Partnership Southwark

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

Partnership Southwark Strategic Board Agenda

Thursday 24th September 2026 | 14:00 – 16:30

Venue: Tessa Jowell Health Centre

Chair: Dr Nancy Kuchemann

Time	Ref	Item	Lead	Enc	Pages
14:00	**1**	• **Welcome and Introductions** • **Apologies** • **Declarations of Interest** • **Minutes of the last meeting** • **Action Log**	**Chair**	**Enc 1 – Declarations** **Enc 1i – Minutes** **Enc 1ii – Action Log**	2-18
14:10	**2**	**Neighbourhood Health Programme Update**	**Monica Sibal / Integrator Colleagues**	**Enc 2**	19-48
15:10	**3**	**Healthwatch Annual Report**	**Rhyana Ebanks-Babb**	**Enc 3**	49-155
15:40	**4**	**Public Questions**	**Chair**		
Business items					
15:50	**5**	**Governance Update – For discussion**	**Chair**	**Enc 4**	156-159
16:10	**6**	**Place Executive Lead Report** Reports from sub-committee chairs: • Integrated Governance and Assurance Committee (NK) (including appendix on Integrated Assurance Report)	**Gabi Darby / Nancy Kuchemann / Adrian Ward**	**Enc 5**	160-185
16:20	**7**	**Any Other Business**	**All**		
16:30	**8**	**Close Meeting**	**Chair**		

Next held in-public meeting: 26 November 2026

Partnership Southwark

Declaration of Interests

Meeting Name: Partnership Southwark Strategic Board

Meeting Date: 24 September 2026

Name	Position Held	Declaration of Interest
Alasdair Smith	Director of Children's Services, Southwark Council	No interests to declare
Ami Kanabar	GP, Co-chair LMC	No interests to declare
Anood Al- Samerai	Director, Community Southwark	No interests to declare
Cedric Whilby	CCPL, VCSE representative	1. Producer of 'Talking Saves Lives' public information film on black men and cancer 2. Trustee for Community Southwark 3. Trustee for Pen People CIC 4. On Black Asian Minority Ethnic (BAME) panel that challenges the causes of health inequalities for the BAME community in Southwark
Chris Clark	Interim Director of Integrated Commissioning	**DOI pending**
Cllr Victor Chamberlain	Partnership Southwark Co-Chair & Deputy Leader of the Council	1. Deputy Leader and executive member responsible for wellbeing
David Quirke-Thornton	Strategic Director of Children's and Adult's Services	No interests to declare
Edward Odoi	Associate Director of Finance, SEL ICB, Southwark & Lambeth	No interests to declare
Emily Finch	Clinical Lead, South London & Maudsley	No interests to declare
Eniko Nolan	Assistant Director of Finance for Children and Adult Services	No interests to declare
Gabi Darby	Place Executive Lead	No interests to declare
Jeff Levine	Regional Director for London, Agincare	No interests to declare
Josephine Namusisiriley	CCPL, VCSE Representative	No interests to declare
Julie Lowe	Site Chief Executive for Denmark Hill	No interests to declare
Louise Dark	Chief Executive Integrated and Specialist Medicine Clinical Group	No interests to declare

Monica Sibal	IHL representative	1. GP Partner at Camberwell Green Surgery 2. Neighbourhood lead for Frailty in Camberwell and Walworth
Nancy Küchemann	Co-Chair Partnership Southwark and Chair of Clinical and Care Professional Leads, Deputy Medical Director, SEL ICB	1. GP Partner at Villa Street Medical Centre. Practice is a member of SELDOC, the North Southwark GP Federation Quay Health Solutions and the North Southwark Primary Care Network. 2. Villa Street Medical Centre works with staff from Care Grow Live (CGL) to provide shared care clinics for people with drugs misuse, which is funded through the local enhanced service scheme. 3. Mrs Tilly Wright, Practice Manager at the practice and one of the Partners is a director of QHS. Mrs Wright is also the practice manager representative on the Local Medical Committee. 4. Mr Shaun Heath, Nurse Practitioner and Partner at the practice is a Senior lecturer at University of Greenwich. 5. Dr Joanna Cooper, GP and Partner at the practice is employed by Kings College Hospital as a GP with specialist interest in dermatology. 6. Husband Richard Leeming is councillor for Village Ward in south Southwark. 7. Deputy Medical Director at SEL ICB
Nigel Smith	Director, Improving Health London	No interests to declare
Olufemi Osonuga	PCN Clinical Director, North Southwark	1. GP Partner Nexus Health Group, Director Quay Health Solutions, Director PCN, North Southwark
Rebecca Jarvis	Director of Partnership Delivery and Sustainability	1. Close personal friend of Director of Operations and Partnerships (ISM), Guy's and St Thomas' NHS Foundation Trust 2. Executive Director of Quay Health Solutions is part of social network 3. Former trustee and then chair of Board of Trustees for South East London Mind
Rhyana Ebanks-Babb	Manager, Healthwatch Southwark / Community Southwark	No interests to declare
Sangeeta Leahy	Director of Public Health	No interests to declare
Sarah Kwofie	Director of Homecare (London & South) City and County Healthcare Group	No interests to declare
Sumeeta Dhir	Chair of Clinical and Care Professional Leads	No interests to declare
Winnie Baffoe	CCPL, VCSE representative	1. Director of Engagement and Influence at the South London Mission, which works closely with Impact on Urban Health. The South London Mission leases

		part of its building to Decima Street medical practice. 2. Board Member Community Southwark. 3. Married to the Executive Director of South London Mission

PARTNERSHIP SOUTHWARK STRATEGIC BOARD MINUTES

Date: Thursday 23 July 2026 | 13:30 – 16:00
Venue: Room G02AB, Ground Floor, 160 Tooley Street
Chair: Cllr Victor Chamberlain

ATTENDEES

MEMBERS	TITLE AND ORGANISATION
Cllr Victor Chamberlain	Deputy Leader of the Council and Executive Member for Neighbourhoods, Strategic Planning and Wellbeing, Co-Chair Partnership Southwark
Rebecca Jarvis	Director of Partnership Delivery & Sustainability, Partnership Southwark
Darren Summers	Strategic Director for Health & Care / Place Executive Lead, Southwark
Claire Belgard	Interim Director of Integrated Commissioning, Southwark Council, SELICS
Josephine Namusisi-Riley	Care & Clinical Professional Lead (CCPL), VCSE Representative
Dr Emily Finch	Clinical Director, South London & Maudsley NHS Trust **present from 13:50**
Anood Al-Samerai	CEO, Community Southwark
Nigel Smith	Director, Improving Health Limited (IHL)
Dr Ami Kanabar	GP, Local Medical Committee (LMC) Representative
Cedric Whilby	Voluntary and Community Sector Representative **present from 14:00**
Edward Odoi	Associate Director of Finance, Lambeth & Southwark, SEL ICB
Sangeeta Leahy	Director of Public Health, Southwark Council
David Quirke-Thornton	Strategic Director of Children's & Adult's Services, Southwark Council **present from 14:00**
Sarah Kwofie	Director of Homecare (London & South) City & County Healthcare Group
Winnie Baffoe	Director of Engagement & Influence, South London Mission, Voluntary and Community Sector (VCS) Representative
IN ATTENDANCE	
Adrian Ward	Head of Planning, Performance and Business Support, Partnership Southwark, SELICB
Dr Shaheen Khan **deputising for Louise Dark**	Deputy Medical Director, Integrated & Specialist Medicine, GST
Michael Crowe	Assistant Director of Strategy, Transformation & Business Intelligence, Children's Services, Southwark Council
Geetika Singh	Programme Lead System Delivery, Partnership Southwark
Nicola Hanson	GP and CCPL for Children and Young People, Partnership Southwark
Jessica Levoir	Associate Director of Partnerships and Socioeconomic Development, SEL ICB
Tony Rackstraw	Programme Director, SEL ICB
Esther Okedeyi	Business Support Officer, Partnership Southwark
Isabel Lynagh	Business Support Lead, Partnership Southwark, SELICB (Minutes)
APOLOGIES	

Dr Nancy Küchemann	GP, Co-Chair Partnership Southwark
Jeff Levine	Regional Director for London, Agincare
Alasdair Smith	Director of Children's Services, Southwark Council
Dr Sumeeta Dhir	GP, Chair of Care & Clinical Professional Leads (CCPL)
Louise Dark	Chief Executive Integrated and Specialist Medicine Clinical Group, GSTT
Rhyana Ebanks-Babb	Healthwatch Southwark
Eniko Nolan	Assistant Director of Finance for Children and Adult Services
Rebecca Dallmeyer	Executive Director, Quay Health Solutions
Monica Sibal	Improving Health Limited (IHL) Representative

1.	**Welcome & Introductions**
1.1	The Chair welcomed attendees to the Partnership Southwark Strategic Board held in person.
1.2	The Chair introduced himself in his new role, sharing that he is looking forward to working with the board.
1.3	Introductions were made and apologies noted.
1.4	**Declarations of interest** There were no additional declarations of interest in relation to matters in the meeting.
1.5	**Minutes of last meeting** Minutes of the last meeting were agreed as an accurate record, with no points of correction noted.
1.6	**Action Log** The action log was review, and updates were shared as follows: Action 1 – Immunisations and Vaccinations – Darren Summers shared that the deep-dive was presented to the Integrated Governance and Assurance Committee (IGAC), which is a subcommittee of the board. A more detailed update on this will be provided later on the agenda and the action can be closed.
2.	**Family Hubs**
2.1	Michael Crowe introduced the item, sharing an update on the Partnership Delivery for Children and Young People.
2.2	Context of the work was shared, with Michael noting the national drivers for change and three strategies launch by the government. These include 'Best Start Family Service', 'Families First Partnership Programme' and 'Integrated Neighbourhood Teams (INT) for CYP'.

2.3	Michael shared that there are 430 different facilities across the borough which are responsible for preventative health and support for children and families, highlighting that this is a crowded system which is hard to navigate as a resident. The community-based prevention delivery working to try to improve access for residents and build connections and relationships between residents and services.
2.4	Michael noted that there are key areas where things can be done once, and opportunities are being taken where possible to make sure that families only need to be assessed once. Michael added that there should also be a focus on strengthening the work with VCSE organisations and increasing the resilience in the offer.
2.5	Another priority of the work is developing an integrated workforce development plan and building on whole system prevention. This could include co-location and integration. Leadership can also be developed to move this away from meetings and empowering local family hub leads or GPs to feed into what is most beneficial for their community.
2.6	Geetika shared the national and local drivers behind the integration work, noting there is a focus on prevention and early intervention. Locally there are two strong integrated models, the CHILDs model (with a focus on physical health needs) and the Family Hubs model (which provides universal and targeted support rooted in neighbourhoods).
2.7	Geetika shared that there have been a number of workshops as well as ongoing discussions with the Start Well leadership and the Integrator to look at how to build on the foundations in place. Through these workshops and discussions, partners have agreed that there needs to be alignment of CHILDS 6 patches to the 5 neighbourhood teams, the CHILDS model should expand to include other health conditions, and there should be a key focus in Southwark to develop CYP INTs to focus on mental health, neurodiversity and school attendance. Four cohorts and CYP INTs were identified through workshops by triangulating data, which were detailed in the presentation.
2.8	Nicola Hanson shared further information around one of the identified cohort projects, 'Super Wednesdays', adding that the work delivers health clinics from Family Hubs and is about colocation. Nicola added that this can be rolled out into other neighbourhoods if feels right to do so. The focus of the health clinics it to enable families to more easily access a greater range of support and families will be proactively asked about their broader needs. Services in the clinics include the Housing Needs Team, Citizens Advice and general paediatric clinics.
2.9	There has been positive feedback from colleagues who are seeing services working together in a better way to support families. There have also been discussions about parent and child clinics for CAMHS being included into the hub space.
2.10	Nicola highlighted that this work provides a great opportunity for better communication to help understand roles and identify what can be done better.

2.11	The timeline of progress was shared, with Nicola noting that the pilot was agreed in February and commenced delivery in May, showing quick progress. Further opportunities are being explored to identify other places in which similar work could be achieved.
2.12	A learning and development offer is being put together ensuring that it provides staff with the right level of knowledge and skills to be able to have the conversations needed and to connect people to the right support.
2.13	The Chair opened up to the board for questions.
2.14	Darren Summers thanked presenters for their work, noting that it feels that services are being organically integrated. Darren asked how the board can help accelerate the work. Michael responded that it is key to ensure that the training offer is correct, noting that this is critical to building a resilient system. Michael added that there is further work to be done around estates.
2.15	Darren responded to a point noted in the presentation relating to residents being able to access the hubs when they are coming in for an existing appointment, asking if this works the other way round also. Michael responded that it does, adding that there has been a positive draw to get new people into the hubs.
2.16	Winnie Bafoe asked about the estates within the voluntary sector, how to make sure of these and connecting to the VCSE centres who could host hubs. Nicola acknowledged Winnie's question and suggested that pop-up versions of the Old Kent Road family centre could be explored. Nicola asked the board to support with unlocking some of these conversations. Rebecca Jarvis added that there will be a more detailed update from the Estates work later on the agenda which would provide a good opportunity to discuss this further.
2.17	Anood Al-Samerai added to the above points, noting it was less about physical space and more about smaller grassroots organisations. Anood shared that some spaces have a council-feel, noting that different types of people will be going to these sessions and will exclude those who fear engaging with the council for various reasons. Anood highlighted the importance of using spaces that feel less institutional, adding that INT work will hopefully help with this.
2.18	Josephine Namusisi-Riley highlighted the point raised regarding workforce development, adding that this need to include people who work in the community. Michael responded that this is the intention and the programme will be designed for this. There will be one session to complete per year which will be accessible.
2.19	The Chair asked if there were other services that over time the team would like to integrate. Michael responded that there are a lot of services that can be involved, some will work and some will not. The vaccination service was discussed as an example, noting that learning needs to be taken from the pandemic to make the spaces trusted spaces to help with vaccine hesitancy.

2.20	Michael added that the family hubs have naturally focussed on early years but added that the hubs should support ages 0-19. There is work ongoing to build a SEND specific hub, as well as work to find spaces and services for adolescents.
2.21	The board **NOTED** the updates provided.
3.	**Creative Health**
3.1	Jessica Levior introduced the item, providing context of some of the wider work that has been happening discussing policy changes that have happened over the last few years as well as further changes to come. Remaining consistent through this is the importance and priority of this area of work.
3.2	Jessica discussed the three key ambitions of the creative health programme and shared the programme of work that hopes to have an impact, which includes South London Listens, the Urban Health Partnership and the Creative Health Programme. Jessica shared that the Creative Health Programme is an SEL wide programme which is trying to make creative health a core part of the offer by working with and empowering creative health partners and the VCSE.
3.3	Flora Faith-Kelly shared the Creative Health Annual Report 2025/26 with the board, noting that creative health can be utilised as a vehicle for health and contribute to positive health behaviours. Examples include dance and movement improving blood pressure and helping with dementia.
3.4	Flora noted that a steering group had been set up to oversee the implementation plan which includes three key aspects; Leadership & Strategy, Funding & commissioning and Delivery. The steering group brings together a range of partners from big and small organisations. Flora highlighted the key priorities and achievements for the implementation plan which were detailed within the presentation.
3.5	Flora summarised that there is momentum to keep this work going and recognise that creative health can be a key part of neighbourhood health. Flora added that they are keen to know what this could look like as well as how to use VCSE engagement leads. There is also learning from the hub which needs to be embedded.
3.6	The Chair thanked presenters and opened up to the board for questions.
3.7	Claire Belgard asked if there have been any plans to reach out to creative industry organisations in London to enquire about investing. Flora responded that they have worked closely with GLA and have been thinking about how to reach out to the larger organisations.
3.8	Cedric Whilby added that the industry is run by small and medium-size organisations, noting that it is important to reach out to these organisations for opportunities and the need for better

	relationships with the smaller organisations. Claire clarified that her question was around bigger organisations investing into small.
3.9	Anood Al-Samerai thanked Flora for her good work engaging with the VCSE, noting that it is helpful having the evidence provided. Anood noted the £18k funding available for four projects, adding that this is not a huge amount of money. Flora clarified that it is £18k per project. Anood asked about the mechanism for feedback on the application process. Flora noted that a commitment has been made to provide feedback and support connections where funding can't be awarded.
3.10	David Quirke-Thornton thanked presenters for their work and how this has been done, adding that the tone of engagement with smaller organisations is important. David highlighted the strong music service in Southwark, which is hosted by the council across schools. The service has a good relationship with the Southbank centre and David noted that he would like to support and see the Southwark music service be part of a collective partnership. David shared that he would be happy to make the introduction.
3.11	Emily Finch asked about how much how much the programme finds it needs to meet the match of groups of people with particular needs. Flora responded that the evidence shows that creative health is about what is important to the individual with the personalised care aspect, rather than a group of people.
3.12	Emily also asked whether safeguarding and risk training is offered to services. Jessica responded that the idea is that creative health will be embedded into neighbourhoods and that the safeguarding aspect should be held by the wider system.
3.13	Cedric Whilby shared that it is important to recognise that the arts have been used in health for years, noting that SLaM staff have been doing fantastic work. Evidencing has been missed historically, and it is important to acknowledge how the arts can be used to support health.
3.14	Nigel Smith highlighted the question asked by presenters about how to develop this work as part of INTs, sharing that INT leads are going to be looking at what the needs are. Nigel emphasised that their awareness of the offer is critical and noted the need for connecting the relevant people.
3.15	The Chair asked if there are any groups or demographics that this works well with, or equally, struggles with. Flora responded that the work helps with health inequalities, and it is important to make sure that it is not seen as being held by certain groups. Flora added that it can work for everyone but needs to be socialised in this way.
3.16	The Chair asked about engagement with local events and festivals, such as Pride and Bermondsey Street Festival asking if there are plans to explore these in the future. Flora agreed that engagement with such events is key, noting that this also helps increase awareness and supports bringing in creative health as a health benefit.

3.17	The Chair thanked presenters and the board **NOTED** the updates provided.
4.	**Public Questions**
4.1	There were no public questions raised in advance of or during the meeting.
BREAK	
5.	**Neighbourhood Update**
5.1	Rebecca Jarvis introduced the item noting that the plan was to expand the standing agenda item and provide an update on the neighbourhood programme more broadly. This item will include an update from the Integrator and an update on the Estates workstream.
5.2	Rebecca noted highlights since the last board, sharing that GP engagement events have been taking place in each neighbourhood, facilitated by the Health Innovation Network (HIN). A follow-up event is planned for October.
5.3	Five VCSE leads have been appointed, one in each neighbourhood, and the role will provide leadership in the sector. Rebecca shared that the organisations are London Bubble Theatre, Coin Street Community Builders, Dulwich Picture Gallery, Pembroke House and Ladies of Virtue.
5.4	Rebecca also updated the specification of the GP premium has been finalised and practices have been invited to sign up. This has not been updated for a number of years and now better aligns to priorities and supports collaborative working. The contract will go live in October.
5.5	<u>5a) Neighbourhood Integrator Update</u>
5.6	Nigel Smith provided an Integrator update, noting that the Integrator is in the process of finalising the INT Clinical Leads. This will provide good opportunity to work together with council colleagues and colleagues across other sectors.
5.7	Nigel shared that there has been activity delivered across the three cohorts, with residents already receiving coordinated care to meet their needs. This has started on a small scale but will be building up over the coming year and beyond.
5.8	The Strategic Investment Fund (SIF) has been a major focus, with the first wave having been approved and the outcome of the second wave expected soon. The second wave includes Mental Health and Pushing Boundaries,
5.9	Nigel updated that the HIN is helping the integrator to look at the best ways of reporting to ensure that available resources are being used in the best way. Outcomes will be evaluated to identify any changes that may need to be made next year.

5.10	A business case with Carnell Farrar has been launched to look at building an economic model for neighbourhood health care, with Nigel noting that this is a long-term transformation programme and there is still a lot to do.
5.11	Nigel highlighted the lists of proposals for the Pushing Boundaries SIF and the Mental Health SIF, which were listed in the presentation. Darren Summers added that the eight Pushing Boundaries bids go into a pot of money, with no guarantee that any will be successful. The Mental Health SIF funding is money available for Southwark for mental health provision and the table details how Southwark are planning to spend the available money. Darren added that there is a sign off process for this to be agreed and agreement has not yet been given. Some recommendations may come back from the submission. Nigel added that there are many Pushing Boundaries schemes with validity, and these will be ready should subsequent funding be made available.
5.12	The Chair opened up to the board for questions.
5.13	Darren Summers made a request that future updates from the Integrator describes what the teams are currently doing, including examples of case studies, data, and activities.
5.14	David Quirke-Thornton thanked colleagues in primary care and GSTT for the work to bring this to life. David asked how mitigating the risk of divergence, particularly in social care, noting that no funding has been given by the government to step up work. This creates a risk of social care being left behind with INTs. David shared that he would do what he can locally and asked if there is anything that can be done through networks to help. Nigel responded to agree that local development is crucial, adding that the longer-term economic model will benefit all partners and will be evidence based.
5.15	Alice Jarvis added that she has had a positive conversation with adult social care colleagues in Southwark, noting that they are fundamental to this work. Discussions have been had around how to address the funding issues and Alice shared gratitude for David's support. Alice provided reassurance that social care is viewed as a fundamental part of the group and structure, adding that if the Pushing Boundaries SIF are approved, two of these are working directly in partnership with adult social care.
5.16	<u>5b) Neighbourhood Estates Plans</u>
5.17	Tony Rackstraw introduced the item, providing context around the Neighbourhood Estates plan.
5.18	Tony shared that a workshop was held in Southwark in January, which helped to inform the pipeline based on initial guidance and supported engagement with other partners. Since then, more detailed guidance has been released which lists what must be included in Neighbourhood Health Centres. The list of requirements was detailed within the papers shared.

5.19	The Estates team have been looking at existing buildings which may be able to provide a Neighbourhood health Hub in each neighbourhood. The hubs will integrated services and will with the VCSE and GP practices.
5.20	Tony shared that the new model would see one reception, one welcome, one waiting area with more shared bookable space. Tony recognised challenges regarding patient confidentiality which is being explored further with clinical teams and organisational development. Guidance also suggests an onsite utilisation manager to help manage the space, which will be bookable using digital booking systems. It has also been arranged for VCSE groups to have free access to bookable space.
5.21	Tony added that the finance arrangements are being explored, noting that cost is the biggest barrier to accessing space currently.
5.22	Tony shared the options for delivering the Neighbourhood Estate plans, which include focussing on existing estates, repurposing community buildings and purpose-built facilities. Conversations have been ongoing to work on releasing space and Tony shared that he is keen to engage with local authorities around this.
5.23	The NHSE Pipeline submission was shared in the presentation, showing which areas have had funding identified. Tony added that the government has committed to funding 250 Neighbourhood Health Hubs by 2030.
5.24	Tony shared the Neighbourhood Estates Mapping for each neighbourhood which listed and mapped the current estates plans and timelines for these.
5.25	Next steps were outlined, including the need to do work on the internal governance, produce business cases, feasibility studies, options appraisals and continue work on the service model.
5.26	The Chair opened up to the board for questions.
5.27	Emily Finch noted that a bid has been put in by SLaM for estates in the north of the borough, adding that there is space which they are looking to repurpose. Emily added that she hoped that there have been conversations about Dulwich, which is crucial at the moment. Tony responded that SLaM colleagues have been involved in conversations and agreed that Dulwich is underutilised at the moment.
5.28	Emily also acknowledged that this area of work is hard, noting that SLaM have a workforce that they want to retain and making people work in different ways can be tricky. The entitlement to flexible working means that people are not working on Friday's and it can be a struggle to get staff to come into work. Tony agreed that this is a big challenge and there is a need for organisational development to support the work, adding that it can't just be Estates responsible for this.

5.29	Cedric Whilby highlighted that the list of estates chosen are all white-led organisations, adding that it is disingenuous to try to address inequalities but to not reach out to find ways of supporting organisations who do good work for communities but struggle to sustain themselves.
5.30	Winnie Bafoe asked about how the VCS groups were chosen, sharing the history of South London Mission and noting surprise that they have not had engagement with the system. Tony noted that it has been helpful to hear the feedback in this meeting, noting that his role has not been to reach out to organisations but to look at estates. Tony offered to follow up the points raised outside of the meeting.
5.31	Anood Al-Samerai asked if the Estates team had asked for VCS spaces or if the focus is going to be on NHS spaces and their capacity. Tony responded that there are challenges and changes need to be made to remove barriers with underutilised NHS space. VCSE organisations need the NHS to pay for space and the space to be offered for their use for free. Cedric highlighted that there are existing VCSE sites that also need to be utilised.
5.32	Darren Summers noted that valid points have been made, clarifying that comments may be about two separate issues. Southwark has been lucky with the development of health centres which have enabled funding of health services, which isn't the case in other areas of the country. This means that something different needs to be done in health services and something different needs to be looked for in new buildings.
5.33	Darren also added that what hasn't been mentioned today is One-Stop shops, Women's Hubs and the variety of VCSE organisations that do something similar. Further work is needed on the vision for neighbourhood health and care and what will wrap around this to bring different parts, or hubs, together. Darren noted that trying to shoehorn the VCSE into the NHS Estates Plan will not fit.
5.34	The Chair added that the new joint administration wants to have One-stop shops in each area, noting that a lot can fit into this. The local plan is about to be launched and will focus on how to address health inequalities and delivering better outcomes for residents.
5.35	The Chair thanked presenters and the board **NOTED** updates provided.
6.	**Strategic Director for Health & Care and Place Executive Lead Report**
6.1	Darren Summers introduced the item, taking the report as read, sharing some additional items that were not included within the report. Darren shared that over the past couple of weeks two reports on Maternity Services have been released and noted that these should be **added to the forward plan** to be discussed by the board and to explore how they will interlink with the Southwark Maternity Commission.

6.2	Darren also gave thanks to Rebecca Dallmeyer, who is retiring at the end of the month. Rebecca has been a key leader in North Southwark and a lead of the GP federation. Darren gave thanks on behalf of the board for all of the work done in Southwark.
6.3	The Chair opened up to the board for questions.
6.4	Sangeeta Leahy noted that a comparator of recent maternity reports has been pulled together and agreed that it would be good to have a discussed at a future PSSB or Health and Wellbeing Board.
6.5	Adrian Ward provided an update from the Integrated Governance and Assurance Committee (IGAC), which was held on 9th July. The main agenda item was a deep dive on Immunisations and Vaccinations. The committee received an informative report from the primary care team which looked at the latest data trends. It was recognised that these were below the national standards and SEL average, but Southwark is not an outlier compared to other SEL boroughs.
6.6	The deep dive focused on variation and noted that there will be a continued focus on supporting practices performing below target as well as learning from those with a better model of delivery.
6.7	Actions from the deep dive included a piece of work to increase uptake in GP practices, with the GP premium providing additional financial incentive. Better use of data was noted as another action, as well as looking at the approach to outreach into underserved populations.
6.8	Adrian shared that the committee were assured by the report, with confidence given that the issue is being addressed. The committee also had an update on governance and the risks associated with the changes in commissioning to ICBs, although it is too early for ICBs to think about this. An office for pan-ICB is being set up and will be led by North-East London ICB.
6.9	Taking the report as read, Adrian highlighted key areas of the Integrated Assurance Report, noting that the report had been looked at in detail by IGAC. It was noted that all three targets were met for Talking Therapies in the last two months.
6.10	Adrian shared that the new key indicators have been published and include clinically urgent GP appointments seen on the same day. Southwark currently has a rate of 67% against the SEL rare of 74%. As this is a new indicator, there have been some data issues which will be addressed.
6.11	The BCF update states that no data has been received for a number of months due to a reporting error. Adrian updated that this was addressed as of yesterday.
6.12	Other highlights include the CYP mental health going up to 78% and the community paediatric area of the SEND dashboard showing improvements.

6.13	Adrian noted that the finance report has been summarised and Edward Odoi was present to answer any questions on this.
6.14	Rebecca Jarvis added that Partnership Southwark are aware of the transfer of Immunisation and Vaccination commissioning responsibility to the ICB from April 2027, adding that the Office for pan ICB has only just been confirmed. The risk has been flagged but further understanding is needed on their roles and the roles of Partnership Southwark under the new arrangement.
6.15	Sangeeta Leahy noted that some work has been carried out through Public Health regionally about vaccine hesitancy which produced interesting findings about access. Sangeeta added that conversations about neighbourhoods is timely to consider vaccinations being offered at times which suit the local population.
6.16	**ACTION:** Immunisation and Vaccination deep dive report from IGAC to be shared.
6.17	Rebecca Jarvis provided an update from the Southwark Neighbourhood Transformation Board (SNTB), which was held on 25th June. Rebecca noted that a lot of this had been covered already in earlier agenda items. Rebecca shared that the two sets of SIF proposals were discussed in detail at the board, with help given to prioritise and support proposals ahead of the deadline in the same week.
6.18	Work Well was a key agenda item following new funding for the Department of Work and Pensions. Rebecca shared that this is a good opportunity to ensure the proposals developed are aligned to the developing INTs.
6.19	Rebecca Jarvis provided an update from the Primary Care Committee, which was held on 11th June. The committee heard an update from the Primary Care Collaborative, which has expanded its membership to include the two community pharmacy leads. This will provide a good forum to do engagement with pharmacy colleagues.
6.20	The committee also heard an update on quality and performance, looking at the Unwarranted Variation dashboard, which had shown four practices flagged as 'red'. Rebecca shared that since the committee meeting, these practices have received support from the workforce academy and two of the four have moved to 'amber'.
6.21	Contract updates were shared, including a final report for Trafalgar Surgery and an update on the GP Premium. Contracts have been extended for Silverlock and Queens Road due to a challenge in the procurement process, which has been escalated. The outcome of this challenge should be received in August/September.
6.22	The first-year report of the Interpreting Contract has been received, which showed better value for money.
6.23	The board **NOTED** the updates provided.

7.	**Any Other Business**
7.1	David Quirke-Thornton provided a reflection of the board, noting the good presentations and the work that went into these. David noted that the contributions from the board around the Estates plans are a bold reminder of what has been long established in the borough. David shared plans to look at any services that can move to where works for residents, highlighting the importance of challenging thinking about providing services where residents are at. David added that an inclusive model needs to build on old as well as new.
7.2	Cedric Whilby emphasised that continuing in the same systemic model will continue to leave certain communities behind, reminding the board of their purpose.
7.3	The Chair acknowledged above points, adding that the new administration is excited to work with the board.

The meeting closed at 16:30 and the Chair thanked members and guests for their time.

Enclosure: 1ii

PARTNERSHIP SOUTHWARK STRATEGIC BOARD ACTION LOG					
No.	**MEETING DATE**	**ACTION**	**STATUS**	**OWNER**	**COMMENTS**
1	23/07/2026	Immunisation and Vaccination deep dive report from Integrated Governance and Assurance Committee to be shared	Closed	Rebecca Jarvis	Deep dive report has been circulated to board members

Partnership Southwark Strategic Board
Cover Sheet

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

Item: 2
Enclosure: 2

Title:	**Southwark Integrator Integrated Neighbourhood Team update**
Meeting Date:	**24 September 2026**
Author:	Alice Jarvis, Director of Partnerships, Guy's and St Thomas' / Integrator Rebecca Dallmeyer, Primary Care Operations Director, Southwark Primary Care Provider Alliance / Integrator Nigel Smith, Managing Director, IHL/ Southwark Primary Care Provider Alliance / Integrator
Executive Lead:	Louise Dark, Chief Executive, Integrated and Specialist Medicine, Guy's and St Thomas' / Integrator

Summary of main points

- Integrated Neighbourhood Team mobilisation has moved from set up into active delivery. All three priority cohorts are being rolled out across Southwark's five neighbourhoods, with core INT team roles largely in place.
- Frailty delivery is active across neighbourhoods, with holistic assessments under way and multidisciplinary meetings beginning.
- A cross-system multiple long-term conditions workshop was held on 9 September to agree priority development areas and tangible actions for the next phase, building on learning from the National Neighbourhood Health Implementation Programme.
- There is a focus on robust activity, performance reporting and case studies to demonstrate impact. The attached slides provide detail on activity reporting to date, noting issues with data quality which are being resolved. Three case studies are included within the slides, demonstrating the support provided and difference this made.
- The organisational development programme has also launched for neighbourhood leads and wider teams, alongside induction and collaborative working activity.
- Strategic Investment Fund schemes are moving into mobilisation, strengthening links between INTs, community assets, prevention and targeted support.
- Year 2 infrastructure planning is being initiated including the functions, governance, workforce and resources required to increase INT reach from 1.5% of residents in 2026/27 to 4% in 2027/28 and clarify the integrator's role within the wider neighbourhood model.

Item presented for (place an **X** in relevant box)	Update	Discussion	Decision
	X	x	

Action requested of PSSB

- Note progress in mobilising and delivering INTs across the three priority cohorts and five Southwark neighbourhoods.
- Support continued collective ownership and partner engagement as delivery moves into the next phase.
- Provide feedback on areas noted for discussion.

Anticipated follow up

- Year 2 infrastructure proposals will return through integrator governance as the future delivery model, resource requirements and funding approach are developed.
- Progress, risks, performance and impact will continue to be reported through the Integrator Delivery Board and relevant Partnership Southwark governance.

Links to Partnership Southwark Health and Care Plan priorities	
Children and young people's mental health	x
Adult mental health	x
Frailty	x
Integrated neighbourhood teams	x
Prevention and health inequalities	x
Access to General Practice	x

Item Impact			
Equality Impact	The programme is intended to improve health equity by targeting population cohorts with complex needs and strengthening prevention, community outreach and links to wider support. Delivery evidence should continue to assess who is being reached and identify gaps.		
Quality Impact	Improved coordination, holistic assessment, multidisciplinary working and care planning are intended to improve quality, continuity and patient experience. Activity, outcomes and qualitative case studies are being developed to demonstrate impact.		
Financial Impact	Strategic Investment Fund resources support INT delivery, integrator development, prevention and enabling infrastructure. Year 2 planning will need to clarify the future funding and resource requirements for scale.		
Medicines & Prescribing Impact	The INT models provide opportunities for medicines review and optimisation as part of holistic assessment and multidisciplinary care. Detailed prescribing impacts will be assessed through cohort delivery and performance reporting.		
Safeguarding Impact	Safeguarding requirements will continue to be embedded within cohort pathways, multidisciplinary working and escalation arrangements.		
Environmental Sustainability Impact (See guidance)	**Neutral**	**Positive**	**Negative**
	x		

Describe the engagement has been carried out in relation to this item

- Delivery and planning have been developed through the Southwark Integrator Delivery Board, cohort and enabler workstreams, and engagement with primary care, secondary care, mental health, local authority and VCSE partners.

Southwark Integrator update: INT delivery

Partnership Southwark Strategic Board: Thursday 24th September 2026

Southwark integrator delivery: key progress

INT mobilisation has moved from set-up into delivery, with the core infrastructure, partnership enablers and next-phase planning increasingly in place.

INT delivery mobilised

- All three priority cohorts being rolled out across Southwark's five neighbourhoods.
- Core Neighbourhood INT team is largely in place, including the INT General Manager and neighbourhood managers
- Focus on strengthening activity, performance reporting and case studies to demonstrate impact.

Care models developing

- Frailty delivery active across neighbourhoods, with holistic assessments under way and multidisciplinary meetings in progress.
- Cross-system mLTC workshop in September agreed clear actions to progress key elements of model e.g. mental health, wider determinants, community/ secondary care input. Ongoing participation and learning from national Neighbourhood accelerator programme (NNHIP).
- CYP work is continuing via the pre-existing CHILDS model and development of NESTED, plus work to scope/develop Emotional Well-being INT – anticipate Q4 start date but risk due to ICB restructure/ICB lead leaving post

Enablers and partnerships strengthened

- Organisational development programme launched – initial session with Bermondsey & Rotherhithe team in September, alongside induction and work to support collaborative working across teams.
- INT enabler workstreams reviewed/refreshed including workforce development, patient & public involvement – linked in with SEL/borough activities
- Neighbourhood managers have connected with VCSFE anchor organisations
- Ongoing engagement with practices/visits
- Agreed partnership arrangement with Crisis Resilience Fund

Planning

- Strategic Case (Carnal Farrar) being finalised– draft recommendations under review/to be shared
- Year 2 infrastructure planning has begun and will respond to expansion of INT reach from 1.5% in 2026/27 to 4% of residents by 2027/28
- Review of existing data, insights and modelling tools to identify consistent cohorts/areas highlighted and use this to inform Year 2 cohort planning
    - waiting SEL guidance (expected early October)
- Draft strategic case includes consideration of future functions, governance, resources and the integrator's role within the wider Neighbourhood model

INT activity reporting

INT reporting July 2026 - Southwark

- **MLTC:** 136 patients invited/triaged by July against a trajectory of 165 (29 below plan). July activity was 27 patients against a planned 75. **Please note: data quality/coding issues highlighted suggesting under-reporting of activity which is being investigated at present**
- **Frailty:** 304 holistic assessments completed by July against a cumulative trajectory of 173 (131 above plan), although July activity was below monthly plan (98 vs 173).
- Both cohorts remain in mobilisation, with practice onboarding and neighbourhood delivery arrangements continuing to develop.
- Progress has been affected by workforce mobilisation, summer leave and the time required to establish delivery arrangements across INTs.
- Contractual arrangements have required further development to support scale-up, including resolution of the Southwark GP Premium approach within the MLTC programme.
- Data quality remains a significant limitation across both cohorts. Validation work has identified potential over-counting within Frailty measures and discrepancies between operational and reported MDT activity; figures may be revised as searches are refined with primary care colleagues.

MLTC Summary dashboard - Southwark

Domain	Headline indicator	RAG	Current position	Trend	Narrative
Reach	People invited or successfully contacted this month vs trajectory		Monthly activity is below trajectory (27 invited vs 75 trajectory)	Patients invited has decreased this month vs last month (27 vs 46)	The programme remains in a mobilisation and scale-up phase, with infrastructure, pathways and workforce arrangements continuing to develop.
Engagement	% of patients completing holistic assessment		Cumulatively, 48 patients (35% of those triaged) have been seen by a clinician (proxy measure)	The monthly number of clinical assessment appointments has decreased (9 this month vs 20 last month)	Lower activity reflects the recent onboarding of neighbourhood level roles alongside the impact of the summer holiday period. Issue with GP Premium contracts had impacted the engagement.
Intervention	% patients with care plan/action recorded		Data not currently available	NA	Work is underway to increase the number of metrics we are able to report
Experience	PROM/PREM TBC		Data not currently available	NA	Patient experience data capture approach TBC
MDT	% with documented decision/action		A total of 5 patients have been discussed at MDT (proxy measure)	No MDT referrals were recorded in July	The MDT figure reported does not relate to the activity for INT MDT case discussion – this requires further data alignment work. There were two cases referred to MDT discussion in July.
Equity	Reach by age, deprivation, ethnicity		Data not currently available	NA	Work is underway to increase the number of metrics we are able to report
Data quality	Availability and quality of data		Primary care searches in place for key metrics, further expansion planned	PHM enabler working group are developing further metric searches	Please note: figures are preliminary and may be corrected retrospectively in future reports –primary care searches are still in development.

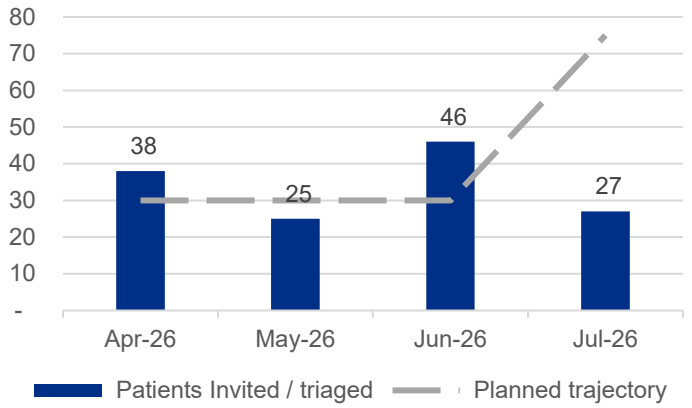
MLTC activity - Southwark

Identified data coding issues – total activity is greater than tables showing

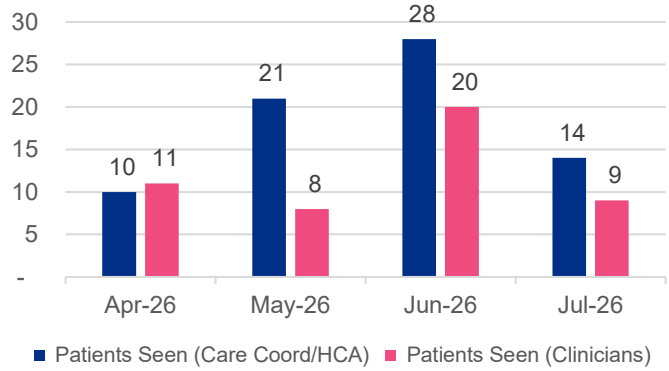
Southwark Activity by Month

Southwark	Apr-26	May-26	Jun-26	Jul-26
Patients Invited / triaged	38	25	46	27
Planned trajectory	30	30	30	75
Patients Seen (Care Coord/HCA)	10	21	28	14
Patients Seen (Clinicians)	11	8	20	9
Failed Calls	29	15	32	22
Declined Appointments	5	1	8	4
Patients discussed at MDT	2	2	1	0
vs cumulative plan	8	- 5	16	- 48

Southwark monthly activity vs trajectory



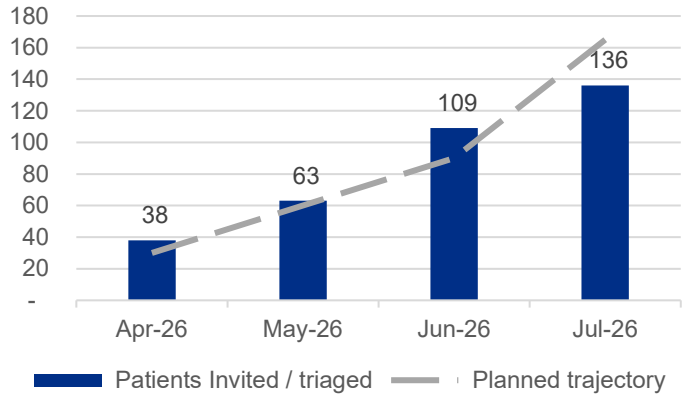
Southwark monthly appointment activity



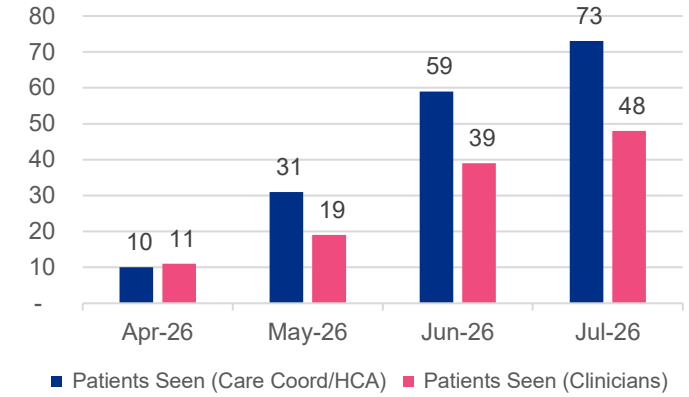
Southwark Activity Cumulative

Southwark	Apr-26	May-26	Jun-26	Jul-26
Patients Invited / triaged	38	63	109	136
Planned trajectory	30	60	90	165
Patients Seen (Care Coord/HCA)	10	31	59	73
Patients Seen (Clinicians)	11	19	39	48
Failed Calls	29	44	76	98
Declined Appointments	5	6	14	18
Patients discussed at MDT	2	4	5	5
vs cumulative plan	8	3	19	- 29

Southwark cumulative activity vs trajectory



Southwark cumulative appointment activity



Frailty Summary dashboard - Southwark

Domain	Headline indicator	RAG	Current position	Trend	Narrative
Reach	Number of patients invited / triaged for INT		Data not currently available (measuring holistic assessments)	NA	Working to develop EMIS searches to better capture activity
Engagement	Number of holistic assessments completed vs planned trajectory		Cumulative activity is above trajectory (304 completed vs planned 173)	Activity has increased each month, however monthly activity in July is below trajectory (98 vs 173)	Further data validation required to understand whether reflective of true activity
Intervention	% patients with care plan recorded		218 patients have a recorded care plan (cumulative)	NA	Number of care plans is currently for whole cohort, rather than of the patients who have had a holistic assessment
Experience	PROM/PREM TBC		Data not currently available	NA	Patient experience surveys are in development
MDT	% with documented decision/action		260 patients have been referred to MDT (cumulative)	MDT referrals have been increasing each month	MDT referrals is currently for whole cohort, rather than of the patients who have had a holistic assessment
Equity	Reach by age, deprivation, ethnicity		Data not currently available	NA	Planned future reporting metric
Data quality	Availability and quality of data		Primary care searches require further validation and figures may be subject to correction	PHM enabler working group are developing further metric searches	Further work required to resolve data validation queries

Frailty activity - Southwark

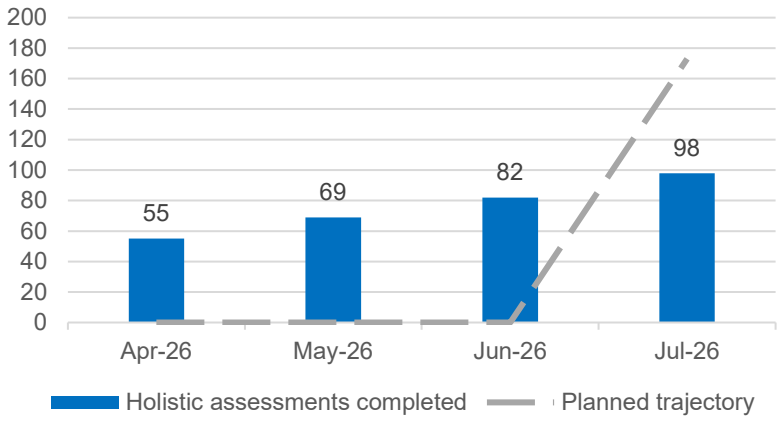
Southwark monthly activity

Metric	Apr-26	May-26	Jun-26	Jul-26
Planned eligible cohort	1846	1846	1846	1846
Actual eligible cohort	6427	6514	6558	6617
Patients RAG risk stratified	28	40	36	90
Clinical frailty score recorded	84	115	132	136
Patients referred to MDM	55	54	68	83
Patients with assigned named professional	57	48	39	1976
Universal care plans completed	11	54	115	38
Planned holistic assessments (trajectory)	0	0	0	173
Holistic assessments completed	55	69	82	98
Monthly difference vs trajectory	**55**	**69**	**82**	**-75**

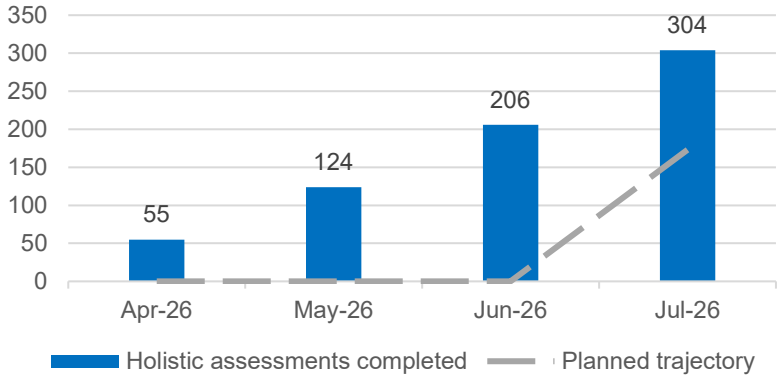
Southwark cumulative activity

Metric	Apr-26	May-26	Jun-26	Jul-26
Planned eligible cohort	1846	1846	1846	1846
Actual eligible cohort	6427	6514	6558	6617
Patients RAG risk stratified	28	68	104	194
Clinical frailty score recorded	84	199	331	467
Patients referred to MDM	55	109	177	260
Patients with assigned named professional	57	105	144	2120
Universal care plans completed	11	65	180	218
Planned holistic assessments (trajectory)	0	0	0	173
Holistic assessments completed	55	124	206	304
Monthly difference vs trajectory	**55**	**124**	**206**	**131**

Southwark monthly holistic assessments vs trajectory



Southwark cumulative holistic assessments vs trajectory



Please note: figures are preliminary and may be corrected retrospectively in future reports – frailty primary care searches are still in development.

Figures currently include some care home activity that is happening outside of the INT pathway

MDT figures are higher than those reported by operational leads and are being overcounted in the data search

We are working to resolve data quality issues and develop primary care searches

Child health team & CYP INT activity

Borough		Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
Triage	Forecast	209	209	209	209	209	209	209	209	209	209	209	209
	Actual	222	196	224	249								
	Variance				55								
Clinic	Forecast	40	40	40	40	40	40	40	40	40	40	40	40
	Actual	40	41	34	33								
	Variance YTD				-12								

CYP INT	Borough		Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
NESTED (Needs Exploration and Support Team for Emergency Department attenders)	combined – Lambeth & Southwark	Forecast	35	35	35	46	46	46	76	76	76	76	76	76
		Actual	49	31	32	24								
		Variance YTD				-16								

Notes:
- NESTED in Evelina began in August (has been running in KCH since last summer). Criteria for inclusion has been amended following Royal College of Emergency Medicine guidance (6+ attendances in 12m vs previous 5+ attendance criteria).

Risks, decisions and next steps

Risk	Mitigations in place	Next milestone
Data quality and reporting maturity. Current reporting includes known limitations, potential over-counting, and variation in recording practices. Primary care searches remain under development across cohorts.	Working with primary care colleagues and PHM Enabler Group to validate searches, strengthen data quality processes and improve consistency of reporting. Funding has been secured to support this work.	Agreed validated search logic and improved data quality controls for future reporting cycles.
Limited primary care analytical capacity may slow development of new searches	Dedicated funding confirmed to support search development and reporting improvements.	Additional cohort measures available for routine reporting.
Lack of linked primary and secondary care data limits the ability to understand linked outcomes and system impact	Supporting development of the SEL Secure Data Environment (hosted by GSTT) and progressing data sharing, information governance and access arrangements.	Agreement of governance arrangements and roadmap for linked data reporting.
Variation in reporting approaches across Frailty, MLTC and CYP reduces comparability and limits system oversight	Working with cohort leads to harmonise definitions, metrics and reporting approaches.	Agreed core reporting framework across all three cohorts.
Current reporting focuses primarily on activity measures, with limited visibility of outcomes, experience and impact	Working with MLTC and CYP leads to refine search criteria and expand the range of measurable indicators.	Expanded dashboard including additional activity, process and outcome me

- Current activity figures remain provisional and may be revised as data validation work progresses.
- Funding has been agreed to support primary care search development and reporting improvement.
- Development of the SEL Secure Data Environment is progressing and is expected to be a key enabler for future linked reporting and evaluation.
- Work is underway to further harmonise reporting across Frailty, MLTC and CYP to support a more consistent view of INT delivery.
- The reporting focus over the next quarter will be improving data quality, expanding available metrics and strengthening outcome reporting.

Case study

Dr Monica Sibal, Frailty lead – Camberwell & Walworth

Complex frailty case study: one shared view of risk

A single referral enabled joint assessment and multidisciplinary problem-solving

Mr GP, 78 Lives alone • Heart failure • COPD • Long-term oxygen therapy • Four daily care visits

Escalating cognitive and safety concerns

Progressive confusion, hallucinations and disorientation, including leaving home, entering a stranger's van and threatening to drive.

Complexity at home

Increasing dependence despite care. Oxygen, fire, safeguarding, capacity and placement risks needed to be considered together.

INT pathway

1 Referral

Palliative Care Nurse identifies complex frailty, cognitive decline and safety concerns.

2 Joint visit

Palliative Care Nurse and Geriatrician assess the patient together, informed by family context.

3 Frailty MDT

Comprehensive Geriatric Assessment integrates clinical, functional, safeguarding and social risks.

The shift **from parallel referrals to a shared assessment and coordinated action plan**

What the MDT changed

A coordinated clinical, practical and social response, with a safer care plan

Cognition & sleep

Start rivastigmine
Start melatonin
Stop olanzapine

Safety & care planning

Stop LTOT
Update UCP with oxygen guidance
Progress capacity and safeguarding work

Practical support

Dosette box
Constipation and toenail care
Hearing and vision assessment

Social support

Befriending and social prescribing
Admiral Nurses
Respite and placement discussion

Tangible outcome — **The placement plan changed from residential respite to nursing respite, reflecting the patient's medical complexity.**

Why the model matters

For the patient

One joined-up view of cognition, frailty, function, medication, sensory needs and safety.

For the family

The trusted Palliative Care relationship was retained, while wider expertise was added.

For the system

A shared understanding replaced fragmented assessment and supported earlier problem-solving.

MLTC case study 1: one holistic review addressed clinical and daily-life risks

The INT connected medication optimisation with safety, care and social support

The starting point

Multiple long-term conditions and extensive medication use

Visual impairment and four falls in 12 months

Abdominal symptoms and limited understanding of medicines

Limited care support and home safety concerns

What mattered to the person

Reducing the burden of seizures, medicines and day-to-day risks.

Structured review

Long-term condition review plus a structured medication review identified medicines that were no longer appropriate or contributing to symptoms.

Medication changes

Acamprosate, promethazine and senna were stopped; metformin was reduced; the community pharmacy was informed.

Wider needs addressed

Alcohol brief intervention, social prescribing, occupational therapy and ophthalmology referrals were initiated.

Safer coordination

Changes were communicated across primary care and pharmacy, reducing the risk of disconnected medication decisions.

Home and independence

Care support and home equipment needs were brought into the care plan alongside clinical priorities.

Shared care plan

An electronic Universal Care Plan was completed to make agreed actions visible across services.

Impact demonstrated: medication rationalisation, coordinated referrals and a shared plan. Longer-term outcomes were not reported in the source.

TANGIBLE IMPACT **A single MLTC review converted a complex set of clinical and social risks into coordinated, actionable care.**

MLTC case study 2: multidisciplinary review clarified a complex pathway

The MDT sequenced specialist input, avoided premature treatment change and connected wider support

The starting point

Multiple long-term conditions with severe functional limitation

Four falls in 12 months and significant difficulty with daily tasks

Raised cholesterol, fatty liver and muscle pain

Heart failure and diabetes requiring specialist treatment decisions

Why the MDT mattered

The clinical issues crossed renal, cardiac, liver, medicines, pain and social care boundaries.

Shared clinical view

Nephrology, general practice and pharmacy reviewed the case together and considered how the person could be managed more effectively.

Sequenced decisions

The MDT agreed not to start an SGLT2 medicine until further cardiology and heart failure review.

Specialist escalation

Urgent hepatology review was recommended before lipid clinic referral, alongside cardiology referral.

Continuity

MDT advice and actions were documented in the patient record and discussed in a telephone follow-up.

Whole-person support

Social prescribing was initiated, with pain support and Age UK signposting identified for consideration.

Shared plan

An electronic Universal Care Plan was completed so the agreed pathway could be seen across services.

Impact demonstrated: clearer clinical ownership, documented decisions and coordinated referrals. Clinical outcome changes were not reported in the source.

TANGIBLE IMPACT **The MDT replaced isolated decisions with a safe sequence of specialist review, follow-up and wider support.**

Strategic Investment Fund

Strategic Investment Fund: progress

- Proposals for integrator development, INT delivery and prevention now in mobilisation phase
  - Milestones, KPIs and risks/mitigation developed for each proposal
  - Outline evaluation framework developed to assess impact
    - Due to timeframes for 2027/28 SIF proposal submission (Dec26), will need to rely on interim findings/insights to inform plans.
  - Reporting structures in place to monitor spend and progress
  - SLAs with partners receiving funding developed and signed off (pending two)

- Core prevention offer
  - Agreed the two finance support workers will be recruited as part of procurement of Crisis Resilience Fund team which will include ten finance support workers, strengthening partnership working and providing greater resilience

- Ongoing discussions to ensure alignment with Mental Health SIF funded schemes

Pushing Boundaries

Southwark and Lambeth were successful in securing funding for four 'Pushing the Boundaries' initiatives, which will test and evaluate innovative neighbourhood approaches focused on different groups and/or system needs – total of 11 bids successfully funded across SEL

Scheme	Extent of approval	2026/27	2027/28
Emotionally Based School Non-Attendance - This proposal provides an innovative, rapid and holistic response service to address the root causes and needs of CYP experiencing emotionally based school non-attendance (EBSNA) before the behaviour becomes entrenched.	Full	£145,833	£104,167
High Intensity User Outreach Service – Establish IMPACT (the Integrated Mind & Body Partnership for Assertive Care and Transformation) High Intensity User outreach embedded within Integrated Neighbourhood Teams. IMPACT will support adults who frequently use urgent, emergency, ambulance and primary care because of overlapping mental health, substance misuse, physical health, social and family needs.	Full	£175,000	£125,000
LAS Partnership / Care Home Integrated Response - An integrated rapid health service response for care home residents at risk of clinical deterioration, in order to reduce avoidable ambulance attendances and hospital admissions for care home residents. This proposal aims to plug the gap in current provision where Care Homes need support out of hours. **Remit of proposal will now be broadened in line with ICB proposal for development of Single Point of Access for Older People where a hospital conveyance is being considered that links to both community (H@H, UCR) and acute services (SDEC, older people's unit).**	Further joint development required	£126,583	£90,417
Maternity INT - Aligning with the new CYP INTs, this proposal will create a risk-stratified Maternity Integrated Neighbourhood Team (MINT): a multidisciplinary team of community, health, VCSE, and social care professionals serving a neighbourhood in each borough. The team will provide continuity of support to socially vulnerable mothers and families in the perinatal period (including transition to health visitors, GPs and connecting with children's centres postnatally).	Full	£116,667	£83,333

Q&A

Discussion

1. **Collective ambition and priorities**

- Are we collectively clear about the outcomes we expect neighbourhood working and INTs to deliver for Southwark residents, beyond activity and service outputs?
- As INT reach expands from 1.5% of residents in 2026/27 to 4% in 2027/28, where should we prioritise capacity to achieve the greatest benefit and reduce inequalities?
- What should determine the balance between deepening the current frailty, mLTC and CYP models and extending neighbourhood working to additional cohorts or pathways?

2. **Partnership contribution and accountability**

- What further commitments are required from each partner to enable INTs to operate as genuinely multidisciplinary neighbourhood teams, particularly across mental health, community services, social care and the VCSFE sector?
- Are the current governance and accountability arrangements sufficiently clear to support delivery across organisational boundaries, or is further clarification required for Year 2?

3. **Delivery, scale and sustainability**

- What are the most significant barriers to increasing delivery at pace, and which of these would benefit from PSSB support?
- What contractual, workforce or organisational dependencies need to be resolved now to avoid constraining scale-up during 2026/27 and 2027/28?
- How do we ensure that organisational development, induction and collaborative working become core components of the model rather than time-limited mobilisation activity?

Appendix Spread & Scale trajectories

Neighbourhood`	mLTC Population cohort	Planned INT Caseload per cohort (caseload defined as patients triaged to INT)			
		By end of Q1 5% of cohort	By end of Q2 - 20% of cohort	By end of Q3 - 60% of cohort	By end of Q4 - 90% of cohort
Bermondsey and Rotherhithe	392	20	69	235	353
Borough	353	18	62	212	318
Camberwell and Walworth	454	23	79	272	408
Dulwich	248	12	43	149	223
Peckham and Nunhead	352	18	62	211	317
Total	1,799	90	315	1,079	1,619

Table 1: mLTC Scale and Spread trajectory

Southwark - Risk to scale-up: The current trajectory assumes progressive onboarding of additional Southwark practices during Q2. Potential delays to contracting may result in onboarding being paused until October 2026, reducing activity growth in Q2/Q3 and requiring rephasing of delivery.

Neighbourhood`	FRAILTY Population cohort	By end of Q1 (0% of cohort)	By end of Q2 (28,1% of cohort)	By end of Q3 (56.34% of cohort)	By end of Q4 (84.51%of cohort)
Bermondsey and Rotherhithe		TBC	117	234	351
Borough	280	TBC	52	104	156
Camberwell and Walworth	476	TBC	156	312	468
Dulwich	226	TBC	104	208	312
Peckham and Nunhead	351	TBC	91	182	273
Total	**1846**	**0**	**520**	**1040**	**1560**

Table 2: Frailty Scale and Spread trajectory

Appendix MLTC INT Metrics List *(1)*

	Metric	Variables (numerator / denominator)
1	Number of patients identified via searches	Numerator: Number of unique MLTC patients identified by agreed case-finding/search criteria in the measurement period. Denominator: N/A (count metric).
2	Number of patients accurately risk stratified by searches/outreach	Numerator: Number of identified patients with a documented risk stratification outcome classified as accurate/validated. Denominator: Number of patients identified via searches/outreach and reviewed for stratification.
3	Issues with data quality /duplication	Numerator: Number of duplicate records or data quality issues flagged in the measurement period. Denominator: Number of records/search results reviewed.
4	Percent of patients contacted	Numerator: Number of identified patients with a successful contact recorded. Denominator: Number of patients identified for outreach.
5	Number of patients consented	Numerator: Number of patients with consent recorded in the pathway. Denominator: N/A (count metric).
6	Time from identification to care coordinator appointment	Numerator: Total number of days between identification date and care coordinator appointment date across included patients. Denominator: Number of patients with both dates recorded (report as mean/median days).
7	Number of patients attended care coordinator assessment, out of number of patients eligible	Numerator: Number of eligible patients who attended/completed a care coordinator assessment. Denominator: Number of patients eligible for care coordinator assessment.
8	Number of patients who attend holistic appt, out of number of eligible pts	Numerator: Number of eligible patients who attended/completed a holistic assessment appointment. Denominator: Number of patients eligible for holistic assessment.
9	Number of care plans drawn	Numerator: Number of care plans completed/finalised. Denominator: N/A (count metric).
10	Number of referrals made	Numerator: Number of referrals made in the measurement period (by agreed referral type). Denominator: N/A (count metric) or number of reviewed patients if also reported as a rate.
11	Number of self-management advice given	Numerator: Number of patients given documented self-management advice. Denominator: N/A (count metric) or number of reviewed patients if also reported as a rate.
12	Number of patients completed feedback survey, out of number of patients eligible	Numerator: Number of eligible patients who completed a feedback survey. Denominator: Number of patients eligible for/issued a feedback survey.
13	Number of patients referred to MDT, out of number of patients eligible in for 1.3 cohort list	Numerator: Number of eligible patients discussed at MDT at least once in the measurement period. Denominator: Number of patients deemed eligible for MDT discussion.

Appendix MLTC INT Metrics List *(2)*

	Metric	Variables (numerator / denominator)
14	Medication changes or titration following review (e.g. cardiometabolic optimisation SGLT2i, statins,)	Numerator: Number of patients with a documented medication change or titration following review. Denominator: Number of patients who received a medication review / were eligible for medication optimisation.
15	QOF relevant activity triggered earlier than would otherwise have happened (practices will be pleased by this)	Numerator: Number of patients in whom a defined QOF-relevant action was completed within the agreed early window. Denominator: Number of patients eligible for that QOF-relevant action.
16	Number of referrals made for social prescribing	Numerator: Number of referrals made to social prescribing. Denominator: Number of patients reviewed and identified as eligible for social prescribing referral.
17	Number of referrals made to VCSE	Numerator: Number of referrals made to VCSE services. Denominator: Number of patients reviewed and identified as eligible for VCSE referral.
18	Number of referrals made for housing/welfare support	Numerator: Number of referrals made for housing/welfare support. Denominator: Number of patients reviewed and identified as eligible for housing/welfare support referral.
19	Use of MDT to support complex decision-making - outcomes of MDT need to be defined	Numerator: Number of MDT cases with a documented decision/outcome/action. Denominator: Number of MDT cases discussed.

Appendix MLTC INT Metrics List *(3)*

	Area	Metric	Variables (numerator / denominator)
20	**Avoided duplication and clarity of ownership**	Reduction in multiple separate appointments for the same MLTC patient within a 2 month period?	Numerator: Number of MLTC patients with more than one separate appointment within a 2-month period. Denominator: Number of MLTC patients active in the pathway during the period.
21	**Avoided duplication and clarity of ownership**	Fewer repeated contacts or chasing by practices (hoping its coded so we can track this)	Numerator: Number of repeated contacts/chasing episodes recorded by practices in the period. Denominator: Number of MLTC patients active in the pathway during the period.
22	**Avoided duplication and clarity of ownership**	Consolidation of fragmented reviews into a single coordinated appointment.	Numerator: Number of patients whose previously fragmented reviews were consolidated into a single coordinated appointment. Denominator: Number of patients with multiple review needs / eligible for consolidation.
23	**Avoided duplication and clarity of ownership**	Duplication with existing reviews avoided - can this be measured?	Numerator: Number of review activities/appointments avoided because they were duplicated or already completed elsewhere. Denominator: Number of review opportunities assessed for duplication.
24	**Survey Data**	Patient experience (understanding of conditions, trust, feeling listened to, clarity on who is responsible for their care) - at what stage will we ask, knowing that not all patients will be eligible for all INT activities? we will really need to embed this into both CC and Clinician, and possibly have an ms forms for feedback.	Numerator: Number of positive responses (or total positive composite score) across completed patient surveys. Denominator: Number of completed patient surveys.
25	**Survey Data**	Staff experience (care coordinators and clinicians, particularly around clarity of/confidence in INT role, workload, duplication and clarity of ownership)	Numerator: Number of positive responses (or total positive composite score) across completed staff surveys. Denominator: Number of completed staff surveys.

Appendix: Pushing Boundaries EBSNA initiative

Bid	Milestones	KPIs/Outcomes	Risks	Brief update on progress
Emotionally Based School Non-Attendance (EBSNA)	• Partner with schools across Lambeth and Southwark (triangulating persistent absence data, willing and engaged schools, and priority neighbourhoods) - September 2026 • Establish steering group with partners involved in the project – August-September 2026 • Co-design workshop for specifics of the intervention including parenting support offer - October 2026 • Recruit and train 3-4 HWPs – Aug-Oct 2026 • Identify first CYP through case finding approach and agreed eligibility criteria -October November 2026 • Begin delivery - November 2026 • Project Evaluation begins - May 2027	Mixed-methods evaluation will measure short/med/long-term impacts and learning. Over time the intervention is expected to deliver measurable improvements in: • School attendance and engagement • CYP and parent mental health and wellbeing outcomes • Reduced escalation to crisis and specialist services • Improved experiences for CYP and families and improved school-family relationships • Needs related to neurodiversity better supported	• Health and Wellbeing Practitioners may identify needs which cannot be met with current system resource or have needs which result in a long waitlist for support. This will be an important data point to showcase the unmet need in the • Risks related to system capacity are acknowledged and mitigated through a needs-led approach, strong VCSE partnerships and proactive case management to meet needs outside traditional pathways. system. • Well Centre will lead on clinical governance, risk and safeguarding. • Potential risk is school capacity and staff time. As a mitigation, HWPs will be embedded within schools, minimising additional burden on teaching staff	• Action log, stakeholder map and project plan created • School identification for pilot in progress based on local data and intel. • Finalising job description for health and wellbeing practitioner role, recruitment to go out soon. • Steering/delivery group drafted and contacted for initial meeting. • Successful discussions held with The Well Centre around clinical governance for HWPs. • Socialising the project with relevant stakeholders and existing networks to ensure system-level buy-in.

Appendix: Pushing Boundaries High Intensity Users

Bid	Milestones	KPIs/Outcomes	Risks	Brief update on progress
High-Intensity User Outreach Service (IMPACT)	• Months 1-2: Establish governance, workforce, operating model and information-sharing arrangements. • Months 3-4: Launch the IMPACT service and embed referral pathways across urgent care, primary care and neighbourhood teams. • Months 3-4: Deliver assertive outreach and multidisciplinary interventions for the target cohort. • Months 5-9:Review outcomes, refine the model and strengthen integration with VCSE and partner services. • Month 10-12:Complete evaluation, economic assessment and sustainability planning for future scale-up.	• Reduction in emergency department attendances, ambulance call-outs and hospital admissions. • Reduced reliance on crisis, urgent care and high-frequency primary care services. • Increased engagement with mental health, substance misuse, housing and VCSE support. • Improved resident wellbeing, experience and achievement of personalised goals. • Demonstration of improved system integration and economic benefit.	• Difficulty engaging a complex and transient cohort. • Workforce recruitment and retention challenges. • Information-sharing and data governance barriers across organisations. • Duplication or overlap with existing services. • Sustainability challenges beyond the initial funding period.	• An initial delivery meeting was held on the 24th of August, and the next is tentatively planned for the 4th of September • Discussion points were along the lines of agreeing on hosting arrangements, additionality – complement rather than duplicate, cohort definition and service design, information governance and exploration of programme management support • Additional stakeholders identified

Appendix: Pushing Boundaries Maternity initiative

Bid	Milestones	KPIs/Outcomes	Risks	Brief update on progress
Maternity Integrated Neighbourhood Team (MINT)	• Phase 1 – Months 0-6: Establish partnerships, governance arrangements and neighbourhood-based maternity workforce. • Phase 2 – Months 6-9: Map services, pathways and community resources across neighbourhoods. • Phase 3 – Months 9-12: Launch multidisciplinary team meetings and maternity advocacy support. • Phase 3 – Months 9-12: Embed coordinated interventions and integrated care pathways for high-risk families. • Phase 4 – Month 12: Evaluate impact and develop recommendations for sustainability and scale-up.	• Improved experience, confidence and satisfaction among mothers and families. • Earlier access to maternity care and improved continuity of support. • Improved coordination between maternity, primary care, health visiting and community services. • Reduced inequalities in maternity outcomes, particularly for vulnerable populations. • Improved identification and management of social and clinical risk factors. • Reduction in poor maternal and infant outcomes.	• Information-sharing and data governance challenges across organisations. • Workforce and system access requirements for integrated team members. • Limited engagement from primary care due to workload pressures. • Demand exceeding service capacity due to high levels of social complexity.	• Project team mobilised and meeting weekly. • GSTT maternity data run and analysis underway to inform target cohort and neighbourhood delivery locations. • Project discussions underway with key stakeholders including Women's DMT. MNVP presentations arranged. • Detailed budget and project milestones being developed. • Contracts, MOUs, and JDs being discussed as a priority to onboard staff and formalise partnership arrangements. • Initial meeting held with KCL to start to scope pilot evaluation.

Appendix: Pushing Boundaries reactive care initiative

Bid	Milestones	KPIs/Outcomes	Risks	Brief update on progress
LAS Partnership / Care Home Integrated Response	• Months 1- 3: Complete service design and operating model development. • Months 3 - 6: Launch the integrated rapid response service for care homes. • Months 3 - 6: Embed pathways with care homes, ambulance services and community providers. • Months 6 - 12: Monitor activity, outcomes and utilisation of care planning tools. • Month 12: Complete evaluation and make recommendations for future delivery	• Reduction in 999 and 111 calls from care homes. • Reduction in ambulance conveyances and avoidable hospital admissions. • Increased use of Universal Care Plans for care home residents. • Improved confidence and satisfaction of care home staff managing deteriorating residents. • More appropriate care delivered within care home settings.	• Challenges embedding the service across multiple organisations and care homes. • Workforce capacity and availability to deliver rapid responses. • Variable uptake and engagement from care homes. • Benefits may not be sustained without ongoing funding and commissioning arrangements.	There is a meeting with Holly Eden planned for Monday, 7th of September, at 2 pm to discuss how this delivery could be best integrated with existing services already available within the local system so that the maximum value is driven through the funding.

Being re-worked to have a broader remit, in response to SEL feedback

Partnership Southwark Strategic Board
Cover Sheet

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

Item: 3
Enclosure: 3

Titles:	The Strength of Community Voice: Healthwatch Southwark 2025-26 Annual Report and Housing, Health and Hope: Experiences of living in and moving on from Home Office temporary accommodation
Meeting Date:	24th September 2026
Author:	Rhyana Ebanks-Babb
Executive Lead:	Nancy Kuchemann

Summary of main points
Summary of the Healthwatch Southwark Annual report 2025/26

Item presented for (place an **X** in relevant box)	**Update**	**Discussion**	**Decision**

Action requested of PSSB
• Note the key findings from the Healthwatch Southwark reports, particularly on health inequalities, mental health, and housing-related impacts on health. • Support partners to use these insights to inform strategic planning, commissioning, neighbourhood health models, and engagement approaches.

Anticipated follow up
Progress update to the Board on implementation of recommendations and key insights.

Links to Partnership Southwark Health and Care Plan priorities	
Children and young people's mental health	
Adult mental health	
Frailty	
Integrated neighbourhood teams	
Prevention and health inequalities	**X**
Access to General Practice	

Item Impact	
Equality Impact	*(Equality Impact assessment attached or explanation of why no equality impact assessment has been undertaken)*

Quality Impact	*No, not applicable to this item. However this work relates to improved quality for service users by incorporating their feedback into initial service design and provision.*		
Financial Impact	*No, not applicable to this item*		
Medicines & Prescribing Impact	*No, not applicable to this item*		
Safeguarding Impact	*The needs of vulnerable individuals have been considered, precautions were taken such as risk assessments completed with each venue, mental health first aiders available at each location – there were no safeguarding concerns raised as a result of this work.*		
Environmental Sustainability Impact (See guidance)	**Neutral**	**Positive**	**Negative**
		X - Reducing patient journeys. Enabling patients to self manage their care in a sustainable way	

Describe the engagement has been carried out in relation to this item

Annual report - 7,035 people to have their say and get information about their care in person, online, over the phone or by email, helping to raise awareness of issues and improve care.

Housing, Health and Hope report – five ‘mapping with interview’ workshops with 30 people with lived experience with the help from voluntary and community groups partners, eleven 1-2-1 interviews with frontline staff and volunteers who support these groups.

The Strength of Community Voices

Healthwatch Southwark
Annual Report 2025/26

About Healthwatch

Healthwatch Southwark is your local health and social care champion since 2013.

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

Our vision

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

Our mission

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

Our values

•Equity, Collaboration, Impact, Independence and Truth

Our aim in Southwark is to connect people to power to make change.

2025-26 at a Glance

- 7,035 residents engaged and supported
- 300 people shared experiences of health and care services
- 156 residents received advice and signposting support
- 6,579 people accessed information through digital channels
- Supported by over 220 volunteers, including Community Health Ambassadors
- 2,440 volunteer hours contributed to improving local services

Previous work

Access to Health and Social Care Services for Latin American Communities in Southwark Report

Empowering Voices:

Examining Healthcare Access for Adults with Learning Disabilities and Autistic Adults in Southwark

Healthwatch Southwark
June 2024

Towards Inclusive Healthcare: Rethinking mental health services for Black African and Caribbean communities

Healthwatch Southwark
January 2025

Influencing the system

Healthwatch Southwark ensures that residents' voices are heard by key decision -makers, influencing the planning, delivery and improvement of health and care services across Southwark and South East London.

Recent contributions have informed:

- Wellbeing Hub commissioning
- Southwark Creative Health Strategy
- Joint Strategic Needs Assessment (JSNA)
- All-age Autism Strategy
- Neighbourhood Health Service development
- Digital health transformation initiatives

Other Impact Achieved

Project/activity	Outcomes achieved
Partnership building through research and knowledge exchange events (NIHR Applied Research Collaborative, King's College London Community Research Network)	Shared best practice and strengthened cross-sector collaboration to improve engagement with underserved communities
Input into national policy consultations (e.g. Earned Settlement, Community Mental Health support)	Amplified local community voice at national level, influencing wider policy and system direction
Development and delivery of community engagement resources (e.g. directories, accessible reports, Easy Read videos)	Improved accessibility of information, enabling more people to understand services, engage with findings, and act on health information
Partnership working with advocacy and support organisations (e.g. POhWER)	Strengthened referral pathways and improved support for residents needing help navigating complaints and services
Volunteer and Ambassador involvement in steering groups, boards, and system level meetings	Increased community representation in decision-making spaces and embedded lived experience across system governance
Digital Vital 5 health checks (e.g Community Health Ambassador involvement)	Shaping the digital offer of preventative health checks and increasing access

Current and Future Priorities

- Review progress against recommendations from previous projects (holding services accountable)
- Temporary accommodation project & Enter and View programme
- Strengthen VCS engagement inneighbourhood health planning

“Housing, health and hope” report: Experiences of living in and moving on from Home Office temporary accommodation

Healthwatch Southwark Research

Why does Healthwatch do Research?

- Champion for patient and public voice
- Focus on underrepresented communities
- Follow community feedback to understand key issues in depth and find out what support affected communities want.
- Use statutory powers to ensure community feedback influences service improvements

Why We Did this Research

- Southwark has the second highest number of households in temporary accommodation in the UK (JSNA 2025) and this number is growing (JSNA annual review 2025).
- Unstable housing is linked to poorer mental and physical health outcomes (Impact on Urban Health, South London ICS 2024, King's Health Partners, Shelter, Medact, Groundswell, The King's Fund, Impact on Urban Health, APPG 2025 Inquiry and South East London Anchor System
- Housing is a top concern among Southwark residents- HWS Listening Tour and Southwark Community Health Ambassadors
- Southwark, a Borough of Sanctuary, has the third highest number of refugees in London. Many in temporary accommodation are asylum seekers, refugees, or migrants with no recourse to public funds.
- Recent Public Health workstreams – Refugee and Asylum Seeker JSNA (2024), Temporary Accommodation JSNA (2025), Borough of Sanctuary.
- Risks associated with the 'move-on' period have been identified (UNHCR 2021; British Red Cross 2018) but do not specifically examine health impacts.

What we mean by ‘Moving on from Home Office Accommodation’

The **“move-on period**,” refers to the process in which individuals are given [28 days] to leave **Home Office temporary accommodation** and move on to ‘mainstream’ accommodation and benefits, after receiving a decision on their asylum claim.

Refugees will typically move from Home-Office asylum accommodation to the private rental sector, social housing, living with family/friends.

Aim: Explore the lived experiences of refugees and asylum seekers who have moved on or will be moving on from Home Office asylum accommodation, and to understand their views on mitigating related health impacts.

Objectives:

- Engage with communities and provide a platform for them to share their experiences
- Understand how the transition from Home Office asylum accommodation impacts residents' health, and identify solutions
- Co-produce recommendations and share them with decision makers

Scope Who the research focused on

- Refugees and asylum seekers who are about to leave or have left Home Office temporary accommodation.

🔎 Adults who do not have children, especially men.

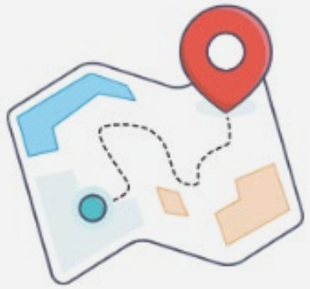
Must have lived in Southwark at some point during their housing journey

- People who work or volunteer for organisations that support these groups (e.g. VCS, health and social care workers, hotel staff).

Methods

Five ‘mapping with interview’ workshops in partnership with VCS groups

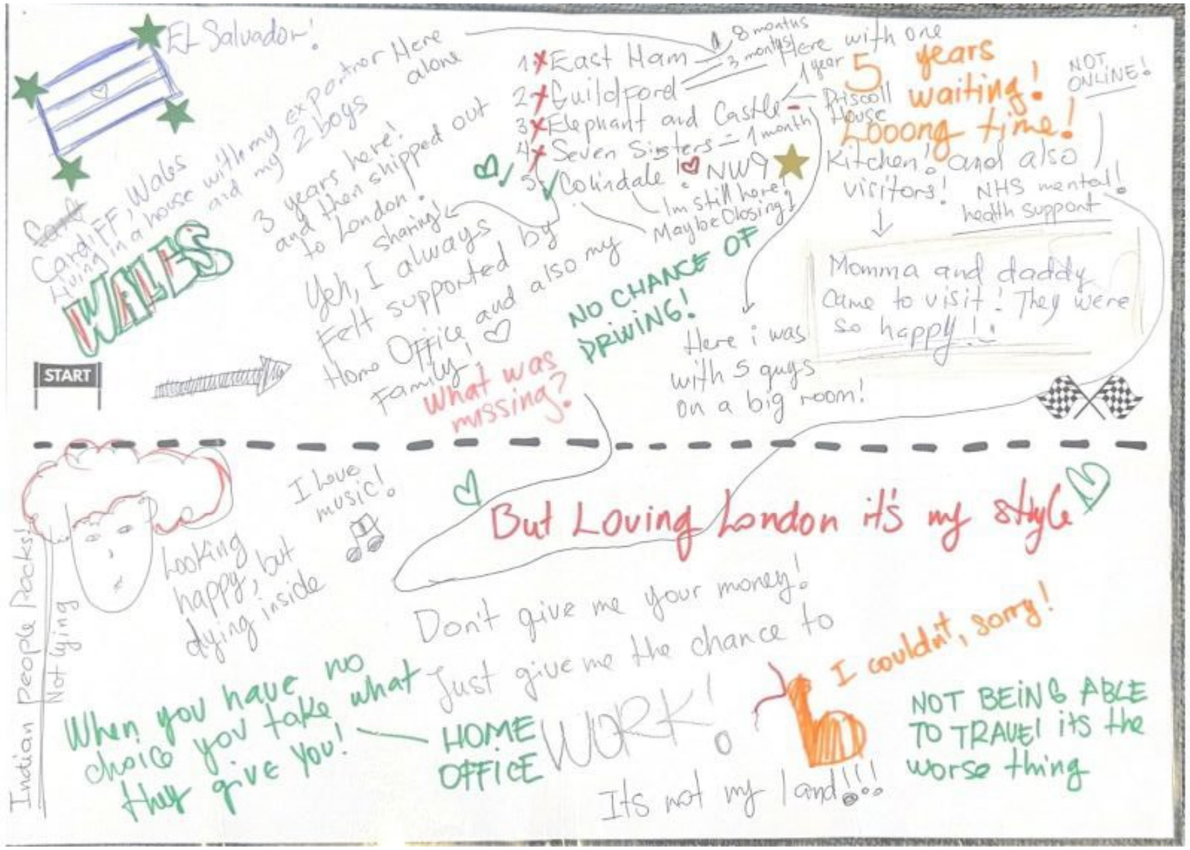
Panjshir Aid, Southwark Day Centre for Asylum Seekers, Waterloo Community Counselling, Latin Ageing UK and Southwark Refugee Communities Forum.

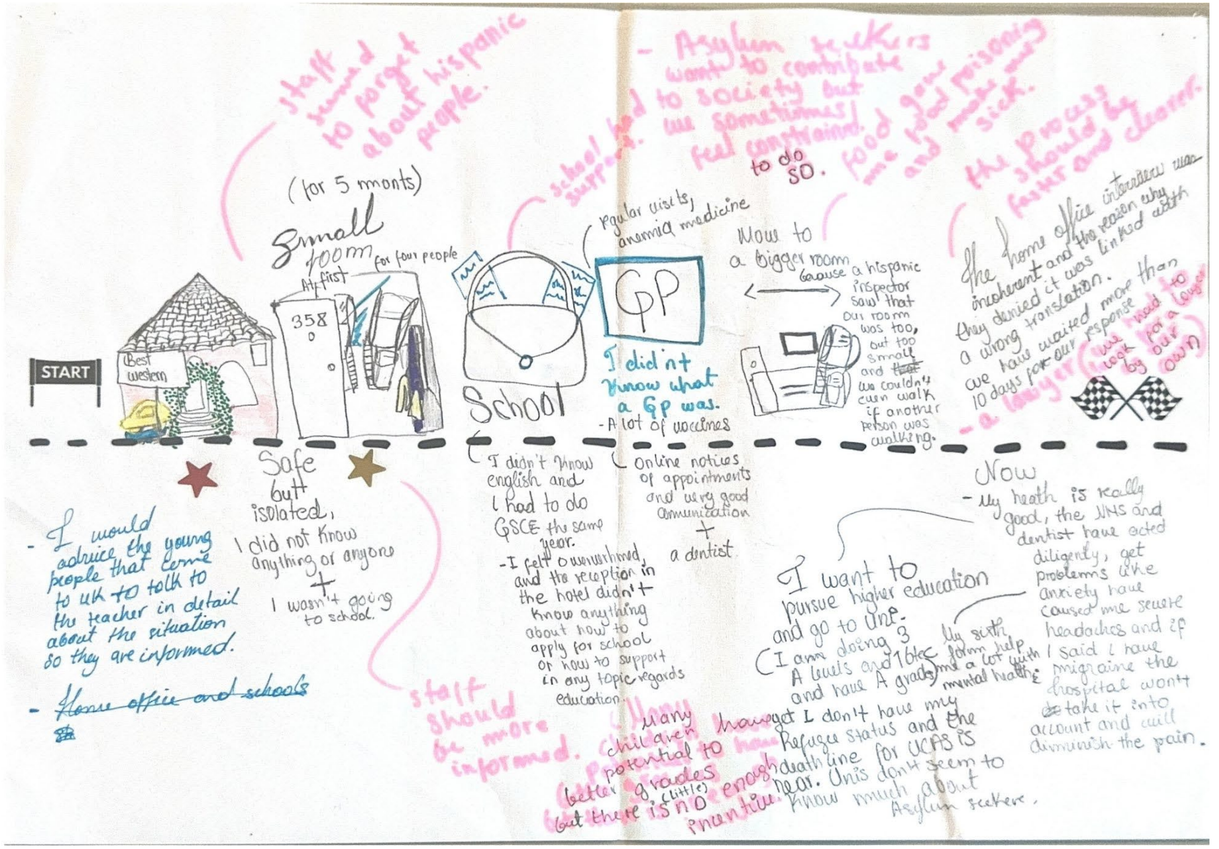


Eleven 1-1 interviews with frontline staff and volunteers

(Health services, VCS organisations)

‘Journey maps’





What we Learned
Living in asylum accommodation

Key issues

- Poor quality food and no cooking facilities
- Overcrowded, lack of privacy and safety concerns
- Poor conditions (e.g. damp and mould, pests)
- Frequent relocations
- Uncertainty and lack of information/ support
- Restrictions on work

"I'm in college and I need money for my transportation to school but I can't work. It seems they are keeping us here with no plans for our future. The hostels are very depressing."

Health impacts

- Chronic stress, anxiety and depression
- Lack of sleep
- Physical conditions e.g. allergies, asthma, back and joint pain, digestive issues, irregular periods
- Disabilities often unsupported and can be worsened by accommodation conditions

Poor living conditions in temporary asylum accommodation had lasting impacts on health.

Case Study – Disabilities in asylum accommodation

“I lived in Barry House in a small room with my wife for 7 months. There was not enough space in the room to turn my wheelchair around. The handrail in the bathroom was too far from the toilet so I could not use it. My health deteriorated, I had constipation and stomach issues because of the food and because I couldn’t use the toilet in my room. I would travel 1km to the park to use their toilets…

I visited the GP every week, the doctor said sorry, but he couldn’t help. I had a breakdown because of the conditions, and I was afraid they would kick me out for complaining. I spoke to the medical staff in the hotel, and they eventually helped me move to a bigger room. They (hotel staff) knew about my problems but didn’t do anything. Before (living in the hotel) I used a wheelchair, but I had some mobility… I felt stronger, I could lift myself out of the chair independently. Now I can’t do any of this.”

Moving out of asylum accommodation

Key Issues

- 28-day move-on period is often insufficient to secure housing and benefits
- Lack of early and accessible information
- Misinformation contributes to homelessness
- Barriers to accessing private rented housing (complexity, contacting housing officers, landlord discrimination)
- Relocation outside the borough

"I became homeless for 10 days and slept at the station. This happens to most people. The time given (after eviction) to find a place is not enough." - Participant

Health & Wellbeing Impacts

- Severe stress, anxiety, depression, psychosis
- Street homelessness associated with rapid physical health deterioration
- Poor-quality accommodation worsened existing conditions
- Disruption to healthcare (e.g. GPs, mental health)
- Safeguarding risks increased
- Disabled refugees experienced disproportionate harm

"(The transition is) absolutely destroying, a complete minefield… The problem with moving on is the threat of homelessness. The idea of being evicted is so mentally stressful." - GP

Case Study – Street homelessness and safeguarding risks

A man in his thirties who has diabetes became homeless after receiving his refugee status, as he could not complete the paperwork to apply for housing and benefits. He cannot read or write in English, or use the internet independently. He did not know what would happen when he received refugee status or how to access support.

He began sleeping in the park, where he was stabbed and had his phone stolen. He was taken to A&E and received social housing in Greenwich after discharge from hospital.

"You have to become more unwell in order to be housed." - VCS organisation

Case Study – Deterioration in temporary accommodation

An elderly man had been housed by Southwark Council in temporary accommodation due to long - term health conditions, after receiving refugee status.

“He was complaining about the conditions affecting his health, and we could tell he was deteriorating …coughing, wheezing, short of breath. “After a few weeks he suffered a stroke. He had been managing his health well, and his temporary accommodation pushed him into being somebody who needs care and now uses a wheelchair.” – VCS organisation

Existing Support

What works well

- Strong access to GPs while in hotels
- Hotel in-reach services highly valued
- VCS organisations provide wraparound support:
  e.g. casework, food, interpretation, social connection, wellbeing activities
- Refugee-led groups
- Partnership working between healthcare and community organisations

"I felt supported by the medical team at Barry House and felt very happy."

"My GP referred me to SDCAS – we do gardening, get advice, free hot food, legal help."

Key Gaps Identified

- Limited preparation before move-on
- Poor continuity of healthcare
- Insufficient legal, housing, and emergency support
- Heavy reliance on under-resourced VCS
- Lack of long-term integration support
- Poor communication between agencies, particularly housing services

"Having secure accommodation is the big one…"

"We need more training on housing, how to communicate with the Council, understanding the Council's obligations…"

Recommendations - Overview

1. Improve conditions and support in asylum accommodation
2. Strengthen access to healthcare
3. Early information about the move-on process
4. Prevent homelessness and improve access to housing
5. Improve coordination across services
6. Invest in the voluntary and community sector
7. Address wider determinants of health (employment, education)

Shared with: Southwark Council Teams (Public Health, Community Support, Housing Needs, Housing and Modernisation, Family Early Help, Adult Social Care), South East London Integrated Care Board, Primary Care Networks / GP Federations, Borough of Sanctuary Partners, South London and Maudsley NHS Foundation Trust, Guy's & St. Thomas' NHS Foundation Trust, Trusts & Foundations (e.g. Impact on Urban Health)

Recommendations – Full List

1. Influence local providers of asylum accommodation (e.g. hotels) to ensure residents' care and supports needs are met. This includes provision of healthy food when residents need it, and shared space for respite.
2. Promote VCS support in asylum accommodation.
3. Empower residents in asylum accommodation and advocates to report issues in asylum accommodation
4. Expand Social Prescribing Housing Officer role or fund an additional role to cover south Southwark.
5. Use Reasonable Adjustment Flags to indicate need for an interpreter during appointments.
6. Gather patient feedback to evaluate the Inclusive Surgeries programme.

Recommendations – Full List

7. Promote multilingual guidance about the move-on process and how to access health and wellbeing support after moving on from asylum accommodation. For example, by funding VCS in-reach projects.

8. Commission a homelessness prevention service for single refugees.

9. Evaluate the Refugee Rent Deposit scheme.

10. Strengthen enforcement and awareness of tenants' rights under the Renters' Rights Act 2025 for newly recognised refugees.

11. Align definition of key terms 'vulnerability' and 'priority need' used by housing teams with Shelter guidance and case law to ensure care and support needs are met under the Care Act 2014

12. Establish robust communication channels between housing officers and other agencies (e.g. VCS, healthcare services).

13. Increase VCS, health services and Southwark Council teams' participation in Southwark Private Renters Forum

Recommendations – Full List

14. Commission a Community Embedded Worker role to provide specialised mental health support for migrants and refugees in collaboration with VCS organisations.

15. Ensure the redevelopment of community mental health services explicitly addresses the needs of refugees and asylum seekers, including dedicated funding for VCS organisations.

16. Provide core, long-term funding for VCS groups supporting migrants and refugees, including smaller organisations, and support collaboration between groups.

17. Commission wellbeing support for VCS groups offering services for refugees and asylum seekers.

18. Increase provision of free legal and immigration advice, by funding VCS delivery partners and creating a referral pathway from VCS organisations to pro bono services.

19. Commission a bespoke employment service for refugees and migrants, including asylum seekers preparing to receive the right to work.

Key Takeaways

1. Poor asylum accommodation and move-on processes have significant long-term impacts on health.

2. Housing insecurity is the main driver of poor wellbeing, particularly for single adults who are at increased risk of homelessness.

3. Refugees become disconnected from services at the point of increased vulnerability (move-on), contributing to poor health and homelessness.

4. Community and voluntary sector organisations are essential but overstretched, requiring long-term unrestricted funding and effective partnerships.

One Year from Now...

"I want to improve my English as I feel it is preventing me from taking part."

"I would like to feel better mentally"

"We hope to soon live in a house where we can cook our own food."

"I used to teach Mathematics in secondary school. I would like to improve my English so I can teach again."

Next Steps

- Sharing the report in places of influence
- Tracking progress of our recommendations with six and 12-month reviews
- Reporting back to communities

How can you help?

healthwatch Southwark

The Strength of Community Voices

Healthwatch Southwark
Annual Report 2025/26

Contents

A message from our co-Chairs	3
About us	4
Our year in numbers	5
A year of making a difference	6
Working together for change	7
Making a difference in the community	8
Listening to your experiences	9
Hearing from all communities	13
Information and signposting	17
Showcasing volunteer impact	21
Finance and future priorities	25
Statutory statements	27

Acting Chief Executive Healthwatch England
Chris McCann

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

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

A message from our Advisory Board Chairs

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

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

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

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

Chair
Graham Head

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

Deputy Chair
Natasha Wright

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

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

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

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

About us

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

Our vision

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

Our mission

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

Our values are:

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

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

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

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

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

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

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

These values are always underpinned by:

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

Our year in numbers

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

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

Reaching out:

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

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

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

Championing your voice:

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

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

Statutory funding:

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

A year of making a difference

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

Spring

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

Summer

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

Autumn

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

Winter

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

Working together for change

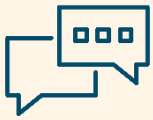
We've worked with neighbouring Healthwatch to ensure people's experiences of care in Southwark are heard at the Integrated Care System (ICS) level, and they influence decisions made about services at South East London Integrated Care Board (ICB)

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

A collaborative network of local Healthwatch:

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

A big conversation:



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

Building strong relationships to achieve more:

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

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

Making a difference in the community

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

Creating empathy by bringing experiences to life

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

Getting services to involve the public

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

Improving care over time

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

Listening to your experiences

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

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

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

Improving access to mental health services and support for Black communities

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

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

What did we do

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

Key things we heard:

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

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

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

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

What difference did this make?

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

Black mental health project feedback

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

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

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

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

Cllr Evelyn Akoto, Cabinet Member for Health and Wellbeing

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

Kunlé Oyedeji, Chief Executive, The Empowerment Group

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

Strengthening community voice and reducing health inequalities

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

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

Saran – Building confidence and career progression

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

Tina – Improving access to community health support

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

Adele – Inclusion and community empowerment

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

Hearing from all communities

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

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

This year, we have reached different communities by:

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

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

We investigated the health impacts of asylum accommodation

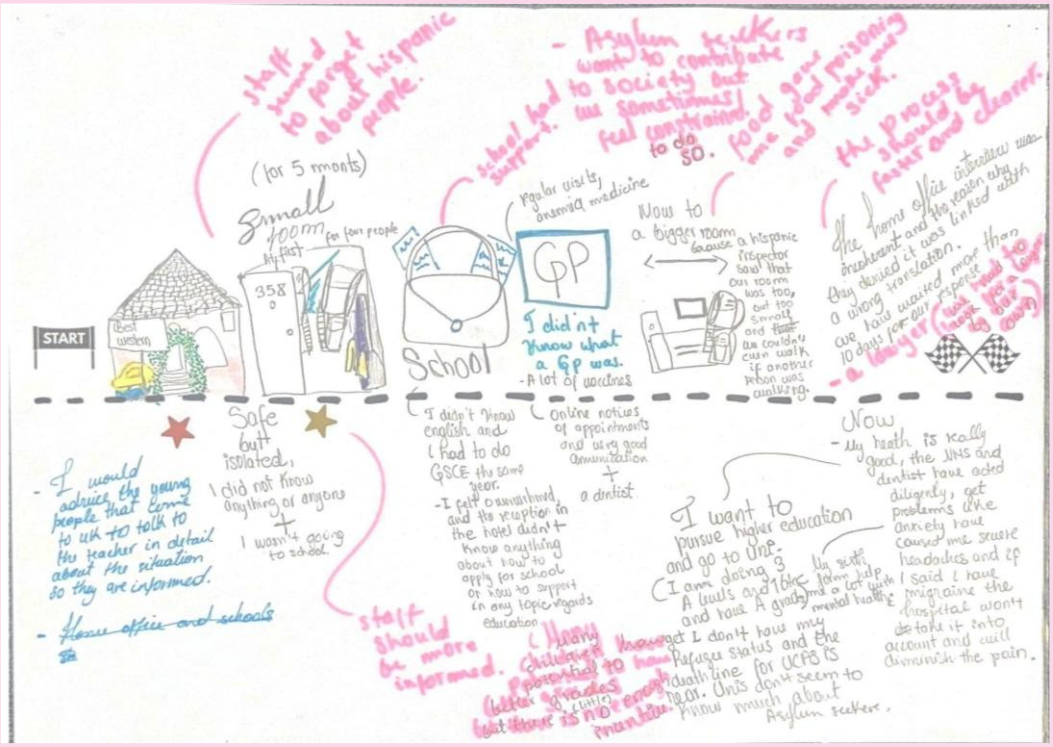
People told us about the long term health impacts of living in unsuitable conditions in asylum accommodation. Factors including poor quality food, overcrowding, safety concerns, and damp and mould caused residents to experience respiratory and digestive health issues, pain, and poor mental health.

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

What difference did this make?

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

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



Better food, stronger voices, healthier communities.

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

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

What difference did this make?

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

Community voices improving local health access

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

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

What difference did this make?

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

Information and signposting

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

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

This year, we've helped people by:

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

The strength of collaborative information and signposting in blood donation services

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

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

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

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

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

What difference did this make?

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

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

Establishing regular in-person engagement across health settings

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

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

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

Strengthening local health connections to improve access

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

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

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

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

Creating supportive spaces for men to share their experiences

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

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

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

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

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

What difference did this make?

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

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

Showcasing volunteer impact

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

This year, our volunteers:

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

Co-creating inclusive and responsive local programmes

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

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

Key things we heard:

Loved

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

Achieved

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

To improve

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

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

What difference did this make?

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

At the heart of what we do

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

Ese Anabui – Project steering group member

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

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

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

Pete Fleischmann – Enter and View Volunteer

Be part of the change.

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

www.healthwatchsouthwark.org

020 3848 6546

info@healthwatchsouthwark.org

Making positive contributions

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

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

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

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

Sen – Healthwatch Southwark Research

Read the full story here: Sen's Volunteering Story

Be part of the change.

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

www.healthwatchsouthwark.org

020 3848 6546

info@healthwatchsouthwark.org

Finance and future priorities

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

Our income and expenditure:

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

Additional income is broken down into:

Public Health funding:

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

Integrated Care System (ICS) funding:

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

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

Finance and future priorities

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

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

Our top three priorities for the next year are:

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

Statutory statements

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

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

The way we work

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

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

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

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

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

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

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

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

Statutory statements

Responses to recommendations

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

Taking people's experiences to decision-makers

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

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

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

Healthwatch representatives

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

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

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

Statutory statements

Enter and view

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

2025 – 2026 Outcomes

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

Healthwatch Southwark
11 Market Place,
Bermondsey,
London,
SE16 3UQ

www.healthwatchsouthwark.org

020 3848 6546

info@healthwatchsouthwark.org

@HealthwatchSouthwark

@HWSouthwark

@healthwatchsouthwarkofficial

@healthwatchsouthwark

healthwatch Southwark

Housing, health and hope: Experiences of living in and moving on from asylum accommodation

Healthwatch Southwark
April 2026

Content warning: This report contains discussion of sensitive and potentially distressing topics. These include experiences of homelessness, food insecurity, discrimination, and other challenges associated with the asylum process. Please take care when reading and consider accessing support if you are affected by the themes in this report.

Contact Healthwatch Southwark at info@healthwatchsouthwark.org for help finding support services.

Acknowledgements

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

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

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

This report was written by Ruman Kallar (Research & Projects Officer) and edited by Janet Morris (Volunteer).

For any questions or comments, please contact Ruman at ruman@healthwatchsouthwark.org

Contents

1. Executive Summary 3
1.1. Summary of recommendations 4
2. Introduction 6
2.1. Background research 6
2.2. Aims 8
2.3. Methodology 9
2.4. Analysis 10
2.5. Challenges 11
3. Findings 12
3.1. Living in asylum accommodation 12
3.2. How does the transition out of Home Office temporary accommodation affect residents' health and wellbeing? 17
3.3. What support do residents currently receive during this transition, and where are the gaps? 24
3.3.1. Existing support 24
3.3.2. Gaps in support 28
4. Recommendations 31
One year from now, I hope to be... 37
5. Next Steps 39
References 40
Appendices 43
Appendix 1 Equalities data 43

1. Executive Summary

This project examines the health impacts of living in and moving on from Home Office asylum accommodation for newly recognised refugees. It is prompted by evidence that the move-on period represents a time of heightened housing insecurity, alongside growing recognition of housing as a key determinant of physical and mental health.

The research explored lived experiences of people who had recently moved, or are expecting to move, out of asylum accommodation after receiving a decision on their asylum claim. It involved workshops with refugees and asylum seekers, as well as interviews with staff and volunteers from voluntary and community sector (VCS) organisations and health services. In total, 30 people with lived experience and 11 people who work with them participated. Engagement was delivered in nine languages with interpreter support.

Findings show that the move-on period is widely experienced as highly stressful and destabilising. Short notice periods, lack of timely and accessible information, and limited affordable housing in Southwark place many people at high risk of homelessness, particularly single adults without dependants. Even participants who are not affected by digital, literacy or language barriers struggled to secure housing after receiving refugee status. Experiences of street homelessness and unsuitable accommodation were linked to deterioration in mental and long-term physical health, as well as increased safeguarding risks.

Participants highlighted that poor conditions in asylum accommodation, such as overcrowding, unsuitable food and unmet care needs, have lasting effects on health. Relocation out of borough often disrupts access to healthcare, education, social networks and VCS support, increasing isolation and undermining continuity of care. Many felt unprepared for the move-on process and struggled to navigate housing, healthcare, benefits and employment systems, contributing to increased risk of homelessness and worsening health.

VCS organisations were identified as the most trusted and effective source of support, providing multilingual practical assistance and community connection. Volunteering was described as providing purpose that supports mental wellbeing, particularly during the asylum period when paid employment is not allowed. However, heavy reliance on an under-resourced VCS, combined with gaps in statutory provision and limited communication between services, leaves many without support at critical points. Participants emphasised that secure accommodation is the foundation for health, wellbeing and integration.

The findings inform a set of recommendations outlined in Section 4, focused on improving access to information, preventing homelessness among single adults, ensuring continuity of healthcare, strengthening housing standards, and investing in community-based support.

1.1. Summary of Recommendations

This report makes recommendations to improve health and wellbeing for refugees moving on from asylum accommodation in Southwark. These focus on improving support within asylum accommodation and during the move-on period, as well as addressing longer-term housing and health inequalities.

This section provides a condensed overview of the report's recommendations. The complete list can be found in section four.

- Improve conditions and support in asylum accommodation
  Ensure access to nutritious and culturally appropriate food, adequate space and clear mechanisms for reporting poor living conditions.
- Strengthen access to healthcare
  Reduce barriers to primary care by improving access to interpreters, promoting information about rights to healthcare, and ensuring continuity of care during moves out of borough and periods of housing instability.
- Early information about the move-on process

Provide clear, multilingual information about the move-on process, including accessing benefits and housing, and expand in-reach support within asylum accommodation.

- Prevent homelessness and improve access to housing
  Increase targeted support for newly recognised refugees, strengthen access to the private rented sector, and improve awareness and enforcement of tenants' rights.
- Improve coordination across services
  Strengthen communication between housing, health and voluntary sector organisations to ensure more joined-up support.
- Invest in the voluntary and community sector
  Provide sustainable, long-term funding for organisations delivering frontline services to refugees and asylum seekers.
- Address wider determinants of health
  Improve access to mental health support, legal advice, education and employment services to support longer-term stability and wellbeing.

2. Introduction

Asylum seekers are typically housed in asylum accommodation provided by the Home Office while awaiting a decision on their claim. Asylum accommodation is allocated on a no-choice basis and includes initial accommodation centres (IACs) and, increasingly, contingency accommodation such as hotels. During this time, asylum seekers are entitled to free healthcare[1] and may study or volunteer, but they are not permitted to undertake paid employment. If a person is granted refugee status, they will receive notice to leave asylum accommodation within 28 days.[2] This report seeks to highlight the experiences of individuals navigating this transition period.

The move-on period presents significant challenges that can have serious implications for health and wellbeing. Navigating complex immigration, benefits, education, housing and health systems within a short timeframe can be overwhelming, often creating high levels of stress and leaving individuals at risk of homelessness. This transition follows the asylum period, which can itself be highly precarious, with negative impacts on health and wellbeing.

This research draws on the lived experiences of refugees and asylum seekers before and during this transition. It particularly explores the health impacts of moving on from asylum accommodation, identifies gaps in existing support, and offers recommendations to make the process safer, healthier, and more conducive to long-term integration.

2.1. Background research

Housing insecurity and substandard living conditions are associated with increased stress, poorer physical and mental health outcomes, and greater

[1] All refugees and asylum seekers with an active application or appeal (i.e. people who are awaiting a decision on their asylum claim) can access the full range of primary and secondary care services free of charge in any nation of the UK.
[2]The notice period starts from the date a positive asylum decision or discontinuation letter (eviction notice) is issued, whichever is sooner (Homeless Link 2026).

use of emergency healthcare services (Impact on Urban Health 2025). As a result, unsuitable housing is increasingly recognised as a critical public health issue by statutory services, academic institutions, and the charity sector (Marmot 2010; Department of Health and Social Care 2024; South East London Integrated Care System 2024; London Assembly 2024; London School of Economics 2023; Groundswell 2023; Medact 2025; Shelter 2023).

Local engagement highlights housing as a key health issue in Southwark. Housing was raised as a top concern by over 50% of participants during Healthwatch Southwark's Listening Tour 2024 and Southwark's Community Health Ambassadors network flagged housing as a key contributor to poor health among residents.

Southwark has the second highest number of households living in temporary accommodation in the UK and numbers continue to rise (Southwark Council 2025). Despite high levels of need, residents in temporary accommodation often face barriers to accessing health and support services, including language barriers, digital exclusion, and stigma (Southwark Council 2025). For people living in temporary asylum accommodation, these barriers are compounded by lack of clarity around healthcare entitlements and frequent relocation disrupting continuity of care (IVAR 2025).

Much of the existing research on temporary accommodation focuses on families with children, highlighting negative effects on children's health, development, and education (Shelter 2004; Trust for London 2024; Impact on Urban Health 2025; House of Commons 2025). There has been significantly less work focusing on the experiences of single adults.

The use of contingency accommodation such as hotels to house asylum seekers has increased significantly since the COVID-19 pandemic (Migration Observatory 2025). Between 2014 and 2023, the number of asylum seekers receiving accommodation support grew from 28,300 to 119,000 people (Migrant Observatory 2025). Nearly two-thirds of the increase in people receiving asylum accommodation was made up of people moving into

contingency accommodation, primarily hotels (Migration Observatory 2025).

As a Borough of Sanctuary, Southwark hosts the highest number of asylum seekers in southeast London and has the third highest number of refugees in London (Southwark Council 2024). Between 2019 and 2022, the number of asylum seekers in Southwark increased from 100 to 2000 (Southwark Council 2024). Limited housing availability means that many refugees experience ongoing housing insecurity following the transition from Home Office asylum accommodation, including moves out of borough and prolonged stays in temporary or poor-quality housing (Southwark Council 2023). Research indicates that the transition from Home Office support to mainstream benefits represents a period of heightened vulnerability, associated with increased risk of homelessness and destitution (UNHCR 2021; British Red Cross 2018).

This research aims to contribute to work supporting refugees and asylum seekers, by highlighting the health impacts of the transition from asylum accommodation to mainstream support, particularly for single adults.

2.2 Aims

This project aims to explore the lived experiences of refugees and asylum seekers who have moved on or will be moving on from Home Office asylum accommodation, and to understand their views on mitigating related health impacts.

Our objectives are to:

- Engage with refugees and asylum seekers and provide a platform for them to share their experiences
- Understand how the transition from Home Office asylum accommodation impacts residents' health, and identify support that could reduce negative health impacts

- Co-produce recommendations and share them with decision makers, to inform actions to mitigate health impacts associated with the asylum period and move-on process

This project was co-designed and reviewed by a steering group of stakeholders including people with lived experience, statutory partners, Community Health Ambassadors and VCS representatives.

2.3 Methodology

Participant Criteria

This research focuses on refugees and asylum seekers who are about to leave or have left asylum accommodation after receiving a decision on their claim. We were particularly keen to speak to single adults who do not have dependants. Sixty percent of our participants identified as single adults.

To be eligible to participate in this study, individuals had to be aged 18 and above and must have lived in Southwark at some point during their housing journey.

We also interviewed staff and volunteers from organisations that support these groups, including VCS groups and healthcare professionals.

Recruitment and Compensation

Participants were recruited by VCS partner organisations, promoting among their service users, networks, and in local asylum accommodation. Participants were given £25 vouchers, as well as signposting to services including legal advice, and mental health and wellbeing support.

Lived Experience Workshops

We partnered with five VCS organisations that support refugees and asylum seekers to deliver lived experience workshops with their service users. The partner organisations were:

- Latin Ageing UK
- Panjshir Aid
- Southwark Day Centre for Asylum Seekers
- Southwark Refugee Communities Forum
- Waterloo Community Counselling

The workshops used a guided journey-mapping approach, combining one-to-one interviews with a loosely structured timeline exercise. Participants shared their housing and health-related experiences since arriving in the UK. They could choose to draw, write, or talk to an interviewer, generating visual and descriptive qualitative data.

We engaged with 30 participants using nine languages. Multilingual participation was supported by Clearview interpreters, Community Health Ambassadors, VCS staff and volunteers, and digital translation tools.

Staff and volunteer Interviews

We conducted 11 one-to-one, semi-structured interviews with staff and volunteers. Interviewees represented a range of services, including housing advice, wellbeing support, emergency accommodation, health navigation, and primary healthcare. Some interviewees also had lived experience of the asylum process. These interviews confirmed that insights gathered from our lived experience participants were largely typical of the wider asylum seeker and refugee population.

The following VCS organisations took part in interviews: Kineara, Latin Ageing UK, Panjshir Aid, Robes, Southwark Group of Tenants' Organisation, Southwark Refugee Communities Forum, The Manna Society, and Waterloo Community Counselling.

Data collection took place between October and December 2025.

2.4 Analysis

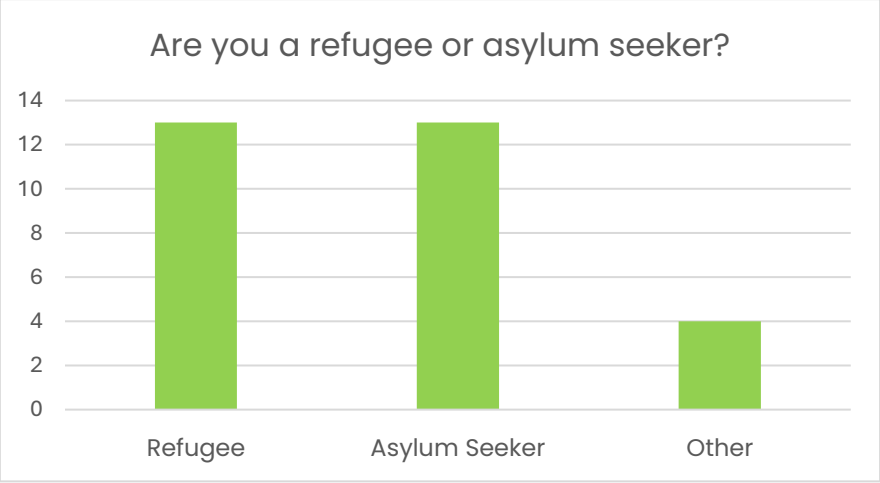
We used thematic analysis to process our qualitative data, focusing on how people described their experiences and what this revealed about housing and health systems. We took an inductive approach to let the data shape our themes.

The data was coded to describe expressed ideas, then codes were grouped to form broader themes. These themes were reviewed across the dataset to ensure they provide comprehensive and accurate representations of recurring issues and key ideas.

Preliminary findings were shared with the steering group for review, to test the salience of these themes.

2.5 Challenges

We experienced challenges engaging refugees who had already moved on from Home Office accommodation, as they are often relocated out of borough and lose contact with local services. To address this, we adapted our questions to include asylum seekers still living in hotels, exploring their understanding of the upcoming transition. This research included an equal number of asylum seekers who were still living in asylum accommodation (12 individuals), and refugees who had completed the move-on process (12 individuals). Four participants described their migrant status as 'Other.'



Participants had diverse communication needs and preferences, requiring differing levels of support. This made it challenging to use a uniform methodology. Recruiting most participants through VCS partners helped us plan effectively for their needs. We adopted a flexible facilitation approach, offering one-to-one support, interpreters, and written multilingual guidance to enable participants to engage at their own pace. Existing trusted relationships between participants and partner organisations also helped to encourage engagement.

3. Findings

We set out to address the following research questions:

1. How does the transition out of Home Office asylum accommodation affect residents' health and wellbeing?
2. What support do residents currently receive during this transition, and where are the gaps?
3. What ideas or recommendations do residents have for making this transition healthier, safer, and more manageable?

3.1. Living in asylum accommodation

While our research questions focus on moving on from asylum accommodation, many participants stressed that their time living in these environments had ongoing effects on their health and wellbeing after leaving. This section provides context on the conditions of asylum accommodation, and demonstrates the long-term impacts of unsuitable provision during the asylum period.

Key Issues

- Food. All participants emphasised that the food served in asylum accommodation was of poor quality and did not meet their cultural needs. Some experienced restricted access to food, stating that meals and snacks were only available at set times and missing these meant they did not eat, as they could not afford to buy food and did

not have access to cooking facilities. Several participants explained this limited their ability to engage with services outside of their hotels, including activities led by the VCS.

- Living conditions. Participants reported overcrowding, pests (including bedbugs, cockroaches, and mice), uncomfortable beds, curfews, frequent relocations between rooms or hotels, and safety concerns. Lack of space for respite heightened the mental health impacts of overcrowded rooms, particularly for families with children and single adults sharing rooms with strangers.
- Employment restrictions. Several participants explained that being unable to work as an asylum seeker negatively affected their mental health. Participants stated they could not afford public transport, limiting their ability to engage with services. Participants struggled to access information about employment and training while awaiting a decision on their asylum status; they felt this information would have made the transition into work as newly-recognised refugees easier. Some believed that prolonged unemployment affected their ability to secure housing and live independently after receiving refugee status.
- Lack of information. Uncertainty around migration status, entitlements, and the asylum process result in a high level of stress. Most participants had limited understanding of British systems, including housing, health, benefits, employment, and education, and did not know what would happen after they received a decision on their asylum status. They struggled to find information due to language barriers, digital access and not knowing where to go for support. Several participants felt unable to report issues with the conditions of their asylum accommodation, as they feared they would be evicted.

"The issues I had were stress, language barriers, being moved to different places, being surrounded by loud noises and drug addicts so I couldn't sleep. I couldn't ask for help in case they deported me. It was scary not knowing what would happen tomorrow."

"I'm in college and I need money for my transportation to school but I can't work. It seems they are keeping us here with no plans for our future. The hostels are very depressing."

"The accommodation given to us was a very small room where we stayed for a year. It had a serious bed bug infestation, which caused severe allergic reactions for my daughter."

"I am grateful for everything you have provided us throughout this journey, which has been 3 years of waiting. We would have liked to have had the opportunity to prepare some of our own meals. As for my daughter, the uncertainty of the wait affected her a lot; she got very depressed to the point of needing a doctor. It would be very helpful if there were lawyers available because many people are in distress because they do not have a legal representative, and there should be people available to help with the language and translation."

Health Impacts

Combined, these factors have a significant impact on the mental health of current and former residents of asylum accommodation. Many participants reported experiencing chronic stress, anxiety, and depression as a result of living conditions in asylum hotels.

Substandard living conditions also exacerbated physical health problems, including allergies, asthma, back pain, and joint pain. Several participants reported developing high blood pressure, anaemia, irregular periods, and digestive issues, as well as experiencing significant weight loss, which they largely attributed to the food provided in asylum hotels.

Some participants with long-term health conditions felt their condition deteriorated because the accommodation provided did not meet their care and support needs.

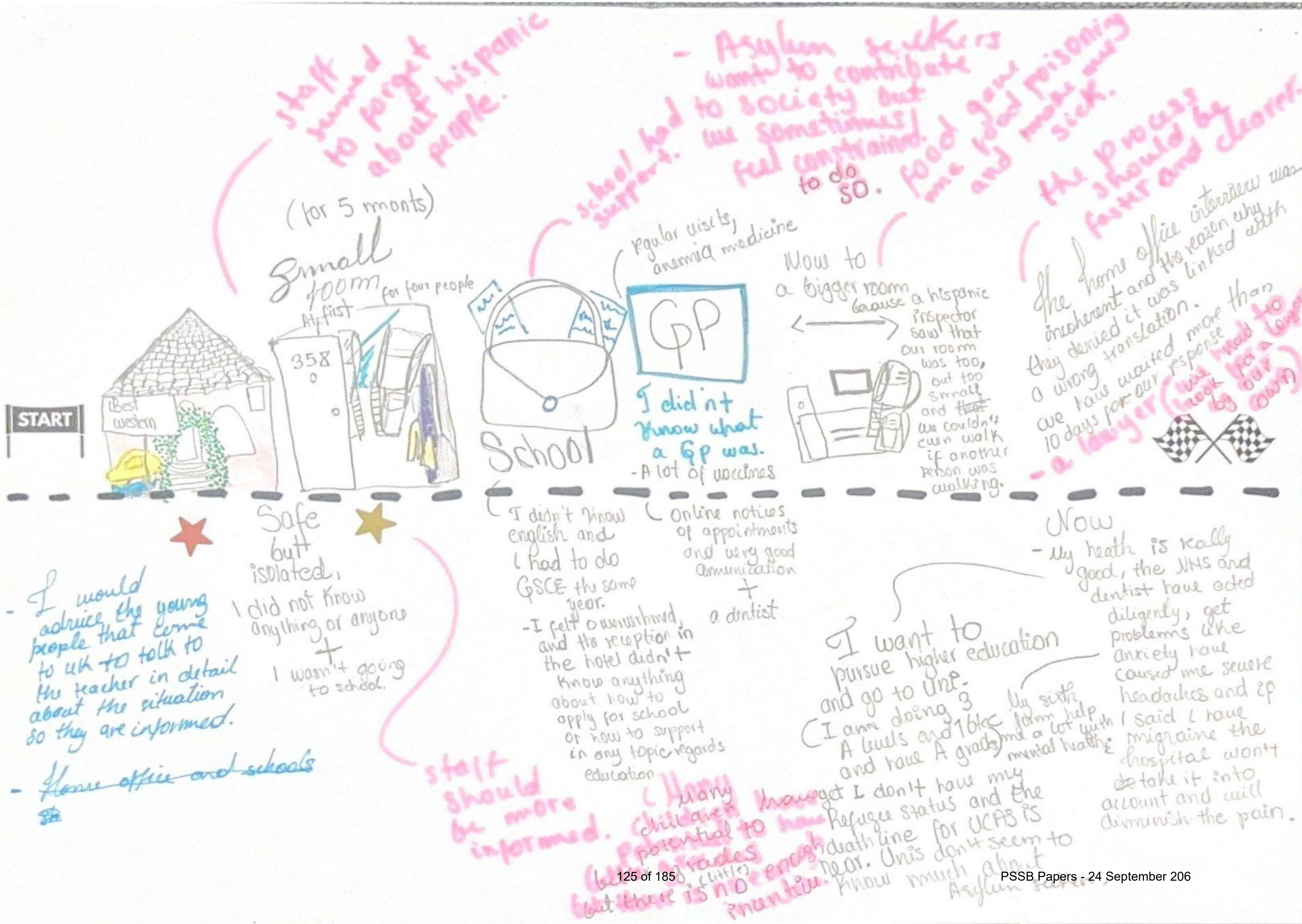
Case Study: Care and support needs

"I lived in Barry House in a small room with my wife for 7 months. There was not enough space in the room to turn my wheelchair

around. The handrail in the bathroom was too far from the toilet so I could not use it. My health deteriorated, I had constipation and stomach issues because of the food and because I couldn't use the toilet in my room. I would travel 1km to the park to use their toilets. I visited the GP every week, the doctor said sorry, but he couldn't help.

I had a breakdown because of the conditions, and I was afraid they would kick me out for complaining. I spoke to the medical staff in the hotel, and they eventually helped me move to a bigger room. They (hotel staff) knew about my problems but didn't do anything.

Before (living in the hotel) I used a wheelchair, but I had some mobility… I felt stronger, I could lift myself out of the chair independently. Now I can't do any of this."


START
Best western
staff seemed to forget about hispanic people.
(for 5 monts)
Small room
At first
for four people
358
Safe but isolated,
I did not know anything or anyone + I wasn't going to school.
School
school had to support.
I didn't know english and I had to do GSCE the same year.
-I felt overwhelmed, and the reception in the hotel didn't know anything about how to apply for school or how to support in any topic regards education.
staff should be more informed.
regular visits, anemia medicine
GP
I did'nt know what a GP was.
-A lot of vaccines
Online notices of appointments and very good communication + a dentist
- Asylum seekers want to contribute to society but we sometimes feel constrained to do so.
food gave me food poisoning and make me sick.
Now to a bigger room because a hispanic inspector saw that our room was too, but too small and we couldn't even walk if another person was walking.
the process should be faster and clearer.
The home office interview was incoherent and the reason why they denied it was linked with a wrong translation.
we have waited more than 10 days for our response
- a lawyer (we had to look for a lawyer by our own)
Now
- My heath is really good, the NHS and dentist have acted diligently, get problems like anxiety have caused me severe headaches and if I said I have migraine the hospital won't take it into account and will diminish the pain.
I want to pursue higher education and go to Uni.
(I am doing 3 A levels and 1 btec and have A grades)
My sixth form help me a lot with mental health.
get I don't have my Refugee status and the death line for UCAS is near. Unis don't seem to know much about Asylum seekers.
(Many children have potential to have better grades but there is no (little) enough prevention.
- I would adrice the young people that come to UK to talk to the teacher in detail the situation about the situation so they are informed.
- ~~Home office and schools~~

3.2 How does the transition out of Home Office temporary accommodation affect residents' health and wellbeing?

Key Issues

Sudden eviction from asylum accommodation. Newly recognised refugees are given a notice period of 28 days to move on from asylum accommodation. There is consensus among people with lived experience and professionals supporting them that 28 days is not enough time to secure housing and access mainstream benefits. Some participants reported that delays in communication from the Home Office left people with less than a week to leave asylum accommodation.

"I became homeless for 10 days and slept at the station. This happens to most people. The time given (after eviction) to find a place is not enough."

"One client last week received his eviction notice and had to leave accommodation in 2 days because the Home Office sent his refugee status to the wrong email address. There is no way he would be able to launch a homelessness application, get a housing assessment and receive his housing personal plan in that time. He is a single man, so he needs to find private rented accommodation, so you need a lot of time. He is going to be destitute in this kind of weather; it's a health and safety risk. This is not a one-off example."

Lack of timely and accessible information. Most participants had limited understanding of the move-on process. Uncertainty exacerbates stress and prevents timely access to housing assessments, benefits, and school enrolment for children. Some individuals housed in temporary accommodation after move-on do not realise they need to claim housing benefit, resulting in debt.

Staff and volunteers stated that the lack of information for asylum seekers fosters unrealistic expectations about what life will be like after leaving asylum accommodation. Because residents do not receive accessible guidance about housing, they often turn to other refugees and asylum seekers for advice. This can be misleading, contributing to disappointment and risk of homelessness.

"The expectation of what you will get from the Council hasn't been well-managed and has been fuelled by others in the same position. There's not an understanding of the reality of the housing stock in London. I've seen people refuse accommodation that wasn't in the location they wanted, due to advice from friends. This can result in street homelessness."

"Since receiving my eviction notice (4 weeks ago), I haven't heard from the Home Office. I don't know what the next steps are."

"The support we are missing is information. We are not told where to go for anything—not for school registration, medical services, or other support. We had to figure everything out on our own. We were told social workers would provide guidance, but they did not deliver."

High risk of street homelessness, particularly among adults aged under 35 who do not have dependants. Due to shortages in social housing, single adults who are not considered to have priority need must find accommodation in the private rented sector. This can be challenging, as they must first access Universal Credit to pay rent.

Southwark Council offers a deposit scheme to support refugees into private rented accommodation. However, participants explained that many landlords will discriminate against applicants who are using the deposit scheme and receiving Universal Credit. While language barriers and digital exclusion further complicate this process, participants who are not affected by these barriers still struggled to find affordable private rented accommodation. As a result, many newly recognised refugees become street homeless, causing rapid health deterioration.

"Affordability is the main issue. The Council doesn't accept them because they are deemed not vulnerable, they cannot afford the private sector, and so they become homeless. There's a big cohort of people like this...most landlords don't want people on universal credit and when they find out, they say no. If you explain to them, the Council will pay the deposit, they say no because they don't want to deal with the Council."

Several participants received temporary housing after encountering homelessness charities such as St. Mungo's, or emergency healthcare services due to risks associated with street homelessness. There was a strong sense that people must become more unwell to access housing.

Case study: *Street homelessness, safeguarding risks and health deterioration.*

A single man aged under 35 who has diabetes could not complete the housing benefit application because he does not know English. He became street homeless after eviction from asylum accommodation and slept in a park, where he was robbed and stabbed. After receiving treatment in A&E, doctors refused to discharge him from hospital without safe accommodation. He was then housed in social housing in Greenwich.

"If you're single and not priority, it's incredibly challenging because there is a lack of support. Single men and women face destitution and homelessness because they are expected to go into private rented housing, but there is a gap in payments for universal credit before they move out of Home Office accommodation. We saw a case where the landlord didn't receive their deposit for 6 months. They started threatening the tenant, getting the housing officer involved. It caused more issues." – VCS organisation

Unsuitable and poor-quality housing after leaving asylum accommodation continues or worsens the health impacts of previous living conditions. Individuals with assessed vulnerabilities described very poor housing quality in temporary accommodation provided by Southwark Council. Issues included damp, mould, disrepairs and pest infestations. Some participants said they reported that the accommodation was inaccessible or unsafe, but they were told by housing officers that there was nothing they could do as the accommodation was temporary.

Case study: temporary accommodation

"One of our clients, a man who is deaf and mute, was provided temporary accommodation because of his health conditions. He complained about the conditions, there were rodents and cockroaches, he couldn't communicate with the people he was sharing with. It was escalated and not getting anywhere.

The ceiling in his accommodation collapsed, he would've been severely injured or killed if he was home. I spent more than 1 hour with his housing officer trying to say this is a safeguarding issue, this person is vulnerable

he shouldn't be sharing. They were not having it until the roof collapsed. He would come to the surgery with cockroach bites on his body, someone who cannot speak or hear, he is always isolated.

When they moved him somewhere nicer, I cannot describe to you the way he looked when he came back to us; he looked alive, refreshed, happy and resting." – VCS organisation

Participants living in private rented accommodation also described struggling to make complaints and get a response from landlords.

"It's difficult to get private landlords to resolve issues. They can threaten tenants with eviction. Tenants are forced to be quiet in circumstances that are not suitable." – Southwark Group of Tenants' Organisation

Relocation out of borough. Due to housing shortages in Southwark, many newly recognised refugees are required to move outside the borough. Relocation can separate people from established social networks, schools, VCS support and local healthcare services, contributing to stress, isolation and poor mental health. While relocation can be unavoidable given local housing constraints, short eviction notices and lack of information in advance exacerbates the impact of these moves, as individuals are not prepared to leave.

Participants explained that some people are told on the day or days before that they will be moved out of London. This can be highly distressing and contribute towards street homelessness and police involvement, if people panic and refuse to leave hotels.

Relocation can also disrupt continuity of care for those managing health conditions.

One health professional explained, "*People have to register with a new GP practice, and they don't have the literacy and digital skills or knowledge of healthcare systems to do this."*

Another participant shared that after being placed in temporary accommodation in Essex, he travels by taxi to Southwark twice a week for kidney dialysis. He frequently arrives late due to traffic, which shortens appointments and negatively affects treatment outcomes.

Eligibility criteria for health services. Homelessness and relocation across borough boundaries complicate access to services, particularly where admissions criteria are linked to local residency or GP registration.

As one health professional explained, *"mental health need is massive, but mental health teams won't take them because they are very strict. You have to be a local resident or your GP has to be in the area. Lots of people use the GP as an address if they're homeless, so mental health teams in other areas won't see them."* This leads to delays, gaps in care, and increased stress during an already challenging transition period.

Employment, skills, and training. Most participants who are newly recognised refugees said they struggled to find work because they do not have UK-based work experience and qualifications. Those with professional career backgrounds struggled to access training and employment that aligns with their skills. Participants who are experiencing housing insecurity said they feel that they are trapped in a cycle, needing to secure accommodation before applying for work, while not being able to afford private rented housing without a job.

Health Impacts

- The most prevalent theme is mental health deterioration, with most participants reporting experiences of chronic stress, anxiety, depression, and in fewer cases, psychosis. Single adults may be at greater risk of an acute mental health crisis, and harms associated with street homelessness.

"(The transition is) absolutely destroying, a complete minefield… The problem with moving on is the threat of homelessness. The idea of being evicted is so mentally stressful."

"People feel panicked because of the short notice… Mostly it will affect their mental health, some already have traumatic moments on their journey to the UK so it can remind them of tough situations they've been through if they've become homeless in a country where they believed they are safe."

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

- Safeguarding issues including exploitation, abuse and physical violence. Exposure to safeguarding issues increase significantly when people become street homeless.
- Disproportionate harm to vulnerable groups, particularly disabled and elderly people. Some participants felt that services are not always able to identify vulnerabilities, and refugees can struggle to declare or evidence them due to language barriers, cultural differences, and low engagement with services.

Case study: *An elderly man had been housed by Southwark Council in temporary accommodation due to long-term health conditions.*

"He was complaining about the conditions affecting his health, and we could tell he was deteriorating … coughing, wheezing, short of breath.

"After a few weeks he suffered a stroke. He had been managing his health well, and his temporary accommodation pushed him into being somebody who needs care and now uses a wheelchair." – VCS organisation

El Salvador!

Cardiff, Wales
Living in a house with my expartner Here and my 2 boys alone

WALES

START

3 years here!
and then shipped out to London.

Yeh, I always sharing!
Felt supported by Home Office and also my family!

1. East Ham — 8 months
2. Guildford — 3 months
3. Elephant and Castle — 1 year
4. Seven Sisters — 1 month
5. Colindale NW9 — I'm still here! Maybe Closing?

Here with one Priscoll House

5 years waiting! Looong time! NOT ONLINE!

Kitchen! and also visitors!

NHS mental health support

Momma and daddy came to visit! They were so happy!

NO CHANCE OF DRIVING!

What was missing?

Here i was with 5 guys on a big room!

I love music!

But Loving London it's my style

looking happy, but dying inside

Don't give me your money!
Just give me the chance to WORK!

When you have no choice you take what they give you! — HOME OFFICE

I couldn't, sorry!

NOT BEING ABLE TO TRAVEL its the worse thing

Its not my land!!!

Indian People Rocks!
Not Lying

3.3. What support do residents currently receive during this transition, and where are the gaps?

3.3.1. Existing Support

Primary care

Feedback indicates that access to primary care is generally good but concentrated in asylum accommodation, creating sharp gaps after move-on.

Some participants received health checks and appointments with nurses from onsite Health Inclusion teams while living in asylum accommodation, which they found particularly effective for children and elderly people. Feedback about hotel in-reach services was largely positive, with most participants feeling well supported and able to access primary care. Some participants said the Health Inclusion team also helped resolve issues with their accommodation but did not have enough time and capacity to see everyone who needed help.

"I felt supported by the medical team at Barry House and felt very happy."

"I felt comforted by the NHS, I felt very safe."

All participants said they were registered with a GP while in asylum accommodation. Feedback was mostly positive or neutral, however, three participants said they were not offered an interpreter during GP appointments, instead relying on friends or children. Some participants felt they were discriminated against because they are migrants and cannot speak English, reporting interactions with GP doctors where they felt dismissed and discriminated against.

"I was told an MRI is too expensive, the doctors were not listening and telling me to get a job."

"I don't always have a translator and sometimes the staff are rude to me because I don't speak English. They don't usually provide translators. I ask my granddaughter, but she is busy with school."

Whilst engagement with primary care is high, health professionals flagged that primary care services often lose track of patients after move-on, particularly if they leave the borough or become homeless. It can be challenging for patients to register with new GPs independently, due to digital and language barriers, lack of information, and other pressures that cause health to be deprioritised.

One health professional explained, "it takes so long for people to be registered with GPs they run out of medication. The moving on team do not register patients. They won't provide (the patient's GP before move-on) with the new addresses so we can't support them."

Finally, primary health services seem to be well linked in with the VCS, regularly making referrals to organisations such as Southwark Day Centre for Asylum Seekers and The Manna Society Day Centre for casework and emergency housing, particularly for newly-recognised refugees following the move-on period.

Mental health

Experiences of mental health support varied. Several participants said they were prescribed medication for depression and anxiety but were not offered counselling. Those who had accessed counselling described it positively; however, many required long-term support and adjoining practical help such as legal advice or casework.

Many participants felt their poor mental health was driven primarily by social factors including housing and employment difficulties, making a solely medicalised response insufficient.

"I never had depression before this... They just give you pills to take. They don't help my problem."

In recognition of this, organisations such as Waterloo Community Counselling explained that they often extend beyond their remit to provide casework support, *"We do casework because we know it has to be done, you can't offer a therapy service and not address the practical stuff. We've had to adapt to the needs of the clients."*

Wellbeing and wraparound support

When asked about effective support, participants overwhelmingly identified VCS organisations. In response to rising need, many VCS organisations have expanded their services to include casework, advocacy, hot food, emergency supplies and interpretation, often without formal training or funding. Participants described this wraparound support as critical to their wellbeing.

A key strength of VCS provision is the ability to offer multilingual support, particularly through refugee-led organisations that share lived experience and provide trusted, culturally safe spaces. Many participants also volunteer with VCS groups, which they described as giving a sense of purpose and community.

Statutory services such as social prescribers, Southwark's Refugee Resettlement Team and Health Inclusion teams also offer specialist support, including hotel in-reach for asylum seekers, system navigation and signposting to VCS organisations. Participants felt that these organisations were most effective at overcoming system barriers, for example, one participant who refused an unsuitable housing offer said, "*the Refugee Resettlement team give very good support, they helped us regain our place in the queue for housing and close our rent arrears to the hostel which we could not do alone. Now we are rehoused, we are learning English, my wife has counselling and we are very happy.*"

What works well: Partnership-based community provision, combining wellbeing activities and practical support.

"My GP referred me to SDCAS – we do gardening, get advice, free hot food, legal help."

"Small community groups with activities, open welcoming spaces… that offer the necessities of life without any barriers… We have a really nice partnership with St John's Church… they offer English classes, art club, chess club, walking group… we have a partnership with them so clients might come to us for therapy… then we can make some referrals to the day centre for advice."

"Southwark Refugee Communities Forum (SRCF) has helped me a lot. This is because I have had direct interaction with the Housing Solution officers and especially with Kineara that helps with private rented accommodation. The staff at SRCF and Kineara are very welcoming and kind."

3.3.1. Gaps in support

While participants recognised that services work well in many ways, they also highlighted gaps that create risk and place unsustainable pressure on the VCS.

Key gaps include:

- Early information and preparation for move-on
- Limited housing options for single adults
- Access to timely legal advice
- Insufficient emergency and contingency support for people who are at risk of or experiencing homelessness.
- Continuity of healthcare after move-on
- Reduced access to in-person casework
- Limited communication between agencies, particularly with housing officers.
- Heavy reliance on an under-resourced VCS
- Limited structural support for long-term integration, including employment pathways, ESOL, and skills development.
- Insufficient wellbeing support and specialist training for VCS staff

Participants consistently emphasised that secure accommodation is the foundation for all other outcomes, noting that delays and gaps in the housing process have knock-on effects on wellbeing, employability, and integration.

One health professional said, *"Having secure accommodation is the big one… That process needs to be happening earlier … There's no communication with the Council, even if I email about street homelessness or pending evictions, no acknowledgement of emails … We get no communication back…On a Friday afternoon SDCAS, Manna, will be*

shut so the only thing you can do is help them get a sleeping bag and tell them to sleep outside and make a Streetlink referral. It's really hard."

Waterloo Community Counselling add, *"WCC wasn't set up to offer casework but more and more we've had to do it … We need more training on housing, how to communicate with the Council, understanding the Council's obligations, the legal stuff. General training on current policy because the landscape changes constantly.*

START

llegamos en el año 2022
al Hotel Luky 8
ilford estubimos Viviendo
1 año enferme mucho por no
comer ya que la comida contenia
mucho Picante y eso dañaba mi estomago
me peso una anemia severa
acudi al medico por mi debilidad
y me empezaron a tratar. lo que
era la anemia
en Ilford llegamos con mi
Familia somos 5 personas
3 adultos 2 niños
mi persona mi esposo
mi Hijo mi Hija y mi
nieta

mi consejo Para las
Personas nuevas que se
Venen de mucha Paciencia y
mucha Fé aser muchas amistades
Que les Permitan aser sus alimentos
que las Personas a cargo como los del
staff apollen a las personas como solicitantes
porque abeses se siente como si se burlaran
de las personas en condicion de asilo.

actualmente resivo tratamiento
de terapias por mi Hombro ya
que tengo desgaste en el Hombro derecho
e recibido atención medica Inyecciónes
en mi Hombro no e mejorado mucho
pero estoy en Fisioterapia

agradesco todo lo
que nos an brindado a lo
Largo de este camino que an
sido 3 años en espera nos ubiera
gustado aber tenido la oportunidad
de poder cosinar nuestros propios alimentos
y que el tiempo de espera fuera mas corto
en cuanto ami hija le afecto mucho la
insertidumbre de la espera se deprimio mucho
al grado de nesecitar sicologo y ciquiatra
ella a mejorado considerablemente
pediria que para las personas el
que aun estan en espera el
tiempo sea menos y porfavor de
que la condición de alimentación mejorara

en el año 2023
nos movieron a peckham
al Hotel best western en
ese Lugar emos conosido
Personas muy buenas que nos
an ayudado en el aspecto que
nos dan donde poder aser nuestros
alimentos no es siempre pero agradesemos
la ayuda que nos brindan actual mente
aun vivimos en el Hotel Best western.
ase un mes nos aprobaron el estatu
de Refugiado y estamos Felices.

esperamos
muy pronto
Vivir en una casa
donde podamos
cosinar nuestros
propios alimentos

1. Recommendations

The final research question, 'What ideas or recommendations do residents have for making this transition healthier, safer, and more manageable?' is addressed in the recommendations below, which are directly informed by participant and stakeholder feedback.

Our recommendations focus on local action to maximise the impact of this research. However, our findings also indicate strongly that the Home Office should:

- Re-extend the eviction period after receiving a decision on asylum status to 56 days
- Give asylum seekers the right to work
- Provide multilingual information on the asylum process, English language and employment support to asylum seekers from arrival
- Establish monitoring to proactively enforce minimum standards for asylum accommodation

Issues	Recommendations	Timeframe	Partners
Food provided in asylum accommodation may not be nutritionally complete or culturally appropriate, and is not available flexibly Overcrowding and limited space for respite in asylum accommodation	1. Influence local providers of asylum accommodation (e.g. hotels) to ensure residents' care and supports needs are met. This includes provision of healthy food when residents need it, and shared space for respite. 2. Promote VCS wellbeing activities, food programmes and warm spaces in asylum accommodation.	Medium term Short term	Public Health; Borough of Sanctuary partners Southwark Council Communications
Living conditions in asylum accommodation may be substandard, such as damp, mould, or pests.	3. Empower residents in asylum accommodation and advocates (e.g. VCS groups and healthcare professionals) to report issues indicating regulatory noncompliance in asylum accommodation by providing multilingual guidance and contact information for Migrant Help.	Medium term	Southwark Council Community Support/ Refugee Resettlement Team Lead

	4. Expand Social Prescribing Housing Officer role or fund an additional role to cover south Southwark.	Long term	Southeast London Integrated Care Board
Interpreters not provided, and patients may feel discriminated against during GP appointments	5. Use Reasonable Adjustment Flags to indicate need for an interpreter during appointments. 6. Gather patient feedback to evaluate the Inclusive Surgeries programme.	Medium term Medium term	Primary Care Committee; GP Federations; Public Health As above
Uncertainty surrounding the move-on process **Reduced access to healthcare after move-on from asylum accommodation**	7. Promote multilingual guidance about the move-on process and how to access health and wellbeing support after moving on from asylum accommodation. For example, by funding VCS in-reach projects and promoting Praxis A Migrant's Guide and Groundswell 'My rights to healthcare' cards in asylum accommodation.	Short term	Southwark Community Support Team; Guy's & St. Thomas' Health Inclusion Team
High risk of homelessness for	8. Commission a homelessness prevention service for single refugees, for example Bridges Outcomes Single Homeless Prevention	Long term	Southeast London Integrated Care Board; Southwark Council

newly recognised refugees Limited regulation in the private rented sector	9. Evaluate the Refugee Rent Deposit scheme and share how learnings will be implemented. 10. Strengthen enforcement and awareness of tenants' rights under the Renters' Rights Act 2025 for newly recognised refugees by providing clear information on new protections and landlord obligations and practical support including Southwark Private Renters Forum and the Private Rented Sector Ombudsman.	Medium term Short term	Housing and Modernisation team Southwark Council Private Landlord Team Southwark Council Community Support Team
Lack of communication between housing and other services (e.g. health, VCS)	11. Establish robust communication channels between housing officers and other agencies (e.g. VCS, healthcare services), providing up-to-date contact details and notification of staff changes. 12. Increase VCS, health services and Southwark Council teams' participation in Southwark Private Renters' Forum to support	Short term Short term	Southwark Council Housing Solutions Team; Public Health; Guy's & St. Thomas' Health Inclusion Team As above

	advocacy for refugees who are private renting or seeking private rented accommodation.		
Poor quality housing negatively affecting health	13. Align definition of key terms 'vulnerability' and 'priority need' used by housing teams with Shelter guidance and case law to ensure care and support needs are met under the Care Act 2014. 14. Commission a Community Embedded Worker role to provide specialised mental health support for migrants and refugees in collaboration with VCS organisations. 15. Ensure the redevelopment of community mental health services explicitly addresses the needs of refugees and asylum seekers, including dedicated funding for VCS organisations supporting these groups.	Short term Long term Medium term	Southwark Council Refugee Resettlement Team; Adult Social Care Southeast London Integrated Care Board; South London and Maudsley NHS Foundation Trust As above
Heavy reliance on under-resourced VCS and lack of	16. Provide core, long-term funding for VCS groups supporting migrants and refugees, including smaller organisations, and support collaboration between groups.	Long term	Southeast London Integrated Care Board; Southwark Council

wellbeing support for staff and volunteers	17. Commission wellbeing support for VCS groups offering services for refugees and asylum seekers.	Medium term	Community Support and Family Early Help Teams; Public Health South London and Maudsley NHS Foundation Trust; Southeast London Integrated Care Board
Demand for legal advice significantly exceeds supply	18. Increase provision of free legal and immigration advice, including specific advice for homeless refugees, by funding VCS delivery partners and creating a referral pathway from VCS organisations to pro bono services such as King's College London Legal Clinic.	Medium term	Southwark Council Community Support Team; Trusts and Foundations
Newly recognised refugees struggle to find employment	19. Commission a bespoke employment service for refugees and migrants, including asylum seekers preparing to receive the right to work. For example, Refugees Better Outcomes Partnership	Long term	Southwark Council Community Support/Borough of Sanctuary Partners

One year from now, I hope to be...

"I hope to be in a different situation. I am always anxious about my status, knowing that my situation here depends on another person's decision. I would love to have my right to work because I usually lie to friends saying that I have my own house, instead of saying that I live in a hotel."

"We hope to soon live in a house where we can cook our own food."

"I want my life to change for the better."

"I would like to feel better mentally"

"I used to teach Mathematics in secondary school. I would like to improve my English so I can teach again."

"I want to improve my English as I feel it is preventing me from taking part."

"I want my family to eat well"

"I want to use my education, regain my independence and improve my quality of life."

"I want to contribute to society"

"I hope to move back to Southwark."

"I would be very happy if I could be reunited with my husband, secure better accommodation, finish my courses, and get a full-time job to help people in similar situations."

5. Next Steps

We will share this report with key stakeholders including:

Partners	Type
Guy's & St. Thomas' Trust; Southwark Adult Social Care; Southwark Council; Southwark Wellbeing Hub; Primary Care Committee; Southwark Culture Health and Wellbeing Partnership; South London and Maudsley NHS Foundation Trust	Service Delivery
Partnership Southwark; Impact on Urban Health; Southeast London Integrated Care Board; Southwark Council; City Bridge Trust; and other trusts and foundations	Funding
Southwark Health and Wellbeing Board; Southwark Health and Social Care Scrutiny Committee; Citizens UK Health and Housing Coalition	Governance

We will publish a summary version of this report in all languages used by our research participants. These resources will be available on Healthwatch Southwark's website and shared directly with participants.

Statutory partners will be asked to provide formal responses to the recommendations in this report. Responses will also be published on Healthwatch Southwark's website.

To track progress, we will complete follow-up reviews with partners six and 12 months after publication. Participants will receive updates outlining the impact of our work. In addition, a one-year progress update will be shared publicly on our website and social media channels.

References

British Red Cross. 2018. "Still an ordeal – the move-on period for new refugees." Accessed online 9th February 2026, https://assets.redcross.org.uk/82b1e254-5524-0172-0612-9ce813c7824c/ce558ad4-38f8-4867-98f8-7fe4c59de717/Move-on-period-an-ordeal-for-refugees.pdf

Department of Health and Social Care. 2024. "Independent investigation of the NHS in England." Accessed online 9th February 2026, https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england

Groundswell. 2023. "Improving the health of people living in Temporary Accommodation in London." Accessed online 9th February 2026, https://tfl.ams3.cdn.digitaloceanspaces.com/media/documents/Improving-the-health-of-people-living-in-Temporary-Accommodation-in-London-Sep23.pdf

Homeless Link. 2026. "Updates on asylum move-on period." Accessed online 9th February 2026, https://homeless.org.uk/news/updates-on-asylum-move-on-period/

House of Commons. 2025. "Children in temporary accommodation inquiry." Accessed online 9th February 2026, https://committees.parliament.uk/work/8555/children-in-temporary-accommodation/publications/

Impact on Urban Health. 2025. "Routes to impact for temporary accommodation." Internal document.

IVAR. 2025. "Exploring experiences and barriers in seeking mental health support among male asylum seekers in hotel accommodations." Accessed online 9th February 2026, https://www.ivar.org.uk/publication/exploring-experiences-and-barriers-in-seeking-mental-health-support-among-male-asylum-seekers-in-hotel-accommodations/

London Assembly. 2024. "London's temporary accommodation emergency - housing committee." Accessed online 9th February 2026, https://www.london.gov.uk/sites/default/files/2024-

03/Housing%20Committee%20-%20Temporary%20Accommodation%20report.pdf

London School of Economics. 2023. "Poor housing conditions may lead to early onset of long-term care needs in England." Accessed online 9th February 2026, https://www.lse.ac.uk/news/latest-news-from-lse/d-april-2023/poor-housing-conditions-may-lead-to-early-onset-of-long-term-care-needs-in-england

Marmot, M. 2010. "Fair society, healthy lives: The Marmot review: Strategic review of health inequalities in England post-2010". Institute of Health Equity. Accessed online 30th March 2026, https://www.parliament.uk/globalassets/documents/fair-society-healthy-lives-full-report.pdf

Medact. 2025. "Home, sick, home: Frontline views on the public health crisis of unhealthy homes." Accessed online 9th February 2026, https://www.medact.org/2025/resources/reports/home-sick-home/

Shelter. 2004. "Sick and tired: The impact of temporary accommodation on the health of homeless families." Accessed online 9th February 2026, https://assets.ctfassets.net/6sxvmndnpn0s/2v7vmNIMnPDfqQXRLkfUtq/b0e83dd39d63cae76aacfe4db8d03d49/Research_report_Sick_and_Tired_Dec_2004.pdf

Shelter. 2023. "Still living in limbo: Why the use of temporary accommodation must end." Accessed online 9th February 2026, https://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/still_living_in_limbo

South East London Integrated Care System. 2024. "Housing and health: a partnership for change." Accessed online 9th February 2026, https://www.selondonics.org/housing-and-health-a-partnership-for-change/

Southwark Council. 2023. "The Health & Wellbeing of Asylum Seekers and Refugees in Southwark Southwark's Joint Strategic Needs Assessment." Accessed online 9th February 2026, https://www.southwark.gov.uk/public-health-and-safety/health-and-wellbeing/public-health/southwark-insight-hub/joint-strategic

Southwark Council. 2024. "Southwark sanctuary framework 2024-2027." Accessed online 9th February 2026,

https://www.southwark.gov.uk/sites/default/files/2025-02/lbs_-_sanctuary_framework_action_plan_002.pdf

Southwark Council. 2025. “Temporary accommodation and health. Southwark’s Joint Strategic Needs Assessment.” Accessed online 9th February 2026, https://www.southwark.gov.uk/sites/default/files/2025-11/Temporary-accommodation-and-health.pdf

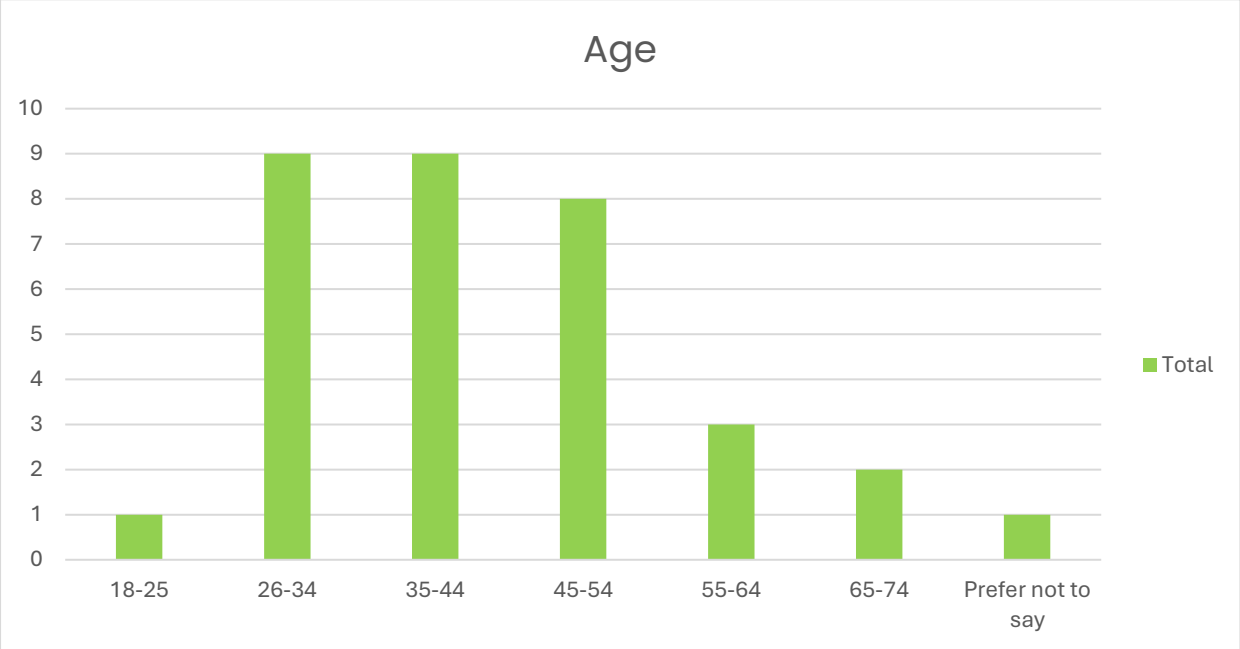
Trust for London. 2024. “How the temporary accommodation crisis is affecting Londoners health and wellbeing.” Accessed online 9th February 2026, https://trustforlondon.org.uk/news/how-the-temporary-accommodation-crisis-is-affecting-londoners-health-and-wellbeing/

UNHCR UK. 2024. “An uncertain future, a journey through the move on period” Accessed online 9th February 2026, https://www.unhcr.org/uk/media/uncertain-future-journey-through-move-period

Appendices

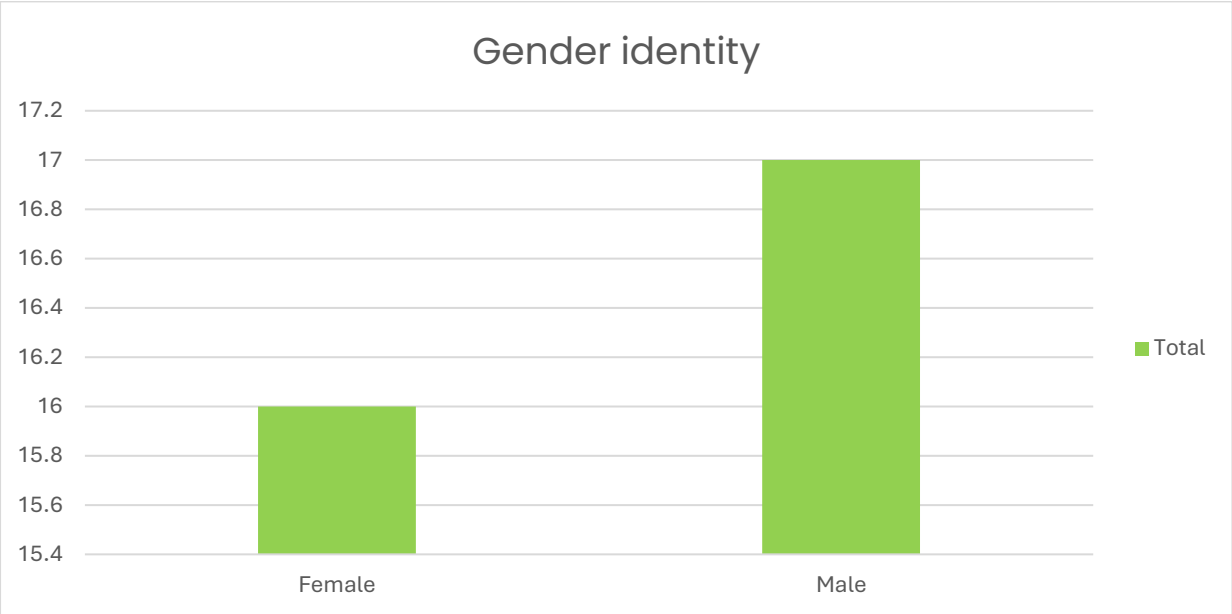
Appendix 1- Equalities Data[3]

Age

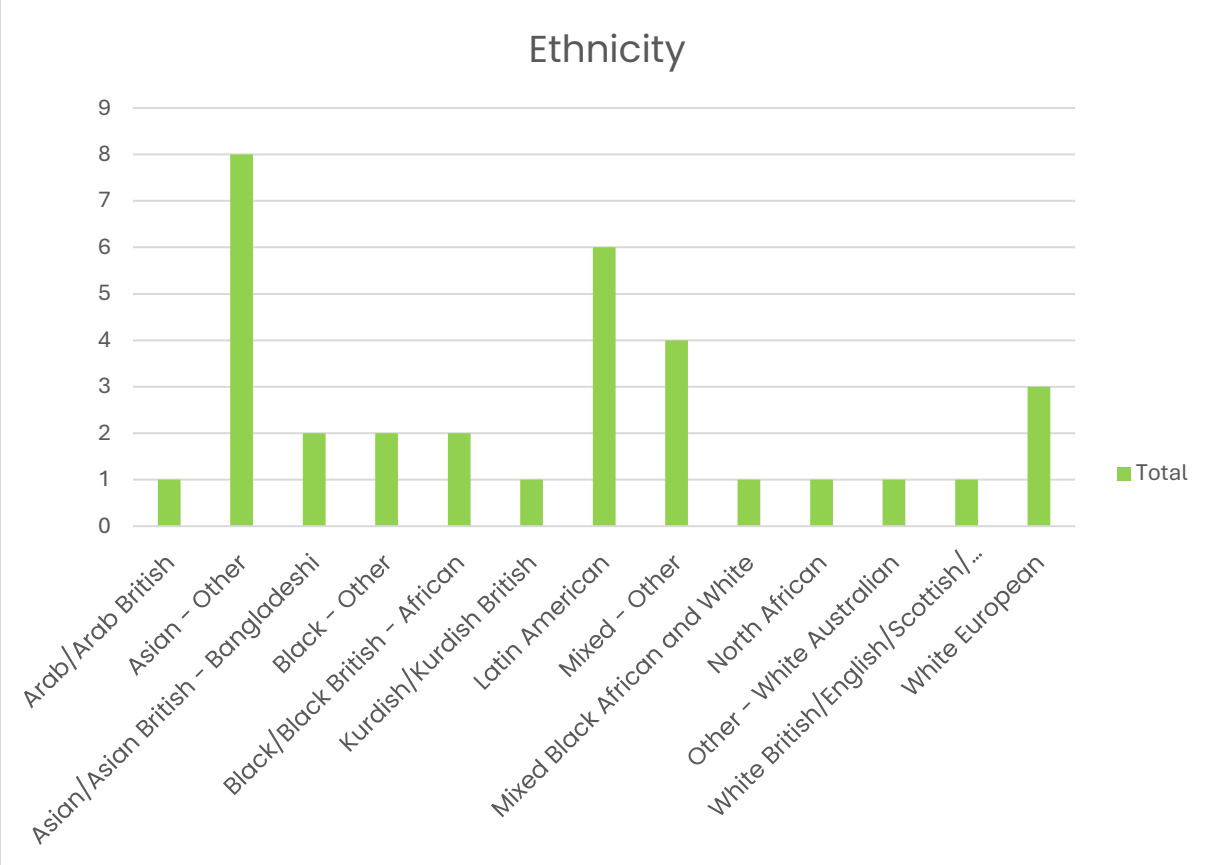


[3] Equalities data is shared voluntarily by participants. This data represents 28 out of 30 lived experience participants, and five out of 11 staff and volunteer participants.

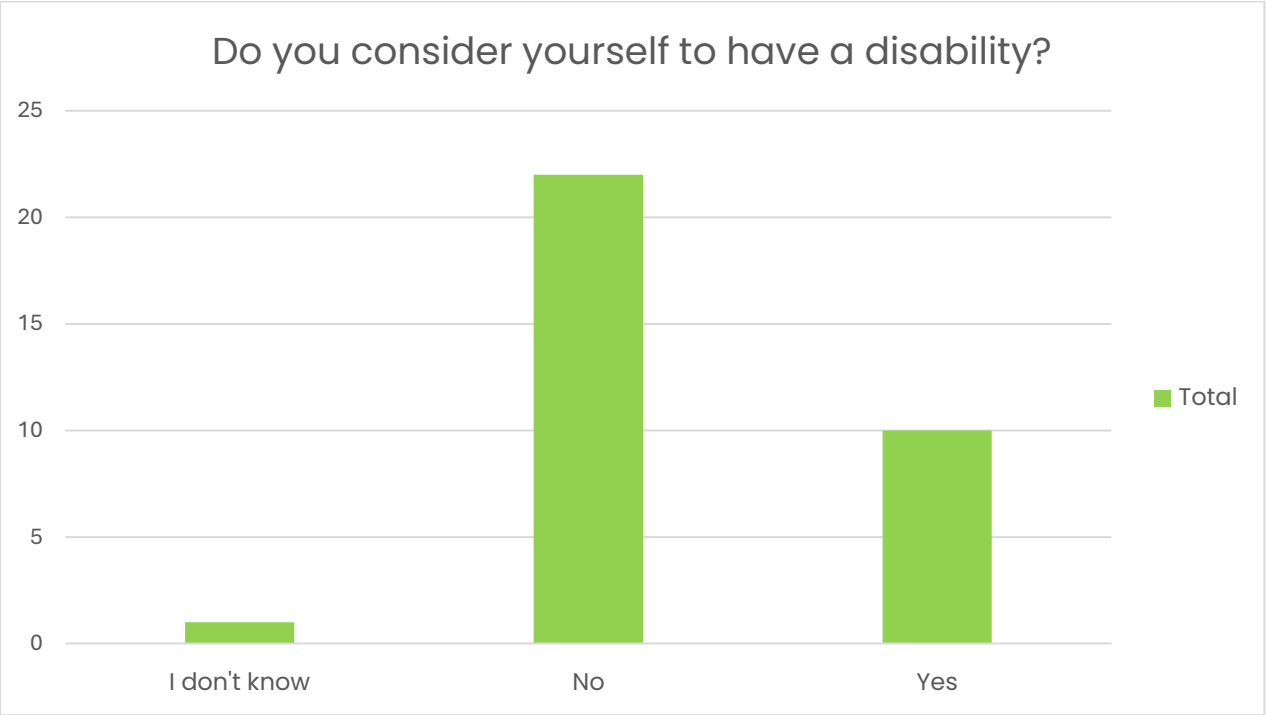
Gender identity



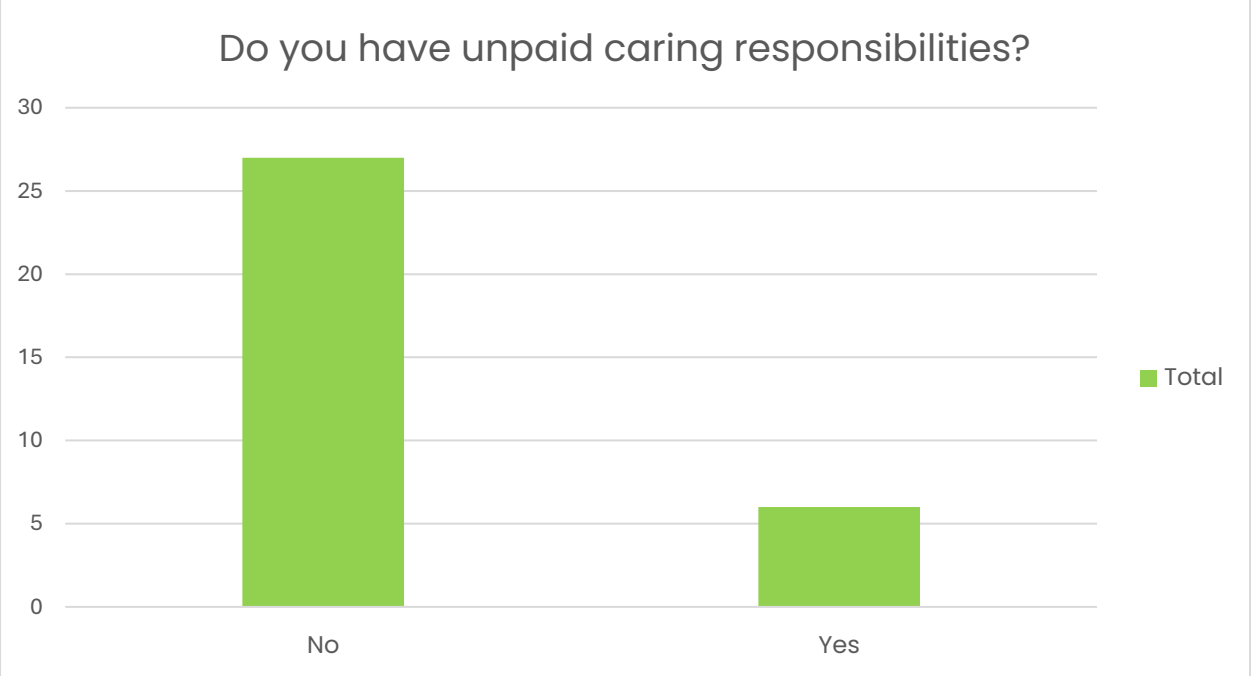
Ethnicity



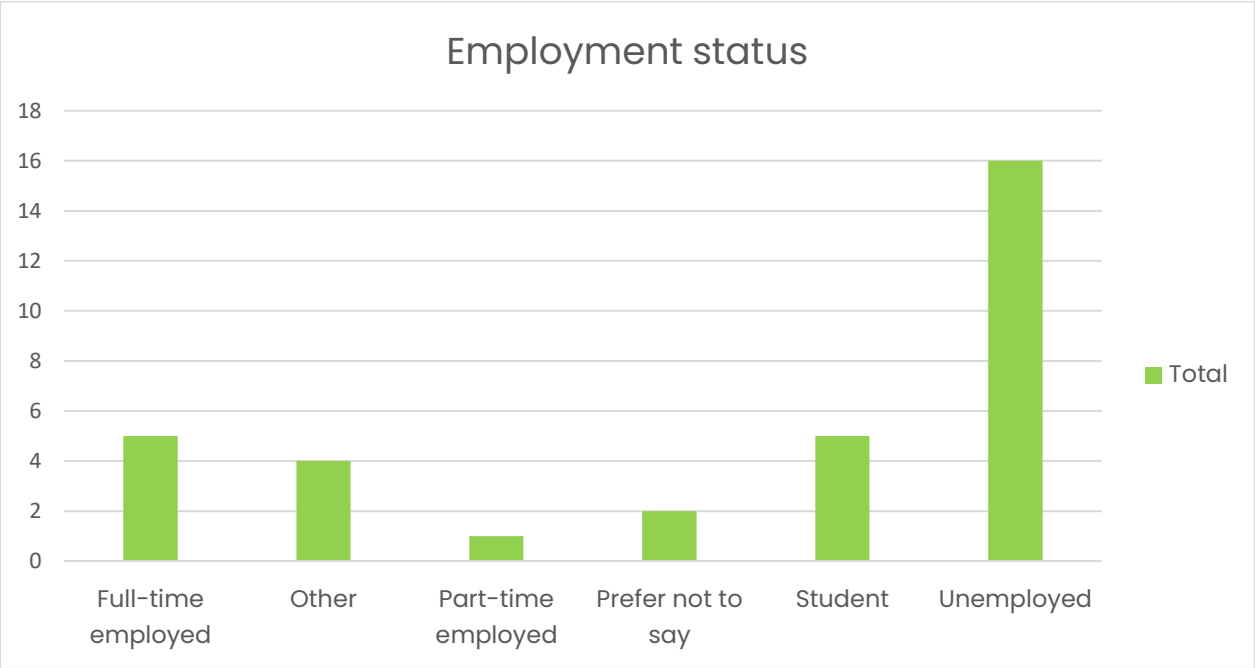
Disabilities



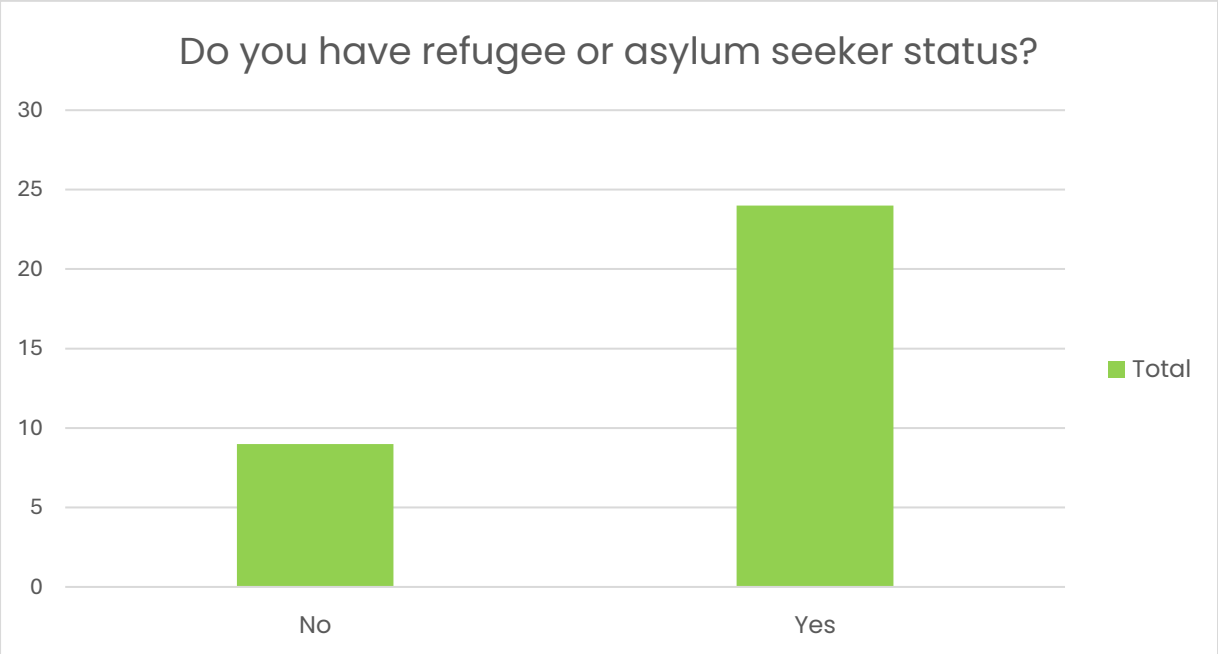
Unpaid Caring Responsibilities



Employment Status



Refugee or asylum seeker status



Partnership Southwark Strategic Board
Cover Sheet

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

Item: 5
Enclosure: 4

Title:	**Changes to Partnership Southwark governance arrangements**
Meeting Date:	**23rd September 2026**
Author:	Gabi Darby
Executive Lead:	Gabi Darby, Place Executive Lead and Nancy Kuchemann, Co-chair of Partnership Southwark Strategic Board

Summary of main points

There are three changes which are converging and which collectively require us to consider our governance arrangements within Southwark. These are (i) the ICB reforms which lead to a change in Committee structure (ii) Changes in Council senior structures which remove the Strategic Director post for Health and Care and (iii) The NHS Modernisation Bill and Neighbourhood Health Framework which place a set of asks on HWBBs to develop and oversee delivery of a Neighbourhood Health Plan.

From 1st October changes to ICB governance will be implemented. Local Care Partnership (LCP) Boards, including Partnership Southwark Strategic Board, will no longer be sub-committees of the SEL ICB board. Previous delegation arrangements – with Partnership Southwark having responsibility for Southwark place finance and performance will cease. The ICB has established new committees for Strategic Commissioning and Neighbourhood Health and these committees both tie into Place structures through delegated arrangements to Place Executive Leads. There will be a SEL ICB Primary Care Committee which reports in to the Strategic Commissioning Committee to provide consistent oversight of the national GP contract.

Given these changes it should be noted that in Southwark:

- The Partnership Southwark Strategic Board (PSSB) ceases to be a formal committee of the ICB from October
- The Integrated Governance and Assurance Group (IGAC), a subcommittee of PSSB, will be dis-established, and its function absorbed into the ICB SMT
- The Primary Care Committee in Southwark will be maintained through to April 2027, but with the intention that this becomes part of a holistic population-based Place Commissioning approach

The ICB will work with the Council to agree governance around a strong Place Commissioning Function that secures high-quality services for residents, making best use of the collective Southwark pound. The integrated commissioning function will be jointly accountable to the ICB and the Council, and officers are exploring how S75 and governance forums may best be used to support these arrangements.

The Health and Wellbeing Board met on 17th September and explored its role in development and oversight of a Neighbourhood Health Plan – which will include nationally mandated elements alongside local priorities. It is proposed that the PSSB prepare themselves to be the Executive Delivery group for this plan and that the group be renamed as the Southwark Neighborhoods Partnership Board to reflect this, with considerations of constitution and the terms and reference to follow in due course. This removes the need for a separate Neighbourhood Transformation Board.

It is anticipated that there will be a need for a refreshed set of focussed Partnership Boards to support the effective co-design and transformation of services for children and adults, in line with the overall Neighbourhood plan, and supporting the alignment of individual organisational transformation plans into an effective whole.

Over time responsibility for neighbourhood health is expected to transition from the ICB to Integrators and Integrator Partnerships (currently hosted by GSTT in Southwark in partnership with the Southwark Primary Care Alliance.) As such these arrangements will be reviewed annually, though it is currently expected that by 2028 the main functions will have transferred.

Item presented for (place an **X** in relevant box)	Update	Discussion	Decision
		x	x

Action requested of PSSB
To note the proposed changes outlined in this paper.

Anticipated follow up
To develop terms of reference for the Southwark Neighbourhood Partnership Board.

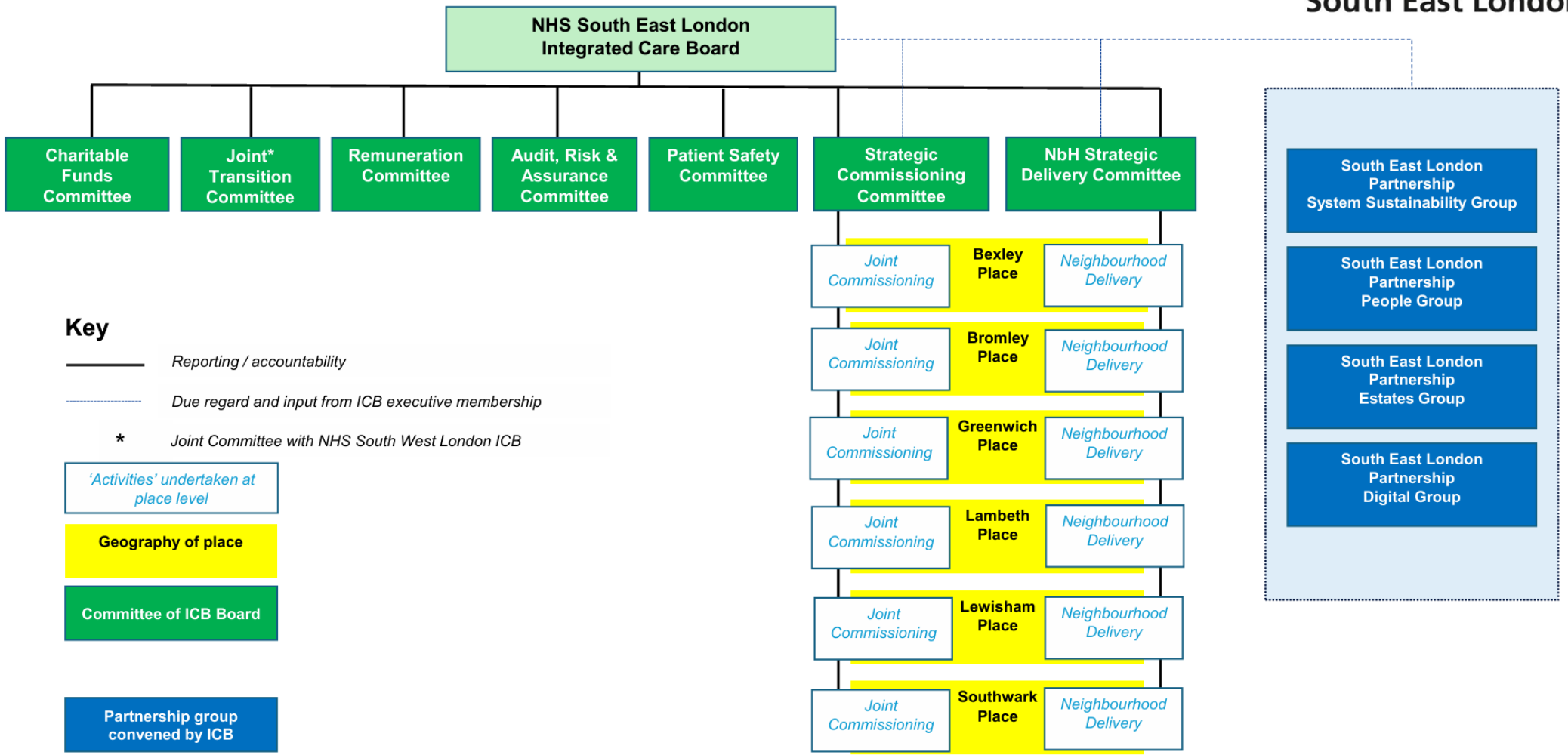
Links to Partnership Southwark Health and Care Plan priorities	
Children and young people's mental health	**X**
Adult mental health	**X**
Frailty	**X**
Integrated neighbourhood teams	**X**
Prevention and health inequalities	**X**
Access to General Practice	**X**

Item Impact			
Equality Impact	*No negative impact on inequalities is anticipated as a result of these changes*		
Quality Impact	*No negative impact on quality is anticipated as a result of these changes*		
Financial Impact	*Cost neutral*		
Medicines & Prescribing Impact	*No anticipated impact on medicines and prescribing*		
Safeguarding Impact	*No anticipated impact on the needs of vulnerable children, young people and adults as a result of these changes.*		
Environmental Sustainability Impact (See guidance)	**Neutral**	**Positive**	**Negative**
	X	.	

Describe the engagement has been carried out in relation to this item
This is a continuation of the governance review which was paused in early 2026 due to the broader review of ICB governance which concluded in July 2026, as agreed at the Partnership Southwark Strategic Board meeting in January 2026.

SEL ICB top-level governance structure

South East London



Key

- *Reporting / accountability*
- *Due regard and input from ICB executive membership*
- * *Joint Committee with NHS South West London ICB*
- *'Activities' undertaken at place level*
- **Geography of place**
- **Committee of ICB Board**
- **Partnership group convened by ICB**

Partnership Southwark Strategic Board
Cover Sheet

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

Item: 6
Enclosure: 5

Title:	**Strategic Director for Integrated Health and Care/Southwark Place Executive Lead report**
Meeting Date:	**24/09/2026**
Author:	Gabi Darby (Place Executive Lead)
Executive Lead:	Gabi Darby (Place Executive Lead)

Summary of main points
This report details key events and activities, that are relevant to Partnership Southwark, that have taken in the past two months.

Item presented for (place an **X** in relevant box)	**Update**	**Discussion**	**Decision**
	X		

Action requested of PSSB
To note the report and updates.

Anticipated follow up
n/a

Links to Partnership Southwark Health and Care Plan priorities	
Children and young people's mental health	**x**
Adult mental health	**x**
Frailty	**x**
Integrated neighbourhood teams	**x**
Prevention and health inequalities	**x**
Access to General Practice	**x**

Item Impact	
Equality Impact	The report includes an update on a number of items that impact on health inequalities including the neighbourhood development programme and Work Well programme.

Quality Impact	The report refers to the Integrated Assurance Report from the Integrated Governance and Assurance Committee which oversees quality reporting for the board.		
Financial Impact	The report refers to the Integrated Governance and Assurance Committee which includes financial monitoring.		
Medicines & Prescribing Impact	The report refers to the Integrated Assurance Report from the Integrated Governance and Assurance Committee which oversees medicines optimisation.		
Safeguarding Impact	The report refers to the Integrated Assurance Report from the Integrated Governance and Assurance Committee which oversees delegated safeguarding responsibilities.		
Environmental Sustainability Impact (See guidance)	**Neutral**	**Positive**	**Negative**
		The report refers to a number of initiatives that will improve prevention and reduce the need for carbon intensive acute based care. e.g. Integrated Neighbourhood Teams.	

Describe the engagement has been carried out in relation to this item
N/A

Partnership Southwark

SOUTHWARK PLACE EXECUTIVE LEAD REPORT

This report is for discussion and noting; to update the Board on key highlights on Partnership Southwark and the delegated functions.

Southwark Health and Wellbeing Board - September

The Health and Wellbeing Board Health and Wellbeing Board met on 17th September and several agenda items were highly relevant to the delivery of Partnership Southwark priorities, including;

- The Joint Strategic Needs Assessment (JSNA) annual report 2026, which contains valuable intelligence to underpin strategic commissioning and neighbourhood health development, including a link to updated neighbourhood health profiles.
- A joint paper on next steps in developing the Southwark Neighbourhood Health Plan for 2027/28, a cornerstone of the 10 Year Health Plan for England. Subject to legislation the neighbourhood health plan will replace the current Health and Wellbeing Strategy. The agreed approach includes:
    - Focusing on a small number of cross cutting priorities
    - Including an action plan with clear accountability focussed on prevention
    - Borough-wide actions to be delivered via neighbourhood specific approaches
    - Strengthen existing and emerging work to avoid overstretching system capacity
- The Council Vision "Affordable, Safe and Green" which sets out the priorities of the new joint administration for the next 4 years.
- The Better Care Fund plan 2026/27 for the provision of community based health and care services, which was approved by the board (as per details set out in Partnership Southwark March board meeting papers).
- State of Urban Health research report on addressing health equity in Southwark.
- Crisis and Resilience Fund update, including proposals for Financial Support Workers based within Integrated Neighbourhood Teams.
- Alignment between the Southwark Maternity Commission and learnings from the Ockenden Review of Maternity Services and the National Maternity and Neonatal Investigation
- Southwark Local Sexual and Reproductive Health (SRH) and HIV Action Plan (2026 - 2028)
-

Southwark Neighbourhood Programme

Southwark continues to make progress in embedding Integrated Neighbourhood Teams (INTs) as the foundation for neighbourhood health delivery. During this period, partners have focused on strengthening multidisciplinary neighbourhood working, with INT workforce recruitment progressing and majority of INT leads now in place to support local delivery.

VCSE anchor organisations have been confirmed within each neighbourhood, helping to strengthen community-led approaches and improve connections between residents and

local support. Pembroke House has also been confirmed as the lead coordinator of the VCSE organisations to facilitate the sharing of learning across neighbourhoods and with health and care partners. During July, neighbourhood level events were held with general practice, integrator and INT staff, with good attendance and useful feedback which will inform staff engagement planning locally. The Strategic Investment Fund (SIF) proposals approved by SEL ICB are now moving into the mobilisation phase, with implementation planning underway across partners. In addition, Southwark and Lambeth were successful in securing funding for four 'Pushing the Boundaries' initiatives, which will test and evaluate innovative neighbourhood approaches focused on maternity, children and young people, high-intensity users of services, and reactive care. These programmes provide an opportunity to further develop and strengthen Integrated Neighbourhood Team (INT) models, generate learning, and support improved outcomes for residents through more proactive, coordinated and person-centred care. The forthcoming Southwark Neighbourhood Health launch event at the Tessa Jowell Health Centre, will bring together partners and stakeholders to showcase progress, build momentum and support the next phase of neighbourhood health development.

Southwark's participation in the National Neighbourhood Health Implementation Programme (NNHIP) continues to provide valuable national support and learning, with Phase 2 focused on scaling and embedding neighbourhood-based models, strengthening system enablers, and supporting sustainable delivery at scale. The programme will release a national blueprint to support wider sites to deliver neighbourhood working later this year.

Southwark GP Premium Refresh

As reported at the last meeting, the Southwark GP Premium is a key mechanism for driving quality improvement and transformation in general practice, supporting delivery of the Southwark Neighbourhood Health Model. Following a comprehensive review, the scheme has been aligned with borough, SEL and national priorities while maintaining existing investment. The revised GP Premium contract will commence from 1st October 2026 until 31st March 2029. Since the last meeting, all GP practices in Southwark have now signed up to the revised Premium.

HSJ Award shortlist

The Independent Prescribing pathfinder project – 'Prescribing for Better Hypertension Outcomes', an innovative collaboration between the ICB, Quay Health Solutions, and Bonamy, Medica and Day Lewis Pharmacies in north Southwark, has been shortlisted for an HSJ award in the category 'Medicines, Pharmacy and Prescribing Initiative of the Year'. The award ceremony will be held in London on 19th November. Congratulations to the many people involved in making the project a success.

Staffing Update/ ICB Change Programme

Significant recruitment has been underway in August and September to recruit staff into roles in the new ICB structure.

Most of the roles in the Neighbourhood Team have been filled, with just the Clinical Leads, Planning Manager and Business Support officer roles yet to be confirmed. Many of the roles have been filled with existing Southwark staff which will help ensure business continuity during the transition to the new structure.

Gabi Darby has joined as the Place Executive Lead for Southwark. She brings experience from the equivalent role in Greenwich, as well as previous work in the NHS England national team, and commissioner and provider organisations in North West London and will also be working with the South East London-wide team on a number of strategic projects.

The Integrated Commissioning Team now has joint accountability to the Strategic Director for Children and Adults, David Quirke-Thornton, and Gabi Darby as the incoming Place Executive Lead.

Gabi Darby

Place Executive Lead

Appendix 1 – Partnership Southwark Strategic Board (PSSB) Sub-Group Report

Integrated Governance and Assurance Committee (IGAC)

Agenda Items of Note

Meeting date 10 September 2026

Agenda item	Items discussed
Deep Dive: Cancer Screening	The committee reviewed a SEL deep dive report on cancer screening that had previously been presented to the ICB executive committee. Nikki McFarlane (cancer facilitator and CCPL) summarised some key issues, initiatives and challenges in relation to Southwark's screening rates. Issues discussed included; ensuring clear next steps for hand over given the reduction in the CCPL role, developing links between the cancer facilitator, the primary care team and public health, identifying the most effective interventions and the emerging opportunity for the neighbourhood health model to incorporate screening objectives as part of the population health approach.
Integrated Assurance Report	The committee reviewed the Integrated Assurance report covering performance, quality, safeguarding, risk, CHC and medicines optimisation. Highlights of the report and key discussion points are attached in **Annex 1**.
Finance Report	The committee noted the Southwark 2026-27 month 4 financial position which reflects a forecast breakeven position. This includes £160k overspend on Mental Health Services, £123k overspend on Community Health Services offset by £282k underspend on Continuing Health Care (CHC). The key risks within the 2026-27 Southwark Place finance position include exponential growth in referrals to independent sector providers for ADHD & ASD assessments and Mental Health cost per case placements
Procurement update	The committee received a verbal update on procurement processes underway led by the Primary and Community Care team.
Governance Update	It was noted that under the ICB governance review (reported to the ICB board in July) Local Care Partnerships will cease to be formal sub-committees of the ICB board. As a result of these changes the Integrated Governance and Assurance Committee, which focuses on the delivery of

	delegated ICB responsibilities, will cease to be a sub-committee of Partnership Southwark. Instead, the work of IGAC will be undertaken through the Senior Management Team, reflecting the delegation of responsibilities to the Place Executive Lead.

Annex 1 to IGAC Sub-committee report

Integrated Assurance Report – key issues discussed at the Integrated Governance and Assurance Committee (IGAC) 10/9/26

EXECUTIVE SUMMARY

1. The Integrated Assurance Report is reviewed in detail by IGAC before being presented in a summarised form to the Partnership Southwark Strategic Board. This summary highlights the key issues raised in the sub-committee discussion.

2. The report provides assurance to the Board on delivery of delegated ICB responsibilities including performance metrics, SEND, safeguarding, quality, risk, medicines optimisation and continuing healthcare.

3. Overall assurance remains positive across the majority of delegated ICB responsibilities. Performance has improved in several priority areas and areas of challenge are clearly identified. IGAC is satisfied that appropriate improvement plans are in place and will continue to monitor these areas closely.

KEY ISSUES FOR CONSIDERATION

4. **Section 1.1 Performance metrics – SELICB place level targets report**

- **Talking Therapies (IAPT):** latest data for June 2026 shows the key targets on reliable improvement and reliable recovery are no longer being met and are significantly below other SEL boroughs. As reported in the last meeting, performance had improved to target levels in March and April after a sustained period below target, but this has clearly not been maintained. However, the target for the number of people using the service continues to be met, which is significant. The service was subject to an IGAC deep dive in March.

- **SMI physical health checks:** The previous report confirmed that the 2025/26 year-end figure of 67% fell short of the 75% target. The latest report shows that Q1 2026/27 was 56.3% - a very similar value to Q1 last year and 1% above the

SEL average. For 2026/27 this metric is part of the NHS oversight framework and performance is banded between band 1 >68% and band 4 <55%. For Southwark 68% should be the aspiration given 67% achieved last year.

- **Continuing Health Care:** Q1 data show that Southwark fell marginally (1%) below the 80% target for assessment timescales. The delegated officer report for CHC provides assurance that this is back on track with over 80% achieved each month from May to August.

- **Childhood immunisations:** this area was subject to a deep dive at the last meeting highlighting some of the issues driving performance below national targets and the actions in place to maximise uptake. No new data has been published since the last report.

- **Learning disabilities and autism – annual health check and health action plan:** For 2026/27 the target has been tightened up to measure just those who have had a health check and a health action plan. Southwark is comfortably ahead of target as at June.

- **Cancer Screening**: No new data since last report. However, on the IGAC agenda there was a separate deep dive item on cancer screening rates which provided an in depth look at local challenges, risks and initiatives to improve take up.

- **Patients with hypertension**: final published data local data shows a Q4 position of 73.7% (improved on the 68.6% reported for Q3). This is slightly higher than the SEL average but below the corporate objective target of 80%. Local unvalidated data shows this dropping to 70% in July 2026.

- **Adult flu immunisations:** the data in the dashboard relates to the 2025 flu campaign. The focus will be on improving performance in the 2026 campaign towards the national targets (75% for over 65s, compared to 55% in 2025/26. Local trajectories tbc).

- **Clinically urgent appointments seen on the day of booking**: This is the second report incorporating this new key same day access metric for 2026/27, replacing the 2 week measure previously reported. The July data shows a rate of 71.3%, an improvement on the May data of 67.1%, compared to an average of 79.5% for SEL and a planning trajectory of 74% for July (which rises incrementally during the year to 90% by March). Further analysis has been undertaken which confirms a very high level of practice variation in both performance and the proportion of appointments being classed as urgent. The primary care team will continue to work with practices on data quality issues.

- **Numbers of GP appointments:** The rate of appointments of 367 per 1000 population for July is lower than the SEL average of 417. However, the analysis of underlying GP data shows that this data is of low quality, with inconsistent recording of appointment activity and exclusion of local Enhanced Access Hub data which will continue to be addressed as part of the access data improvements.

5. **Section 1.2: Operational Plan targets**

- Continued improvement in Q4 on the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance consolidating a significant improvement since 24/25.

- The June data on the proportion on the Community Health waiting list for under 18 weeks has shown a marked improvement since Q4 from 56% to 72.5%, which is a strong platform for progressing towards the year end target of 78%.

- This scorecard also incorporates hypertension, primary care access and IAPT targets discussed in the place report.

6. **Section 1.3 Better Care Fund Targets**

- April and May data shows that non-elective admissions for over 65's are materially higher than the target levels which were based on Trust trajectories, which reflected relatively ambitious reduction targets. This is being explored with the acute performance team.

- Latest data on discharge delays for Southwark patients is in line with targets and peer group performance, which is a considerable improvement since the issue was subject to a board deep dive in November 2025. It should be noted that the underlying data at trust level is considerably stronger for GSTT than it is for Kings. This is discussed with trusts through the SEL acute performance team.

- Permanent care home admissions in Q1 totalled 50 against a target equivalent to 42 per quarter on average. However, this is a relatively volatile indicator and it is difficult to draw conclusions on performance on one quarter alone.

7. **Section 1.4 Health and Care Plan Priorities Dashboard**

- CYP mental health 4 week waits (all first contacts who were seen within 4

weeks) declined from the encouraging peak of 78% in March to 67% in April and 68% in May.

- Adult mental health waits data for 2026/27 is not yet available on the SEL dashboard, and there has been a downward revision of the March position, now at 65% for all contact types, confirming a general decline since the peak in October 2025/26.

- The frailty dashboard is to be redeveloped alongside the INT dashboard to correspond to neighbourhood health priorities and dashboard developments for 2026/27.

8. **Section 2: SEND ICB dashboard report**

- Q1 shows strong performance on provision of health information for assessments within 6 weeks including a high of 98% for community paediatrics, although draft data for Q2 to August shows a slight decline.

- Performance on 18 week waits and average waits is also robust, showing continued improvement in community paediatrics 18 weeks measure at 63%, up from 31% at the start of 2025/26.

9. **Section 3: Southwark Risk Register Update**

- The report sets out the latest risk register and key changes following the recent round of reviews. The main change from the previous register is the escalation of the risk relating to staff capacity potentially impacting on core business, including procurement processes and governance. This links to the high rate of turnover, vacancies and new staff in the integrated commissioning team.

10. **Section 4: Delegated leads report**

- CHC and Medicines Optimisation reports were noted by IGAC.

11. **Quality reporting**

- There was a discussion with the Head of Quality about the future of quality assurance reporting following the ICB reforms. Tailored place based quality reports will no longer be provided under the reduced structure. The group agreed on the importance of ensuring that revised arrangements for delivering quality services minimise the risks associated with the reduction in team

capacity. This is to be subject to management review in one month.

12. **Safeguarding report Q1**

- There were no issues to escalate to IGAC in the Q1 Safeguarding report that had been reviewed by the management team.

Southwark Local Care Partnership
LCP performance data report

August 2026

Provided by SEL Assurance team 28/08/2026

South East London Integrated Care System

Southwark performance overview

NHS South East London

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↓	Jun-26	National standard	66.7%	70.5%
IAPT discharge	↑	Jun-26	Operating plan	360	390
IAPT reliable improvement	↓	Jun-26	Operating plan	69.0%	63.0%
IAPT reliable recovery	↓	Jun-26	National standard	51.0%	42.0%
SMI Healthchecks	↓	Q1 - 26/27	NOF	NOF banding*	56.3%
PHBs	↓	Q1 - 26/27	LTP indicative trajectory	277	192
NHS CHC assessments in acute	↔	Q1 - 26/27	National standard	0.0%	0.0
CHC - Percentage assessments completed in 28 days	↑	Q1 - 26/27	National standard	80.0%	79.0%
CHC - Incomplete referrals over 12 weeks	↔	Q1 - 26/27	National standard	0	0
Children receiving MMR1 at 24 months	↓	Q4 - 25/26	PH efficiency standard	90.0%	81.3%
Children receiving MMR1 at 5 years	↑	Q4 - 25/26	PH efficiency standard	90.0%	86.1%
Children receiving MMR2 at 5 years	↑	Q4 - 25/26	PH efficiency standard	90.0%	75.4%
Children receiving DTaP/IPV/Hib % at 12 months	↓	Q4 - 25/26	PH efficiency standard	90.0%	85.9%
Children receiving DTaP/IPV/Hib % at 24 months	↓	Q4 - 25/26	PH efficiency standard	90.0%	88.4%
Children receiving pre-school booster (DTaPIPV%) % at 5 years	↑	Q4 - 25/26	PH efficiency standard	90.0%	66.2%
Children receiving DTaP/IPV/Hib % at 5 years	↑	Q4 - 25/26	PH efficiency standard	90.0%	88.0%
LD and Autism - Annual Health Checks and Health Action Plan	↑	Jun-26	Local trajectory	191.1	230.0
Bowel Cancer Coverage (60-74)	↑	Apr-25	Corporate Objective	63.7%	63.3%
Cervical Cancer Coverage (25-64 combined)	↓	Jun-24	Corporate Objective	64.4%	63.6%
Breast Cancer Coverage (50-70)	↑	Apr-25	Corporate Objective	60.7%	60.7%
Percentage of patients with hypertension treated to NICE guidance	↑	Mar-26	Corporate Objective	80.0%	73.7%
Flu vaccination rate over 65s	↑	Feb-26	Corporate Objective	62.6%	55.2%
Flu vaccination rate under 65s at risk	↑	Feb-26	Corporate Objective	34.2%	34.1%
Flu vaccination rate – children aged 2 and 3	↑	Feb-26	-	-	39.7%
Clinically urgent appointments seen on the day of booking	↑	Jul-26	Operating plan	-	71.3%
Appointments in general practice and primary care networks	↓	Jul-26	Operating plan	-	129784.0
Appointments per 1,000 population	↓	Jul-26	-	-	367.0

*SMI health checks has been included as an ICB level metric in the 2026/27 NHS Oversight Framework. ICB performance is scored into four bandings:

- Band 1: ≥68%; Band 2: 60–67%; Band 3: 55–59%; Band 4: <55%

Integrated Assurance Report

IGAC / PSSB September 2026

Section 1.2

Additional Operational Plan measures

Operational Plan Priorities and Success Measures Dashboard - Place

Partnership Southwark

Operational Plan Priorities and Success Measures 25/26	23/24	24/25	24/25	24/25	24/25	25/26	25/26	25/26	25/26	26/27	26/27	period	Trend	Target 26/27	Benchmark	RAG	Comment
	year end	q1	q2	q3	q4	q1	q2	q3	q4	q1	q2						
7.1 Increase the % of patients with hypertension treated according to NICE guidance (local BI dashboard)	71%	69%	66%	67%	70%	68%	67%	70%	75%	70%		to July		80.0%	71% SEL		from BI dashboard. see also SEL report
7.2a Increase the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance - PCN South	n/a	29.5%	28.2%	38.9%	41.7%	43.1%	43.2%	46.1%	46.8%			To March		n/a	53% nat		No target set but above SEL average
7.2b Increase the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance - PCN North	n/a	39.2%	36.8%	34.7%	39.1%	41.9%	44.0%	45.8%	47.7%			To March		n/a	53% nat		No target set but above SEL average
Medium Term Planning Framework 26/27 -28/29 success measures																	
1.1 **Primary Care:** Same day appointments for all clinically urgent patients (face to face, phone or online) - subject to consultation										69%	71%	to Jul		90% March 2027	73.2& SEL		Jul target 74%.
1.2 **Primary Care:** Improved patient experience of access to general practice (ONS Health Insights Survey)														Improve year on year			seeking baseline at place level
2. 1 **Community Health:** Address long waiting times for community health services - activity within 18 weeks (% on waiting list for less than 18 weeks)							52.8%	54.1%	56.40%	72.50%		Jun-26		78% in 26/27			Published data. 5431 out of 7491 on waitying list under 18 wks
3. 1 **Mental health:** Expand coverage of mental health support teams (MHSTs) in schools and colleges (including teams in training)										tbc				77% in 26/27			93% 28/29, 100% 2029
3.2**: Mental health:** NHS Talking Therapies and Individual Placement and Support:																	See SEL reports on IAPT
3.2.1 IAPT Discharges									375	390		Jun-26		358			See SEL reports on IAPT
3.2.2 IAPT relaible recovery									42%	42%		Jun-26		51%			
3.2.2 IAPT relaible imporvement									62%	63%		Jun-26		69%			target updated
3.3 Individual Placement and Support										tbc				tbc			baseline tbc
3.4 Eliminate inappropriate out-of area placements										tbc				0%			0 by March 2027 baseline TBC (may not be place level)

Integrated Assurance Report

IGAC /PSSB September 2026

Section 1.3

Better Care Fund Targets

Better Care Fund place targets dashboard

Partnership Southwark

Better Care Fund place targets	2023/24 yr end	2024/25 yr end	2025/26 yr end	2026/27 Apr	2026/27 May	2026/27 June	Trend	Target	Benchmark		RAG
1. Emergency admissions for 65+ years per 100,000 population	1766	1930	TBC*	1883	1865			1579 (Apr/May)	1,655	London (May)	
2.1 Discharge delays - % discharged on discharge ready date	new	91%	TBC*	87.8%	87.6%	87.9%		90%	88%	Peer group Jun	
2.2 Discharge delays – average patient delay (all) - days	new	0.92	TBC*	TBC*	0.98	0.96		0.8	0.88	Peer group Jun	
2.3 Discharge delays – average for delayed patients - days	new	9.0	TBC*	TBC*	7.9	7.9		8	7.3	Peer group Jun	
3.3 Care Home Admissions over 65's rate per 100,000	655	622	589		q1	697		585.7	437	Peer group Mar	
4. Avoidable Admissions - rate (DHSC dashboard)	234	270	TBC*	296				reduction	223	Peer group Apr	n/a
5. Discharge to usual place of residence (%) (DHSC)	86.1%	83.6%	TBC*	85.6%	84.7%			maintain	85.0%	Peer group May	n/a
6. Admissions due to falls over 65 years - rate per 100,000 (DHSC)	130	148	TBC*	87				reduction	87	Peer group Apr	n/a

Key points to note:
Data relating to emergency admissions and discharges in 2025/26 has been withdrawn as KCH and GSTT data not mapped to boroughs correctly. This should be corrected in a September refresh.
April and May data for emergency admissions is higher than the target which was based on Trust trajectories and included assumptions about a shift from non-elective admissions to same day emergency care, and a shift from hospital to community. This is being discussed with the acute performance team.
Care home admissions totalled 50 in Q1 against a quarterly target of 42. At this stage in the year the target is recoverable as monthly data typically shows random variation.

Partnership Southwark

Integrated Assurance Report

IGAC / PSSB Sept 2026

Section 1.4

Priorities dashboard

Health and Care Plan Priorities Dashboard summary updated 02.08.26

Partnership Southwark

Health and Care Plan Priority Measures	2023/24 yr end	2024/25 yr end	2025/26 Apr	2025/26 May	2025/26 Jun	2025/26 Jul	2025/26 Aug	2025/25 Sep	2025/26 Oct	2025/26 Nov	2025/26 Dec	2025/26 Jan	2025/26 Feb	2025/26 Mar	2026/27 Apr	2026/27 May	Trend	Target	Benchmark	
Children and young people's mental health																				
Increase in % achievement of the 4 week wait standard:																				
1.1 First contact in 4 weeks -all	37%	57%	52%	55%	55%	61%	54%	62%	68%	70%	60%	62%	71%	78%	67%	68%		improve	67%	SEL
1.2 First contact in 4 weeks -neuro developmental	6%	22%	27%	26%	26%	25%	7.1%	11.1%	8.8%	8.8%	7.4%	20%	15%	18%	5%	19%		improve	19%	SEL
1.3 First contact in 4 weeks -all excl. neurodevelopmental	56%	66%	57%	64%	65%	69%	61%	71%	78%	81%	71%	69%	78%	85%	72%	72%		improve	78%	SEL
Adult mental health																				
Increase in % achievement of the 4 week wait standard:																				
2.1 First contact in 4 weeks -all	81%	79%	77%	81%	85%	83%	84%	79%	80%	69%	65%	64%	69%	65%				improve	70%	SEL
2.2 First contact in 4 weeks -neuro developmental	58%	34%	47%	60%	17%	50%	44%	14%	14%	1.6%	1.2%	1.8%	2.6%	3.0%				improve	18%	SEL
2.3 First contact in 4 weeks -all excl. neurodevelopmental		80%	78%	81%	85%	84%	86%	82%	83%	80%	80%	77%	80%	77%				improve	72%	SEL
Frailty 2026/27 dashboard to be redeveloped for INT work																				
Reduce the rate of avoidable hospital and care home admissions from at risk cohorts:																				
3.1 Emergency admissions for 65+ years per 100,000	1766	1930	1883	1865	1726	1830	1796	1761	1830	1796	2057							2151 (Dec	1660	London (Dec)
3.2 Care Home Admissions over 65's rate per 1000	655	622		q1	134		q2	181		Q3:	170		Q4	105				621 (yr)	417	London Q1
Reduce unplanned / emergency GP appointments:																				
3.3 A&E attendances over 65 yrs (actuals)	1199	1284	1,332	1,372	1,330	1,383	1,398	1,397	1,445	1,355	1,400	1,450	1,189	1,372	1,343			Reduce		n/a
Reduction in ambulance conveyances:																				
3.4 LAS ambulance call outs Swk 65 yrs plus		1696	1688	1800	1731	1661	1675	1760	1799									Reduce		n/a
Reduction in Outpatient Appointments:																				
3.5 Outpatient Appointments 65 yrs plus (rate per 1000 list size)	35.6	41.9	45.9	46.3	48.2	53.5	45.8	51.0	52.8	48.3	44.8	51.3	47.8	52.1	48.2			Reduce		n/a
Patient experience - quality of life																				
3.6 Placeholder - Adult Social Care Survey - quality of life (1a)	17.4	18.3																Improve	18.5	London 24/5

Note: Primary Care Access to be incorporated – see SEL and operational plan dashboards.

All to be updated for 2026/27 e.g. neighbourhood health metrics

Integrated Assurance Report

September 2026

Section 2: SEND Q1 - ICB related measures

2. Southwark ICB SEND Scorecard summary Q1

Partnership Southwark

	2023/24	2024/25 Q1	2024/25 Q2	2024/25 Q3	2024/25 Q4	2025/26 Q1	2025/26 Q2	2025/26 Q3	2025/26 Q4	2026/27 Q1	2026/27 Q2	Trend	time period
Number of section 23 notifications	31				93			32					academic year
Return of health information for EHCNA within 6 weeks													
Community Paediatrics		64%	77%	76%	33%	68%	91%	87%	95%	98%	85%		to Aug
Speech & Language		82%	97%	84%	87%	76%	82%	66%	78%	83%	83%		average for qtr
Occupational Therapy		86%	77%	55%	83%	50%	80%	100%	89%	100%	65%		
Physio		100%	50%	89%	100%	50%	88%	100%	100%	100%			none in Q2
% seen within 18 weeks													
Community Paediatric Services		55%	45%	41%	38%	31%	34%	33%	46%	59%	63%		to April
Speech and Language Therapy		100%	100%	100%	100%	100%	98%	95%	91%	81%	85%		average for qtr
Occupational Therapy		100%	100%	100%	100%	100%	100%	81%	80%	81%	87%		average for qtr
Physiotherapy		100%	100%	100%	100%	100%	100%	95%	99%	100%	95%		average for qtr
Average waiting time - weeks													
Community Paediatric Services		32	29	33	32	25	26	30	19	14	13		to April
Speech and Language Therapy		13	15	12	14	15	16	14	14	15	13		average for qtr
Occupational Therapy		16	14	8	11	10	12	7	16	12	10		average for qtr
Physiotherapy		8	8	3	3	5	6	6	6	4	7		average for qtr
Mental health services													
52+ week waiters - all	159	159	168	243	254	245	217	216	284	303			to May
52+ week waiters - neuro developmental	97	101	101	145	158	141	110	101	125	142			to May
First contact in 4 weeks -all	37%	51%	68%	66%	56%	55%	62%	68%	78%	68%			to May
First contact in 4 weeks -neuro developmental	6%	22%	50%	21%	22%	26%	11%	7%	18%	19%			to May
First contact in 4 weeks -all excl. neurodevelopmental (new)	56%	58%	74%	75%	66%	65%	71%	78%	85%	72%			to May
Reviews													
Learning Disability Annual Health Check (14-25 yrs)	75%	12%	35%	44%	78%	14%	25%	43%	80%				at end of qtr
Continuing care													
New referrals				year-end:	8	2	2	2	5	2			quarter
How many continuing care eligible					17	17	17	17	16	15			quarter
How many had a care act referral					100%	100%	100%	100%	100%	100%			quarter
Personal health budget in the year to date					31	20	20	20	20	19			quarter
New born hearing screening													
Coverage	98.8%	99.1%	98.4%	98.5%	99.0%	99.1%	98.9%	98.7%					quarter
Diagnosis or intervention, % babies in time	94.6%	94.7%	94.4%	94.9%	95.5%	94.7%	93.9%	93.4%					quarter

Updated 2.9.26

Partnership Southwark

Integrated Assurance Report

IGAC / PSSB September 2026

Section 3:

Southwark Place Risk Report (ICB)

Summary of Southwark place ICB risk register

Partnership Southwark

There are currently 11 risks on the register:

Risk ID	Risk area	Current Likelihood	Current Consequence	Current Rating	Change	Last review date
519	CAMHS waiting times	3	3	**9**	⟷	26/08/26
520	Neurodevelopmental diagnostic waiting times for children and adults	4	4	**16**	⟷	27/08/26
553	Southwark Mental Health, Learning Disabilities and Autism placement costs	4	3	**12**	⟷	18/08/26
573	Increase in vaccine preventable diseases due to not reaching coverage across the population	4	3	**12**	⟷	24/08/26
638	Integrated Neighbourhood Teams not delivered as planned.	2	3	**6**	⟷	25/06/26
639	ICB meeting SEND statutory responsibilities	4	3	12	⟷	25/06/26
640	Market failure in social care provision impacts on whole system flow and quality of care.	3	3	**9**	⟷	26/08/26
649	Failure to address unwarranted variation undermining Neighbourhood based care	3	3	**9**	⟷	25/08/26
658	Staffing capacity impact on procurement and contract management	4	3	**12**	↑	25/08/26
659	Non-achievement of financial balance for 2026/27	4	3	**12**	⟷	26/08/26
660	Delivery of QIPP Savings for 2026/27	4	3	**12**	⟷	23/08/26

Note: full risk register including controls and assurances considered by IGAC and the senior management team.

Summary – extreme risks (no change)

Partnership Southwark

Diagnostic waiting times for children and young people and adults (ADHD and Autism)

This risk has been elevated from a rating of 9 to 16 following a decision by the 6 Place Executive leads that this should be a high priority risk treated consistently across South East London boroughs. This reflects growing concerns about the negative impact on people experiencing excessively prolonged waiting times for autism and ADHD diagnostic assessments. This is due to sustained increases in demand, historical backlogs, and limited diagnostic workforce capacity. The delays adversely affect children and adults, increase reliance on private providers through 'Right to Choose', and create financial pressures for the ICB arising from noncontracted activity. Prolonged waits also undermine public confidence and impact delivery of national and local improvement commitments for mental health and neurodevelopmental services.

The mitigations in place include:

- SELICB neurodevelopmental improvement programme established under the CYP MH and Wellbeing Partnership Board to oversee ASD and ADHD diagnostic pathways, waiting times, and consistency of the core offer across SEL boroughs / places.
- New integrated diagnostic pathway from April 2025 enabling movement between ADHD and Autism assessments, reducing duplication and re-referral delays.
- Targeted capacity investment including non-recurrent and recurrent funding to providers to expand assessment capacity, weekend clinics, and workforce recruitment initiatives.
- Waiting well and early support offers publicised through local offers and all-age autism services to provide information, advice and support before diagnosis.
- SEND Improvement Board oversight with joint leadership from local authorities and Directors of Children's Services to drive delivery of local improvement plans and monitor performance trajectories.
- Clear targets identified by the ICB with SLaM to reduce 52+week waiting times.
- Directors of Children's Services to drive delivery of local improvement plans and monitor performance trajectories. exploring the opportunity to join arrangements with other boroughs to ensure Southwark residents have equity of access to medication and review pathways.
- SEL Referral Management centre implementation

Changes in risks

Partnership Southwark

New / re-opened risks

There are no new or re-opened risks.

Closed risks

There are no closed risks following the last round of reviews.

Changed risk scoring

Staffing capacity impact on procurement and contract management : In the latest review this was increased from 9 to 12. This primarily reflects the current high turnover, vacancy and new staff issues in integrated commissioning.

.

Heat Map

Partnership Southwark

Heat Map	Consequence				
Likelihood	Negligible	Minor	Moderate	Major	Catastrophic
Almost Certain					
Likely			6 (see a)	1 (see b)	
Possible			3 (see c)		
Unlikely			1 (see d)		
Rare					

Key

(a) Vaccination coverage, Mental Health & LDA Placements, SEND, Financial Balance, Delivery of QIPP Savings and staffing capacity/procurement.
(b) CYP and Adults ADHD diagnostic waits
(c) CAMHS waiting times, Market Failure – Social care Provision, Unwarranted Variation
(d) INT Delivery