

A Fairer Future: tackling health inequalities in Southwark

Southwark's Annual Public Health Report 2024

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1. Introduction

This year's Annual Public Health Report highlights work across our borough to both improve health and reduce inequalities. With examples from the Council, NHS and the Community & Voluntary Sector, it is clear that we all have a role to play in tackling the inequality faced by our communities.

While there are many great projects and programmes in Southwark aimed at improving health and wellbeing, there is much more to do. Many of our residents continue to face inequalities in their access and experience of services that should be supporting them. This is contributing to the large inequalities we see in health outcomes in the borough. This is both unjust and avoidable.

Locally we have a strong focus on embedding approaches to tackle health inequalities across all policy making, services and delivery. This is the founding principle of our plans to improve health in the borough. However, if we are to truly improve the lives for all our residents, and provide a fairer future for everyone in Southwark, partners must work together and redouble their efforts to reduce inequality. This will require a continued commitment to listen and work with our communities to design services that address their needs. We must also ensure that tackling inequality is embedded in our core services and programmes, and not just addressed through targeted initiatives. Only by ensuring tackling inequality is embedded in everything we do, can we truly narrow the gap.

This report shows that tackling inequality is everyone's business and we must go further in our efforts if we are to close the gap. A fairer future is possible if we work together.



Cllr Evelyn Akoto

Cabinet Member for Health & Wellbeing

Where we live can impact our health, including how long we can expect to live. Health inequalities are unfair and avoidable differences in health that exist because of differences in the conditions in which we are born, grow, live, work and age and due to inequalities in distribution of power, money and resources. These differences are not evenly distributed, leading to unequal access to support and the burden of ill health.

The life expectancy for Southwark's general population has increased since the early 2000's, with the gap between that of the average resident and people living in the rest of London and England narrowing considerably during these past decades. However, these improvements are not experienced equally across our neighbourhoods and communities. People living in more socio-economic disadvantaged areas and those from Black, Asian and minority ethnic backgrounds are living shorter lives and spend more of their lives in ill-health.

To help tackle the complexities of local health inequalities, we need to redouble our efforts, using the strength of all partners to develop programmes that put health inequalities at the forefront of their agenda. This report aims to provide an overview of health inequalities in Southwark, approaches used to better understand our communities, and highlight examples of good practice across the local system that aim to reduce health inequalities.



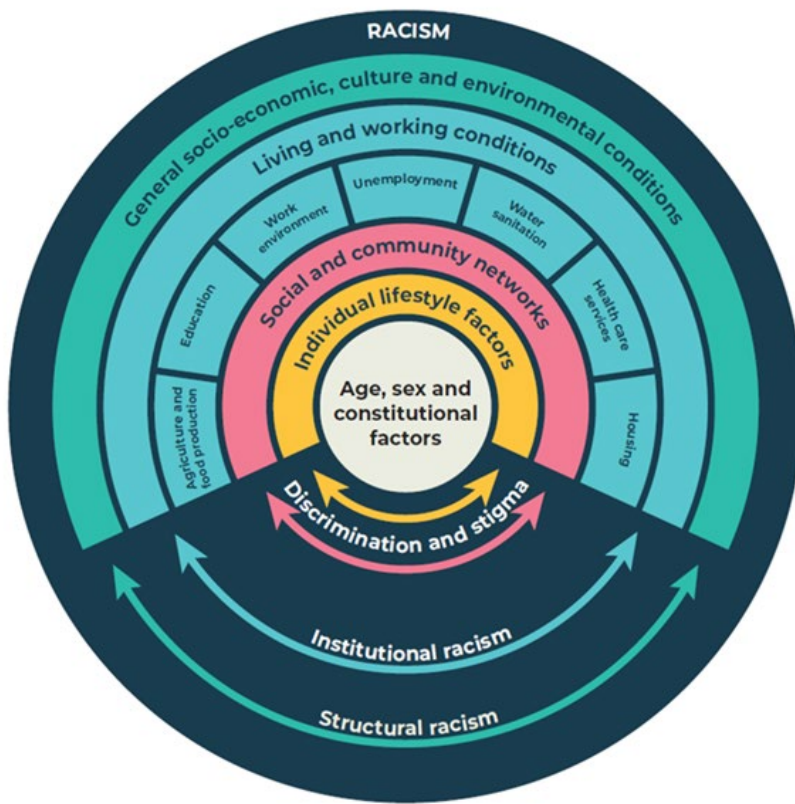
Sangeeta Leahy

Director of Public Health

2. Understanding Health Inequalities

What are health inequalities?

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. Health inequalities can take many forms, from the ability to **access** services, to the **experience** of services and the health **outcomes** that are achieved. They are driven by inequalities in wider society and the conditions in which we are born, live and age.



It is these social and economic factors, such as income, employment and housing, which have the largest impact on our health, and health inequalities. Furthermore, many of our residents continue to experience stigma, racism and discrimination, exacerbating inequalities still further.

The impact of health inequalities can build and accumulate throughout life. For example, adverse childhood experiences can impact educational attainment, and lead to poorer quality employment. This can lead to poorer health as a result.

Figure 1. The wider determinants of health (adaptation of Dahlgren & Whitehead model)

Health inequalities are often viewed through the lens of their personal characteristics and the circumstances in which they live. We know that people with specific characteristics experience greater inequalities than others, such as those from minority ethnic communities, or socially excluded groups such as those which are seeking asylum. We also know that certain communities and neighbourhoods are impacted by significant social and economic disadvantage, and poorer housing. The complex interplay of these factors, or **intersectionality**, can magnify the inequalities experienced by residents. This is where our greatest effort is required.

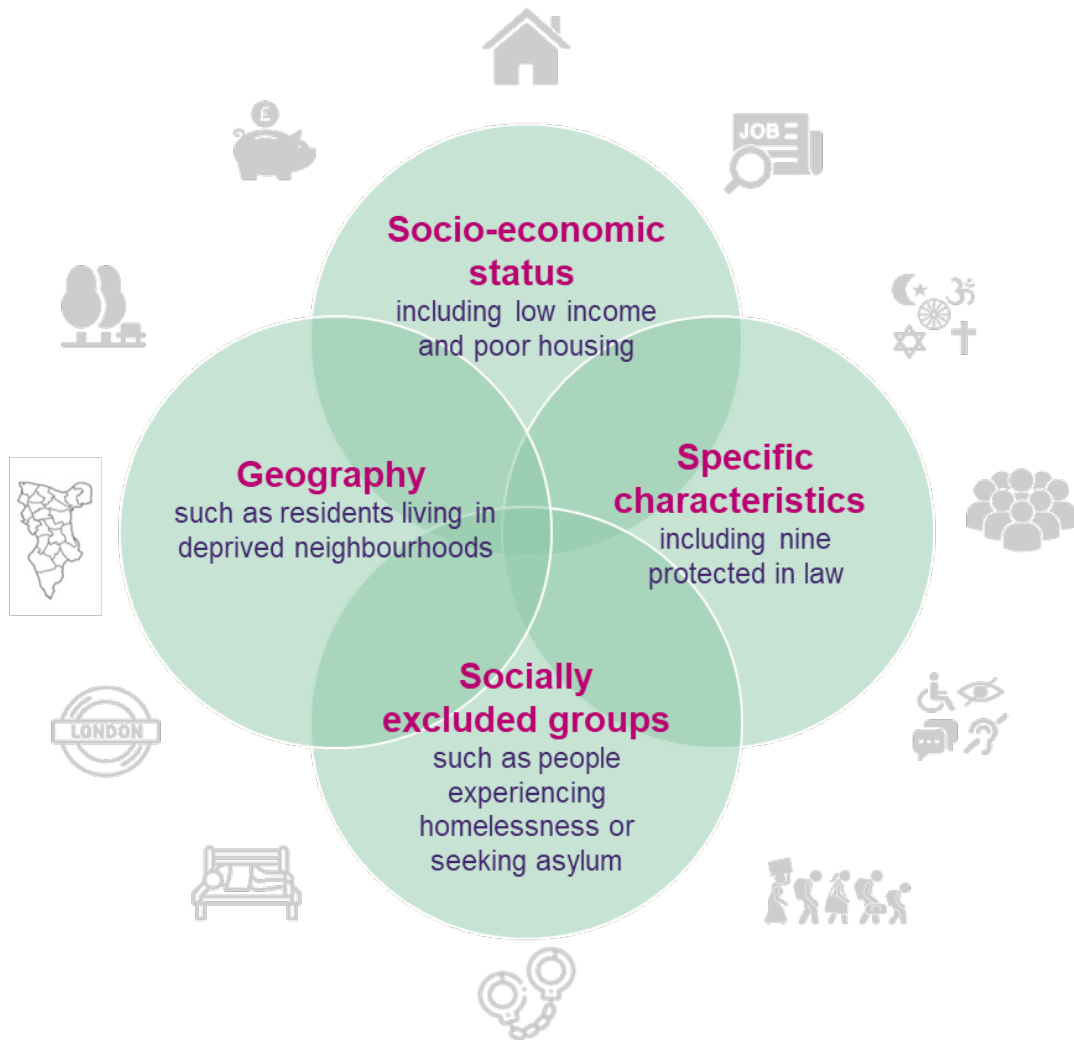


Figure 2. Dimensions of health inequalities

Describing health inequalities

It is important to recognise that health inequalities can be exacerbated by the way in which we talk about them.

When conversations about health inequality link poorer outcomes with individual identities, groups and communities can be left feeling that they have poor health because of who they are, rather than the circumstances in which they live. This can encourage unfair bias, stigma, and discrimination. It can also lead members of stigmatised groups to expect poorer health experiences and outcomes, simply because of their identity. Such fears and expectations are disempowering, stressful, and can limit people's desire to seek support from health and care services, all of which can worsen health outcomes.

Evidence shows that health inequalities are largely caused by unfair social and economic systems imposed on people, rather than individual factors such as genetic make-up or lifestyle choices. Therefore, the words used in health inequality conversations and reports need to clearly indicate that **unfair social systems are the root cause of health inequality, not individual factors.**

When terms such as “homeless” or “ethnic minority” are used to label people, the identities of individuals are reduced to a single characteristic or experience, ignoring the other roles and attributes that they may have. For this reason, it is important to use phrases such as “people from minoritised ethnic groups” and “people experiencing homelessness” to communicate that the inequality is unfair social systems, not the individual characteristics of the people affected.

Ways to reduce health inequalities

Health inequalities are not inevitable. They can be reduced and removed through coordinated and sustained effort to improve the social and economic conditions in which we live. If we are to significantly reduce the inequalities in our borough, such action needs to be taken at scale, and be proportionate to the needs of different communities.



Improving social and economic outcomes will have the most significant impact on health inequalities in the borough.



Universal interventions have the greatest impact, but must be proportionate, with those most in need receiving the greatest support.



Increasing focus on early intervention and prevention is the most cost-effective way to tackle inequalities, and leads to better outcomes for residents.



Programmes should be designed, implemented and reviewed with residents and communities for them to be most effective.



Effective monitoring is crucial to ensuring services are reaching those most in need and delivering successful outcomes.

3. Health Inequalities in Southwark

Inequalities between neighbourhoods

Health inequalities in Southwark vary between each community and neighbourhood. We know that there are geographical differences in life expectancy across the borough, and that the influences on life expectancy can differ depending on the social, economic and physical environment. Understanding the relationship between the influences at the neighbourhood level is essential. To tackle inequalities we must give special consideration to parts of the borough and neighbourhoods that are most disadvantaged and to those groups with the greatest needs.

Within Southwark the greatest levels of social and economic disadvantage are seen across the centre and north of the borough. However we also see pockets of disadvantage in the south.

Across a wide range of health, social and economic measures, from child poverty through to obesity, hospital admissions and life expectancy, outcomes are poorer in these neighbourhoods.

Faraday ward has the highest level of socio-economic disadvantage in Southwark, with Dulwich Village ward having the lowest. The gap in life expectancy between the two neighbourhoods is 5 years for females and over 8 years for males.

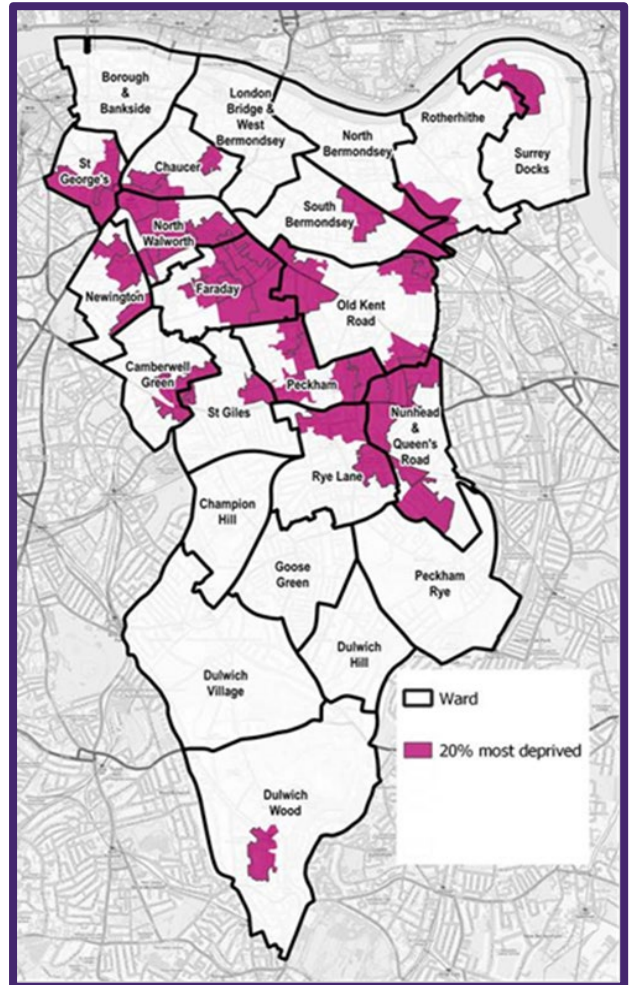


Figure 3: 2019 Index of Multiple Deprivation quintiles. Source: Ministry of Housing, Communities and Local Government 2019. English Indices of Deprivation. © OS crown copyright and database rights 2024. Ordnance Survey (0)100019252.

Our poorest outcomes are concentrated in neighbourhoods experiencing the greatest levels of socio-economic disadvantage

Faraday

has the highest level of socio-economic deprivation



Dulwich Village

has the lowest level of socio-economic deprivation

64%

from Black or other minoritised ethnic groups



21%

from Black or other minoritised ethnic groups

33%

of children under 16 live in poverty



5%

of children under 16 live in poverty

10%

of adults are unemployed



3%

of adults are unemployed

7% above

average London crime rate



30% below

average London crime rate

46%

of Year 6 pupils overweight or obese



17%

of Year 6 pupils overweight or obese

4% above

average national emergency hospital admission rate



45% below

average national emergency hospital admission rate

78.8

male life expectancy
84.5
female life expectancy



87.1

male life expectancy
89.5
female life expectancy

Figure 4: Geographic health inequalities in Southwark infographic

Inequalities between people

There are key population groups in the borough which face significant inequalities in not only health outcomes, but also in their access and experience of services which should be there to support them. Many of these population groups also live in our most disadvantaged neighbourhoods, magnifying the inequalities they face.

- **Residents from a Black ethnic background are more likely (22%) to ‘sometimes or often’ experience unfair treatment when compared to residents from a White ethnic background (16%).**
- **Women report a higher level of difficulty (45%) accessing services when compared to men (36%).**
- **Disabled residents are more likely (44%) to report their health as ‘bad’ when compared to the overall population (11%).**

We require a more joined-up approach to identify and tackle health inequalities within population groups in the borough. A place-based approach which identifies residents living in poor health, and tailors support for them can help reduce the large inequality that we currently see in the borough.

Notwithstanding existing efforts to support population groups at greater disadvantage for ill-health, we still lack a co-ordinated, system-wide approach that prioritises interventions for those in greatest need. We have identified 6 key population groups which partners across the system should focus on when tackling health inequalities.

Carers	Residents with disabilities	LGBTQIA+	Asylum Seekers & Refugees	Rough Sleepers	Black & Ethnic Minorities
<p>Those providing unpaid care are more likely to report poor health than those not providing care. They are also more likely to experience loneliness and social isolation. The number of cared-for people is increasing and surviving longer but with more health issues, so carers' burden and duration of care are growing.</p>	<p>Residents with physical and/or learning disabilities are more likely to experience a range of health conditions and have a lower life expectancy than the general population. Those with disabilities often experience barriers when accessing services, from transport through to the understanding of staff.</p>	<p>Key health challenges disproportionately impact those identifying as LGBTQIA+, with higher levels of smoking, alcohol use, incidence of some cancers and mental ill-health. LGBTQIA+ individuals also experience discrimination and homophobia when accessing services.</p>	<p>Asylum seekers and refugees have multiple, complex health and wellbeing needs. They often experience trauma-related mental health issues and challenges with social integration. They often have poor access to services as a result of language barriers, difficulty navigating an unfamiliar health system.</p>	<p>Those sleeping rough are much more likely to die young, with an average age of death of 47 years of age, compared to 77 amongst the general population.</p> <p>People who experience homelessness often struggle to access quality health and care and often attend emergency care.</p>	<p>Residents from minority ethnic backgrounds are more likely to live in disadvantaged communities, develop a greater number of long-term conditions, have poorer mental health, and experience discrimination and racism when accessing services.</p>
<p>Over 18,000 residents provide some level of unpaid care, equivalent to 6% of the population</p> <p>Nearly a quarter provide over 50 hours of care a week, equivalent to nearly 5,000 residents.</p>	<p>Over 42,000 residents recorded a disability at the time of the 2021 Census</p> <p>Old Kent Road, South Bermondsey and Nunhead & Queen's Road, have the highest levels</p> <p>Of those in Southwark who were disabled at the time of the Census, half were aged 50 or over.</p>	<p>Approximately 21,000 residents identify as gay, lesbian, or bisexual – 4th largest in England.</p> <p>Approximately 3,200 residents identify as trans or non-binary - 5th largest in England.</p> <p>The Burgess Park area has the largest LGBTQIA+ community.</p>	<p>By September 2022 the asylum seeking population in Southwark increased to almost 2,000</p> <p>In addition there are hundreds of Afghan and Ukrainian refugees in the borough.</p>	<p>In 2022/03 Southwark had the 6th largest rough sleeper population in London, with 549 individuals identified.</p> <p>The majority were male (86%) and more than half were from a minority ethnic background (56%).</p>	<p>Around half of residents identify as from a Black, Asian or minority ethnic background. The largest single group is Black African (16%). There is a significant Latin American community in the borough, with 9,200 residents.</p> <p>Around 40% of people living in the borough were born outside the UK.</p>

Figure 5: Key population groups experiencing inequalities in Southwark.

4. Local Action on Health Inequalities

Our Joint Health & Wellbeing Strategy sets out the health priorities for the borough, and emphasises that tackling inequalities is everyone's business. We recognise that in too many areas, inequalities are either static or even increasing. Only by embedding a focus on prevention and reducing inequalities in everything we do as a borough can we effectively improve health outcomes for all.

There are many great examples of services and programmes that are working to improve the health and lives of our residents, and narrow the inequalities we see in Southwark. While this section highlights examples of work being undertaken across the borough, we know there are many more.

Outreach: Southwark Health Promotion Van



Our health promotion outreach service brings free blood pressure and healthy weight checks, plus advice on vaccines, diabetes prevention, smoking, alcohol, mental health, cancer screening and more to events in Southwark. Combining health professionals from Guy's and St Thomas' NHS Foundation Trust and Primary Care, Public Health and Community Health Ambassadors, the outreach van aims to empower individuals to make healthier lifestyle choices, as well as address health inequalities.

Since the service began at the end of May 2023 through to August 2024, the outreach service has visited over 100 locations across the borough, including the Southwark Eid festival, Cost of Living roadshows, Millwall FC, local churches and Peckham mosque. Through such events the team have conducted over **3,500 Vital 5 checks**.

Feedback from residents has been positive, with words such as **friendly**, **efficient**, **informative**, **accessible**, and **welcoming** being used by service users to describe the outreach van in a recent survey. Furthermore, 53% of those surveyed agreed that they



learned something from the event about health that they didn't know previously, and 85% stated that the outreach helped them have a better understanding of health services provided in Southwark. So far, the outreach service has picked up at least 268 cases of high blood pressure, who were subsequently signposted to visit their GP for further investigation and management. Ways in which the service has made a difference can be demonstrated in the following real example:

Case Study - Resident A

A male in his 40s attended one of our recent wellness events. He was from a Black ethnic background, a smoker, slightly overweight and had a raised blood pressure. He also had alcohol and drug addiction. He wasn't registered with a GP. Since the event, this man has attended a Southwark pharmacy for follow up twice. He has also registered with a GP and is now on treatment that has reduced his blood pressure. A referral to Stop Smoking and Drug and Alcohol services has also been made.

Further work is now required to make sure those residents receiving a Vital 5 check access the tailored support they need to improve their health outcomes.

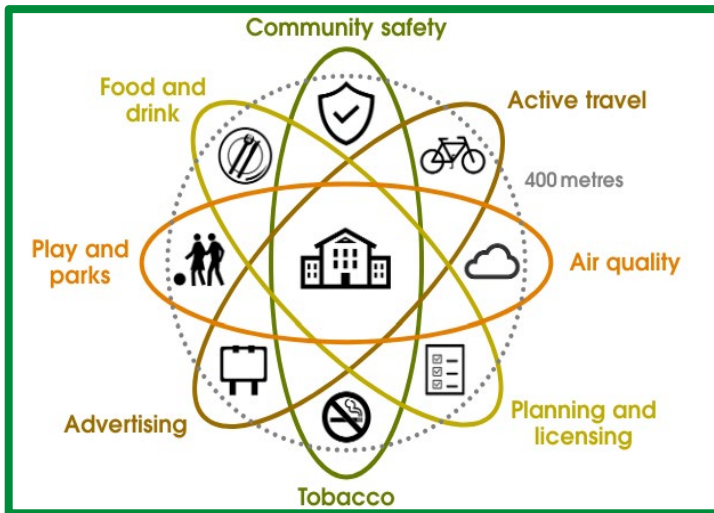
Tenant Health & Wellbeing Programme

Not only is housing a key local priority, it is an important factor which influences our health and wellbeing. A new Tenant Health & Wellbeing Programme has been established which brings together teams from across the Council and NHS to understand and address long-term impacts of COVID-19 amongst social housing residents, whose health inequalities were particularly exacerbated by the pandemic. Working with the community and citizens it aims to design place-based interventions to meet these needs, focusing on health and wellbeing implications in the home environment. Outcomes for residents are expected to include:

- **Improvements to residents' personal and community health and wellbeing**
- **Improved community connectedness**
- **Better understanding of environmental and personal stressors, and identifying ways of addressing them**
- **Improved and transferable skills and confidence in residents**
- **Improvements to existing services as well as creation of new ones**
- **Improved awareness of, and access to, available services and support e.g. employment support offers**
- **Stronger and more trusted relationships with services**

Improving our Outdoor Spaces: School Superzones

To lead a lifestyle conducive to good mental and physical health, children and young people must feel safe and welcomed in their local surroundings. Improving outside spaces near to schools has been a key part of Southwark's **School Superzones Programme**.



Superzones are place-based interventions around schools that aim to protect children's health and enable healthy behaviours through initiatives around community safety, active travel, local advertising and others.

Southwark Council have played a key role in the development of the School Superzone programme across London. There are now six Superzone schools across the borough: Ark Walworth, Bird in Bush, St Francis, Bacon's College, Surrey Square and Keyworth.

To understand local views on open spaces, engagement workshops have taken place alongside students and parents from Superzone schools. In some cases, this has led directly to improvements to the built environment.

One example of this is street improvements that are taking place on Shorncliffe Road, which have been co-designed by students at Ark Walworth School alongside the Council's Highways team. Parent's feedback from these consultations have also influenced the creation and extension of three school streets, which transforms roads so that pedestrians and cyclists are prioritised. The impact of these streets was clear outside one school, when a community event was held on the street to celebrate Clean Air Day in June.



Addressing the Cost-of-Living

Jobs and financial security are important to achieve good mental and physical health. The Southwark Cost of Living Fund was extended into 2024, aiming to provide support for vulnerable or low-income households at risk of hardship due to the higher cost of food, energy, and other essentials.



The fund has been used to finance a number of projects and interventions aimed at helping residents with the cost of living. Families with children at Southwark primary schools who are eligible for benefits-related free school meals can receive financial support to help pay for their meals during school holidays. Furthermore, the **Food and Fun holiday clubs programme** provides free nutritious food combined with fun physical activity sessions to children and young people aged between four and 16 receiving benefits-related free school meals in Southwark during the summer holidays. For households migrating from Housing benefit to Universal Credit between April and September 2024, a one-off payment of £250 will be provided from the cost-of-living fund to help with the transition.

Additional support for some pregnant women and families with young children exists through the **Rose Vouchers for Fruit and Veg** project and the National Healthy Start programme. Rose vouchers can be exchanged at East Street and Peckham markets, and The Blue Istanbul Supermarket for fresh fruit and vegetables by pregnant women and families with young children living in SE1, SE5, SE15, SE16 and SE17. The scheme is targeted at those who already receive healthy start vouchers, are on a low income and not in receipt of benefits or are refugees or asylum seekers.

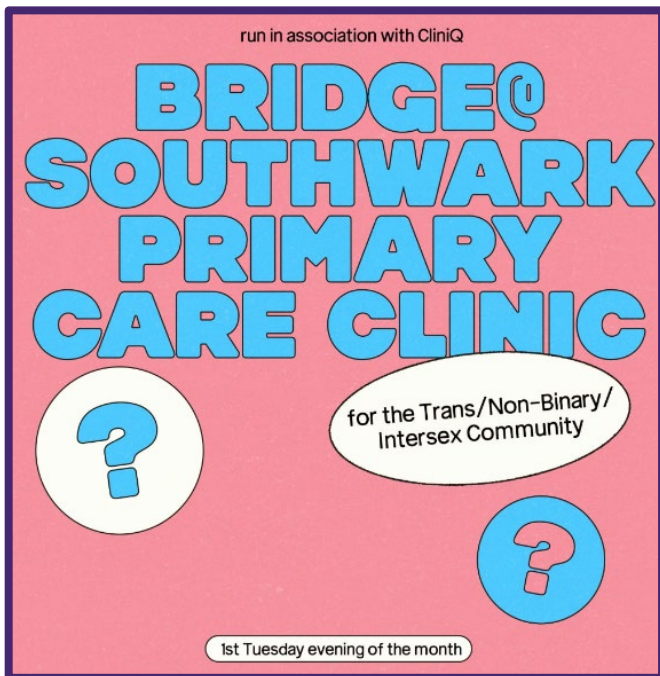


A series of cost-of-living roadshows have been held between 2022 and 2024. Bringing together a wide range of partners including charities, rights organisations, credit unions, citizen's advice, Southwark council and the health promotion van, the roadshows aim to provide advice to those worried about rising living costs, with information addressing benefits, debt, housing, energy and employment.

Interventions aimed to support residents with the cost-of-living especially over the winter months included training for front-line staff on cost of living and winter signposting and the design of communications for residents such as cold weather leaflets and a **cost-of-living guide** which additionally includes signposting on health and warm spaces. Additional training has been given to our volunteer community health ambassadors in Southwark, which aims to empower community groups to be able to sign-post those experiencing hardship to the right place for support.

Cost of living crisis:
A guide to some of the support available in Southwark

The Bridge Clinic



The Bridge Clinic is a dedicated primary care service for transgender and gender non-confirming residents in South Southwark.

The Trans community are more likely to face discrimination and bureaucratic barriers to care access resulting in an increased risk of developing serious health issues and receiving low quality care. Data from the national 'Trans Lives Survey 2021' shows that 57% of trans people reported avoiding going to the GP when unwell. Furthermore, it found that 45% of Trans respondents, and 55 per cent of non-binary respondents said that their GP did not have a good understanding of their needs. Crucially, 70% reported being impacted by transphobia when accessing healthcare services.

The Bridge Clinic aims to provide routine general practice services as well as care unique to the Trans/nonbinary community, such as prescriptions and monitoring of hormonal therapy and referrals to NHS Gender Identity Clinics, while maintaining a gender affirming environment. Bringing together clinicians with the relevant training and experience, which might not be consistently available at other GP practices, the clinic aims to provide a 'hub' service for Trans people.

Between September 2023 and June 2024, the clinic delivered a total of 119 appointments with an average patient age of 30. With a patient satisfaction score of 100%, the clinic has been met with positive feedback from users as well as an increasing level of demand.

Thriving Neighbourhoods Project

Bringing together Community Southwark, Partnership Southwark and The United St Saviour's Charity, The Thriving Neighbourhoods Project is an initiative financed by the NHS. The project allocated £100,000 of funding to Voluntary and Community Sector (VSC) groups in Southwark, devolving decisions on how to spend funding to representatives from VSC groups themselves.

To be eligible for the funding, not-for-profit organisations have to be focused on the most disadvantaged areas of the borough, have an annual income of less than £50,000, and support people with disabilities and/or mental health needs as part of what they do. Two rounds of funding took place, with 21 organisations receiving £5,000 each. Groups who received grants included Art in the Park, Peckham Soup Kitchen and Southwark Refugee Communities Forum.

The decision on which organisations should receive the grants was made by a panel consisting of VSC representatives of Southwark based organisations independent of those who applied. Organisations who received grants said that the funding gave them greater financial security, allowing them to focus more on service delivery rather than fundraising. This innovative approach to funding whereby the decision is shared with the VSC groups themselves has received positive feedback - ***"The model is exceptional – it gives power back to the community; it was inspiring to see how much is going on in the community"***

Rebuilding Trust in the Health System

Impact on Urban Health and NHS South East London Integrated Care Board (SEL ICB) have partnered to fund an ambitious new way to improve the experience and health outcomes among residents from Black ethnic backgrounds.

People from Black and other minoritised communities in London experience significant inequalities when it comes to their health – for a combination of social, economic and environmental reasons. Alongside this is a growing distrust and apathy towards the healthcare system. The reasons expressed for this distrust are diverse and include experiencing discriminatory practices in healthcare settings, being misdiagnosed, being prescribed the wrong medication and having traumatic experiences.

At the heart of this project is a new way of working to build trust in the health service. In collaboration with Black-led organisations, community-led insights will be used to shape and design improvements in health services. The partnership has two areas of work:

- **Black maternal healthcare**
- **Experiences of Black people receiving mental healthcare**

In each area of this work, project groups are made up of a range of stakeholders including residents, frontline staff delivering services, researchers and advocacy organisations. They will reimagine how healthcare services can be made more relevant, appropriate and accessible to people from Black communities by building on existing work and innovation in maternal care and designing prototype care pathways that are dedicated to improving patient experience and health outcomes.



Southwark Maternity Commission

The Southwark Maternity Commission was established to understand the health inequalities in maternity care in the borough, especially amongst Black and Brown women and people who give birth. Since January 2024, it has engaged with and heard from over 750 residents and frontline professionals through a series of public meetings in the community, targeted surveys and specially-commissioned insights research.

Five key themes have emerged from the commission's work, including:

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

Working with a broad stakeholder group, these themes have been used to develop recommendations for the Council, local NHS Trusts, Local Maternity and Neonatal System, Integrated Care Board and Central Government. The commission's report was launched in September 2024, after which the recommendations were presented to the Health and Wellbeing Board to support action planning and implementation.



Community Engagement

As we develop plans and services to improve health and wellbeing, it is crucial that we work in equal partnership with our residents, taking account of the views and experiences of all who live, work, study, and volunteer within the borough.

In collaboration with Community Southwark and Healthwatch Southwark, the Council support an active network of **over 180 Community Health Ambassadors**. Ambassadors come from all corners of the borough, from a range of socioeconomic backgrounds, with different personal and professional experience in health and social care. They represent the cultural diversity of our borough, with over 70% from Black, Asian or other minoritised ethnic backgrounds, and around 50% involved with local faith groups.

The Ambassadors are an important part of our outreach into neighbourhoods across the borough, and also share insights and feedback to inform and improve services. Ambassadors are offered training in:

- **Mental Health First Aid**
- **Making Every Contact Count**
- **Cancer screening awareness**
- **Vaccine uptake**
- **Health and wellbeing coaching**
- **Other accredited courses**

Their skills support the Council through attending and promoting a variety of activities, including health advice and education, signposting to services and support, and promoting events and opportunities for health improvement.

The **Southwark Insights and Intelligence Programme (SIIP)** is a new three-year cross-Council initiative. The programme aims to help improve how the Council uses data and evidence so that we can design better services that improve health and reduce inequalities. The programme has three connected workstreams that will be delivered from 2024 to 2027 with partners including universities, voluntary and community organisations, and the NHS.

A key component of SIIP is the community research and co-production workstream. Through this, we aim to train residents and members of our voluntary and community organisations to become community researchers. Together with service providers and other partners, the community researchers will collaboratively investigate complex problems affecting health and wellbeing, and co-produce solutions and interventions for action.

5. How we Close the Gap

While we see some long-term improvements in the health of Southwark residents the gap between our most disadvantaged neighbourhoods and population groups remains wide. These inequalities are unfair and avoidable. Reducing inequality is the responsibility of us all, and requires a combination of dedicated and targeted interventions, along with improvements in the design and accessibility of core services. These interventions must be designed in collaboration with our residents if they are to be truly effective in meeting their needs and improving their outcomes.

Below, we have set out a series of recommendations for partners across the borough with the aim of improving the health of all residents and communities in Southwark.

1. Refresh the Joint Health & Wellbeing Strategy action plan alongside Southwark 2030 and other key system plans, ensuring sufficient action and resources are focused on improving the wider determinants of health, not just the health & care system.
2. Embed a culture of co-design with residents, utilising community research and opportunities such as the Southwark Insight & Intelligence Programme to spread good practice.
3. Implement policies and guidelines to ensure services across the health and care system are welcoming, inclusive, and affirming environments, such as Safe Surgeries and Pride in Practice.
4. Develop and implement cultural competency training and certification for staff across the health and care system.
5. Secure long-term, mainstream investment in targeted outreach services that focus on disadvantaged and marginalised communities in the borough.
6. Develop integrated service models that address the diverse needs of residents, including physical, mental, and social well-being.
7. Develop clear guides on navigating the health and care system, particularly aimed at residents born outside the UK, whilst also seeking opportunities to simplify accessibility of services.
8. Ensuring the consistent availability of reliable translation services and increasing the number of bilingual service providers.
9. Collaborate with trusted community and voluntary organisations to both engage residents and to deliver advice and support.
10. Improve and enhance data collection for marginalised communities across all health and care services, so that we can monitor improvements in access, experience and outcomes.

6. Update from last year's Annual Public Health Report

The 2023 [Annual Public Health Report](#) entitled 'Cleaner Air, Heathier Lives', focused on Air Quality as a public health concern, particularly highlighting the situation in Southwark. The report outlined recommendations for action relating to individuals, businesses and organisations and wider stakeholders. Updates on recommendations relating to wider stakeholders are outlined below:

1. Integrate action on air pollution and climate. Focus on actions that provide a win-win scenario for both. For example, encourage active travel and prioritise green spaces.

The Climate Change team and Public Health work closely together, collaborating on projects and strategies including the Climate Resilience and Adaptation Strategy.

The Streets for People Board holds cleaner air and less traffic at its core, benefitting both air quality and climate mitigation.

The Environmental Protection Team are contributing to air quality information in the Climate Change team's schools sustainability guide.

2. Involve communities in project planning and decision-making. Use culturally aligned human stories to engage and represent the community in any air quality information that is produced or shared.

The Environmental Projection Team and Public Health have been undertaking community research to determine how to best deliver air quality information to the community. From this research, one future route may be through air quality champions, and the research will investigate which messages and approaches are welcomed most by communities.

3. Ensure interventions do not reinforce existing inequalities and sources of ill health.

The Air Quality JSNA provides demographic, environmental, and health data at a local level. This helps colleagues to understand potential impacts of interventions. Public Health also dedicate time to supporting a range of projects and strategies across the council, ensuring a focus on inequalities.

4. Target interventions towards places where people who are more vulnerable to the health effects of air pollution spend their time, for example schools, health services, and care homes.

Interventions are frequently targeted towards children, older people, and those with certain health conditions. For example, Public Health provided funding for air filter units to be installed in care homes and schools and undertook an evaluation of the project which will be released shortly.

Other projects include asthma awareness projects targeting schools, and a Clean Air Day event which promoted active travel and other initiatives. There are also starter grants provided to schools for air quality, and Superzones include air quality as a focus area.

5. Trial innovative pilot projects. Share learnings and invite others to take on similar work. Engage with researchers to continue to build the evidence base, especially around indoor air quality.

A schools asthma awareness project is working alongside academic researchers. This project aims to better understand air quality in schools and homes of pupils with asthma, as well as to create a support package for families.

A team of academic researchers evaluated the air filters in schools and care homes pilot, with findings to be published shortly. The project aimed to improve air quality by using air purifiers.

6. Enforce existing regulation to ensure that policy translates into practice.

The Council is reviewing new powers under the Clean Air Act, operating the permitting system under Local Air Pollution Prevention & Control.

With Impact on Urban Health and Imperial College, training materials were developed for construction compliance officers. Once recruited, these officers would be responsible for supporting construction sites to improve air quality.

7. Make use of available data and evidence on air quality, for example LAQN, Breathe London, and airTEXT.

A project is underway to enhance the capabilities and reach of airTEXT, which provides data on air pollution levels.

Breathe London air quality monitors were installed in school Superzones, and a number of assemblies were held to introduce pupils to them alongside active travel.

8. Provide information about and raise awareness of the health effects of air pollution, how to protect ourselves from it, and how to reduce sources.

The schools asthma awareness raising project will provide information on air quality and raise awareness of how to reduce its impact. It will also help to facilitate the NHS asthma friendly schools program.

Coffee mornings are being held in school Superzones, which include a stall run by the repairs/damp and mould team who are able to support residents with indoor air quality.

9. Pursue partnerships to accelerate progress and share skills. Strengthen collaboration with local health partners.

Collaborations with health partners include Asthma Friendly Schools, and the South East London Children and Young Persons Asthma Forum.

10. Focus on particulate matter emissions, in particular, because NO₂ is trending down. Include interventions related to construction, commercial cooking, and domestic wood burning.

A Construction Monitoring Officer is being recruited who will focus on air quality impacts of construction sites.

The Council is part of a pan-London project on domestic wood burning, and contributed to a poster and local radio media campaign last winter, and expect to do so again this autumn/ winter.

7. References

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