

# Easing pressures

How work, money and homes can make our cities healthier and fairer

Impact  
on **Urban  
Health**



# About Impact on Urban Health

The places where we grow up, live and work impact how healthy we are. Urban areas, like inner-city London, have some of the most extreme health outcomes. Alongside their vibrancy and diversity sit stark health inequalities. At Impact on Urban Health, we are focused on changing this. We believe that we can remove obstacles to good health, by making urban areas healthier places for everyone to live.

The London boroughs of Lambeth and Southwark are our home. They are some of the most diverse areas in the world, and it is here that we invest, test and build our understanding of how cities can be shaped to support better health. We are focused on a few complex health issues that disproportionately impact people living in cities. Within our ten-year programme dedicated to reducing progression to **multiple long-term conditions**, we are working with local, national and international organisations, groups and individuals to understand how financial health, housing and work drive health inequity, and to inform the redesign of systems to tackle this.

*Impact on Urban Health is a part of Guy's & St Thomas' Foundation*

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## Foreword

Health inequity - avoidable, unfair and systematic differences in health between groups of people - is growing in the UK. The COVID-19 pandemic has exposed the health gap between those living in our most deprived and affluent communities. And it is our cities and urban areas that have the most striking contrasts in health.

We see this in the London boroughs of Southwark and Lambeth where we work. They are unequal: one in five residents live in the most deprived neighbourhoods in the UK but they are never far from some of the richest neighbourhoods in the country. They are among the most ethnically diverse places in the UK. And they have deep inequalities in health. These are challenges faced by urban areas around the world. Which is why we hope our work at Impact on Urban Health is relevant not just for our home boroughs, or for London at a whole, but for anyone looking to make cities healthier, particularly for their most disadvantaged residents.

Slowing people's progression from one to many long-term conditions is one of the biggest urban health challenges. Long-term conditions are those - both physical and mental - for which there is no cure and which are managed with drugs and other treatment, for example diabetes, depression, chronic pain, chronic obstructive pulmonary disease and hypertension. Over 15 million people in the UK live with one long-term condition and around three million live with three or more and the effect on their quality of life can be devastating.

In 2017, we embarked on a ten-year programme to understand why and how people develop multiple long-term conditions and to deliver solutions that slow this progression. Working collaboratively with local and national partner organisations, we use existing evidence and new research to build an accurate picture of the scale and nature of the problem.

As this report shows in Southwark and Lambeth, the journey to multiple long-term conditions starts early. People begin to develop multiple long-term conditions in their thirties and early forties on average.

And this early decline in health and wellbeing hits those already affected by other forms of inequality the hardest. Women, Black people and those living in deprived neighbourhoods are more likely to live with more than one long-term condition.

But none of this is inevitable. One long-term condition does not have to lead to multiple long-term conditions. We know that the more pressures people face in their lives, whether from poverty, having an insecure job or housing, or facing racism, sexism and other forms of discrimination, the more likely they are to go from one condition to many. And we also know that those pressures, as deep-rooted as they are, can be eased by getting people the right kinds of support early enough for it to make a difference.

To seize this opportunity we need to think broader than health care and the NHS. That means employers making health a deliberate part of job design and working conditions in essential urban industries. It means lenders and landlords including long-term health conditions by default in their vulnerable customer policies. And policy makers, property owners and letting agents building a market for affordable, secure, private sector tenancies that are good for health.

These are long-term issues which no organisation or sector can fix alone. They will take creativity and innovation; the willingness to build new forms of collaboration; and, crucially, listening to and amplifying the voices of the people whose daily lives are shaped by health inequity.

We believe by working together we can slow down people's progression to multiple long-term conditions, transforming lives and urban communities. Now is the time to do it.



**Kieron Boyle, Chief Executive**  
Impact on Urban Health

# NEW COVENANT CHURCH

## Executive summary

Cities are deeply unequal places. They afford good health and ample opportunity in life for some and ill health and barriers to wellbeing for others. Health conditions like diabetes, depression and chronic pain dominate twenty-first century urban living and they are disproportionate in their impact. Women, Black people and those living in deprived neighbourhoods are far more likely to develop multiple long-term conditions.

This injustice in who experiences good health is driven by systems and structures in our society and economy. Housing, employment and deprivation all contribute to the unjust patterns of health inequalities we see in urban places. These inequalities are upheld by decisions made every day in the real world by real people, in national and local government, statutory services and industry. These choices exacerbate experiences of precarity, uncertainty, discrimination, lack of control and powerlessness which have a profound impact on people's health. The practical steps that we can all take to reduce health inequity are the subject of this report.

This report has a clear ask to all those working to address social issues, including poverty and debt, housing and employment – to treat these problems as health problems, as well as being important in their own right. It provides insights from lived experience highlighting that there are key moments in people's lives where an effective support system can make the difference between stable health and a deterioration to multiple long-term conditions. It is also calling on those who shape policy for our healthcare system to take a much wider view of public health – one which looks holistically at the factors underpinning people's progression to multiple long-term conditions, particularly in the context of economic downturn.

Our conclusions are as follows:

1. The unequal way that people develop multiple long-term health conditions is a mirror for broader health inequity in our cities. Differences by income, ethnicity, first language, country of birth and even neighbourhood show that the origins of multiple long-term conditions are often social and economic.
2. There is a reciprocal relationship between financial health and multiple long-term conditions. Despite this, systems and support services are fragmented and too often treat them as separate issues, worsening the negative impact each has on the other.
3. Health and work are strongly linked. Employers have enormous influence on health, especially in essential industries with large numbers of staff living on low incomes, for example in health and social care, supermarkets, waste collection and early years education. Job design, especially for low income roles, routes out of precarious employment and ownership of decision-making are crucial components to averting the ill health effects of bad work.
4. Precarious tenancies and poor living conditions pair with ill health, especially mental ill health. We must focus on the private rented sector, making it more secure, affordable and accessible in cities, for maximum impact on health inequity.
5. Neighbourhoods need civic infrastructure to foster good health for all. Despite being the places where health is made, the role of neighbourhoods is under-recognised and under-funded today.

We conclude this report with changes we wish to see in cities and invite you to join us in our mission to weaken the link between social and economic determinants and our health, in order to slow people's progression to multiple long-term conditions.

# Introduction



## Inequity is a health issue

Few places are as diverse as ours, as seen in figure 1. While this vibrancy is an asset, it also delivers a deeply unjust distribution of opportunity.

**Figure 1:** The population of Lambeth and Southwark is extremely diverse. Nearly every other resident is from a Black, Asian, Mixed, Arab or other ethnic minority



|                     |                     |                     |                     |                     |                    |
|---------------------|---------------------|---------------------|---------------------|---------------------|--------------------|
| 56%                 | 26%                 | 8%                  | 7%                  | 2%                  | 1%                 |
| White ethnic groups | Black ethnic groups | Asian ethnic groups | Mixed ethnic groups | Other ethnic groups | Arab ethnic groups |

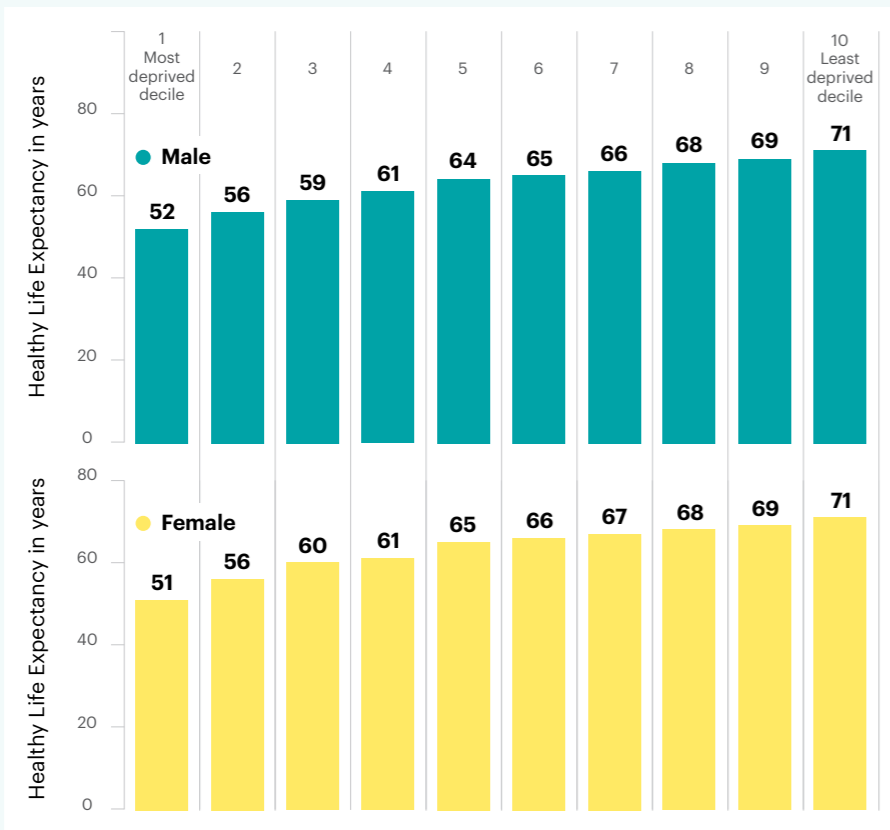
Source: Office of National Statistics. Census 2011. Table KS201EW. www.nomisweb.co.uk/census/2011/KS201ew. Accessed 28 Jan. 2021.

The stark differences in the length and quality of people's lives in urban areas are not inevitable and so can be improved. We know inequalities in income, employment and housing contribute to health inequity in our place – those who live in more

affluent areas can enjoy up to 19 more years of healthy living compared to those in more deprived areas (see figure 2). We are still learning how to practically address this injustice and slow down the progression from one long-term condition to many.

**Figure 2:** The gap in healthy life expectancy is 19 years between the least and most deprived areas in England

**Healthy life expectancy in England**



**Healthy life expectancy in years:**

**61**  
Male living in Lambeth

**63**  
Male living in Southwark

**63**  
Female living in Lambeth

**66**  
Female living in Southwark

**Source:** Office for National Statistics. Health state life expectancies, UK: 2016 to 2018. Statistical bulletin. December 2019. [www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2016to2018](http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2016to2018). Accessed 28 Jan. 2021.

In 2018 we published From One to Many. This report showed that a third of people living in Lambeth and Southwark with long-term health conditions were under 65 and that your chances of moving from one long-term condition to many depended on your income, ethnicity and personal circumstances. The same is true today. People are developing long-term conditions at an

early age and underlying inequalities speed up people's journeys to multiple conditions. On average, people first become ill at the age of 35, five years before the NHS begins offering routine health checks. Nearly one in three Black adults in Lambeth and Southwark already live with more than one long-term condition; no other ethnicity is so disproportionately affected.

Health conditions related to the pressures of twenty-first century urban living dominate the picture. Chronic pain, hypertension, depression, diabetes and anxiety are common. Of all people developing a second long-term condition, more than half will struggle with their mental health. This is because of the complex and mutually reinforcing ways in which the social, economic and emotional pressures of living with ill health interact – the pressures of life make us sicker and being sick adds to the pressure of our lives.

**The pressures of life make us sicker and being sick adds to the pressure of our lives**

Each chapter in this report describes an aspect of socio-economic determinants of our health. Beginning with an overview of the inequity in multiple long-term conditions in Lambeth, the report then discusses the relationship between health and money, work, secure homes and neighbourhoods in distinct chapters. Through case studies of work funded by Impact on Urban Health and others, we define problems and explore solutions, giving a diversity of perspectives on each issue. We highlight questions that are yet to be answered, share views from sector experts, feature projects we are inspired by and amplify local voices of people living in our place. By sharing expertise gathered elsewhere, we can help diverse sectors, organisations, groups and individuals to improve health and its wider determinants.

The good news is none of this inevitable. Research reinforces what people living in Lambeth and Southwark tell us: that intervening when people are younger would make a huge difference. Four areas are particularly important: financial health, good work, decent housing and healthy neighbourhoods hold the power to slowing the progression from one long-term health condition to many.



# Health inequity in Lambeth

Researchers from King's College London have analysed health data from interactions between GPs and patients in Lambeth in 2020, as part of a broader study examining 15 years of data<sup>1</sup>. The research highlights the true scale and impact of health inequality in our place, observed through the lens of people's journeys from one to multiple long-term conditions. Its insight helps to shape our response to this major urban health challenge. The headlines from this research are:

## Multiple long-term conditions are an inequity issue

Neighbourhoods that experience high deprivation are home to a higher proportion of people living with multiple long-term conditions. More than one in five (23%) people in the most deprived places in Lambeth live with multiple long-term conditions,

compared to only one in ten (11%) in the least deprived neighbourhoods.<sup>2</sup> Figure 3 shows that people living in more deprived neighbourhoods, such as West Norwood South, Loughborough Road and Brixton North, are more likely to live with two or more conditions.

**Figure 3:** In deprived neighbourhoods in Lambeth the share of people living with long-term conditions is greater than in affluent areas



**Sources:** Ministry of Housing, Communities & Local Government. English indices of deprivation 2019. National Statistics. [www.gov.uk/government/statistics/english-indices-of-deprivation-2019](http://www.gov.uk/government/statistics/english-indices-of-deprivation-2019). Accessed 28 Jan. 2021; and Ashworth, Mark, et al. Primary care data analysis from Lambeth Data Net. 2020. Unpublished (see page 52 of this report).

<sup>1</sup> The research covers Lambeth only. The picture in Southwark will be different, but as neighbouring urban areas, which experience similar demographics, pressures and protective factors, we believe experiences to be similar enough, and are therefore addressing both boroughs in subsequent chapters. Details of the methodology, timeframe and rationale for this research can be found on page 52 of this report.

<sup>2</sup> Age adjustment of multiple long-term condition prevalence figures - Age is known to be a strong driver of the prevalence of multiple long-term conditions and the average age of a population tends to differ between socio-demographic groups. An adjustment for population age was undertaken to ensure that the differences in prevalence of multiple long-term conditions observed between socio-demographic groups were not solely due to differences in age profile. This age adjustment was particularly relevant to the comparison of deprivation and ethnicity groups. For deprivation, after age adjustment, the gap between the most and least deprived places in Lambeth persisted (there was a gap of around 12% before adjustment, compared to around 10% after adjustment). For ethnicity, after age adjustment, the gap between Black communities and Asian and White communities also persisted, albeit with a smaller gap (of approximately 7% between people in Black and White communities, compared to 12% before this adjustment). This indicates that differences in age profile accounted for some, but not all, of the observed difference in multiple long-term condition burden between different ethnic communities in Lambeth and Southwark.

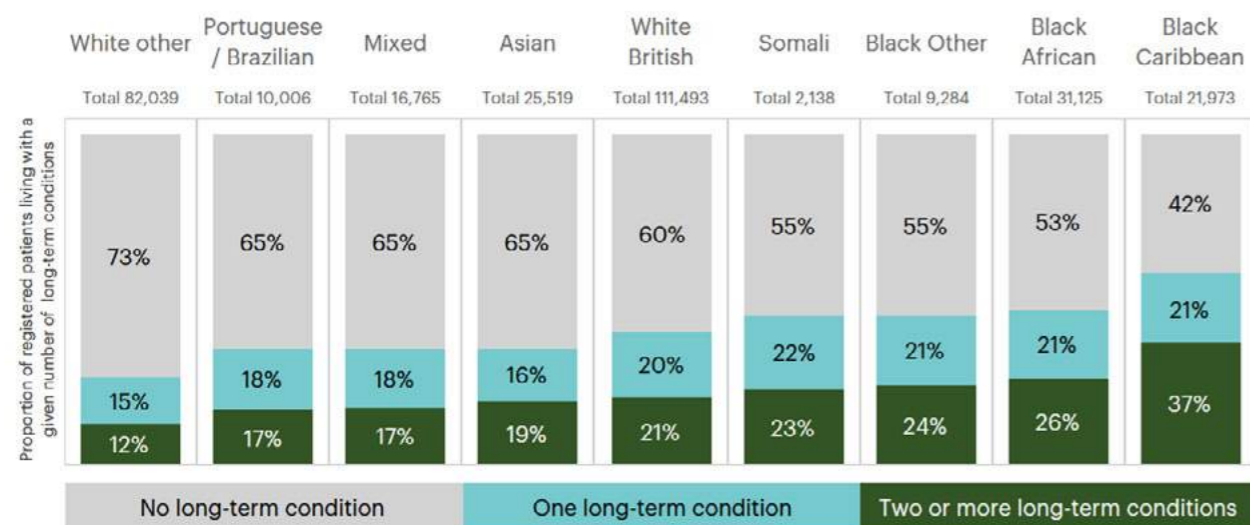
## People from Black and ethnic minority communities face the biggest health inequities

Black people are more likely to experience deprivation than people of other ethnicities in Lambeth. The proportion of people living with two or more long-term conditions is substantially higher among Black communities (29%) than in Asian (19%) and White (17%) communities. Looking closely at specific ethnicities, we see a particularly high share of people living with multiple long-term conditions in the Black Caribbean community (37%), as shown in figure 4. We see a particularly low share of people living with two or more long-term conditions who identify as White other (12%).

Although people from Black and some ethnic minority communities are more likely to experience multiple long-term conditions, White people are being diagnosed earlier. On average, White people are being diagnosed with their first condition at age 32 and then their second at 41. Black and Asian people are, on average, diagnosed four years later, with their first condition at age 36 and their second at 45 for

Black people and 46 for Asian people<sup>3</sup>. We hypothesise Black people are, on average, experiencing their first long-term condition just as early as White people but that there are systemic reasons behind their diagnosis being delayed. For example, common mental health conditions are much less likely to be picked up in Black people living with multiple long-term conditions. Of those living with two or more conditions, 26% of Black people lived with diagnosed depression and 38% with anxiety, compared with 45% of White people living with depression and 56% with anxiety. A range of factors are contributing to these needs not being identified and treated. These include lack of trust in mainstream services amongst Black communities, patterns of racism and stigma in the healthcare system and a disbelief among Black people that the healthcare system can meet their needs.<sup>4</sup> These factors were identified in our recent COVID-19 Lived Experience research, which was delivered by community researchers working within their communities<sup>5</sup>.

**Figure 4:** Black people in Lambeth are more likely to live with two or more long-term health conditions than any other ethnic group



**Source:** Ashworth, Mark, et al. Primary care data analysis from Lambeth Data Net. 2020. Unpublished (see page 52 of this report).

<sup>3</sup> The potential impact of population age profile on age at first diagnosis figures: the age profile of different socio-demographic groups can influence differences in prevalence of conditions (as described above), but also in age of onset/diagnosis of conditions. The age at first diagnosis figures used in this report, and compared between different socio-demographic groups, are not adjusted for these differences in background population age, so may potentially be impacted by these differences. In addition, age at diagnosis may sometimes be delayed in the data due to known data quality issues which can occasionally impact people moving between GP practices. Age at diagnosis figures should be interpreted with these considerations in mind.

<sup>4</sup> Race Equality Foundation. Racial disparities in mental health: Literature and evidence review. 2019. [www.raceequalityfoundation.org.uk/wp-content/uploads/2020/03/mental-health-report-v5-2.pdf](http://www.raceequalityfoundation.org.uk/wp-content/uploads/2020/03/mental-health-report-v5-2.pdf). Accessed 28 Jan. 2021.

<sup>5</sup> The Social Innovation Partnership. Covid-19 Lived Experience Research; October 2020. Final Report and summary video. Accessed 28 Jan. 2021.

## We need to detect and treat long-term conditions far earlier

On average, people in our place living with long-term conditions are diagnosed with their first health condition at age 35, quickly followed by a second condition at age 42. Risk factors, such as smoking or high cholesterol, are often evident earlier. 62% of people living with two or more conditions experience at least one risk factor before they develop a second condition.

## Urban health challenges vary between neighbouring communities and require deep understanding and tailored solutions

Experiences of ill health vary between communities. Nuanced analysis of health in different communities is imperative to avoid the ‘tyranny of averages’. By looking at people’s ethnicity, language and country of birth combined, we detect great differences between communities in identification of two or more long-term conditions: from 17% in the Portuguese speaking community, to 21% for White British people, 23% in the Somali community (the largest refugee community in Lambeth), 26% amongst Black Africans and 37% in the Black Caribbean community<sup>6</sup>. Addressing the differences between communities will inevitably require deep understanding and tailored solutions.

## We need to take a preventative approach, which tackles the wider determinants of health

Our programme focuses on even earlier signs in people’s lives that their health will be at risk, related

to their finances, employment and homes. To spot the warning signs that identify those most at risk of developing long-term conditions, the healthcare system needs to take a more preventative approach, intervening earlier and considering the social determinants of health, rather than addressing health issues in isolation. First and foremost, this change is needed to improve people’s lives, closing unjust gaps in health outcomes. But there are also benefits to the public purse, as supporting people living with multiple long-term conditions is costly.

## Chronic pain and mental health conditions, like depression and anxiety, shape the daily lives of many people in our young, urban and diverse place

11% of people in our place experience chronic pain, rising to 52% among people living with two or more long-term health conditions. Yet pain is poorly understood and managed in our healthcare system. 11% of all people and 38% of those living with two or more long-term conditions experience depression. These commonly under-diagnosed and under-treated conditions are closely related to the way we live now, influenced by socio-economic factors including insecure housing, precarious work, unsafe neighbourhoods, isolation and financial difficulties.

Taking what we have learnt from this research, and from our work with partners in local communities, the following sections of this report illustrate how we can tackle health inequity in four areas – finance, work, housing and neighbourhoods - to change the direction of the current urban health crisis playing out in people’s lives.

Key questions in our work, which we are keen to discuss and explore with others are:

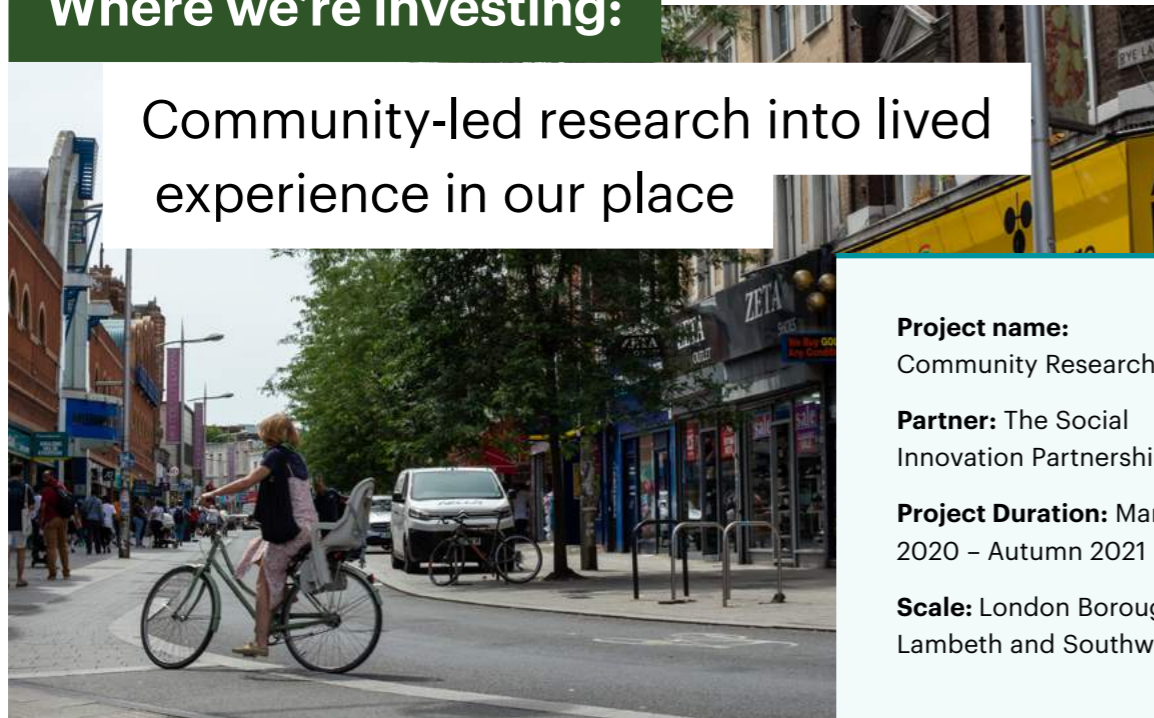
- What can we practically do to break down silos between organisations that work on physical health, mental health and the social determinants of health?
- How can we build trust between Black and other ethnic minority communities and healthcare providers, employers and civic institutions, as this will be critical to closing the equity gap in health outcomes?

<sup>6</sup> If adjusting to assume the age structure is the same for all communities, then we find that the prevalence of two or more long-term conditions is between 27% to 34% among the Somali community, 24-27% among the Portuguese speaking community, 28-29% among the White British, 31-32% among the Black African and 34-36% among the Black Caribbean community.



## Where we're investing:

### Community-led research into lived experience in our place



**Project name:**  
Community Researchers

**Partner:** The Social Innovation Partnership

**Project Duration:** March 2020 – Autumn 2021

**Scale:** London Boroughs of Lambeth and Southwark

A common response to the pressing need to address health inequities is to encourage people from under-served communities to engage with local health services. This assumes that awareness and access to services are barriers to better health. However, research funded by Impact on Urban Health and carried out by The Social Innovation Partnership (TSIP) in 2020 is challenging this understanding of the underlying drivers.

In fact, community researchers from Black and ethnic minority communities, who were listening to and speaking with people in their communities, found high levels of distrust in the government and the healthcare system. People know where to go for services, they choose not to. Many talked about negative past experiences, a belief that the system does not have their health at heart and a lack of trust in health advice, including scepticism towards vaccines exacerbated by COVID-19.

The reasons for this distrust are complex and deep-rooted. They include a growing awareness of poorer health outcomes experienced by people from Black and ethnic minority communities, with COVID-19 seen as just the latest example, experiences of institutional racism and injustice by public institutions and the impact of global racial tensions.

This distrust means that, whilst the healthcare system may be wanting to reach out and bring people in, many people from Black and ethnic minority communities will not respond, because they do not trust the system genuinely understands or wants to help them. Opportunities are therefore missed to connect at key moments in people's lives where an effective support system can make the difference between stable health and a deterioration to multiple long-term conditions.

Opportunities are therefore missed to connect at key moments in people's lives where an effective support system can make the difference between stable health and a deterioration to multiple long-term conditions.

In 2021, we are supporting TSIP's community research team and other Black-led organisations to look at these issues in more detail and understand how to respond in community-led ways. From the listening we have done so far, we believe the healthcare system needs to fundamentally change the way it interacts with communities. For example, by going to where people are, starting with communities not institutions, taking the time to understand their experiences and aspirations and enabling genuine co-production of services by giving decision-making and power to communities.



## Health & Money

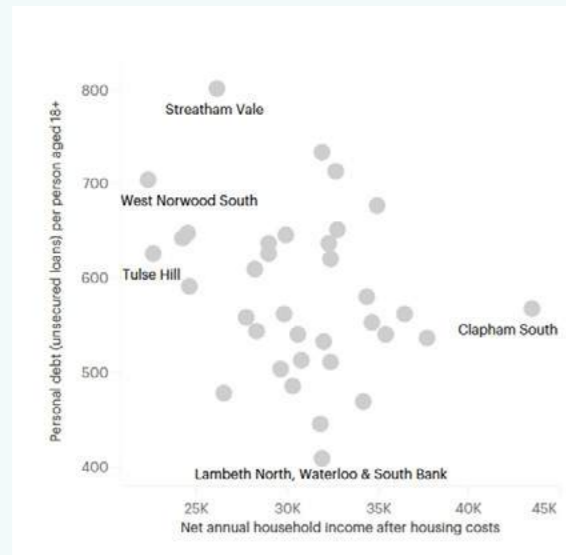
There are clear links between our physical, mental and financial health. Research and the voices of people living and working in our place tell us that, for many, health issues and problems with money exacerbate each other. Uncertainty and worry about finances matter as much for health as the effects of living on a low income.

For example, people with long-term health conditions often have less, or a more precarious, income – due to being too ill to work or work regular hours – and more expenses on medication, transport, a special diet, physical exercise to manage pain and ways to keep emotionally well. Conversely, money problems can mean scrimping on food, heating or other essential items and can increase a person's stress and anxiety. These fluctuating and unpredictable pressures impact on our physical and mental health. The burden of managing health can reduce our 'mental bandwidth' to deal with ever changing financial challenges. That burden is unequally distributed in the population, as poor health and financial difficulty jointly affect people in some neighbourhoods more than in others, as shown in figure 5.

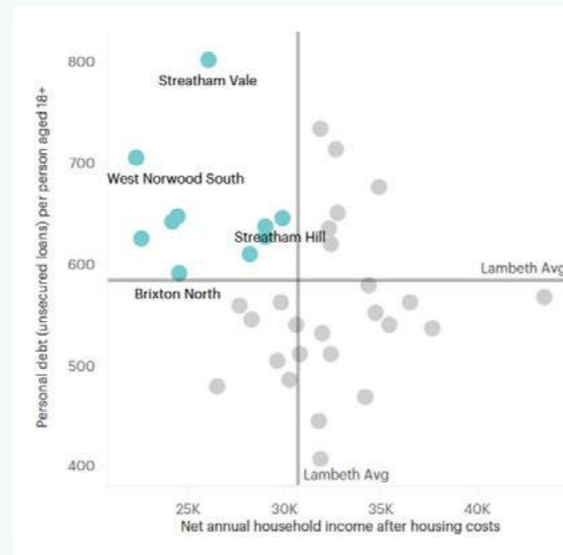
The burden of managing health can reduce our 'mental bandwidth' to deal with ever changing financial challenges

**Figure 5:** Poor health and financial difficulty go hand in hand in some Lambeth neighbourhoods

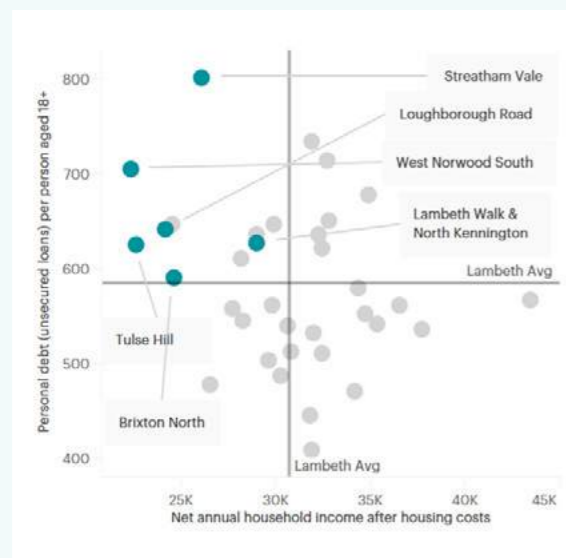
**Neighbourhoods vary by average levels of household income and personal unsecured debt**



**People in these 10 neighbourhoods are more likely to face financial difficulty (high unsecured debt and low income combined)**



**6 out of 10 of these neighbourhoods are also in the top 20% in Lambeth for prevalence of diabetes and hypertension**



**Source:** Office for National Statistics. Net annual income after housing costs. Income estimates for small areas, England and Wales. 2018. [www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/datasets/smallareaincomeestimates-formiddletolayersuperoutputareaseinglandandwales](http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/datasets/smallareaincomeestimates-formiddletolayersuperoutputareaseinglandandwales). Accessed 28 Jan. 2021; and UK Finance. Personal Debt modelled from postcode sector to Output Areas by Oxford Consultants for Social Inclusion (OCSI); [www.ukfinance.org.uk/data-and-research/data/household-finance/personal-loans-within-uk-postcodes](http://www.ukfinance.org.uk/data-and-research/data/household-finance/personal-loans-within-uk-postcodes). Accessed 28 Jan. 2021; and Ashworth, Mark, et al. Primary care data analysis from Lambeth Data Net. 2020. Unpublished (see page 52 this report).

Money and health difficulties affect some people more than others and can be influenced by both neighbourhood and ethnicity. For example, people from Black-African, Black-Caribbean and other Black communities across the UK are more than twice as likely to be struggling financially and more than three times as likely to live in a household that is behind on bills or rent<sup>7</sup>. This compounds the health issues outlined in the previous chapter. The economic consequences of the COVID-19 pandemic are that people from Black communities are now more than twice as likely to anticipate difficulties paying their usual bills and expenses (ca. 34% of Black respondents vs. 14% national average)<sup>8</sup>. Single parent households are another group at higher risk, given they are twice as likely as coupled households to live in poverty.<sup>9</sup>

Currently, many people do not get the support they need to manage their finances until debts, and associated stress, anxiety and depression, are mounting up. Support often comes too late and fails to address underlying issues. Even when it is addressed, financial difficulty is tackled in isolation and often without considering its negative impact on health.

It is vital we start to recognise and act decisively on the connection between health and money. We believe treating people's financial health in tandem with their physical and mental health will benefit local people and help to create healthier communities.

**How we are addressing health and money**

Impact on Urban Health is investing in innovative ways to address the dual challenge of health and financial health. We are engaging with local and national health, welfare and finance organisations and exploring new ways of working with employers, creditors, landlords and community groups. We invite professionals from all sectors to see the health impact of their work and help build trusted relationships within communities to get health and financial health right for people.

In future, we will build on the investment examples outlined in this report, with diverse partnerships that break the link between poor finances and poor health. We will test if easing the financial pressures in people's lives can be good for health and slow the progression from one to many long-term conditions.



<sup>7</sup> Henry Parkes, Shreya Nanda, Anna Round. Black, Asian and minority ethnic groups at greater risk of problem debt since Covid-19. Institute for Public Policy Research. 2020. [www.ippr.org/blog/minority-ethnic-groups-face-greater-problem-debt-risk-since-covid-19](http://www.ippr.org/blog/minority-ethnic-groups-face-greater-problem-debt-risk-since-covid-19). Accessed 28 Jan. 2021.

<sup>8</sup> Henry Parkes, Shreya Nanda, Anna Round. Black, Asian and minority ethnic groups at greater risk of problem debt since Covid-19. Institute for Public Policy Research. 2020. [www.ippr.org/blog/minority-ethnic-groups-face-greater-problem-debt-risk-since-covid-19](http://www.ippr.org/blog/minority-ethnic-groups-face-greater-problem-debt-risk-since-covid-19). Accessed 28 Jan. 2021.

<sup>9</sup> Joe Dromey, Laura Dewar, Jerome Finnegan. Tackling single parent poverty after coronavirus. Learning and Work Institute and Gingerbread. December 2020. Pp12-13, based on ONS data. [www.gingerbread.org.uk/policy-campaigns/publications-index/tackling-single-parent-poverty-after-coronavirus/](http://www.gingerbread.org.uk/policy-campaigns/publications-index/tackling-single-parent-poverty-after-coronavirus/). Accessed 28 Jan. 2021.



## Where we're investing:

### Offering debt advice and breathing space to prevent crisis for people living with health risks

#### Project name:

COVID Financial Shield

#### Partners:

Centre for Responsible Credit.

#### Joined by:

- Three NHS Primary Care Networks: StockWellBeing PCN, South Southwark PCN, North Southwark PCN
- Southwark Council
- Lambeth Council
- Four housing associations: Metropolitan Thames Valley, Hyde Housing, Optivo Housing and Southern 360 Housing.

#### Project Duration:

October 2020 – March 2022

**Scale:** Neighbourhoods in Lambeth and Southwark

Preventing financial crisis can help to protect the health of people who are at risk of developing multiple long-term conditions. That's why we have committed up to £925,000 to support the development and delivery of the COVID Financial Shield, an ambitious project that is the first of its kind in the UK testing how financial health can improve physical and mental health. This pilot sees local partners working together to halt a 'debt tsunami' kickstarted by the pandemic, with serious knock-on effects for health.

GP practices in Stockwell, Peckham and South Bermondsey are putting people with both financial and health difficulties in touch with new Financial Support Link Workers operating within Social Prescribing Teams. Community-based referral points to the Financial Support Link Workers are also being built. The Financial Support Link Workers will help people access benefits and emergency financial support and, if needed, route them to debt advice to help them get back on their feet financially. Preventing financial shocks that trigger ill health is central to this approach.

In parallel, priority creditors, including councils and social landlords are coordinating their debt enforcement and offering breathing space to local people in financial difficulty and routing those with health problems to social prescribing support. Again, the premise is to prevent events that worsen health. The project will also seek to expand the participating creditor organisations, for example to include utility companies. This project will support people in our place, while delivering wider policy change. It aims to build the business case for creditors to do more to support our health and to inform the national roll-out of 60-day breathing space legislation, as well as other national policy initiatives.

“National policy making to support citizens with health and financial health involves having the right data and expert input. The UK Government's Cabinet Office Debt Management Function works closely with stakeholders across sectors to understand the financial challenges facing families and respond to these appropriately. By doing this, we've managed to innovate while creating a coalition of support for measures, such as the government's fairness principles, Breathing Space, a Call for Evidence on public sector debt management and the Debt Functional Standard.

But to improve even further, the work that Impact on Urban Health and others do is absolutely crucial, because it gets into the details of people's lives and helps government, which can seem one step removed from day-to-day life, understand precisely how policies can be delivered and delivered most effectively.”

**Joe Surtees**, Head of Debt Policy, Government Debt Management Function, Cabinet Office

## Local voices on urban health

From 2018 to 2020, we supported FinWell<sup>10</sup>, a financial and health diaries research project run by Glasgow Caledonian University, to understand the financial challenges faced by people living with long-term conditions. Through in-depth interviews and daily diaries, researchers gathered rich information about the links between health and financial health. This will be used to shape our future work. One of the diarists is Daliya, a 27-year-old mother living with multiple long-term conditions. She tells us:

*“My financial situation can almost dictate how I feel for the rest of the day, like if I have extreme mood swings or panic attacks sometimes, extreme anxiety, you know.”*

Another diarist, Cyra, said:

*“My mental health all depends on my finances. If I'm in a really good bubbly, positive way, my finances are bound to be more stable. If I'm under the weather mentally my [bank account] balance is up and down, I can't concentrate on what I'm spending. It's just a mess.”*

<sup>10</sup> Impact on Urban Health. FinWell: London Financial Diaries. 2021. [www.urbanhealth.org.uk/insights/reports/london-financial-diaries-addressing-the-twin-challenges-of-poor-health-and-financial-difficulty](http://www.urbanhealth.org.uk/insights/reports/london-financial-diaries-addressing-the-twin-challenges-of-poor-health-and-financial-difficulty). Accessed 1 Feb. 2021.

## Ideas in action: The work we're inspired by

### Working across the financial services sector to effect change

Fair4All Finance are a financial inclusion organisation on a mission to increase the resilience and wellbeing of people in vulnerable circumstances, through improving availability of fair and accessible financial products and services.

Sacha Romanovitch OBE, CEO of Fair4All Finance and Co-Chair of the Cabinet Office's Inclusive Economy Partnership, says: "The current financial services system is designed for predictable lives and incomes. Yet around 11 million people in financially vulnerable circumstances are living with unpredictability. It's a number that's growing as the world changes around us, offering a massive opportunity for the whole financial services sector to make a difference to the lives of millions of people and to engage and build loyalty with a large part of the UK population.

"Designing and providing fair and accessible financial products and services can improve the lives of people in a way which gives them dignity and respect and delivers tangible outcomes. For example, one of our community finance investees, Fair for You, has moved 70% of their customers away from harmful high-cost credit by providing access to essential household items through an affordable loan.

# £30

The average customer saving on a week of food or laundrette costs.

Fair4All Finance work with a range of groups and organisations that share their mission, including affordable credit providers, commercial lenders, regulators, researchers and employers, to build on what works well and innovate together to transform the system.

Impact on Urban Health's perspective is that Fair4All Finance have an enterprising and ambitious strategy to catalyse systemic change across the whole financial services sector. We are interested in partnering with commercial, public and charitable organisations that adopt similar enterprising approaches in other industries, to substantially improve the support available for people living with health and money challenges.

# 20+

Positive impacts inc. better mental health, healthier diets and improved sleep.

### Shaping financial products and services that work for people living on a low income

The affordable lender Fair Finance, with support from the JP Morgan Foundation, is using insights from behavioural science, alongside rigorous evaluation methods, to shape solutions that work for people living on a low income. They worked with a service design agency to change their online customer experience with the aim of helping people to only borrow the money they genuinely need. In contrast, most lenders try to increase the amount of money a customer borrows.

Fair Finance found that reducing the default loan amount displayed on their online calculator reduced the size of the loan requested by around 5%, encouraging more affordable borrowing. It also

reduced the difference between what was requested and approved by 12%, improving customer satisfaction. More work is now being done on the impact this has on repayment rates and customer engagement.

Initiatives like this can help provide financial organisations with the evidence they need to improve their products and services in ways that are easy and quick to achieve and that support health and financial health. We welcome insights and examples from other disciplines and industries on how best to deliver both 'quick wins' and structural change for people living with health and money challenges.

### Offering financial advice to hospital patients when they need it most

Citizens Advice Southwark (CAS) provides a range of financial advice and support services in health settings.

Their Macmillan and Dimpleby project provides welfare benefits advice to people affected by cancer in six hospitals across South East London (Guy's and St Thomas', King's College and Princess Royal University, University Hospital Lewisham and Queen Elizabeth in Greenwich). More recently, CAS has established advice outreach services at the Major Trauma Ward and Limb Reconstruction Unit at King's College Hospital.

By going out to meet people in a healthcare setting, the CAS advisors can help people to address financial problems before they reach a crisis point. Outreach service manager, Kymberly Goh, says:

"We witness the link between money and health every day. Some patients miss hospital appointments because they can't afford a taxi or bus fare. Others carry on working when they are extremely sick because they are afraid they won't have enough money to live on or will be evicted. Others have cut down their hours due to their health conditions or just don't have the mental space to deal with money because of everything else on their mind.

"Compared to a cancer diagnosis, being chased to pay a bill may feel minor but people need support to keep on top of their money otherwise things can spiral quickly. We make sure people know what benefits they are entitled to, helping them to apply and appeal, and connect them to

specialist debt or housing support if its needed. By reducing the financial pressure patients are under, we enable them to focus on their treatment and recovery, making a positive difference to their mental and physical health.

Our collaborative approach works well because we are seen as part of the team by healthcare professionals and trusted by patients."

People at risk of dual health and financial difficulties need more cross-sector partnerships like this, designed to reach people where and when they are most in need of support. This model of collaborative working, rolled out across different settings attended by people with long-term conditions, has potential to address common challenges of financial difficulties speeding up people's progression to multiple long-term conditions.

"I would never have known what I'm entitled to had I not received the help and advice from you."

**Patient supported by CAS**

"Thank you, you've helped us to not have to worry so much about finances."

**Patient supported by CAS**

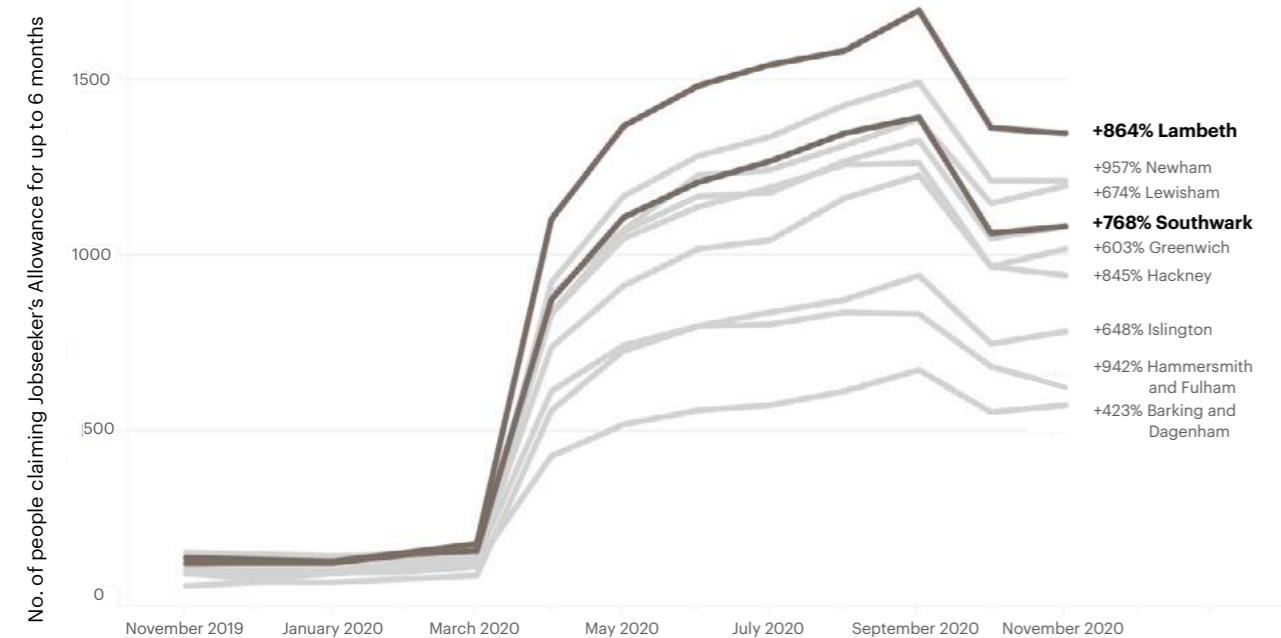
## Health & work

The links between health and work are complex. There is good evidence that employment can have a positive impact on health, resilience and wellbeing and that unemployment has the opposite effect. But employment is only a positive driver of our health if it is 'good work'. Good work, as defined by CIPD, the professional body for experts in people at work, is fairly rewarded, giving people the means to securely make a living, allows for work-life balance, provides a supportive environment, gives employees a voice and choice to shape their working lives and is physically and mentally healthy.

Some forms of employment, involving jobs that are precarious, low-paid, physically demanding or dangerous and unsupportive workplaces where people face discrimination, have an adverse effect on mental and physical health. The work that keeps our country going is done by essential workers, whose roles are often characterised by low pay, shift work and job precarity. These features of 'bad work' have a negative impact on health, in fact it is the nature of our work that makes us ill, on top of the effects of living on a low income. Poor health outcomes and persistent problems in the structure of the labour market, such as the well documented issues around recruitment and retention in the health and social care sector, are consequences of bad work.

Since the economic downturn, opportunities to access good work in Lambeth and Southwark are limited for some and have all but vanished for many. Recent unemployment and new precarity are on the rise, as seen in Figure 6. In the 'gig economy', with the prevalence of zero-hours contracts rising, work in our boroughs is often insecure and poorly paid. Hours are long and anti-social, with night shifts increasingly common in a 24-hour society. For people living with the risk of long-term health conditions this type of uncertain and precarious work, which is stressful, disruptive to sleep and diet or physically demanding, combined with an arms-length, unsupportive relationship with an employer can force them to drop out of the workforce.

**Figure 6:** Among the London boroughs with highest health deprivation, people in Lambeth and Southwark are also experiencing the highest short-term unemployment



**Sources:** Office for National Statistics. Number of resident population aged 16-64 claiming Jobseeker's Allowance for up to 6 months. Nov 2019-Nov 2020 [www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=18](http://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=18) and Ministry of Housing, Communities & Local Government. English indices of deprivation 2019. National Statistics. [www.gov.uk/government/statistics/english-indices-of-deprivation-2019](http://www.gov.uk/government/statistics/english-indices-of-deprivation-2019). Accessed 28 Jan. 2021

In places like ours where precarious work is widespread, the impact that bad work or joblessness and uncertainty can have on mental and physical health is profound. This burden is disproportionately shouldered by Black communities, and there are more Black communities in Lambeth and Southwark than in other parts of London. In fact, the share of Black residents is the highest in the country in Lambeth (25.9%) and Southwark (26.9%), only exceeded by the neighbouring borough of Lewisham (27.2%)<sup>11</sup>.

In neighbourhoods in Lambeth and Southwark where a third or more of the population are from Black communities, unemployment and ill health are more common than in other parts of our boroughs (see Figure 7). Wider inequalities create a disproportionate health and economic burden for Black people in our place, suggesting that systemic racism is a driver in the relationship between health and work in Lambeth and Southwark.

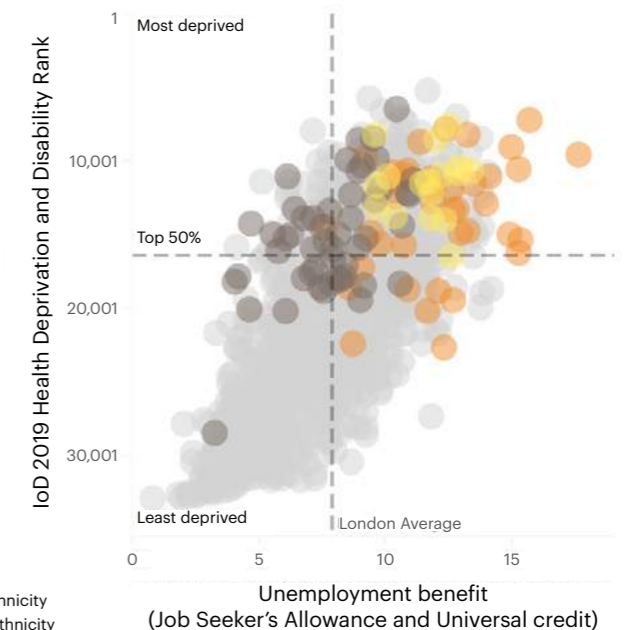
**Figure 7: Neighbourhoods where a third or more of the population are of Black ethnicity have worse health and job outcomes**

London consists of 983 neighbourhoods and in 61 of them, at least every third resident is from Black ethnic communities. A cluster of these neighbourhoods is in Lambeth and Southwark – in fact, over a quarter of them is located here...



● Lambeth & Southwark, <33% black ethnicity    ● London Other, <33% black ethnicity  
● Lambeth & Southwark, >=33% black ethnicity    ● London Other, >=33% black ethnicity

These neighbourhoods are affected by higher health deprivation and unemployment than elsewhere.



**Sources:** Department for Work and Pensions (DWP). Unemployment benefit (JSA and Universal Credit), August 2020. [www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=72](http://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=72). Accessed 28 Jan. 2021; and Ministry of Housing Communities and Local Government (MHCLG), IoD 2019 Health Deprivation and Disability Rank, 2019 [www.gov.uk/government/statistics/english-indices-of-deprivation-2019](http://www.gov.uk/government/statistics/english-indices-of-deprivation-2019). Accessed 28 Jan. 2021; and Office of National Statistics. Census 2011. Table KS201EW. [www.nomisweb.co.uk/census/2011/KS201ew](http://www.nomisweb.co.uk/census/2011/KS201ew). Accessed 28 Jan. 2021.

### How we are addressing health and work

Impact on Urban Health is exploring how good work can be harnessed as a positive force for health, slowing progression to multiple long-term conditions early on in the lives of people who experience structural disadvantage.

We want to work with employers to use their enormous influence on health, not just by tackling bad work head on but by actively building healthier lives through the workplace. So, we are inviting local employers to work with us to make jobs better for people's health, through deliberate design. First, we need to build employers' understanding that investing in health pays off for business and their staff, especially for and with people in lower income roles.

We then need to give employers the tools to talk about health with their workers, opening up positive dialogue about health and wellbeing. Normalising health-related conversations between employee and employer and removing the fear and risk associated with sharing information about health, is critical to preventing and

managing long-term conditions at work and ensuring job retention.

We are also investigating how good work and genuine opportunities to advance professionally can offer paths out of precarious employment for people at risk of developing multiple long-term conditions. We focus on investing in and working with organisations led by and connected to Black communities, to open up access to good work and improve health in these communities.

In summary, we are inviting others to work with us to explore what good work can do for the health of our essential workers. In the wake of the COVID-19 pandemic, those that have kept London going should be central to its inclusive economic recovery, benefitting from it, rather than paying dearly with deteriorating health. We are looking to work with partners and employers across different sectors to find pragmatic ways to protect and improve the health at work of people at the highest risk of progression to multiple long-term conditions.

## Where we're investing:

### Black-led investment in mental health and work



**Project name:** Black Thrive Employment Project

**Partners:** Black Thrive Lambeth

**Project Duration:**  
March 2020 – June 2022

**Scale:**  
London borough of Lambeth

Black people in Lambeth face severe inequities in health, their financial situation, housing and employment, as outlined throughout this report. To begin to address this, we have invested more than £700,000 in our partner Black Thrive, a Black wellbeing partnership. Black Thrive collaborates with employers, statutory and community partners to pilot solutions and achieve justice.

The employment project seeks to ensure Black people in Lambeth with long-term conditions are no less likely to be in good work than their White neighbours and that they have access to appropriate in-work support in order to thrive. It includes a £300,000 grant fund to be allocated to projects seeking to shift the dial on employment outcomes for Black Lambeth residents living with long-term conditions.

Decision-making on how to award the delegated funds for maximum impact is independently led by Black Thrive. Local Black people with relevant lived

experience form the employment working group which decides on actions to change the systems that uphold racism and disadvantage in the labour market. All community members of the working group are paid for their time.

In autumn 2020, the employment working group awarded grants of between £2,000 and £43,000, totalling more than £122,000, to eight projects (the majority of which are Black-led and/or disabled-led) in its first round of funding. For example, local organisation Aspire to Inspire Dyslexia CIC will use the money to deliver an 18-month programme offering flexible one-to-one support and online workshops to Black Lambeth residents living with dyslexia and other learning difficulties who are facing barriers to employment. Another award went to local resident Ulanah Morris, who will deliver a self-care, trauma-sensitive programme covering stress management and mindfulness techniques, to support six Black people in work who are also living with long-term conditions.

## Local voices on urban health

### Yvonne's story

Yvonne\* (names have been changed for anonymity) is a retired nurse who has lived in Lambeth since she moved to the UK from Jamaica 30 years ago. She has directly experienced the negative impact multiple long-term health conditions can have on working life; experience she is using to inform change through the Black Thrive employment working group. Yvonne says: "I'd had health problems for a long time, but in 2012 I had to retire from nursing on the grounds of ill health. I wanted to carry on working but in the end, I didn't really have a choice. I needed support but there were no attempts to put anything in place for me and I felt I had nobody to turn to."

In her 40s, Yvonne was diagnosed with a rare condition called sarcoidosis which affects her breathing and eyesight. She is also living with diabetes, high blood pressure and mental ill health.

"My work environment became toxic and extremely stressful. I was made to feel I was not fit for purpose. My mental health started to suffer, I got depressed. It is so important to have a supportive work environment, otherwise your health is just going to go downhill. When you get stressed you get other problems, like with my high blood pressure. I know if my employer had been more flexible and supportive, I could have stayed in work. After I left, not working meant my mental health went down even more. I don't like doing nothing. I need to be active."

Yvonne first got involved with Black Thrive through their mental health support services and has embraced the opportunity to join the employment working group: "We all have direct experience, either personally or through family members, of the challenges of being Black and living with long-term conditions. It's important we have that knowledge and that the organisations we fund are run by those who properly understand the reality of what people are going through. I don't want what happened to me to happen to anyone else. I want to see things put in place that I know would have helped me at work. People should feel confident about disclosing health and wellbeing issues to their employer, there needs to be that trust."

"I am enjoying having a sense of purpose again and being able to make a difference for others in the community. There's a lot of mental illness in our community and Black people go through a lot. I hope people will look at what happened to me and see that there needs to be a change."



## Teresa's story

Teresa\* (names have been changed for anonymity) has worked in the voluntary and public sector in housing and commissioning roles for many years, but the driving force behind her involvement with the employment working group is her experience as a parent: "I have a 36-year-old son with serious and enduring mental health problems. Having poor mental health in your teens should not turn into a lifelong condition that robs you of your life and your aspirations. But that's what happens to many young Black people.

"It's been a nightmare. Since Anthony was first diagnosed his experience of the system has been exactly how it shouldn't be. The challenge goes on every day. He's Black and male in a system that is structurally and institutionally racist. It's unbelievable that one of the most diverse boroughs in the country does not have people in the healthcare system that Black young people can trust and relate to. We need to see real diversity in power structures."

Anthony lives in Lambeth in supported housing. The lack of employment support available is something Teresa wants to change for him and other young Black men: "My son's experience of employment support has been so, so bad. He wants to work but there has been very little help available to find a job. Community-led projects like the Black Thrive Employment Project make me feel hopeful. My family has lived in Lambeth for 60 years and I feel very much part of the fabric of the borough. I am putting my energy into trying to change things with other local people rather than on my own. We all share an ambition to improve Black people's experience in the healthcare system.

"I see the system from two sides, strategically as a professional and personally, through my lived experience. I can walk that line. When we were deciding on funding, I was looking for things I recognised, that I think are important. I wanted to see a certain authenticity; people that are coming from a place of integrity. It is not just about writing a strong bid, they needed to speak about clients in an empowering way. Throughout the shortlisting process I was keeping my son in mind, thinking would he trust these people? Would he go to them?"

"We need to change things for other families. I am conscious that many people in my position, without my experience and resources, are not seen or heard by the system. They don't have a voice, it's like they're not there.

"What's important about an initiative like this is it is real and tangible. It means we will immediately see practical, Black-led change in the community. As a direct result of this funding, from 2021, there will be two or three more options open to my son."

## Ideas in action: The work we're inspired by

### Focus on healthy sleep helps employers to look after workers' wellbeing

Night Club is a great example of how employers can work with health experts to do more to look after the wellbeing of employees who work during the night when others are asleep. This project brings together sleep researchers and shift workers to create a better and healthier experience of working at night. It advises staff on better sleeping habits and helps employers review their operations. In our increasingly 24-hour society, one in eight people in the UK work night shifts. However, working at night can be difficult for the body and mind to adapt to, with sleep disruption linked to long-term health conditions including diabetes, hypertension and depression.

Night Club is integrated into workplaces and supports night workers with expert advice and resources on sleep health. Co-op, one of the large employers involved in Night Club, reports that engaging with night workers about sleep opened up opportunities to listen and have positive conversations about wellbeing and mental health with employees.

Models like this demonstrate that employers can play an active, positive role in improving the health and wellbeing of their workers. We would like to see more examples of employer-led initiatives that benefit the health of people in our place who are at risk of developing multiple long-term conditions.

The success of this programme, funded by the Wellcome Trust and delivered by The Liminal Space, has inspired Impact on Urban Health to explore the option of testing it in Lambeth and Southwark.

Sarah Eglin, Co-op's Head of People Partnering, Retail Support and Logistics, said: "Sleep is something that unites us – we all need it and we all know how terrible we can feel without enough of it. As a community

retailer, we have stores all over the UK, so our night shift colleagues play an absolutely vital role in ensuring Co-op customers and members have access to groceries and essentials at all times. Their health and wellbeing is hugely important to us.

"From our own research two years ago, we found that colleagues working at night had a tendency to feel forgotten or unseen. So it was important that we moved swiftly to understand why they felt so invisible and put in place measures that empowered them to get better sleep and, ultimately, feel more valued by the rest of society.

"By working with Wellcome and the Liminal Space we've been able to formally engage with our night-time workforce by bringing Night Club to life to help educate them on the benefits of developing better sleep practices. The results have been incredibly encouraging so far – almost 1,700 colleagues have taken part in the Night Club experience, with over 80% saying that they learnt something new about their sleep. We've also appointed 40 sleep champions across logistics to maintain momentum. It's a collaborative initiative and we want to share our knowledge, so we've also invited other community organisations to engage with Night Club at the local level. At a national level, we're also linking into organisations such as the NHS, trade unions USDAW and Unite and charities including MIND and the Samaritans.

"At the end of last year we went a step further by launching a manifesto<sup>12</sup> which calls upon businesses and policy makers to address the issues that night-time workers face. It is essential that we, as employers, do everything in our power to establish a recognised framework of best practice to protect their physical and mental health. We are living in a 24-hour society and the wellbeing of those who work, whilst the rest of us sleep, must be put to the top of the agenda."

<sup>12</sup> Co-operative Group. Co-op launches manifesto to put health and wellbeing of UK's 7m night shift workers in the spotlight. 24 November 2020 [www.co-operative.coop/media/news-releases/co-op-launches-manifesto-to-put-health-and-wellbeing-of-uks-7m-night-shift](https://www.co-operative.coop/media/news-releases/co-op-launches-manifesto-to-put-health-and-wellbeing-of-uks-7m-night-shift). Accessed 28 Jan. 2021.

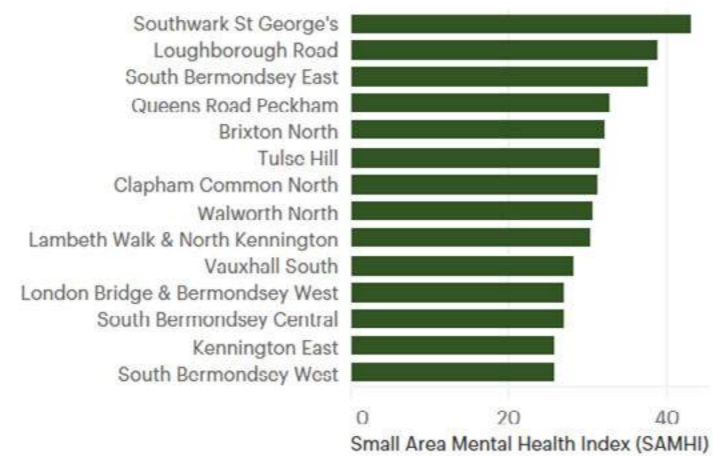
## Health & secure homes

Where you live matters for your health. A home is far more than just bricks and mortar or a roof over our heads; it is a safe and stable foundation on which to build our health. There is growing evidence that secure, affordable homes that are in good condition can protect our health and wellbeing, reducing the incidence of long-term health conditions. But too often, people in Lambeth and Southwark are living in unsuitable, unstable homes that put their health at risk.

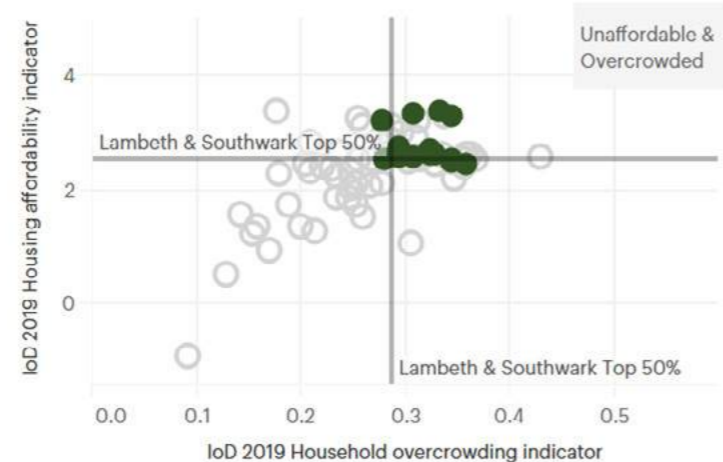
Public Health England recognises that, throughout England, precarious housing increases people’s risk of developing both mental and physical health conditions<sup>13</sup>. The insecurity and uncertainty of housing damages our health, in addition to overcrowded, unhealthy homes being linked to respiratory and cardiovascular illness and poor mental health. In Lambeth and Southwark, bad housing and mental ill health commonly go together, as shown in figure 8.

**Figure 8: Neighbourhoods where people more commonly struggle with their mental health also host more unaffordable, overcrowded housing**

**1. We identified the 20% neighbourhoods with the highest mental health needs...**



**2. These neighbourhoods have higher levels of deprivation in terms of overcrowding and housing affordability**



**Sources:** Ministry of Housing Communities and Local Government (MHCLG). IoD 2019 Housing affordability indicator [www.gov.uk/government/statistics/english-indices-of-deprivation-2019](http://www.gov.uk/government/statistics/english-indices-of-deprivation-2019) and Ministry of Housing Communities and Local Government (MHCLG). IoD 2019 Household overcrowding indicator [www.gov.uk/government/statistics/english-indices-of-deprivation-2019](http://www.gov.uk/government/statistics/english-indices-of-deprivation-2019) and Place-Based Longitudinal Data Resource (PLDR). Small Area Mental Health Index (SAMHI), 2017. [pldr.org/dataset/2noyv/small-area-mental-health-index-samhi](http://pldr.org/dataset/2noyv/small-area-mental-health-index-samhi)

The most precarious tenancies and the worst living conditions are found in the private rented sector. Here, insecure, poor quality housing is compounded by a lack of support and protection of tenants. Yet more Londoners living on low incomes, including in our boroughs, are renting privately than ever before and these properties house a disproportionate number of Black, Asian and ethnic minority tenants.

In Lambeth and Southwark, the precarity of housing and its negative effects on health affect some people more than others. Black people are greatly overrepresented among the homeless; their share in the homeless population is double that of the total population in Southwark<sup>14</sup>.

Relationships with our landlords, the affordability and security of our houses and connections with our neighbourhoods have a particularly strong effect on our mental health. If our home is precarious, so is our mental health. People facing housing insecurity can experience intense levels of mental distress – we know that 45% of renters experience anxiety as a direct result of their living situation.<sup>15</sup> While those in temporary accommodation, the least secure living situation, experience depression at over twice the rate of the general population.

Because poor mental health is a driver of physical long-term health conditions, there is a pressing need to address the problem of insecure, unsuitable housing in our place if we are to slow down people’s progression to multiple long-term conditions.

**How we are addressing health and secure homes**

Taking inspiration from community organisations here in Lambeth and Southwark, as well as from others trying new, exciting approaches in urban housing, we are working with partners to test creative interventions that shift power and give tenants a stronger voice.

We want to work with more organisations that can consider and address the effect of housing on people’s health, particularly in the private rented sector. We believe we can have a marked impact on health in local communities by taking every opportunity to make homes more secure, affordable and accessible, to reduce the incidence and fear of evictions and to better support renters in moving out of the precarious private sector.

<sup>13</sup> Public Health England. Improving Health Through the Home guidance. 2017. [www.gov.uk/government/publications/improving-health-through-the-home/improving-health-through-the-home](http://www.gov.uk/government/publications/improving-health-through-the-home/improving-health-through-the-home). Accessed 28 Jan. 2021.

<sup>14</sup> Southwark Council. Annual review of Southwark Homelessness Prevention and Rough Sleeping Strategy 2018-2022 - Analysis of Equality Data. 2019. [www.southwark.gov.uk/assets/attach/11195/Equality-Monitoring-Analysis-for-Homelessness-Strategy-Annual-Review-2019-v2.pdf](http://www.southwark.gov.uk/assets/attach/11195/Equality-Monitoring-Analysis-for-Homelessness-Strategy-Annual-Review-2019-v2.pdf). Accessed 28 Jan. 2021.

<sup>15</sup> Shelter. 2 million renters in England made ill by housing worries. 15 January 2020. [https://england.shelter.org.uk/media/press\\_release/2\\_million\\_renters\\_in\\_england\\_made\\_ill\\_by\\_housing\\_worries](https://england.shelter.org.uk/media/press_release/2_million_renters_in_england_made_ill_by_housing_worries). Accessed 28 Jan. 2021.

## Where we're investing:

### Supporting people to keep their homes and protect their health

**Project name:**

Covid Private Renters Project

**Partners:**

Kineara

**Project Duration:**

September 2020 – June 2021

**Scale:**

London borough of Southwark

We are investing in a collaboration between Black-led social enterprise Kineara, Southwark Law Centre and Southwark Council's Housing Solutions team, which prevents evictions, a key moment in people's lives which can have a negative impact on their health.

The project prevents evictions, a key moment in people's lives which can have a negative impact on their health.

The project provides people facing eviction, who are also at risk of developing long-term health conditions, with a range of practical support, including legal aid, mediation advice and mental health interventions, to prevent them from losing their homes.

This social enterprise model has been successful elsewhere in averting costly evictions<sup>16</sup>, representing a win-win for tenants, landlords and local authorities alike. We can now test this approach in our place and assess the impact this supportive intervention has on the health of people at risk of developing multiple long-term conditions. Importantly, we are testing how this could work in the private sector, where both the challenge and the need is higher.

<sup>16</sup> Kineara. Opening Doors project. [www.kineara.co.uk/opening-doors](http://www.kineara.co.uk/opening-doors). Accessed 28 Jan. 2021

### Improving urban health through access to good housing

**Project name:** Social Lettings Agencies

Agencies

**Partner:** Ethical Lettings

**Project Duration:**

April 2021 – Summer 2023

**Scale:**

London borough of Soutwark

Social lettings agencies can offer a solution to the problem of over-reliance on privately rented, insecure and poor-quality housing in our place. High demand for London's housing, including temporary and unsuitable accommodation, combined with high rental prices, means vulnerable people are often spending more than they can afford on housing that actually harms their health.

By supporting viable social lettings agencies to expand their work in our place, we aim to open up access to good housing to people at risk of developing multiple long-term conditions.

This social enterprise model charges local authorities a per head fee for providing people on their waiting list with affordable, high quality and secure homes. The agencies use alternative credit checks that work for low income families, pay deposits up front and negotiate reduced rents with private landlords for two-year tenancies. They also maintain properties and offer ongoing support to tenants.

We will be testing how these models could benefit local people's health and might begin to slow down the progression from one to many long-term conditions.

“Ultimately the way to make housing more affordable is for the Government to invest far more in genuinely affordable homes, and especially homes for social rent. At the same time, measures must be taken to improve the quality and affordability of the private rented sector, which as this report correctly highlights, is where the worst living conditions and greatest insecurity is to be found. Such measures must include rent control, an end to no-fault eviction and more resources for local authorities to tackle rogue landlords.”

**Tom Copley**, Deputy Mayor for Housing and Residential Development, Greater London Authority

## Local voices on urban health

“Around half of my clients have long-term physical health conditions. We see people who’ve had strokes or heart attacks, conditions that are exacerbated by stress, living in places where they feel unhappy and unsettled. Not having a secure home makes their health worse. But in my experience mental health is an even bigger issue. I see anxiety and depression in virtually everyone I work with and it’s often due to the pressures of living in insecure housing.”

“The lack of social housing in London means people have no choice but to look at the private market. There are big issues with both the suitability and affordability of housing available. This means it’s not always possible for people to stay close by their network of family, friends or support services, who might have been helping them to manage their health. It can be fantastic when you find the right home for someone and it has obvious, positive

health benefits. When I met Dave\* (names have been changed for anonymity) he’d been placed temporarily in a shared house and the conditions there were having a real impact on his health. He’s in his 50s and has epilepsy, depression and an alcohol abuse problem. His accommodation was noisy with lots of comings and goings, police getting called and parties all night. He wasn’t sleeping and his drinking problem had spiralled. He felt he couldn’t get any peace at home, he was escaping to the pub and drinking more. This led to him having more and more seizures and his mental health worsened. Since we found him a one-bedroom housing association flat he’s able to sleep well, is drinking less and as a result having fewer seizures. A secure and safe home has really improved his health.”

**Sandra Axell**  
Housing Support Practitioner, Kineara

## Ideas in action: The work we’re inspired by

The **Brixton Housing Co-op** is a member-led, mutual co-operative managing their own housing. Residents work together to address the problem of poor supply of social housing in Lambeth for single homeless people, offering homes and a sense of community and security to those at risk of falling through the gaps.

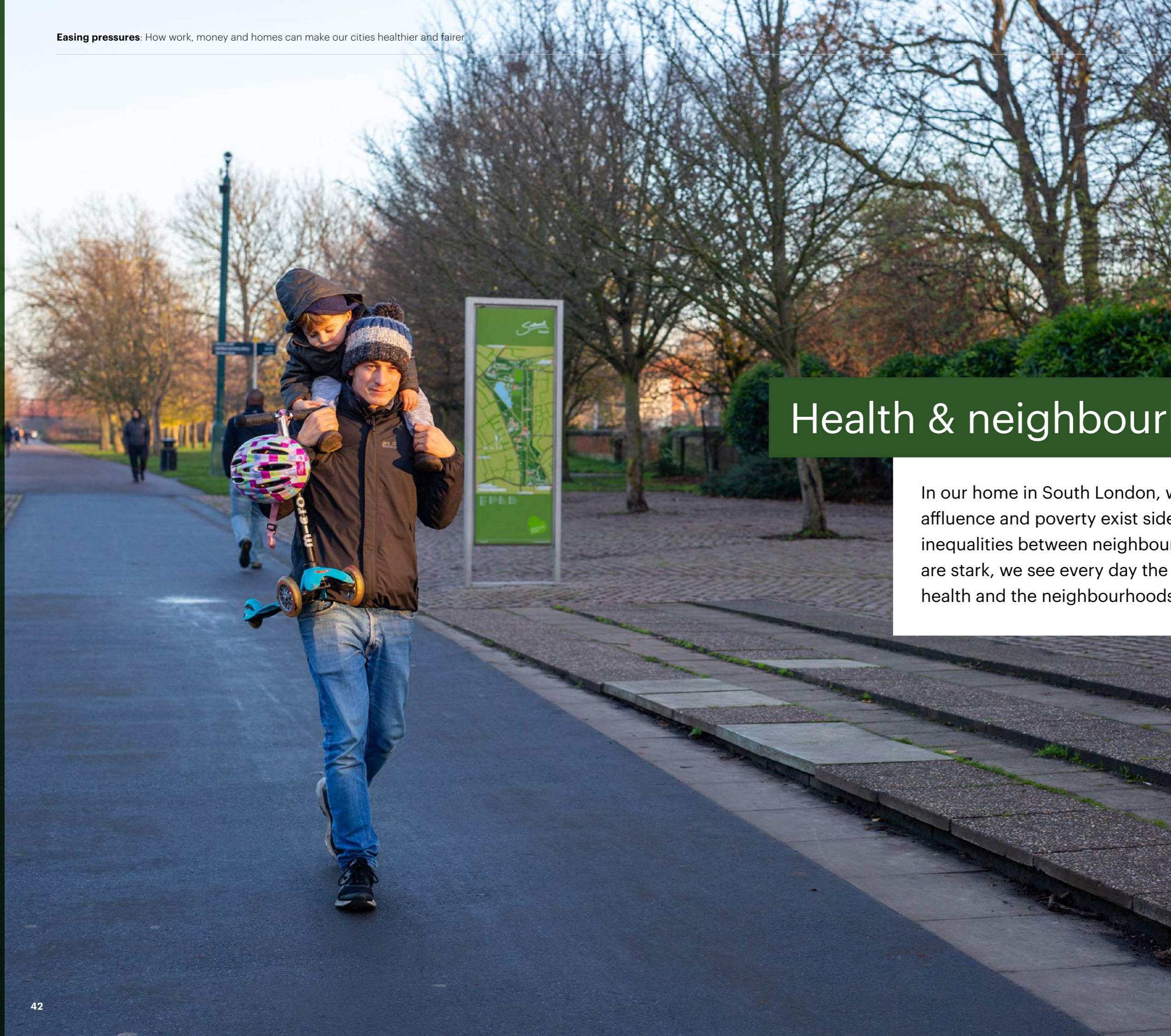
In Manchester, **Fair Housing Futures** is working to make the city’s private rented sector work for all. Funded by the Nationwide Foundation, this urban housing programme brings together local authorities and other organisations across Greater Manchester to ensure vulnerable tenants have access to decent, secure and affordable homes. By amplifying tenants’ voices, mapping the private rented sector and offering Test and Learn grants to try out new ideas,

Fair Housing Futures hopes to effect real change over the next five years. Initiatives looking to improve community health by tackling housing insecurity for vulnerable people are also being trialled in Oakland, California by **Kaiser Permanente**. Through its Housing for Health joint equity fund, it is investing in bricks and mortar to build affordable housing, recognising that ‘housing security is a crucial health issue for vulnerable populations’<sup>17</sup> and the importance decent, secure homes play in building healthy communities.

Cross-sector collaborations that recognise the links and mutual benefit between health and homes must be designed for those carrying the greatest health burden. When they do, they hold great promise for driving health equity in urban places like ours.

<sup>17</sup> Jessica Kent. Kaiser Permanente launches SDOH initiatives targeting housing security. Health IT Analytics. 22 January 2019. [www.healthitanalytics.com/news/kaiser-permanente-launches-sdoh-initiatives-targeting-housing-security](http://www.healthitanalytics.com/news/kaiser-permanente-launches-sdoh-initiatives-targeting-housing-security). Accessed 28 Jan. 2021.





## Health & neighbourhoods

In our home in South London, where areas of affluence and poverty exist side by side and health inequalities between neighbouring communities are stark, we see every day the close links between health and the neighbourhoods we live in.

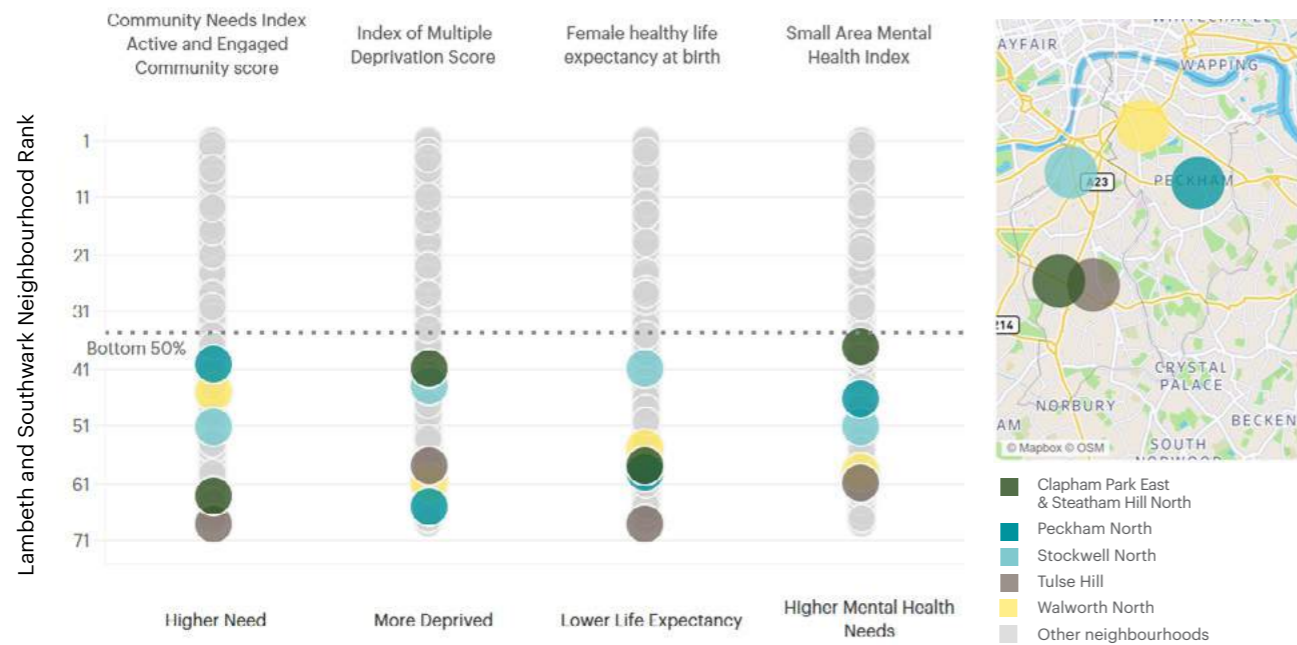
Urban neighbourhoods can offer secure housing, good local employment opportunities and a sense of tight knit community and security – all of which are good for our health. At the same time, urban places can threaten our health and wellbeing, through risks such as insecure housing, noise, fear of crime, transient population and social isolation.

places in which they live and are essential for our wellbeing, offering strong foundations from which to prevent the progression from one to many long-term conditions. Yet they are often under-resourced and overlooked by policy makers. We invest in these foundations through our Neighbourhood schemes, to empower communities and shrink health inequities.

Creating healthier urban places relies, in part, on investment in civic infrastructure. A neighbourhood with effective civic infrastructure provides public spaces, buildings and facilities for people to gather, access to economic opportunities and chances for the community to shape decisions that affect them. These assets connect working-age adults with the

Our work is focused in five neighbourhoods in Lambeth and Southwark, each of which have high levels of deprivation and ill health. Compared to other areas in the boroughs, these places rank low on civic infrastructure, social and economic opportunity and support to health. They are Clapham Park, Peckham, Stockwell, Tulse Hill and Walworth.

**Figure 9:** Our work is focused in areas where people lack the civic infrastructure and social and economic opportunity that supports their health



**Sources:** Ministry of Housing Communities and Local Government (MHCLG). Index of Multiple Deprivation (IMD) score 2019 [www.gov.uk/government/statistics/english-indices-of-deprivation-2019](http://www.gov.uk/government/statistics/english-indices-of-deprivation-2019). Accessed 28 Jan. 2021; and Office for National Statistics (ONS). Female healthy life expectancy at birth, 2009-13. [www.localhealth.org.uk](http://www.localhealth.org.uk). Accessed 28 Jan. 2021; and Place-Based Longitudinal Data Resource (PLDR). Small Area Mental Health Index (SAMHI), 2017. [pldr.org/dataset/2noyv/small-area-mental-health-index-samhi](http://pldr.org/dataset/2noyv/small-area-mental-health-index-samhi). Accessed 28 Jan. 2021; and Oxford Consultants for Social Inclusion (OCSI) and Local Trust. Community Needs Index: Active and Engaged Community score, 2019. [localtrust.org.uk/insights/research/left-behind-understanding-communities-on-the-edge](http://localtrust.org.uk/insights/research/left-behind-understanding-communities-on-the-edge) Accessed 28 Jan. 2021

Because no two neighbourhoods are the same, we look at each place individually. Even though they are geographically close, neighbourhoods are distinct in terms of their ethnic mix, rates of unemployment and residents' income. Commonly, neighbourhoods where residents with the lowest average income live

are also the ones with the worst health outcomes. People living in these neighbourhoods are at greater risk of living with multiple long-term conditions. Targeting our investments in these areas helps us ensure that we are meeting the health need precisely where it is.

## How we are addressing health and neighbourhoods

By collaborating with people and organisations rooted in these neighbourhoods, we build on local knowledge to ensure the unique characteristics of local people's health guide our decision-making and that communities are fully involved in decisions that affect them. This community-led approach allows us to establish direct, effective channels to connect with people and positively influence their health.

Impact on Urban Health's neighbourhood schemes provide spaces where people can meet, build healthy relationships and form a community, as well as offering residents physical, digital and social access to the wider economy. One example of this work in action is the Walworth Living Room, led by Pembroke House, a twenty-first century settlement organisation. The vision for this project is to create a vibrant neighbourhood

facility, with a social space and community kitchen at its heart, surrounded by shared meeting and office space for local health and welfare services. Local people benefit from this dedicated public building and, by locating professional support in a trusted community hub, we are able to reach local people living with multiple long-term conditions who we previously had no direct connection with. During the COVID-19 pandemic this space has doubled as a food distribution hub for the area, attesting to its flexibility to adapt to community needs.

Our investment in neighbourhoods and in local partners, with a commitment to community organising and empowerment, is helping to tackle the social inequalities that affect health and wellbeing in our place.





## Where we're investing:

### Building healthier neighbourhoods through community action and support

**Project name:**  
Tulse Hill Neighbourhood

**Partner:**  
High Trees Community Development Trust

**Project Duration:**  
January 2021 – December 2024

**Scale:**  
Neighbourhood

We are partnering with High Trees Community Development Trust, a community organisation based in Tulse Hill, to act on the social factors that drive health inequalities. In a neighbourhood that has been hard hit by the COVID-19 pandemic, we support three strands of work: community organising, building High Trees' capacity to develop partnerships with other local organisations and providing employment and welfare support programmes to local working-age adults.

The expansion of High Trees' employment and welfare advice provides vital services on people's doorsteps. It is designed for people – particularly those aged over 50, lone parents and people living with long-term health conditions – who will most benefit from community-based, holistic services, including offers of family and education support. As the employment service grows to meet demand, High Trees will connect it closer to government and local authority-led services, strengthen links with employers and other service providers and improve collaboration to provide better access to economic opportunity for local people.

Our support for the Community Action team aims to build up community engagement, giving residents a larger say in decisions which affect them. We can improve health and wellbeing through making neighbourhoods and environments healthier in this way.

## Local voices on urban health

### Mental health & neighbourhoods

"In our neighbourhood there are so many reasons why people struggle with their mental health. If you live with the threat of violence and feel compelled to carry a weapon from a young age, you might turn to substance abuse to deal with that pressure. You might be stuck living in a damp flat and feel powerless to do anything about it or feel isolated and have no one to speak to. Maybe you are scared to answer your door because you don't trust the person on the other side of it. All these things take their toll on mental health and wellbeing."

"Mental health contributes to a lot of other health conditions. We see a significant lack of trust in established institutions and you could make a very strong argument that structural inequalities and their impact on this community is the underlying issue. The number of individuals who are struggling with mental health and need help from our services is huge."

"Many local people haven't had access to formal education and employment opportunities. We offer those opportunities, to learn, to grow and to develop, on your doorstep."

### Community organising & collective action

"We use community organising to take action on the issues most important to local people. We are about addressing inequalities at their root, as well as helping those who are struggling because of them. The only way to effect change like this is to listen, to build trusting and respectful relationships with people and organise on the issues they care about. We don't do things to them or for them, people are encouraged to drive and lead, taking action and doing it for themselves."

"Damp is a long-term problem in housing on the estate. It's an issue that really taxes people's physical health and mental wellbeing. It's a huge thing. People tell us they feel pressure from living in poor conditions and feeling they can't do anything about it, but when they try to take on the system alone, they get overwhelmed, it's a different kind of pressure. It's incredibly damaging to people's health. With our advice and support a group of tenants has taken collective action. The community has succeeded in getting this issue taken seriously and feels positive about leveraging change for tenants."

**Graham Weston**, Community Action Manager,  
High Trees Community Development Trust

## Ideas in action: The work we're inspired by

### Unlocking the skills and capabilities of communities

Just one example of great, neighbourhood-focused work happening in South London is led by the Wandsworth Community Empowerment Network (WCEN). Starting with the community in everything they do, WCEN bring voluntary, community and faith groups together to impact on the design and delivery of public services. The driving force behind their work is a desire to help improve the life chances of the most disadvantaged members of their local communities. We are inspired by their willingness to act on the belief that a new way of thinking

and working must emerge, one which unlocks the skills and capabilities of communities. In WCEN's experience, health and social-welfare challenges are no longer able to be met by the public sector alone. They refuse to accept things cannot be done because of existing structural barriers and are willing to explore new and different ways of doing things, always with the community front and centre. Their community-led, placed-based and solution-focused model has the potential to effect real change in neighbourhoods.



## The road ahead

The more we learn about the risks that turn one long-term health condition into many, the better we can seize opportunities to guard against them with precision. Combatting precarity and spotting for shocks or moments in people's lives that trigger a deterioration in health are vital.

Many people in urban areas like Lambeth and Southwark have experienced devastating socio-economic impacts as a result of the COVID-19 pandemic. As uncertainty and precarity grow, the risks to good health in our most deprived neighbourhoods are skyrocketing. People living on the lowest incomes are most likely to have their pay cut and least likely to have access to government support. While people living with disabilities and long-term conditions are more likely to feel the effects of recession earlier, deeper and for longer than their healthier peers. We must make decisions about our economic recovery with health in mind to reverse another looming public health crisis - one of escalating long-term mental and physical health problems - over the coming decade.

This report makes the case for tackling the health effects of economic and societal inequality and demonstrates how to weaken the link between them. Our starting point is to identify people in high-risk groups who face the prospect of ageing before their time. These people are in their thirties, living in deprived neighbourhoods, with either a long-term condition or risk factor. They will face the challenges of precarious work, insecure housing and financial difficulties and many of them will experience racism and systemic disadvantage because they are from Black communities. People face these challenges every day – they are parts of the complex puzzle that is modern urban life. We are taking a cross-sector approach, testing new ideas and interventions to make their jobs, homes, neighbourhoods and personal finances work better for their health. In doing this we believe we can slow down people's progression to multiple long-term conditions.

We have the privilege and the unique opportunity to discover green shoots in the inspiring partnerships and the creative solutions this programme is invested in. We urge others to join us in helping these green shoots grow.

Though we are backing a range of activities, we see common threads running through our work which may benefit others. They are the need to:

- **Address precarity** – unstable situations and power imbalances, examples of which run through this report, have a profound impact on our health. This precarity is even harder felt by those that already experience discrimination in society, such as people from Black and ethnic minority communities.
- **Champion equity through design, not only access** – services and policies need to be designed by and with the people who use them most, not by those with vastly different life experiences. Design needs to be based on an understanding of risk factors and life events that can trigger ill health and progression from one to many long-term health conditions. Too often decisions are taken for the average, when the acid test must be whether they work for people who live with the most risk, in the poorest neighbourhoods, in the most precarious homes, working in bad conditions and depending on the most stretched healthcare services.
- **Broaden the case for health** - by encouraging decision makers and service designers in housing, finance and employment to understand the impact they make on people's health and to explore opportunities for cross-sector collaboration.
- **Share power and rebuild trust** – with communities who experience the starkest health inequities, by sharing the power to make decisions and co-designing services that meet their needs. Without trust, opportunities are missed to connect in the key moments in people's lives where an effective support system can make the difference between stable health and a deterioration to multiple long-term conditions.
- **Influence those who hold power to do things differently** - making sure health inequity is an issue they can no longer ignore and raising awareness of the impact mistrust and power imbalances have on people's health.

We close with **three examples of change** we want to see in cities. We invite you to help us to make them happen now:

- Health and wellbeing are a deliberate part of job design, security and conditions in essential urban industries, such as health and care, waste management, early years education, transport and supermarkets.
- Long-term health conditions are included by default within the vulnerable customer policies of lenders, landlords, employers and other organisations, recognising the additional burdens of living with health and financial difficulty.
- A viable market for lower end private sector tenancies develops, which shares more characteristics with social housing, leading to accessible, affordable, secure homes that are in good condition and therefore good for health.

## Technical notes

Data in this report is drawn from a range of different data sources. The main local study referenced is drawn from an ongoing three-year research partnership between King's College London (KCL), Outcomes Based Healthcare (OBH) and Impact on Urban Health.

This analysis uses currently unpublished primary care data, which have been obtained from Lambeth DataNet, an anonymised dataset of coded data from all general practices (n = 41) in Lambeth. Data extracts between 01/01/2020 and 01/05/2020 were obtained, containing 361,236 patient records. These data are inclusive of all adults (aged 18 and over) registered with a Lambeth general practice, except 3.2% who wish for their anonymised clinical data not to be used for research or service improvement purposes. The data include demographic details, clinical diagnoses, clinical values and prescribing data but no narrative free text is included.

The definition of multiple long-term conditions used in this report is when someone has two or more long-term conditions, from a list of 32 which have been co-developed by King's College London, Outcomes Based Healthcare and Impact on Urban Health<sup>18</sup>. This definition has been developed based on local importance and other criteria set out by stakeholders.

The process for defining long-term conditions and risk factors for this study was led by OBH. The KCL and OBH teams devised a process to select Read, EMIS and SNOMED codes for the presence of each of the long-term conditions and risk factors. They also developed a process for determining the remission or relapse of long-term conditions and risk factors, which is incorporated into the prevalence data, with the exception of anxiety figures, in the report (see rationale for anxiety exception described below). This means that the numbers quoted take into account when people no longer have conditions. Age of onset data do not have these codes applied, as these data are looking at when conditions first develop, even if they do go on to then resolve.

The data in this report use crude prevalence rates to give a picture of the overall burden of multiple long-term conditions in Lambeth. It is generally not age-adjusted, although separate age-adjusted analysis has been undertaken, so comments are made about this in the report where relevant. How conditions cluster, pattern or are sequenced across a population is not part of this analysis and will form part of future outputs.

Some limitations in this analysis for the reader to be aware of are:

- This dataset shows when conditions are identified and recorded in primary care, rather than reflecting prevalence levels within the population in reality. It is therefore also likely pointing to gaps in conditions being identified and/or recorded in primary care. Some conditions are known to be under-identified in primary care, especially those associated with stigma, such as alcohol or substance dependency and mental health conditions. This may also disproportionately impact on different groups of people.
- In terms of interpreting 'age of first diagnosis' data, in older records, manual data transfer may have resulted in age of diagnosis equating to date of transferring registration to a new practice in Lambeth, rather than the true date of onset of the long-term condition.
- Figures for anxiety have been provided without resolve logic applied. Anxiety is not a Quality Outcomes Framework (QOF) condition, so there is no clear definition, or driver, for GPs to record its resolution. Therefore, it is more accurate to use anxiety figures without resolve logic applied. It should be noted this will mean the anxiety figures are an over-estimate, compared with other conditions, as some cases will resolve.

These limitations will be set out in more detail in the full statistical report, which will be published in 2021. For any queries, please get in touch with Principal Investigators Dr Mark Ashworth, mark.ashworth@kcl.ac.uk and Dr Hiten Dodhia hdodhia@lambeth.gov.uk

Thank you to the teams involved in the statistics report. From King's College London: Dr Yanzhong Wang, Ms Alessandra Bisquera and Mr Lesedi Ledwaba-Chapman. From Outcomes Based Healthcare: Dr Rupert Dunbar-Rees, Ellie Bragan Turner and Rose Higgins.

\* This report refers to 'Lambeth and Southwark' in the Foreword. We note and acknowledge here that,

as described above, the data we use from the KCL study is only drawn from Lambeth GP practices, not Southwark. It is important for the reader to know that the picture in Southwark will be different, but as neighbouring urban areas, which experience similar demographics, pressures and protective factors, we believe the picture in Lambeth is a good enough indicator of experiences in Southwark.

<sup>18</sup> Our Approach to Multiple Long-Term Conditions." Impact on Urban Health, [www.urbanhealth.org.uk/our-work/multiple-long-term-conditions/our-approach-to-multiple-long-term-conditions](http://www.urbanhealth.org.uk/our-work/multiple-long-term-conditions/our-approach-to-multiple-long-term-conditions). Accessed 28 Jan. 2021.

## List of featured organisations

### Black Thrive Lambeth

[www.blackthrive.org.uk](http://www.blackthrive.org.uk)

Black Thrive works across the topics of employment, school exclusions, 'Lambeth Made Safer', Vascular Dementia, Mental Health Act (Section 135 & 136), LGBTQIA+ Work and Lambeth Redress Scheme to create the systems change that will see Black people thrive in Lambeth.

### Centre for Responsible Credit

[www.responsible-credit.org.uk](http://www.responsible-credit.org.uk)

The Centre for Responsible Credit is a dedicated research and policy unit which monitors the development of credit markets, conducts research into the extent of over-indebtedness, the effectiveness of regulation and the impacts of financial health programmes and financial services provision, and promotes policy responses designed to protect the long term interests of households and sustainable economic growth.

### Citizens Advice Southwark

[www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

Citizens Advice Southwark provide free, confidential, independent and impartial advice to help people resolve their problems with money, housing, employment, certain legal issues, and more. The organisation gathers information about the problems people are currently facing and campaigns for social justice.

### Co-op

[www.co-operative.coop](http://www.co-operative.coop)

Co-op are one of the world's largest consumer co-operatives, owned by millions of members and the UK's fifth biggest food retailer with more than 2,500 local, convenience and medium-sized stores. As well as having clear financial and operational objectives and employing nearly 70,000 people, Co-op are a recognised leader for their social goals and community-led programmes.

### Fair Housing Futures

[england.shelter.org.uk/professional\\_resources/working\\_with\\_our\\_partners/fair\\_housing\\_futures](http://england.shelter.org.uk/professional_resources/working_with_our_partners/fair_housing_futures)

Fair Housing Futures works to improve the experience of renting for vulnerable tenants in Greater Manchester, by striving to improve housing policy, practice, and options.

### Fair Finance

[www.fairfinance.org.uk](http://www.fairfinance.org.uk)

Fair Finance works to design and deliver financial services that improve financial wellbeing and have a positive impact on their clients.

### Fair4All Finance

[www.fair4allfinance.org.uk](http://www.fair4allfinance.org.uk)

Fair4All Finance was founded to support the financial wellbeing of the most vulnerable groups in society by increasing access to fair, affordable and appropriate financial products and services.

### High Trees Community Development Trust

[www.high-trees.org](http://www.high-trees.org)

Rooted in the local community, and guided by community need, the organisation delivers a range of projects and services in four interlinked areas: Children, Young People and Family Services, Education and Training, Employment and Careers, Community Action.

### Kaiser Permanente

[healthy.kaiserpermanente.org/front-door](http://healthy.kaiserpermanente.org/front-door)

Kaiser Permanente works to provide high-quality, affordable health care services and improve the health of their members and the communities they serve.

### Kineara

[www.kineara.co.uk](http://www.kineara.co.uk)

Kineara is an award-winning community interest company that provides tailor made support services to families and individuals in their community.

### King's College London

[www.kcl.ac.uk](http://www.kcl.ac.uk)

King's College London is a public research university, focusing on education and research in the service of society. Its School of Population Health & Environmental Sciences combines experts in population and global health with analytical, environmental, forensic and social scientists.

### Outcomes Based Healthcare

[www.outcomesbasedhealthcare.com](http://www.outcomesbasedhealthcare.com)

Outcomes Based Healthcare are experts in population segmentation and advanced analytics to support better population health management. They offer specialist advice, tools and technology to help commissioners and providers make a reality of value-based healthcare

strategies and outcomes-based contracts, tailored to specific populations and pathways.

### Pembroke House

[www.pembrokehouse.org.uk](http://www.pembrokehouse.org.uk)

Pembroke House aims to bridge traditional divides and unite people – whatever their background or walk of life – to build a better Walworth together.

### The Brixton Housing Co-op

[www.brixtonhousing.coop](http://www.brixtonhousing.coop)

The Brixton Housing Co-op are a member led, small housing co-operative serving one of London's most culturally diverse and vibrant communities in Lambeth, South London.

### The Ethical Lettings Agency

[www.ethicallettingsagency.co.uk](http://www.ethicallettingsagency.co.uk)

Ethical Lettings are a Community Interest Company that helps people in housing need and works to have a positive impact in communities and housing markets.

### The Liminal Space

[www.the-liminal-space.com](http://www.the-liminal-space.com)

The Liminal Space use art and design to create unique experiences that transform what people think, feel and do. They take a purpose-led, innovative approach to help organisations translate complex topics into tangible forms for public engagement.

### The Social Innovation Partnership

[www.tsip.co.uk](http://www.tsip.co.uk)

The Social Innovation Partnership are a social design agency working to improve people's quality of life and make society fairer. Their diverse team of technical and community specialists are joining forces to drive inclusive social change.

### Wandsworth Community Empowerment Network

[www.wcen.co.uk](http://www.wcen.co.uk)

Wandsworth Community Empowerment Network are an independent charity led by local people that take a whole system approach to community care and prevention through relationships and coproduction.

### Wellcome Trust

[www.wellcome.org](http://www.wellcome.org)

Wellcome is a politically and financially independent global charitable foundation, funded by a £29.1 billion investment portfolio. Wellcome supports science to solve the urgent health challenges facing everyone.

### Yunus Centre for Social Business and Health, Glasgow Caledonian University

[www.gcu.ac.uk/yunuscentre/](http://www.gcu.ac.uk/yunuscentre/)

The Yunus Centre for Social Business and Health conducts research to conceptualise and evidence ways that lives of individuals and communities can be improved through a better understanding of various community-based and health-focused initiatives.

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