSM, were offered a free school lunch.

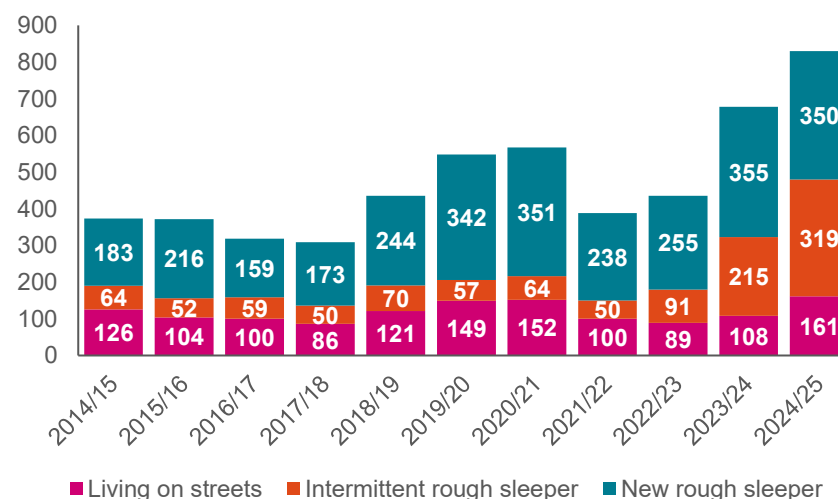
### Joint Health & Wellbeing Strategy Long Term Population Health Measure

**Priority Area 2:** Healthy work and lives

**Measure:** Reduction in the % of residents experiencing food

## 9.6 Homelessness

Southwark has one of the largest number of rough sleepers in London. In 2024/25 over 800 individuals were identified by outreach teams as rough sleepers in the borough, a 22% increase on the year before. Of the rough sleepers identified, 42% 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. The geographical spread is closely linked to transport hubs within the borough and areas of high footfall.



**Fig 21. Numbers of rough sleepers identified by outreach teams in Southwark, 2014/15 to 2024/25.**

Source: GLA, 2024. Rough sleeping in London (CHAIN reports).

In 2024/25, most rough sleepers identified in Southwark were male (83%). A third (33%) were 36-45 years old, followed by those aged 26-35 years old (25%). The main ethnic groups were White (46%, including 26% White-British) and Black (25%).

The most common support need for those rough sleepers receiving an assessment was mental health (44%). However almost a third (31%) had more than one support need related to mental health, drugs or alcohol, reflecting the complexity of the health needs for this population group.

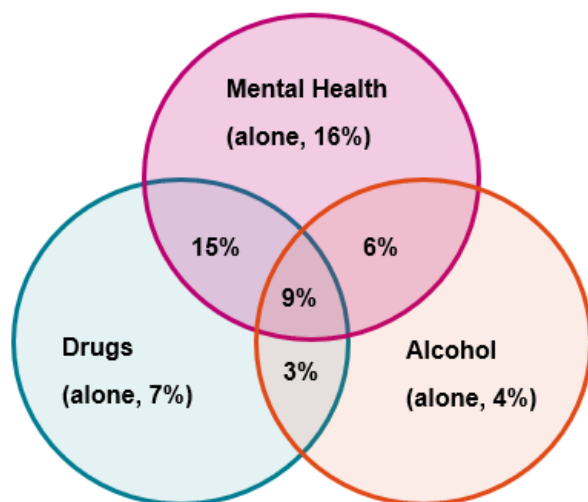


Fig 22. Recorded support needs of Southwark rough sleepers with needs assessed, 2024/25.  
Source: GLA, 2025. Rough sleeping in London (CHAIN reports).

## 9.7 Crime

Crime can have a significant impact on the health and wellbeing of residents and communities. Between 2024 and 2025, there were over 43,100 offences recorded in Southwark. This was equivalent to 140 offences per 1,000 population, a rate significantly higher rate than the London average of 114 offences per 1,000 population.

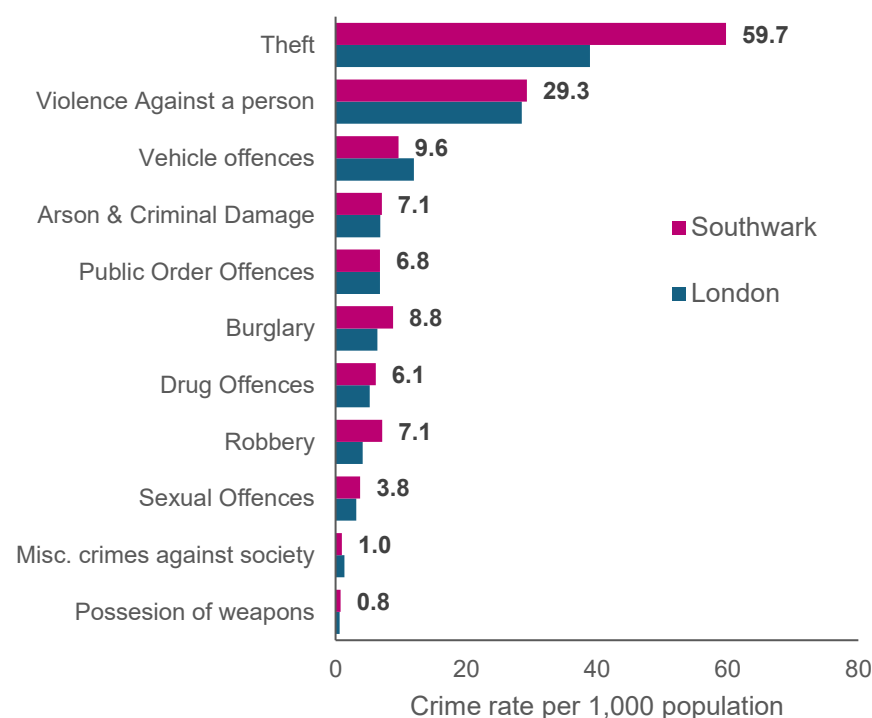


Fig 23. Crime rate for Southwark and London, 2024/25.  
Source: GLA, London Datastore, 2025. Crime Dashboard.

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 2024/25, there were almost 18,400 recorded cases of theft in Southwark and about 9,000 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 2021/22–2023/24, there were 360 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.

## 9.8 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.

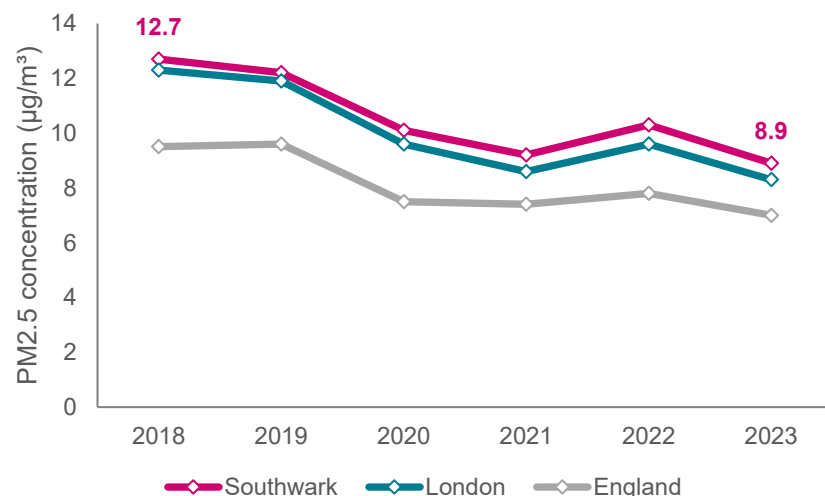
London-wide, levels of the pollutants nitrogen dioxide (NO<sub>2</sub>) and particulate matter of diameter 10 µm or less (PM<sub>10</sub>) exceed national air quality standards. Southwark's largest single source of air pollution is road transport, contributing one-third of PM<sub>2.5</sub> emissions. Domestic and commercial fuels, used mostly in cooking and heating, as well as power stations and industry also contribute substantially to levels of NO<sub>2</sub>, PM<sub>10</sub> and PM<sub>2.5</sub>.



Southwark is a busy inner London borough with high levels of nitrogen dioxide (NO<sub>2</sub>) and particulate matter 2.5 (PM<sub>2.5</sub>), mainly from road transport. In 2023, Southwark's annual average PM<sub>2.5</sub> concentration was 8.9 µg/m<sup>3</sup>, higher than London and England levels and almost twice the WHO guidance value of 5.0 µg/m<sup>3</sup>, despite a



30% decrease on 2018 levels. Southwark's one primary air quality monitoring station is located on the Old Kent Road.



**Fig 24. Average annual concentration of PM<sub>2.5</sub> for Southwark, London and England, 2018 to 2023.**  
Source: OHID, 2025. Respiratory Disease Profile.

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<sub>2.5</sub> and PM<sub>10</sub> are associated with respiratory disease, lung damage and cancer. Long-term exposure to air pollution also increases the risk of premature death. Air pollution exposure is estimated to reduce average UK life expectancy by 6 months. The impact of PM<sub>2.5</sub> on mortality is greater in Southwark than across London and England (see figure below), but the impact has reduced since 2010 due to falling emission rates.



**Fig 25. Percentage of adult deaths attributable to PM<sub>2.5</sub> air pollution in Southwark, London and England, 2023.**  
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](http://www.southwark.gov.uk/aphr).

### Joint Health & Wellbeing Strategy Long Term Population Health Measure

#### Priority Area 4: Healthy and connected communities

**Measure:** Reduction in fraction of mortality attributable to particulate air pollution in Southwark

## 9.9 Heat exposure

Excessive heat exposure is a significant public health concern, leading to increased morbidity and mortality, especially among vulnerable populations. A third of local GPs were either located in or on the border of an area with high levels of heat risk. For other key services in Southwark, analysis indicates that 1 hospital, 3 care homes, and 4 supported living facilities are in areas with the highest heat risk scores.

While excessive heat is a major threat to population health, cold weather also presents a challenge to public health. Both cold temperatures experienced in indoor and outdoor spaces present an increased risk of cardio-respiratory morbidity and mortality in vulnerable groups compared to non-winter times (April – November). In 2021, there were 57% (230) more winter deaths compared to non-winter periods in Southwark. The highest burden of winter deaths was observed amongst those aged over 85+, with COVID-19 playing a significant role in these trends during this period.

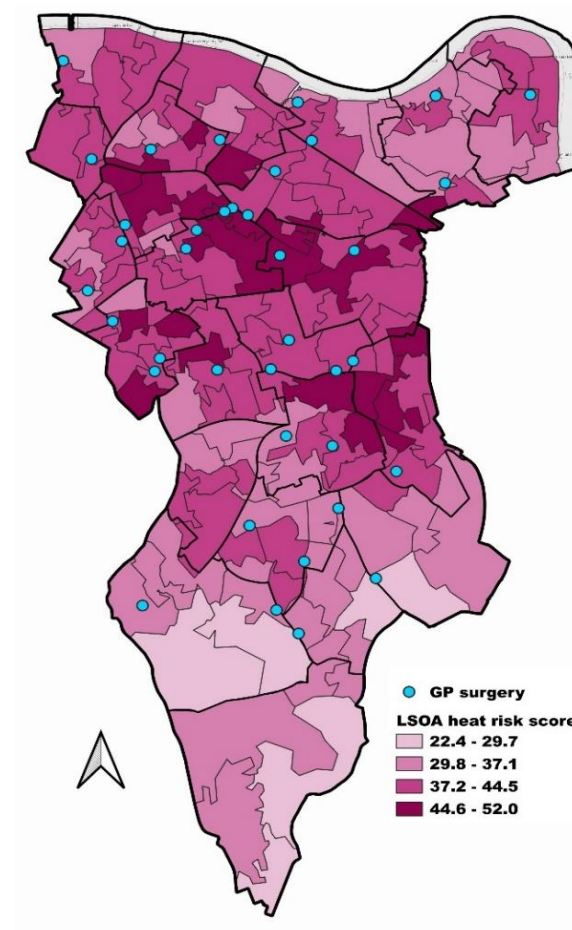


Fig 26. Southwark lower super output areas (LSOAs) by Greater London Authority heat risk score, plus GP surgeries.

Sources: GLA 2024, SELICS 2024, CCG 2024, Southwark Council 2024, Guy's & St Thomas' and South London & Maudsley NHS Foundation Trusts 2024, ONS 2024.

## 10. RESIDENTS' VOICE

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Health & Wellbeing Board partners must ensure that **local services and programmes** address residents' concerns and priorities. Partners need to **work together with communities to address the inequalities in access, experience and outcomes**.

There has been a wide range of community engagement over the last year, highlighting residents' views on local health and wellbeing. **Local resident surveys, community engagement and stakeholder workshops** have highlighted common themes. Residents have also been trained as **Community Researchers**, directly involved communities in **co-producing evidence and action** on health inequalities.

Themes from recent resident feedback include:



- Listening to and empowering families.
- Access to good, healthy, affordable food.
- Good quality, safe, affordable housing.
- Safer, cleaner, more walkable local streets.
- Embedding a culture of co-design with residents into the creation and delivery of local services.
- Leadership in addressing the racism that drives maternal health inequalities.
- More 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.
- More co-ordinated services, including co-production with residents and those with lived experience, plus better feedback on how participants' voices shape local service development.

## 10.1 Rebuilding trust through community engagement and empowerment

Over the past year, local community engagement has included consultation on women's and girls' safety, young people's support, and an older Black residents' centre.

### Women's and Girls' Safety

Southwark Council's Women's and Girls' Safety Survey 2024/25 aimed to understand participants' experiences of living, working and travelling in the borough.

The main survey was accompanied by five sub-surveys assessing experiences in five locations disproportionately affected by violence against women and girls (VAWG).

More than 700 responses were received:

- Over half of respondents (54%) did not feel safe travelling in Southwark
- Two-fifths (41%) felt less safe than a year ago
- Almost two-thirds (64%) had experienced gender-based violence
- Almost half (47%) did not trust police to deal appropriately with gender-based violence

These results have informed local work focused on: street cleaning and walkway clearance; street lighting maintenance; CCTV monitoring; and ongoing partnership working with police, businesses and other stakeholders.

### Positive Futures for Young People

The Southwark Council Positive Futures for Young People Fund empowers young people in the borough through enhancing education, career and personal development opportunities. Funding supports local youth services organisations, youth centres, an adventure playground and the Southwark Youth Parliament.

The Fund's 2025 Positive Futures for Young People Survey had 470 responses from across the borough, many from less advantaged areas, and with a wide range of ethnic groups and gender and sexual identities represented.

Four-fifths (39%) of respondents used some kind of youth club or facility. Common reasons for not doing so included:

- Lack of information (almost one-quarter; 23%)
- Lack of appeal (one-sixth; 14%)
- Lack of time (one-eighth; 13%)

Participants wanted youth clubs to offer skills training, sport and physical activity, creative activities, trips, volunteering opportunities, mentoring and career planning, mental health and wellbeing support, and opportunities to socialise in a safe place.

### Southwark Black Seniors

Following the Council's 2023 commitment to develop a Centre for Black African and Caribbean Elders, the Southwark Black Seniors consultation was undertaken to better understand Black seniors' health and wellbeing needs and how a centre could address these.

The consultation engaged both Black seniors and service providers,

with over 180 respondents. Participants wanted the Centre to deliver culturally sensitive health care, intergenerational activities, learning and volunteering opportunities, and help with transport access, while being aware of Black elders' community diversity and welcoming to members of all ethnic backgrounds.

Following survey completion, a steering group of residents, public sector, and voluntary and community sector (VCS) workers has been formed to shape development of the Centre for Black African & Caribbean Elders.

## 10.2 Resident Insight Survey

The first Resident Insight Survey took place between July – August 2024. The first wave results highlighted that crime and perceptions of safety, housing, and resident involvement in local decision making are priority areas for our residents.

The survey results are representative at a ward level by age, ethnicity, economic status, disability and tenure, and will take place every six months. Further analysis is planned as future waves of the survey are completed.

## 10.3 Southwark Maternity Commission

The Southwark Maternity Commission was established in early 2024 to understand the health inequalities in maternity care in the borough, especially amongst Black and Brown women and people who give birth. The commission heard from over 600 residents and frontline professionals through a series of public meetings in the community, targeted surveys and specially commissioned insights research, and is now publicly available here: [Report of Southwark Maternity Commission](#).

Work with stakeholders led to the development of 5 key themes:

- 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

These themes were used to develop ten recommendations, including:

- Leadership in addressing racism that leads to unequal maternal health
- Develop a new national way of reporting maternal health
- Review the maternity workforce
- Evaluate the fairness of maternity services
- Listen to and empower families
- Preparation and support before pregnancy
- Give parents the right information, at the right time, in the right way
- Create a joined-up approach to families' needs between the NHS, South East London boroughs, and voluntary and community sector
- Southwark Council to review their role in maternity care
- Review how feedback is dealt with

## 10.4 Health and Wellbeing in Lambeth and Southwark Survey

In 2024, Southwark-based charitable organisation Impact on Urban Health conducted a health and wellbeing study in Southwark and Lambeth. To optimise findings that were relevant and reflective of the local population, the study was developed with community researchers to help amplify the voices residents.

Areas of focus for the study were on overall health & wellbeing, discrimination & trust, access to healthcare, and living environment. Key findings from the study include:

- An estimated 65% of residents responded to be in 'very good' or 'good' health.
- Having one or more long-term conditions influenced whether people reported being in good health or not.
- Residents from a black ethnic background, not speaking English as a first language, living with disabilities or mental health issues faced experiences of discrimination within healthcare.
- Housing was identified as common issues for residents, these included issues such as poor maintenance management, lack of heating or hot water, noise and pollution, and short-term renting.
- 29% of residents reported experiencing food insecurity.

## 10.5 Southwark School Health Related Behaviour Survey

In 2024 a survey of pupils in primary and secondary schools across Southwark was undertaken. Over 2,500 pupils aged 9 to 12 and over 880 pupils aged 11 to 15 were included in the survey. The survey provides an important snapshot of the health and wellbeing of local children. Headline results from the survey are as follows.

### *Primary School Survey:*

- 5% had nothing to eat or drink for breakfast on the day of the survey; another 2% only had snacks for breakfast that morning
- 35% of pupils said they had used a foodbank or similar source of free or subsidised food in the last 12 months
- 29% of pupils said that they worry 'quite a lot' or 'a lot' about money/family finances
- 48% of pupils said they did active play on at least 3 days in the last 7 days
- 23% of Year 6 pupils said they were never supervised while using the Internet at home. In the past year 92% of Year 6 pupils said that they have been told how to stay safe online
- 7% of pupils had a score of 12 – 30 on the Stirling Children's Wellbeing Scale, indicating poor mental health

### *Secondary School Survey:*

- 34% had nothing to eat or drink for breakfast on the day of the survey; another 6% only had a drink that morning.
- 20% of pupils said their household has used 'food banks' or similar sources of free or subsidised food in the last 12 months
- 24% of pupils said that they worry 'quite a lot' or 'a lot' about money/family finances
- 8% of pupils responded that they have smoked in the past or smoke now. 18% of Year 8 pupils and 31% of Year 10 pupils said they have at least tried vaping
- 87% of pupils responded that they have been told how to stay safe while online in the last year
- 19% of pupils responded that they have been bullied at or near school in the last 12 months

## 10.6 Healthwatch Southwark research

Healthwatch Southwark is an independent organisation responsible for gathering the views of local residents regarding their experience of health and care services, and providing advice and sign-posting. Healthwatch advocate for local residents and make recommendations to commissioners and service providers to improve local services. Recent projects include the following.

### ***Towards Inclusive Healthcare: Mental Health Services for Black African and Caribbean Communities:***

This project explored the experiences of Southwark Black African and Caribbean residents accessing mental health services. The engagement took place over several months in 2024 and early 2025, using surveys, interviews and community workshops; 79 individuals participated. Findings revealed significant disparities in access, quality of care and cultural sensitivity, with many respondents reporting feeling misunderstood or dismissed by mental health professionals.

### ***Empowering Voices: Healthcare Access for Adults with Learning Disabilities and Autistic Adults:***

Conducted in early to mid-2024, this project aimed to identify barriers to healthcare access for adults with learning disabilities, including autism. Engagement methods included co-produced surveys, focus groups, and interviews with both individuals and their carers. The project reached over 104 participants. Key findings highlighted communication challenges, lack of reasonable adjustments, and limited understanding among healthcare staff, leading to missed or delayed care.

### ***Southwark Soundboard Reflection Report 2024:***

The Southwark Soundboard initiative ran throughout summer 2024 as a borough-wide listening tour. Healthwatch Southwark engaged with residents through pop-up events, surveys and community conversations, gathering feedback from 133 individuals. The reflection report captured diverse perspectives on local health and social care services. Recurring themes included difficulties accessing GP appointments and mental health support, and the need for culturally competent support provided in spaces that residents already use.



## 11. STARTING WELL

The first priority of the Joint Health & Wellbeing Strategy is to ensure every child in Southwark has a “**healthy start in life**” and aligns with the Southwark 2030 goal of a “**good start in life**”. Both aim to ensure that our children and young people have a great childhood that builds on a very solid foundation for adult life.

Despite Southwark experiencing a **10-year decline in the total number of live births**, the need to support good **maternal health and provide positive early experiences for children** remains a priority due to the inequality in outcomes that are present throughout maternal, childhood, and adolescent health within the borough.



**Live births** in Southwark have dropped by almost **one-third** from **2013 (4,706) to 2023 (3,265)**.

The **Fertility rate** in **Dulwich Hill** (54.3/1k) was **double** that in **Borough & Bankside** (22.6/1k).



There were **305 less** emergency hospital admissions for Southwark children **under 5** in 2023/24.

There were **126 (per 100k) less** hospital admissions for **asthma** in Southwark under 19s in 2023/24.



**Excess weight** remains a noticeable issue within the borough as more than **2 in 5** Southwark **Year 6 children** have excess weight levels. Levels of excess weight have remained high for the **past 10 years**.



Inequalities for **vaccination coverage** and **excess weight** are present within the borough. **Black children** have a lower coverage of the MMR vaccination, as well as experiencing higher levels of excess weight.



Child coverage for the **6-in-1, MMR, and Flu** vaccines are above or similar to the **London average**, however uptake is well below recommended levels. Vaccination coverage for the **6-in-1** vaccine has dropped by **7%** over the **past 10 years**.

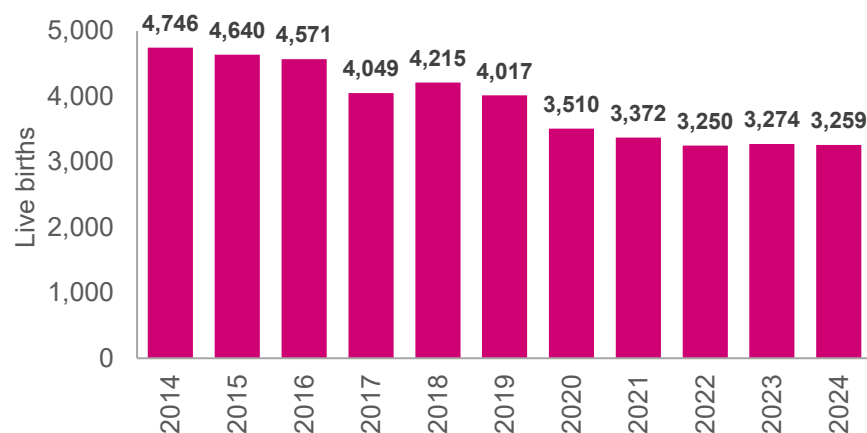


For children identified as having an Education, Health and Care plan, there was a **97% increase** in the number of children with **autism spectrum disorder** as their primary need between the years 2016 and 2024.



## 11.1 Births

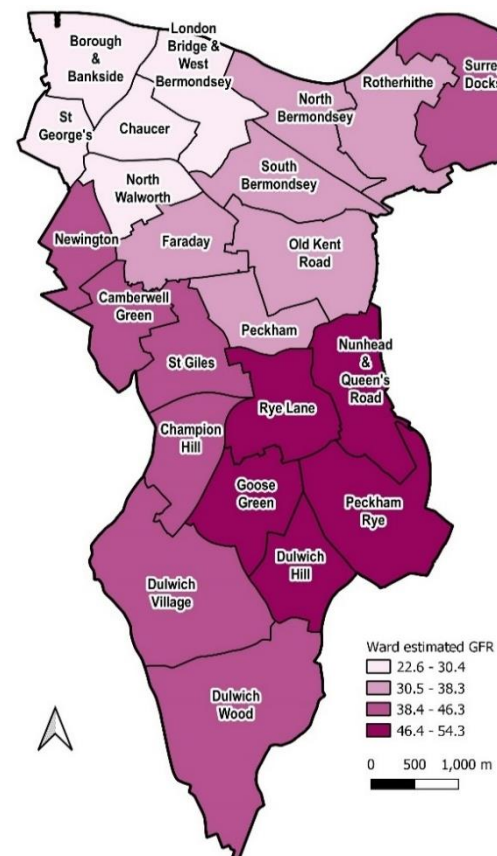
The total number of babies born in Southwark has decreased substantially over the past 10 years. There were 3,259 live births in 2024, down from 4,746 in 2014, a drop of almost one-third (31%). Note that Southwark's local birth information comes from NHS data, which excludes births at home and in private facilities; Office for National Statistics birth figures are somewhat higher.



**Fig 27. NHS-recorded live births to Southwark residents, 2014 to 2024.**  
Source: NHS Digital, 2025. Local births data.

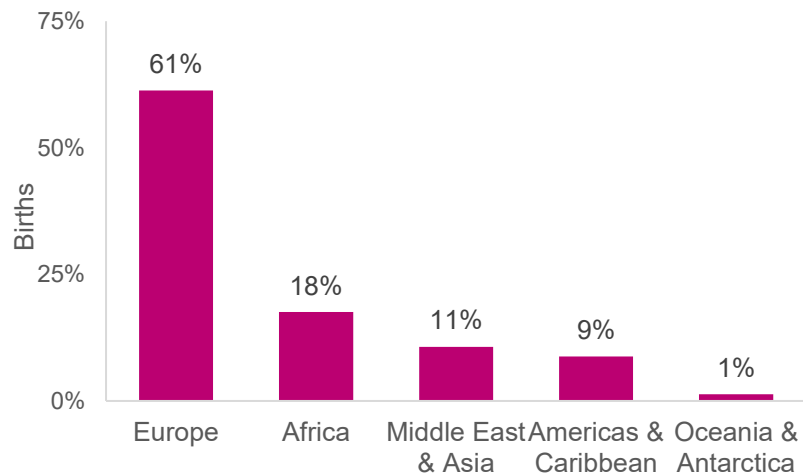
The decline in the birth rate in Southwark is seen across all age groups, but particularly among younger women. The average age of mothers giving birth in Southwark is now around 33 years.

Across the borough, there is substantial variation in birth rate. The 2021–23 estimated general fertility rate in Dulwich Hill (54.3 births per 1,000) was over double that in Borough & Bankside (22.6 births per 1,000).



**Fig 28. 3-yr average estimated general fertility rate by Southwark ward, 2021–2023.**Sources: NHS Digital, 2025, Local birth files; ONS, 2024, small area population estimates.

Mothers and birthing parents in Southwark come from a diverse range of backgrounds. In 2023, three-fifths (61%) were born in Europe – most (72%) of these were born in England. The most common non-UK countries of birth were Nigeria, Ghana, Sierra Leone and India.



**Fig 29. Southwark 2023 births by mother's continent of birth.**  
Source: NHS Digital, 2025. Local birth data.

Stillbirths remain rare, with 42 cases over 2021–2023: rates are comparable to London and England. However, there are significant inequalities: almost two-thirds (63%) of stillbirths were to women and birthing parents not born in the UK; and of these people, over one-third (35%) were born elsewhere in Europe, over one-quarter (27%) in Africa, and one-fifth (19%) in South America or the Caribbean.

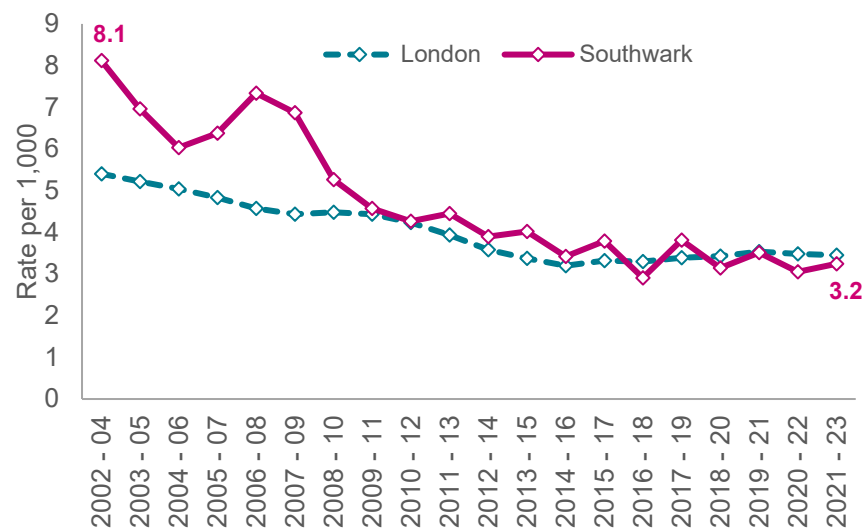
## 11.2 Infant mortality

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 2002, with rates falling by almost two-thirds; though

improvements have slowed in recent years. Between 2021 and 2023 there were 33 infant deaths locally, with half of these deaths occurring within the first 7 days of life.



**Fig 30. Infant deaths under 1 year of age, per 1,000 live births: 2002-2023.**  
Source: OHID, 2025. Public Health Outcomes Framework

### Joint Health & Wellbeing Strategy Long Term Population Health Measure

#### Priority Area 1: A healthy start in life

**Measure:** Reduction in infant (< 1 year) mortality rate

### 11.3 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 (95%). Levels of childhood 6-in-1 vaccination (covering diphtheria, tetanus, pertussis, polio and Haemophilus influenza type B) have generally fallen in recent years, with the most recent year showing a 1.3 percentage point reduction.

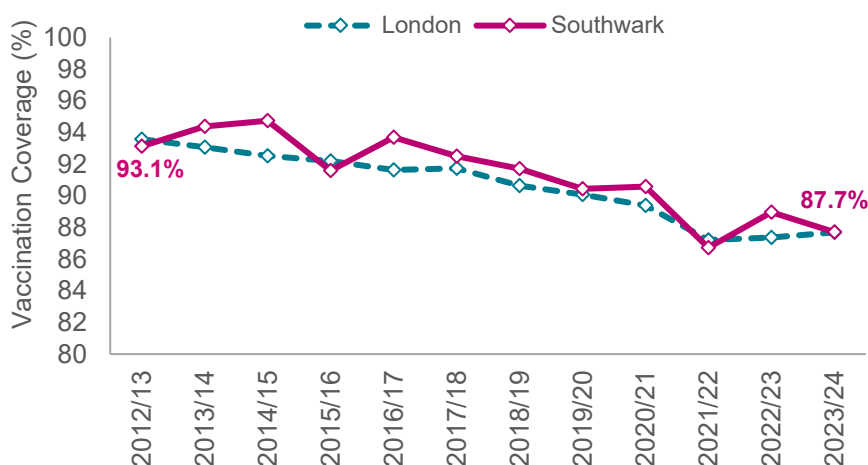


Fig 31. Childhood 6-in-1 vaccination coverage at 2 years of age, for Southwark & London: 2013/14 to 2022/23. Source: NHS England, 2024. Child Vaccination Coverage Statistics, 2012-13 to 2023-24.

Coverage of the measles, mumps and rubella (MMR) vaccine has been falling steadily in recent years, down from over 90% in 2014/15, to just under 85% in 2023/24. Coverage in Southwark is far below the threshold needed for herd immunity (95%). In 2024, a measles outbreak incident was declared in London, driven by low vaccination uptake.

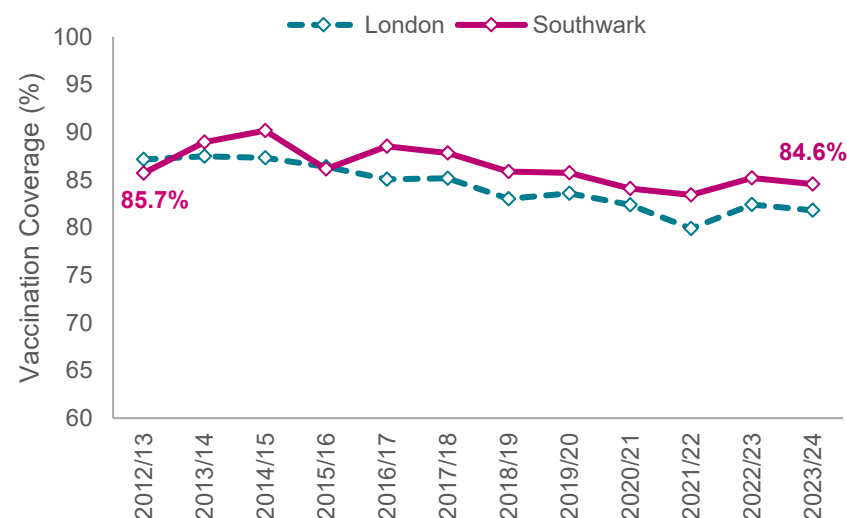


Fig 32. Childhood MMR vaccination coverage at 2 years of age, for Southwark & London: 2012/13 to 2023/24. Source: NHS England, 2024. Child Vaccination Coverage Statistics.

Nationally, evidence shows that people living in more disadvantaged communities, along with some ethnic community groups have lower uptake of vaccinations levels. In Southwark, 1–5 yr olds' MMR non-vaccination levels are six times higher in some North Walworth and Chaucer ward neighbourhoods (72%) than in some Dulwich Village neighbourhoods (12%), and are particularly high in the north west of the borough and among residents with a Black Caribbean background (44%).

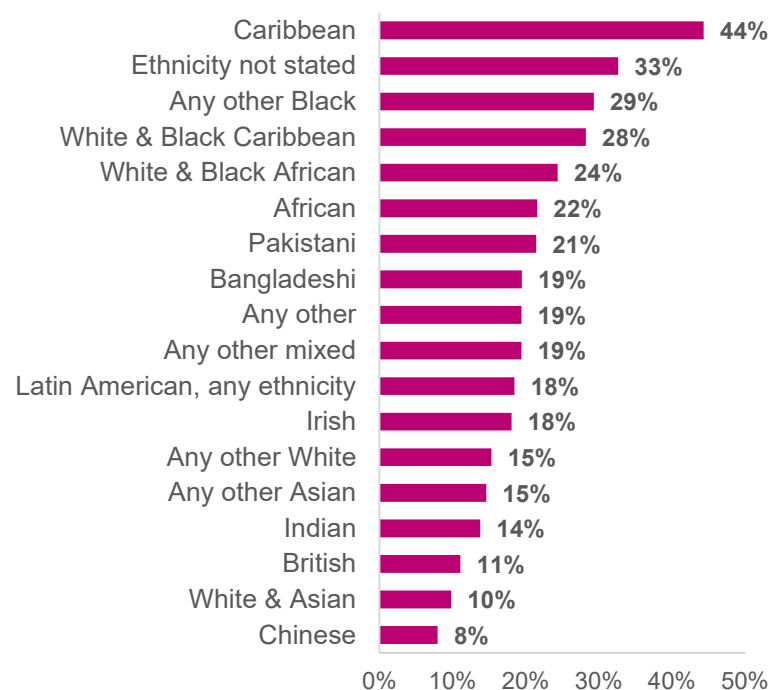


Fig 33. MMR non-vaccination rates for 1–5 yr old Southwark GP patients by ethnic group and for Latin American identity (any ethnic group), June 2025. Source: SEL ICS, 2025. Primary Care Childhood Immunisations Dashboard.

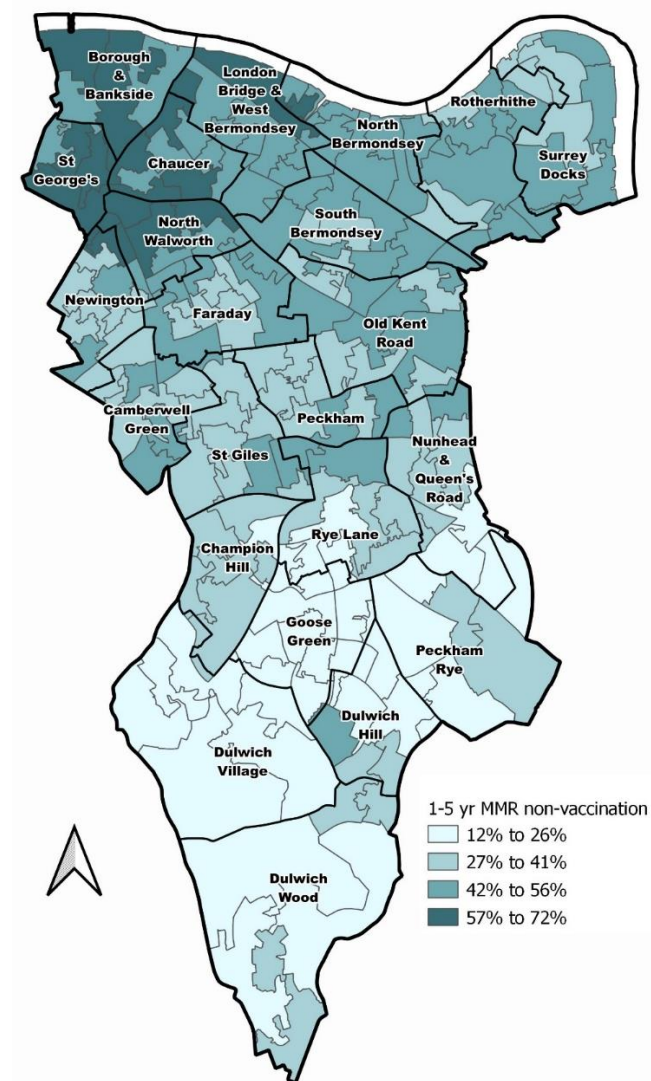


Fig 34. Southwark Lower Super Output Areas (LSOAs) by MMR non-vaccination rate in 1–5 yr old resident Southwark GP patients, June 2025. Source: SEL ICS, 2025. Primary Care Childhood Immunisations Dashboard.

## Joint Health & Wellbeing Strategy Long Term Population Health Measure

### Priority Area 1: A healthy start in life

**Measure:** Reduction in the gap in 6 in 1 vaccine coverage at 12 months between white and Black, Asian and ethnic minority children

## 11.4 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, and this has continued into the most recent year of data (2023/24).

In 2023/24, roughly 1 in 5 (23.4%) Reception pupils were overweight or obese, with levels increasing to over 2 in 5 (41.9%) among Year 6 pupils. Over the last 15 years, levels of excess weight levels have remained generally stable for Reception and Year 6 pupils, fluctuating between 22-29% and 39-43%. Despite efforts to reduce the prevalence of excess weight within school age children, this has not translated into less children with excess weight, particularly amongst Year 6 pupils who are almost twice as likely to have excess weight when compared to Reception pupils.



**Fig 35. Prevalence of excess weight (overweight or obesity) in Reception and Year 6 pupils in Southwark, London and England, 2013/14 to 2023/24.**  
Source: OHID, 2024. Child health profiles.

There are significant inequalities in levels of excess weight within the borough, 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 2021/22–2023/24, over two-fifths of Year 6 pupils in Camberwell Green (45%), Faraday (42%) and Peckham (41%) wards were overweight or obese, more than twice the level in Goose Green and Dulwich Village (both 15%).



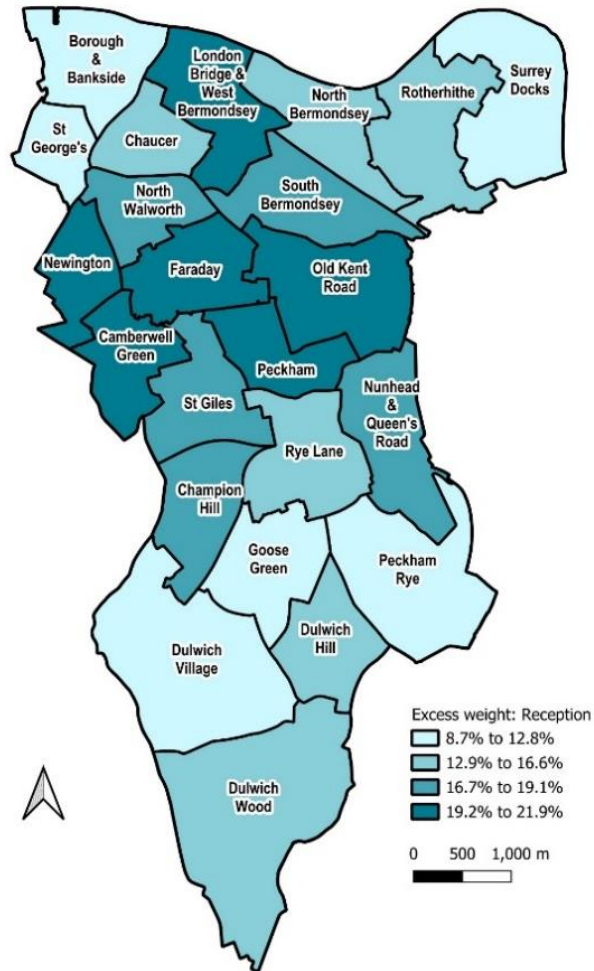


Fig 36. Excess weight (overweight or obese) prevalence among Southwark Reception pupils, 2021/22 to 2023/24.  
Source: National Child Measurement Programme, 2023 to 2025.

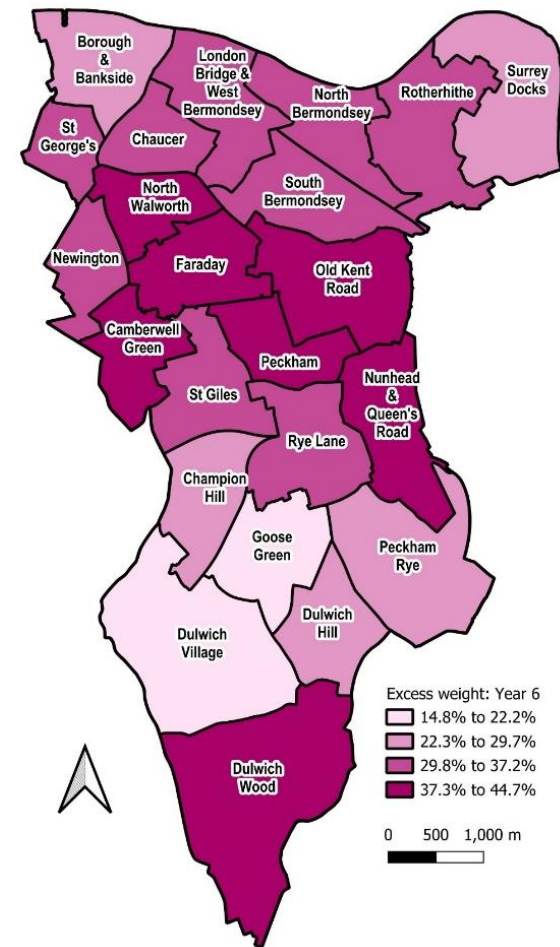


Fig 37. Excess weight (overweight or obese) prevalence among Southwark Year 6 pupils, 2021/22 to 2023/24.  
Source: National Child Measurement Programme, 2023 to 2025.

## Joint Health & Wellbeing Strategy Long Term Population Health Measure

### Priority Area 1: A healthy start in life

**Measure:** Reduction of the gap in % Year 6 children with excess weight between white and Black, Asian and ethnic minority children

## 11.5 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 31<sup>st</sup> March 2024, there were 2,557 children in need in Southwark. This translates to the rate of 453 per 10,000 children, which is higher than London and England with rates of 370 and 333 per 10,000 children respectively. This is down 6.7% from the 2,741 children assessed as being in need on 31<sup>st</sup> March 2023. 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 2024.

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 2024 were:

- Domestic abuse (1,428 cases, down 114 cases from 2023)
- Parental mental health (710 cases, up 17 cases from 2023)
- Emotional abuse (623 cases, down 12 cases from 2023)
- Physical abuse (555 cases, up 5 cases from 2023)
- Child’s mental health (469 cases, down 79 cases from 2023)

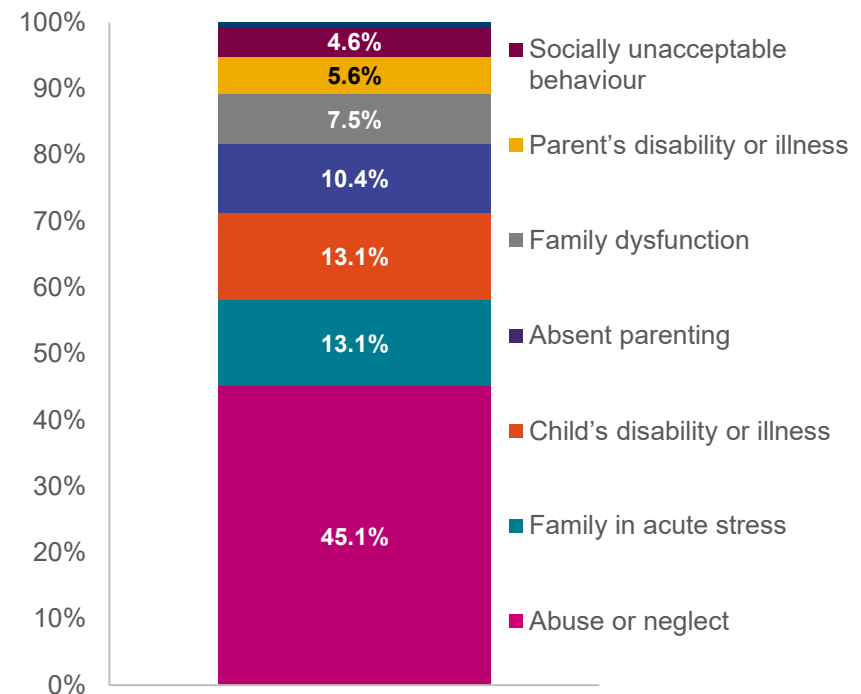


Fig 38. Southwark 2024 child in need assessment episodes, by primary need identified. Sources: Department for Education, 2024; Children in Need, 31<sup>st</sup> March 2023 to 31<sup>st</sup> March 2024.



### 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 2024, there were 269 children in Southwark with a child protection plan. This was an increase from the previous year. The most common underlying cause was emotional abuse, followed by neglect. However, the number of child protection plans at any point in Southwark during the year ending 31<sup>st</sup> March 2024 reduced from the previous year. The rate was 112 child protection plans per 10,000 children, compared to 116 in the previous year.

### 11.6 Special Educational Needs and Disabilities

Between 2022/23 and 2023/24, the number of children in Southwark schools with an Education, Health and Care (EHC) plan increased by 10.8% (2022/23: 2,095; 2023/24: 2,321). Over the same period, the number of children with SEN support/SEN without an EHC plan increased by 4.1% (2022/23: 7,123; 2023/24: 7,412). During 2023/24, a statistically similar proportion of children in Southwark schools (4.8%) had an EHC plan compared to London (4.9%) and England (4.8%) values.

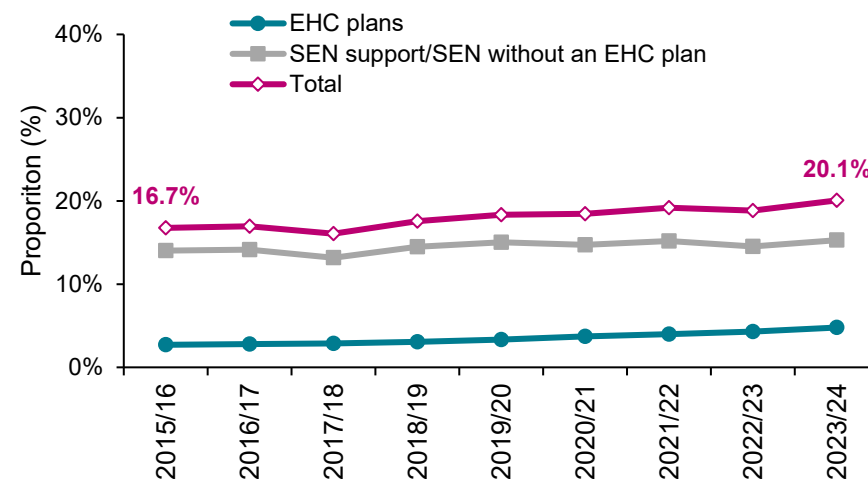


Fig 39. Proportion of children in Southwark schools with an EHC plan, SEN support or either: 2015/16-2023/24.

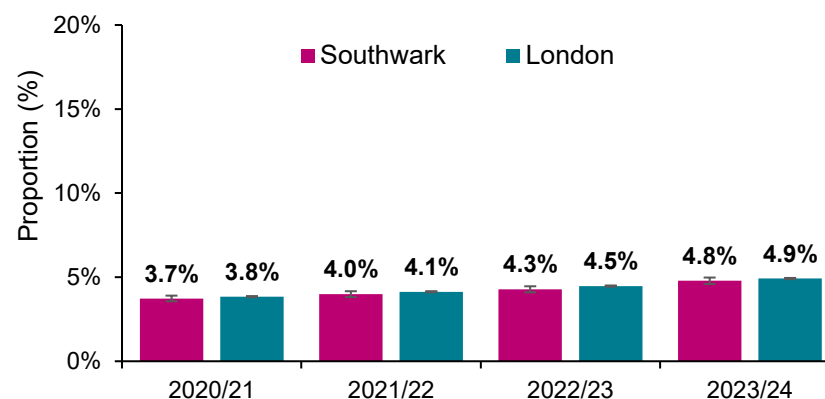


Fig 40. Proportion of children in Southwark and London schools with a EHC plan over time.

## Joint Health & Wellbeing Strategy Long Term Population Health Measure

### Priority Area 1: A healthy start in life

**Measure 1:** % of children with free school meal status achieving a good level of development at the end of Reception in Southwark

**Measure 2:** Gap in average Key Stage 4 attainment between all pupils and pupils with SEN support

When analysing trends in the number of children in Southwark with an EHC plan, there was a 97% increase in the number of children with Autism Spectrum Disorder (ASD) as their primary need between the years 2016 and 2024, increasing from 569 to 1,121.

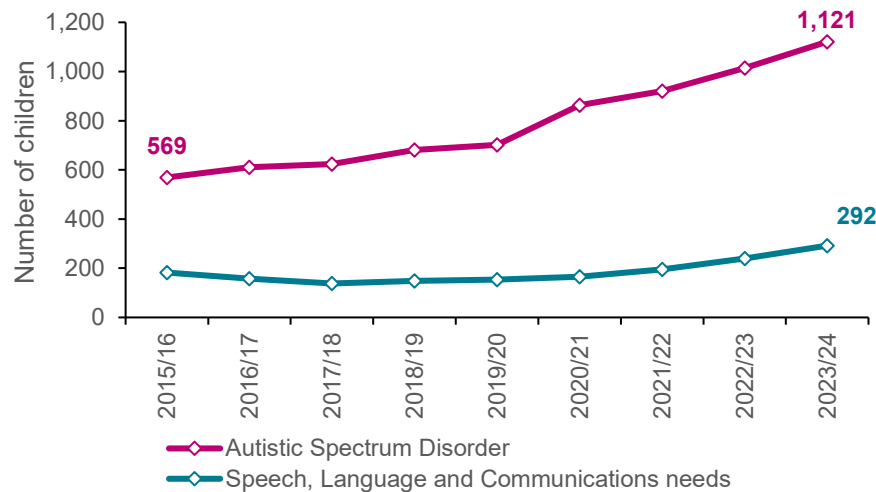


Fig 41. The number of SEND children with an EHC plan, by their primary need: 2015/16 to 2023/24.

## 11.7 Healthcare use

A&E attendances in young children are often preventable, being commonly caused by accidental injury or by minor illnesses which could have been treated in primary care. In 2023/24, there were almost 7,900 A&E attendances by Southwark children aged 0-4 yr, with rates significantly lower than both London and England levels.

In 2023/24, there were 1,110 emergency hospital admissions of Southwark children under the age of 5, a reduction of 305 admissions when compared to the previous year. Borough admission rates are significantly lower than London and England. However, there are substantial inequalities, with significantly higher levels seen in the north of the borough.

Some instances of hospital admissions are due to managed conditions such as asthma. The rate of hospital admissions for asthma (under 19 years) in Southwark have fallen noticeably over the past 10 years, from 259 per 100,000 residents in 2013/14 to 133 per 100,000 residents in 2023/24, which equates to a reduction of 85 hospital admissions.

## 12. LIVING WELL

Priority 3 of the Joint Health & Wellbeing Strategy is “**Support to Stay Well**” which closely aligns with the “**Staying Well**” goal of the Southwark 2030 strategy. Both focus on ensuring that everyone in the borough can lead **healthy, fulfilling lives**. They emphasise **early intervention and prevention**, aiming to reduce health inequalities and support both physical and mental wellbeing.

Living well is often influenced by modifiable risk factors that can lead to the development of long-term conditions such as cancer, diabetes, heart disease and poor mental health. These **long-term conditions are not evenly distributed throughout the population**, with those from disadvantaged backgrounds, **Black, Asian, or those of Mixed Ethnicity, and those from the LGBTQI+ communities bearing the highest burden of disease**. These groups often intersect, increasing negative outcomes.



Southwark is comparable 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 2023/24, about **9,200** Southwark GP patients had a **cancer diagnosis**, **1,800** more cases than the previous year. The most prevalent forms of cancer were **prostate (20%) and breast (18%)**.



Since 2018, Southwark has **increased testing rates by 36%**, experiencing increases in the number of cases of **Chlamydia, HIV and Genital Warts**. These cases are concentrated to the North and West of the borough.



**Bowel Cancer** screening has **increased** by more than half since the programme began. In 2024 over 23,000 Southwark residents were screened. However, there is a declining in breast and cervical cancer screening.



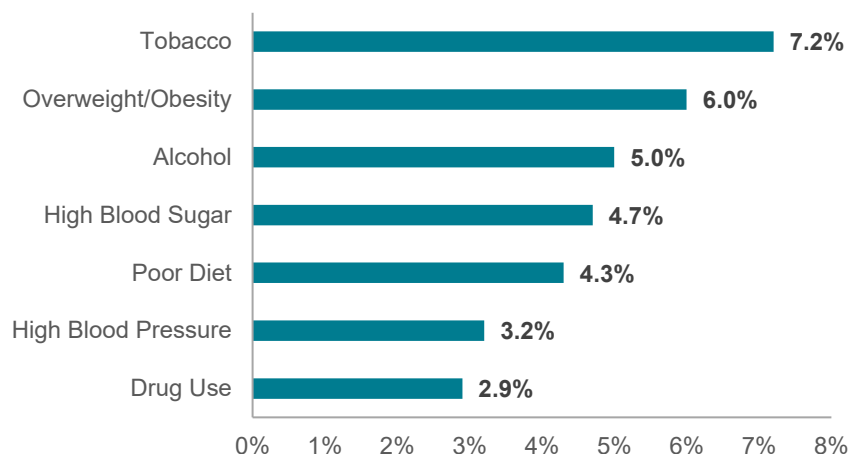
Over **115,000** Southwark GP patients are living with **1+ long-term condition**, **4,000** more than the previous year. Patients from a **Black ethnic background are over-represented** among those with long-term health conditions.



We estimate around **1 in 5 adults** have a common **mental health disorder** in Southwark. Diagnosed depression (aged 10-29) is more than **twice as common in females** when compared to males.

## 12.1 Risk factors

Global Burden of Disease study data shows the top risk factors for poor health. Southwark is comparable to the national picture, with tobacco, overweight/obesity, risky alcohol consumption, high blood sugar and poor diet being the top five health risk factors.



**Fig 42. Risk factors causing greatest loss of years of life due to disability or premature death (Disability-Adjusted Life Years) in Southwark, 2021.**  
Source: IHME 2025. Global Burden of Disease Compare tool

### Joint Health & Wellbeing Strategy Long Term Population Health Measure

#### Priority Area 3: Support to stay well

**Measure 1:** Reduction of smoking prevalence in adults

**Measure 2:** Reduction in the gap in obesity prevalence in adults by ethnicity

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

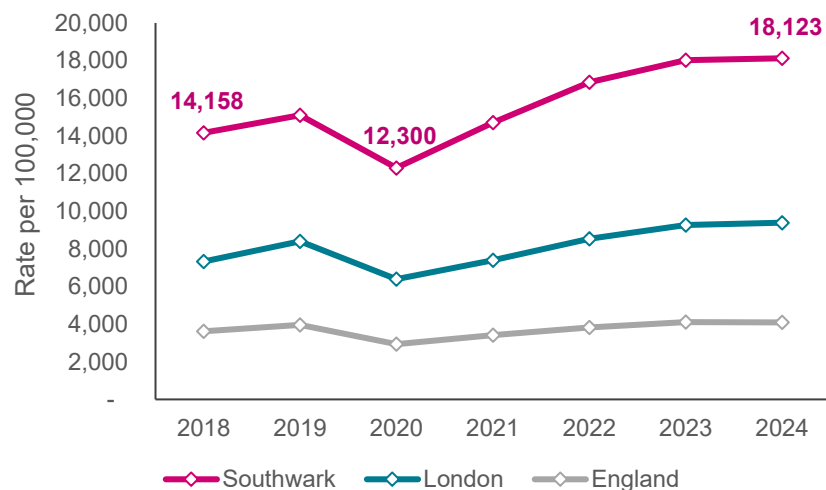


**Fig 43. Behavioural health risk factor levels in Southwark.** Source: OHID 2024. Public Health Profiles.

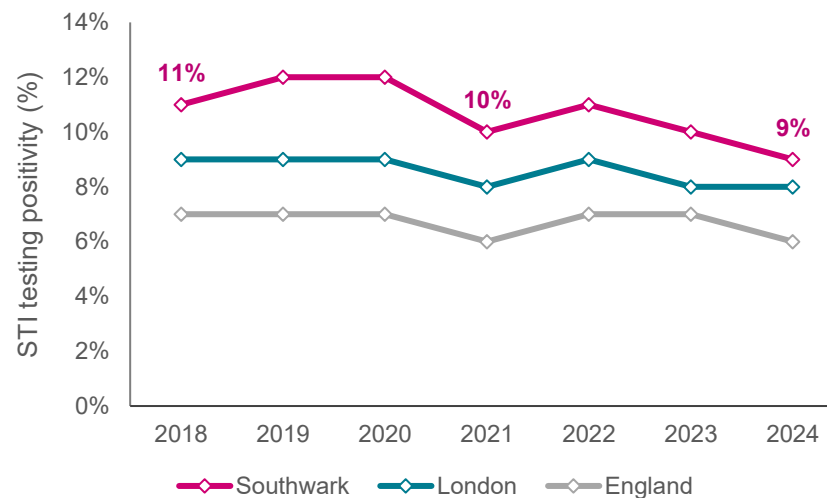
## 12.2 Sexual health

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.

STI testing in Southwark has been increasing since 2020. Between 2022 and 2023, there was a 9% increase in STI testing in the borough (excluding chlamydia testing in under-25s). A total of over 57,000 tests were conducted in 2024, a 21% increase compared to pre-pandemic levels (47,210) and the second highest number of tests in England.



**Fig 44. STI testing rate (excluding chlamydia aged 24 and under) per 100,000 population in Southwark, London and England, 2018–2024.** Source: OHID, 2025. Sexual and Reproductive Health Profiles.



**Fig 45. Annual STI positivity rate in Southwark, London and England residents, 2018–2024.** Source: OHID, 2025. Sexual and Reproductive Health Profiles.

In 2024, there were 8,800 new STI diagnoses among residents, a 1% decrease compared with 2023. Last year, Southwark had a:

- 9.1% decrease in gonorrhoea diagnoses (- 273)
- 10.5% decrease in chlamydia diagnoses (- 373)
- 10.1% decrease in genital warts diagnoses (- 39)

Local STI infections are highest among:

- Men: account for over three-quarters (77%) of cases
- 25–34 year olds: over two-fifths (42%) of cases
- Gay and bisexual men: over half (55%) 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.

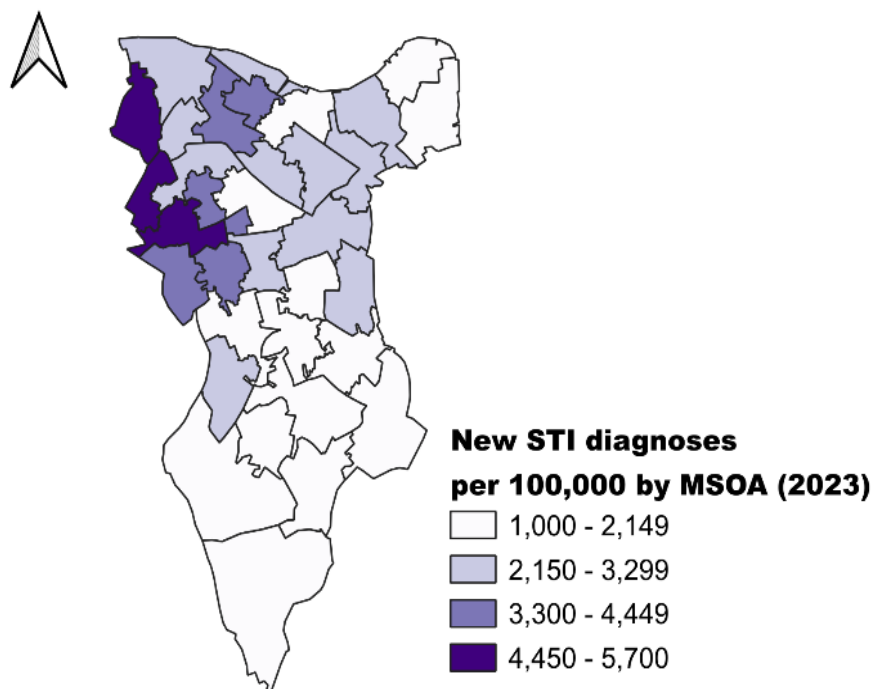


Fig 46. Prevalence of new STI diagnoses in all-age Southwark residents, per 100,000 population, by Middle Super Output Area, 2023.

Source: UKHSA 2023.

OS crown copyright and database rights 2024. Ordnance Survey (0)100019252.

## 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 2023, there were 3,100 residents

with diagnosed HIV living in Southwark. There were 85 new cases identified in that year, the fifth highest in London. Figures indicate highest prevalence of HIV is in the north-west and centre-west of the borough.

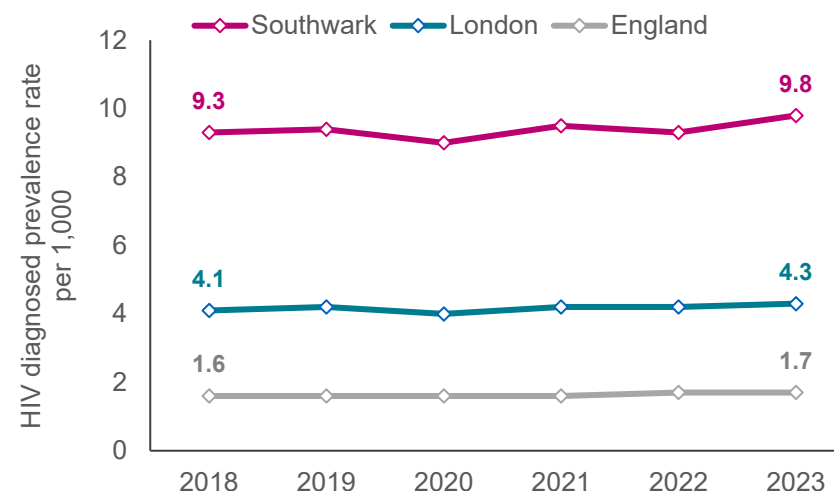


Fig 47. HIV diagnosed prevalence rate per 1,000 residents in Southwark, London and England, 2018 to 2023. Source: OHID, 2024. Sexual and Reproductive Health Profiles

Levels of HIV testing in the borough are significantly higher than London and England averages, with 65% of eligible specialist sexual health service attendees accepting an HIV test. Testing levels in 2023 were 25% higher than pre-pandemic levels seen in 2019 and were almost double the rate observed across the London region.

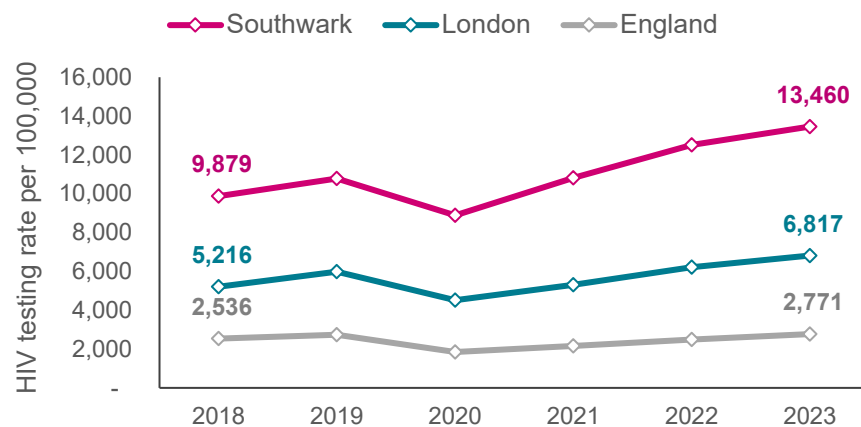


Fig 48. HIV testing rate per 100,000 residents in Southwark, London and England, 2018 to 2023. Source: OHID, 2024. Sexual and Reproductive Health Profiles.



Fig 49. HIV testing coverage among those eligible for an HIV test in specialist sexual health services, by sexual identity group, for Southwark and London, 2023. Gay, bi or MSM = gay, bisexual and other men who have sex with men. Source: OHID 2025. Sexual and Reproductive Health Profiles.

Late diagnosis of HIV is an important predictor of poor health and premature death. In 2021–23, 42% of Southwark adults diagnosed with HIV received a late diagnosis, comparable to London (41%) and England (44%).

Almost one-third (32%) of gay, bisexual and other men who have sex with men (MSM) received a late diagnosis in 2021-23, lower than levels for heterosexual or bisexual women (46%) and heterosexual men (79%). This large difference between late diagnosis in heterosexual males compared to their gay, bisexual or MSM peers can partly be explained by less stigma, higher testing rates and therefore greater reach of testing amongst the latter groups, reducing the number of people identified with a late HIV diagnosis.

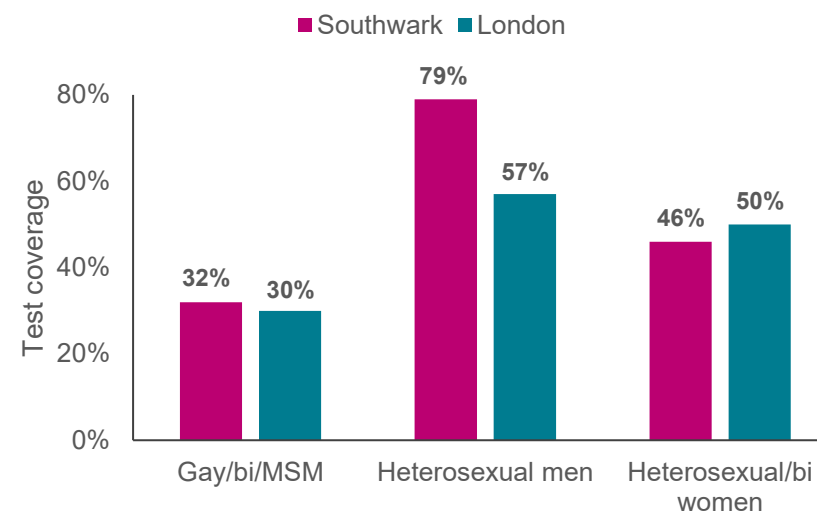


Fig 50. Percentage of HIV cases (15+ yr, first diagnosed in UK) with a late diagnosis, by sexual identity group, in Southwark and London, 2021–23. Bi = bisexual; MSM = men who have sex with men; het = heterosexual. Source: OHID 2025. Sexual and Reproductive Health Profiles.



### 12.3 Drug and Alcohol usage

Drug and alcohol usage is a significant health concern within Southwark, contributing to negative health outcomes such as mental health issues, liver disease, and early mortality.

#### Alcohol Misuse

Alcohol dependency is a complex medical condition characterised by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. Alcohol dependency rates in Southwark (16%) are broadly comparable to levels seen across England (14%).

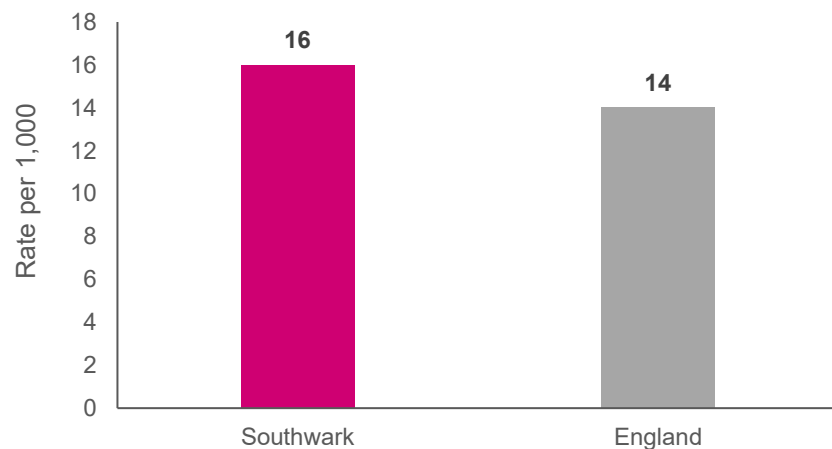


Figure 51. Estimated alcohol dependency rate per 1,000 in Southwark and England 2019/20.

The consequences of problematic alcohol usage are a major contributory factor to premature mortality both locally and nationally. Deaths which have been wholly caused by alcohol consumption have

fluctuated in recent years in Southwark, decreasing from its peak in 2021 of 18 deaths per 100,000 to 14 deaths per 100,000. These levels are comparable to the national rate but higher than the London average. It is important to note that alcohol-specific deaths exclude deaths whereby alcohol was a contributing factor, potentially masking the true scale of alcohol harm.

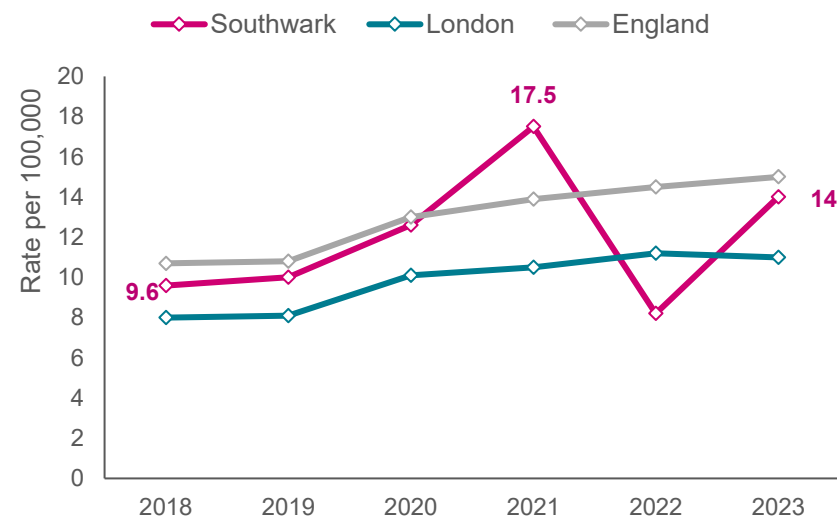
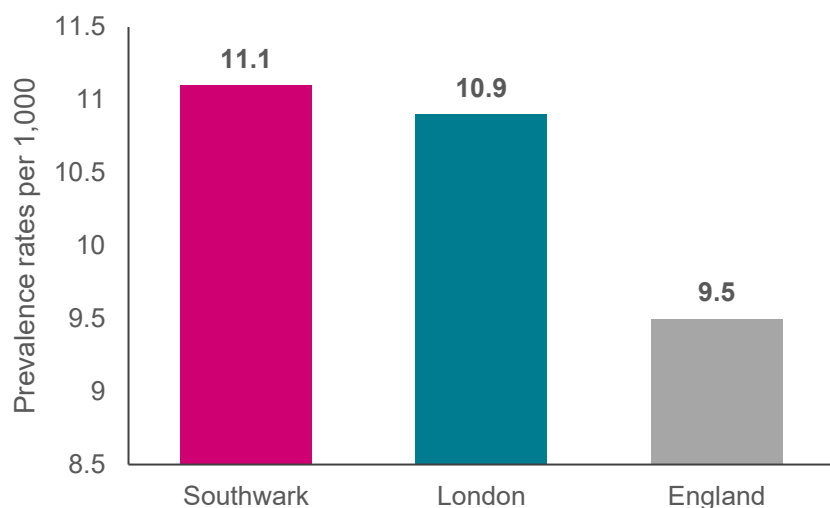


Figure 52. Alcohol-specific mortality rate per 100,000 in Southwark, London and England 2023.

## Drug Misuse

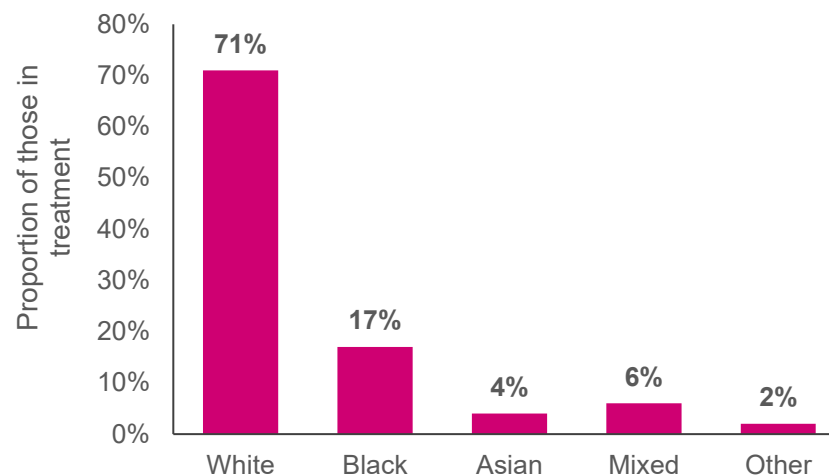
In 2019/20, the rates of opiate and crack cocaine use in the local population were estimated based on models using a range of data. An estimated 2,605 people in Southwark regularly used opiate and/or crack cocaine in 2019/20, or 11.1 per 1,000 adult population. This was slightly higher than both London (10.9 per 1,000) and England (9.5 per 1,000). These drugs have direct health consequences on health including overdosing, cardiovascular complications and dental issues.



**Figure 53.** Estimated opiate and/or crack cocaine usage rate per 1,000 in Southwark, London and England 2019/20.

In the year concluding 2023/24, there were just over 1,000 Southwark residents receiving treatment for opiate or non-opiate substance misuse. Almost three quarters of those in treatment for these substances were male (73%), with the largest ethnic group in

treatment being those from a White background (71%). The ethnic trends in treatment show that since 2018, the number of service users from a White background has been decreasing, while the number of service users from a Black ethnic background has been increasing. While there are multiple explanations for this increase, this presents an opportunity to address the disproportionate health and social consequences of drug misuse experienced in this community such as poor mental health and sectioning under the mental health act.



**Figure 54.** The proportion of adults in treatment for opiate and/or crack cocaine in 2023/24, by broad ethnic group.

## 12.4 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, have a significant impact on people’s health and wellbeing.

Over 115,000 Southwark GP patients are living with one or more long-term condition; over 34,700 are living with three or more. The most 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, kidney disease and strokes. Hypertension disproportionately affects those from a Black ethnic background, making up 45% of diagnosed patients, but only 37% of the registered patient list. Additionally, prevalence is skewed towards those aged over 50 living in the most disadvantaged neighbourhoods in the borough.

### **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, trauma, 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%) of all Southwark GP

patients, but only around one-third (37%) 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%) compared with White groups (7%). Levels are lower among those from Asian (6%), mixed (5%) and other (5%) ethnic groups. It is worth noting that these figures are thought to substantially underestimate the level of obesity within the population, with estimates indicating 57% of adults in Southwark are obese.

### **Diabetes**

Diabetes mellitus is the fourth most common long-term condition in Southwark. Type 2 diabetes is most common type of diabetes, with over 20,200 local people diagnosed with this condition. A further 29,140 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, eye diseases, and raises the risk of infections. Type 2 diabetes onset can be prevented or delayed by lifestyle changes. Across Southwark GPs, the majority of diabetic patients were aged between 40-79, living in the most disadvantaged areas, and almost half (47%) were from a Black ethnic background.



Fig 55. Patient numbers for most prevalent long-term conditions diagnosed by Southwark GPs, May 2025.

Source: South East London Integrated Care System, 2025. Comorbidities dashboard.

The diagnosed prevalence of many long-term conditions has increased over time, with the three leading causes of long-term conditions seeing notable increases. Cases of diagnosed hypertension, depression and obesity have all each increased on average by at least 1,000 people over the last three years.

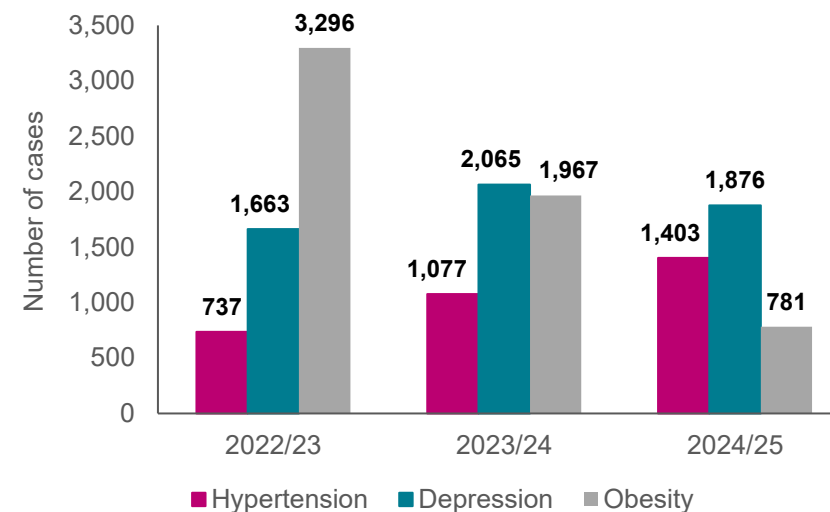


Fig 56. Yearly increase of diagnosed hypertension, depression and obesity for Southwark GP patients: 2022/23-2024/25.

Source: South East London Integrated Care System, 2025. 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:

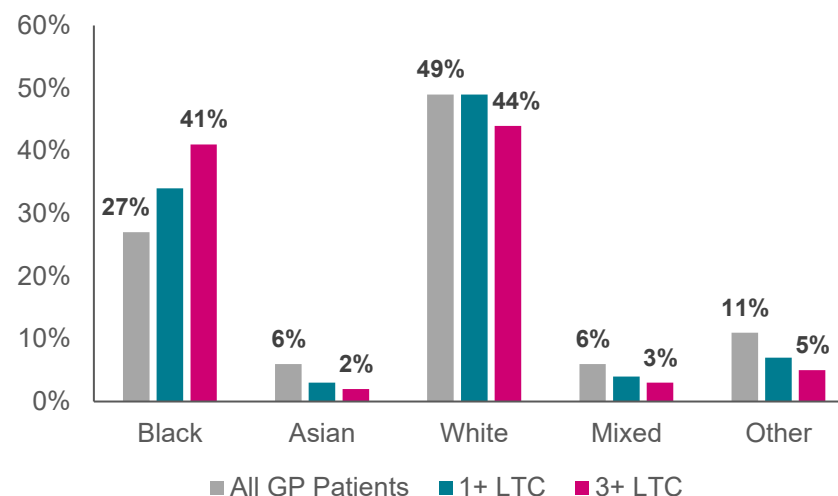
- People in the UK are developing multiple long-term conditions at an increasingly younger age.
- Nationally, people from Black, Asian and minoritised ethnic groups are more likely to develop multiple long-term conditions, and to develop them at a younger age, than those from White groups.
- Multiple 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 115,400 people have been diagnosed with one or more long-term conditions; about 34,700 people have three or more.

Locally, more than half (56%) of local GP patients with one or more long-term conditions are female; under half (44%) are male. Levels are similar among patients with three or more long-term conditions (53% are female; 47% 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%) of those with one or more long-term conditions, and over two-fifths (41%) of those with three or more long-term conditions, despite making up only one-quarter (27%) of the GP patient population.



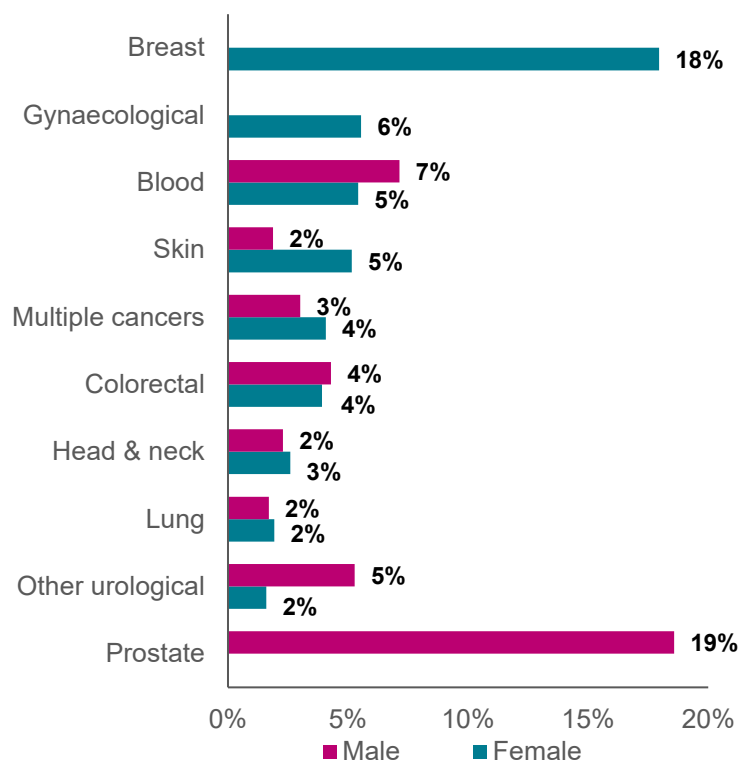
**Fig 57. Percentage of Southwark GP patients by ethnic group, for all registered patients, those with 1 or more long-term conditions (LTC), and those with 3 or more LTC.**

**Source: South East London Integrated Care System, 2025.**

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 integrated care, rather than just higher numbers of disconnected care episodes. Research increasingly emphasises the importance of addressing patients' social and economic context, in order to prevent, and slow progression of, multiple long-term conditions.

## 12.5 Cancer

In 2023/24, just over 9,200 Southwark GP patients had a cancer diagnosis (3%), higher than the London (2.5%) rate but lower than England (4%). Among all Southwark GP patients in May 2024, the most prevalent forms of cancer were prostate (19%) and breast (18%).



**Fig 58. Percentage prevalence of cancers by site and gender, for all Southwark GP patients, Jan 2025.**

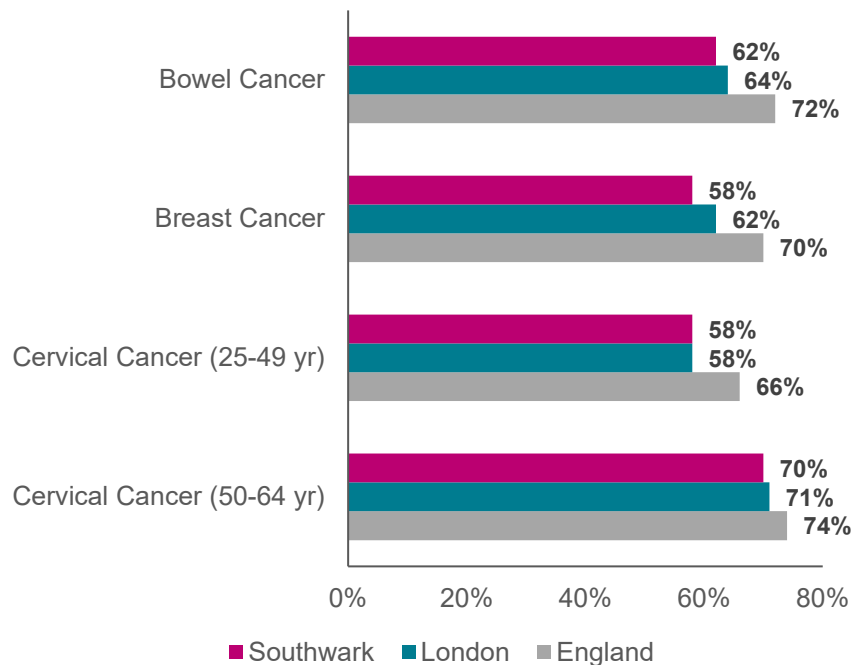
Source: South East London Integrated Care System, 2025. Cancer Population Insights Dashboard.

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.

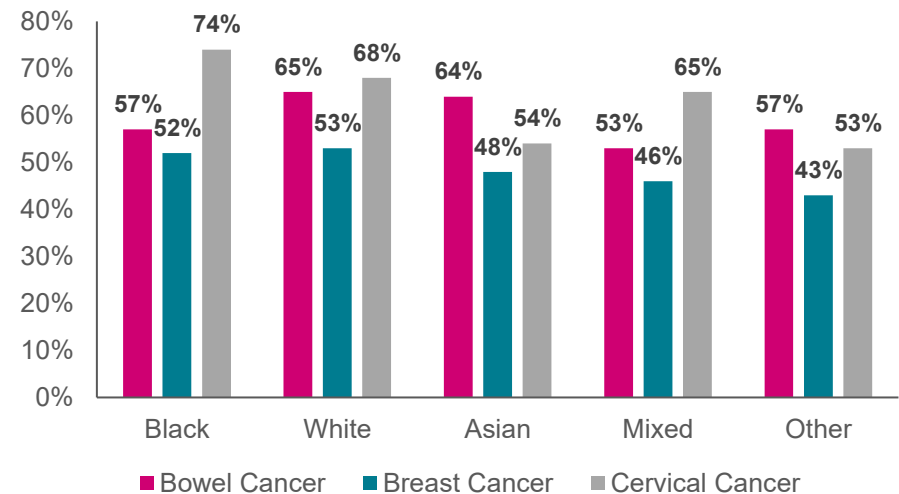
Cancer prevalence rates vary between different ethnic groups with those from a White ethnic background having a higher cancer prevalence (3%) than those from non-White ethnic background (1%). Differences in age structure and healthcare access should be considered when interpreting these between-group differences.

Cancer screening is a vital tool that enables cancer diagnosis at an early and more treatable stage. Screening is currently available for bowel, breast and cervical cancers. In 2024, Southwark bowel and breast cancer screening rates were significantly lower than the England levels but comparable to the London average; cervical cancer screening rates were similar to London but significantly lower than England.



**Fig 59. Proportion of eligible residents receiving screening for bowel, breast and cervical cancer, for Southwark, London and England, in 2024.**  
Source: OHID, 2025. 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 (74%) versus patients from Asian and other ethnic groups (55%) is notable.



**Fig 60. 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:

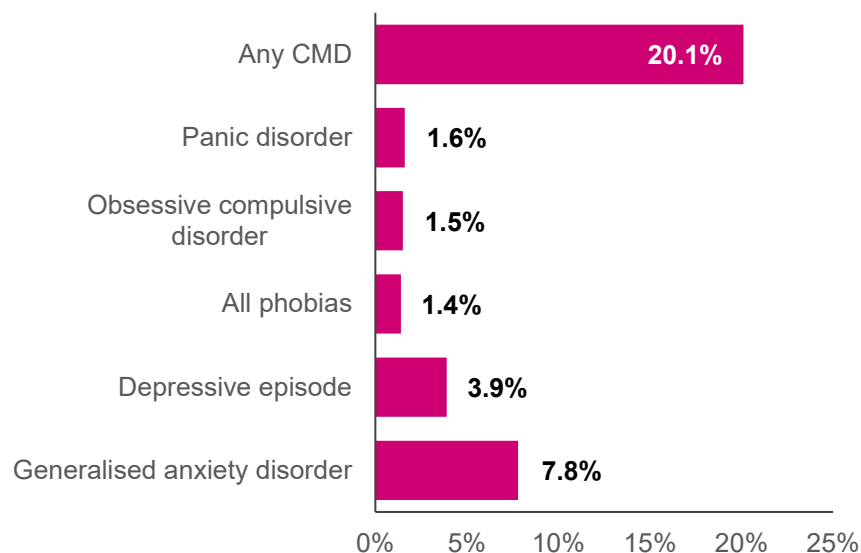
- Breast cancer: 60% (female)
- Uterine cancer: 60% (female)
- Cervical cancer: 37% (female)
- Prostate cancer: 38% (male)
- Other urological cancer: 18% (female); 20% (male)
- Bowel cancer: 29% (female); 32% (male)
- Lung cancer: 32% (female); 24% (male)



## 12.6 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, approximately 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%).



**Fig 61. Common mental disorder (CMD) prevalence in London adults.**  
Source: NHS Digital, 2025. Adult Psychiatric Morbidity Survey, 2023/24.

The 2024 English Adult Psychiatric Morbidity Survey (APMS) found that just over 1 in 5 adults in England had a common mental disorder in the week prior to the survey, comparable to the levels observed in London (20%). The prevalence of different disorders is shown in figure 61; generalised anxiety disorder was the most common. All types of CMDs were more common in women: in London, over 1 in 4 women reported experiencing them, compared to 1 in 7 men. The gender gap is particularly pronounced among those aged 16–24. In this age group, the prevalence was more than 2.5 times higher for young women experiencing common mental disorders compared with young men.

The same survey revealed that nearly a quarter (24%) of adults from Mixed, Multi-Ethnic, or Other ethnic community groups reported experiencing a common mental disorder in the past week. This figure is comparable to the prevalence seen among White British individuals (22%) and higher than that observed in White Other groups (19%). Notably, there were significant improvements among Black or Black British ethnic groups, with reported levels dropping to 16% from 23% in 2014. Meanwhile, reported levels among Asian groups remained consistent with 2014 findings, at 17%.

Among Southwark GP patients aged 10–29, diagnosed depression is more than twice as common in females (13%) compared to males (6%).

Local survey results suggested that, in 2023, about 1 in 6 (16%) Southwark adult residents had a mental health condition lasting longer than 12 months. Of Southwark survey respondents reporting a long-term mental health condition, 40% also had a long-term physical health condition, 26% also had a physical or mobility

condition, and 22% also had a learning disability. Close to half (45%) of Southwark respondents reported using mental health services over the last 2 years. Of those who did, over half (53%) 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 years
- Disabled
- Living with learning disabilities
- Unpaid carers
- LGBTQ+
- Religious
- from White or Mixed Ethnic backgrounds
- Struggling financially
- Feels lonely
- And at the lowest and highest ends of the income scale

#### Joint Health & Wellbeing Strategy Long Term Population Health Measure

##### Priority Area 4: Healthy and connected communities

**Measure 1:** Reduction in the percentage of adults who feel lonely often or always

**Measure 2:** Reduction in gap in prevalence of depression between White and Black residents

Severe mental illness (SMI) refers to a range of conditions including schizophrenia, bipolar affective disorder and depression with psychosis. In 2024/25, just over 4,000 Southwark GP patients had a diagnosed severe mental illness.

There are strong ethnic inequalities in the prevalence of severe mental illness. Almost 4 in 10 (40%) severe mental illness patients are from Black ethnic backgrounds, compared with 1 in 4 (26%) 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.



Fig 62. Proportion of Southwark & South East London SMI patients by broad ethnic group: 2024/25

Source: South East London Integrated Care System, 2025. SMI dashboard.

### Severe mental illness

In terms of age, severe mental illness is most prevalent among those aged 41–60. This group make up over 4 in 10 (44%) of all severe mental illness patients compared with 1 in 4 (26%) 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 2024/25, approximately half (48%) of Southwark SMI patients received an annual health check. This was the 3<sup>rd</sup> highest when compared to all other South East London boroughs, behind Bexley and Lambeth but below the national average (55%). There was little difference in receiving all 6 health checks between ethnic groups.

In 2021-23, there were 570 premature deaths in Southwark among residents who had been referred to mental health services in the 5 years prior to death. Rates in Southwark (126 per 100,000) are significantly higher than London (107 per 100,000) and England (111 per 100,000).

### **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). Up to December 2024, there were 24,300 people were in contact with mental health services provided by SLaM.

### **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 2023/24, there were 180 emergency hospital admissions for intentional self-harm in Southwark, with a rate of 51 emergency admissions per 100,000 population. Southwark's rate was comparable to London levels and significantly lower than England.

Half (50%; 90) of these admissions were female residents. In this category, Southwark's self-harm emergency admissions rate for women (49.9 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 2021–23 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. Several risk factors often combine 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.

## 13. AGEING WELL

Being able to stay **healthy in later life** is a crucial issue for us as individuals but also for the sustainability of society. This is particularly pertinent given the **projected increase of older adults** in Southwark.

Ageing well supports the wider strategic landscape in Southwark, including Southwark 2030, **Goal 5: Staying Well** which aims to ensure residents across the whole community can have good health and wellbeing.

Ageing well enables residents to understand their potential for **physical, social and mental health and wellbeing** throughout their life course. Supporting older people to look after their own health, particularly those with multiple conditions, including frailty is essential to optimise quality of life and health outcomes.



**Healthy life expectancy** in Southwark has observed a near consistent decline among both female and male residents. Most recent figures indicate **Southwark males to live 0.3 years** more in good health compared to Southwark females.



Despite being the leading cause of preventable mortality for residents aged 75 and under, **causes of preventable mortality by cancer have dropped by 37%** for the 11 years up to 2023.



Since 2010 (to 2023/24), the rate of **emergency admissions due to falls** in the borough has **fallen by 16%** among those aged 65-79 and by **27%** among those 80+.



Despite the significant adverse impact of COVID-19 on mortality rates, local and national trends shows that there has been a longer-term pattern of **stalling in life expectancy**, with no discernible improvement over the last decade.



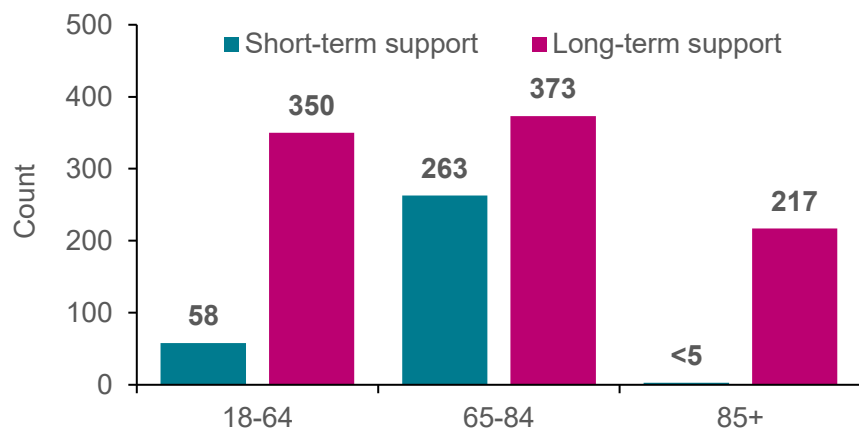
In 2023 there were **309 deaths considered preventable** in Southwark, with rates significantly higher than London. Preventable mortality among men is more than double the level among women.



National analysis suggests there is no single cause driving **these slow-downs in life and healthy life expectancy**, with factors including austerity-driven constraints on public spending, growing complexity of medical conditions and **widening health inequalities**.

### 13.1 Adult Social Care

Adult Social Care provide information, advice and services to residents to support them to remain independent. In 2024/25 there were 1,264 new people who requested and started using a service for short- and long-term support, a 17% increase from 2023/24. In 2024/25, the percentage of service users by age group were comparable to 2023/24.

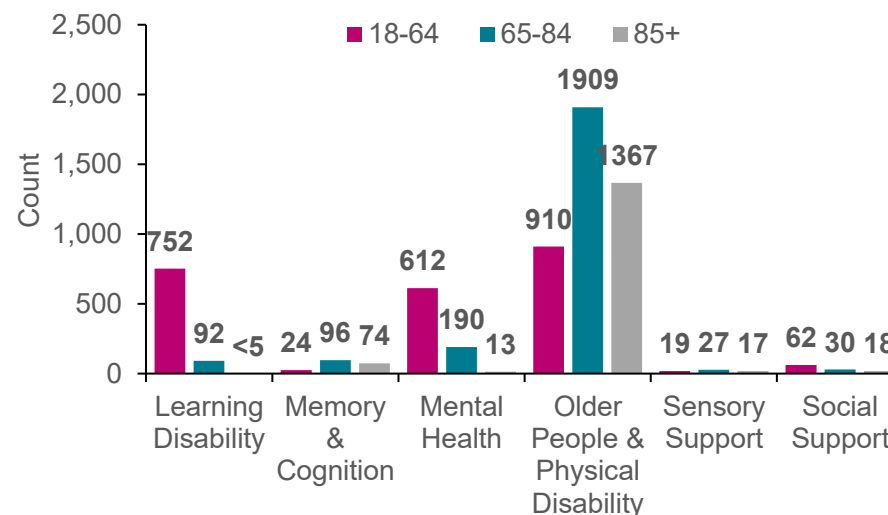


**Fig 63. New service users (short and long term support) who started between April 2024 and March 2025, by age group.**

\*Long-term support includes those who have received long-term support only, and those who have received both long-term and short-term support.  
Source: Southwark Adult Social Care Division, 2025.

Overall, Adult Social Care provided support to 6,213 long-term service users in 2024/25. The most common primary support reason was for Older People & Physical Disability (67%). The next most common reason for support was Learning Disability, with the majority

of these service users being aged 18-64. During this period, short-term support only was provided to 814 residents across 1,497 episodes of support.



**Fig 64. Primary support reason for long-term service users in 2024/25, by age group.** Source: Southwark Adult Social Care Division, 2025.  
'<5' denotes small numbers which have been suppressed.

Adult Social Care also provide support to those providing unpaid care. In 2024/25 Southwark supported 1,199 newly identified unpaid carers.

## 13.2 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.

During 2023/24, 490 admissions due to falls were observed among those aged 65 years old and over in Southwark. Admission rates increased significantly with age, mirroring the national pattern. Rates among those aged 80 and over were nearly four times those under 80. Nonetheless, rates for Southwark residents aged 80+ were significantly below regional and national levels.

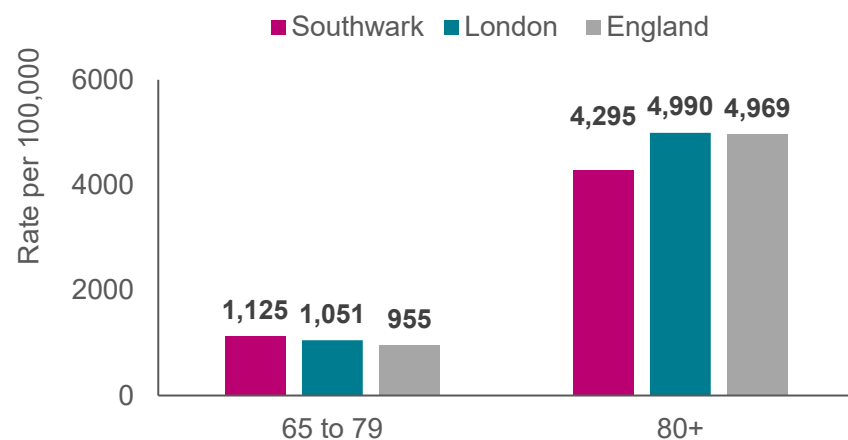


Fig 66. Emergency admissions due to falls in those aged 65-79 and 80+ 2023/24. Source: OHID, 2025. Productive & Healthy Ageing Profile.

Since 2010, the rate of emergency admissions due to falls in the borough has fallen by 16% among those aged 65-79 and by 27% among those 80+. Over the same period, the rate of hip fracture in residents aged 65 and over has decreased by 22%.

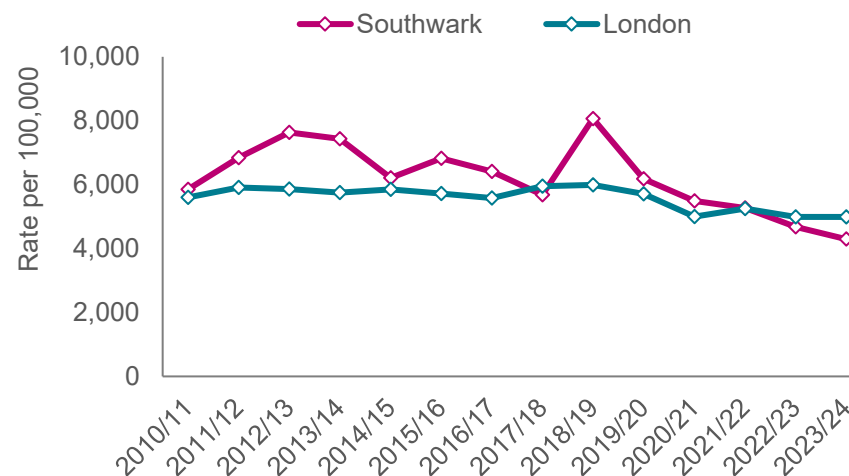


Fig 67. Emergency admissions due to falls in those aged 80+: 2023/24. Source: OHID, 2025. Productive Healthy Ageing Profile.

### Joint Health & Wellbeing Strategy Long Term Population Health Measure

#### Priority Area 3: Support to stay well

**Measure:** Reduction in rate (per 100,000) of emergency hospital admissions due to falls in people aged 65 and over in Southwark

### 13.3 Dementia

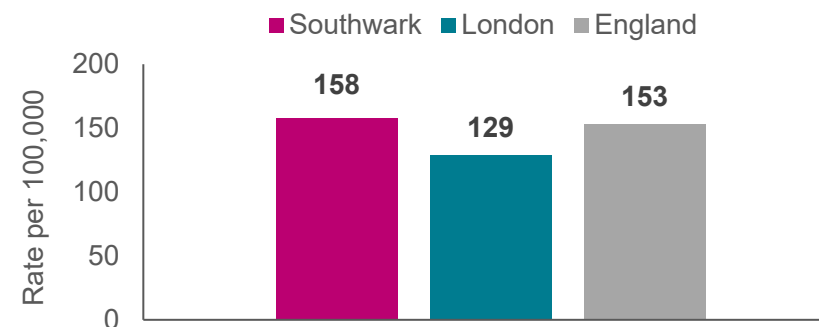
Dementia is a group of symptoms characterised by difficulties with one or more areas of mental function. These areas may include memory, language, ability to complete activities of daily living, behavioural changes including self-neglect and out of character behaviour and psychiatric problems. As they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

Figures for 2025 show over 1,500 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. Estimates for 2024 suggest that around 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%).

During 2024/25, there were over 23,430 primary care appointments among Southwark residents with a diagnosis of dementia. The rate of primary care appointments among Southwark residents with a diagnosis of dementia was comparable to neighbouring South-East London boroughs.

### 13.4 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.

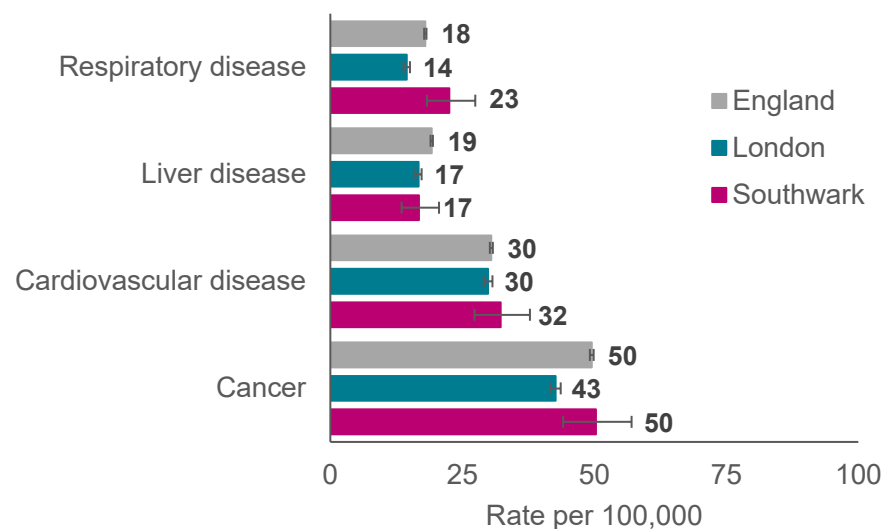


**Fig 68. Preventable mortality: under 75 yr age-standardised mortality rate from all causes considered preventable, per 100,000 population, Southwark, London and England, 2023.** Source: OHID, 2025. Public Health Outcomes Framework.

In 2023 there were 309 deaths among those aged under 75 in Southwark that were considered preventable; 14% more than the previous year. The preventable mortality rate in Southwark is significantly higher than London but comparable England. Preventable mortality is significantly higher among male (215 per 100,000) compared to female (105 per 100,000) residents.

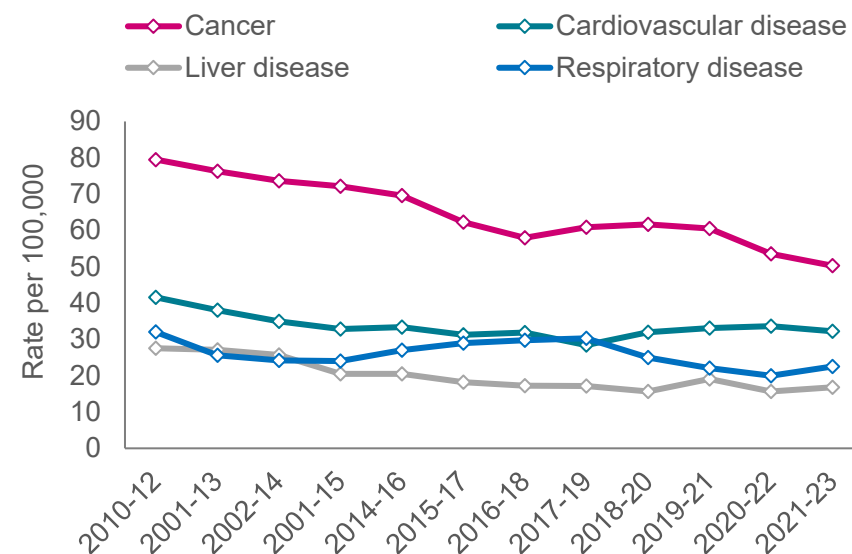
Preventable mortality is broken down by four key disease groups: cardiovascular disease, cancer, liver disease and respiratory diseases. Between 2021-23, preventable deaths from cancer and respiratory diseases in Southwark were significantly higher than London. Unlike national and regional trends, under 75 deaths from respiratory disease considered preventable were statistically similar between male and female residents.





**Fig 69. Age-standardised preventable mortality rate among under 75 yr olds per 100,000 residents, by condition: 3-year average, 2021-23.**  
Source: OHID, 2025. Public Health Outcomes Framework.

Cancer remains the leading cause of preventable mortality in those under 75 locally, regionally and nationally. Among Southwark residents, a noticeable reduction has been observed over the last decade.



**Fig 70. Age-standardised preventable mortality among under 75 yr olds per 100,000 residents, by condition: 3-year average, 2010-12 to 2021-23.**  
Source: OHID, 2025. 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.

### 13.5 Life expectancy

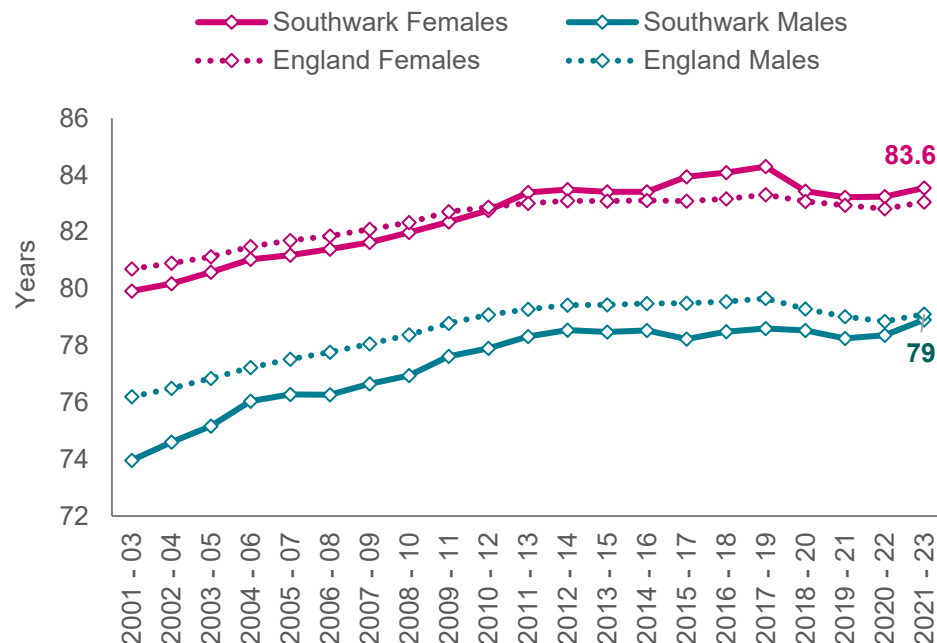
Life expectancy is the overarching measure of the health of the population. In 2021-23, life expectancy at birth was 78.9 years for men and 83.6 years for women in Southwark. Female life expectancy was significantly higher than England but significantly lower than London. Male life expectancy was comparable to England but lower than London.

Up to 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 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.



**Fig 71. Southwark female and male life expectancy at birth**  
Source: OHID 2025. 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).

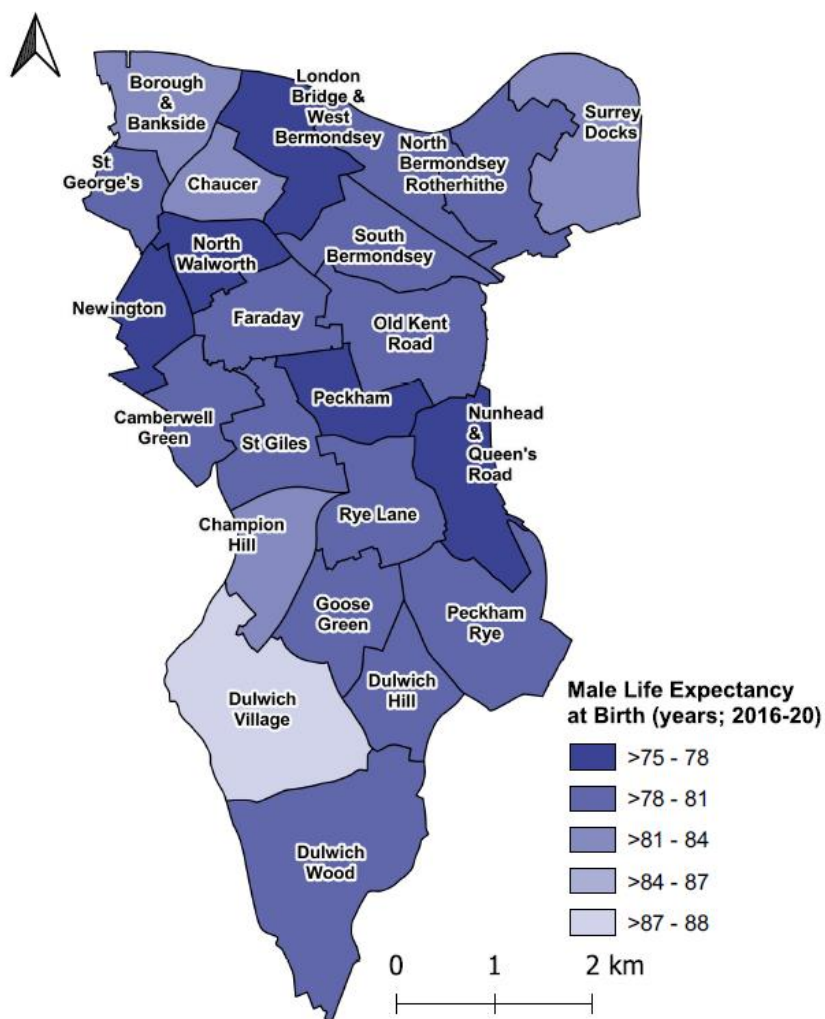


Fig 72. Male life expectancy at birth by ward, 2016–20.  
Source: OHID, 2025. Local Health. © OS crown copyright and database rights 2024. Ordnance Survey (0)100019252.

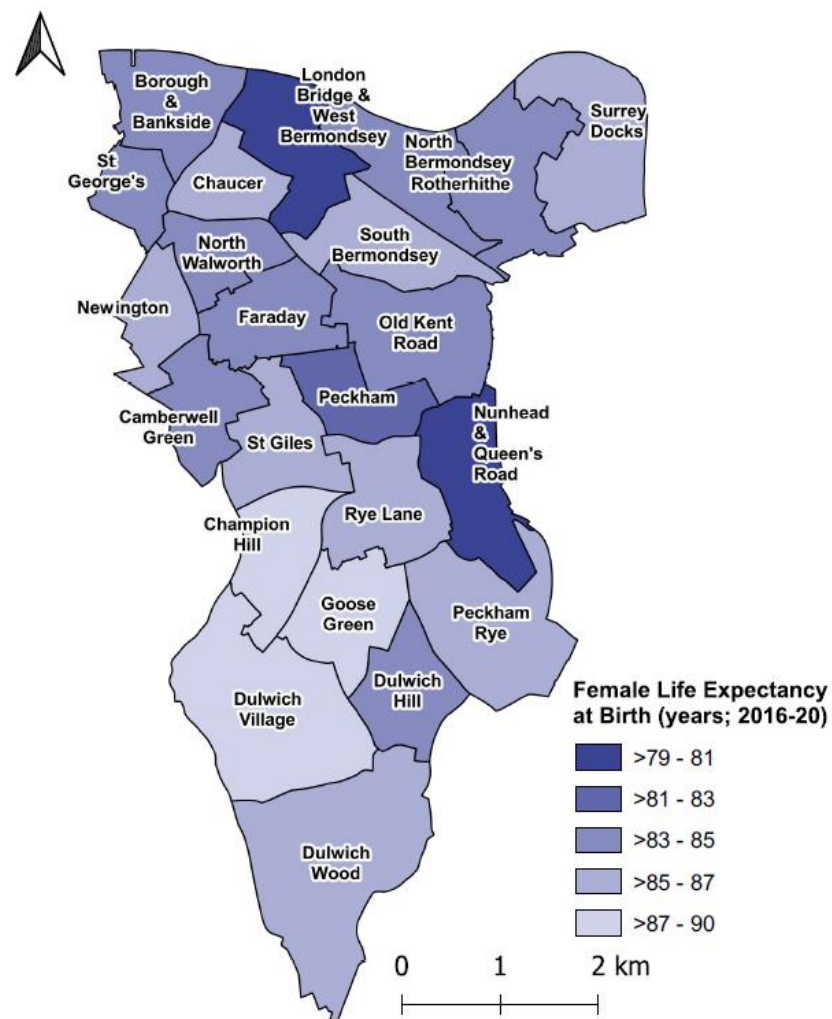
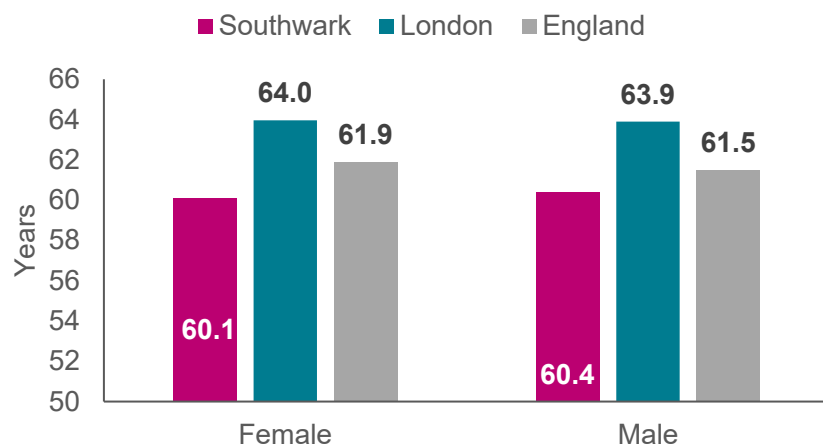


Fig 73. Female life expectancy at birth by ward, 2016–20.  
Source: OHID, 2025. Local Health. © OS crown copyright and database rights 2024. Ordnance Survey (0)100019252.

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.

Healthy life expectancy in Southwark among males and females is just over 60years, with residents spending a further 20years living in poor health.



**Fig 74. Female and male healthy life expectancy at birth in Southwark, London and England: 2021-2023.**

**Source: OHID 2025. Productive Healthy Ageing Profile.**

Healthy life expectancy in Southwark has observed a near consistent decline among both female and male residents. Since 2015-16, a greater decline has been observed among female Southwark residents (drop: 4.6 years) compared to male Southwark residents (drop: 2.9 years).

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**OVERVIEW OF HEALTH & WELLBEING**

**PUBLIC HEALTH DIVISION**

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LONDON BOROUGH OF SOUTHWARK