

LONDON HEALTH PROFILE

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.

Acknowledgements

The London Health Profile was produced by the London Health Data Collaborative as well as the advisory group overseeing the direction of the work.

Audience for this work

This resource is intended for health leaders, analysts, officers, and policy makers from local and regional government, integrated care systems, NHS, academia, VCS organisations and partners across London to support their work to address health and inequalities by helping:

- Frame discussions with system partners
- Engage communities
- Identify data sources on a given topic
- Advocate for the need for action to address health and health inequalities

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Introduction



Background

- Developed by the **London Health Data Collaborative**, the London Health Profile **brings together publicly available data into a single resource**, providing a common evidence base on population health, prevention, health inequalities and the building blocks of health to support decision-making across London.
- The profile also supports the development of the London Health Improvement Plan (LHIP) – a shared, city-wide commitment to improve health, prevention and equity in London.



Purpose

- Provide an **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. It supports:
 - Understanding of key health challenges
 - Identification of inequalities and drivers of poor health
 - Framing priorities for action and future deeper analysis
- The profile is available in three complementary formats:
 1. **Summary slide deck**: headline findings and key messages
 2. **Data slide deck**: detailed charts, maps and visualisations
 3. **Narrative report**: interpretation, context and commentary

London's health: key insights

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

Healthy life Falling healthy life expectancy; 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 performs well in delivering NHS Health checks, but performs poorly for screening and vaccinations.

Intersectionality and Inclusion health Some Londoners experience multiple overlapping risk factors which can magnify disadvantage and inequality.

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 (YLL) due to early death and the years spent living with disability (YLD) 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

Chapter	Content	Slides
1	<u>Demographic overview of London</u> Scale and diversity in London.	11-19
2	<u>Health Status of London</u> London's high-level health status in comparison with the national picture and trends over time .	20-27
3	<u>Leading causes of disease burden in London</u> Overall disease burden in London.	28-43
4	<u>Leading causes of early mortality in London</u> The major causes of preventable death among Londoners.	44-48
5	<u>Leading risk factors in London</u> The major risk factors of preventable death and loss of healthy life years among Londoners (adults and children). Key themes: Heart health, Child Health, Mental health and broader emerging themes.	49-61
6	<u>Coverage of key prevention interventions</u> Health and care system activity in London.	62-65
7	<u>Inclusion health groups</u> Intersectionality and health needs of inclusion health groups in London.	66-72
8	<u>Building blocks of health</u> The 'causes of the causes' (wider determinants) in London beyond the health and care system which impact the health and wellbeing.	73-103
	<u>Fingertips indicator references</u> Lists all Fingertips indicators (ID and description) used throughout the report.	104-108

Content navigator (1 of 3)

Chapter 1

Demographic overview

Population trends

London by:

- Ethnicity
- Religion
- Country of birth
- Main language
- Sexual orientation and gender identity
- Special educational needs, disabilities and learning disabilities
- Deprivation

Chapter 2

Health status

Life expectancy

- Trends
- Inequalities
- Drivers

Healthy life expectancy

- Trends
- Deprivation
- London boroughs
- Proportion of life lived in good health

Chapter 3

Leading causes of morbidity

Leading causes of disease burden (DALYs)

- Overall
- Trends (2013 vs 2023)
- By age group and sex

Mental health

Heart health

Early years

Broader emerging themes

- Palliative & end of life care
- Older adults
- Tuberculosis
- Sexual & reproductive health
- HIV

Chapter 4

Leading causes of early mortality

Leading causes of premature mortality

- By sex
- Over time

Infant mortality

- Overall
- By borough

Content navigator (2 of 3)

Chapter 5

Risk factors of morbidity and mortality

Leading risk factors contributing to DALYs

Smoking and vaping

Alcohol consumption

- Adults
- Young people

5-a-day consumption

Excess weight

- Adults
- Children

Physical activity and active travel

Hypertension and raised blood glucose

Climate risk

Chronic risks & resilience

Chapter 6

Coverage of key prevention interventions

Childhood vaccination rates

Flu vaccination among key groups

Health checks and cancer screening

Chapter 7

Inclusion health groups

Groups and key drivers of poor health

Intersectional needs

Gypsy, Roma and Traveller communities

Migrants in vulnerable circumstances

Other key groups and data

Content navigator (3 of 3)

Chapter 8

Building blocks of health

Access to nature

Transport and road safety

Fast food outlets

Gambling premises

Air pollution

Extreme heat

Housing and homelessness

- Rough sleeping
- Temporary accommodation
- Overcrowding
- Housing quality
- Rent and mortgage payments

Education and participation

- School readiness at age 5
- GCSE attainment
- NEET

Poverty

- Overall and by age
- Child poverty by borough

Income and employment

- Income inequality
- Labour market participation
- Work-limiting health conditions
- Job quality
- Gender, ethnicity and disability pay gaps

Violent crime

VAWG, domestic abuse and hate crime

Perceptions of safety

Community cohesion

Racism & health inequalities

Useful resources for further exploration

This report is intended to be complementary to other resources. The tables below highlight key tools and resources for further exploration, while additional data sources and references can be found throughout the report.

Resource	Description
<u>Fingertips (OHID)</u>	Extensive public health data platform organised by topic, providing local area data alongside relevant comparators.
<u>Health of the Region explorer (OHID)</u>	Interactive report for exploring and comparing public health indicators across England's regions and local authorities.
<u>Public health local area statistics (OHID)</u>	Landing page bringing together tools, data and insights across a range of public health topics. from tobacco use and violence reduction, to work and health.
<u>State of London report (GLA)</u>	Interactive data resource bringing together over 100 datasets on London's economy, environment, housing market and social outcomes, with links to further data and analysis.
<u>Census 2021 report (GLA)</u>	Interactive reports summarising Census 2021 insights on: Demography & Migration; Deprivation; Ethnicity, Identity, Language & Religion; and Sexual Orientation and Gender Identity.

Resource	Description
<u>Population projections (GLA)</u>	Population projections for London to support planning and policy development across London.
<u>Segment Tool (OHID)</u>	Interactive tool identifying the causes of death and age groups driving inequalities in life expectancy at local area level.
<u>Global Burden of Disease (GBD) - Compare</u>	Interactive visualisation tool for exploring and comparing the burden of diseases, injuries and risk factors across populations, places and time.
<u>CVDPrevent (NHS)</u>	Interactive dashboard providing primary care data on cardiovascular disease prevention, including hypertension, atrial fibrillation, cholesterol, diabetes and chronic kidney disease, with local and national comparisons.
<u>Inclusion health dashboard (OHID)</u>	Interactive tool bringing together data, evidence and guidance on inclusion health populations, with information available at national and local level.

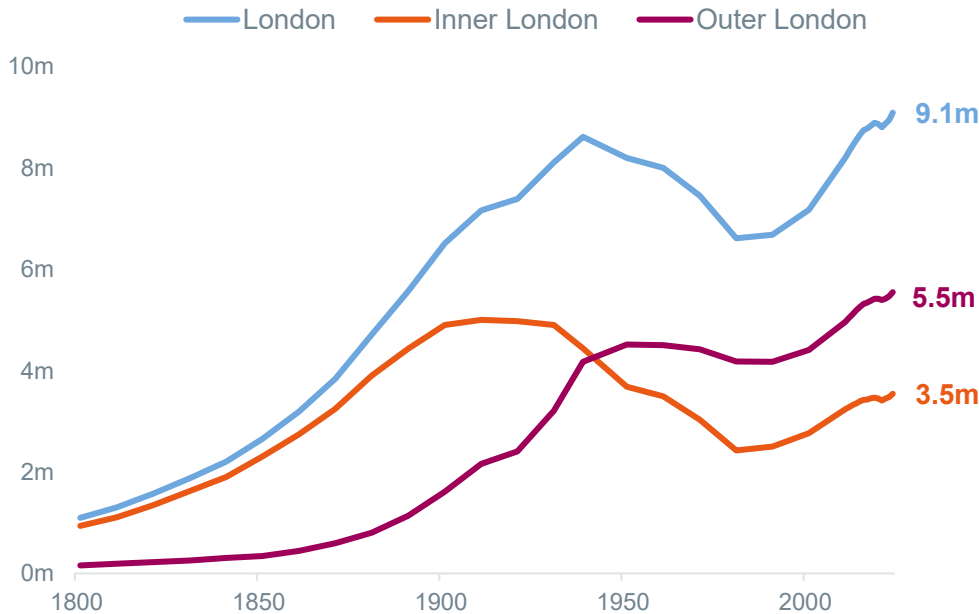
CHAPTER 1: DEMOGRAPHIC OVERVIEW

London's population is younger than other regions and growing, but ageing faster than other UK cities

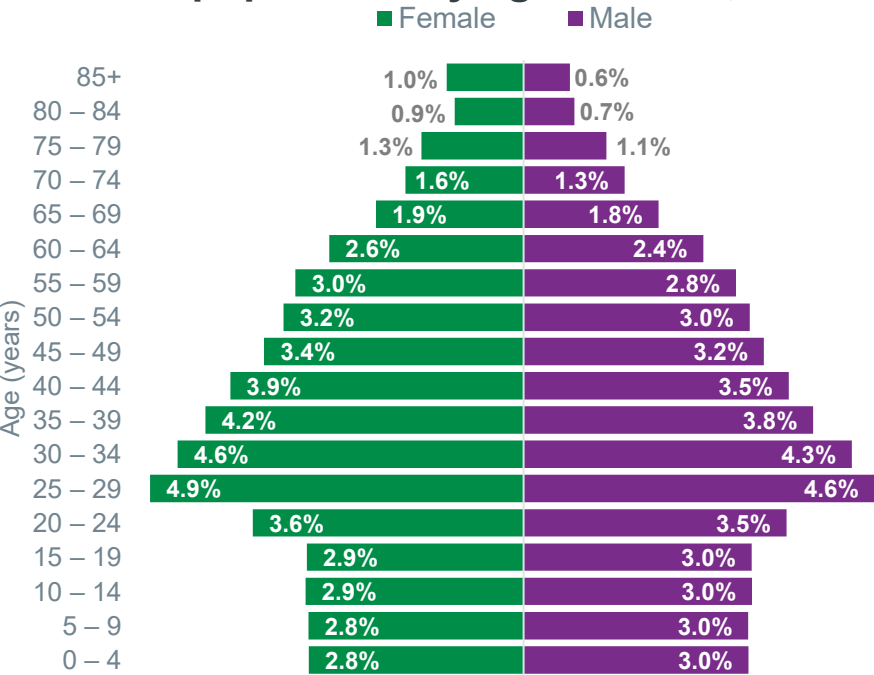
In 2024, **London was home to 9.1m residents**. 49% of Londoners were aged under 35 (Rest of England 42%) and 12% were aged 65 or over (Rest of England 20%).¹ The population is **due to grow to 9.4m by 2034**.²

London has the youngest population of any English region (median age 33.8 vs 39.4 years in England), but with marked variation across boroughs (median age 29.3 in Tower Hamlets to 40.9 in Havering).¹ Despite its relatively young age population, **London is ageing faster than other UK cities**, at a rate comparable to rural areas.⁴

Historical trend in London's population, 1801 to 2024³



London population by age and sex, 2024¹

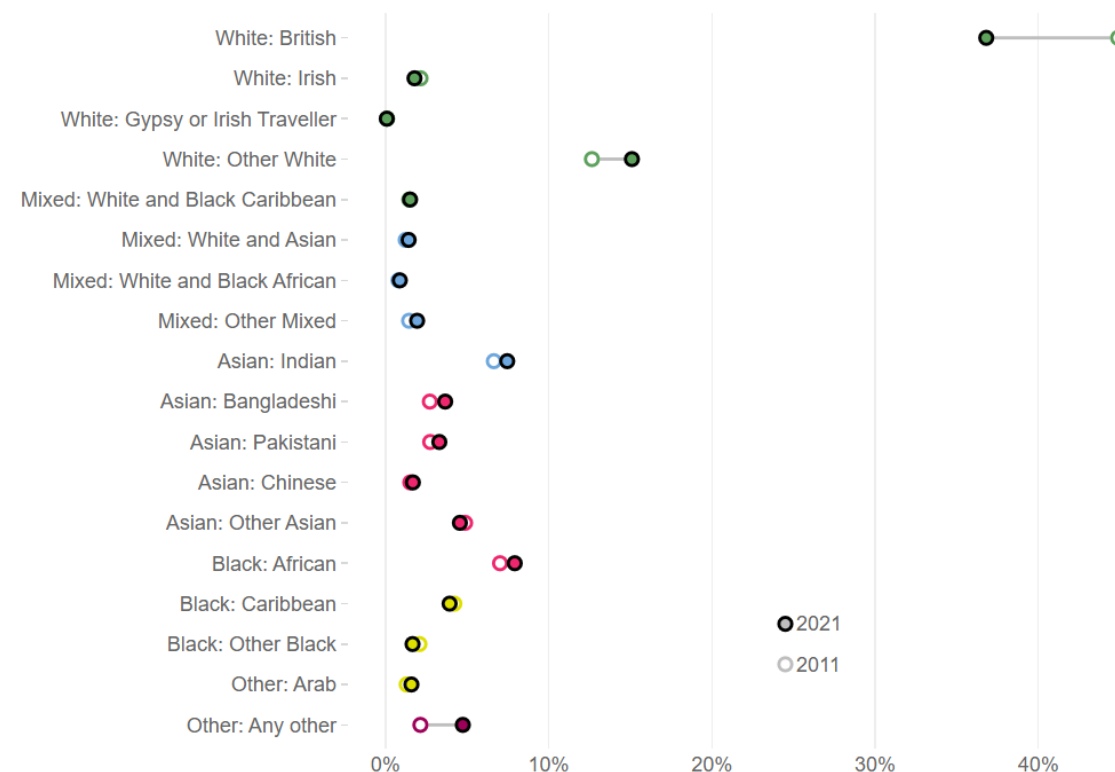


(1) [Estimates of the population for England And Wales mid-2024, ONS](#). (2) [London's 2022-based housing-led population projects, GLA](#). (3) ONS, Census data and mid-year population estimates. Single-year estimates are provided from 2011 onwards. (4) [Ageing in the fast and slow lane](#) (January 2025), The Resolution Foundation.

London is highly ethnically diverse and becoming more so over time

- In the 2021 census, London was the most ethnically diverse region in England and Wales.
- London's population of 8.80 million comprised:
 - 4.73 million White (53.8%);
 - 1.82 million Asian (20.7%);
 - 1.19 million Black (13.5%);
 - 0.51 million Mixed or multiple ethnicities (5.7%); and
 - 0.56 million Other ethnic groups (6.3%).
- The largest growth in population over the decade was in Other White group which increased its share of London's population from 13% in 2011 to 15% in 2021. 'Other' ethnicities increased from 2% to nearly 5%.
- Black, Asian, Mixed and Other ethnicities made up more than half the total population in ten London boroughs: Newham, Brent, Redbridge, Harrow, Tower Hamlets, Ealing, Hounslow, Barking & Dagenham, Hillingdon and Croydon.

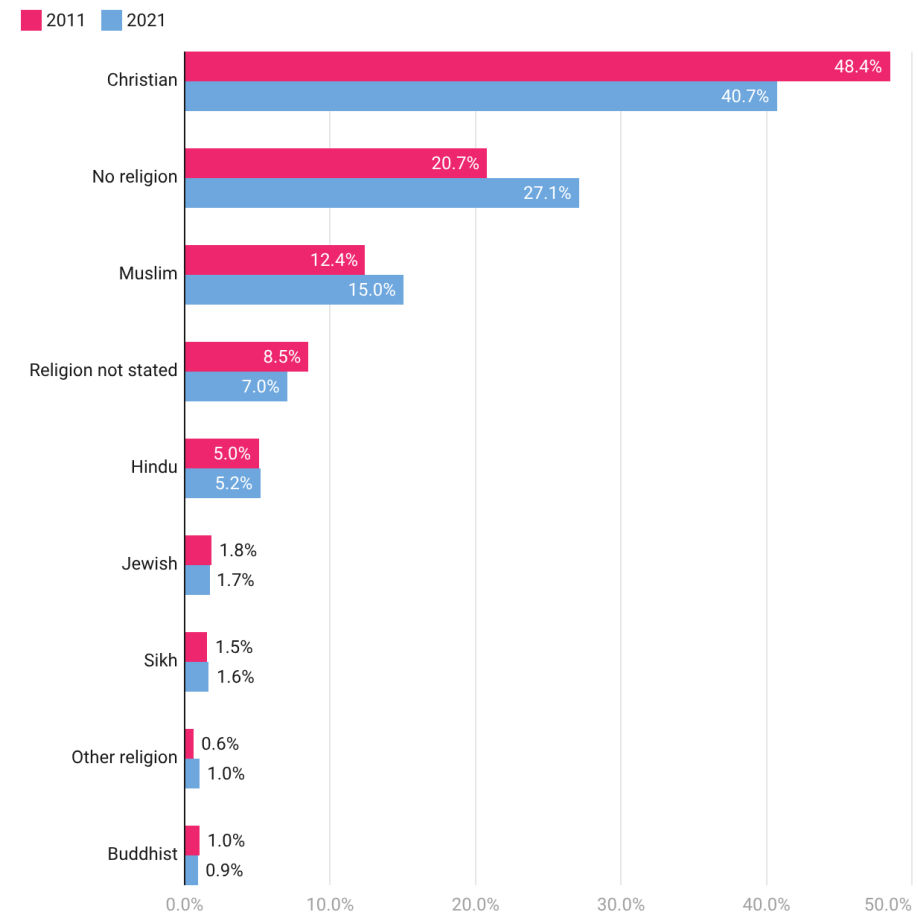
London population by ethnicity
2011 and 2021



London has a diverse religious profile

- In the 2021 census, Christianity remained the largest religion in London (3.6 million, 41%).
- Londoners are less likely to report having no religion (27%) than those in the rest of England (38%).
- 15% of Londoners said they were Muslim, up a little from 2011 (12%), and nearly three times the proportion across the rest of England.
- 5.2% of the London population identify as Hindu.
- There were more Jewish people living in London than in the whole of the rest of England, making up 1.7% of London's population overall.
- 1.6% of the London population identify as Sikh.
- 0.9% of the London population identify as Buddhist.

London population by religion, 2011 and 2021



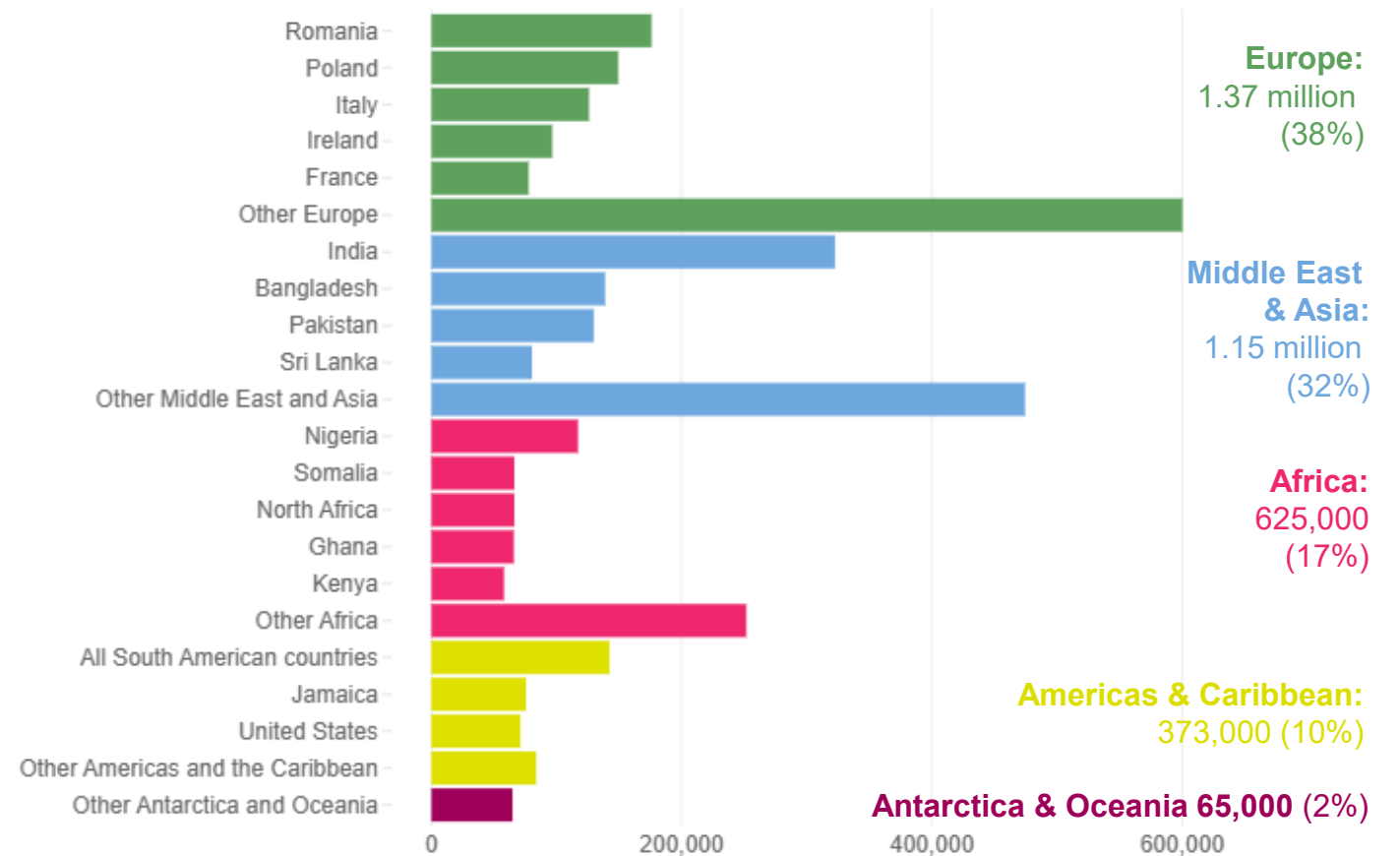
Created with Datawrapper

London has a large and diverse non-UK-born population

- In the 2021 census, 3.58 million London residents were born outside the UK, 41% of London's total population, up from 3 million in 2011 (37%).
- The top five non-UK countries of birth among London residents were:
 - India (323,000, 3.7%)
 - Romania (176,000, 2.0%)
 - Poland (149,000, 1.7%)
 - Bangladesh (139,000, 1.6%)
 - Pakistan (130,000, 1.5%)
- Over half the residents of six London boroughs were born outside the UK. The highest proportions were Brent and Westminster (each 56% non-UK-born). Eighteen of the 20 local authorities with the highest proportions born outside the UK were in London.

London population of non-UK born residents by country of birth, 2021

Top countries in each region are shown. The remaining countries are grouped as 'Other'.

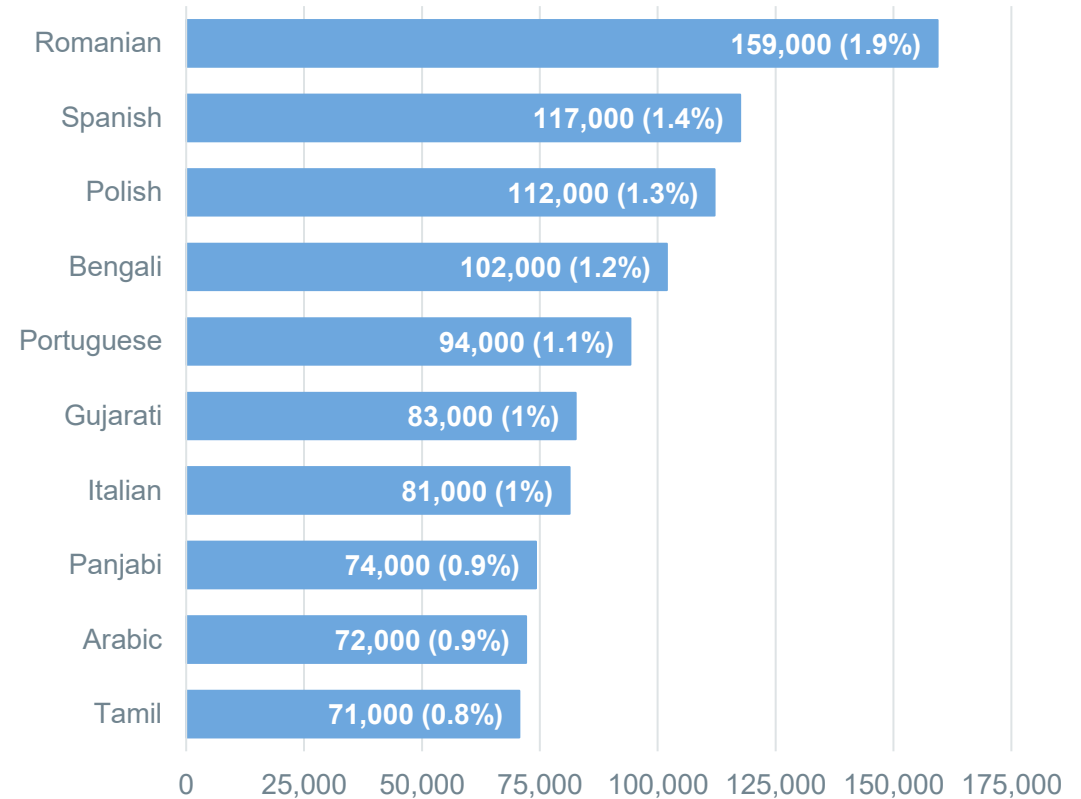


Londoners speak a diverse range of languages

- In the 2021 census, 22% of residents (1.83 million) speak a main language other than English, three times higher than in the rest of England (7%).
- One in eight (423,000) households have no member with English as their main language, and a further 3% (112,000) have no adults, but at least one child, with English as main language.
- Among those whose main language is not English, 46% (840,000) can speak English very well; 35% (636,000) can speak English well; and 19% (355,000) cannot speak English well or at all.
- The London boroughs with the most people who can't speak English well or at all were Newham (8% of people aged 3+), Brent (6%), Ealing (6%) and Enfield (6%).
- Among those who cannot speak English well or at all, the most commonly spoken main languages were Bengali (36,500), Romanian (30,300) and Turkish (25,300).²

Main languages other than English

Top 10 reported main languages other than English, London, 2021



(1) 2021 Census, ONS (2) [2021 Census commissioned table CT0415](#), ONS.

Sexual orientation in London is becoming more diverse, while most align with sex registered at birth

Sexual orientation

In the 2024 Annual Population Survey, the sexual orientation profile of London's adult household population was as follows: ¹

- Straight/Heterosexual: 91% (6,625,000) – lowest among UK regions;
- Gay/Lesbian: 4.0% (288,000);
- Bisexual: 2.0% (146,000);
- Other: 1.1% (80,000); and
- Don't know/refused: 2.2% (162,000) – down from 6.5% in 2019.

Gender identity *

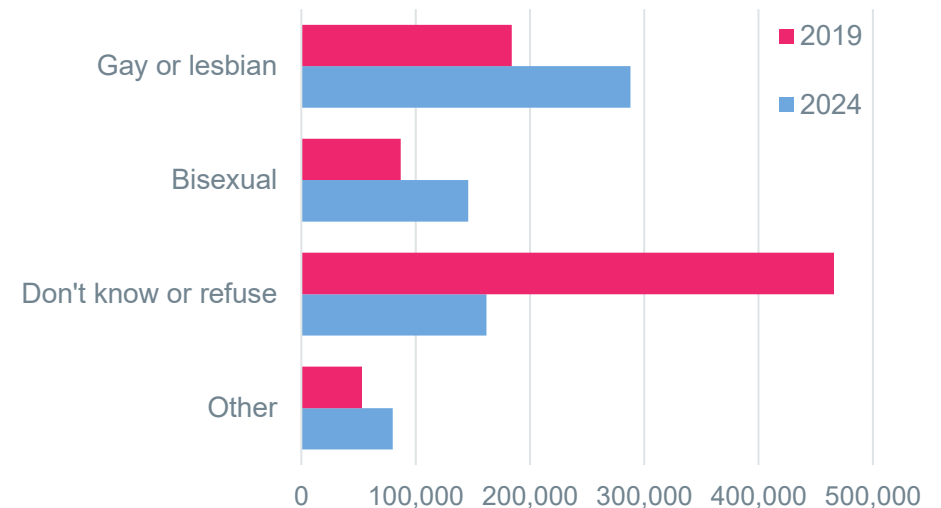
In the 2021 census, among those aged 16: ²

- 91% (6,480,000) stated that their gender identity was the same as their sex registered at birth;
- 0.46% (33,000) had a gender identity different to that assigned at birth, but gave no specific identity;
- 0.16% (11,500) were trans men; and
- 0.16% (11,300) were trans women.
- Smaller numbers answered that they were non-binary (5,400 or 0.08 per cent) or any other gender identity (3,500 or 0.05 per cent).

*Percentages are based on all those asked (with 7.9% not answered); among those who answered, 99% reported the same gender identity as sex registered at birth.

Sexual Orientation for those other than Straight / Heterosexual

London, 2019 and 2024¹



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.

(1) [Sexual orientation, Annual Population Survey 2024](#). ONS. (2) 2021 Census, ONS

Special educational needs, disabilities and learning disabilities in London and England

Disability¹

12.9% (1.1 million) of London residents identified as disabled in the 2021 census, using the Equality Act 2010 definition. Of these, 33% report good or very good health; this compares to 85% of the overall population.

Special Educational Needs (SEN)

19% of pupils in London were identified as having SEN, equating to over 260,000 children, and the trend appears to be increasing (2024/25).⁵

Learning disability ²

Not all people with SEN have a learning disability. In England, an estimated 977,000 adults and 297,000 children have a learning disability.

Health inequalities for people with learning disabilities ³

- People with learning disabilities can experience poorer physical and mental health.
- People with learning disabilities have a lower median age at death of around 63 years (2018–2023)⁴
- They are also less likely to be employed, more likely to experience poverty, loneliness, bullying and discrimination ³

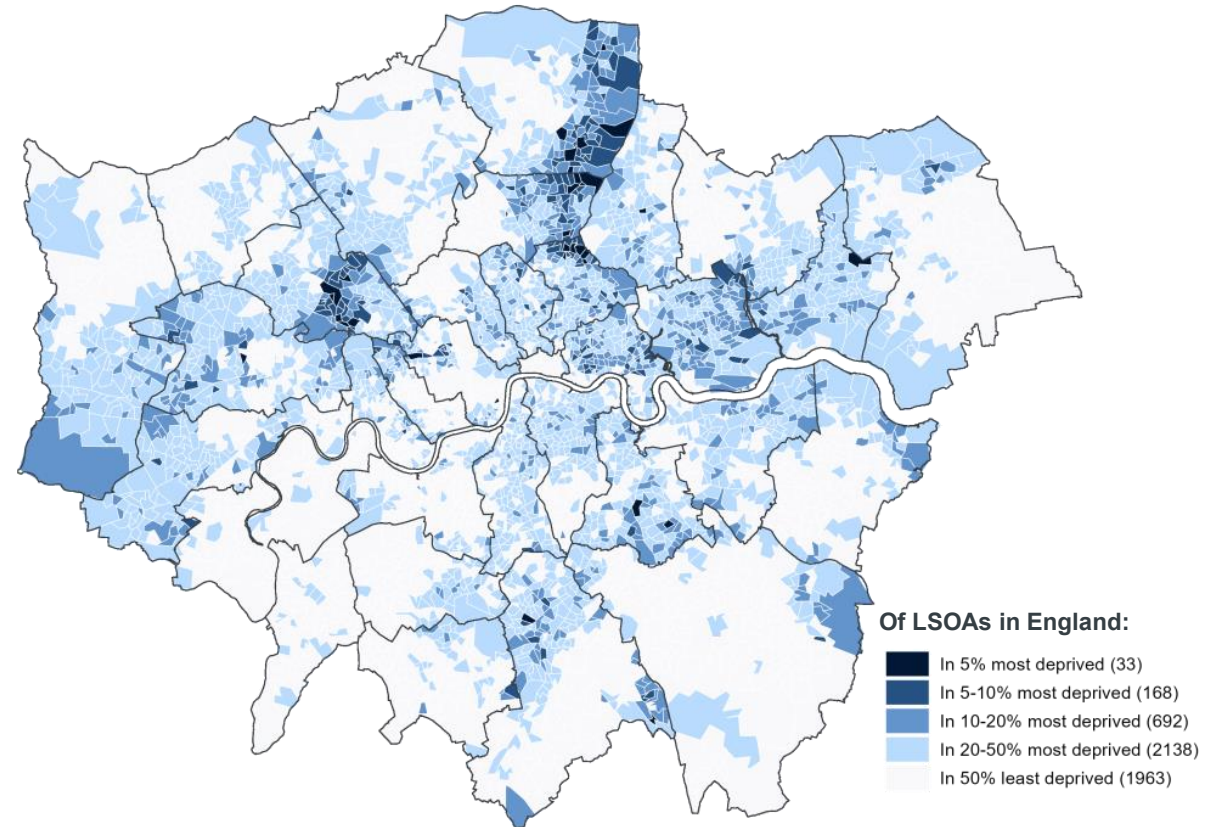
(1) 2021 Census, ONS (2) [Research and statistics](#), Mencap. (3) [Learning disability - applying All Our Health \(January 2025\)](#), OHID. (4) [LeDeR Report 2023 \(updated January 2026\)](#), King's College London. (5) [Fingertips](#), OHID. See Fingertips reference slides (104-108) for full indicator details.

Deprivation in London is unevenly spread, with clear concentrations in certain areas

- Of the 4,994 Lower-Layer Super Output Areas (LSOAs) in London, 33 (0.7%) are among the most deprived 5% in England.
- The geographical distribution of deprivation follows a distinct crescent-shaped pattern, extending from the eastern side of Enfield through Haringey and Hackney, and into Tower Hamlets, Newham and Barking and Dagenham.
- There are additional hotspots of higher levels of multiple deprivation in West London, notably in Brent, Ealing and Hounslow, as well as in parts of South London, including Lewisham and Greenwich.
- There is a clear divide between Inner and Outer London:
 - In Inner London, deprived LSOAs tend to be more widespread and evenly distributed.
 - In Outer London, deprivation is generally lower overall but more locally concentrated in specific LSOAs.

Index of Multiple Deprivation 2025 (IMD25)

IMD25 in London by LSOA, grouped by different levels of severity



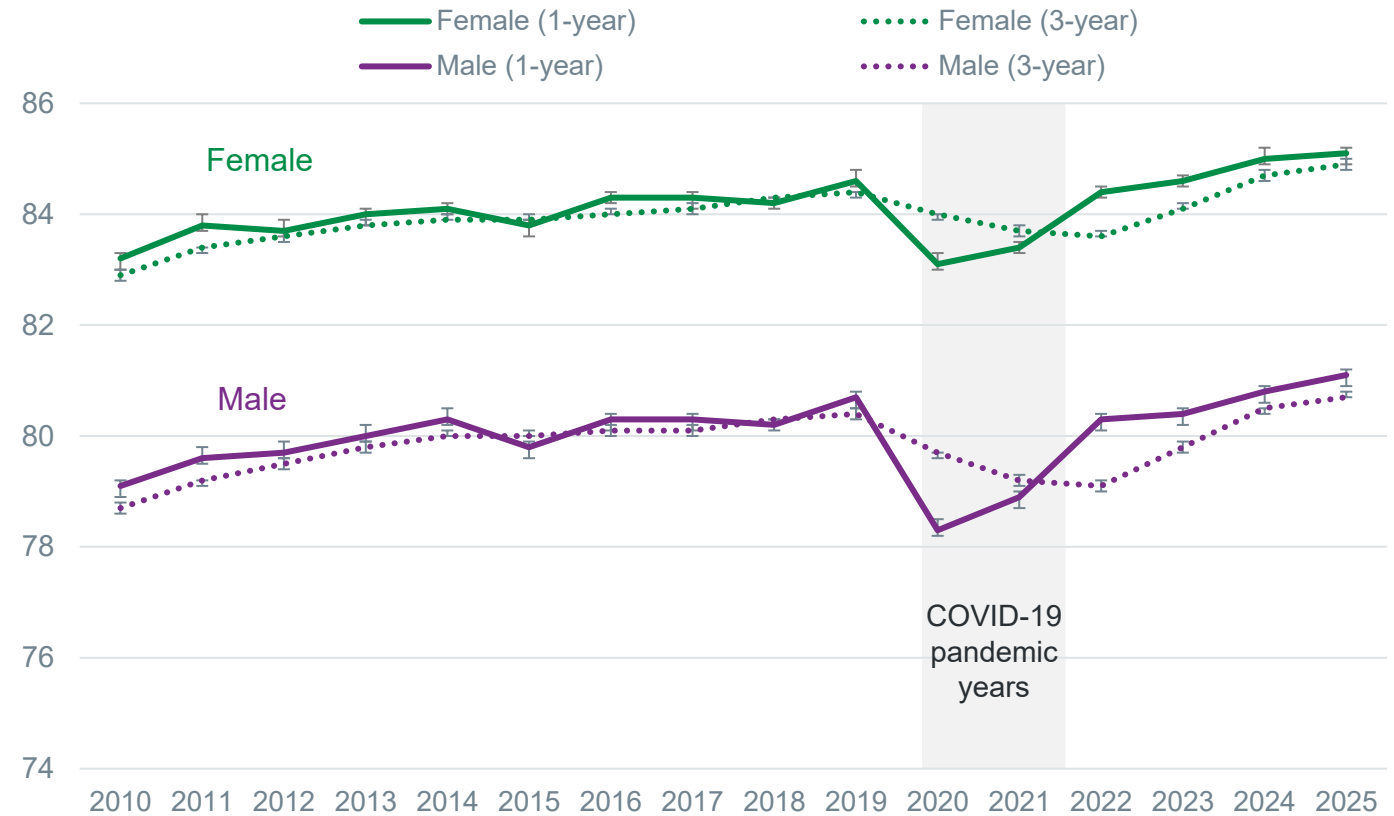
CHAPTER 2: HEALTH STATUS

Life expectancy has increased overall and now exceeds pre-pandemic levels

- Life expectancy in London has increased overall since 2001, despite recent pandemic-related disruption.
- Mortality rates increased during 2020 and remained elevated in 2021 during the COVID-19 pandemic. Because mortality is a key part of calculating all life expectancy indicators, these increases led to declines in life expectancy at both national and regional levels over this period.
- The 3-year rolling life expectancy rate (dashed lines) incorporates these higher mortality years (2020 & 2021). As a result, it declines up to 2021-23 in London and nationally, before beginning to recover. In 2023-25 the life expectancy was 80.7 years for males and 84.9 years for females.
- 1-year life expectancy has increased for both males and females post-pandemic and is now higher than pre-pandemic levels.

Life Expectancy at birth (years)

1-year and 3-year life expectancy in London for males and females



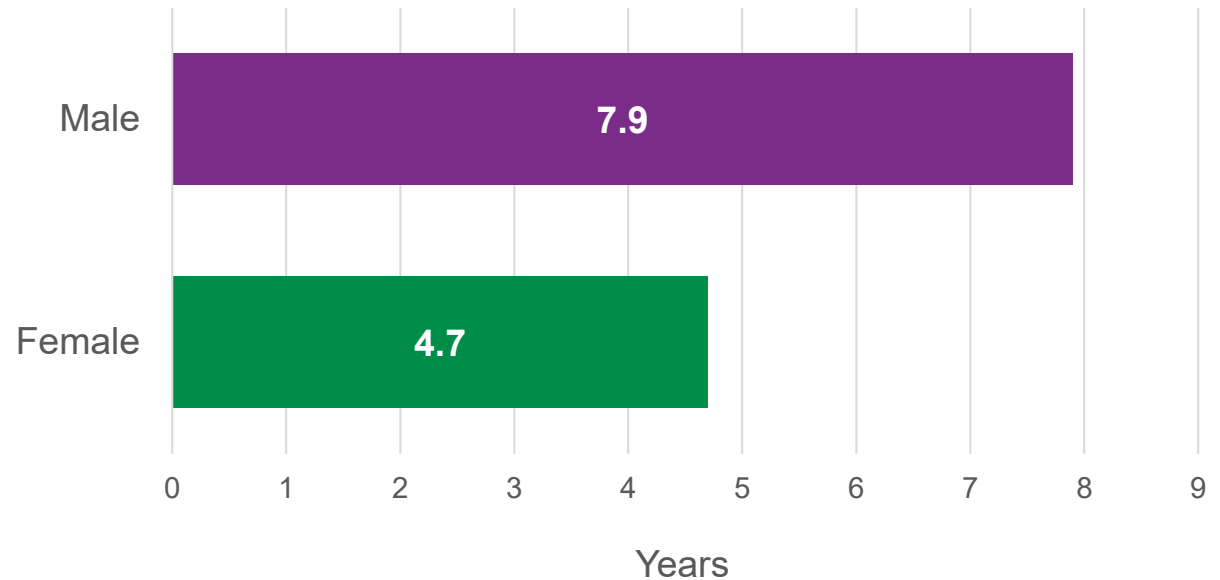
Note: values plotted at end of 3-year period (i.e. 2023-25 at 2025). Values for 2023-25 are based on provisional mortality and population data.

Substantial deprivation-related gaps in life expectancy persist in London and are greater for males

- The Slope Index of Inequalities (SII) is a measure of the social gradient in life expectancy; how much life expectancy varies with deprivation. The number of years represents the range in years of life expectancy across the social gradient from most to least deprived decile.
- In 2022-24 the gap in life expectancy at birth between the most and least deprived areas in London was estimated as **7.9** years for males and **4.7** years for females. This is second lowest among English regions, and significantly less than the England average (Female: 8.0 years, Male: 10.4 years).

Life Expectancy gap by deprivation, 2022-24

Inequalities within London by deprivation deciles, Slope Index of Inequalities (SII)



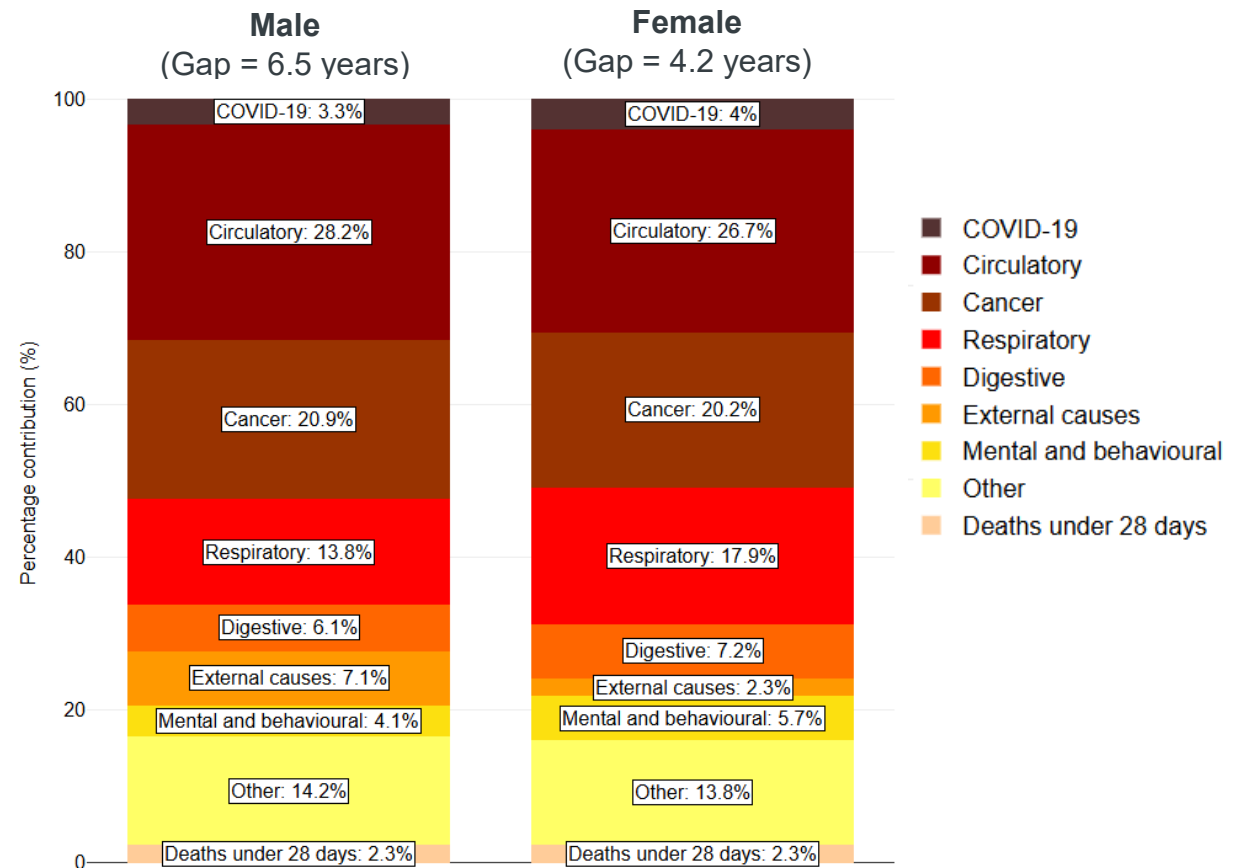
Deprivation-related life expectancy gaps are largely driven by circulatory disease and cancer

- The Segment Tool breaks down the gap in life expectancy between the most deprived quintile and the least deprived quintile of each area. The focus of the tool is to consider which causes of death are contributing to the life expectancy gap.
- For men and women, the largest contributors in 2022-23 were circulatory disease and cancer, accounting for almost half of the life expectancy gap.
- Patterns in contributors vary by sex, with a higher contribution from external causes in males and respiratory causes in females.

** Please note that the data presented here are grouped by quintile and should be interpreted with caution when compared with previous slides, which present data by decile.*

Life expectancy gap by cause of death

Contribution to gap between most and least deprived quintiles, London, 2022-23

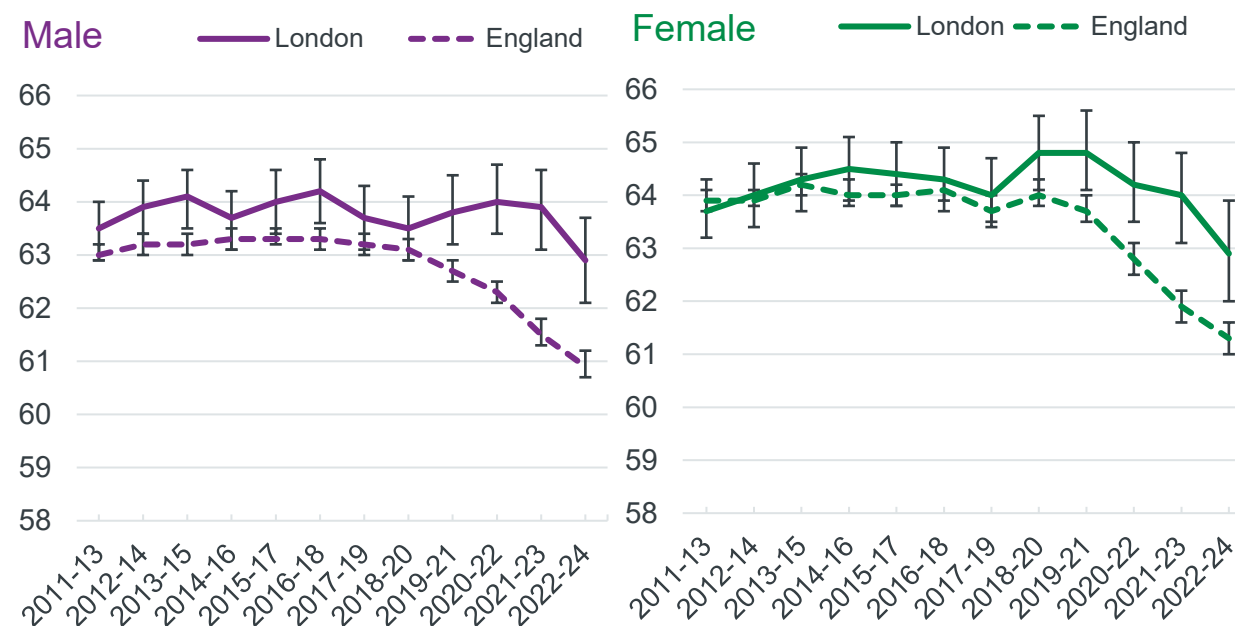


Healthy life expectancy has declined but remains higher in London than England

- **London had one of the highest regional healthy life expectancies** in England for both males and females in 2022-24, a similar level to that of the South East.
- Healthy life expectancy continued to decline in London in 2022-24 for both males and females but remained significantly higher than the England average for both sexes.
- Healthy life expectancy was the same for both males and females in 2022-24 (62.9 years) and, although it had decreased for both sexes, the decline was less pronounced than seen nationally.
- Between 2019-21 and 2022-24, healthy life expectancy among females decreased by over two years in every region of England except for London.

Healthy life expectancy at birth (years)

London and England, males and females, 2011-13 to 2022-24



Healthy life expectancy is strongly associated with deprivation

- Despite the overall declines in healthy life expectancy (HLE), 15 of London's 32 boroughs saw improvements in HLE for both men and women over the decade since 2012-14.¹
- There are large differences between boroughs and HLE is strongly associated with deprivation:^{1,2}
 - Males and females living in Richmond upon Thames had the highest HLE in London – and nationally – at 69.3 and 70.3 years, respectively.
 - In contrast, the lowest HLE was observed among males in both Lewisham and Haringey (both 58.3 years) and females in Greenwich (57.5 years).
 - This represents a gap between highest and lowest London boroughs of 11 years for men and 12.8 years for women.

Healthy life expectancy at birth by deprivation^{1,2}

London boroughs, males and females, 2022-24



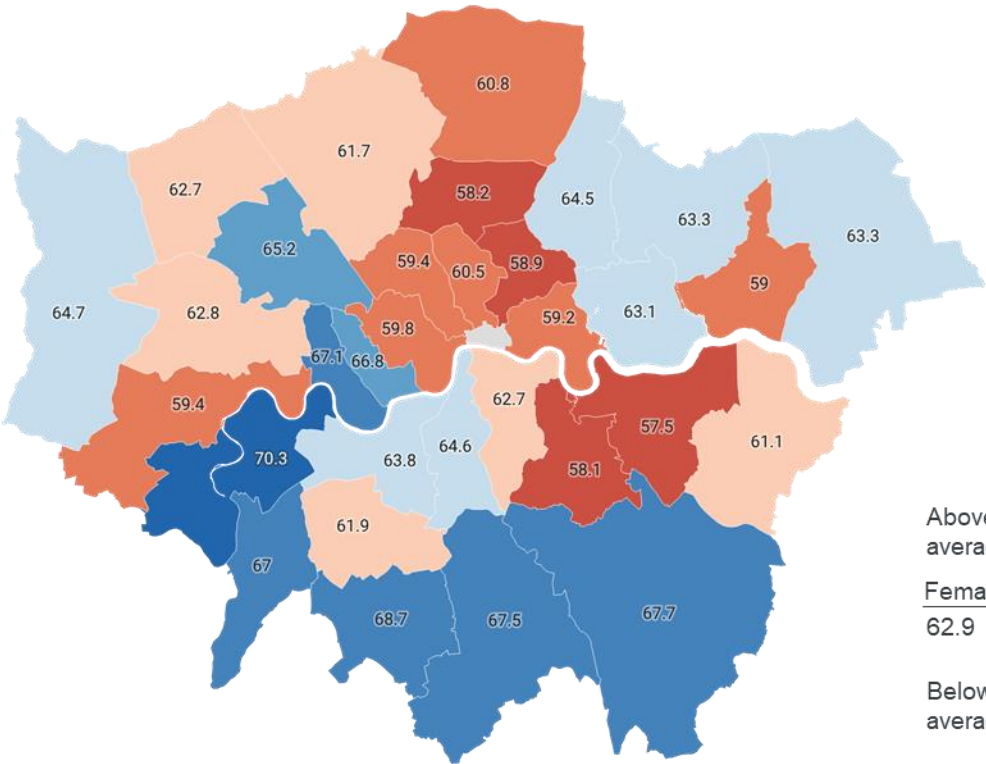
(1) Fingertips. OHID. See Fingertips reference slides (104-108) for full indicator details.

(2) [Local Authority District Summaries](#) - English Indices of Deprivation 2025, MHCLG

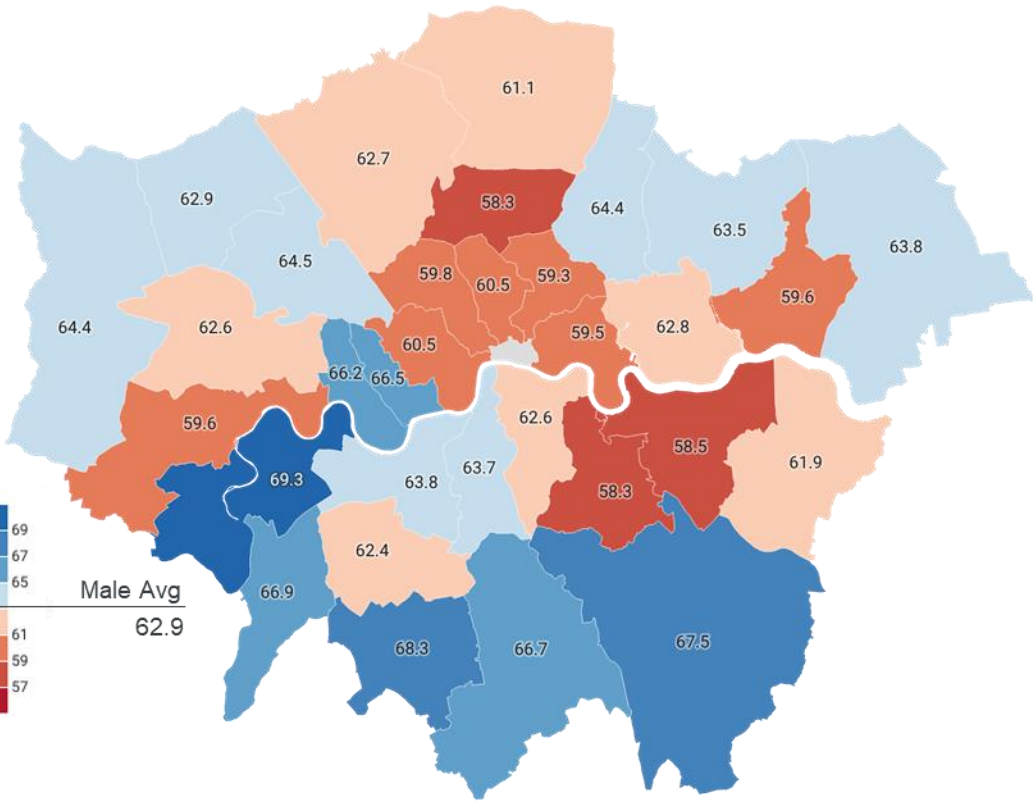
Healthy life expectancy varies by up to 11 years for males and 12.8 years for females across London boroughs

Healthy life expectancy at birth, 2022-24
Relative to London average (62.9 years)

Female



Male

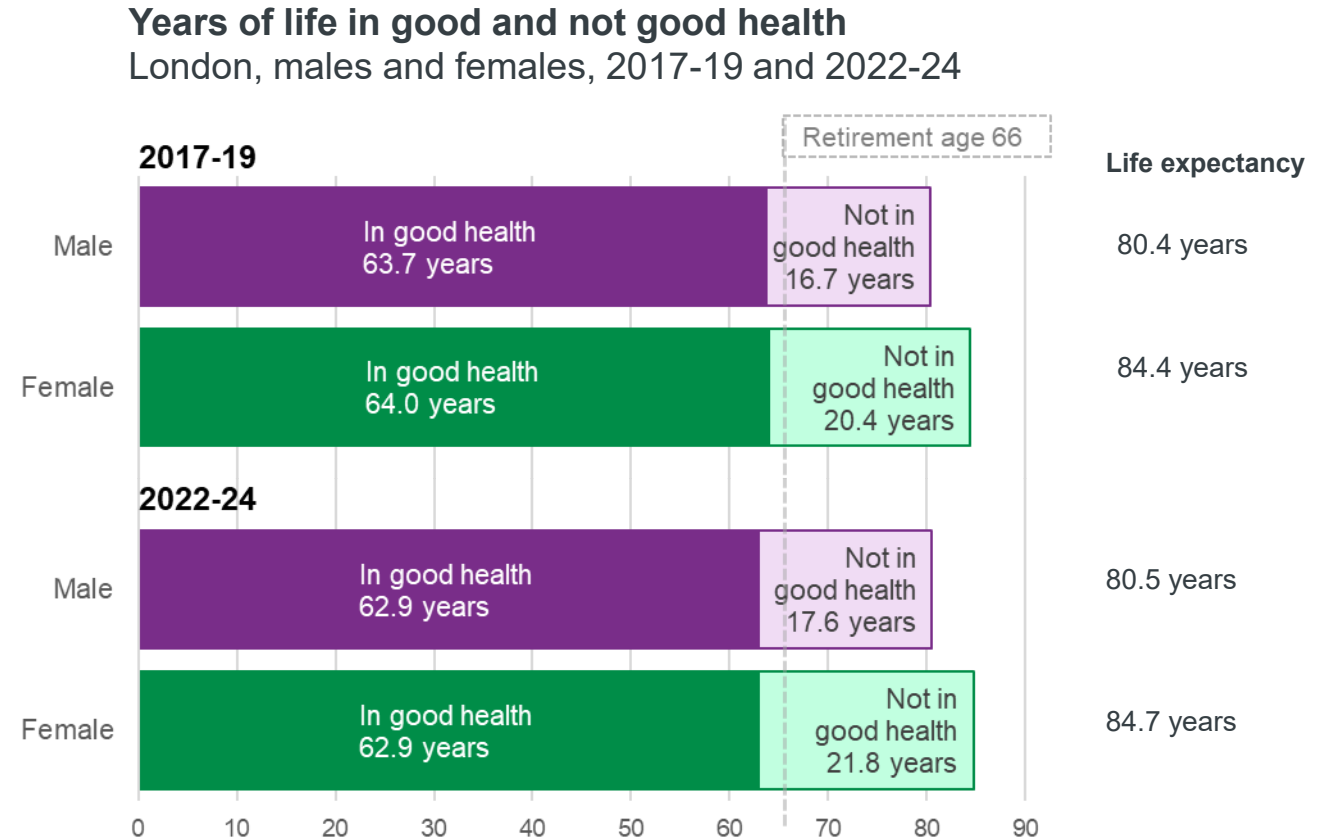


Above ↑
average
Female Avg
62.9
Male Avg
62.9
Below ↓
average

Map data: © Crown copyright and database right 2018 • Created with Datawrapper

Years lived in poor health are increasing, despite increases in overall life expectancy

- Life expectancy data are available for 2023–25, but healthy life expectancy only to 2022–24; therefore, **2022–24 data are used for both to enable direct comparison.**
- Overall **life expectancy has increased, but years spent not in good health have also increased** for both sexes from 2017-19 to 2022-24 – by 0.9 years for males and 1.4 years for females.
- However, healthy life expectancy is significantly higher in London than in England for both males and females.
- In the most deprived areas people spend a greater proportion of their lives in poor health than those in the least deprived areas.



CHAPTER 3: LEADING CAUSES OF MORBIDITY

Cancers, mental disorders, cardiovascular and musculoskeletal conditions account for over half of disease burden in London

Burden of Disease

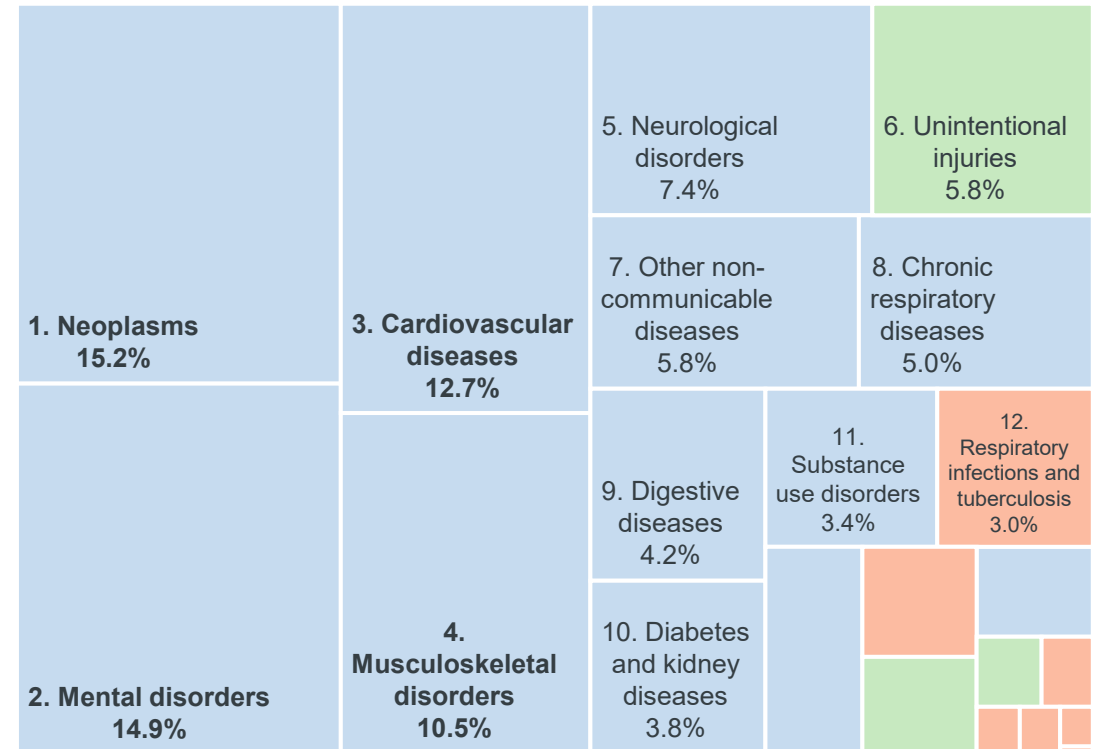
- Disability-Adjusted Life Years (DALYs) is used by the Global Burden of Disease study to measure the overall burden of disease by combining years of life lost due to premature death and years lived with illness or disability. It provides a comprehensive measure of population health and health loss.
- Causes of health loss are organised hierarchically, with three broad categories at the highest level (Level 1) and increasingly detailed categories below, including Level 2 (22 causes), Level 3 (174 causes) and Level 4 (301 causes).

Leading causes of disease burden

- The largest contributors (Level 2) to total DALYs in London in 2023 were **cancers** (15.2%), **mental disorders** (14.9%), **cardiovascular disease** (12.7%), and **musculoskeletal disorders** (10.5%).
- Together, these four accounted for 53.3% of overall disease burden (DALYs) in London, with non-communicable diseases dominating overall burden.

Burden of disease in London

Percentage of DALYs by cause (Level 2) in London, 2023



Key:

Communicable, maternal, neonatal and nutritional

Non-communicable diseases

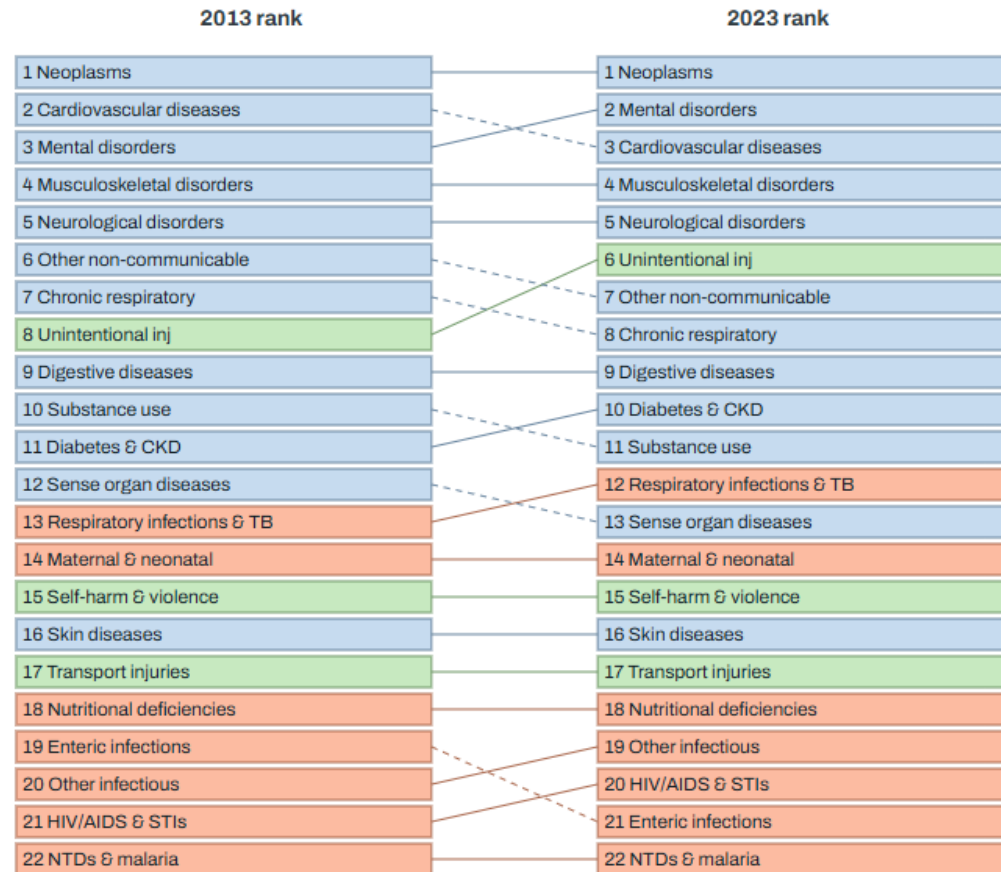
Injuries

Top causes of disease burden have remained broadly stable since 2013, with some shifts in the top causes

- The leading causes of disease burden in London have remained broadly unchanged between 2013 and 2023.
- Among the top five causes, cardiovascular diseases and mental disorders changed positions from 2013 to 2023:
 - Mental health disorders have increased from rank 3 to rank 2, with their share of DALYs rising from 11.0% in 2013 to 14.9% in 2023, overtaking cardiovascular diseases (2013: 12.7%; 2023: 13.3%).

Rank of DALYs by cause (Level 2)

Top causes ranked by DALY rate per 100,000 population, London, both sexes, all ages, 2013 vs 2023

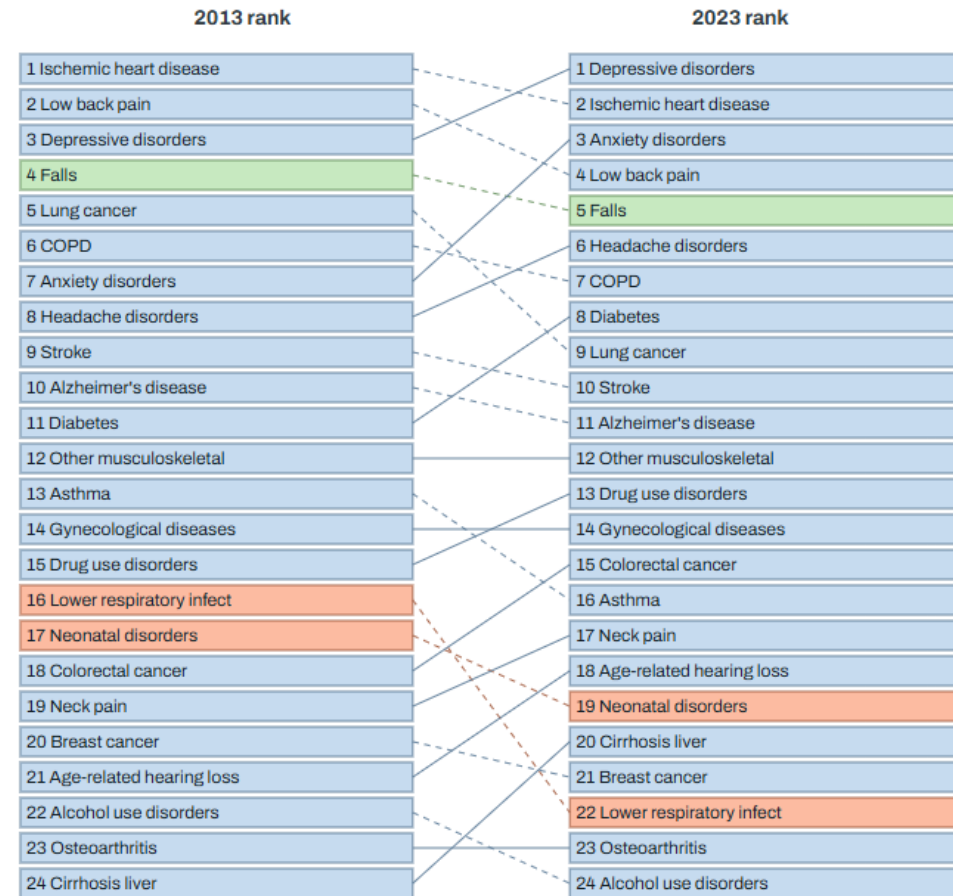


At a more detailed (Level 3) classification, disease burden rankings remain broadly stable over time

- Looking in more detail at Level 3 causes we again see the ranking of DALYs in London remains broadly unchanged between 2013 and 2023.
- The leading contributors include depressive disorders, ischaemic heart disease, anxiety disorders and low back pain.
- As with Level 2 causes, non-communicable diseases dominate the burden.
- However, the disease patterns change when broken down by sex, and age, as shown in the following slides.

Rank of DALYs by cause (Level 3)

Top causes ranked by DALY rate per 100,000 population, London, both sexes, all ages, 2013 vs 2023

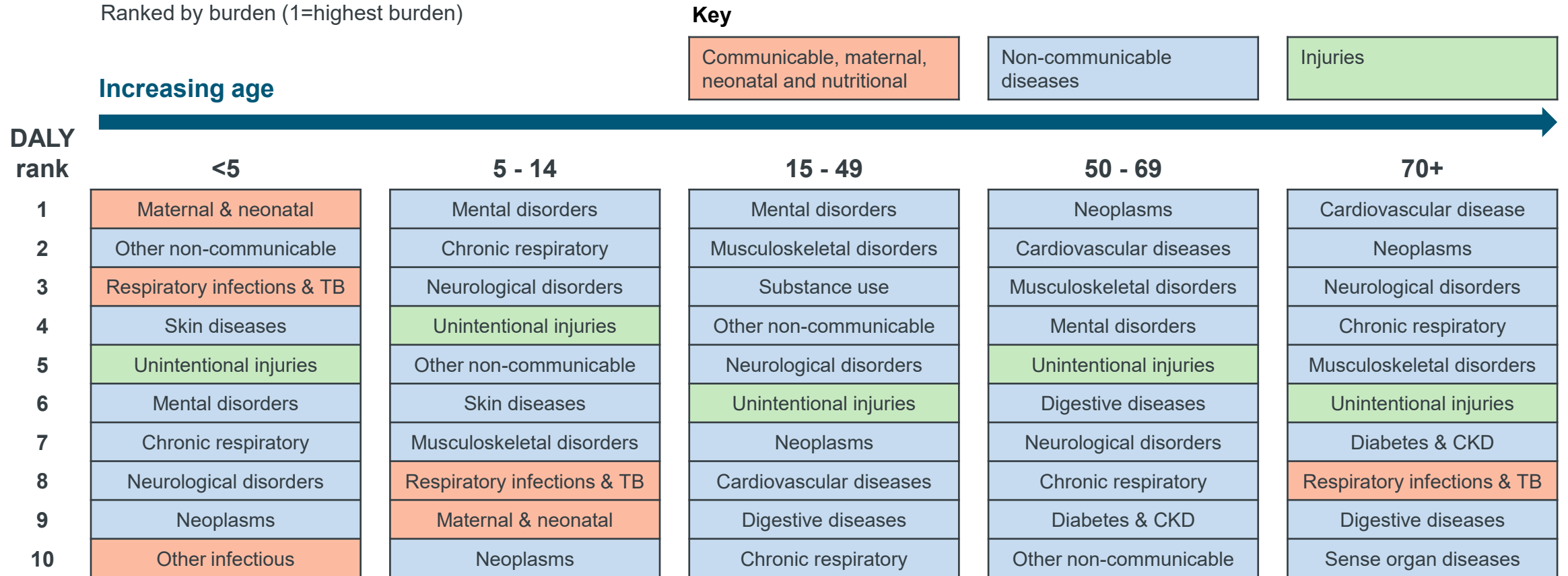


Different stages of life are associated with distinct disease burdens

Non-communicable diseases dominate from adolescence onwards, while early-life burden is driven by maternal and infectious conditions.

Top 10 DALYs (Level 2) per 100,000 by age group in London, 2023

Ranked by burden (1=highest burden)



For males, burden shifts from mental health and injuries earlier in life to cardiovascular disease and cancer

Across the life course, burden shifts from mental health and substance use in early adulthood to chronic physical diseases in later life, with injuries (e.g. falls) appearing consistently across most ages.

Top 10 DALYs (Level 3) per 100,000 for males by age group in London, 2023

Ranked by burden (1=highest burden)

Increasing age

Key

Communicable, maternal, neonatal and nutritional

Non-communicable diseases

Injuries

DALY rank

	<5	5 - 14	15 - 49	50 - 69	70+
1	Neonatal disorders	Anxiety disorders	Depressive disorders	Ischemic heart disease	Ischemic heart disease
2	Congenital defects	Asthma	Drug use disorders	Lung cancer	COPD
3	SIDS	Conduct disorder	Anxiety disorders	Diabetes	Stroke
4	Autism spectrum	Depressive disorders	Low back pain	Low back pain	Alzheimer's disease
5	Asthma	Autism spectrum	Falls	Falls	Lung cancer
6	Dermatitis	Falls	Alcohol use disorders	Cirrhosis liver	Prostate cancer
7	Lower respiratory infection	Neonatal disorders	Self-harm	COPD	Falls
8	Endo/metab/blood/immune	Dermatitis	Headache disorders	Stroke	Lower respiratory infection
9	Upper respiratory infection	Congenital defects	Other musculoskeletal	Depressive disorders	Diabetes
10	Other neurological	ADHD	Ischemic heart disease	Colorectal cancer	Colorectal cancer

For females, burden shifts from mental and reproductive health earlier in life to chronic disease

The burden shifts from mental health in early adulthood to chronic physical disease later in life, with an additional reproductive health dimension in 15-49 aged women.¹ In a 2023 survey, 74% of women aged 16-55 reported recent reproductive health issues and 28% reported a reproductive condition, with prevalence varying by age, ethnicity and financial situation.²

Top 10 DALYs (Level 3) per 100,000 for females by age group in London, 2023 ¹

Ranked by burden (1=highest burden)
Increasing age

Key

Communicable, maternal, neonatal and nutritional

Non-communicable diseases

Injuries

DALY rank	<5	5 - 14	15 - 49	50 - 69	70+
1	Neonatal disorders	Anxiety disorders	Depressive disorders	Low back pain	Alzheimer's disease
2	Congenital defects	Depressive disorders	Anxiety disorders	Breast cancer	Ischemic heart disease
3	Asthma	Asthma	Gynaecological diseases	Depressive disorders	COPD
4	SIDS	Headache disorders	Headache disorders	Anxiety disorders	Stroke
5	Dermatitis	Low back pain	Low back pain	Falls	Falls
6	Upper respiratory infection	Conduct disorder	Other musculoskeletal	Lung cancer	Lung cancer
7	Lower respiratory infection	Falls	Falls	Ischemic heart disease	Low back pain
8	Endo/metab/blood/immune	Dietary iron deficiency	Drug use disorders	Headache disorders	Lower respiratory infection
9	Autism spectrum	Neonatal disorders	Asthma	Other musculoskeletal	Breast cancer
10	Urticaria (skin condition)	Congenital defects	Neck pain	Diabetes	Age-related hearing loss

(1) Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Seattle, WA: IHME, University of Washington, 2025. Available from <https://vizhub.healthdata.org/gbd-compare>. (2) Palmer, M.J., McCarthy, O.L. and French, R.S., 2025. The Burden of Poor Reproductive Health in England: Results From a Cross-Sectional Survey. BJOG: An International Journal of Obstetrics & Gynaecology, 132(13), pp.2052-2063.

Key themes: a deeper dive into some leading burdens of diseases

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.
- These are closely linked to preventable risk factors (smoking, excess weight, high fasting plasma glucose, diet, high blood pressure and alcohol) and building blocks of health (such as poverty, housing, environment, employment), which will be covered in the later chapter.

The remainder of this chapter will take a deeper dive into key areas around mental health, heart health, early years and broader emerging themes:

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.

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.

Early years

- 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.

Admission rates for children and young people are lower than England, but demand is high, rising and unequal

Social, emotional and mental health needs

- The average happiness score (out of 10) for children in Years 3-11 in London in 2024/25 was 6.97, similar to England's which was 6.93. The score was highest among Other ethnic groups (7.39) and White British children (7.12) and lowest for Black children (6.68), and higher for boys (7.29) than girls (6.77).¹
- In 2024/25, 3.4% of pupils in London had social, emotional and mental health needs, lower than the England average (4.0%), but with an increasing trend for both London and England. The prevalence is higher in males (4.2%) than females (2.5%), and higher in secondary age pupils (3.7%) primary age (2.9%).
- 37% of looked-after children's emotional wellbeing is a cause for concern (2024/25), lower than the England average (42%).²

Contacts with mental health services²

- 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.
- In 2022/23, there were over 100,000 new referrals to secondary mental health services for under 18s (6,206 per 100,000), below the national average (9,684 per 100,000) with higher rates for females (6,986) than males (5,425), and an increasing trend.
- 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 229.0 per 100,000 in 2021/22.
- There were over 588,000 attended contacts with community and outpatient mental health services for under-18s (31,300 per 100,000), below the England average (35,700 per 100,000) in 2023/24.

(1) [State of London - Children and young people](#)

(2) [Fingertips](#). OHID. See Fingertips reference slides (104-108) for full indicator details.

One in five London adults has a mental health condition, with significant inequalities in outcomes

Prevalence and wellbeing

- In 2023/24, one in five people aged 16+ in London (20%) had a mental health condition.¹
- In 2022/23, 24% of people aged 16+ reported high anxiety and 9% reported low happiness to national levels.²
- In 2024/25, 10% of adults registered with a GP in London were recorded as having depression, compared with 14% in England.²

Inequalities and risk²

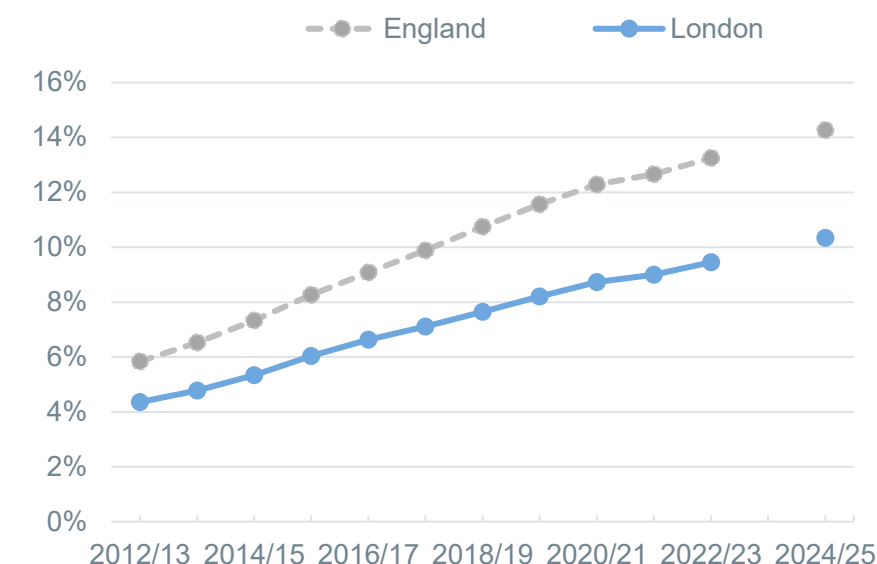
- People with severe mental illness experience substantially premature mortality.

Self-harm, suicide and co-occurring needs

- In 2023/24, London's emergency hospital admission rate for self-harm was less than half the England rate (52 vs 117 per 100,000), and equivalent to around 4,805 emergency hospital admissions each year.²
- Between 2002 and 2024, London's suicide rate was 7.5 per 100,000, compared with 10.9 per 100,000 in England, representing 1,754 deaths.²
- Nationally, 74% of people starting drug and alcohol treatment had a mental health treatment need between 2024 and 2025.³

Adults with depression

Percentage of patients aged 18 or over registered with a GP with depression, 2012/13-2024/25, London and England



Note: QOF depression prevalence is not available for 2023/24 due to changes to the disease register in this year. See the [QOF data quality annex](#) for further details.

(1) Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4 (November 2025), NHSE.

(2) [Fingertips](#). OHID. See Fingertips reference slides (104-108) for full indicator details.

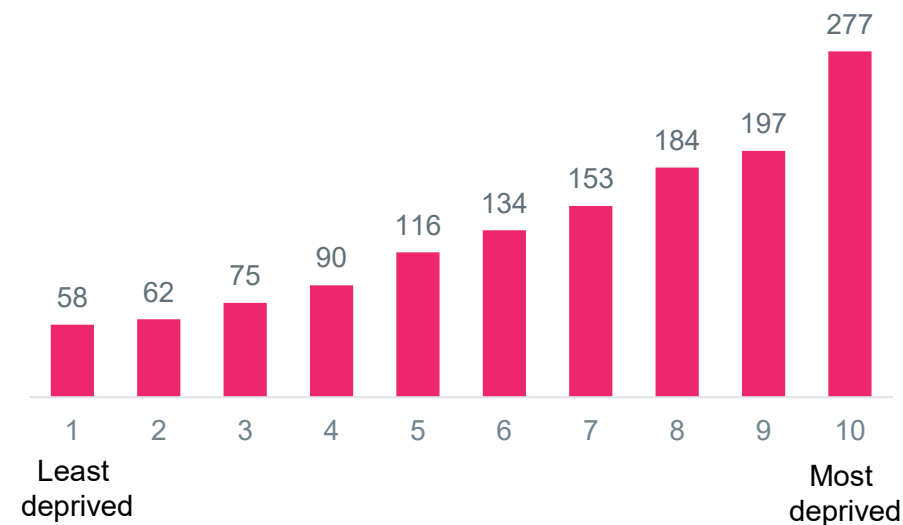
(3) [Adult substance misuse treatment statistics 2024 to 2025: report](#) (December 2025), OHID.

Significant inequalities persist in the mental health system, particularly by deprivation and ethnicity

- In London, Black or Black British people are detained under the Mental Health Act at a rate of 289 per 100,000 population, compared with 92 per 100,000 among White people (2023-24). This disparity is greater than the England average, which stands at 239 and 70 per 100,000 respectively.¹
- In London, the most deprived 10% are detained under the mental health act at a rate of 277 per 100k population, compared to the least deprived 10% at 58 per 100,000 population size. This disparity is greater than the England average, which stands at 151 and 43 per 100,000 respectively.¹
- Nationally, there is a 40% gap in London in Asian and Asian British women accessing perinatal mental health services (2023/24). This equates to 4,500 women with unmet perinatal mental health need.²
- Patients from a Black, Asian and minority ethnic group experienced a lower recovery rate of 48% compared to white patients at 53% in NHS Talking Therapies services. No breakdown data by ethnicity for London (Q4 2023/24).²
- Across England, Children from deprived areas (IMD1-4) make up over half of the CAMHS caseload at 56%, whereas those from the least deprived (IMD 9-10) only takes up 9% of the caseload. Data is not readily available for London.²

Mental health detentions by deprivation

People who are detained under the Mental Health Act per 100,000 population by deprivation deciles, London, 2023-24



(1) Statistics based on data from NHS Digital's Mental Health Act Statistics, Annual Figures, 2023-24. Available [here](#).

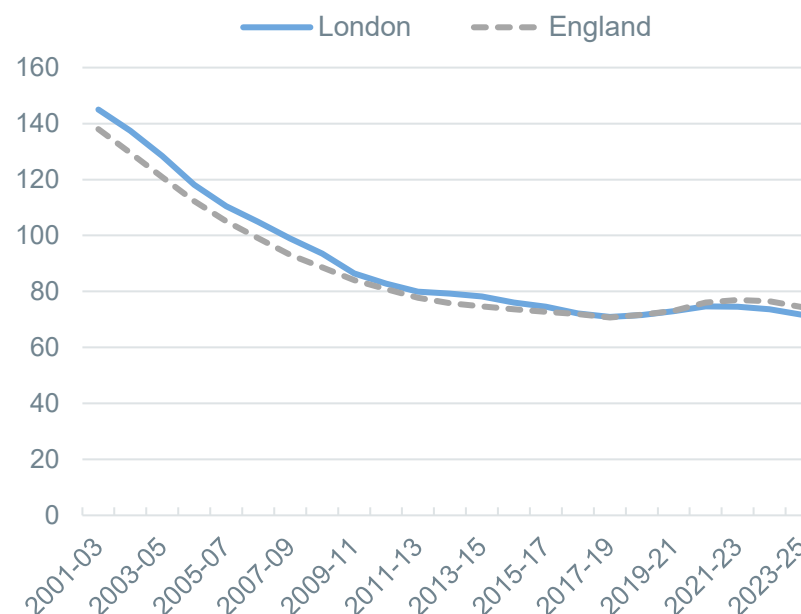
(2) [2025 LondonMH Strategy](#), NHS

Heart and circulatory diseases cause 1 in 4 deaths in London each year

- Heart and circulatory diseases cause 1 in 4 deaths in London each year¹ and are the leading cause of premature mortality (under 75s) in the capita.²
- Premature mortality (under 75) from cardiovascular disease in London fell from 128.4 per 100,000 in 2003–05 to 71.7 in 2023–25, lower than England (74.4), although progress has stalled in recent years. Rates vary widely across boroughs, from 43.7 in Richmond upon Thames to 111.1 in Barking and Dagenham, and are strongly associated with deprivation, with the national rates over two times higher in the most deprived IMD decile (106.3) compared to the least deprived decile (53.3).³
- About 13% of Londoners are known to have high blood pressure in 2025,⁴ though this is likely an underestimate, as a further 7.9% are thought to have undiagnosed high blood pressure in 2021.³
- Just over two-thirds of people (68%) had their blood pressure treatment optimised in March 2023. If this were improved to 80%, the following could be averted - 871 heart attacks, 1,300 strokes, and 697 deaths in 3 years.⁵
- Approximately 37% of Londoners with a work-limiting cardiovascular health or lung condition were economically inactive in London in 2022.⁶
- In 2025, among patients with a GP recorded hypertension, Black adults (64.5%) are less likely to have well-controlled blood pressure than Mixed (65.4%), Other (69.0), White (71.4%) or Asian patients (72.9%).⁷

Premature death from cardiovascular disease ⁸

Under 75 directly standardised mortality rate per 100,000 from all circulatory diseases in London and England, 2001-03 to 2023-25



Note: 2023-25 data based on provisional mortality and population data

(1) [Mortality statistics - underlying cause, sex and age, 2024](#). ONS, NOMIS. (2) OHID, based on ONS data (3) [Fingertips](#). OHID. See Fingertips reference slides (104-108) for full indicator details. (4). GP recorded hypertension (CVD001HYP), CVDPrevent; (5) [Time for a step change in CVD prevention](#), October 2023. UCL Partners. (6) Long-term sickness and the London labour market (February 2025), GLA Economics. (7) OHID, NHS Benchmarking Network. [Cardiovascular Disease Prevention Audit \(CVDPREVENT\)](#). (2024) (8) [State of London - Health](#). June 2026. GLA.

Early years of life shapes lifelong health and wellbeing

- **Low birth weight** is associated with poor antenatal maternal health and a range of poorer health in later life. In 2024, London has the **highest proportion of low birth weight of term babies** regionally (3.5% compared to England 3% in 2024). Their proportion varies substantially by London borough, and there are significant national **inequalities by deprivation**.¹
- The proportion of mothers who were smokers at time of delivery was 3.3% in London in 2024/25, lower than the England average (6.1%) and has been decreasing, down from 6.5% in 2010/11. In 2024/25, the proportion is statistically significantly lower than the England average in every London borough.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%).²
- The proportion of infants receiving **screening at 6 to 8 weeks** in 2024/25 was **significantly lower in London** (83%) than the England average (85%). An estimated 15,000 London infants potentially missed a review during the 6-8 week window by the time they were 8 weeks old.³
- 68% of children in London received **2 to 2 and half year review in 2024/25, substantially lower than the England average** of 81%.⁴
- In 2023/24, 27.4% of London 5-year olds had experience of **visually obvious tooth decay**, significantly higher than the England average (22.4%). The rate varies significantly by London borough, from 16.6% in Merton to 43.4% in Brent.⁵
- In 2024/25, London ranks the fourth highest in English regions for **hospital admissions for asthma** among under 19s, at 164.2 per 100,000, significantly higher than the national average (138.8 per 100,000).⁶

The following highlights areas of concern for London, including poor performance, outlier indicators key issues

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.¹

Older adults

- The proportion of people living with **multiple long-term conditions** rises with age.²
- In vast majority of local authorities in England less than half of social care users aged 65 and over say that they had as much **social contact** as they would like.¹
- **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.³ 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).¹

Tuberculosis⁴

- In 2024, 1,876 TB cases were notified in London, up 14% from 2023, with an incidence rate of 21 per 100,000, the highest since 2017.
- London accounts for one-third of TB cases in England, has the highest regional incidence, and is not on track to meet the 90% reduction target. Most boroughs remain above the low-incidence threshold of 10 per 100,000.

(1) *Fingertips*. OHID. See Fingertips reference slides (104-108) for full indicator details. (2) *Chief Medical Officer's annual report 2023: health in an ageing society* (November 2024), DHSC. (3) *Annual Review of Accidents 2026*, The Royal Society for the Prevention of Accidents. (4) *London: tuberculosis in 2024* (March 2026), UKHSA.

London is still lagging behind on sexual and reproductive health

- **Long-acting reversible contraception (LARC)** prescription rate (excluding injections) – as a proxy for contraception access – was **significantly lower in London** (29.5 per 100,000) **than England** (40.0 per 100,000) in 2024.¹
- **Abortion rates** have increased in all English regions, with **London slightly higher** for repeat abortions (30%) in women aged under 25 than England (29%) in 2023.¹
- London has the **highest rate of all new sexually transmitted infection diagnoses** (excluding chlamydia in under 24s) of any English region in 2025, with **Syphilis and Gonorrhoea diagnosis rates significantly above** the England average in 2025.¹
- Although London is a leading global city progressing towards the elimination of new HIV transmissions,² gains have not been evenly experienced, **with HIV rates and late diagnoses rising in some London populations.**
- In a 2023 survey, nationally **74% of women aged 16-55 reported recent reproductive health issues** and 28% report a reproduction condition, with prevalence varying by age, ethnicity and financial situation.³

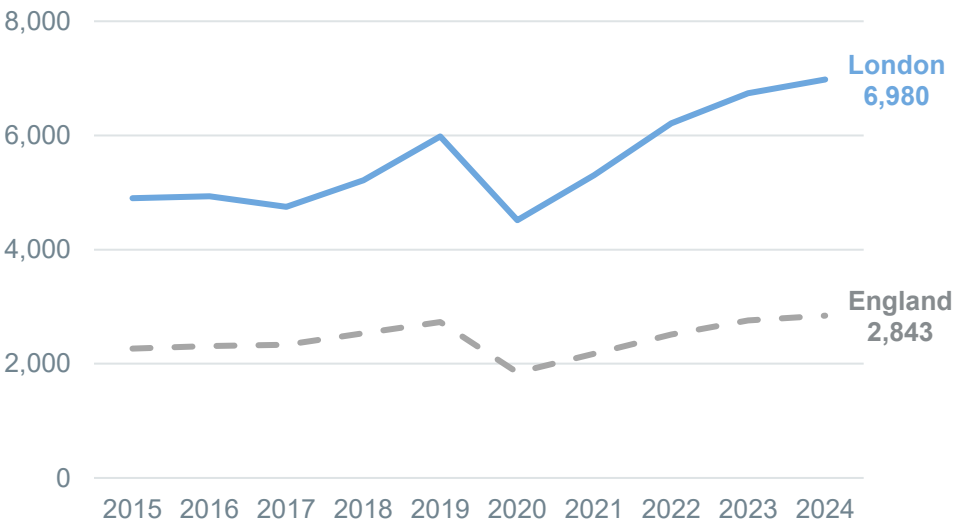
(1) *Fingertips*. OHID. See Fingertips reference slides (104-108) for full indicator details. (2) London 'on course' to become world's first major city to eliminate new HIV infections (April 2023), UNAIDS. EATG. (3) *The Burden of Poor Reproductive Health in England: Results From a Cross-Sectional Survey* - Palmer - 2025 - BJOG: An International Journal of Obstetrics & Gynaecology - Wiley Online

Despite progress on HIV in London, late diagnosis remains a challenge for some London communities

- There were 6,980 HIV tests per 100,000 population in London in 2024, higher than the England average (2,843 per 100,000) and highest among all regions in England.¹

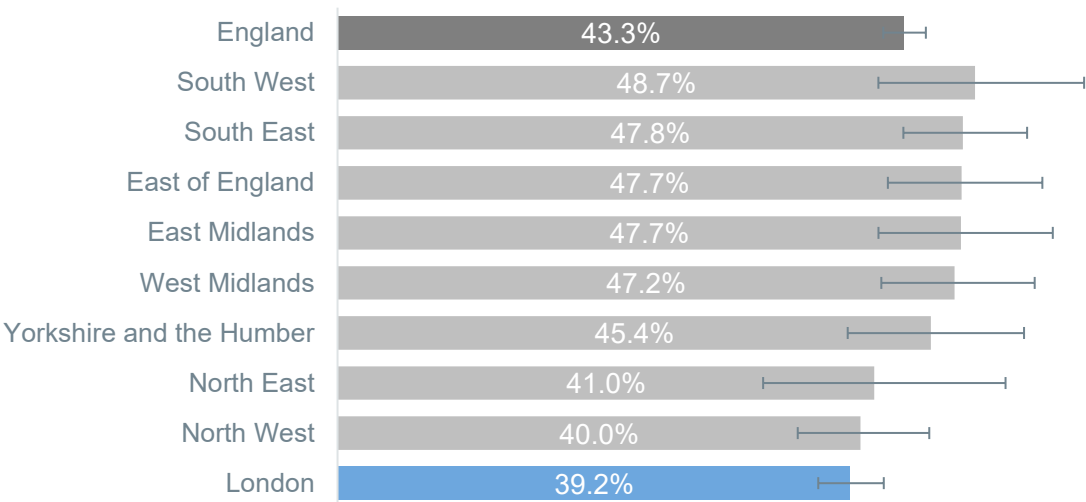
HIV testing over time¹

HIV testing rate per 100,000 population, London and England, 2015-2024



- HIV remains a significant issue in London. From 2022 to 2024, 39.2% of adults (aged 15 to 59) were diagnosed late (England overall: 43.3%).¹
- In 2023, Heterosexuals were more likely to be diagnosed late (57% of males, 50% of females) than GBMSM (30%). By ethnic group, Black Africans were more likely to be diagnosed late than the White population (55% and 33% respectively).²

HIV late diagnosis, 2022-24¹



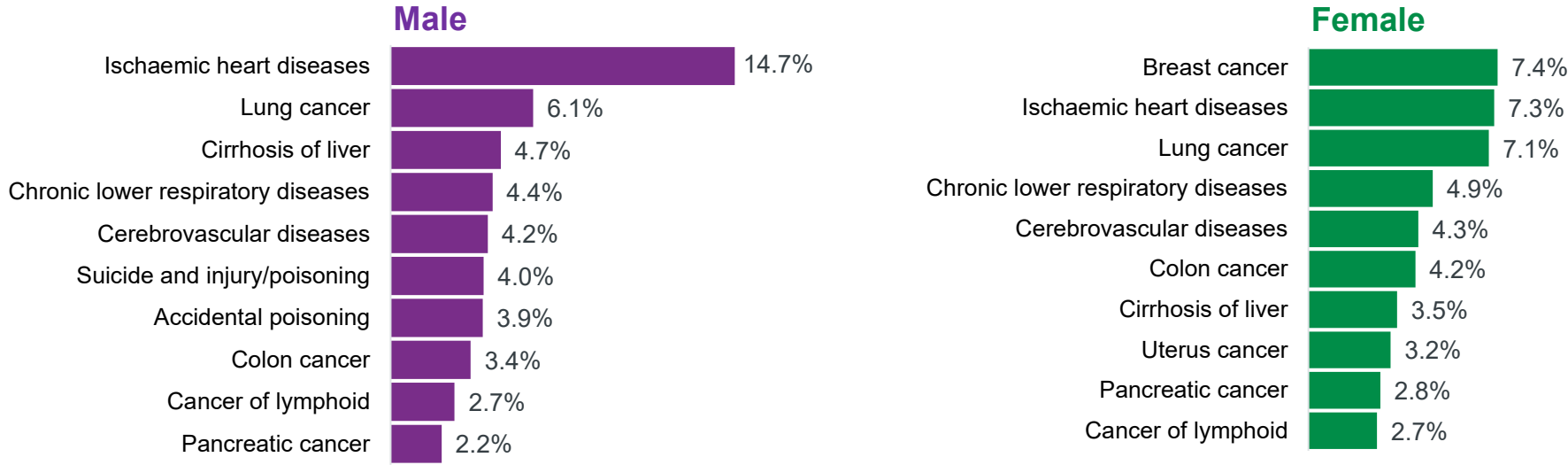
(1) [Fingertips](#). OHID. See Fingertips reference slides (104-108) for full indicator details.
(2) [HIV: London annual data spotlight \(2023 data\)](#) (June 2026), UKHSA.

CHAPTER 4: LEADING CAUSES OF EARLY MORTALITY

Premature death patterns are similar across sexes, with heart disease highest in men and breast cancer highest in women

Principal causes of premature death

Percentage of deaths in those aged under 75 by sex, London, 2024



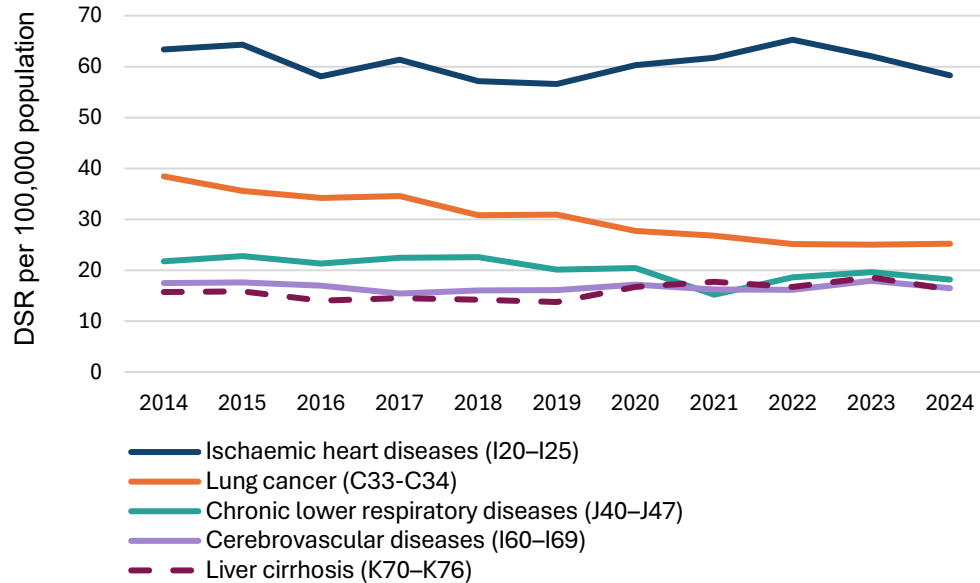
- For males, most deaths (57%) occur at age 75 and over, while 43% of deaths are among those aged under 75.
- The top three leading causes of death in males aged under 75 years in 2024 were ischaemic heart disease (1,669 deaths), lung cancer (691 deaths), and cirrhosis and other diseases of liver 4.7% (534 deaths)
- For females, the vast majority of deaths (70%) occur at age 75 and over, while 30% of deaths are among those aged under 75.
- The top three leading causes of death in females aged under 75 years in 2024 were breast cancer 7.4% (537 deaths), ischaemic heart disease 7.3% (527 deaths) and lung cancer 7.1% (512 deaths).

Rates of premature death have declined over the last decade, though heart disease remains a major contributor

Leading causes of premature death over time

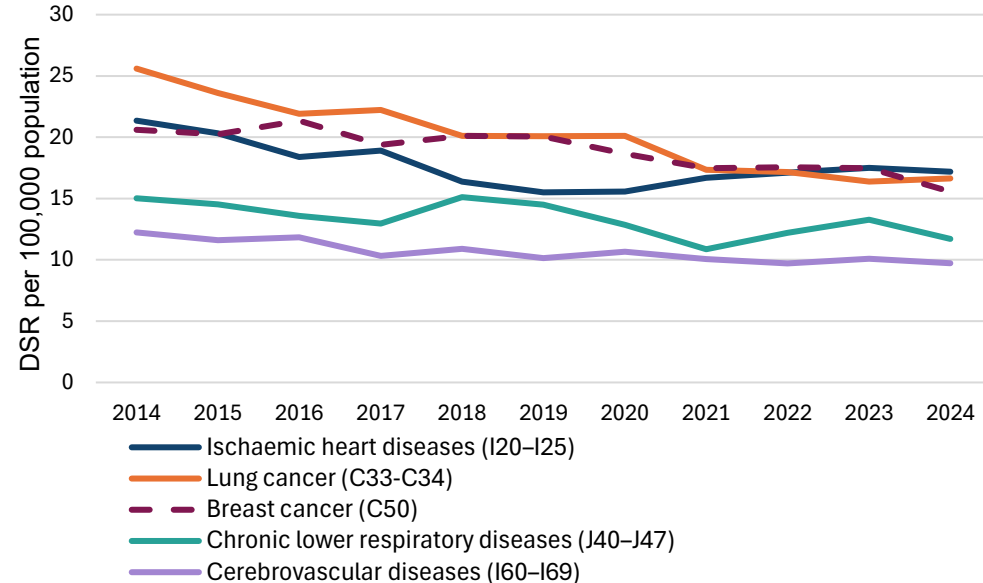
Directly standardised rate (DSR) per 100,000 population in those aged under 75 years by sex, 2014-24

Male



- From 2014 to 2024, the rate of premature death for males from ischaemic heart disease has remained relatively stable.
- Over the same period, premature mortality from lung cancer fell by 34% (from 38.4 to 25.2 per 100,000). However, despite this significant reduction, lung cancer remains the second leading cause of death in males under 75.

Female

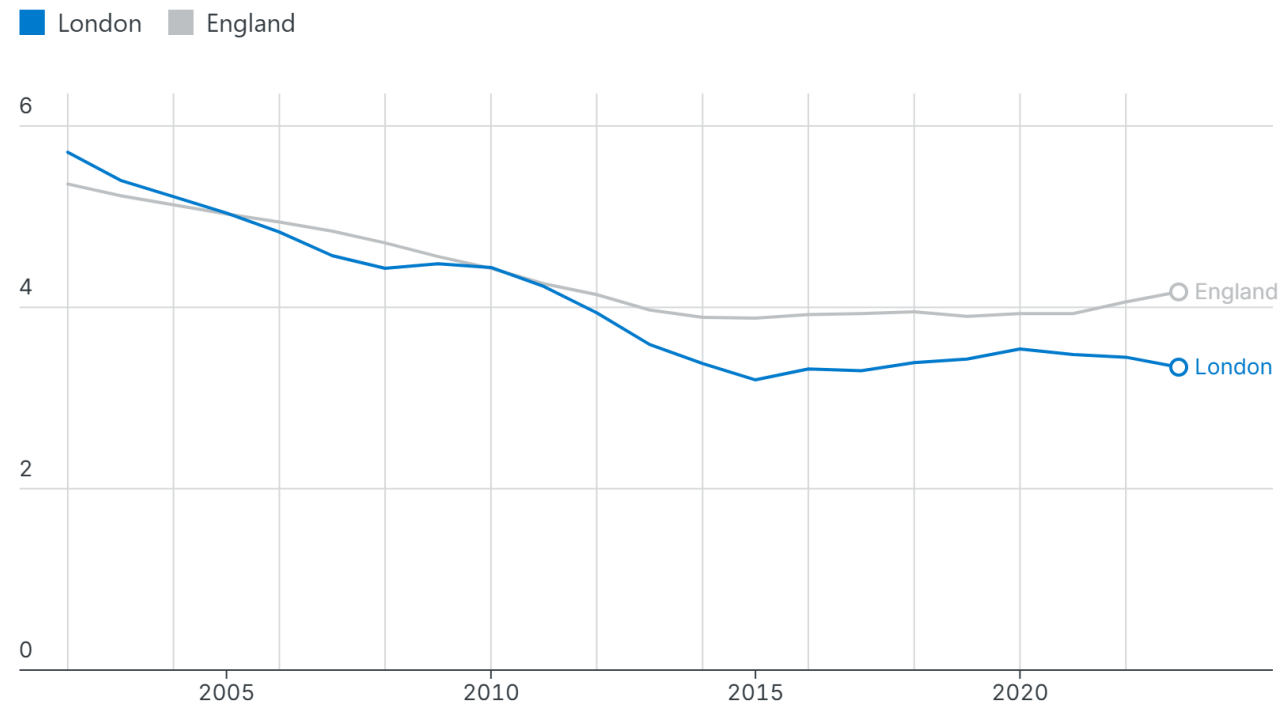


- Over the last decade, the rate of premature deaths for females from ischaemic heart disease fell by 19% (from 21.4 to 17.2), from lung cancer fell by 35% (from 25.6 to 16.6) and from breast cancer fell by 24% (from 20.6 to 15.6)
- Over that period, lung cancer fell from the leading cause of death (2014) to the second leading cause (2024) among females under 75.

Infant mortality in London has declined substantially and remains below the national average, but inequalities persist

Infant mortality rate¹

Infant deaths under 1 year of age per 1,000 live births, London and England, 2001-03 to 2022-24



Note: Values plotted at centre of period

- Infant mortality in London fell from 5.7 deaths per 1,000 live births in 2001-03 to 3.3 in 2022-24, equating to 1,060 infant deaths.
- The London rate was significantly lower than the England average in 2022-24 of 4.2 per 1,000 live births.
- There is substantial variation across London boroughs, reflecting inequalities associated with deprivation that are also evident nationally. In England in 2022-24, the rate was 6.5 in the 10% most deprived areas in England, compared with 2.9 in the least deprived.
- Inequalities in infant mortality in England are also evident by ethnicity, irrespective of deprivation.²

(1) ONS via Public health profiles, Fingertips. OHID. See Fingertips reference slides (104-108) for full indicator details.

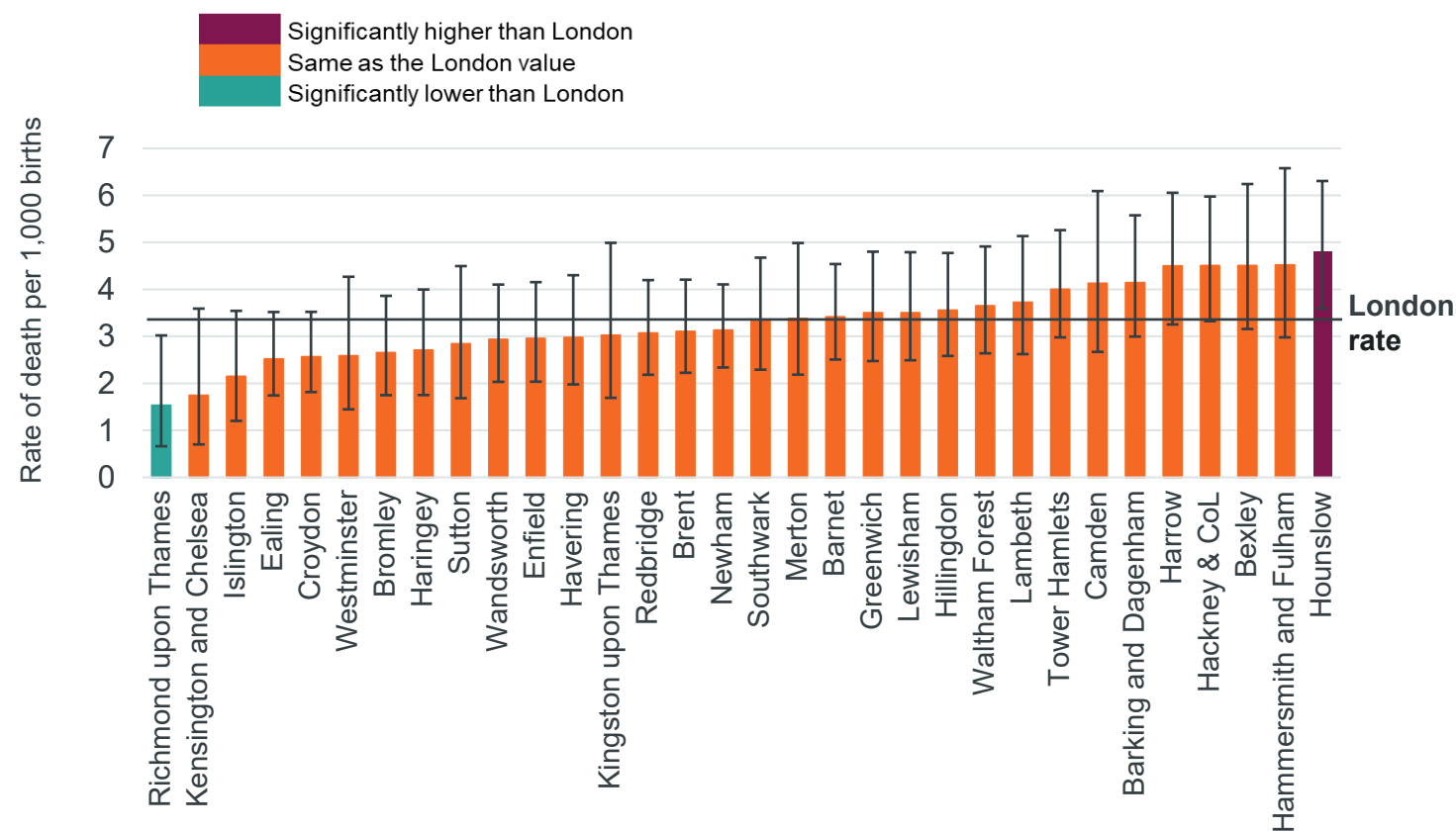
(2) Esan OB, Norman P, McHale P, et al. (2024) 'Intersecting ethnic and socioeconomic inequalities in infant mortality in England, 2007-2019'. Archives of Disease in Childhood

Infant mortality rates vary more than threefold across London boroughs, reflecting stark geographical differences in outcomes

- In 2022-24, infant mortality rates ranged from 1.5 per 1,000 live births in Richmond upon Thames to 4.8 in Hounslow, a more than threefold difference across London boroughs.
- Richmond upon Thames was the only borough with a rate significantly below the London average, while Hounslow was significantly above.
- Rates in all other boroughs were similar to the London average.

Infant mortality rate by borough

Infant deaths under 1 year of age per 1,000 live births in London boroughs, 2022-24

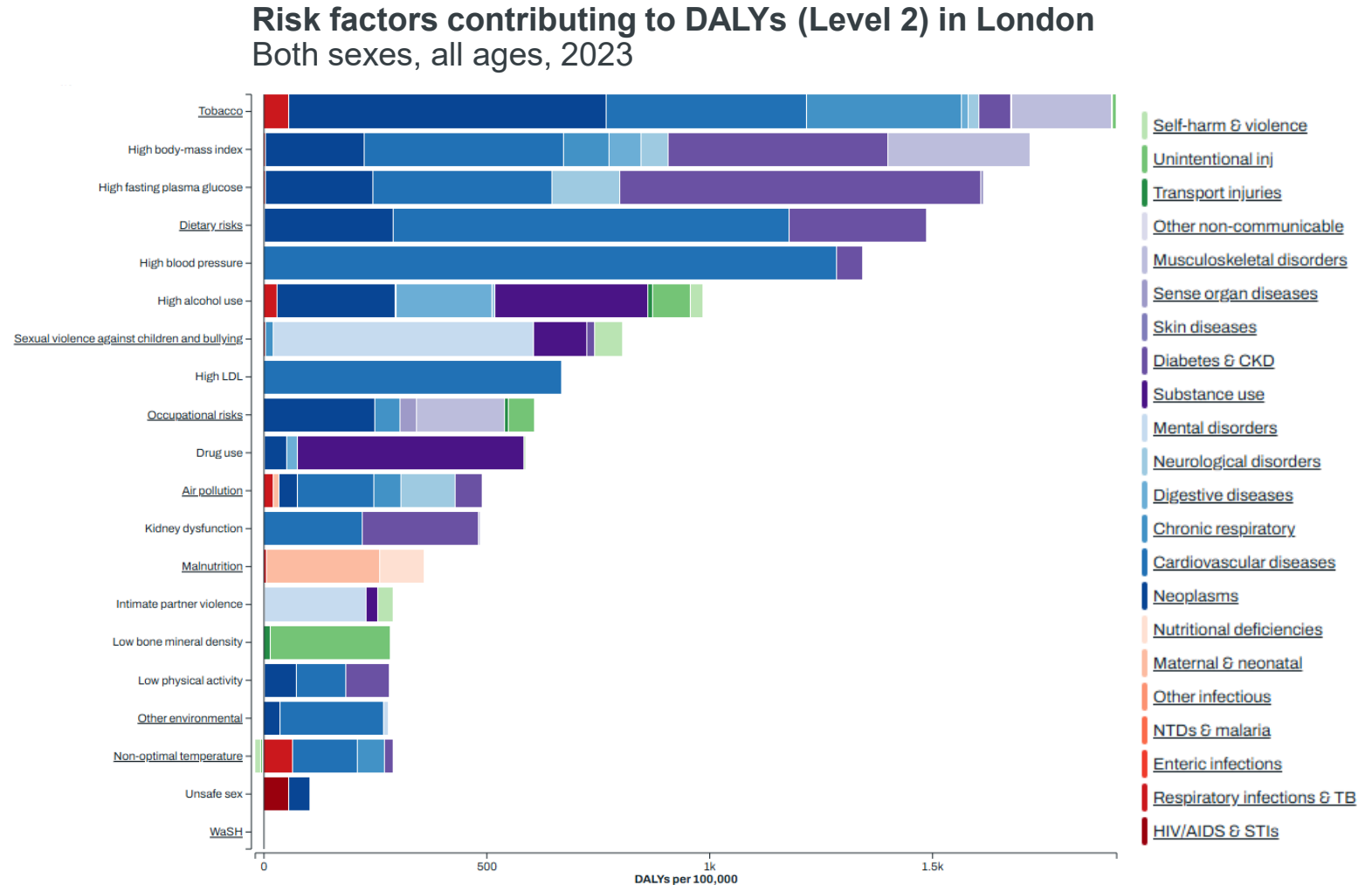


CHAPTER 5:

Risk factors of morbidity and mortality

Smoking and excess weight remain the leading attributable risk factors for disease burden in London

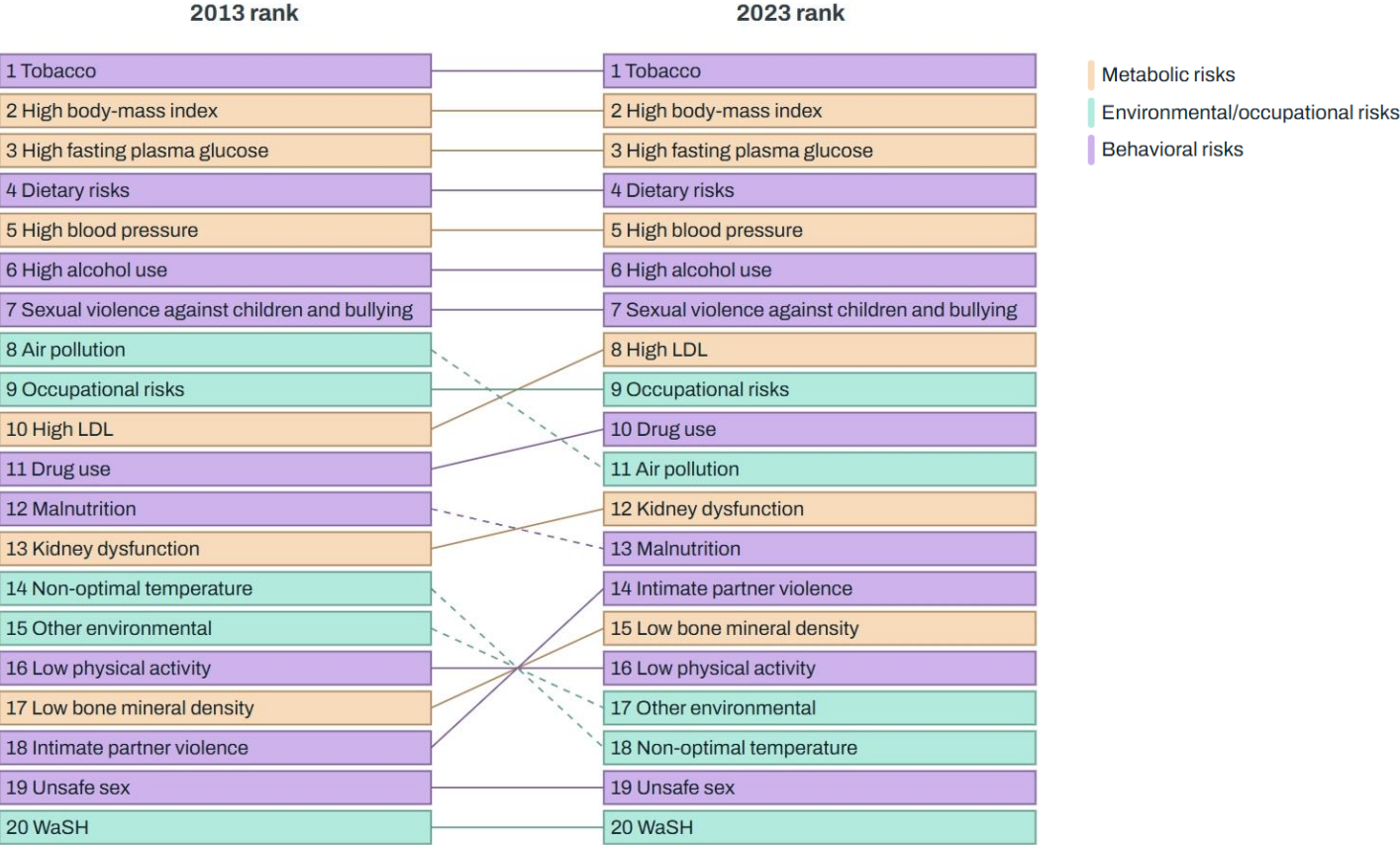
- Smoking remains the leading risk factor contributing to DALYs in London, followed by excess weight (high BMI), high fasting plasma glucose, dietary risks and high blood pressure.
- These behavioural and metabolic risk factors account for a substantial proportion of the disease burden attributable to risk factors in London, such as cardiovascular diseases and cancers.



The leading attributable risk factors for disease burden in London have remained broadly unchanged since 2013

- The top seven attributable risk factors in 2023 were unchanged from 2013, led by tobacco, high body-mass index and high fasting plasma glucose.
- Behavioural and metabolic risk factors have continued to dominate the highest-ranking contributors to DALYs in London over the last decade.
- Changes in rankings were generally small, although among the top 10 in 2013 high LDL cholesterol rose from 10th to 8th place, while air pollution fell from 8th to 11th.

Top risk factors contributing to DALYs (Level 2) per 100,000 in London, both sexes, all ages



Note: WaSH – Unsafe water, sanitation and handwashing

Smoking prevalence has fallen substantially in London, but remains concentrated in groups at higher risk of poor health

Smoking among London adults, including vulnerable groups

- 10.2% of adults smoked in 2024, similar to the national prevalence (10.4%), and down from 19.2% in 2011. Prevalence remains higher among males (12.8%) than females (7.6%) in 2024.
- Smoking was more common among people in routine and manual occupations at 15.2% in 2023, significantly lower than England (19.5%).
- Smoking prevalence among adults with a long-term mental health condition was 26.2% (2024/25), significantly higher than England (24.0%).
- Among London adults in treatment for substance misuse (2019/20), smoking prevalence was 68.2% for opiate users and 61.5% for alcohol and non-opiate users.

Smoking and vaping among young people

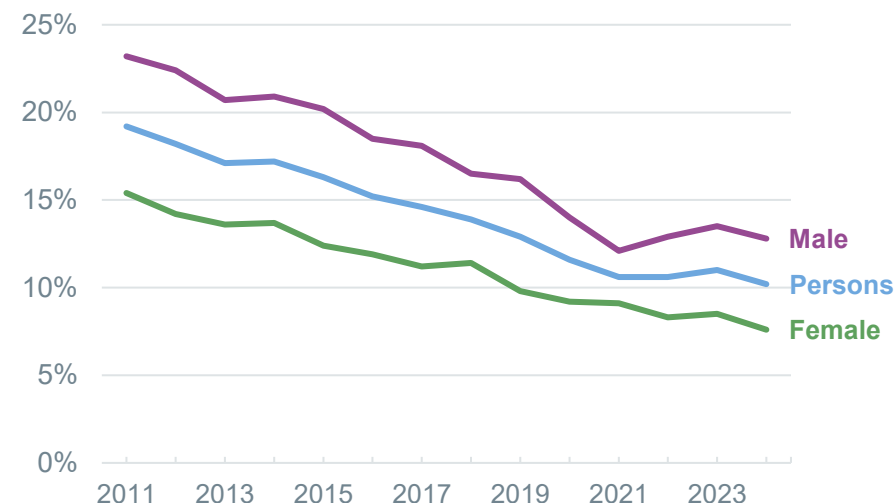
- Among 15-year-olds in 2021, 2% smoked regularly and 6% smoked occasionally. In comparison, 5% regularly used e-cigarettes and 26% had tried an e-cigarette.

Smoking during pregnancy

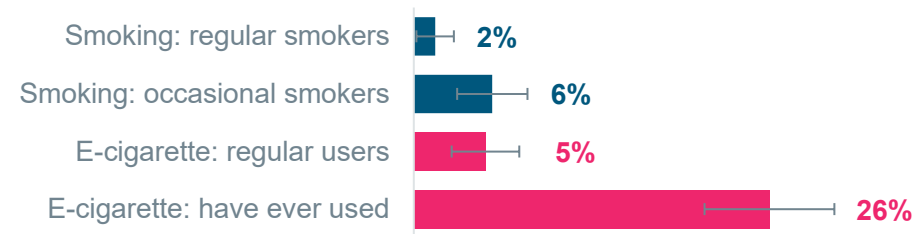
- Smoking among mothers at the time of delivery was 3.3% in London (2024/25), significantly lower than the national average (6.1%).

Adult smoking prevalence in London

All persons, males and females, 2011 to 2024



Smoking and e-cigarette use at age 15 in London, 2021

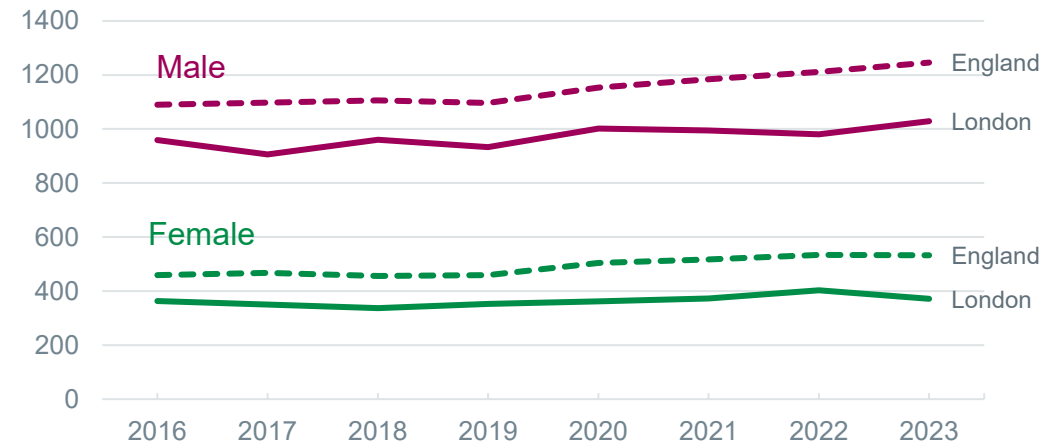


Almost one in five London adults drink at increasing risk levels, consuming over 14 units a week

- In 2024, 19% of London adults drank at increasing or higher-risk levels (>14 units/week), similar to England (24%), with rates higher in men (24%) than women (14%) in London.¹
- In 2023/24, London recorded over 118,500 hospital admissions for alcohol-related conditions (1,724 per 100,000), significantly lower than England (1,824 per 100,000).²
- Potential years of life (PYLL) lost due to alcohol-related conditions have not improved in London, but rates remain significantly below the England average.²

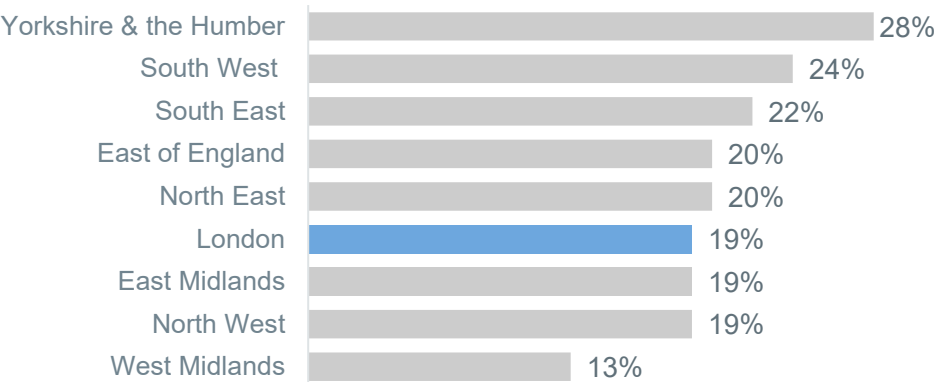
Potential years of life lost due to alcohol-related conditions in London ²

Age-standardised rate per 100,000, by sex, 2016-2023



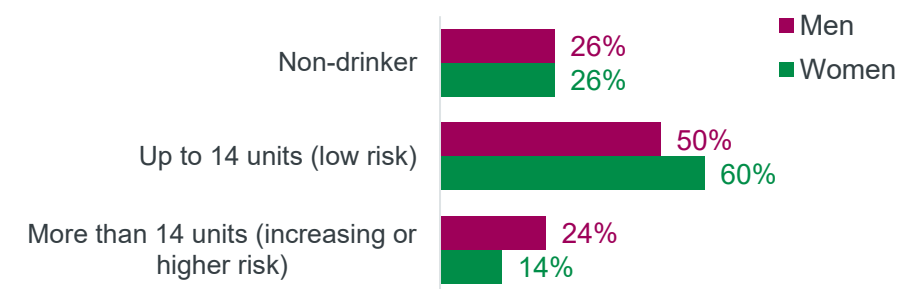
Adults drinking more than 14 units/week (increasing or higher risk) ¹

Estimated age-standardised proportions, by region, 2024



Average weekly alcohol consumption in London ¹

Estimated age-standardised proportions, by sex, 2024



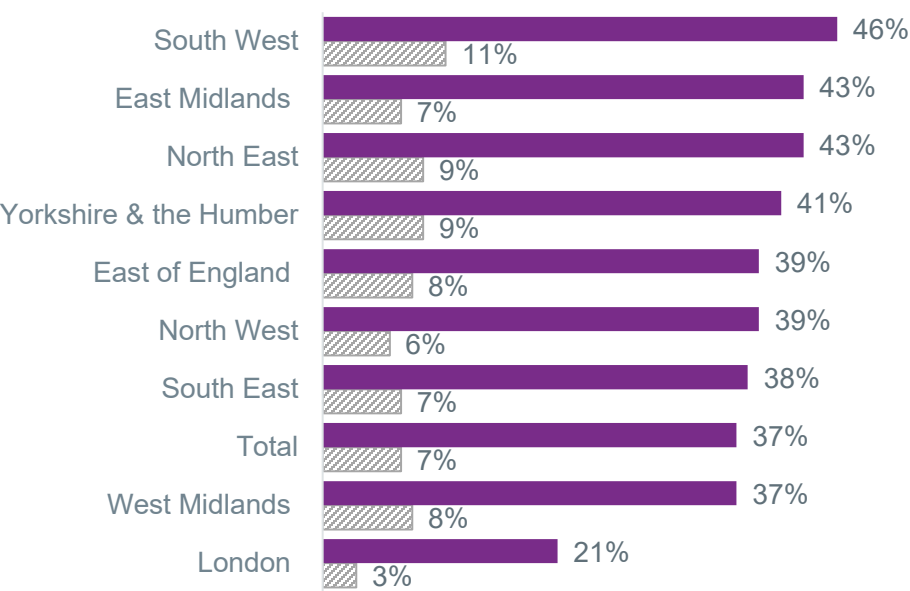
(1) Estimated weekly level of alcohol consumption, [Table 11, Adults' health-related behaviours tables](#), Health Survey for England 2024
(2) [Fingertips](#). OHID. See Fingertips reference slides (104-108) for full indicator details.

London has the lowest rates of alcohol use among secondary school pupils in England

- London had the lowest prevalence of alcohol use among secondary school pupils in England in 2023 (21% ever drank alcohol; 3% drank in the previous week).
- Rates were similar for boys and girls, while nationally alcohol use varied substantially by ethnicity.

Drinking among secondary school pupils by region and sex
Proportion of secondary school pupils in years 7 to 11 who have ever drunk alcohol, and who drank alcohol in the last week, 2023

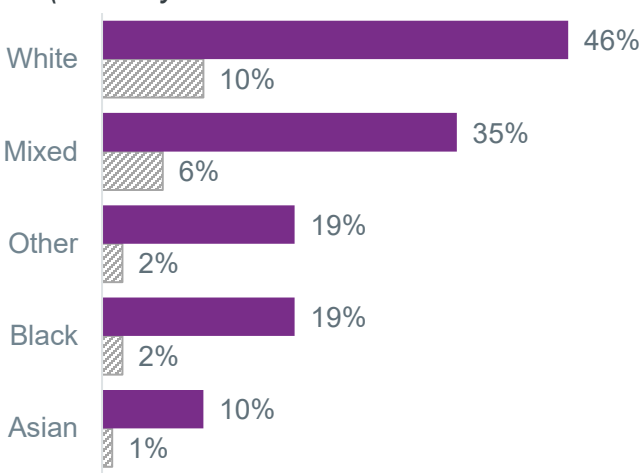
By region in England



By gender in London



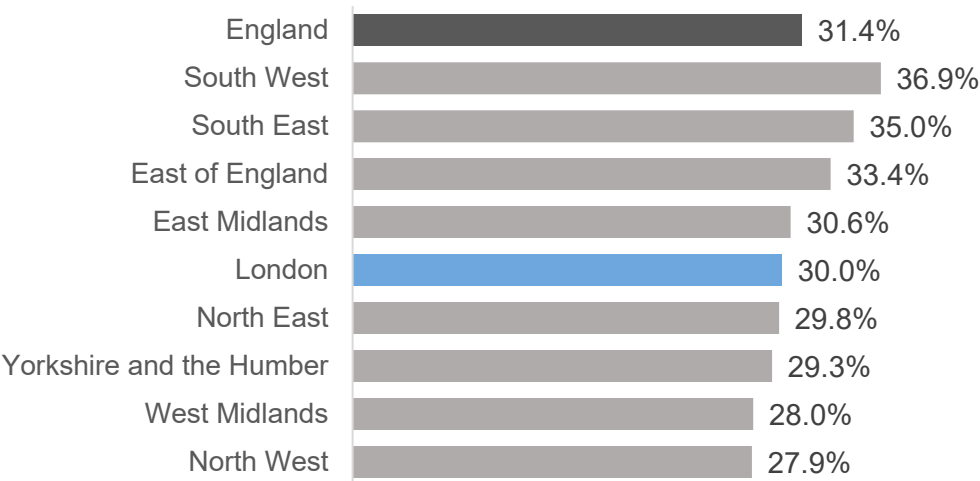
By ethnicity in England
(ethnicity breakdown not available for London)



Only 30% of London adults meet the 5-a-day recommendation

Adults consuming '5-a-day' by region and nationally

Proportion aged 16+ consuming five or more portions of fruit and vegetables a day, 2024/25

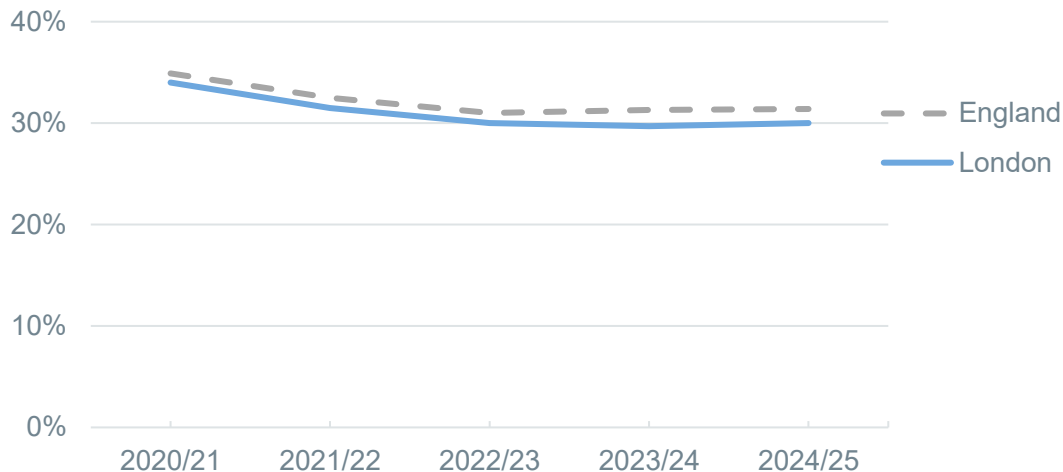


- Only 30% of London adults met the 5-a-day recommendation in 2024/25, down from 34% in 2020/21, and below the England average (31.4% in 2024/25; 35% in 2020/21).
- Consumption is substantially lower than the South East (35.0%) and South West (36.9%).

Note: Based on Sport England's Active Lives Adult Survey, which provides local-level estimates. National figures may differ from other sources, including HSE and NDNS. See [Fingertips](#) for further details.

Adults consuming '5-a-day' over time

Proportion aged 16+ consuming five or more portions of fruit and vegetables a day, London and England, 2024/25

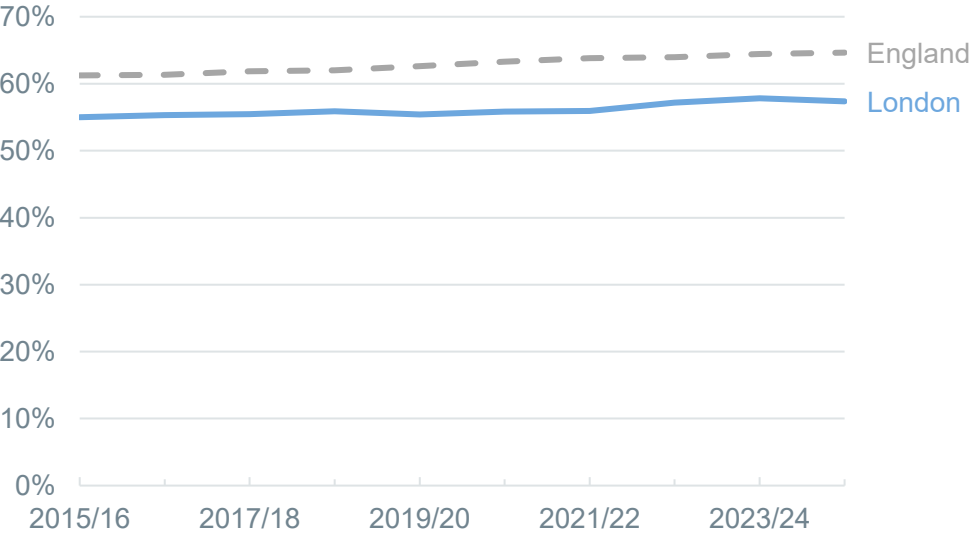


- Nationally, unemployed adults are least likely to meet the 5-a-day recommendation (19.7%), compared with those who are employed (29.0%).
- There is a strong social gradient, with consumption closely linked to deprivation. Only 19.8% of adults in the most deprived decile nationally meet the recommendation, compared with 38.4% in the least deprived decile.

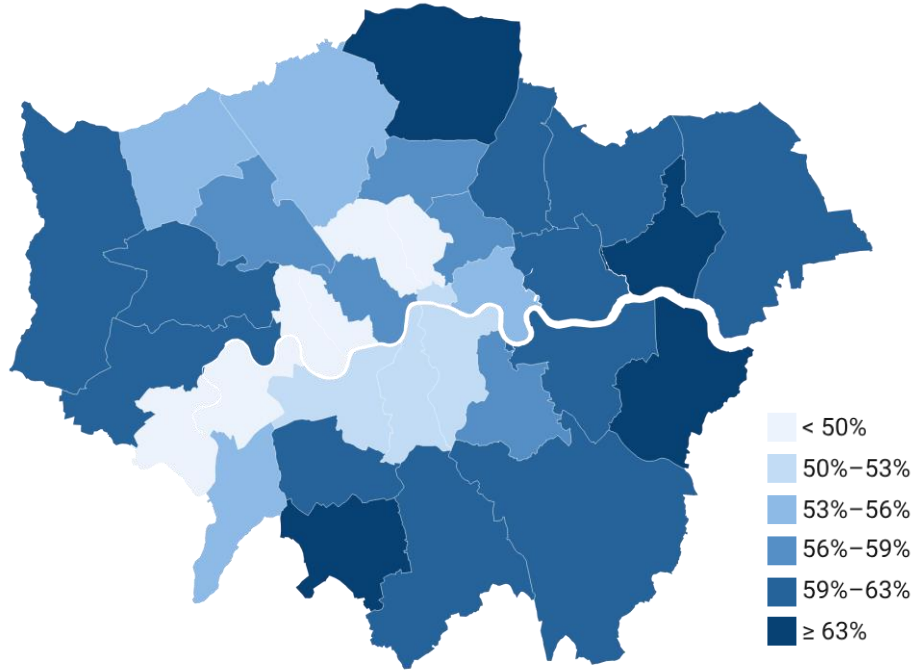
More than half of London adults are overweight or obese, with rates rising since 2015/16 but remaining below England

- More than half (57.8%) of adults in London were overweight or obese in 2023/24. The rate has gradually increased from 55.0% in 2015/16 but has been consistently lower than the national rate (64.5% in England in 2023/24).
- The rates of adults who are overweight or obese are distributed unevenly across London boroughs, with Barking and Dagenham having the highest percentage (71.7%) and Kensington and Chelsea the lowest (40.0%).

Percentage of adults classified as overweight or obese
London and England, 2015/16 to 2024/25



Adults classified as overweight or obese
London boroughs, 2024/25



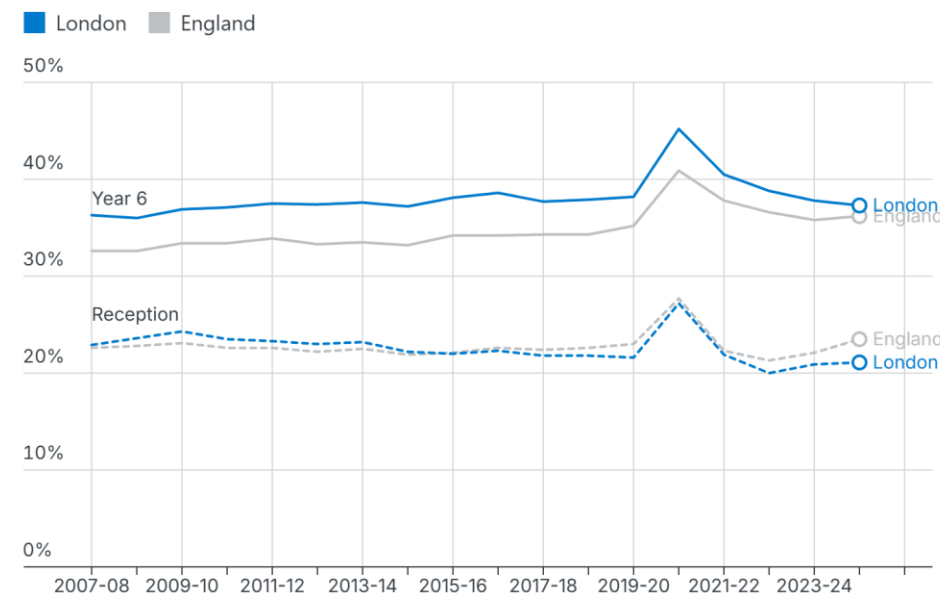
Map data: © Crown copyright and database right 2018 • Created with Datawrapper

Over one in five children in Reception and more than one in three in Year 6 are overweight or obese in London

- One in five (21.1%) of Reception children (aged 4-5) were overweight or obese in 2024/25, below the England (23.5%), and broadly unchanged from last year.
- Prevalence rises to 37.3% by Year 6 (age 10-11), slightly higher than England (36.2%).
- There is no significant difference in rates of overweight or obesity by sex in London at Reception age, but by Year 6 the rate is significantly higher for boys (40.1%) than girls (34.3%).
- Pooled data (2021/22-2023/24) show that 80.2% of children who were overweight or obese in Reception remained so in Year 6, while 22.6% of those at a healthy weight in Reception became overweight or obese by Year 6.
- Strong deprivation inequalities remain, with 25.9% of children in Reception classified as obese or overweight in the most deprived decile compared to 16.0% in the least deprived decile. This inequality widens for children in Year 6, at 44.0% in the most deprived decile and 25.7% in the least deprived decile. Similarly, the rates vary by London borough, with the highest rates for Year 6 children in Southwark (44.3%) and the lowest in Richmond upon Thames (23.6%).

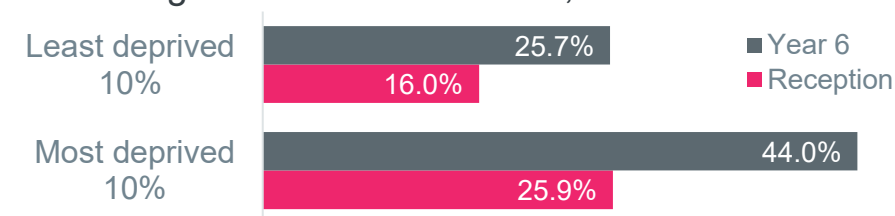
Prevalence of overweight or obese children

Percentage of children in Reception and Year 6 in London and England, 2007/08 to 2024/25



Prevalence of overweight or obese children by deprivation

Percentage of children in London, 2024/25



Who is active in London remains shaped by deprivation, disability, ethnicity and where people live

Physical activity levels ^{1,2}

- In 2024/25, 67.7% of adults (19+) in London were physically active, similar to England (68.0%). 22.2% were classed as physically inactive (vs 21.8% England).
- Inactivity is higher in more deprived areas in London, at 29.1% in the most deprived areas (IMD 1-3) down to 18.9% in the least deprived areas (IMD 8-10).
- In 2024/25, 47.1% of children & young people in London were physically active, lower than the England average (49.1%).

Access & environment ⁴

- 12 London boroughs rank among the lowest 15 local authorities in England for publicly accessible sports facilities per head, while all top-ranking local authorities for non-grass facilities are in London.

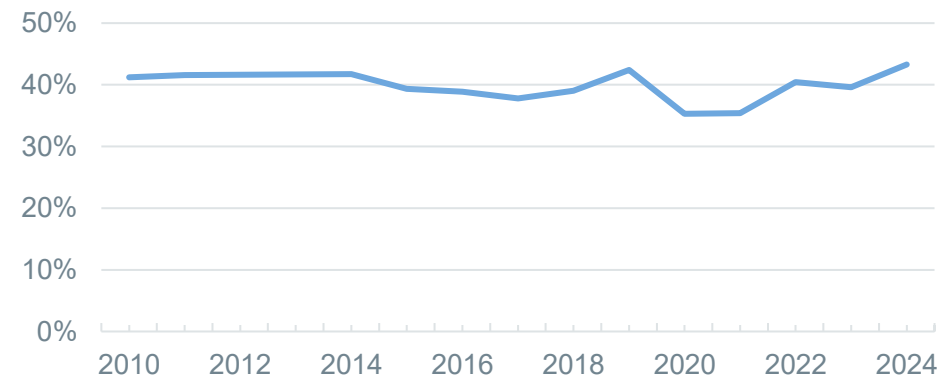
* Based on the London Travel Demand Survey (LTDS), a single-day snapshot of travel. As some regularly active residents may not travel on that day, the Mayor's goal for all Londoners equates to 70% of the LTDS sample achieving 20 minutes of active travel.

Active travel ³

- In 2024/25, 43% of London adults (20+) met the 20 mins/day active travel target, up from 40% in 2022/23 and above pre-pandemic levels.
- Active travel levels vary across London, with higher rates among younger people and residents of inner London boroughs, and lower rates among Black and Asian people, disabled people, and residents of outer London boroughs.

Active travel over time

Proportion of London residents undertaking 20 minutes of activity per day



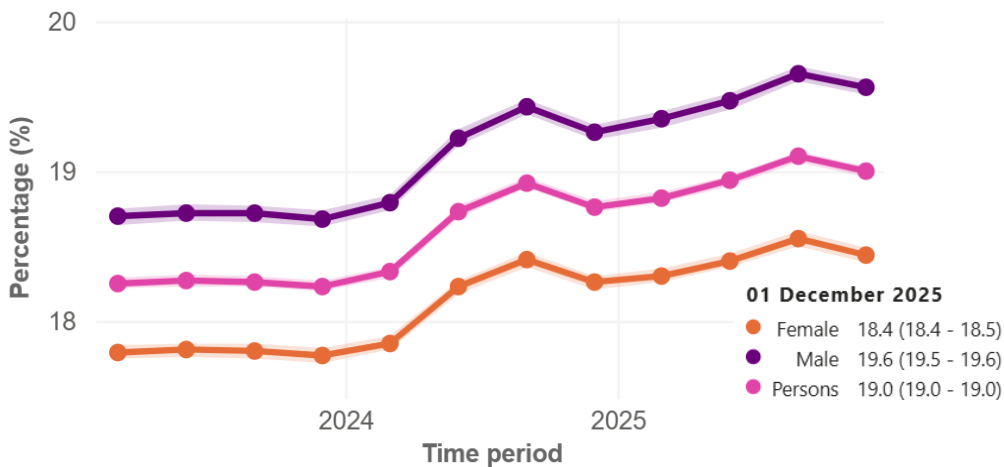
Other metabolic risk factors: 13% have hypertension and 8% of non-diabetic Londoners have raised blood glucose

High blood pressure¹

- London has a lower crude prevalence of hypertension (13.2%) than England (18.4%), largely due to its younger age profile.
- After age standardisation, prevalence is 19.0%, similar to England overall (19.3%).
- The true prevalence is likely higher than recorded figures due to underdiagnosis.

GP recorded hypertension

Age-standardised prevalence by sex, London, March 2023 to December 2025

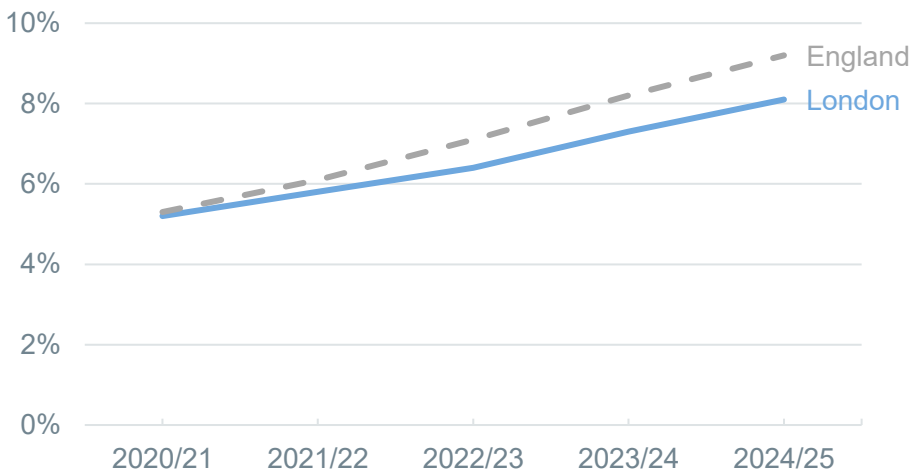


Raised blood glucose²

- Among the non-diabetic population in London, 8.1% have blood glucose levels that are raised but below the diabetic level (based on the HbA1c test) indicating that they are prediabetic, up from 5.2% in 2020/21. The rate is consistently lower in London than England, with both increasing.*
- There is significant inequality among boroughs, e.g. 15.6% in Barking & Dagenham and 2.7% in Hackney.

Non-Diabetic Hyperglycaemia (pre-diabetes)

GP registered patient prevalence (18+ yrs)



(1) GP recorded hypertension (CVDPO01HYP), [CVDPrevent](#).

(2) [Fingertips](#). OHID. See Fingertips reference slides (104-108) for full indicator details.

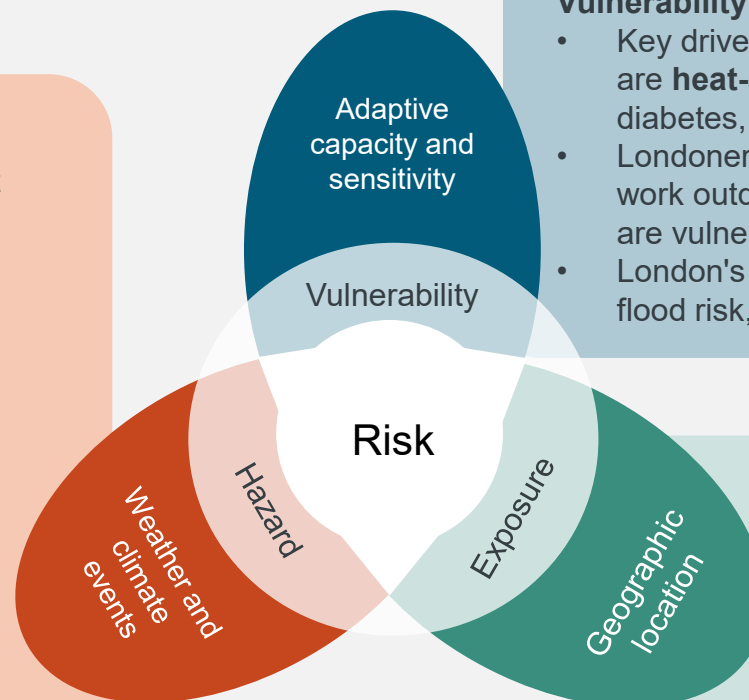
*this is a crude rate and may be influenced by London's relatively younger population, which could contribute to lower observed prevalence compared with England overall.

Climate risks in London arise from the interaction of hazards, exposure and vulnerability

Climate risk = hazard x exposure x vulnerability/adaptive capacity

Hazard

- The UK was built for a climate that no longer exists.
- As a result of anthropogenic climate change, Europe is the fastest warming continent
- London experiences the **hottest** summer conditions in the UK.
- Increasingly intense rainfall and urban density increase **surface flooding risk** other flooding risks are increasing also, with limits placed on the use of the Thames Barrier to protect homes.
- London's climate is already warm enough for harmful **vectors** to become established and transmit disease such as dengue and chikungunya.



Vulnerability

- Key drivers of premature mortality and healthcare demand in London are **heat-sensitive health conditions** - cardiovascular disease, diabetes, mental health conditions, and neurological disorders.
- Londoners in insecure work, particularly those with poor health, who work outdoors or in a physical job, or work in the 24-hour economy are vulnerable to **occupational heat harms**.
- London's mobile and diverse population lack local knowledge about flood risk, e.g. basement properties.

Exposure

- The **Urban Heat Island** effect can increase overnight temperatures in central London by up to 10C.
- Due to poor quality housing, indoor overheating is a critical issue in London - residents in social and private rented housing cannot adapt their homes to reduce overheating
- Areas of high deprivation in London have less access to cooling green and blue spaces
- London experiences the highest level of climate risk and impacts regionally, with ~4,000 **heat-related admissions** annually.¹

Chronic risk and resilience

- The **burden of infectious disease** is not distributed equally. For many infectious diseases, there are compounding risk factors, including inequalities in exposure, outcomes, and access to preventative measures like vaccination.¹
- **Tuberculosis rates remain highest in urban areas**, with the increase in numbers (1,651 to 1,876 individuals; 13.6% increase) remaining highest in the UKHSA London region. **Rates are also highest in London** (20.6 per 100,000 population).²
- **Antimicrobial resistance burden** varied markedly across the regions of England, with the highest rates seen in the London region. (Annual UKHSA Infectious Disease Report (2025)).¹
- **Disinformation and misinformation** has been identified in the national chronic analysis as a strategic risk which will impact health outcomes and equity through multiple pathways.³

(1) [Infectious diseases impacting England: 2025 report](#), March 2025. UKHSA.

(2) [Tuberculosis in England, 2025 report](#), October 2025. UKHSA.

(3) [Chronic risks analysis](#), July 2025. Cabinet Office and Government Office for Science.

CHAPTER 6:

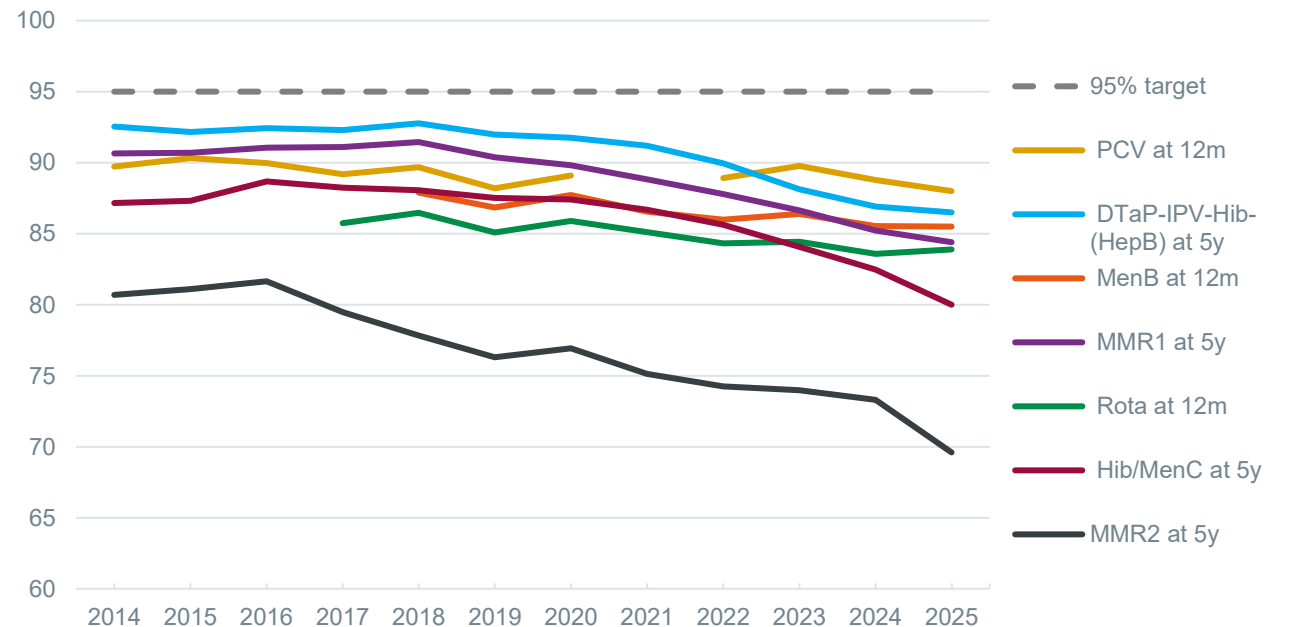
Coverage of key prevention interventions

Childhood vaccination uptake in London remains below England and has been declining

- Childhood vaccination coverage in London remains below England, with recent downward trends.
- **London has consistently lower uptake** across all childhood vaccines shown compared to the England average, and the **lowest rates among all English regions**. MMR uptake is particularly low and has been decreasing since 2016.
- The coverage of full vaccination with **MMR (2 doses at age 5)** in London was 69.6% 2025, compared to 83.7% for England and well **below the WHO target** of 95% for herd immunity.
- Coverage varies across London boroughs. Variation in uptake and coverage between different communities can often reflect wider health inequalities, lack of access to NHS services, as well as trust and confidence issues. In 2024/25, immunisations of children in care was substantially low in London (74%), compared to England (84%).²

*For the 2024-25 data, system changes in 14 local authorities 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.

Selected childhood vaccination rates (%) in London*, 2014-2025¹



Vaccination acronyms:

PCV at 12m: Pneumococcal Conjugate Vaccine (PCV) booster protects against serious pneumococcal infections like meningitis and pneumonia. DTaP-IPV-Hib-(HepB): a 6-in-one vaccine that protects against diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b and hepatitis B. MenB: protects against meningococcal group B bacteria. MMR: protects against measles, mumps, and rubella. Rota: protects against rotavirus. Hib/MenC: protects against Haemophilus influenzae type b and Meningococcal group C.

(1) [Childhood vaccination coverage, UKHSA data dashboard](#).

(2) [Fingertips](#). OHID. See Fingertips reference slides (104-108) for full indicator details.

The pattern of lower vaccination coverage in London is also seen for flu vaccines

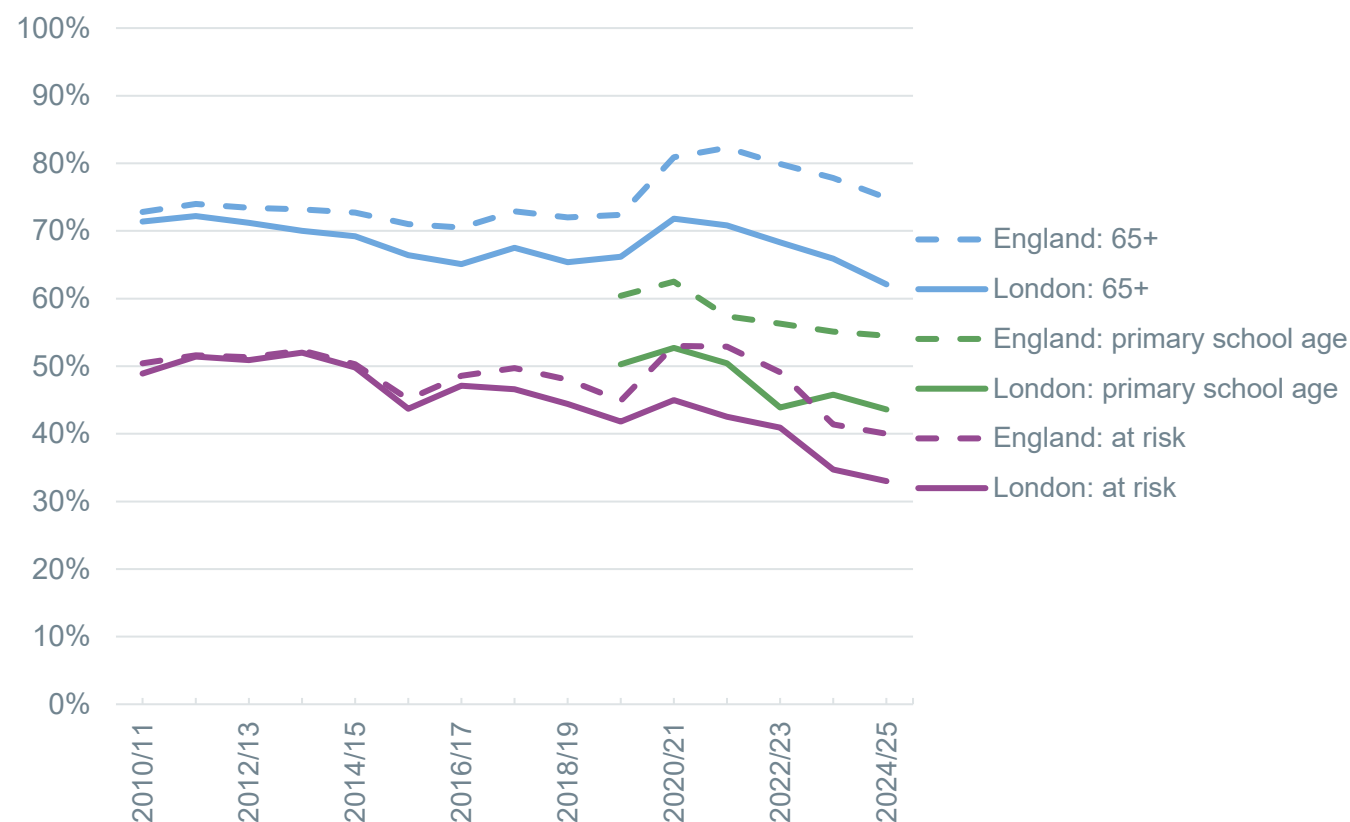
London continues to lag behind England and other regions on flu vaccination uptake, among primary school children, at risk individuals* and those aged 65+.

In 2024/25:

- 43.6% of primary school aged children in London received the flu vaccine (England: 54.5%).
- 62.1% of adults aged 65 and over received a flu vaccine (England: 74.9%). For England this is just below the 75% target, but London missed the target by almost 13 percentage points.
- 33.0% of at-risk individuals received the flu vaccine (England: 40.0%).

*At risk individuals are those aged 6 months to under 65 years (excluding pregnant women) in one or more clinical risk groups given their increased risk of morbidity and mortality from flu.

Flu vaccination rates among primary school children, at risk individual and those aged 65+
London and England, 2010/11-2024/25



London exceeds England on delivery of health checks but lags on cancer screening

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 5-year prior 2020/21-2024/25, of the 2,302,709 people eligible for an NHS health check in London, **41% took up the offer, higher than the 30% uptake for England** as a whole.⁴

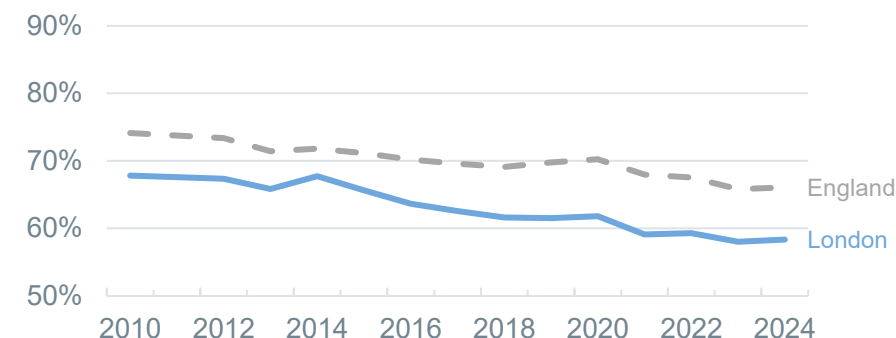
Cancer Screening

London has the **lowest coverage in England for:**

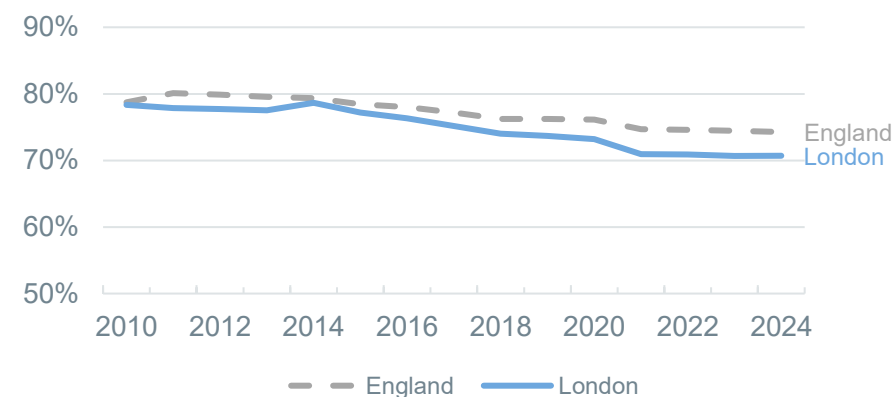
- **Breast cancer screening** (for women aged 53-70) at 65%, substantially lower than the England average of 72% in 2025.¹
- **Cervical cancer screening** for both 25 to 49 years old (58%, England – 66%), and 50 to 64 years old (71%, England – 74%) in 2024.²
- **Bowel cancer screening** (men and women aged 60 to 74) in England at 65%, substantially lower than England average of 73% in 2025.³

Cervical cancer screening coverage by age, 2010-2024

Aged 25 to 49 years old



Aged 50 to 64 years old



CHAPTER 7: INCLUSION HEALTH GROUPS

Inclusion health groups face the poorest health outcomes and widest inequalities

Inclusion health refers to the groups experiencing the greatest inequalities across the wider determinants of health and the poorest health outcomes among the population. Inclusion health groups may include:¹

People experiencing homelessness: In 2021, the average age of death for people experiencing homelessness was 43 years for women and 45 for men.²

Gypsy, Roma and Traveller communities: Life expectancy for Gypsy and Traveller communities is 10 years lower than the national average.³

Migrants in vulnerable circumstances: Refugees and asylum seekers can have complex health needs influenced by experiences prior to, during or after migration to the UK.

Sex workers: sex workers face a high burden of unmet health need.⁴

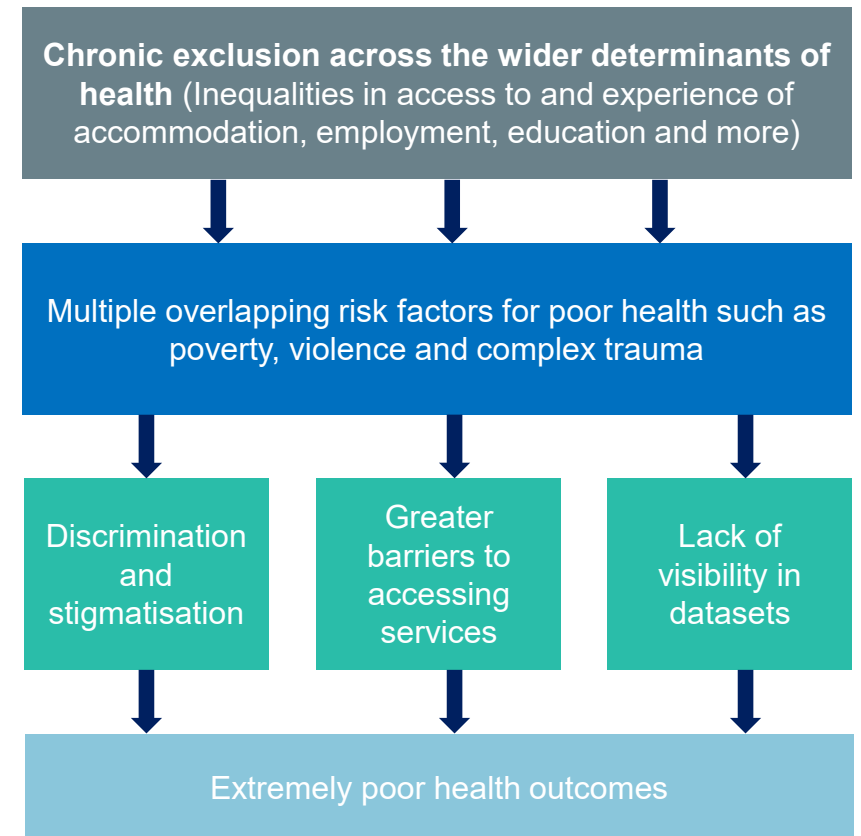
People in contact with the criminal justice system: Up to 90% of people in prison aged 50 or more have at least one moderate or severe health condition and 50% have three or more.⁵

People subject to modern slavery: risks such as physically demanding forced labour, in poor, unsafe conditions, and sexual exploitation, compound poor health.⁶

People with drug and/or alcohol dependence: people experiencing significant inequalities and drug and/or alcohol dependence may experience particularly poor health and risk of premature death.¹

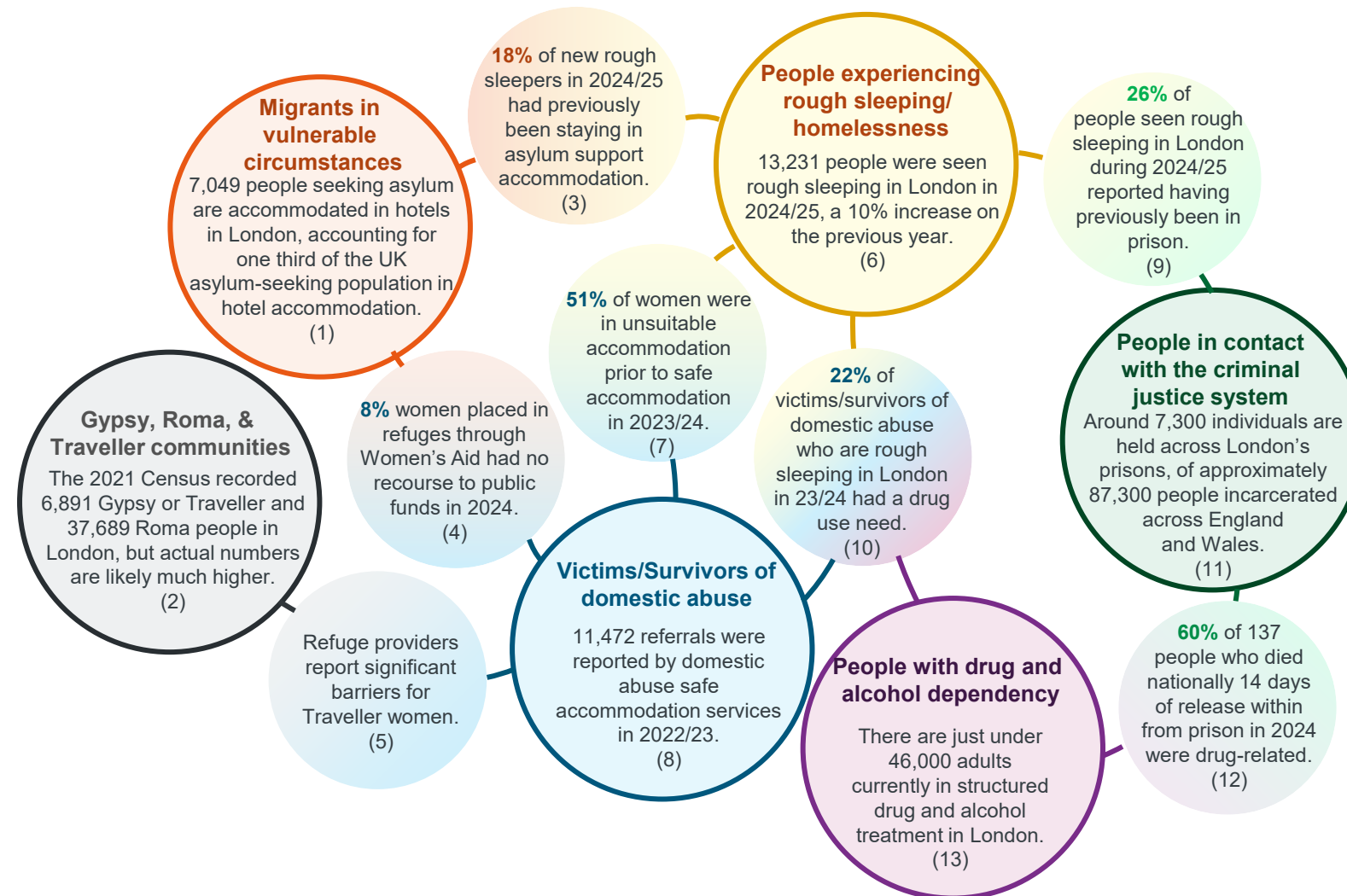
Victims/survivors of domestic abuse: people fleeing domestic abuse may face acute risk of homelessness and particularly poor health.⁶

Key drivers of poor health



(1) [Inclusion Health data and intelligence resource for England](#), 2026. OHID. (2) [Deaths of homeless people in England and Wales: 2021 registrations](#), November 2022. ONS (3) [Gypsies and Travellers: simple solutions for living together](#), 2009. EHRC. (4) Aldridge, R.W., et al., 2018. [Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis](#). The Lancet, 391(10117), pp.241-250. (5) [Ageing prison population](#), July 2020. House of Commons Justice Committee. (6) [Modern slavery and public health](#), December 2017. PHE. (6) [DASA needs assessment 2024](#), GLA

Many inclusion health groups face intersectional needs



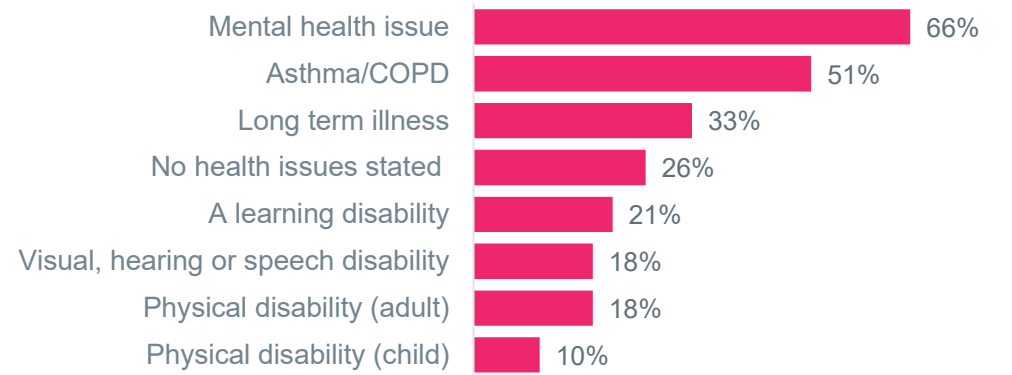
- This figure primarily draws upon London-level data to demonstrate some – by no means all – of the areas of intersection between particularly excluded groups.
- It is important to note that existing datasets have **notable gaps** and may underestimate need.
- There is very **limited data available for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

Gypsy, Roma and Traveller communities illustrate the compounded inequalities faced by inclusion health groups

- Gypsy, Roma and Traveller (GRT) is an umbrella term encompassing many different and distinct groups with a current or historic nomadic way of life.
- The 2021 Census recorded 7,031 Gypsy and Irish Traveller people in London, and 37,689 Roma.^{1*}
- As a result of historic persecution and ongoing social exclusion, GRT communities experience significant inequalities across the wider determinants of health, and greater barriers to care.
- Inadequate access to culturally pertinent accommodation is a key determinant of poor health outcomes. The 2015 Gypsy, Roma and Traveller Accommodation Needs Assessment (**GTANA**) for London highlights substantial unmet accommodation needs.²
- Within the 2021 Census, those who identified as Gypsy or Irish Traveller were more than twice as likely to report bad or very bad health (12.5%) compared with the general population nationally. Respondents to the London needs assessment report notable health and mobility issues within their household.³

*This likely underrepresents the population and need as many people do not disclose ethnicity for fear of discrimination and face barriers to engagement such as low literacy and digital exclusion.

Percentage of GRT households reporting a household member with health or mobility issues, London 2025²



Need for Gypsy and Traveller sites and bricks and mortar housing for Roma people in London, GTANA 2025

	2022-23 to 2026-27	2027-28 to 2031-32	Total need 2022-23 to 2031-32
Sites	684 (603)	177 (165)	861 (768)
Bricks & mortar	5,129	2,033	7,162

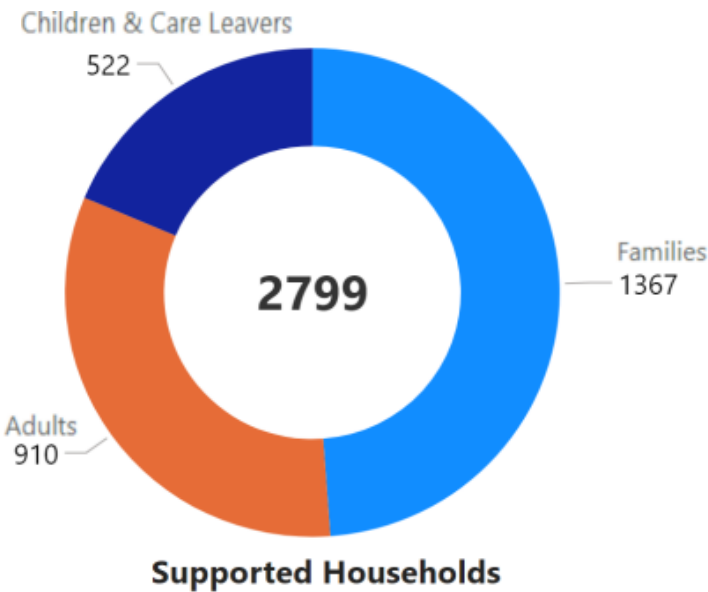
Figures in brackets show the accommodation needs for London, but for six boroughs (Bexley, Haringey, Merton, Newham, Havering and Richmond upon Thames) uses only the accommodation needs determined by their local GTANA, as opposed to the London-wide GTANA.

(1) 2021 Census, ONS (Nomis – Ethnic group, TS021)
(2) London GTANA 2025, GLA
(3) Gypsy or Irish Traveller populations, England and Wales. 2021 Census, ONS.

Migrants in vulnerable circumstances face complex health needs and significant support requirements in London

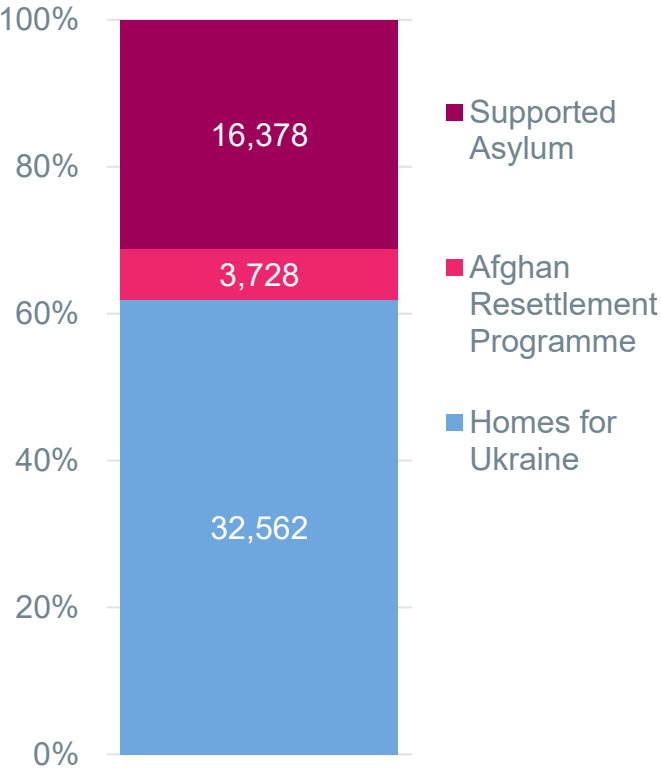
- Migrants in vulnerable circumstances include asylum seekers and refugees, unaccompanied children, people who have been trafficked, undocumented migrants (those who are living in the UK with no legal status – No Recourse to Public Funds (NRPF)), and low paid migrant workers.
- These groups can have complex health needs influenced by experiences prior to, during or after migration to the UK, including increased prevalence of infectious diseases, poor mental health and more.
- People with NRPF are at particular risk as restrictions on support increase the likelihood of destitution, limit access to stable housing, essential services, and timely healthcare, and contribute to poorer health outcomes.

Number of households with NRPF supported in the London region in 2024/25 ^{1*}



*Note this refers to households with NRPF who were provided with support, not referral numbers or those not engaged with services. Includes 30 reporting boroughs.

Breakdown of individuals by pathway, year ending December 2025 ²



(1) [NRPF Connect data report 2024-25 Greater London](#), NRPF Network
(2) [Regional and local authority data on immigration groups](#), Home Office & MHCLG.

Other key vulnerable groups face inclusion health challenges, but their needs are not always well captured in data (1 of 2)

The inclusion health section of this data pack has spotlighted GRT communities and migrants in vulnerable circumstances due to recent data. Other populations are not individually highlighted – either because of less recent data, or because their needs are covered elsewhere (e.g. people experiencing homelessness). This information below and on the next slide cover further data sources and headline data for other key inclusion health groups London. Further data is also available on OHID's [Inclusion Health dashboard](#).

People subject to modern slavery

23,411 potential victims of modern slavery were referred to the Home Office nationally in 2024 via the National Referral Mechanism, up 22% on 2023 (19,117).¹ This figure is widely recognised as an underestimate, reflecting under-reporting related to fear, coercion, exploitation and lack of awareness of rights and services.

Sex workers

Recent research (2025) has suggested that between 75,000 and 130,000 people may be engaged in sex work across the UK²; these figures are likely to be an underestimate.² There is no single reliable method for estimating population size, and individual studies should not be used in isolation.

People in contact with the criminal justice system (CJS)

The MOJ and HMPPS data showed London has a prison population of 7,279 as of March 2026.³ The majority are White (2,989) or Black or Black British (2,032). 24,409 offenders were supervised by the probation service in London in December 2025.⁴ There are data gaps relating to the health needs and prevalence of the CJS and prison population in London.

People experiencing homelessness

London's regional CHAIN reports provide the UK's most detailed and comprehensive source of information about rough sleeping.⁵ The reports do not include “hidden homeless” groups such as people “sofa surfing” or living in squats. Official MHCLG statistics and reports,⁶ including by [London Councils](#) and the [GLA](#), include the number of households in temporary accommodation.

(1) Modern slavery: National Referral Mechanism and Duty to Notify statistics UK, 2024. March 2025. Home Office. (2) Shave, F. M., et al. (2025). [Estimating the total number of sex workers in the United Kingdom: A comprehensive analysis and 2025 projection \(Preprint\)](#). (3) [Offender management statistics quarterly](#). MOJ & HMPPS. (4) Probation, [Offender management statistics quarterly](#). MoJ and HMPPS. Accessed via [Inclusion health dashboard](#), OHID (5) [Tables on homelessness](#), MHCLG.

Other key vulnerable groups face inclusion health challenges, but their needs are not always well captured in data (2 of 2)

People with drug and/or alcohol dependence

Sources include National Drug Treatment Monitoring System (NDTMS)¹, OHID fingertips², ONS data³, UKHSA and DHSC Opiate and crack use prevalence estimates⁴, and MOPAC's Problem Profile of Drugs in London, 2024⁵. There are gaps in recent data around unmet need for drug and alcohol treatment in London.

In 2024/25, 43% of adults with a substance misuse treatment need in London successfully engaged in community-based structured treatment following release from prison in 2024/25, significantly lower nationally (England: 57%). Among all adults receiving drug treatment (not limited to prison leavers), successful completion rates in 2024/25 were 5% among opiate users, similar to England (5%), and 25% among non-opiate users, significantly lower than the England average (29%).⁶

Victims/survivors of domestic abuse

The Domestic Abuse Safe Accommodation needs assessment 2024⁷ provides a summary of need, although true demand for and provision of safe accommodation and support cannot be quantified with current recording processes.

(1) [NDTMS](#), OHID & University of Manchester. (2) [Fingertips](#). OHID. (3) [Drug misuse in England and Wales](#). ONS. (4) [Estimates of opiate and crack use in England](#). DHSC & UKHSA. (5) [A Problem Profile of Drugs in London, 2024](#). MOPAC. (6) [Fingertips](#). OHID. See Fingertips reference slides (104-108) for full indicator details. (7) [Domestic Abuse Safe Accommodation needs assessment 2024](#), GLA.

CHAPTER 8: BUILDING BLOCKS OF HEALTH

74% of London households live near green or blue space, yet 38% lack reasonable access to a suitable public open space

Access to green and blue space

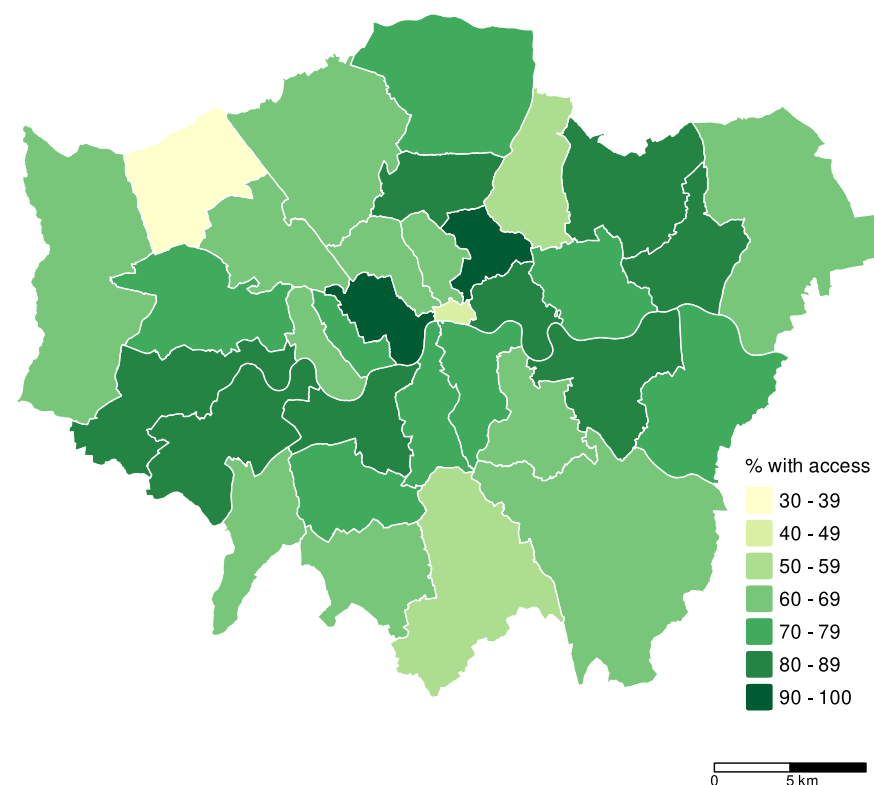
- Households that meet the ‘**15-minute commitment**’ are defined as those which have access to either doorstep, local or neighbourhood standard green spaces, as well as some Public Rights of Way and blue spaces, within a 15-minute walk. **74% of households in London are within a 15-minute walk of green or blue space** (vs 80% England, 2025).²
- Access differs significantly across London boroughs, ranging from 95% in Hackney to only 36% in Harrow.²
- The Greenspace Information for Greater London CIC (GiGL) accounts for the size, utility and capacity of public open spaces, recognising that some green spaces are too small or overcrowded to meet local need. Using the GiGL measure (**AODPOS***, not comparable to the ‘15 minute commitment’), 38% of homes lack reasonable access to the appropriate types of public open space in 2026 (a slight improvement from 38.85% in 2025)¹
- In England as a whole, black people were four times more likely than white people to have no outdoor space at home.^{3,4}

Connection to nature

- 62.8% of adult Londoners reported feeling part of nature in 2024/25, compared with 59.3% in 2020/21.⁵

*Areas of Deficiency in Access to Public Open Space (AODPOS)

Percentage of households with access to green or blue space within a 15-minute walk in local authorities in London, 2025 ²



(1) Greenspace Information for Greater London CIC (GiGL) via [State of London \(June 2026\)](#), GLA. (2) [Access to green and blue space in England \(March 2026\)](#), DEFRA. (3) [Access to gardens and public green space in Great Britain \(2020\)](#), ONS. (4) [Access to green space in England \(2020\)](#), Friends of the Earth. (5) [People and Nature Surveys for England \(2024\)](#), Natural England via [State of London \(June 2026\)](#), GLA.

One-third of Londoners have good public transport access, but people in deprived areas face greater road safety risks

Transport is a fundamental determinant of health, closely associated with air quality, physical activity, and access to opportunities and essential services.

Access to bus services¹

- In 2024, 97% of Londoners live within 400 metres distance of a bus stop.¹

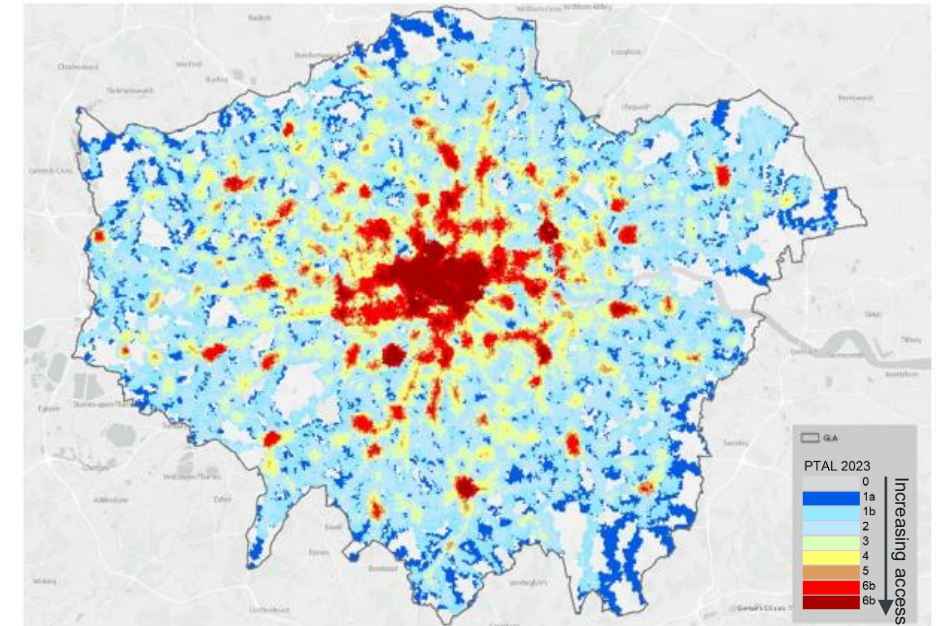
Public transport access level (PTAL)¹

- The PTAL metric provides a wider measure of Londoners' access to public transport. The familiar pattern of relatively higher connectivity towards inner and central London, town centres and along radial rail lines is visible.
- As of autumn 2024, 32% of London's population lived in areas with a PTAL connectivity score of four or above, which is considered to represent high connectivity.
- The connectivity is not equality distributed, for example, in outer London boroughs like Hillingdon and Enfield the average PTAL score is 1b, indicating very low accessibility.²

Road safety³

- **By where people live:** London residents who live in the 30% most deprived neighbourhoods are **1.5 times more likely** to be killed or seriously injured on the road than those living in the 30% least deprived neighbourhoods.
- **By where people travel:** Anyone traveling through the 30% most deprived areas of the city is **1.7 times more likely** to be killed or seriously injured on those roads – regardless of their mode of transport – compared to those traveling in the least deprived areas.

Public transport access (PTAL) in London, autumn 2024¹



(1) [Travel in London 2025. Annual overview](#). December 2025. TFL

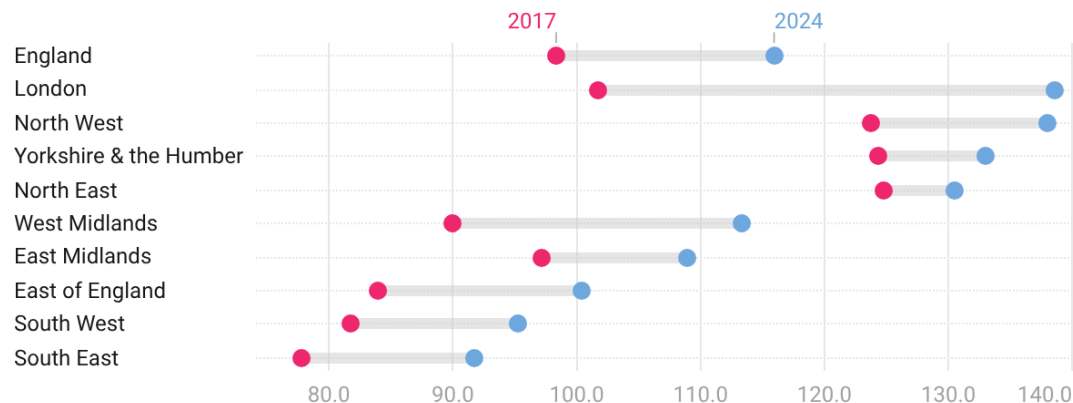
(2) [WebCAT Planning Tool 3.0](#), TFL.

(3) [Vision Zero Action Plan 2](#). March 2026. TFL.

Fast food outlet density increased by over a third in London between 2017 and 2024 and is higher in deprived areas

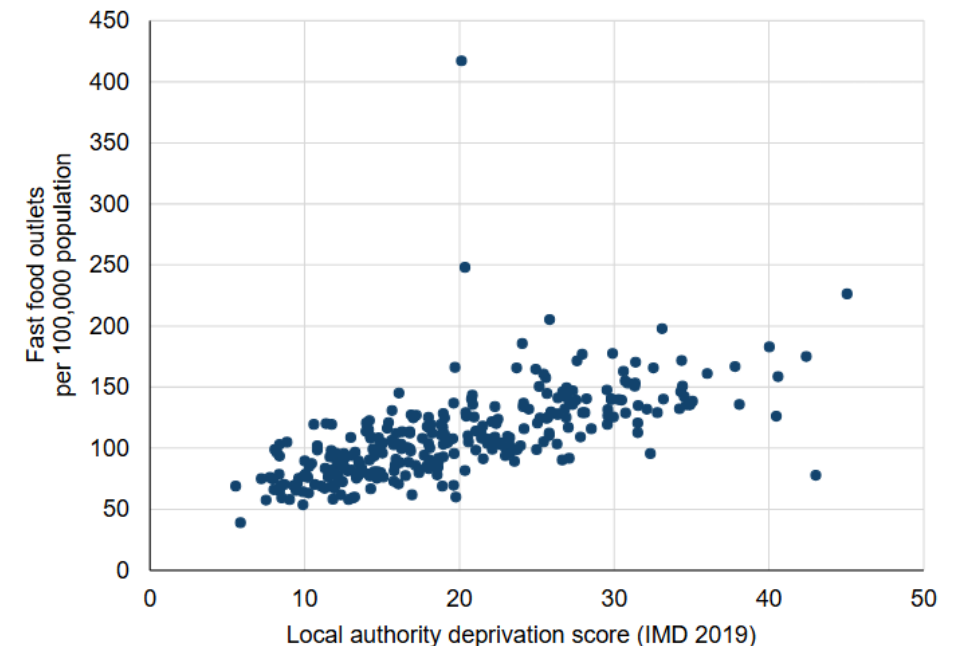
- Fast food outlet density increased across all regions from 2017 to 2024, with the rate in London rising markedly from 101.6 to 138.5 per 100,000. It places among the highest rates nationally and above the England average (115.9) in 2024.
- There are large disparities between London boroughs, with the highest rate in Camden (417.4, highest in England) and the lowest in Richmond upon Thames (65.5). Five London local authorities are among the top ten nationally.
- Nationally, rates in the most deprived areas (UTLAs) are double those in the least deprived, at 146.6 compared with 73.1 per 100,000 in 2024.¹

Fast food outlets per 100,000 population, 2017 and 2024^{1,2}



Created with Datawrapper

Association between fast food outlets (2024) and deprivation (IMD 2019) by lower tier local authority in England³



(1) 2024 data: [Fingertips](#). OHID. See Fingertips reference slides (104-108) for full indicator details.

(2) 2017 data: [Wider Determinants of Health](#), OHID.

(3) [Wider Determinants of Health: statistical commentary on the location of fast food outlets](#), February 2025. OHID.

Gambling premises are common in London, with marked inequalities in exposure

Gambling is associated with a wide range of harms for both people who gamble and those close to them, including financial, health, and relationship harms.¹

Gambling premises in London

- In 2025, London had one of the highest densities of gambling premises in England (16.9 per 100,000 vs 12.9 per 100,000 nationally).
- Premises density varies widely across boroughs, from 40.2 per 100,000 in Westminster to 8.5 per 100,000 in Sutton.²

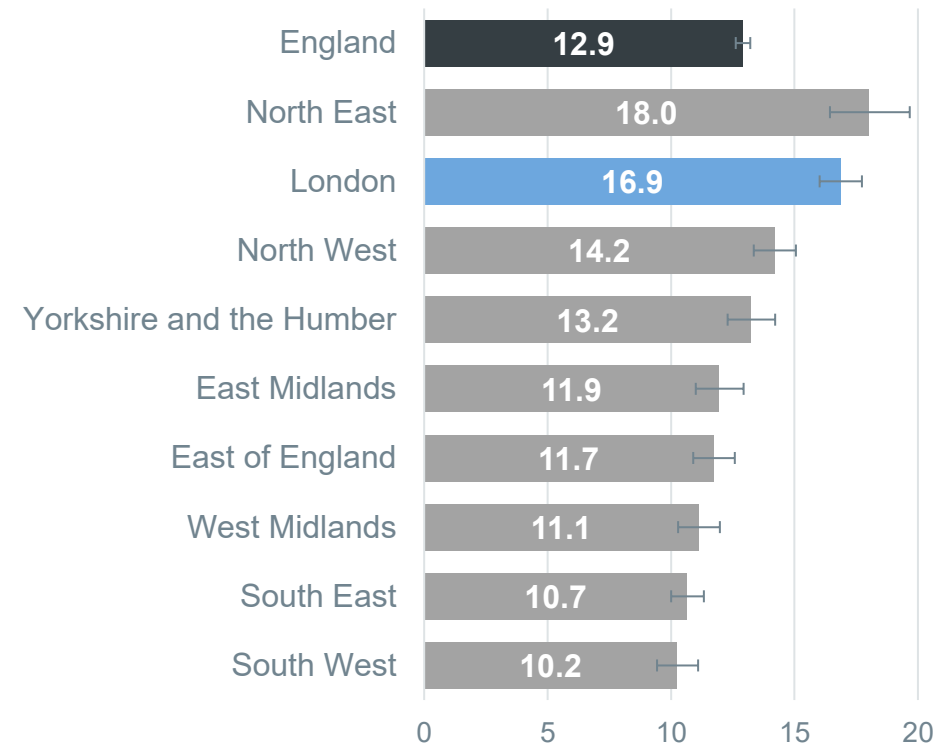
Inequalities in exposure

- Nationally, the most deprived 10% of areas have over 11 times as many gambling premises as the least deprived areas (28.5 vs 2.4 per 100,000 in 2025).²

Groups at greater risk of harm

- Higher rates of gambling harm are reported among: people experiencing homelessness and poverty; people with experience of migration; people with experience of drug use; people living with certain mental health challenges; and those with ADHD.³

Gambling premises per 100,000 population, 2025²



(1) [Gambling-related harms evidence review: summary \(January 2023\)](#), OHID.

(2) [Fingertips](#). OHID. See Fingertips reference slides (104-108) for full indicator details.

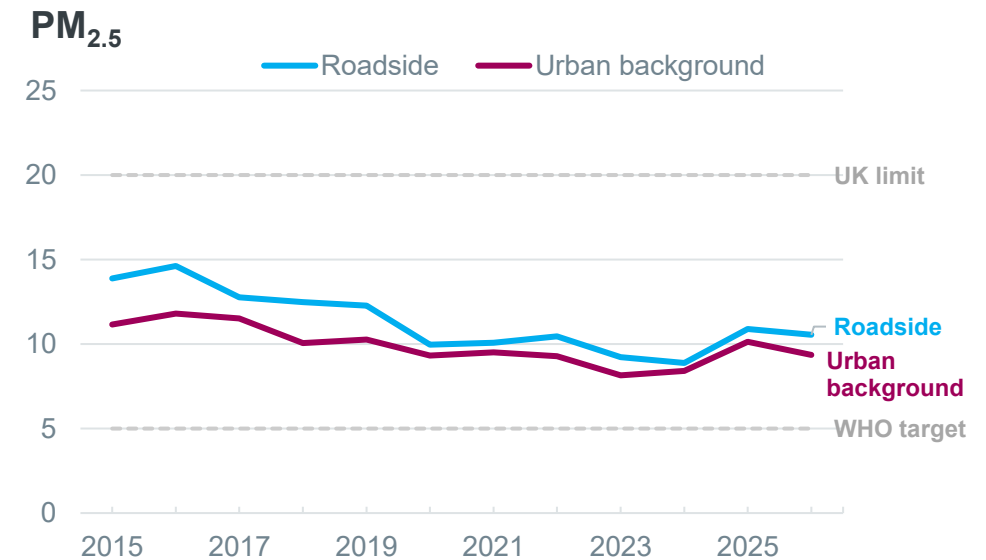
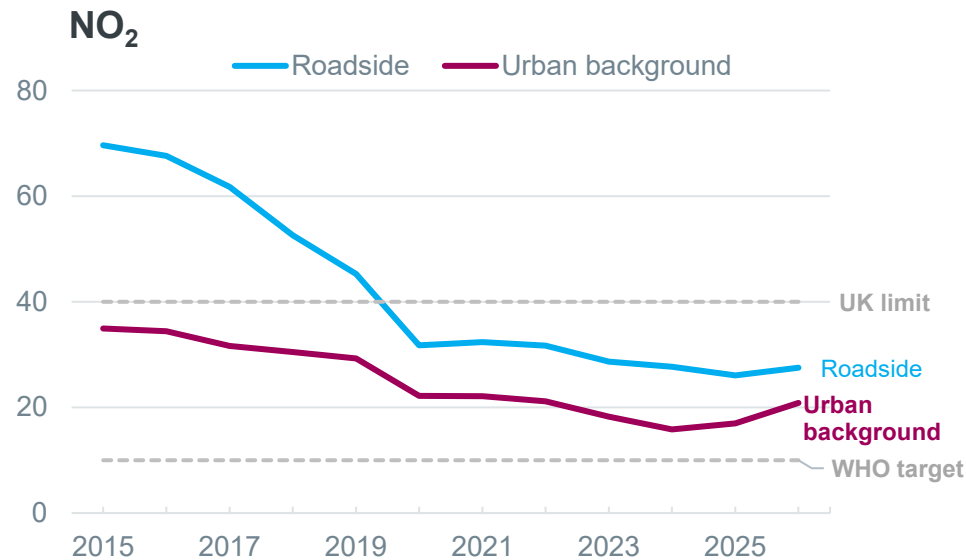
(3) [Understanding gambling harms among communities experiencing marginalisation and inequality](#) (July 2024), NatCen.

Air pollution levels have fallen substantially, but both NO₂ and PM_{2.5} remain above WHO target levels

- Average concentrations of NO₂ and PM_{2.5} now meet the UK annual legal limit, but they remain above the World Health Organization (WHO) Air Quality Guideline target.
- In many areas within London, concentrations have reached the WHO interim annual average targets for both pollutants.¹
- Key findings from the latest London Atmospheric Emissions Inventory (LAEI), published in January 2026 using 2022 baseline data, show continued progress in the reduction in air pollution across London since 2016.
- Despite progress for NO₂ and PM_{2.5}, further action is needed to reduce all pollutants, particularly PM₁₀.¹

Nitrogen dioxide (NO₂) and particulate matter (PM_{2.5}) at the roadside and urban background ²

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



(1) LAEI 2022, GLA and TFL air quality.

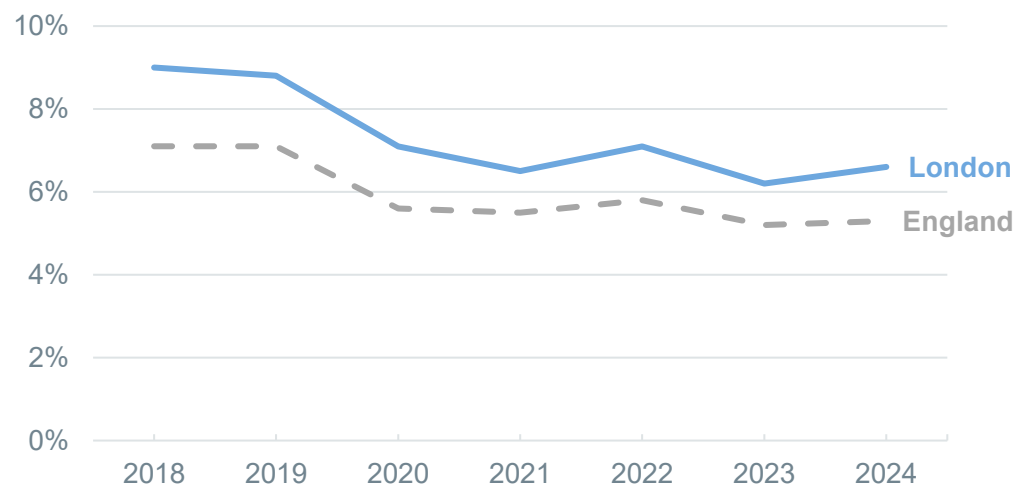
(2) London Air, Air Quality England, UK-Air, State of London (June 2026), GLA.

Air pollution contributes to mortality and disproportionately affects deprived and ethnic minority communities

Health impacts

- There is strong evidence that air pollution causes the development of coronary heart disease, stroke, respiratory disease, and lung cancer, exacerbates asthma and has a contributory role in mortality.¹
- In London, an estimated 6.6% of deaths were attributable to particulate air pollution (PM_{2.5}) in 2024, the highest among all regions in England.²

Estimated fraction of mortality attributable to particulate air pollution (PM_{2.5}), 2018 to 2024²



Inequalities

People living in deprived communities are more likely to be exposed to higher pollution levels (2023):³

- **Deprivation:** The most deprived communities of London still more commonly live in the most polluted areas, however concentrations have declined faster in areas of deprivation and more markedly since 2016.
- **Ethnicity:** The areas in London with the lowest NO₂ and PM_{2.5} concentrations have a disproportionately white population. The inequalities in exposure by ethnicity are much more pronounced in Outer London than Inner London.
- **Diaspora communities** tend to reside in areas where there are higher concentrations of pollutants than the London average.
- For all years analysed between 2013 and 2030, **all schools, hospitals and care homes** will remain exposed to concentrations of NO₂ and PM_{2.5} above the WHO guideline annual mean, unless further action is taken.
- **Communities living along red routes** (TfL's Road Network, designed for main traffic) are exposed to higher air pollutant concentrations, though these concentrations are expected to reduce over time.

(1) [Improving outdoor air quality and health: review of interventions - GOV.UK](#)

(2) [Fingertips](#). OHID. See Fingertips reference slides (104-108) for full indicator details.

(3) [Air Pollution and Inequalities in London – update 2023](#) . GLA.

Extreme heat is a major health risk for Londoners

Heat risk overall

- London experiences the highest level of climate risk and impacts regionally, with around 4,000 **heat-related admissions** annually.¹
- UK-wide heat-related hospital attendances and admissions could triple by 2050 compared to current levels. **These impacts are disproportionately concentrated in London.**^{1,2}
- There is a significant **gap in prevention and preparedness** across different risk categories – for London, UKHSA estimated that there were **335 excess deaths associated with excess cold** in winter 2024 to 2025 ³ and an estimated **317 excess deaths associated with heat** in summer 2025.⁴
- 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.

(1) [Risks to Health and Health Services from Extreme Heat](#). May 2026. Edge Health and Greencroft Economics. (2) [The Fourth Independent Assessment of UK Climate Risk \(CCRA4-IA\)](#). May 2026. Climate Change Committee. (3) [Cold mortality monitoring report, England: winter 2024 to 2025](#). February 2026. UKHSA. (4) [Heat mortality monitoring report, England: 2025](#). April 2026. UKHSA.

Some London populations are particularly vulnerable to extreme heat

Effect of extreme heat among people with different health conditions

- There is also growing evidence that heat-sensitive health conditions play an important role in increasing vulnerability to heat. Among those at highest risk are people with severe and common mental health conditions; neurological disorders; cardiovascular disease (CVD); and diabetes.¹
- Heat Ready London highlighted that Londoners aged 45-65 are at greater risk of a premature death during hot weather than their national counterparts.²
- Extreme heat increases the **risk of CVD** and can raise mortality by up to 20%.³
- Heat poses a serious risk to people with mental health conditions – during the Canadian heat dome, those with severe mental illness (schizophrenia) were three times more likely to die, and each 1°C increase above 24°C raises mortality risk by 5.5%.⁴
- In England, there is a 4.5% increase in admissions for dementia for every 1°C temperature increase above 17°C.⁵
- In the UK, the number of days when pregnant women face elevated heat risk has doubled, now at 26, with an average of 13 additional high-risk days per year due to climate change (2020–2024).⁶

Specific population group

- In London, homeless individuals were 35% more likely to be admitted to hospital on days reaching 25°C compared to cooler days (6°C).⁷

(1) Ebi K et al. [Hot weather and heat extremes: health risks](#). Lancet, 2021. (2) GLA. [Heat Ready London](#). 2026 (3) Nukala S. [Impact of heatwaves on cardiovascular disease outcomes: systematic review and meta-analysis](#). Heart Lung Circ., 2023. (4) Lee M et al. [Chronic diseases associated with mortality during the 2021 Western North America extreme heat event](#). GeoHealth, 2023. (5) Gong J et al. [Heat-related dementia hospital admissions in England](#). Environ Int., 2022. (6) Climate Central. [Climate change increasing pregnancy risks due to extreme heat](#). 2025. (7) [Hotter temperatures linked to increased risk of hospitalisation in London's homeless population](#). 2023. LSHTM

Rough sleeping remains a significant concern in London

Rough sleeping in London¹

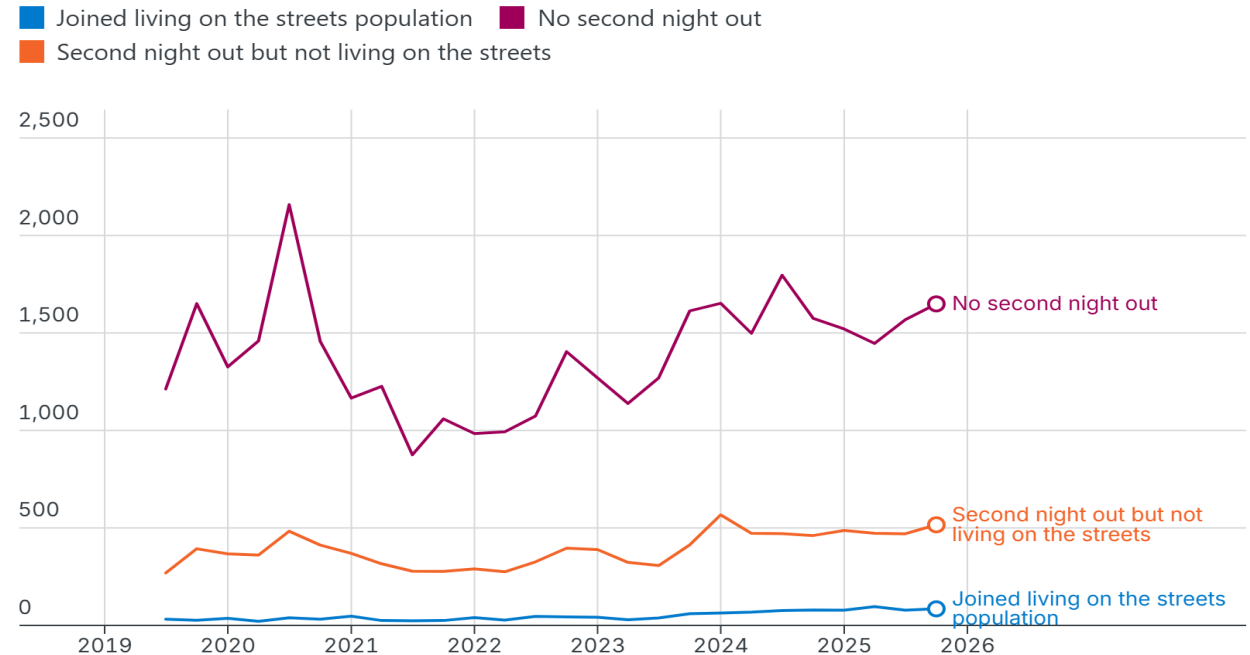
- A total of 12,938 people were seen rough sleeping in 2025/26, a 2% decrease on 2024/25, compared to a 10% increase from 2023/24 to 2024/25, and 60% higher than the total of 8,108 people seen rough sleeping ten years ago, in 2016/17.
- People who had also been seen rough sleeping in the previous year were the only group to show an increase in number, while the numbers of people new to, or returning to rough sleeping after at least a year away, both declined.
- UK nationals accounted for 49% of all people seen rough sleeping in 2025/26, while 20% came from other European countries, and 31% were from countries in Africa, Asia, the Americas, and Australasia
- According to MHCLG homelessness statistics, London's rate is nearly double the rest of England.³

New rough sleepers in London

- **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, triple the 2020 figure.²

New rough sleepers

Number of people seen rough sleeping in London for the first time by outcome of the second night.²



(1) CHAIN annual report 2025/26 (June 2026).

(2) CHAIN quarterly rough sleeping reports via State of London (June 2026), GLA.

(3) MHCLG Homelessness statistics via State of London (June 2026), GLA.

Record numbers of London households and children are living in temporary accommodation

Households in temporary accommodation

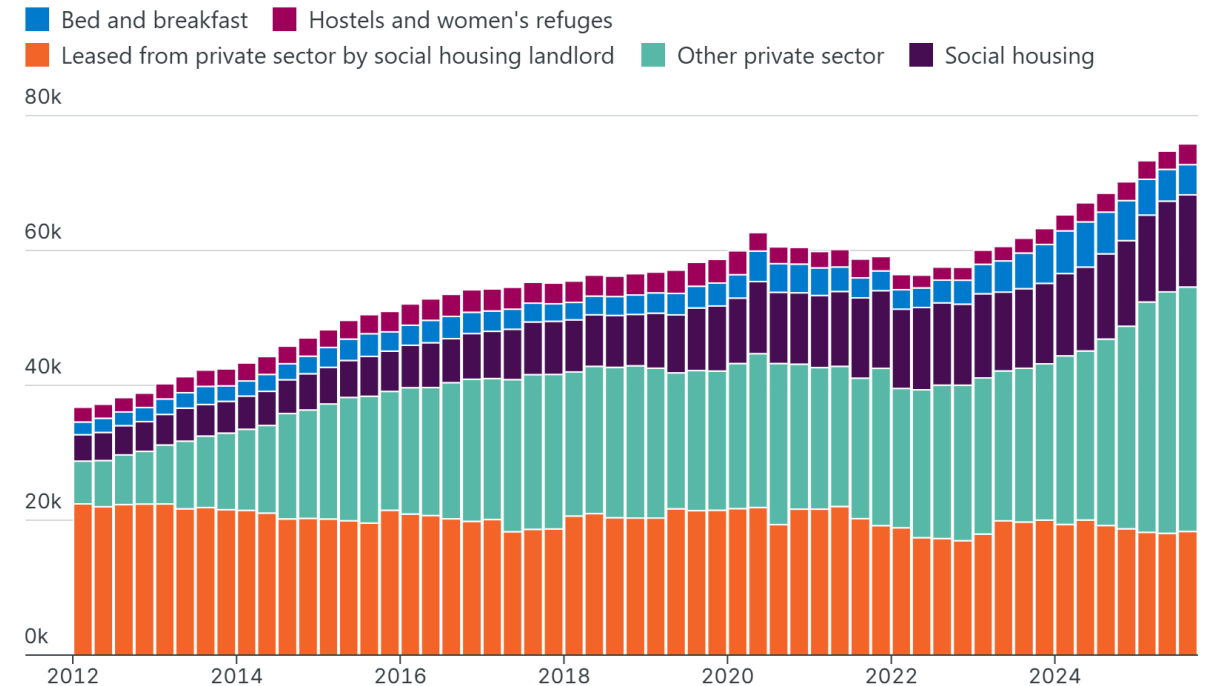
- London has more households in temporary accommodation than the rest of England's regions combined.
- There were 75,800 homeless households in temporary accommodation arranged by London boroughs at the end of September 2025, up from 68,480 a year before and the highest value since the data series began in 1988.¹

Children in temporary accommodation

- London Councils' analysis of government homelessness data reveals an estimated 210,000 Londoners were homeless and living in temporary accommodation on Christmas Day 2025. This equates to around one in every 50 residents of the capital.²
- The estimated figure includes 102,000 homeless children – an 8% increase since last year, and a 35% increase compared to 2021. Based on average class sizes in the capital, London Councils estimates there is at least one homeless child in every London classroom.²

Households in temporary accommodation¹

Number of homeless households in temporary accommodation arranged by London boroughs



(1) State of London – Housing. June 2026. GLA.

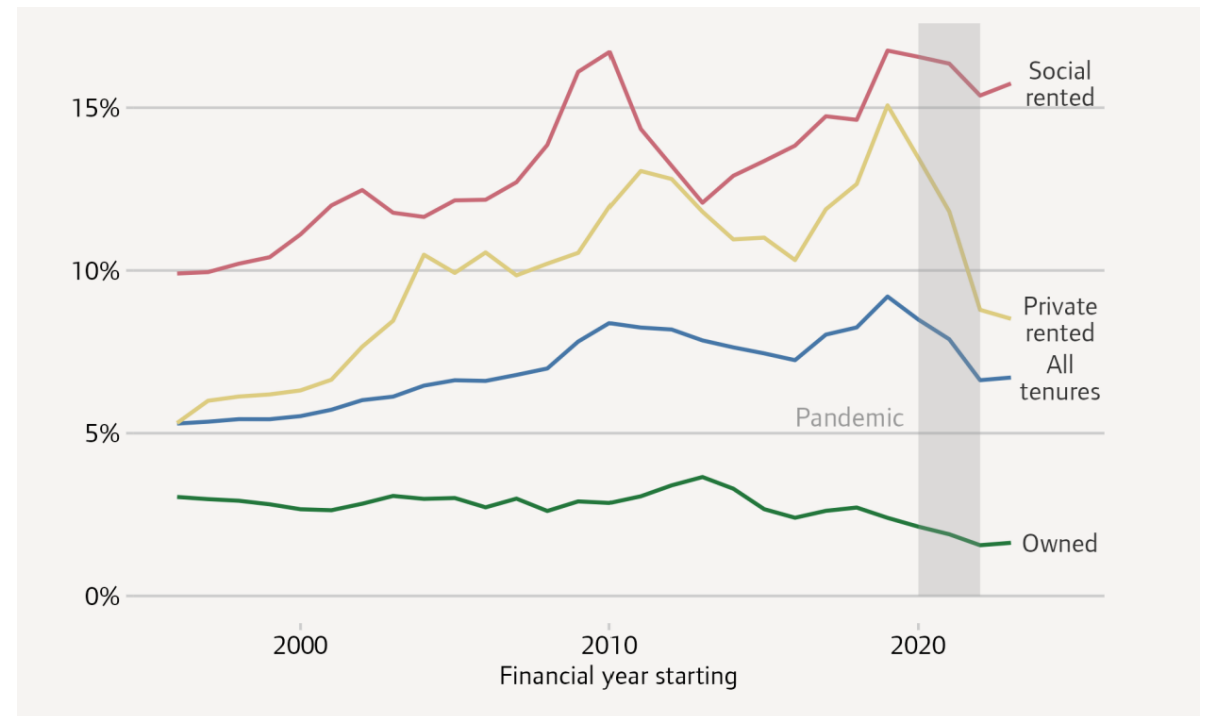
(2) More than 100,000 homeless children in capital this Christmas | London Councils;

Overcrowding remains a significant challenge in London, especially among social renters

- According to figures based on a three-year rolling average, 6.7% of households in London were overcrowded in 2023-24 (down from 9.2% in 2019-20). This figure is likely to be an underestimate, due to the effects of the pandemic on the rolling average obtained from the survey data.
- 15.7% of social renting households, 8.5% of private renting households and 1.6% of owner occupiers were overcrowded.
- The uptick in the proportion of overcrowded households this year is likely due to underestimation in previous years.

Overcrowded households in London

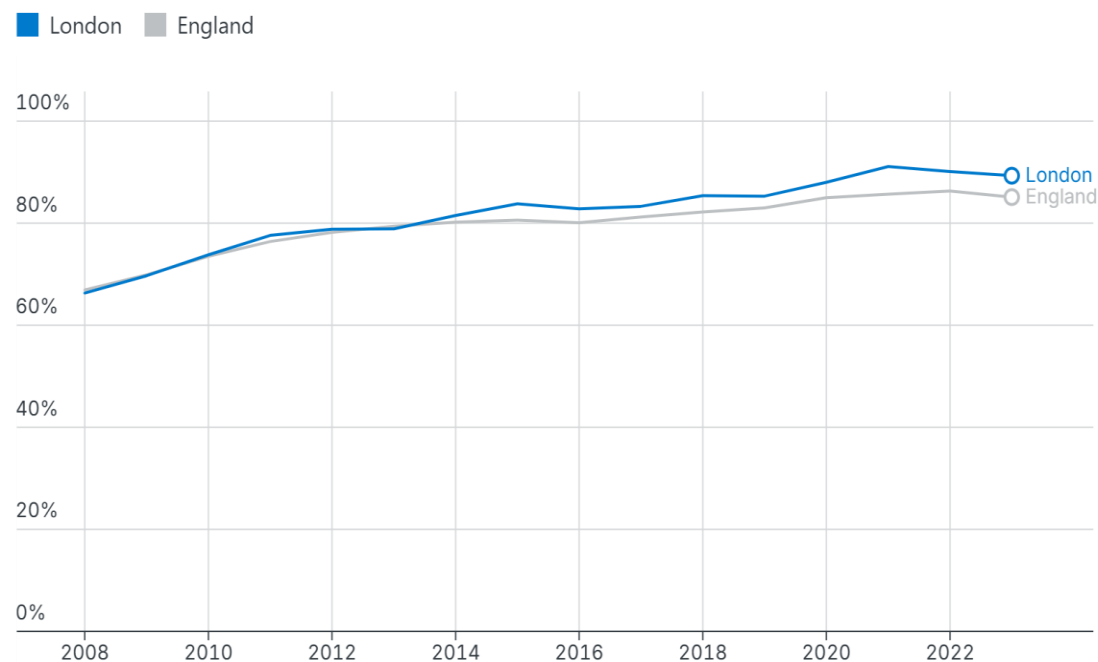
Proportion of households in London which are overcrowded (according to bedroom standard) by tenure, 1996-97 to 2023-24



Overall housing quality in London has improved, but recent declines and persistent issues across tenures remain

Quality of homes

Percentage of homes meeting the Decent Homes Standard



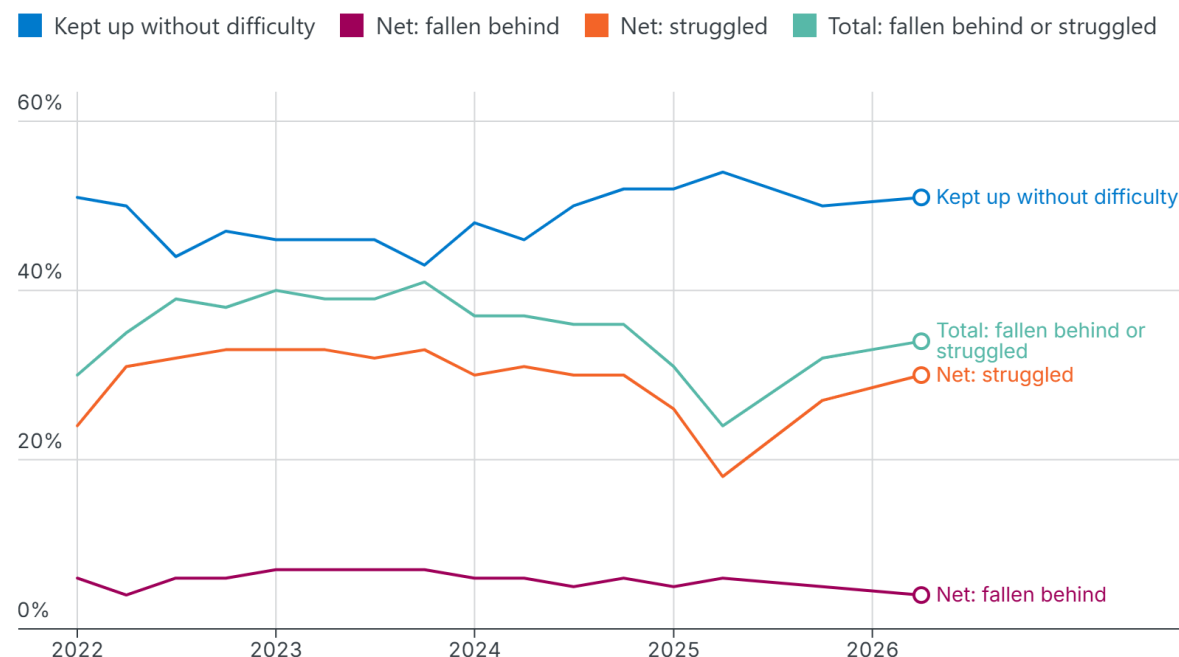
- The Decent Homes Standard is a long-established and widely used composite indicator of housing conditions, reported through the official English Housing Survey.
- Housing quality has improved substantially in London, with 89% of London homes meeting the Decent Homes standard in 2023, up from 63% in 2008.
- The highest recorded share of decent homes was in 2021, at 91%. The fall in subsequent years was driven by a decrease in the share of decent homes in the social housing and owner-occupied sectors. However, note that data from 2020 and 2021 (and part of 2022) was modelled by MHCLG as surveyors were unable to carry out internal inspections due to the pandemic. This means that comparisons over time should be made with caution.
- The share of homes not meeting the Decent Homes Standard in the private rented sector stayed at 12% between 2022 and 2023. Historically, the private rented sector had the largest share of non-decent homes; but it is now on par with the social rented sector – both at 12%.

One in three Londoners struggle to meet rent or mortgage payments in the last six months

- According to GLA polling on the cost of living, 34% of people in London had either fallen behind, or struggled to keep up with, rent or mortgage payments in April 2026.
- Data from the English Housing Survey shows private renters in London have been more likely to struggle paying rent than those in the social sector since the pandemic. In 2018, social sector tenants in London were more likely to struggle, with 39% finding it difficult compared to 35% of private renters. By 2023/24, 44% of private renters found it difficult to pay rent, compared to 38% of social sector tenants.

Housing payment arrears and financial strain in London

Percentage who say they have not been able to meet housing payments over the last six months, or have struggled to do so.



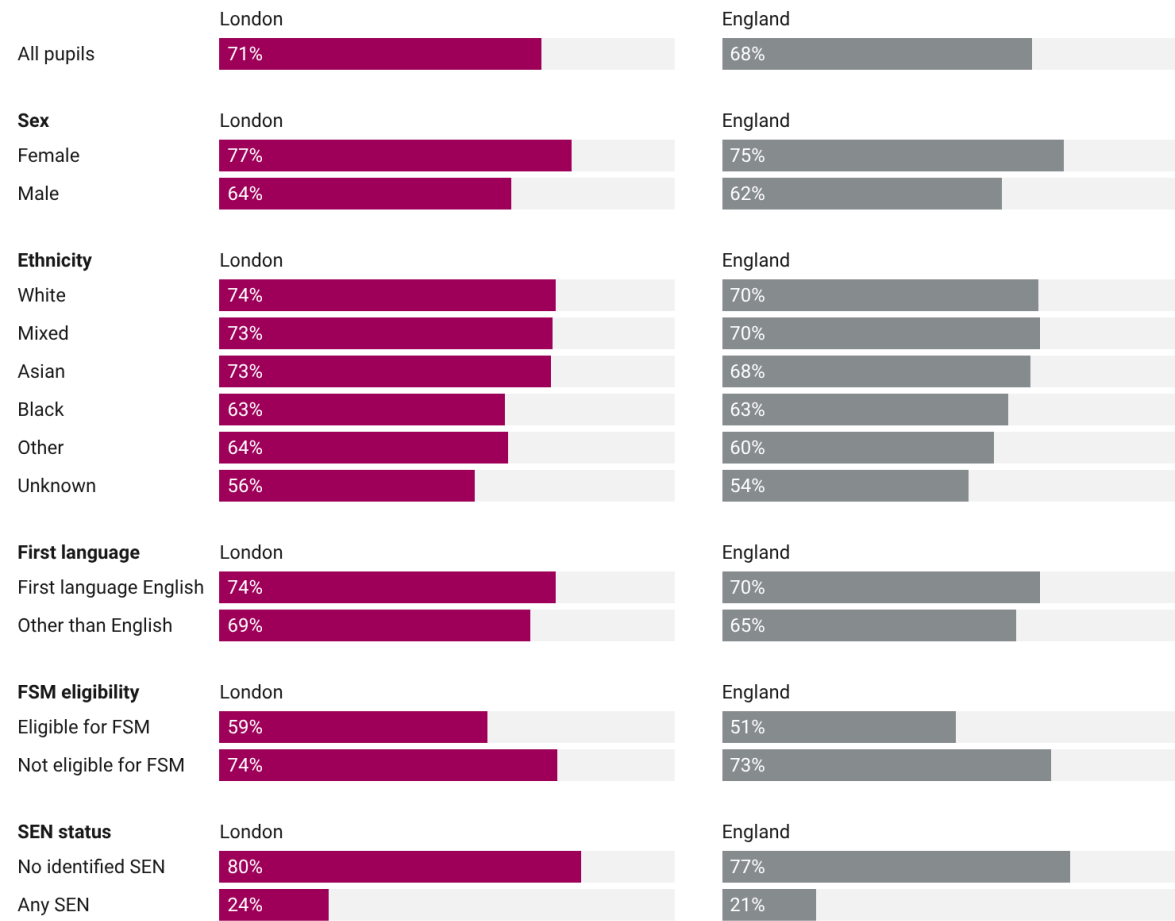
London children are more likely to achieve a Good Level of Development (GLD) than nationally, but inequalities persist

- 71% of five-year-olds in London achieved a GLD* in 2024/25, above the England average of 68%.
- When broken down by various characteristics – including ethnicity, first language, free school meal (FSM) eligibility and special educational needs (SEN) status, London pupils generally perform as well or better than comparable groups in nationally.
- However, large inequalities remain in London: 59% of children eligible for FSM achieved a GLD by age five, compared with 75% of non-FSM eligible pupils, while Black children (63%) were less likely to achieve a GLD than White, Mixed and Asian children.

*Children are defined as having a GLD if they are at the expected level for the 12 early learning goals within five areas of learning relating to: communication and language; personal, social and emotional development; physical development; literacy; and mathematics.

School readiness by characteristics

Percentage of children with a GLD at age 5, London and England, 2024/25



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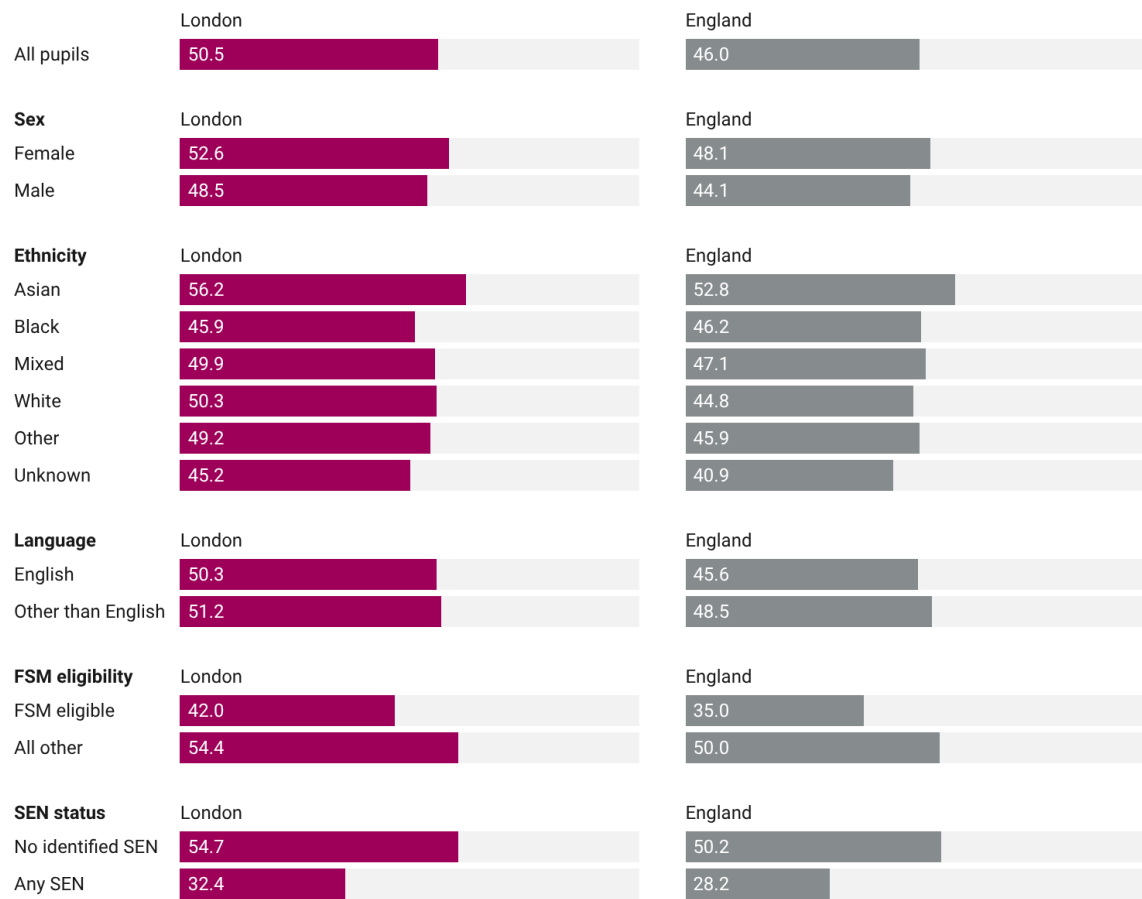
GCSE attainment is strong in London, though substantial gaps remain between different pupil groups

- Pupils in London achieved a higher Attainment 8* score (50.5) than England (46.0) in 2024/25.
- Results by London pupils was higher across almost all pupil groups, with the exception of Black pupils, whose average Attainment 8 score was slightly lower than the English average for that group (45.9 vs 46.2 nationally).
- Attainment inequalities persist across demographic groups, including by sex, ethnicity, first language, FSM eligibility and SEN status, although patterns are similar to those seen nationally. The exception is ethnicity: while Asian pupils achieve the highest Attainment 8 scores in both London and England, White pupils have the lowest average nationally, compared with Black pupils in London.

Attainment 8 score is a measure of a student's overall achievement at GCSE, summing grades in eight key subjects with Maths and English double-weighted, with a maximum score of 90. The highest grade that can be achieved is 9 (equivalent to an A under the old grading system) and a 4 is a standard pass (equivalent to a grade C under the old system).

GCSE results by characteristics

Average Attainment 8 score (out of 90), London and England, 2024/25



Created with Datawrapper

London has the lowest rate of 16-17-year-olds who are NEET. However, regional estimates of 16-24 year olds who are NEET are uncertain

16-17-year old not in education, employment or training (NEET)¹

- 3.2% of London's 16-17-year-olds were NEET or activity status not known in 2025/26, the lowest rate among English regions and below the national average (5.8%).
- Those with SEND were around twice as likely to be NEET or activity unknown as those without SEND, both in London and nationally.
- London had the lowest regional rate for all ethnic groups except Black young people, with rates ranging from 0.7% among Chinese young people to 4.0% among White young people.

16-24-year old NEET ²

- 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%).

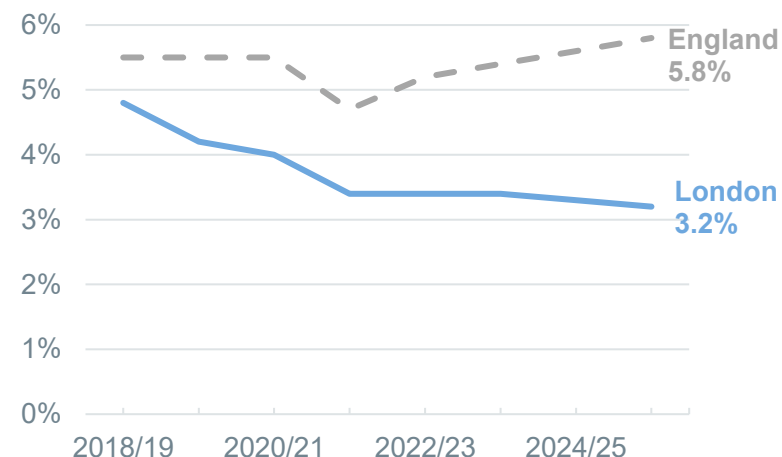
NEET and health

- Nationally, 16-24-year-olds with a mental health condition are around three times more likely to be NEET than those without (2025).³ Those who are NEET are around twice as likely to a health condition (2024).⁴
- Young people who are NEET and have a mental health condition cost the government over an estimated £850 million annually.⁵
- These findings describe associations rather than causation and the relationships may operate in both directions.

NEET data

16-17 NEET is based on local authority administrative data (NCCIS); 18+ NEET estimates are based on Labour Force Survey estimates and is less reliable, particularly at local levels, and should be interpreted with caution.⁶ Data on 16-17-year-old NEETs should not be applied to the wider 16-24 population, whose NEET status is more strongly influenced by labour market conditions and transitions into employment and higher education.

Percentage of 16-17-years-olds NEET / activity status not known, 2018/19 to 2025/26

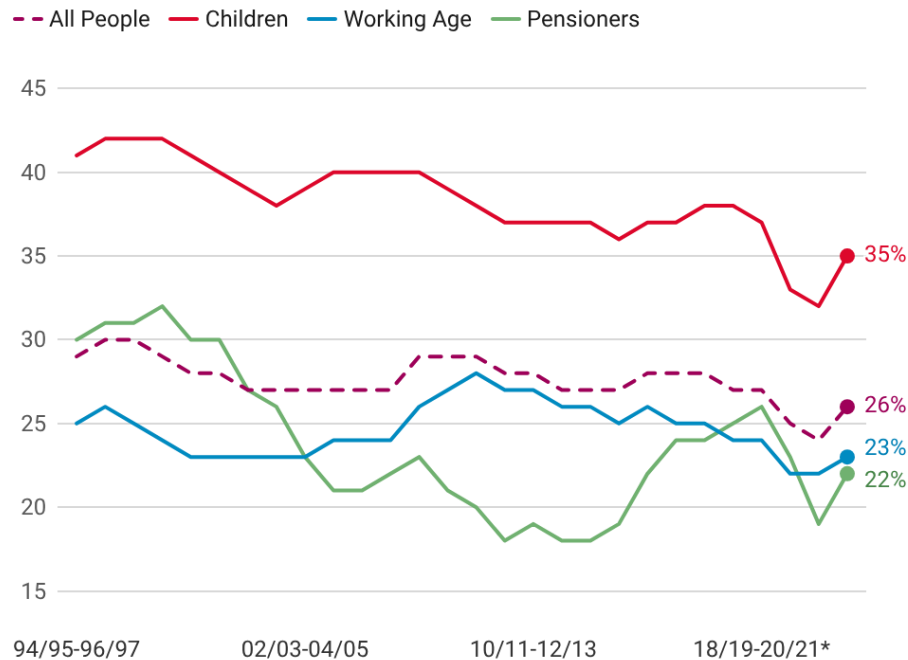


(1) Participation in education, training and NEET age 16 to 17 by local authority. Academic year 2025/26. DfE. (2) DfE (based on the Labour Force Survey), ONS. (3) Young people with mental health conditions are now more likely to be NEET. May 2026. The Health Foundation. (4) Young People and Work Report: Call for Evidence. December 2025. DWP. (5) Young people and work: interim report. July 2026. DWP. (6) See annex 1 of False Starts, Resolution Foundation 2025.

Poverty in London has risen for children, working-age adults and pensioners, reversing recent improvements

Relative poverty AHC by age in London

% of people in London households with income below 60% contemporary median AHC



Created with Datawrapper

Poverty after housing costs (AHC)

- 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 AHC by age

- Poverty increased for children, working age people and pensioners in the latest year (2020/21-22/23 vs 2021/22-23/24).
- Child poverty rose from 32% to 35%, the largest recorded annual increase, affecting around 65,000 additional children
- Pensioner poverty increased from 19% to 22%, affecting around 35,000 additional pensioners, reversing a recent downward trend.
- Working-age poverty rose slightly from 22% to 23%, affecting around 60,000 additional people, and marking a second consecutive annual increase after nearly 15 years of decline.

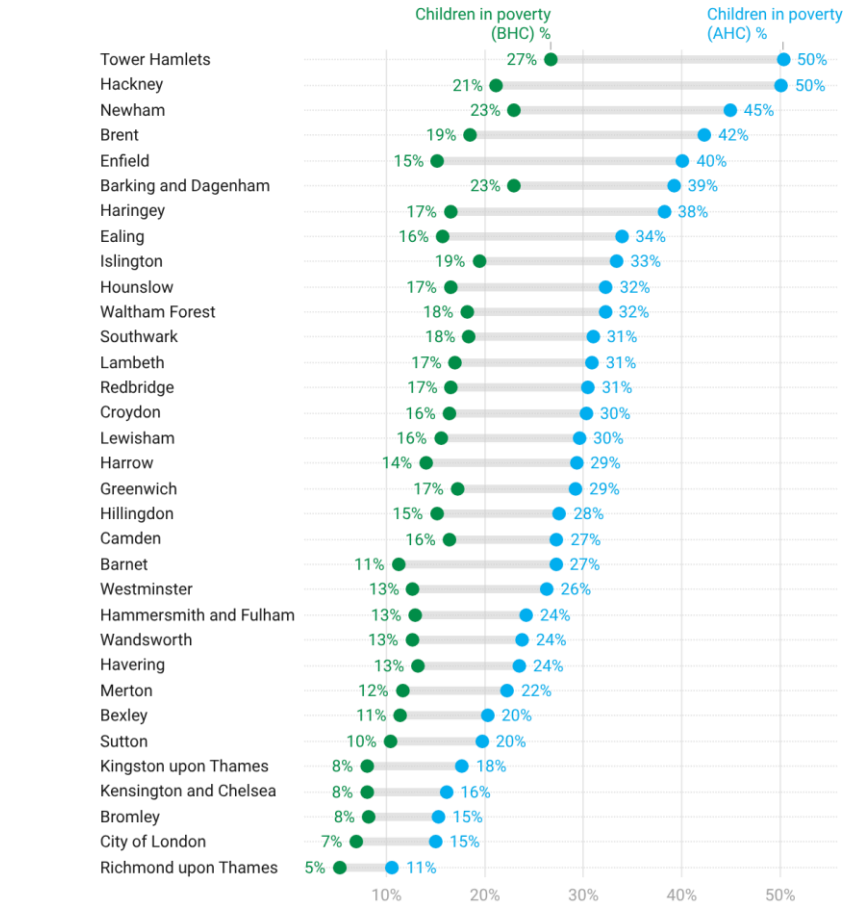
Poverty before housing costs (BHC) vs AHC

- 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.

Child poverty varies five-fold across London boroughs, with housing costs having a large impact

Children in poverty BHC and AHC

Proportion of children in poverty by London borough, 2024/25



Created with Datawrapper

- Child poverty is widespread across London, with rates exceeding 20% in all but six boroughs after housing costs.
- Across the capital there are huge disparities in child poverty rates. In 2024/25, in Tower Hamlets and Hackney half of children (50%) are in poverty AHC, compared 11% in Bromley, an almost five-fold difference.
- Housing costs have a large impact on poverty in London. Hackney has the largest gap at 29 percentage points (21% BHC vs 50% AHC), with an average gap of 14 percentage points across for the London boroughs.
- The child poverty rate at least doubles when housing costs are accounted for in 12 of the 33 boroughs.

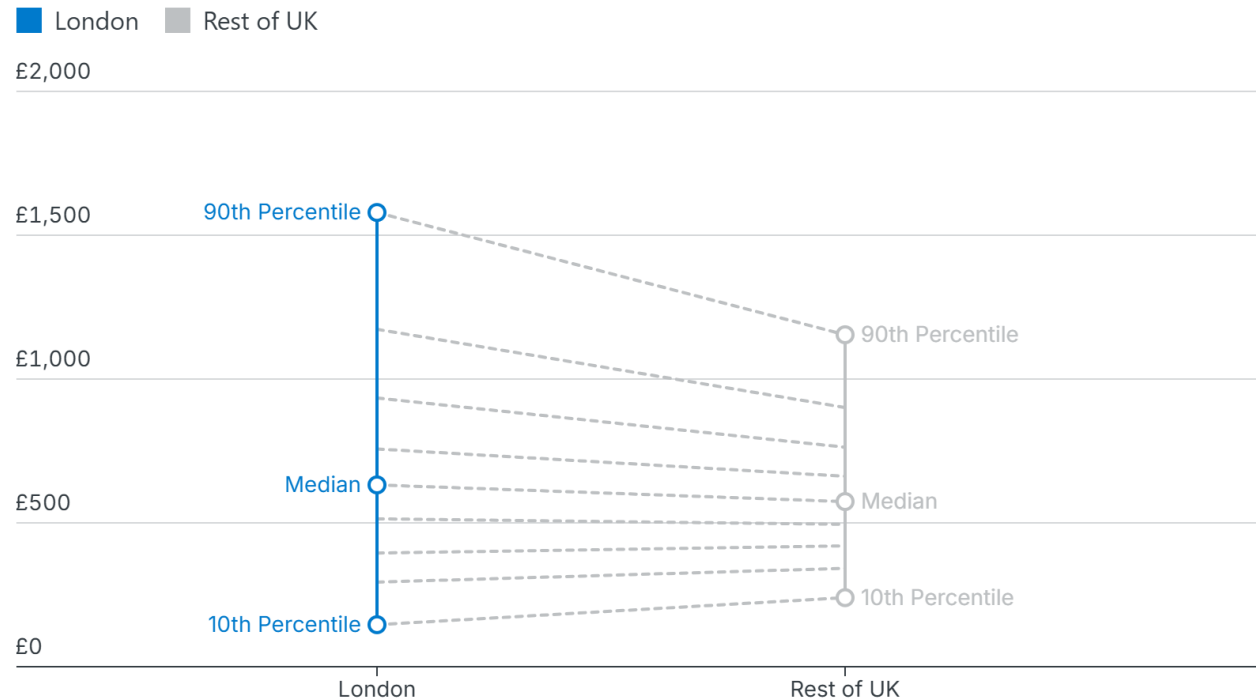
(1) [Children in poverty by London borough, before and after housing costs](#), Trust for London.

(2) [HBAI, DWP. Population in Poverty](#). GLA.

Income inequality remains high in London, driven by both lower incomes at the bottom and higher incomes at the top

Household income inequality

90:10 ratio of weekly equivalised household income after housing costs, London and the UK (2021/22 to 2023/24 average)



- 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.
- Income inequality in London is driven by both lower incomes at the bottom and higher incomes at the top.
 - Incomes for the lowest 10% of earners in London are 39% lower than the lowest 10% of earners in the rest of the UK, while incomes for the highest tenth are 36% higher.
 - This translates to a 90:10 ratio (a measure of inequality that looks at the ratio of income between highest and lowest tenth of earners) of 11 for London. 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).
- Median households equivalised income after housing costs is around £632 per week, 10% higher than rest of the UK where it is (£574).

Not all Londoners benefit equally from the London's labour market

Unemployment

- For January to March 2026 the unemployment rate for London was estimated at 7.3%. This is higher than the rate for the UK as a whole (5.0%).¹

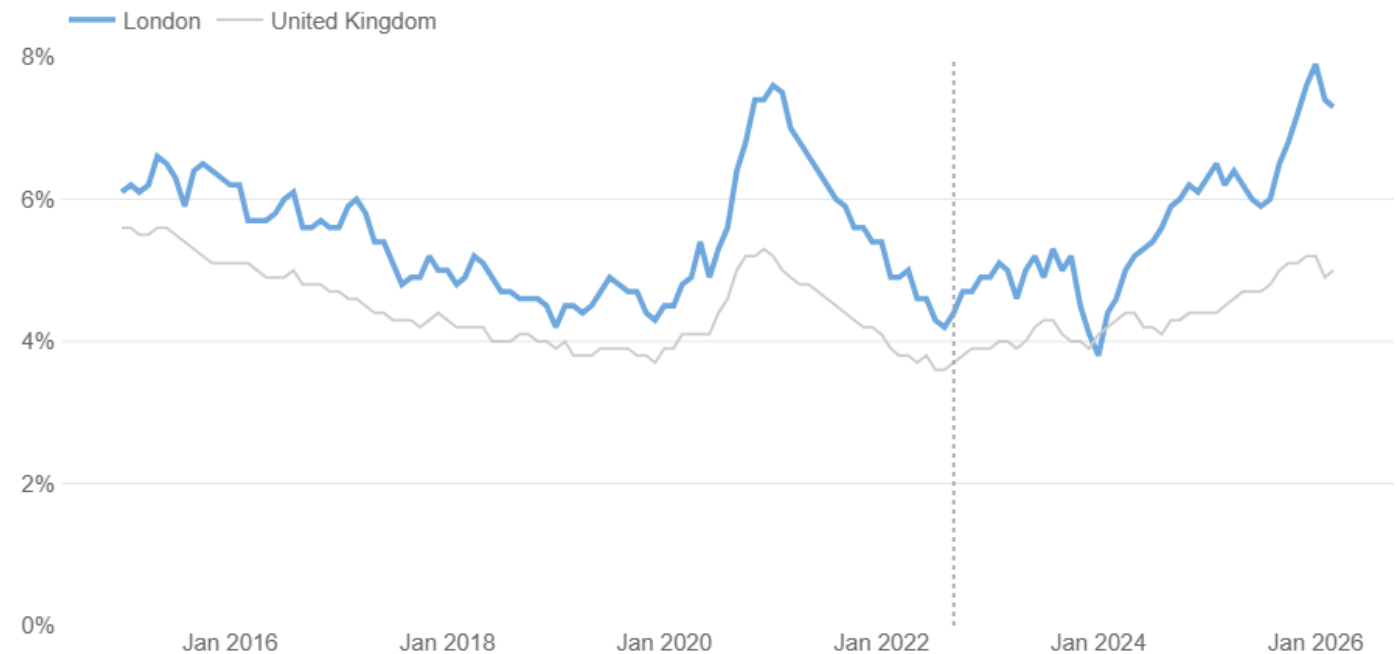
Low paid work

- 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%). People working and with lower qualification levels are more likely to be in low paid jobs.²

Health condition employment gap

- 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

Unemployment rate (% of economically inactive)¹
Latest data for three-month period ending March 2026



Note: The margin of error is $\pm 1.0\%$ for London and $\pm 0.3\%$ for the UK. The LFS has been reweighted from July to September 2022 onwards. September 2022 indicated by dotted line.

(1) ONS Labour Force Survey, [London Labour Market Update May 2026](#), GLA.

(2) [Low-paid Londoners](#), [London's Poverty Profile](#) (last updated January 2026). Trust for London.

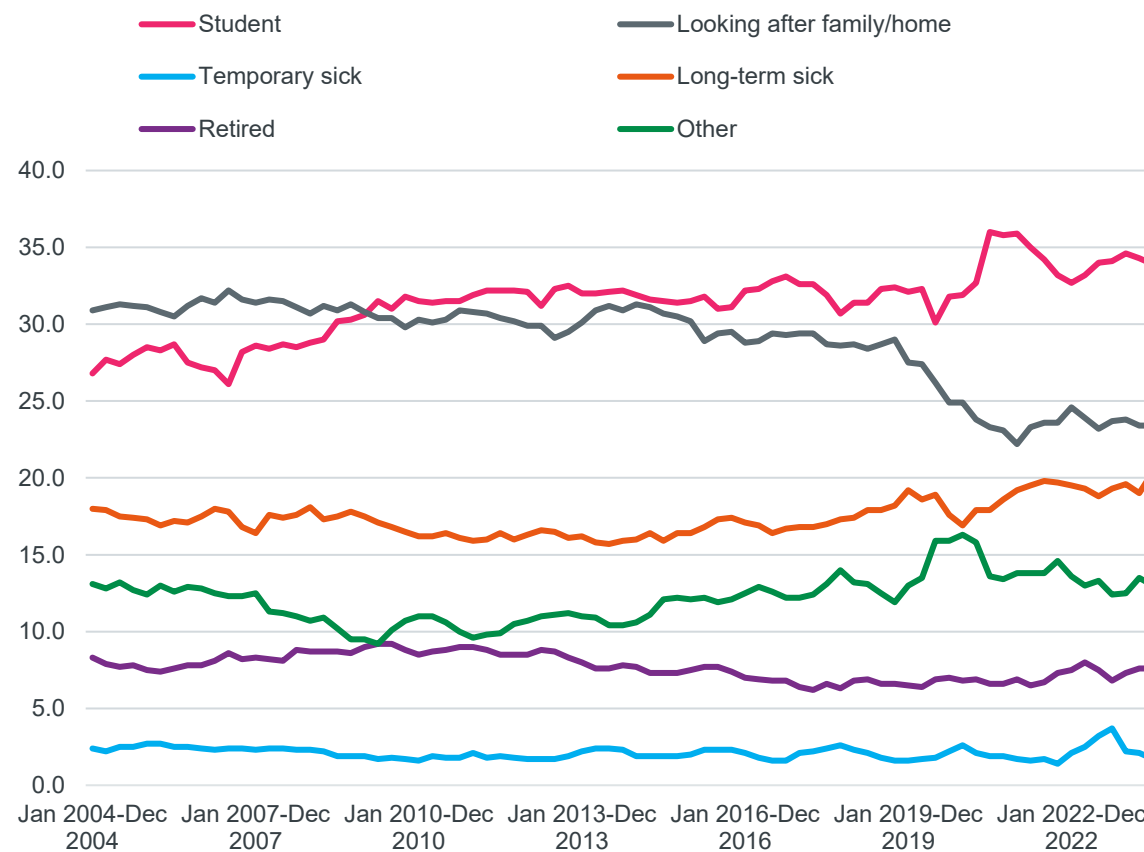
(3) [Fingertips](#). OHID. See Fingertips reference slides (104-108) for full indicator details.

Health-related barriers continue to limit employment opportunities for some Londoners

- 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. London lost 2.4m hours of work through sickness in 2023, the lowest rate in the UK but the second highest number in absolute value.
- The employment participation of people with a WLHC has been rising over time. More people with a WLHC are employed than not, but a big gap remains compared to people without WLHC. The rise in prevalence of WLHCs has been driven by young adults in London.
- Inactivity due long-term illness particularly affects older (50-64) and younger (16-24) working-age Londoners. Older groups are more likely to be affected by most types of conditions, rebound in musculoskeletal issues since the pandemic.

Economic inactivity by reasons

% of inactive 16-64 Londoners

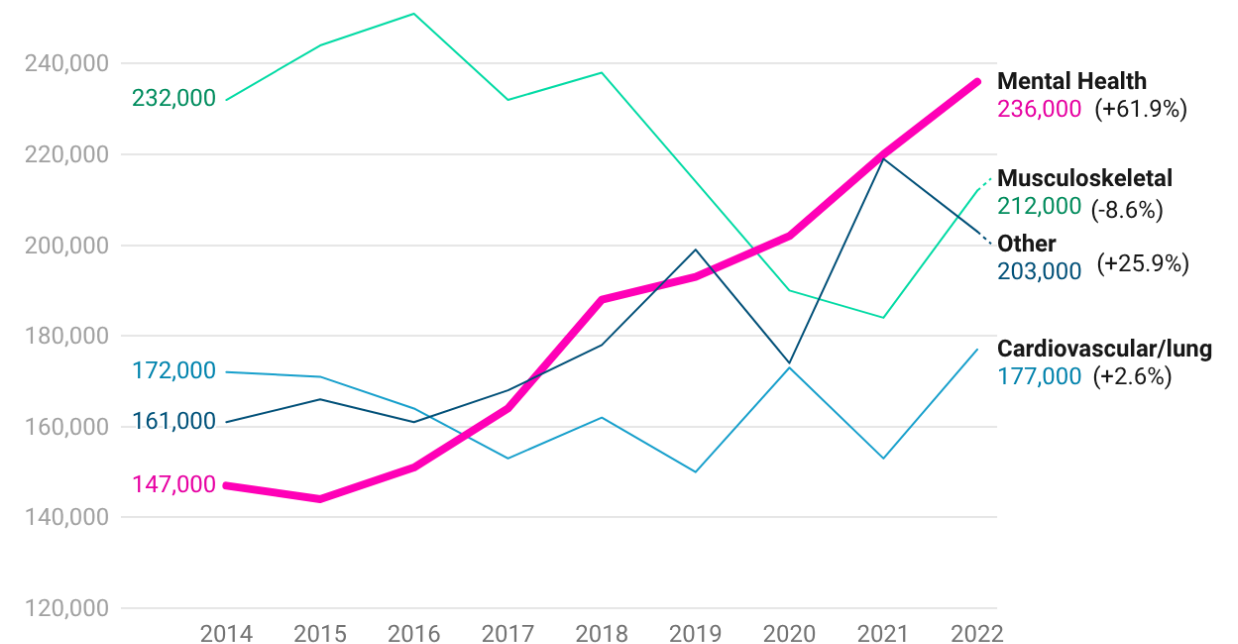


Among working-age Londoners, mental health is now the most common work-limiting health condition

- In London since 2019, the prevalence of WLHC has risen amongst younger people.
- Mental health issues are now the most prevalent in London's working-age population (61.9% increase between 2014-22).
- Mental health conditions are unique in being the most prevalent amongst the youngest age group (16-34). Mental health conditions are more strongly linked with economic inactivity than other conditions. In contrast, older adults (aged 50–64) are more affected by physical conditions, including a post pandemic increase in musculoskeletal disorders. In London, people with no educational qualification are nearly four times more likely to have a WLHC than people with a degree (10% vs 38% in 2023).
- There is also evidence of inequality on other characteristics (ethnicity, occupation, industry) in London and the rest of the UK. However, for most categories, the share of WLHCs in London is lower than for the same group outside of London.

Types of health conditions

Number of 16-64 Londoners with given type of WLHC

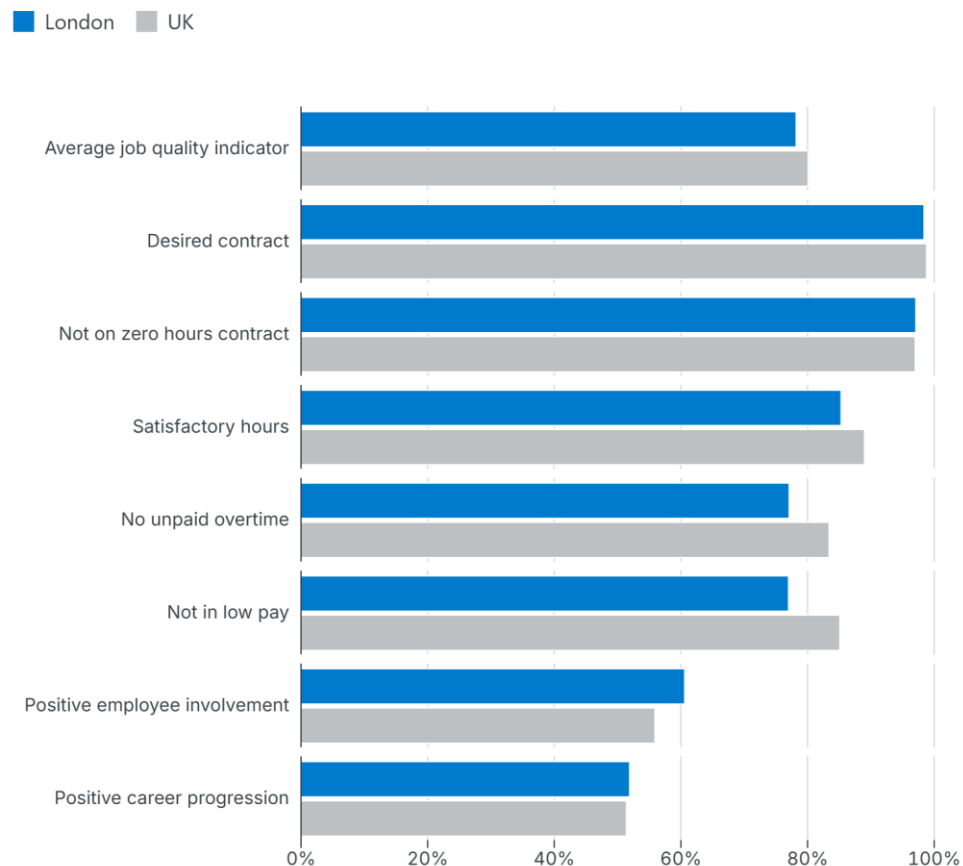


Created with Datawrapper

Figure in brackets is the % change between 2014 and 2022.

Job quality has improved in London, although the average job quality remains below the UK average

Average job quality indicator and components, percent share of employees, 2024



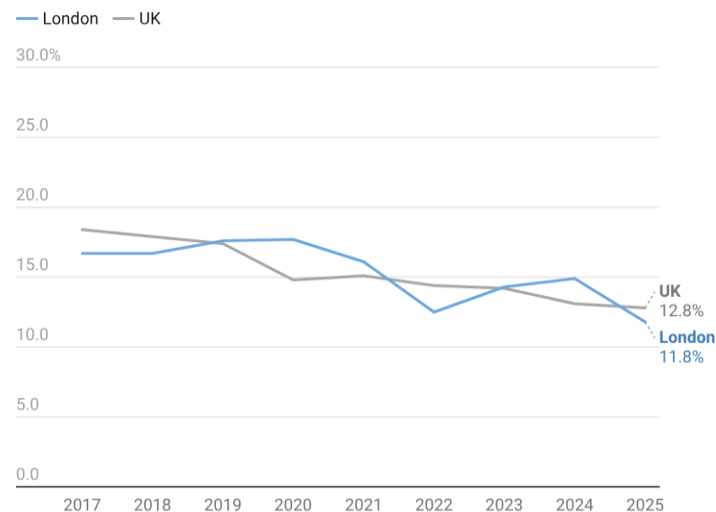
- Average job quality score (captures positive employee experiences across 7 domains) was 78.2% in London in 2024, highest since 2020, showing a slight increase from 77.6% in 2023.
- The average job quality score in London remains below the UK average:
 - The main driver of this gap comes from the share of employees in (regional) low pay. In London 77.0% of employees earn more than 60% of regional median, compared to 85.1% in the UK.
 - This gap has narrowed from 2022 to 2024 (10pp to 8.1pp) in London.
 - This reflects greater income inequality in London despite higher income.
- Londoners were also more likely to work unpaid overpaid than the UK, and less likely to report satisfactory hours. However, Londoners reported better scores for positive employee involvement and career progression.

Pay gaps remain significant across gender, ethnicity and disability in London

Pay gap as percentage difference between median hourly earnings by gender, ethnicity and disability

Gender

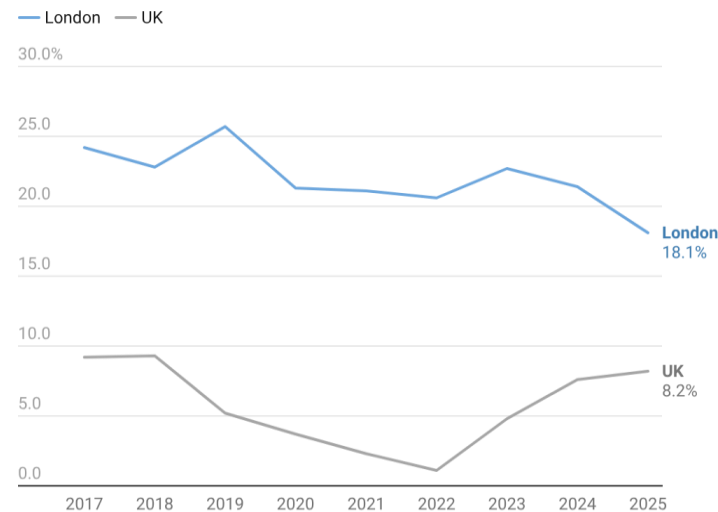
% difference between men and women, expressed as a % of men's earnings



London's female employees are paid 12% less than males, close to the UK average gap of 13%. Since 1997, it has fallen by 10 percentage points in London and 14 points in the UK.

Ethnicity

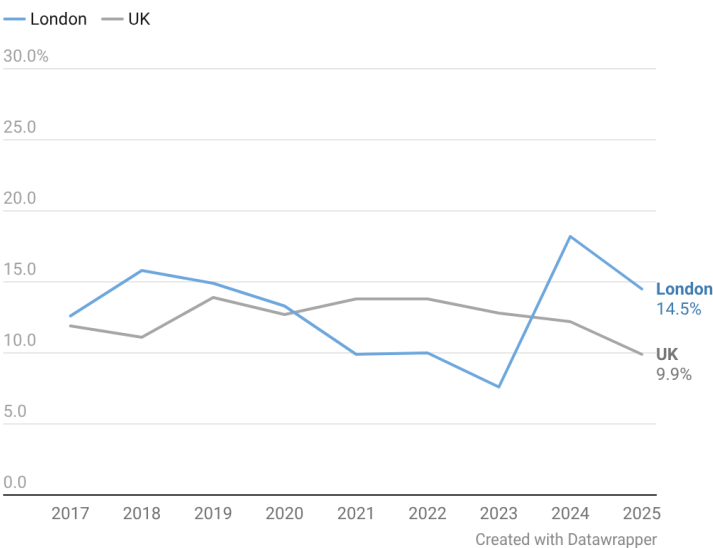
% difference between earnings of Black, Asian and minority ethnic groups and all White groups, expressed as a % of all White groups' earnings



The ethnicity pay gap in London is 18%, compared with around 8% across the UK. Since 2017, the gap has fallen by 6 percentage points in London.

Disability

% difference between disabled and non-disabled workers, expressed as a % of disabled workers' earnings



In 2025, London's disability pay gap is estimated at 14%, compared with 10% across the UK. Having been lower than the UK gap between 2021 and 2023, it has been higher in the last two years.

While overall levels of violent crime with injury have fallen, some violent offence types continue to rise

Violent crimes

- Overall violent with injury offences have declined in recent years, falling 18.4% in 2024/25 and a further 0.9% in 2025/26.¹
- Levels of different violence crimes have diverged from 2024/25 to 2025/26: ¹
 - Homicides fell by 6.5% and knife crime dropped by 21.2%.
 - Stalking and harassment rose by 14.3%, sexual offences rose by 5.3% and domestic-related violence with injury rose very slightly by 0.4%.
- 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.²

Hospitalisation due to violence

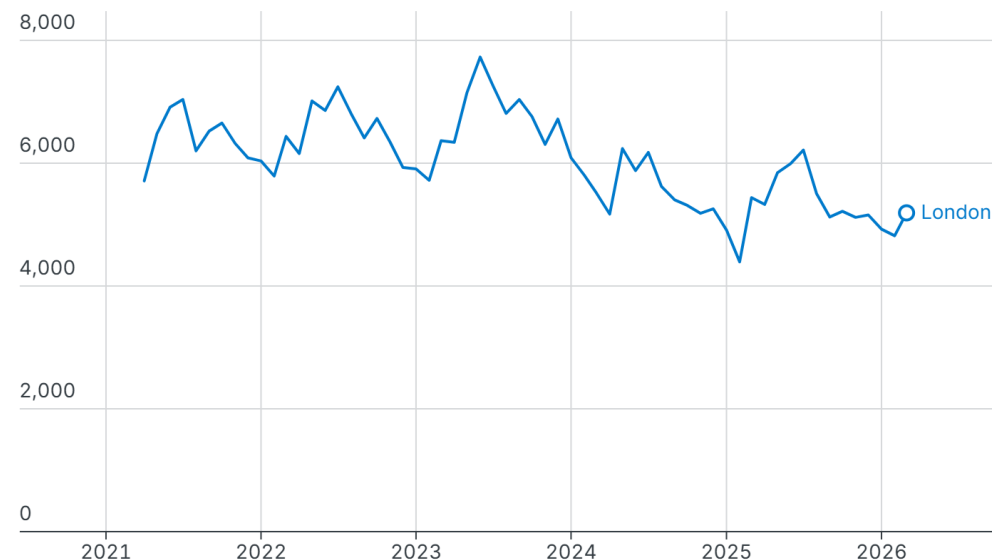
- In 2022/23-24/25, the rate of hospital admissions for violence was 32.7 per 100,000 in London, slightly higher than in England (31.9), and has significantly declined over the last decade.³

First time entrants to criminal justice system

- 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 with Injury ¹

Number of offences recorded monthly by the MPS



(1) [State of London – Crime](#)

(2) [London's homicide rate per capita is the lowest since records began having recorded its lowest homicide figures in eleven years | London City Hall](#)

(3) [Fingertips](#). OHID. See Fingertips reference slides (104-108) for full indicator details.

While violent crime has fallen overall, some forms of harm continue to rise for women, girls and other vulnerable groups

Violence Against Women and Girls (VAWG)

- VAWG cases reported to the MPS have increased, with around 132,600 crimes recorded in 2025, up from 127,500 in 2024.¹

Domestic abuse

- 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

Hate crime

- A **hate crime** is defined as ‘any incident perceived by the victim or any other person to be racist, homophobic, transphobic, or due to a person’s religion, belief, gender identity or disability’.
- 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

Recorded hate crime

Monthly hate crime offences in London as recorded by the MPS



(1) [MPS VAWG Dashboard](#)

(2) [MPS Crime Dashboard](#)

(3) [State of London – Crime](#). June 2026. GLA.

Perceptions of safety differ significantly across London, with particular concerns among women

Worry about crime

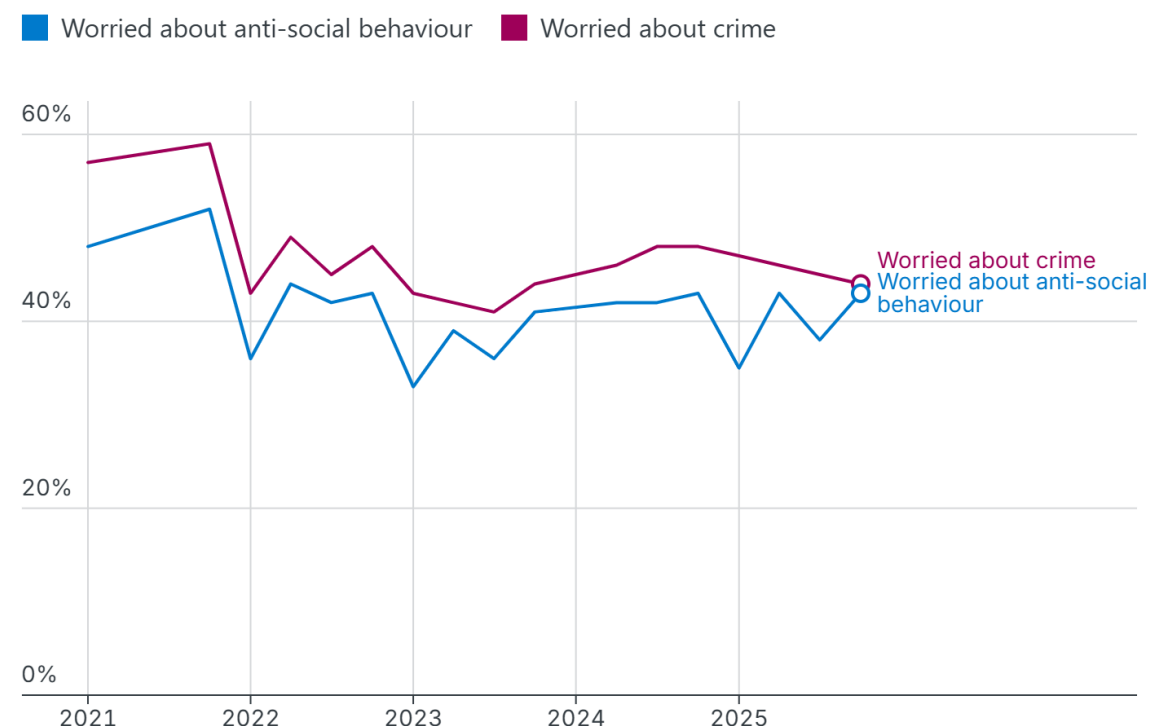
- In October 2025, 44% of Londoners said they were worried about crime and 43% were worried about antisocial behaviour.
- Although longer-term trends show a significant increase in the proportion of Londoners worried about local crime and anti-social behaviour, however, there have been notable reduction from the peaks recorded during the pandemic.*

Perceptions of safety

- 68% of Londoners felt safe walking alone after dark; this drops to 58% among women.
- Feeling of safety vary widely by borough. While 82% of Merton residents feel safe, that figure reduces to 55% in Hillingdon and Hounslow.
- A similar gap exists for female respondents, with safety perceptions reducing to 42% in Hillingdon and Hounslow compared to 72% in Richmond upon Thames.

Worried about crime

Percentage of Londoners worried about crime and anti-social behaviour in their local areas



*Methodological changes in the survey commissioning during the COVID-19 pandemic may have impacted the comparability of the trends shown.

Community cohesion and support underpin social capital in London, although some groups remain at risk of exclusion

Community cohesion and support ¹

- 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.
- Looking further back to 2008, neighbourhood cohesion was much lower, with agreement to the statement from around three quarters (73%) of Londoners.
- In 2024/25, the majority of Londoners (93%) agreed that there were people who would be there for them if they needed help. This is very similar to the proportion across England (94%).

Exclusion and isolation

- The Survey of Londoners 2021/22 found that 4.5% of Londoners were considered digitally excluded. Londoners aged 65+ (19.9%) and those with a disability (10.5%) were more likely to be digitally excluded.²
- 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

Participation and influence ¹

- 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.
- The perception of being able to influence decisions has been persistently higher in London than England since the series began in 2013/14. Over that time frame there has been a slight downward trend in the percentage for both London and England.³
- Voter registration is a key pillar of social integration. The voter registration rate in London has remained high since 2011, though it has been declining since 2020. In 2011, 91% of eligible adults were registered for local elections but by 2023, it had fallen to 85%.

Explore digital exclusion at a local level

NHSE's [Digital Exclusion Risk Atlas \(DERA\)](#) is an online tool to help to help health and care system teams understand and identify patterns of digital exclusion across England. It brings together data including access to devices, connectivity and digital skills or confidence into a single overall risk score.

(1) [State of London - Social justice](#). June 2026. GLA.

(2) [Survey of Londoners 2021/22](#). GLA.

(3) [The Community Life Survey 2023/24](#), commissioned by the DCMS.

Racism continues to shape health inequalities, influencing outcomes across health

- This health profile highlights persistent ethnic inequalities across the life course: including infant mortality, risk of cardiovascular disease, HIV, mental health service use, and wider determinants of health such as access to outdoor space and exposure to poor air quality.
- These findings align with [the UCL Institute of Health Equity's 2024 review](#), which concludes that racism continues to damage health and wellbeing and drive health inequalities in London.
- When considering health inequalities, it is important to take into account the cumulative impacts of racism throughout life: from inequalities in maternal and child health, in access to nurseries and family services in the early years, to experiences of racism in schools and the criminal justice system, employment and pay, progression and seniority and much higher rates of poverty, poor quality housing and environments.
- At every stage of life racism can impact the building blocks of health, harming health.

Inequalities: a thread running through the profile

Health inequalities are a cross-cutting theme throughout the profile

- Health outcomes, risks, access to services and the building blocks of health are not experienced equally across London. Inequalities emerge consistently throughout the profile, often reflecting differences by deprivation, ethnicity, disability, geography and inclusion health status. Examples include:
 - Life expectancy and healthy life expectancy show substantial gaps between the most and least deprived communities, and between boroughs.
 - Mental health outcomes and service experiences vary markedly by deprivation and ethnicity, including higher rates of Mental Health Act detention among Black Londoners and people living in deprived areas.
 - Cardiovascular disease, obesity and other risk factors are more common in deprived communities and contribute to health inequalities.
 - Child health inequalities are evident in obesity, early years outcomes, infant mortality and access to preventive services.
 - Wider determinants of health, including poverty, housing, employment, transport, air pollution, safety and access to green space, are unevenly distributed across London.
- This is not an exhaustive list. The examples above illustrate how inequalities are woven throughout the profile, rather than being confined to any single chapter or topic.

FINGERTIPS INDICATOR REFERENCES

Fingertips indicator references (1 of 4)

The following slides show the full list of Fingertips indicators (indicator ID and description) by chapter in this report.

1. Demographic overview

90898: Pupils with special educational needs (SEN) (Persons, School age)

2. Health status

90366: Life expectancy at birth (Female, All ages, 3 year range)

90366: Life expectancy at birth (Female, All ages, 1 year range)

90366: Life expectancy at birth (Male, All ages, 3 year range)

90366: Life expectancy at birth (Male, All ages, 1 year range)

92901: Inequality in life expectancy at birth (Female, All ages)

92901: Inequality in life expectancy at birth (Male, All ages)

90362: Healthy life expectancy at birth (Female, All ages)

90362: Healthy life expectancy at birth (Male, All ages)

3. Causes of early morbidity

91871: School pupils with social, emotional and mental health needs (Persons, School age)

92315: Percentage of looked after children whose emotional wellbeing is a cause for concern (Persons, 5-16 yrs)

90812: Hospital admissions for mental health conditions (under 18 years) (Persons, <18 yrs)

93623: New referrals to secondary mental health services, per 100,000 (Persons, <18 yrs)

90813: Hospital admissions as a result of self-harm (10 to 24 years) (Persons, 10-24 yrs)

3. Causes of early morbidity (cont.)

93622: Attended contacts with community and outpatient mental health services, per 100,000 (Persons, <18 yrs)

22304: Self reported wellbeing: people with a high anxiety score (Persons, 16+ yrs)

22303: Self reported wellbeing: people with a low happiness score (Persons, 16+ yrs)

848: Depression: QOF prevalence

93581: Premature mortality in adults with severe mental illness (SMI) (Persons, 18-74 yrs)

41001: Suicide rate (Persons, 10+ yrs)

40401: Under 75 mortality rate from cardiovascular disease (Persons, <75 yrs)

94111: Estimated prevalence of undiagnosed adult hypertension (Persons, 16+)

20101: Low birth weight of term babies (Persons, >=37 weeks gestational age at birth)

93085: Smoking status at time of delivery (Female, All ages)

92973: Deliveries to women from ethnic minority groups (Female, All ages)

93470: Proportion of infants receiving a 6 to 8 week review (Persons, 6-8 weeks)

93472: Proportion of children who received a 2 to 2 and a half year review (Persons, 2-2.5 yrs)

Fingertips indicator references (2 of 4)

3. Causes of early morbidity (cont.)

[93563: Percentage of 5 year olds with experience of visually obvious dental decay \(Persons, 5 yrs\)](#)
[90810: Hospital admissions for asthma \(under 19 years\) \(Persons, 0-18 yrs\)](#)
[92254: Total prescribed LARC excluding injections rate / 1,000 \(Female, All ages\)](#)
[90741: Under 25s repeat abortions \(%\) \(Female, 15-24 yrs\)](#)
[91306: New STI diagnoses \(excluding chlamydia aged 24 years and under\) per 100,000 \(Persons, All ages\)](#)
[90742: Syphilis diagnostic rate per 100,000 \(Persons, All ages\)](#)
[90759: Gonorrhoea diagnostic rate per 100,000 \(Persons, All ages\)](#)
[93474: Percentage of deaths that occur in hospital \(Persons, All ages\)](#)
[93476: Percentage of deaths that occur at home \(Persons, All ages\)](#)
[93478: Percentage of deaths that occur in hospice \(Persons, All ages\)](#)
[90280: Social Isolation: percentage of adult social care users who have as much social contact as they would like \(Persons, 65+ yrs\)](#)
[22401: Emergency hospital admissions due to falls in people aged 65 and over \(Persons, 65+ yrs\)](#)
[94106: HIV testing rate per 100,000 population \(Persons, All ages\)](#)
[90791: HIV late diagnosis \(Persons, 15+ yrs\)](#)

4. Causes of early mortality

[92196: Infant mortality rate \(Persons, <1 yr\)](#)

5. Risk factors of morbidity and mortality

[92443: Smoking Prevalence in adults \(aged 18 and over\) - current smokers \(APS\) \(Persons, 18+ yrs\)](#)
[92445: Smoking prevalence in adults in routine and manual occupations \(aged 18 to 64\) - current smokers \(APS\) \(Persons, 18-64 yrs\)](#)
[94247: Smoking prevalence in adults with a long-term mental health condition \(aged 18 and over\) - current smokers \(GPPS\) \(Persons, 18+ yrs\)](#)
[93672: Smoking prevalence in adults \(aged 18 and over\) admitted to treatment for substance misuse \(NDTMS\) - all opiates \(Persons, 18+ yrs\)](#)
[93675: Smoking prevalence in adults \(aged 18 and over\) admitted to treatment for substance misuse \(NDTMS\) - alcohol & non-opiates \(Persons, 18+ yrs\)](#)
[91183: Smoking prevalence age 15 years, regular smokers \(Persons, 15 yrs\)](#)
[91184: Smoking prevalence age 15 years, occasional smokers \(Persons, 15 yrs\)](#)
[94189: Regular e-cigarette users, 15 year olds \(Persons, 15 yrs\)](#)
[94190: Have ever used e-cigarettes, 15 year olds \(Persons, 15 yrs\)](#)
[93085: Smoking status at time of delivery \(Female, All ages\)](#)
[93765: Admission episodes for alcohol-related conditions \(Broad\) \(Persons, All ages\)](#)
[93880: Potential years of life lost \(PYLL\) due to alcohol-related conditions \(Male, All ages\)](#)
[93880: Potential years of life lost \(PYLL\) due to alcohol-related conditions \(Female, All ages\)](#)

Fingertips indicator references (3 of 4)

5. Risk factors of morbidity and mortality (cont.)

[93982: Percentage of adults meeting the '5-a-day' fruit and vegetable consumption recommendations \(new method\) \(Persons, 16+ yrs\)](#)
[93088: Overweight \(including obesity\) prevalence in adults, \(using adjusted self-reported height and weight\) \(Persons, 18+ yrs\)](#)
[20601: Reception prevalence of overweight \(including obesity\) \(Persons, 4-5 yrs\)](#)
[20602: Year 6 prevalence of overweight \(including obesity\) \(Persons, 10-11 yrs\)](#)
[94207: Percentage of reception children remaining overweight \(including obesity\) in year 6 \(Persons, 10-11 yrs\)](#)
[94209: Percentage of children moving from healthy weight in reception to overweight \(including obesity\) in year 6 \(Persons, 10-11 yrs\)](#)
[93014: Percentage of physically active adults \(Persons, 19+ yrs\)](#)
[93015: Percentage of physically inactive adults \(Persons, 19+ yrs\)](#)
[93570: Percentage of physically active children and young people \(Persons, 5-16 yrs\)](#)
[93797: Non-Diabetic Hyperglycaemia \(NDH\): QOF prevalence \(Persons, 18+ yrs\)](#)
[93765: Admission episodes for alcohol-related conditions \(Broad\) \(Persons, All ages\)](#)
[93880: Potential years of life lost \(PYLL\) due to alcohol-related conditions \(Male, All ages\)](#)
[93880: Potential years of life lost \(PYLL\) due to alcohol-related conditions \(Female, All ages\)](#)

6. Coverage of key prevention interventions

[811: Children in care immunisations \(Persons, <18 yrs\)](#)
[93691: Population vaccination coverage: Flu \(primary school aged children\) \(Persons, 4-11 yrs\)](#)
[30314: Population vaccination coverage: Flu \(aged 65 and over\) \(Persons, 65+ yrs\)](#)
[30315: Population vaccination coverage: Flu \(at risk individuals\) \(Persons, 6 months-64 yrs\)](#)
[91101: Cumulative percentage of the eligible population aged 40 to 74 who received an NHS Health check \(Persons, 40-74 yrs\)](#)
[22001: Cancer screening coverage: breast cancer \(Female, 53-70 yrs\)](#)
[93560: Cancer screening coverage: cervical cancer \(aged 25 to 49 years old\) \(Female, 25-49 yrs\)](#)
[93561: Cancer screening coverage: cervical cancer \(aged 50 to 64 years old\) \(Female, 50-64 yrs\)](#)
[91720: Cancer screening coverage: bowel cancer \(Persons, 60-74 yrs\)](#)
[92544: Adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison \(Persons, 18+ yrs\)](#)
[90244: Successful completion of drug treatment: opiate users \(Persons, 18+ yrs\)](#)
[90245: Successful completion of drug treatment: non opiate users \(Persons, 18+ yrs\)](#)

Fingertips indicator references (4 of 4)

8. Building blocks of health

- [94124: Fast food outlets per 100,000 population \(Persons, All ages\)](#)
- [94065: Gambling premises per 100,000 population](#)
- [93861: Air pollution: estimated fraction of mortality attributable to particulate air pollution \(Persons, 30+ yrs\)](#)
- [90282: Gap in the employment rate between those with a physical or mental long term health condition \(aged 16 to 64\) and the overall employment rate \(Persons, 16-64 yrs\)](#)
- [11201: Violent crime - hospital admissions for violence \(including sexual violence\) \(Persons, All ages\)](#)
- [10401: First time entrants to the youth justice system \(Persons, 10-17 yrs\)](#)