

An aerial photograph of London, England, featuring the River Thames, the Tower Bridge, and the Shard skyscraper. The image is overlaid with a semi-transparent blue filter.

LONDON HEALTH PROFILE Summary

London Health Data Collaborative
October 2026

All findings reflect data available as of 30th June 2026.
Please refer to linked sources for updated data as they become available.

Introduction



Background

- The London Health Profile has been developed to **support the London Health Improvement Plan (LHIP)** – a shared, city-wide commitment to improve health, prevention and equity in London.
- It draws on **publicly available data** to avoid duplication, complement system activity and provide clear, coherent insights.
- This pack provides a **summary** of the detailed profile.



Purpose

- Provide a **high-level overview** of the health of Londoners.
- Bring together **key data** on population health, inequalities, risk factors and wider determinants.
- Recognise that **health underpins** London's economic **growth**, **productivity** and **resilience**, and the vital role of the wider determinants of health in London.
- Identify **emerging themes** across the life course.



Using the profile

- Use as a **strategic overview**, not an exhaustive dataset.
- Supports:
 - Understanding of key health challenges
 - Identification of inequalities and drivers of poor health
 - Framing priorities for action and future deeper analysis
- The profile itself will be **supplemented by a narrative document**.

London's health: key insights

Population London has a growing, highly diverse population which is young but rapidly aging.

Healthy life London's healthy life expectancy remains among the highest nationally, despite a recent fall; Londoners are living more years in poor health.

Inequalities Good health is not experienced equally across London – there are large gaps by deprivation, ethnicity and place.

Disease burden Heart disease, mental health, cancer and musculoskeletal problems are contributing to over 50% of poor health in London.

Risk factors Smoking, excess weight, high fasting plasma glucose, diet and high blood pressure are leading risk factors contributing to poor health in London.

Prevention gap London is strong in NHS health checks, but low in cancer screening and vaccination uptake.

Inclusion health Some Londoners experience multiple overlapping risk factors leading to severe health inequalities.

Building blocks of health A person's opportunity for health is influenced by more than the immediate health and care system – stable and good-quality housing and jobs, educational attainment, climate and environment (natural and built), transport, strong economy and income, social connections and safety, and racial equity can positively shape health. But not all Londoners have equal access to these opportunities.

Glossary

Burden of disease

A measure of the impact of diseases and injuries on a population, often expressed in terms of mortality, morbidity, and years lived in poor health. Often measured in terms of disability adjusted life years (DALYs).

Building blocks of health (Wider determinants of health)

Social, economic, and environmental factors influencing health outcomes, such as housing, education, employment, transport, income, and social connections.

Disability Adjusted Life Years (DALYs)

Measures the burden of disease in the years of life lost due to early death and the years spent living with disability or ill-health.

Healthy life expectancy (HLE)

The number of years a person can expect to live in good health, not just total life expectancy.

Health inequalities

Systematic, avoidable differences in health outcomes between different population groups (e.g., by deprivation, ethnicity, or geography).

Inclusion health

An approach focusing on people experiencing extreme social exclusion (e.g., homelessness, substance misuse), who often face multiple overlapping risk factors and poor health outcomes.

Life course approach

A framework considering how health outcomes are shaped by experiences across a person's lifetime (from early childhood to older age).

Life expectancy at birth

The average number of years a newborn is expected to live if current mortality patterns continue.

Risk factors

Characteristics or behaviours that increase the likelihood of developing disease.

Overview

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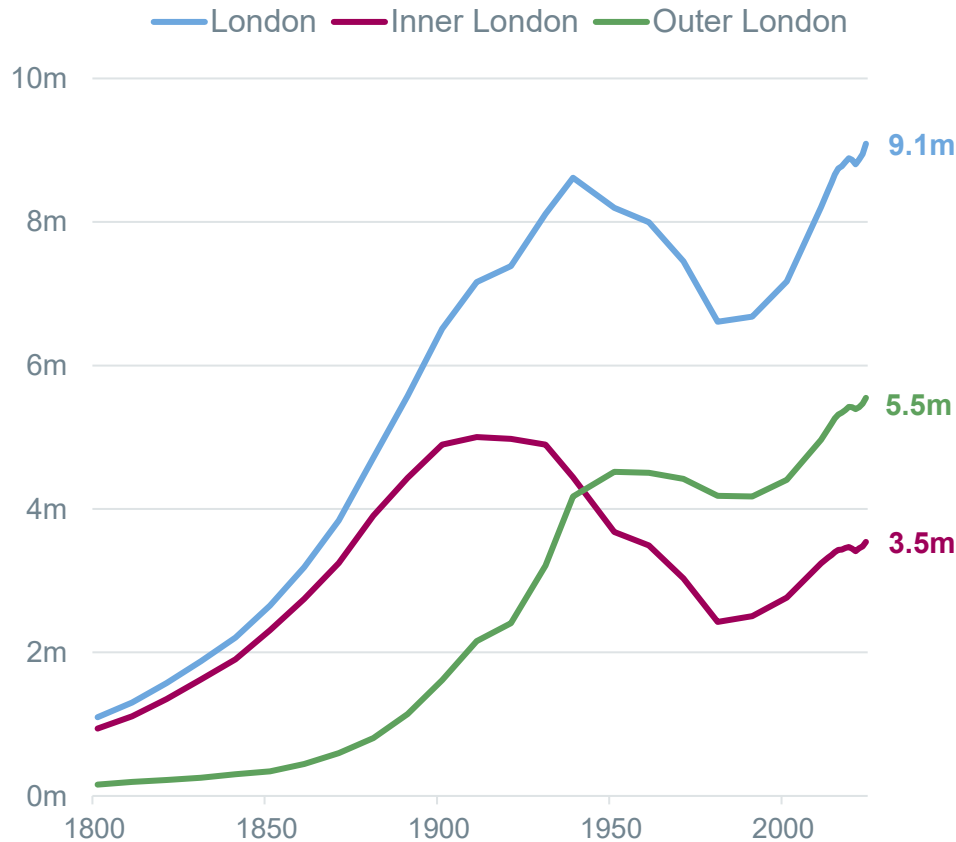
Sources are linked within slides and outlined in the notes, and full references can be found at the end of the profile ([slides 25-28](#)).

* Corresponding chapter in full profile.

Demographic overview

London has a growing, diverse population which is young but ageing

Historical trend in London's population, 1801 to 2024



- In 2024, London was home to **9.1m residents**. 49% of Londoners were aged under 35 (rest of England 42%) and 12% were aged 65 or over (rest of England 20%).¹ The population is due **to grow to 9.4m by 2034**.
- Although London has the youngest age profile in England, its population is **ageing rapidly compared with other cities** in the UK, matching the rate of ageing of rural villages.
- London is a diverse global city. According to the 2021 Census:
 - London was the most ethnically diverse region in England and Wales.
 - Londoners were more likely to report having a religion than people living in the rest of England.
 - 41% of London residents were born outside the UK.
 - 22% of London residents aged three years and over spoke a main language other than English.
 - 91% of Londoners aged 16 or over (and 99% of those who answered the question) reported that their gender identity was the same as their sex registered at birth.*
 - 12.9% (1,125,000) of people were Disabled (using the Equality Act 2010 definition).
 - In 2024 Annual Population Survey (APS), 4.0% identified as Gay or Lesbian (288,000), 2.0% as Bisexual (108,000), and 1.1% as Other (80,000).
- Deprivation is spread unevenly across London.

*Note: census estimates of the trans population in England and Wales are broadly consistent with other sources; they are less reliable than other census estimates and they cannot say with certainty whether they are more likely to be an overestimate or an underestimate of the total number of trans people.

Health Status of London

Overall life expectancy has increased, but the years lived not in good health has increased

Healthy life expectancy was the same for both males and females in 2022-24 (**62.9 years**) and although had decreased for both sexes, the fall was not as dramatic as seen for England.

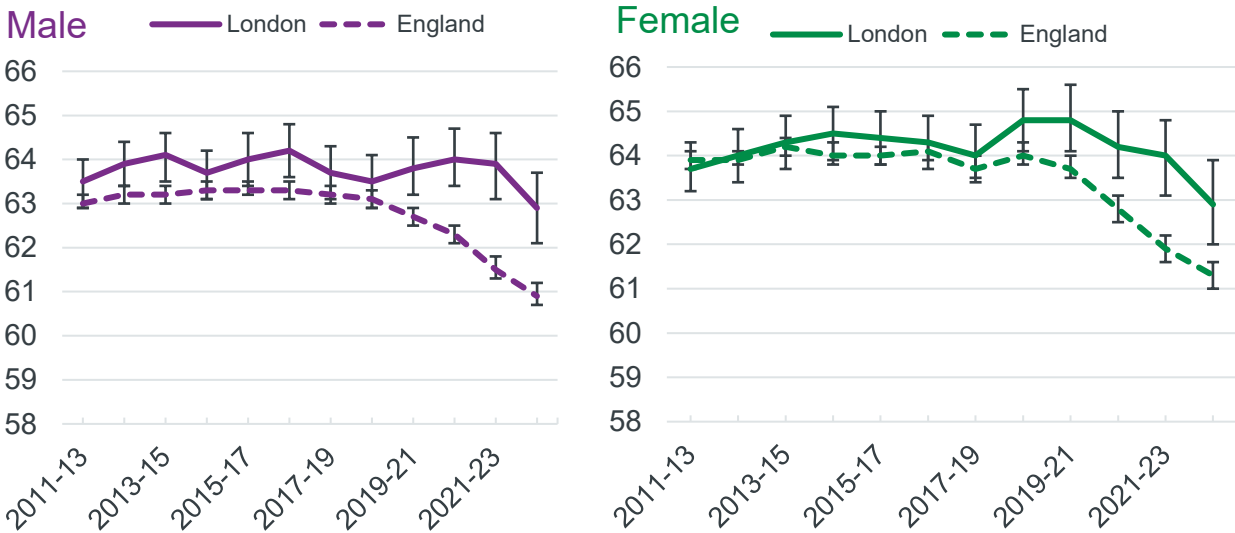
London had the second highest regional healthy life expectancy for males and females in 2022-24 in England after the South East.

However, **stark inequalities persist**; there are large differences between boroughs and healthy life expectancy is strongly associated with deprivation.

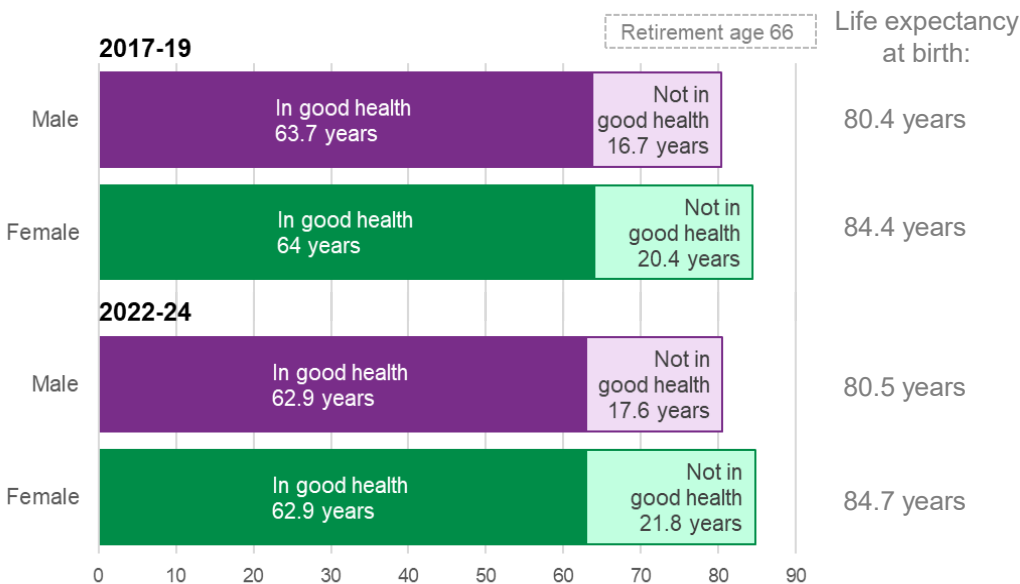
Life expectancy in London has increased overall since 2001, despite recent pandemic-related disruption.

However, the **number of years lived not in good health has increased** for both sexes from 2017-19 through to 2022-24 and is **longer for those in the most deprived boroughs** in London.

Healthy life expectancy at birth, London and England, 2011-13 to 2022-24



Years of life at birth lived in good health and not in good health, London, 2017-19 and 2022-24*



*Note: Life expectancy (LE) data is now available for 2023-25, but healthy life expectancy (HLE) only to 2022-25. Therefore, to allow for direct comparison, 2022-24 data for both LE and HLE data have been used on this slide.

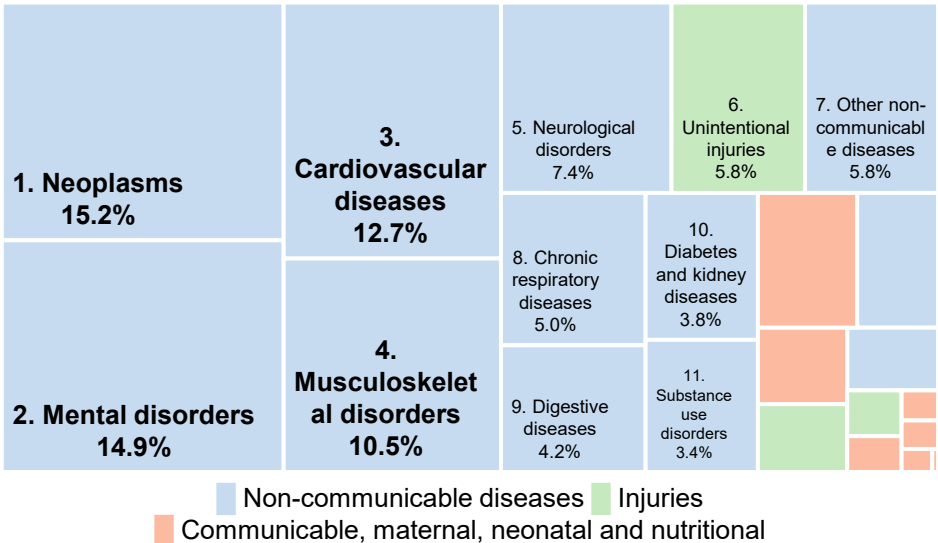
Leading causes of disease burden and early mortality

Cancers, mental disorders, and cardiovascular diseases remained the top contributors to burden of disease in London over the past decade

Burden of Disease

- Disability Adjusted Life Years (DALYs) measures the burden of disease in the years of life lost due to early death and the years spent living with disability or ill-health.
- In 2023, cancers (15.2%), mental disorders (14.9%), cardiovascular disease (12.7%), and musculoskeletal disorders (10.5%) placed the highest for overall disease burden for London, collectively accounting for 53.3% of overall DALYs.

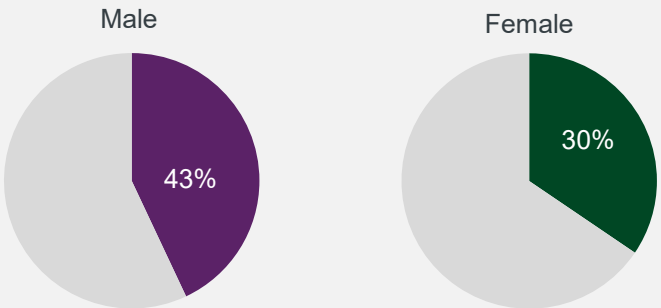
Percentage of Disability Adjusted Life Years (DALYs) by cause in London, 2023



Causes of death in London

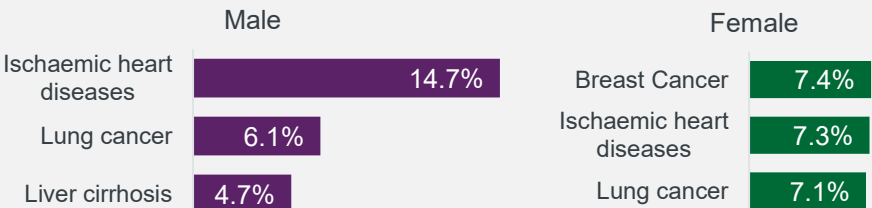
Premature mortality rate (2024)

The proportion of deaths occurring before age 75 relative to all deaths

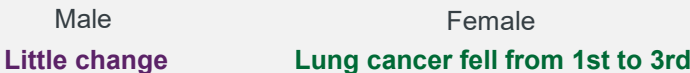


Top causes of premature mortality (2024)

Proportion of death occurring before age 75 by cause



Trend in leading causes of premature death (2014-2024)

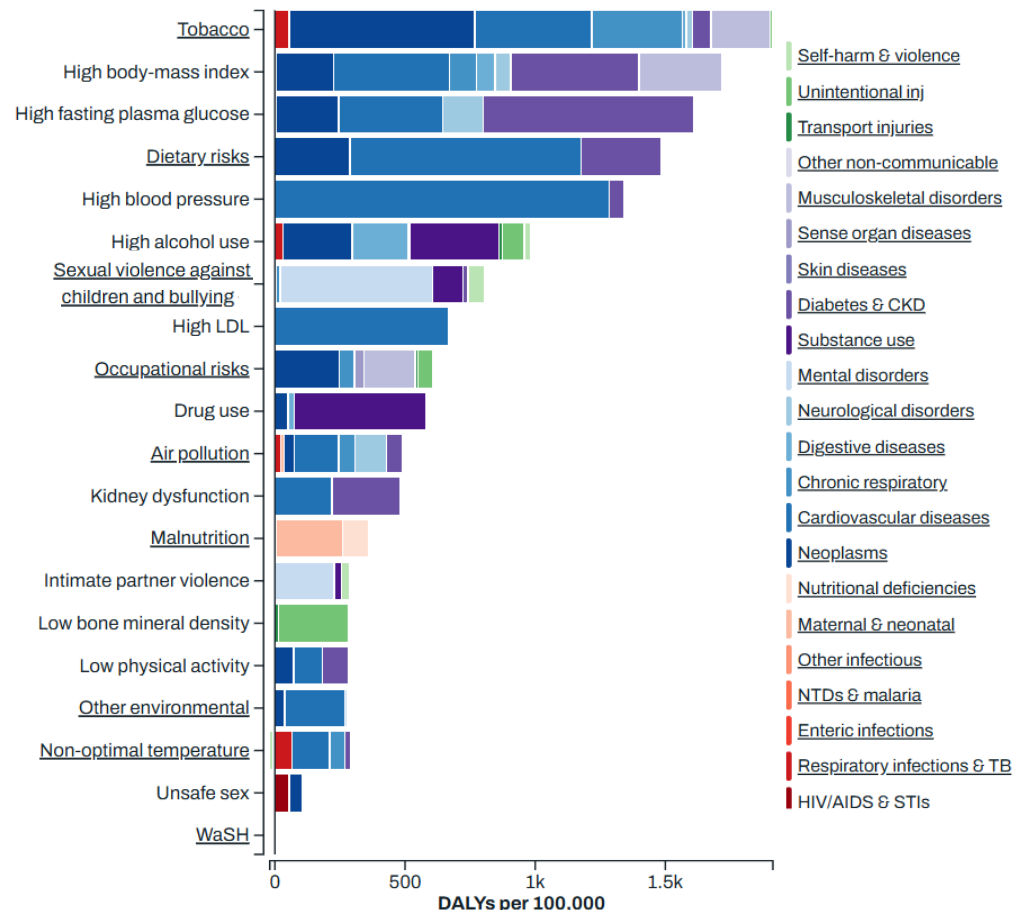


Leading risk factors in London

Smoking, excess weight, high fasting plasma glucose, diet and high blood pressure continue to be the leading risk factors in London

Risk factors contributing to burden of disease (DALYs) in London

Both sexes, all ages, 2023



Smoking and alcohol

- **Adult smoking prevalence:** 10% (2024), has almost halved since 2011 (19%), but inequalities persist.
- **E-cigarettes** (age 15): 5% regular users, 26% have tried (2021).
- **Alcohol:** 19% of adults (aged 16+) exceed 14 units/week (2024), and 21% of young people (aged 7-11) had ever drunk alcohol (2023), the lowest among any English region.

Overweight, obesity and other metabolic risks

- Adults: 58% **overweight or obese** (vs 64% England) (2024/25), an increasing trend since 2015/16.
- Children: 21% overweight or obese (aged 4-5) rising to 37% (ages 10-11), the latter exceeding England average.
- **Raised blood glucose among non-diabetic Londoners:** increasing, from 5% in 2020/21 to 8% in 2024/25.

Physical inactivity and active travel

- 22% of adults in are physically inactive (2024/25), with inactivity higher in the most deprived areas (29%) compared to least least deprived (19%).
- 53% of children and young people (aged 5-16) are not meeting the recommended level of activity (2024/25).
- 43% of adults met the 20 mins/day active travel target in 2024/25, up from 40% in 2022/23 and above pre-pandemic levels.

Wider system risks

- **Antimicrobial resistance, dis/misinformation, and climate risk** are growing public health challenges.

Key prevention interventions

London exceeds England on NHS health checks but lags on cancer screening and immunisations

NHS Health Checks

- NHS Health Checks are offered every 5 years to people aged 40-74 years who do not already have a long-term condition. They aim to provide an opportunity for targeted intervention.
- Over the five years to 2024/25, 41% of the eligible population aged 40-74 in London received an NHS Health Check, higher than the England average uptake of 30%.

Cancer screening

- London has the **lowest coverage for breast cancer screening** (for women aged 53-70) in England at 65%, significantly lower than the England average of 72% (2025).
- London has the **lowest coverage for cervical cancer screening in England** (2024) for both 25 to 49 years olds (58%, England – 66%), and 50 to 64 years old (71%, England – 74%).
- London has the **lowest coverage for bowel cancer screening in England** (men and women aged 60 to 74) in England at 65%, significantly lower than England average of 73% (2025).

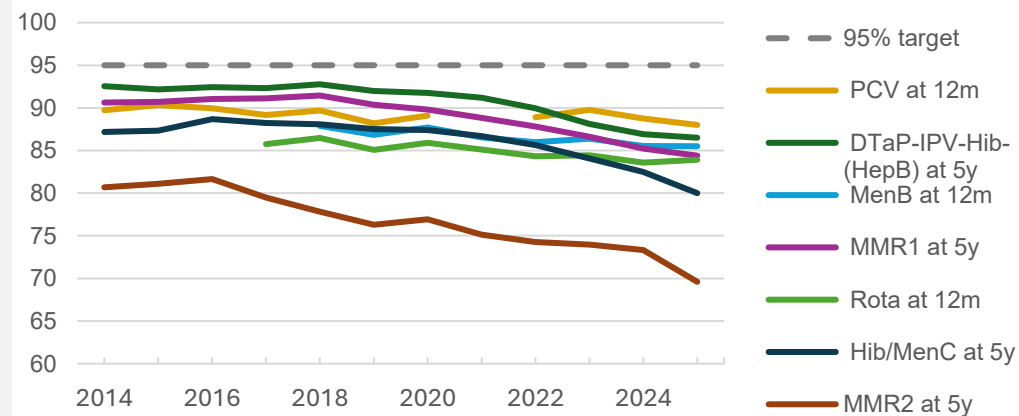
Flu vaccination

- London has lower **flu vaccination coverage** than the national average and all regions in England among primary school children, at risk individuals* and those aged 65+ (2024/25).

Childhood vaccinations*

- **Consistently lower uptake** across all childhood vaccines than England and the **lowest of all regions**.
- **Full MMR (2 doses, age 5):** 69.6%, vs 83.7% England (2025), well **below the WHO target** of 95% for herd immunity.
- MMR uptake has declined since 2016.
- Vulnerable groups: children in care with 74% vaccinated vs 84% England (2024/25).
- **Coverage varies across London boroughs.**

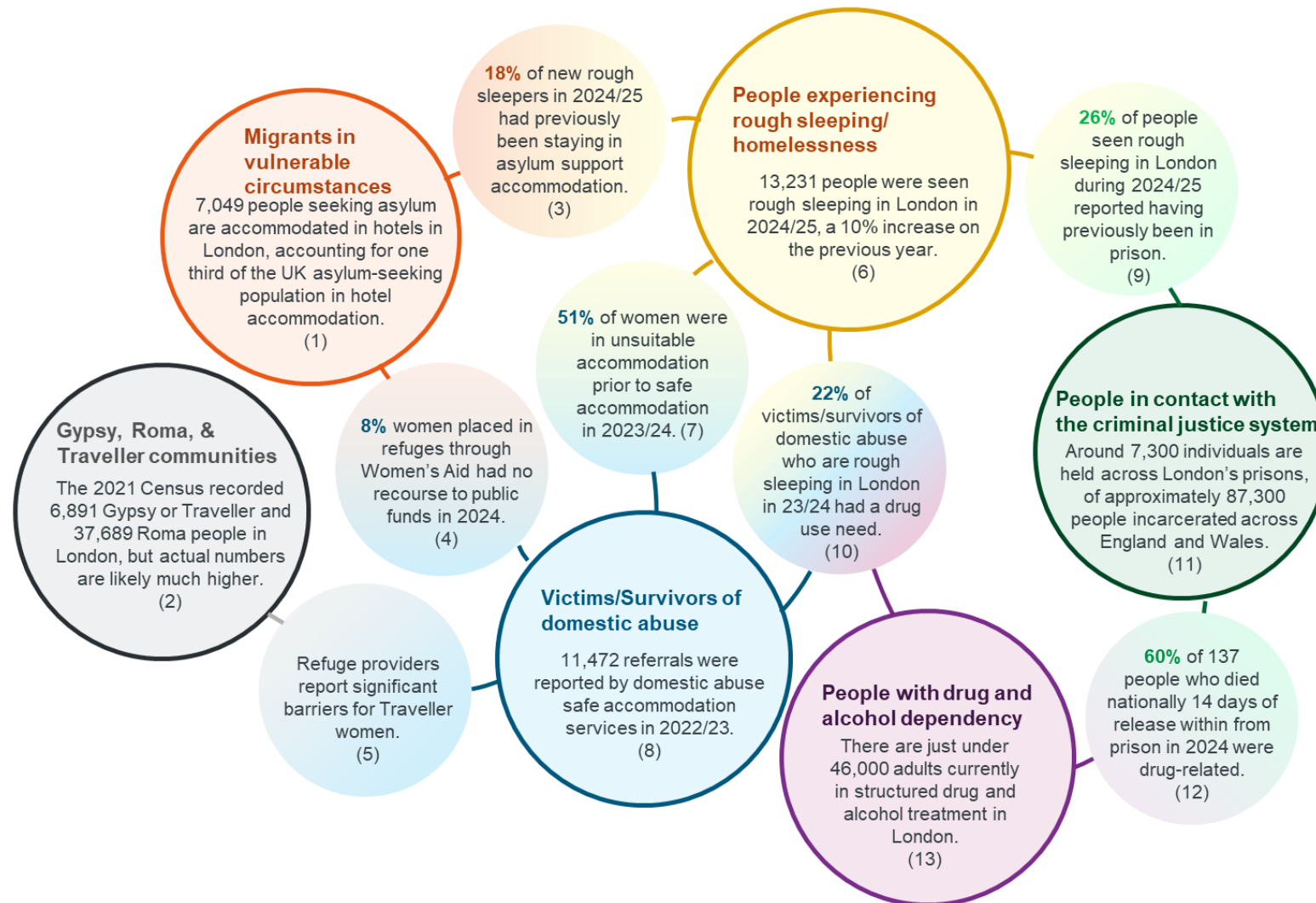
Selected childhood vaccination rates (%) in London, 2014-2025



*For the 2024/5 data, system changes in 14 UTLAs in London, as well as changes to the way multiple dose courses are calculated, mean that the coverage in London for some vaccines, particularly the pre-school (dTaP/IPV) booster and MMR2 is likely to be underestimated. Caution should be exercised when comparing London coverage values with those from other regions. Please see [Health Protection - Data | Fingertips | Department of Health and Social Care](#) for more details.

Inclusion health

Many inclusion health groups face intersectional needs



- This figure primarily draws upon London-level data to demonstrate some – by no means all – of the areas of intersection between particularly excluded groups.
- It is important to note that existing datasets have **notable gaps** and may underestimate need.
- There is very **limited data available for some groups** – such as sex workers and people subject to modern slavery.

Building blocks of health

Climate, heat risk and air quality

Climate and heat risk

- London experiences the highest level of climate risk and impacts regionally, with ~4,000 **heat-related admissions** annually.
- UK-wide **heat-related hospital attendances and admissions** could triple by 2050 compared to current levels. These impacts are disproportionately concentrated in London.
- Increasingly intense rainfall and urban density increases **surface flooding risk**.
- London's climate is already warm enough for harmful **vectors to become established** and transmit disease such as dengue and chikungunya.

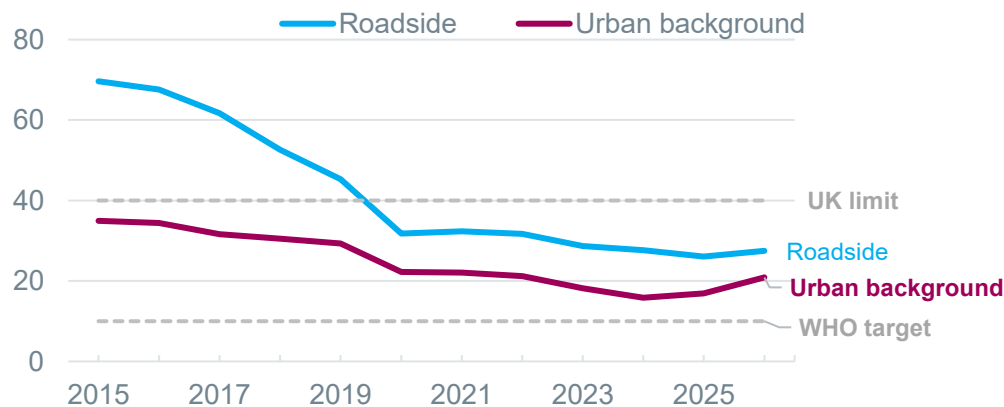
Air quality

- There has been continued progress in the reduction in pollution emissions across London since 2016. Average concentrations of NO₂ and PM_{2.5} now meet the UK annual legal limit, but they remain above the WHO Air Quality Guideline target.
- Despite positive progress for NO_x and PM_{2.5}, further action is needed to reduce all pollutants, particularly PM₁₀.

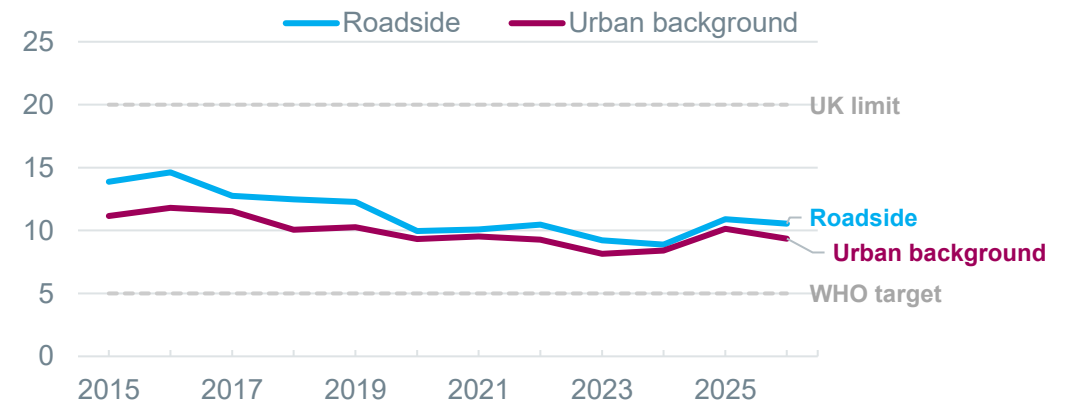
Nitrogen dioxide (NO₂) and particulate matter (PM_{2.5}) at the roadside and urban background

Annual mean concentration (µg/m³), 2015-2026

NO₂



PM_{2.5}



Building blocks of health

Built and natural environment

Housing

- A total of 12,938 people were seen rough sleeping in London in 2025/26, a 2% increase on 2024/25, compared to a 10% increase the previous year. The only increase was among people already seen rough sleeping in the previous year; numbers of new and returning rough sleepers both fell.
- **Most new rough sleepers do not remain on the streets.** In Q4 2025, 2,250 people were recorded sleeping rough for the first time, 8% more than a year earlier. Most (1,649) were seen for one night only, 516 were seen again but not assessed as living on the streets, and 85 people joined the street population (Q4 2025), triple the 2020 figure.
- An estimated 210,000 Londoners were **homeless and living in temporary accommodation** on Christmas Day, 2025. The estimated figure includes 102,000 **homeless children**.
- 6.7% of households in London were **overcrowded** in 2023-24.
- The proportion of homes in London across all tenures estimated to meet the official **Decent Homes Standard** rose from 63% in 2006 to 89% in 2023.

Green and blue spaces, and nature

- 74% of households in London are within a 15-minute walk of green or blue space (vs 80% England, 2025). Access to **green and blue spaces** is not equal across the city.
- 38% of homes lack reasonable access to the appropriate types of public open space in 2026 (a slight improvement from 38.85% in 2025).
- 62.8% of adult Londoners reported feeling part of nature in 2024/25, compared with 59.3% in 2020/21.

Built environment and transport

- London has the highest density of **fast-food outlets** regionally, and one of the highest proportions of **gambling premises**.
- In 2024, 97% of Londoners live within 400 metres distance of a bus stop.
- As of autumn 2024, 32% of London's population lived in areas with a Public Transport Access Level (PTAL) connectivity score of four or above, which is considered to represent high connectivity. However, connectivity is not equally distributed within London.
- 12 London boroughs are among the 15 English local authorities with the fewest publicly accessible sports facilities per 10,000 people, while all top-ranking local authorities for non-grass facilities are in London.

Building blocks of health

Education, economic opportunity and living standards

Education and participation

- 71% of five-year-olds in London achieved a Good Level of Development (GLD) in 2024/25, above the England average of 68%.
- Pupils in London achieved a higher Attainment 8* GCSE score (50.5) than England (46.0) in 2024/25.
- An estimated **156,000 Londoners aged 16-24 were NEET** in Jan-March 2026 (12.1%). However, these estimates are highly uncertain due to small sample sizes, with the true figure likely between 121,000 and 190,000 (11.8% to 18.5%).

Poverty

- After falling for three years, the relative poverty rate (AHC) in London increased by 2 percentage points to 26% in 2021/22-23/24 (2.36m Londoners). This means that a further 160,000 Londoners fell below the poverty line compared to the previous year.
- Poverty increased for children, working age people and pensioners in the latest year (2020/21-22/23 vs 2021/22-23/24).
- Housing costs have a substantial impact on poverty in London, with relative poverty increasing from 15% BHC to 26% AHC. This gap is much larger in London than the rest of England.

Income and employment

- The richest 10% of Londoners earn around 11 times the income of the poorest 10% in the three-year period of 2021/22 – 2023/24. This figure increased from 9 in the previous year (2020/21 – 2022/23) and is more than twice that of the rest of the UK (4.8).
- In 2022/23, those with a physical or mental health condition in London were 10 percentage points (pp) less likely to be employed compared to the general population. This is similar to the gap for England (also 10pp).³
- In 2025, one in six (16.1%) of London residents' jobs were paid below the London Living Wage. This is much lower than the peak in 2015 (22.1%).
- There has been a slight rise in health-related economic inactivity since the pandemic in London and rise in prevalence of work-limiting health conditions (WLHC) in the last decade – both much more muted than for UK overall.

*Attainment 8 score is a measure of a student's overall achievement at GCSE, with a maximum score of 90.

Building blocks of health

Crime, safety and community cohesion

Crime levels

- Overall violent with injury offences have declined in recent years, falling 18.4% in 2024/25 and a further 0.9% in 2025/26.
- London's homicide rate is at its lowest level on record, falling to 1.1 deaths per 100,000 people, which is lower than any other UK city and below many comparable global cities.
- In 2022/23-24/25, the rate of hospital admissions for violence was 32.7 per 100,000 in London, slightly higher than in England (31.9), and has significantly declined over the last decade
- The rate of young people (aged 10 to 17) entering the criminal justice system for the first time was 156.5 per 100,000 in 2024, a substantial decrease from 2014 (432.8) but higher than the England average (2024: 137.7) ³
- Violence Against Women and Girls (VAWG) cases reported to the MPS have increased, with around 132,600 crimes recorded in 2025, up from 127,500 in 2024.¹
- There were over 92,100 reported cases of domestic abuse in London in 2025, up from 85,600 in 2024. Actual figures will be much higher, reflecting a wider problem with underreporting in VAWG.²
- In 2025/26, 22,800 hate crime offences were recorded in London, representing an increase of around 1,500 offences on the previous year, when recording started in the new system.³

Perceptions of crime and safety

- In October 2025, 44% of Londoners said they were worried about crime and 43% were worried about antisocial behaviour.
- 68% of Londoners felt safe walking alone after dark; this drops to 58% among women.

Community cohesion, participation and influence

- In December 2025, 96% of Londoners agreed that their local area is a place where people from different backgrounds get on well together. This proportion has remained above 90% each month since the start of the pandemic.
- In 2023-24, 7.1% of Londoners reported severe loneliness (feeling lonely often or always), in line with the England average of 7.1%.³
- In 2024/25, 28% of Londoners said they felt that they could personally influence decisions in their local area, a slight increase from 27% in 2023/24.

At every stage of life structural racism can affect the building blocks of health, causing harm.

Why focus on child health, mental health and heart health?

What the data is telling us

- Londoners are living longer but spending more years in poor health
- Stark health inequalities persist, shaped by deprivation, ethnicity and place
- Disease burden is concentrated around some key conditions: heart disease, mental disorders, cancers and musculoskeletal disease account for over half of total burden
- Preventable risk factors (smoking, excess weight, high fasting plasma glucose, diet, high blood pressure and alcohol) drive early death and ill-health
- Building blocks, such as poverty, housing, environment, employment shape health across the life course

The next few slides will take a deeper dive into key areas around mental health, heart health, early years and broader emerging themes:

1 Child health

- Early years shape lifelong health, education and employment outcomes
- Rising child poverty, children in temporary accommodation, obesity, poor vaccination coverage and unmet need risk lifelong inequalities
- Opportunity to prevent poor health before it starts

2 Mental health

- Rapidly increasing need; leading driver of work-limiting illness
- High prevalence and rising demand in children and young people
- Strong links to inequalities, productivity and long-term outcomes

3 Heart health

- Leading cause of premature death and major contributor to inequalities
- Driven by modifiable risks (e.g. blood pressure, diet, inactivity, smoking)
- Significant impact on working-age population and economic participation

Key themes: Heart health

Burden of disease

- Heart and circulatory diseases cause **1 in 4 deaths in London**. And is the **leading cause of premature mortality** (under 75s).
- Under-75 mortality from cardiovascular disease in London fell from 128 per 100,000 in 2003–05 to 72 in 2023–25 and is lower than England (76.5) but has **plateaued in last six years**.
- There is substantial variation between boroughs.

Inequalities and Impact

- **Higher mortality risk in South Asian population** nationally.
- In London specifically, Black African and Caribbean patients less likely to have well-controlled hypertension.
- **Approximately 37% of Londoners with a work-limiting heart condition are economically inactive**.

Risk factor – hypertension

- High blood pressure is the largest contributing risk factor to CVD mortality in London.
- About 13% of Londoner's are known to have high blood pressure in 2025, though this is likely an underestimate, as a further 7.9% are thought to have undiagnosed high blood pressure in 2021.
- Just over two-thirds of people receiving optimal treatment. If this were improved to 80%, the following could be averted - 871 heart attacks, 1,300 strokes, and 697 deaths in 3 years.

Other risk factors

- **Tobacco** is a major risk factor for poor heart health.
 - Overall, smoking prevalence in adults has decreased to 10.2% in London in 2024.
 - 15% of working age adults in routine and manual occupations (2023), and 26% of adults with a long-term mental condition smoke (2024/25).
 - In 2021, 2% of Londoners aged 15 smoke regularly while 6% smoke occasionally.
- **Excess weight** is also a significant contributor to heart disease.
 - At age 4-5, 1 in 5 (21%) children are overweight or obese in London in 2024/25. At ages 10-11, it is more than 1 in 3 (36%).
 - More than half of adults (57%) in London are overweight or obese.
- **Physical inactivity**: 22% of adults and 53% of children and young people (aged 5-16) remain physically inactive.
- **Extreme heat** increases the overall risk of cardiovascular disease mortality by 20%.
- London has the highest **density of fast-food outlets** nationally (2024: 138.5 per 100k population).
- 6.6% of deaths in London were attributable to **particulate air pollution** in 2024.

Key themes: Child health (1/2)

Early childhood

- **Smoking status at time of delivery** is improving and London ranks lowest for this indicator in England. In 2024/25, every London borough had a significantly lower rate than the England average (London 3.3%, England 6.1%).
- In 2024/25, **54% of deliveries in London are to women from ethnic minority groups**, the highest proportion regionally and above England average (31%).
- **Infant mortality rate** in London has reduced significantly over the past decades, with London significantly lower than the England rate in 2021-23. However, there are **inequalities across the capital**.
- **Low birth weight** is associated with poor antenatal maternal health and a range of poorer health in later life. In 2024, London has **highest proportion of low birth weight of term babies** regionally (3.5% compared to England 3%). There are **significant inequalities**.
- The data remains poor and incomplete in 2024/25 for '**breastfeeding prevalence at 6 to 8 weeks**', and the ranking for London overall not published for data quality reasons.
- **Percentage of 5-year-olds with experience of visually obvious dental decay**. Half of London boroughs are significantly worse than the national average in 2023/24. London ranks the third highest in the country, and the rate is significantly higher than England (London 27.4% compared to 22.4% England).

Prevention, screening and developmental support

NHS Health Child Programme

- The proportion of **infants receiving screening at 6 to 8 weeks** in 2024/25 was **worse in London** than the England average. An estimated 15,000 infants potentially missed a review by the time they were 8 weeks old.
- 68% of children in London received **2 to 2 and half year review** in 2024/25, **significantly lower than the England** average of 81%.

Vaccination Coverage*

- London appears to have the **lowest coverage of childhood vaccination programmes** regionally. Immunisation of children in care in London is considerably lower than England average.

*For the 2024/5 data, system changes in 14 UTLAs in London, as well as changes to the way multiple dose courses are calculated, mean that the coverage in London for some vaccines, particularly the pre-school (dTaP/IPV) booster and MMR2 is likely to be underestimated. Caution should be exercised when comparing London coverage values with those from other regions. Please see [Health Protection - Data | Fingertips | Department of Health and Social Care](#) for more details.

Key themes: Child health (2/2)

Physical health

- **Excess weight in children remains high** in London: around 1 in 5 (21%) children aged 4-5 and more than 1 in 3 (36%) aged 10-11 are overweight or obese. Although prevalence has recently decreased, rates, particularly among 10-11-year-olds, remain worse than the England average, with **stark inequalities** persisting.
- 53% of London's children and young people are not meeting recommended physical activity levels, the **lowest in England**.
- London ranks the fourth highest in England for hospital admissions for asthma for children and young people under 19 years old (2024/25: London 164.2 per 100,000, England 138.8).

Mental wellbeing

- 1 in 5 young people in England are now estimated to live with a probable mental health disorder (2023).
- In London, **37% of looked after children** in 2024/25 are identified as having **emotional wellbeing which is a cause for concern**.
- In 2024/25, the average happiness score for children in Years 3-11 in London was 6.97 out of 10, similar to England (6.93). While relatively stable, this represents a slight decline from 7.13 in 2017/18; scores were highest among Other ethnic groups (7.39) and White British children (7.12), lowest among Black children (6.68), and higher for boys (7.29) than girls (6.77).

Wider determinants

Education

- 19% of pupils in London were identified as having special educational needs in 2024/25, equating to over 260,000 children, and the trend appears to be increasing.
- London performs better than the England average on school readiness at 5 years of age and KS4 attainment, but **inequalities remain**.
- The rate of young people aged 10-17 entering the criminal justice system for the first time in London has decreased substantially but **remains higher than England** in 2024.

Housing and poverty

- London's relative child poverty rate **has shot back up to 35%** in the latest year (2021/22-23/24), with huge disparities across the capital.
- **Over 100,000 children are living in temporary accommodation in London in December 2025**, equals to at least one in every London classroom.

Key themes: Mental health (1/2)

Children and Young People Mental Health in London

Mental health needs and service use

- The **proportion of school pupils with social, emotional and mental health needs** is lower than national average in 2024/25, but an increasing trend can be seen for both London and England.
- In 2022/23, over 500,000 under-18s in London had **contacts with community and outpatient mental health services** (29,491 per 100,000), significantly lower than England (33,637).
- In 2022/23, over 100,000 **new referrals to secondary services** for under 18s (6,206 per 100,000), with higher rates for females (6,986) than males (5,425), and an increasing trend in referrals.
- London has the lowest rate of **hospital admissions for mental health conditions among under-18s** in England in 2023/24 (63.4 per 100,000 vs 80.2), although two boroughs have significantly higher rates than the England average.
- Among 10–24-year-olds, **hospital admissions as a result of self-harm** were also lower than England (2023/24: 125.6 vs 266.6 per 100,000) and have declined over the past two years from a peak of 229 per 100,000 in 2021/22.

Adult Mental Health in London

- Around **1 in 5 adults** have a mental health condition (2023/24).
- Around **24% reported high anxiety** and 9% **low happiness**, similar to England (2022/23).
- Around **10% patients registered with GP** recorded with **depression** (vs 14 % England) (2024/25).

Suicide and Mortality

- In 2022-24, the **suicide rate** at 7.5 per 100,000 was significantly lower than England average (10.9).

Co-occurring Conditions

- **74% of people** of people entering **drug and alcohol** treatment had a mental health need (2024/25).

Inequality

- In England, **emergency hospital admissions for intentional self-harm** are significantly higher in the most deprived areas than in the least deprived. The rate for London (52 per 100,000) is significantly lower than for England (117 per 100,000).
- **Premature mortality in people with severe mental illness** is significantly higher than in the general population.

Key themes: Mental health (2/2)

Not in education, employment or training (NEET)

- Around 126,000 16-24 year olds in London are NEET in Q4 2025, equivalent to 12%.
- A younger person is now 3 times more likely to be NEET if they have a mental health condition than those who do not.
- The estimated government cost of young people who are NEET with a likely mental health condition is equivalent to over £850 million a year.

Wider determinants

- 1 in 5 Londoners who are economically inactive due to health reasons state they want to work.
- Nationally, only 3% of people with a work-limiting health condition return to employment after 12 months out of work, compared to 9.7% of people with non-work-limiting health condition.
- In 2022, 236,000 Londoners reported a work-limited mental health condition, more than any other type of illness. This is an increase of nearly 62% (90,000 people) since 2014, and the prevalence is highest among younger Londoners (16-34). **Economic Inactivity rates** are also highest for people with a mental health condition.

Broader emerging themes

London as an outlier or of particular interest

Palliative and End of Life Care

- For all ages in 2024, London had the highest proportion of deaths occurring in hospitals in England at 48%, lowest proportion for deaths in care homes at 14%, and 5% of deaths in hospices.

Older adults

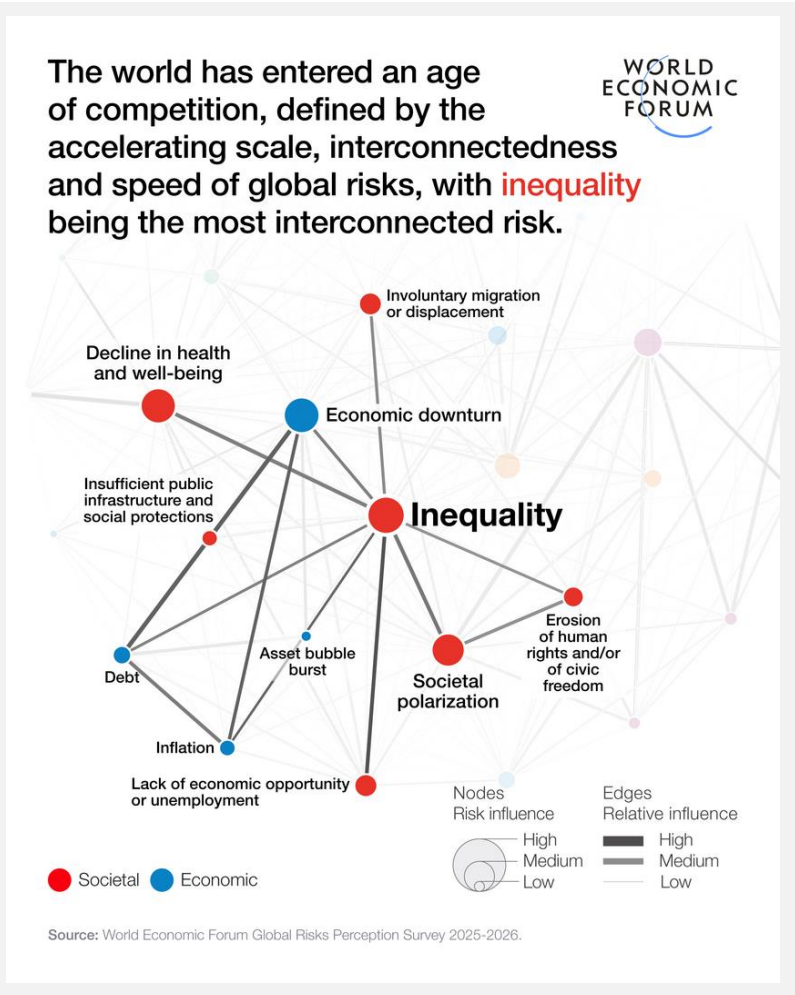
- The proportion of people living with multiple long-term conditions rises with age.
- The estimated dementia diagnosis rate of people aged 65 and over is 69 per 100 population, is similar to the England average.
- In London, 35.7% of social care users aged 65+ say that they had as much social contact as they would like, which is worse than the England average and the lowest of all regions.
- **Falls** are the main cause of accident-related hospital admissions for older people in England and Wales (2023/24) and significantly impact long term outcomes. In 2024/25, rate of admissions due to falls in people aged 65+ in London (2,045 per 100,000) was significantly worse than the England average (1,958 per 100,000).

Sexual and Reproductive Health

- Long-acting reversible contraception (LARC) prescription rate which excludes injections – as a proxy for contraception access – was **significantly lower in London (29.5 per 1,000) than the England average** (40 per 1,000) in 2024.
- Abortion rates, also indicative of access to contraception, have seen an increase in all regions in the last ten years.
- London has the **highest rate of all new sexually transmitted infection diagnoses** in England. London had significantly **higher diagnostic rates for Syphilis and Gonorrhoea**.
- Although London is a leading global city progressing towards the elimination of new HIV transmissions, gains have not been evenly experienced, late diagnosis remained high in certain population groups.
- Almost three in four (73.7%) of participants of Reproductive Health Survey for England (2023) aged 16-55 had **recent experience of at least one reproductive health issue**, and **over one in four (28.0%) reported having a reproductive condition**, such as endometriosis, polycystic ovary syndrome, uterine fibroids, pelvic organ prolapse, or cervical, ovarian, uterine, or breast cancer. Inequalities were observed.

Looking ahead: global risks over 2 and 10 years

World Economic Forum's Global Risks Report 2026



London is one of the world's most prominent global cities.

Critical risks over the next decade must be considered:



Misinformation and Disinformation



Climate threats



Societal polarisation



Inequality

Global risks ranked by severity

Please estimate the likely impact (severity) of the following risks over a 2-year and 10-year period.

Short term (2 years)

1 st	Geoeconomic confrontation
2 nd	Misinformation and disinformation
3 rd	Societal polarization
4 th	Extreme weather events
5 th	State-based armed conflict
6 th	Cyber insecurity
7 th	Inequality
8 th	Erosion of human rights and/or of civic freedoms
9 th	Pollution
10 th	Involuntary migration or displacement

Long term (10 years)

1 st	Extreme weather events
2 nd	Biodiversity loss and ecosystem collapse
3 rd	Critical change to Earth systems
4 th	Misinformation and disinformation
5 th	Adverse outcomes of AI technologies
6 th	Natural resource shortages
7 th	Inequality
8 th	Cyber insecurity
9 th	Societal polarization
10 th	Pollution

Risk categories: ● Environmental ● Geopolitical ● Societal ● Technological

Source: World Economic Forum Global Risks Perception Survey 2025-2026.

Looking ahead

The next decade offers opportunities and challenges, including:

- Stemming the rising tide of **non-communicable diseases**, such as heart disease, mental ill-health, and cancers, which place a significant burden on Londoners and the health and care system
- Tackling emerging and re-emerging **infectious diseases** and combatting pandemics
- Adapting to **climate** change and threats to health
- Stemming the impact of poor health on **work and productivity**
- Tackling the uptick and impacts of **misinformation and disinformation**
- Building trust and **social cohesion**
- Maintaining focus to narrow health **inequalities** that persist across the city

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