

Annual Population Health Report 2023



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Summary of key recommendations

Our Strategy commits us to taking action to improving population health along with improving quality of care, staff experience and value. We believe we have a responsibility to do our bit to make our corner of the world a fairer place to live and work, and to see the communities we serve thrive. Our work on population health, including being an Anchor organisation and a Marmot Trust, is our way of turning this aspiration into reality.

In the coming year, our population health work will prioritise three objectives:

1. Local employment

- a. We commit to ensuring that all East London Foundation Trust (ELFT) service users who wish to work are supported to find good employment
- b. Developing our employment offer, including recruiting more people with lived experience into our Individual Placement and Support (IPS) and employment teams
- c. Collaborating with partners to support local people into health and social care careers, including maximising the use of our apprenticeship schemes

2. Income maximisation

- a. Increasing the proportion of our contract suppliers which pay the real living wage
- b. Completing the evaluation of the Healthier Wealthier Families pilot and sharing the learning with partners
- c. Using this evaluation to help people who use our services to access financial and income maximisation advice

3. Promoting the physical health of people with severe mental illness

- a. Working with partners to reduce barriers to accessing preventative health services such as vaccination, screening and health checks
- b. Increasing the proportion of service users who quit smoking or switch to vapes with support from our specialist tobacco services

We will work with colleagues across health, local government, social care and the voluntary and community sector, under the umbrella of our two Integrated Care Partnerships, to promote the health and wellbeing of everyone in our local areas.





Summary of terms used in this report

Population Health

This means we tackle some of the most important drivers of poor health affecting our local populations. We want to identify and understand the inequities and inequalities that exist between people and communities and we work to reduce these.

Marmot Trust – Institute of Health Equity UCL

Professor Sir Michael Marmot has set out the evidence of what drives inequalities in health and where the focus should be to reduce these. This includes education, employment and prevention. We are the first NHS Trust to partner with Michael Marmot’s team at the Institute of Health Equity.

Anchor Organisation

This term describes large organisations that are anchored in the places and communities in which they are based and which have taken on a responsibility for promoting wellbeing and wealth in those communities. We do this by working on four key areas: increasing employment opportunities for local people, ensuring we use our contracting ability to make suppliers pay the real living wage, improving environmental sustainability and using our buildings and land to promote health.





Foreword

I am delighted to introduce East London Foundation Trust’s (ELFT) first annual population health report. We recognise that for our communities to be healthy and thriving, we need the right building blocks for health in place: stable jobs, fair pay, good quality housing and education as well as equitable access to health services. These social determinants of health often have a bigger influence on health than healthcare services, and are the cause of significant health inequalities.

In 2021 we published our five-year strategy, in which we committed to working on improving the health of everyone living in the places we serve. It is not enough for us to aim for excellent care for people who use our services. In the areas where we work we have a role to play as an employer, as a purchaser of services and as a key player in local partnerships. Our focus has broadened, and as a result our work has broadened too.

This report highlights why this work is so important in the areas that we serve, where people face significant challenges from poverty and where inequalities in people’s living conditions drive inequalities in their health. But this report also showcases just a small selection of the fantastic initiatives going on across ELFT to help us improve outcomes for

people in the areas in which we work. We are achieving this from the bottom up, through quality improvement projects across all parts of ELFT, and through our strategic work as a Marmot Trust and our Anchor plan.

I am excited to see the progress we have made, and the creative ways ELFT staff and service users have found to improve the health of our population. The recommendations and opportunities identified in the report will help guide our work in the coming year, with a particular focus on employment, income maximisation and the physical health of our service users.

I would like to thank our service user editorial group for their work on this report, especially in shaping our priorities for the next year.

Eileen Taylor

Chair East London NHS Foundation Trust



This report highlights why this work is so important in the areas that we serve, where people face significant challenges from poverty and where inequalities in people’s living conditions drive inequalities in their health.



We want to enable people to live long, full, active and healthy lives. We know this can only happen if we recognise the influence that poverty, work, the physical environment and our social worlds have on our health.

With NHS services facing more and more demand, work to promote good health and prevent people needing healthcare is more important than ever. Prevention is better than cure – no one wants to be unwell and there are often opportunities to avoid becoming ill.

We are pleased by ELFT’s commitment to improving population health through its own work and partnerships with others. This report makes the case for the value of this approach and shows the impact it has already had. The examples in this report demonstrate how powerful collaboration between service users and NHS services can be.

We have worked closely with the population health team to shape the content of this report, and we look forward to contributing to the next phase of this work. We are proud of what has already been achieved and it is imperative that service users continue to be at the heart of ELFT’s work to improve population health.

Service user editorial group



With NHS services facing unprecedented demand, work to promote good health and prevent people needing healthcare is more important than ever.





Introduction

This report sets out how ELFT is working to improve the health of our population as well as delivering outstanding clinical services to our communities. “Population health” involves taking a broader look at what underpins the health and wellbeing of staff, service users and our local communities.

We know that while access to good healthcare is important, our health is built on many factors. Having a safe place to live, enough money to be able to afford healthy food and pay bills, a good job and social networks are key elements of this. Addressing these wider determinants of health helps build healthy communities, and at ELFT we are committed to playing our part in creating these.



Put simply a job, a home and a friend are the things that matter most.

Public Health England, 2017

This is new ground for NHS organisations, and we are only beginning our journey. This report highlights examples of our work under our six objectives:

- 1 Prioritise children and young people’s emotional, physical, social and learning development
- 2 Support service users, carers and the communities we serve to develop skills, and to access meaningful activity and good quality employment
- 3 Support service users, carers and the communities we serve to achieve a healthy standard of living
- 4 Contribute to the creation of healthy and sustainable places, including taking action on climate change
- 5 Champion social justice, and fully commit to tackling racism and other forms of prejudice
- 6 Prioritise prevention and early detection of illness in disadvantaged groups

Partnership is key for this work to succeed. Collaborating with other NHS organisations, local authorities, voluntary and community groups, our staff, service users and local communities is vital. Our local Integrated Care Partnerships in [Bedfordshire, Luton & Milton Keynes](#) and [North East London](#) have prioritised tackling inequalities and this plan shows how our work contributes to their objectives.

It’s important that we evaluate this work to assess its impact and share learning. We also want this work to be valued and assessed by our Trust’s Board in the same way as our other strategic objectives, which is why we are publishing this report and measuring and reporting our impact.

The recommendations and the opportunities at the end of each chapter have been developed with and by the service users who have helped create this report. They reflect the areas that matter to them and highlight areas where ELFT and our partners need to do more over the next few years as part of ELFT’s Improving Population Health strategic work plan. In the coming year we will prioritise delivering our key recommendations: our work on employment, income maximisation and the physical health needs of our service users.

Angela Bartley
Director of Population Health



1.9 million

people live in the areas we serve – around 900,000 in London and one million in Luton, Bedfordshire and Milton Keynes.

Overview of our population

Our places

To be able to deliver effective health care services now and in the future it's important we understand the populations and communities we serve. This section provides an overview of some of the key drivers of health and wellbeing in our local communities.

According to the 2021 census, 1.9 million people live in the areas we serve – around 900,000 in London and one million in Luton, Bedfordshire and Milton Keynes.

Every resident is an individual, with their own unique social and physical environment. But we can also identify trends across the areas where we work in both health outcomes and the social and environmental contexts that affect our health.

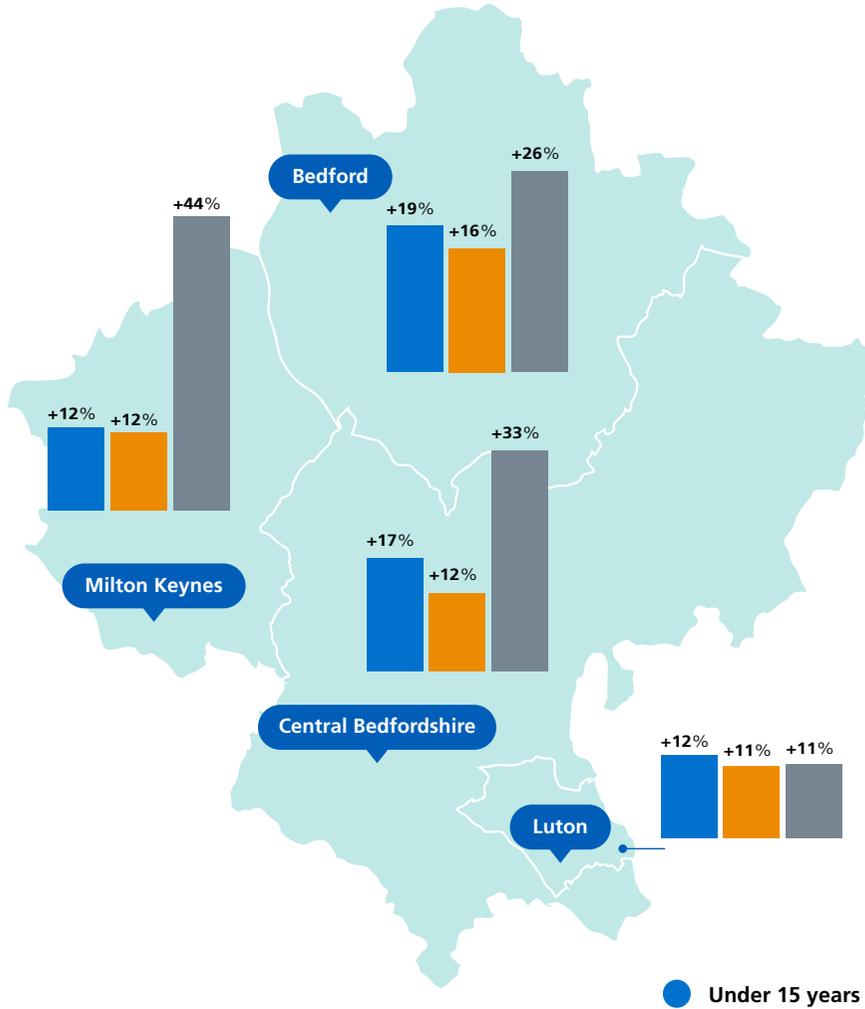
In East London, our population has grown significantly since 2011. Tower Hamlets' population is up 22%, and Newham's up 14% compared to 7% across London as a whole.

In Luton and Bedfordshire we have also seen significant growth. Bedford's population grew by 18%, Central Bedfordshire's by 16%, Luton's by 11% and Milton Keynes' by 15%.

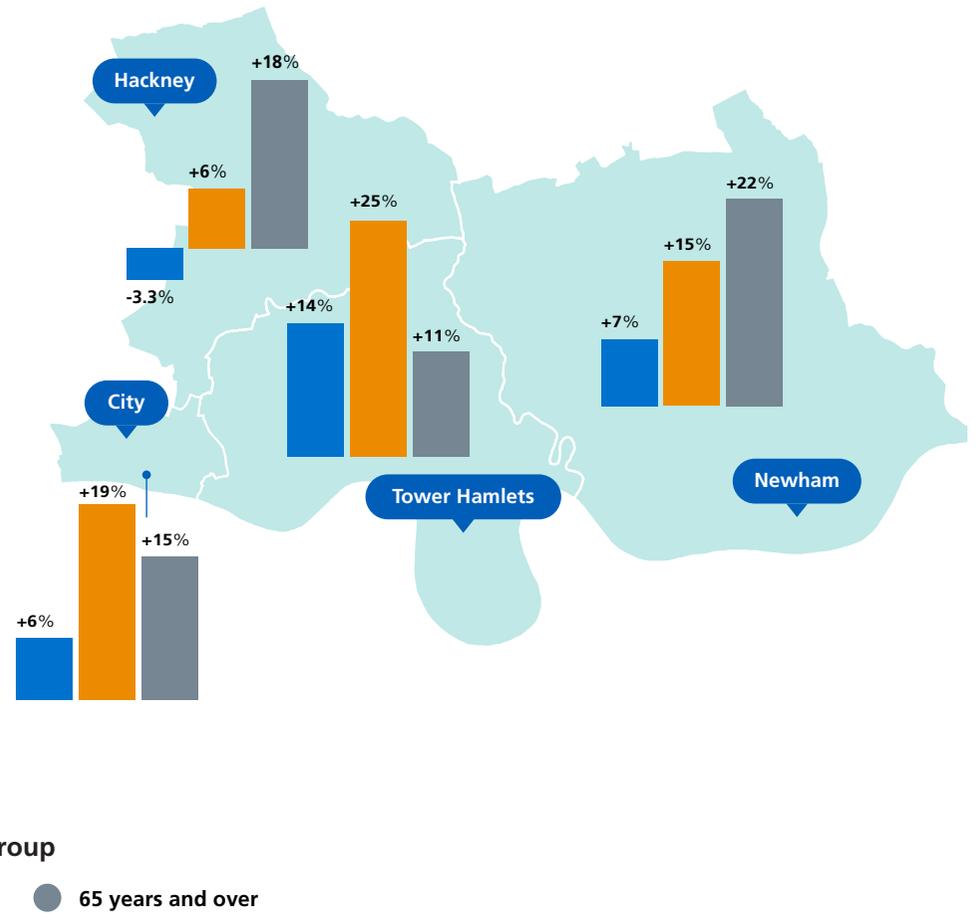
In most of our areas, the fastest population growth is among people aged 65 and over. In contrast, in Luton the largest growth was in the under 15s age group, and in Tower Hamlets the working age population grew the most. While growing overall, Hackney experienced a fall in the number of children under 15 since 2011.

A growing population means more people needing healthcare services. An aging population means we need to be prepared to change the balance of our services. For example, we will have more demand for our memory and frailty services which primarily serve older people, and for our specialist older people's community and mental health services.

% population change by age group in Bedford, Central Bedfordshire, Luton and Milton Keynes Between 2011 and 2021 census



% population change by age group in East London Between 2011 and 2021 census



Key – age group

- Under 15 years
- 15-64 years
- 65 years and over



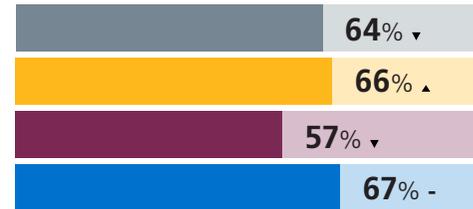
Bedford, Central Bedfordshire, Luton and Milton Keynes Indicators



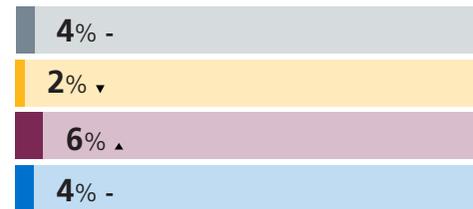
Key

- Bedford
- Luton
- Central Bedfordshire
- Milton Keynes
- ▲ Higher than the England average
- ▼ Lower than the England average
- Same as the England average

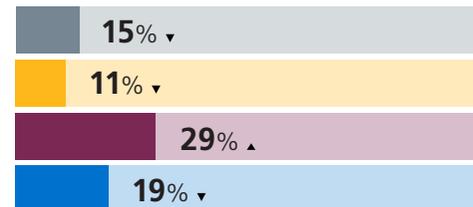
1 School readiness (% children achieving a good level of development at the end of reception)



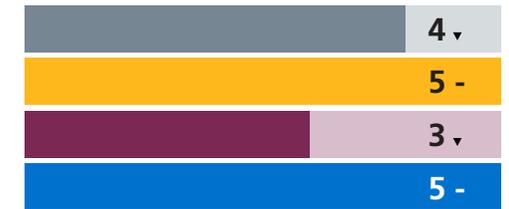
2 Unemployment rate



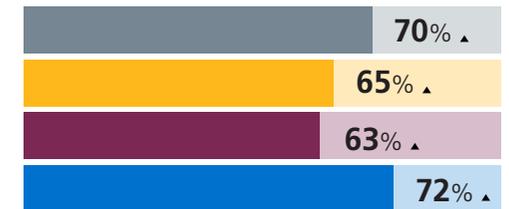
3 % of children living in relative poverty



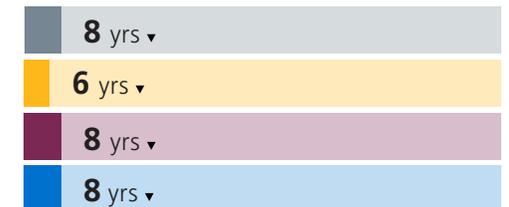
4 Per capita greenhouse gas emissions (2020) (tonnes of CO² equivalent)



5 Adults in contact with secondary mental health services who live in stable and appropriate accommodation



6 Difference in life expectancy between most and least deprived areas (years)





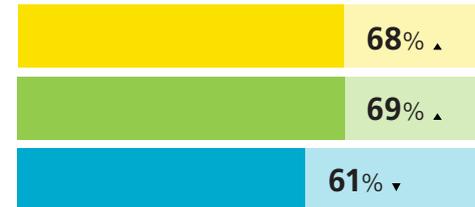
East London Indicators



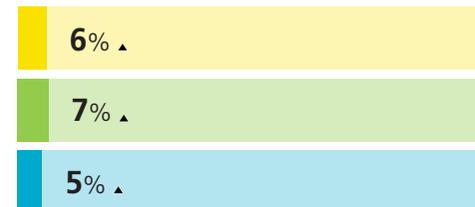
Key

- City & Hackney ▲ Higher than the England average
- Newham ▼ Lower than the England average
- Tower Hamlets - Same as the England average

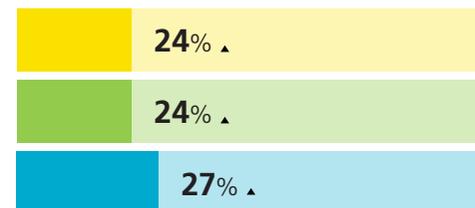
1 School readiness (% children achieving a good level of development at the end of reception)



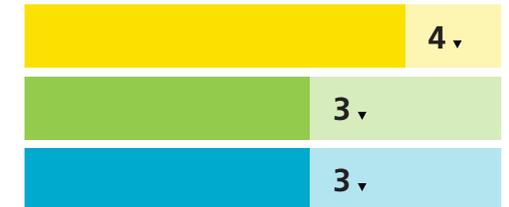
2 Unemployment rate



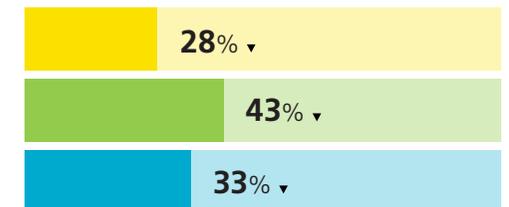
3 % of children living in relative poverty



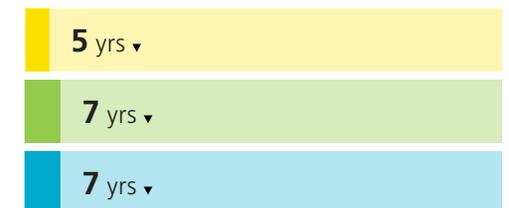
4 Per capita greenhouse gas emissions (2020) (tonnes of CO² equivalent)



5 Adults in contact with secondary mental health services who live in stable and appropriate accommodation



6 Difference in life expectancy between most and least deprived areas (years)





One of the simplest ways to measure the health of people in an area is to see how long they live, and how long they stay healthy – we call these “life expectancy” and “healthy life expectancy”. A baby born in Central Bedfordshire can expect to live to 82 years old (80 for a boy and 84 for a girl) - the highest of our local areas. In contrast, a baby born in Newham can expect to live to 78 years old (76 for a boy and 81 for a girl). The England average is 81 years.

We measure healthy life expectancy as the length of time someone can expect to live in “good” or “very good” health and is based on how individuals perceive their own health. On average in England this is 62 years, but in our areas it ranges from 60 years in Tower Hamlets to 67 years in Central Bedfordshire.

Our places outside of London have significantly higher levels of obesity than those in London. Data from 2021/22 shows 69% of adults in Central Bedfordshire are overweight or obese, and 66% in Luton. This contrasts with 64% in England as a whole, and 47% in Hackney. Overweight and obesity are important risk factors for many health conditions including diabetes,

cardiovascular disease and musculoskeletal conditions such as back pain. Estimates from ONS show that around half the population in England has a long-term health condition, and one in five reports being limited in their activities by such a condition.

As well as varying in their health, our places vary in terms of who lives in them, and the environments in which people live. For example, income deprivation or poverty affects 20% of people in Hackney, 19% of people in Tower Hamlets, 17% of people in Newham and 16% of people in Luton. In contrast, in the City 7%, and in Central Bedfordshire 8%, of people are living in poverty. These figures are from 2019 and are likely to have got worse during 2022 and 2023 due to increases in the cost of living.

London is the most ethnically diverse region in the country, and Newham is the most diverse borough within London. In all our London areas fewer than half of people are from a white British background. In contrast, in our places outside of London the pattern is more varied. In Luton 32% of the population is white British, but in Central Bedfordshire it is 84%.

Example comparisons between areas



82 yrs

A baby born in Central Bedfordshire can expect to live to 82 years

78 yrs

A baby born in Newham can expect to live to 78 years



69%

of adults in Central Bedfordshire are overweight or obese

47%

of adults in Hackney are overweight or obese



8%

of people in Central Bedfordshire are affected by poverty

20%

of people in Hackney are affected by poverty



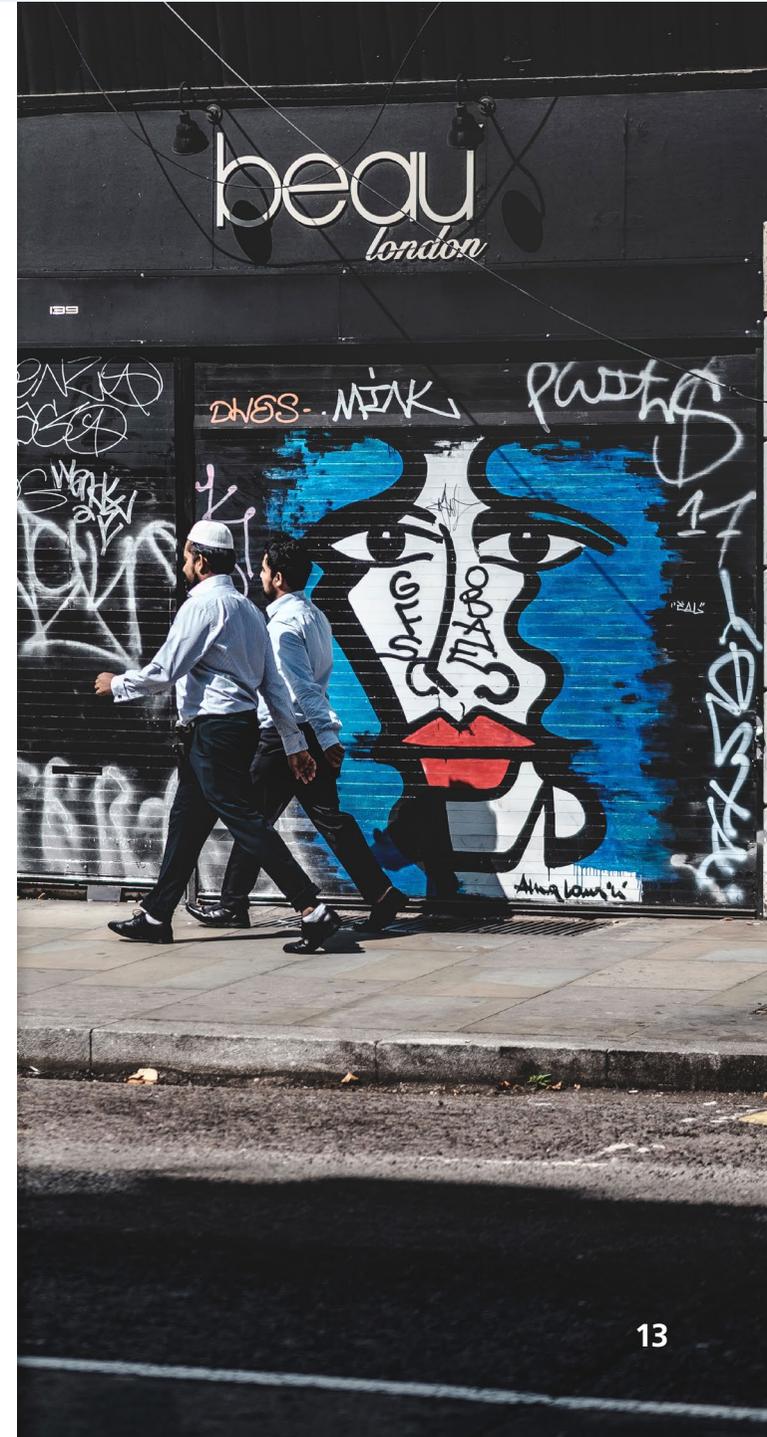
The environments in which people live, grow up and work have important impacts on their health and wellbeing. For example, the proportion of land which is green space in the City, Tower Hamlets and Newham is less than half the London average – this makes it harder for residents in these boroughs to experience the physical and mental health benefits of outdoor activities. People in Central Bedfordshire have to travel further than the England average to access services such as job centres and GP surgeries. All Londoners currently live in areas which fail to meet World Health Organisation guidelines on air pollution.

A shortage of housing or jobs will affect people's health. In Newham, 7% of working age adults are claiming out of work benefits and 6% in Hackney and Luton, compared with 2% in Central Bedfordshire and 3% in the City. We know that there is severe housing need in Newham, which has the highest rates of both overcrowding and families in temporary accommodation of all London boroughs.

Housing shortages can have a disproportionate impact on people who are dealing with other challenges. For example, only 28% of people in contact with secondary mental health services in City & Hackney are in stable and appropriate accommodation, compared to an England average of 58%, 63% in Luton and 70% in Bedford.

You can find out more about our populations, their environments and their health outcomes in our local data packs:

- [City & Hackney](#)
- [Luton, Bedfordshire and Milton Keynes](#)
- [Newham](#)
- [Tower Hamlets](#)





Health inequalities

We use the term “health inequalities” to describe the differences in health outcomes between different groups. Often, we are interested in the impact that characteristics such as ethnicity, sex, poverty or local area deprivation have on our health. Health inequalities are a consequence of inequalities in people’s living circumstances.

The term can also be used to refer to differences that are unfair and avoidable. For example, the differences in employment rates between people with serious mental ill health and the general population, or the impact of Covid-19 on people from minority ethnic communities. The causes of these are complex and interconnected and link back to inequities in access to resources and power, and to structural racism, discrimination and life opportunities. These impact on people’s educational attainment, employment opportunities, access to care and ultimately their health.

The mechanisms by which these circumstances affect health are many and varied. Sometimes the mechanism is biological, for example living in damp conditions, or with high exposure to air pollution, causes respiratory health problems. Sometimes the mechanism is social, for example experiencing discrimination when seeking help, or being unable to access services because they are only open during working hours or do not offer reasonable adjustments. We know that the stress of living in poverty can contribute to physical as well as mental ill-health.

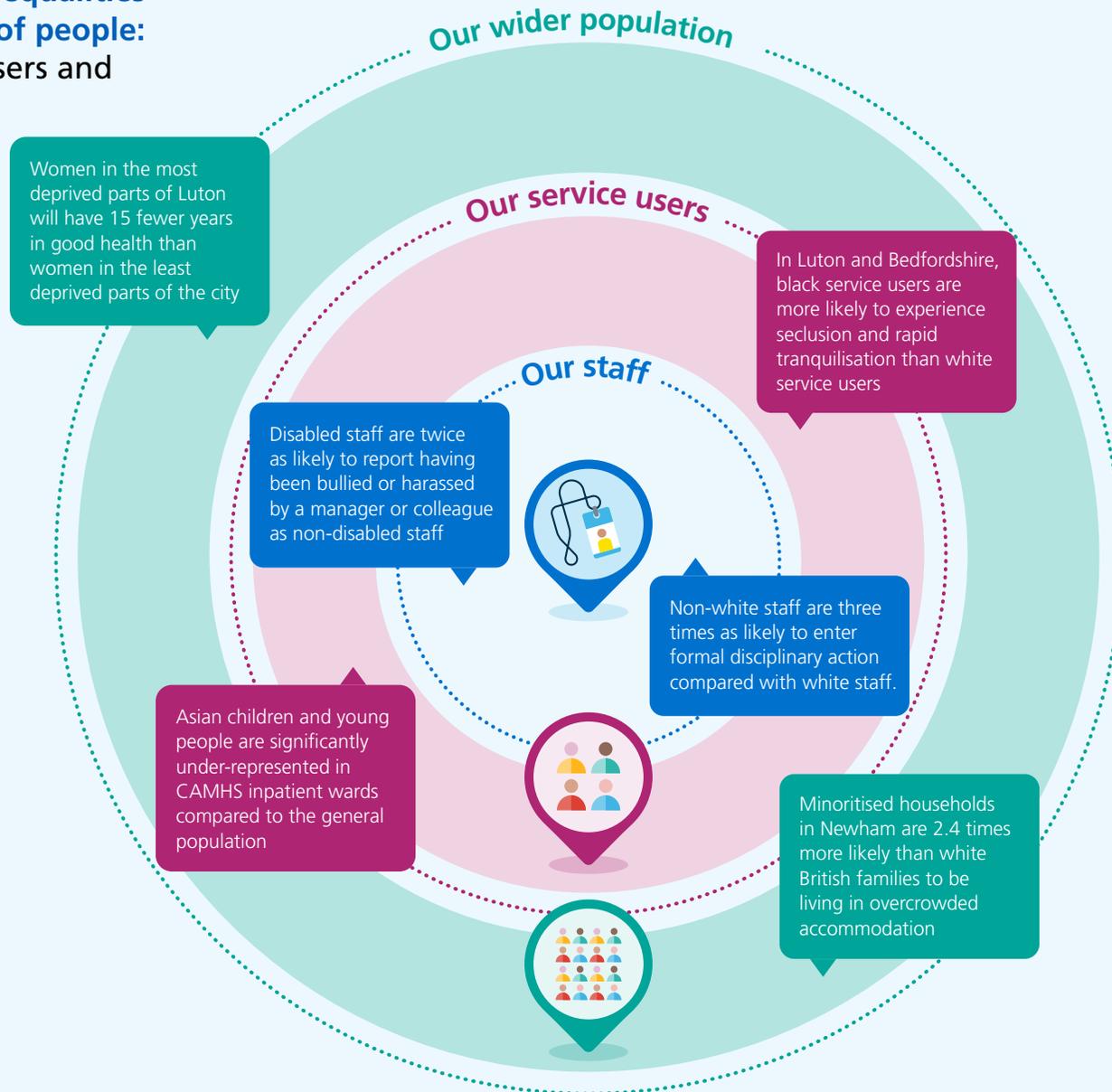
One of the starkest inequalities which exists is the length of our lives. While average life expectancy in the UK has risen by over twenty years in the last century there are significant differences by sex, ethnicity and deprivation. Length of life is not the only important measure. We often like to include “healthy life expectancy” which represents the length of time people can expect to live in good health, and can show even greater inequalities. For example, the difference in life expectancy for men between the most and least deprived areas in Bedford is 9 years, but the difference in healthy life expectancy is 13 years.

! Equality or Equity?

Equality means treating everyone equally, or the same. But in the case of health, just offering everyone the same thing does not mean people will get the same health benefits. For example, if you do not speak English, offering services without translation will not enable you to access the treatment you need. Instead, we need to think about **equity**, which means shaping our services to support everyone to achieve equally good outcomes. This sometimes means we need to offer different things to different people, according to their needs.



ELFT recognises that inequalities exist for three groups of people: our staff, our service users and our wider population.





Cross-cutting programmes of work

We believe we have a responsibility to do our bit to make our corner of the world a fairer place to live and work. We want to see the communities we serve thrive. Our work on population health, including being an Anchor organisation and a Marmot Trust, is our way of turning this aspiration into reality.

ELFT as an anchor organisation

In many places NHS Trusts are some of the biggest local employers and buyers of services, making important contributions to the local economy. Trusts also have a long-term presence in their local area. They are sometimes called “anchor organisations” because of this.

These features put NHS Trusts in a unique position to contribute to local communities, for example by purchasing goods locally, and by thinking about ways in which they can reduce negative impacts on local environments.

ELFT is one of six Trusts nationally that have been awarded funding from a national Health Anchors Learning Network programme to develop our role as an Anchor Institution. To help structure our work, we worked with staff and service users to develop five social value priorities:

1. We ensure organisations we buy services from pay the real living wage
2. We invest to grow, and aim to retain spend in local economies
3. We provide equal training and employment opportunities for local people, people with protected characteristics, service users and groups hardest hit by the Covid-19 pandemic
4. We commit to sustainability
5. We support young workers, school leavers and apprenticeship schemes



The effects of this work on how ELFT engages with the communities it serves are real and are gathering pace. For example:

- Over the past two years we have recruited over 100 people with mental health conditions.
- We have changed the way we procure services so that a greater weighting is given to the likely social impact of a contract
- The proportion of ELFT suppliers who pay the Real Living Wage has increased from 22% in 2020 to 68% in 2023
- Through our community interest company Compass we have disbursed around £4.7m in funding to local voluntary and community organisations in the last year

In addition, ELFT’s Green Plan for 2022-25 aims to reduce carbon emissions and for the Trust to become net zero for direct emissions by 2040. The plan also aims to improve the physical and social environments of our sites to enable and promote healthy behaviours.



We recognise that we are not the only organisation in our areas working to improve health and wellbeing. Although there are many ways that we can act to improve our population’s health, we cannot do this alone. Local authorities, the voluntary and community sector, other NHS organisations, schools and universities, and regional and national governments are all important partners in this work. Under the new arrangements set out in the 2022 Health and Care Act, our Integrated Care Partnerships (ICPs) bring these organisations together and are responsible for improving the care, health and wellbeing of their whole populations.

Our local ICPs in [Bedfordshire, Luton & Milton Keynes](#) and [North East London](#) have published their joint forward plans. Our work on population health will contribute to delivering on their objectives, including:

- Reducing health inequalities
- Prioritising prevention
- Developing a local health and social care workforce
- Collaborating with the voluntary and community sector
- Reducing the NHS’s environmental impact

Being a Marmot Trust – focusing on upstream actions to improve health

We have worked with the Institute of Health Equity to become the first NHS “Marmot Trust”, testing the boundaries of what an NHS Trust can and should do to improve the health of the whole population it serves. Our work builds on findings from a [landmark report](#), led by Professor Sir Michael Marmot, which was published in 2010. The report set out a series of eight principles that organisations need to apply to improve the health of their populations.



We have a particular focus on this in Luton and Newham. In Luton, we are taking action to increase access to good quality work and a living wage, and to help support those with mental health conditions into work. In Newham, we are focusing on ensuring every child has the best start in life, and maximising opportunities for children, young people and adults to take control over their lives.

Quality improvement – enabling change for better population health

A commitment to Quality Improvement in everything we do

We have a long track record of using Quality Improvement (QI) approaches to improve the services people receive. QI is a systematic and applied approach to solving a complex issue, through testing and learning, measuring as you go, and deeply involving those closest to the issue in the improvement process, including staff and service users.

Since September 2022, teams have been supported to use QI to tackle equity issues as part of the pursuing equity programme. The programme is designed to bring teams together as a community, and to share learning from their work. Supported by dedicated QI coaches, 15 teams are currently part of the programme tackling a range of inequalities including outcomes for BAME groups and issues around sexuality and gender.



Building the knowledge and capabilities of ELFT staff to tackle inequalities

All new staff receive an introduction to our population health objectives during their induction. We have introduced a series of activities to support staff skills, knowledge and understanding including the ELFT Lead Programme. This is a leadership development course for staff which includes a population health module. The aim of the module is to improve understanding of the communities with which ELFT works and causes of poor health within them. It also helps people taking the course to think about how they can support the teams they work in to improve the health of local populations. We have also produced a range of webinars on how staff can address health inequalities and improve population health.

Monitoring our progress in achieving our population health objectives

To track our progress against our population health objectives, we have developed a population health dashboard which includes measures for all six areas. The dashboard covers measures which ELFT has significant control over, such as greenhouse gas emissions from our work and the number of service users who have been supported into employment. It also includes broader measures of population health which our work may contribute to, such as rates of premature mortality in people with serious mental illness. We plan to publish this alongside the population health report each year.



Objective 1

Prioritise children and young peoples' emotional, physical, social and learning development





Objective 1

Prioritise children and young peoples' emotional, physical, social and learning development



Why does it matter?

A person's life chances are affected by early life experiences. Success at school, social and emotional development, employment, income and lifelong health are all influenced by things which happen to us in childhood. Adverse Childhood Experiences (ACEs) such as having a family member in prison, being neglected or abused, or witnessing domestic abuse, as well as growing up in poverty, are associated with poorer health outcomes and increased risk of involvement in the criminal justice system.

Inequalities start early in life, even before birth. Babies whose mothers smoke in pregnancy are more likely to be born at low birthweight, and low birthweight babies on average are more likely to develop diabetes, heart disease and high blood pressure. Children growing up in poverty may have fewer opportunities than others. Some will have to work in part-time jobs alongside school to help maintain a family's income and

may not be able to afford the learning materials others use, or access opportunities such as school trips or clubs.

We have also seen worsening trends across the UK in both the proportion of children who are overweight, which puts them at more risk of health conditions including diabetes, and in the mental health of young people. Both appear to have been exacerbated by the Covid-19 pandemic.

Our local context

In every local authority area we serve, more than one child in ten is growing up in poverty, and this rises to between two and three in ten in Luton, Hackney, Tower Hamlets and Newham.

We know that inequalities start early in life. One way we measure this is to see what proportion of children have achieved a good level of

development by the end of reception (the first year of primary school). This highlights the extra work children, families and schools will need to do to enable those children to succeed at school. In both Luton (**57%**) and Tower Hamlets (**61%**) this figure is significantly below the England average of **65%**. In contrast, in Newham (**69%**) and City & Hackney (**68%**), more children are judged to be ready for school than the national average.

Despite the challenges they face in early life, young people in our areas are ambitious for their futures. In all our areas 16- and 17-year-olds are more likely to be in education, employment or training than the England average. However, for those who are not, we know that they will face more challenges in the employment market, which will also affect their future health and wellbeing.



I really loved it! It was great to see familiar faces and having an insightful conversation with open minded people and it was a privilege to have the platform to speak to everyone about their background, identity and how they felt about their culture

Student at Luton Sixth Form on our Discovery College

Case studies

Discovery College

Our DISCO (Discovery College) offers free workshops to young people between 13 and 18 years old across Luton and Bedfordshire. All our workshops are done in groups either face to face or online. The Discovery College cultivates a non-judgemental environment and allows everyone to share their voice, creating healthy resilient neighbourhoods. Workshops cover themes such as personal growth, healthy relationships, life skills and creativity. We welcome parents and carers, professionals and supporters to come along too. In six months in 2022 106 young people attended 401 sessions.

Better Days

Better Days is a series of co-produced creative projects across Luton, Bedfordshire and Milton Keynes. It aims to increase engagement, break down stigma and reach young people who might not otherwise access services. Involvement in creative projects can help to begin a dialogue about health and wellbeing. Examples so far have included poetry nights and a queer craftivism collective.

Healthier Wealthier Families

ELFT is testing a new programme with partners in Newham and Tower Hamlets called Healthier Wealthier Families. It aims to improve the financial wellbeing of children and their families. This programme is based on an approach originally developed in Glasgow, and which is now being piloted in other countries including Australia. The idea is to intervene as early as possible in a child's life to reduce financial hardship. For ELFT, the Healthier Wealthier Families programme will see financial wellbeing advisers from an organisation called Our Money Newham sit in specialist children's and young people's services. These advisers will help families experiencing financial hardship make the most of their incomes and help them find other sources of support. We have commissioned an external evaluation to assess the difference this project makes.



! Opportunities to do more

Review our spend within the wider health and care system to ensure we are spending money where there is greatest need, and fund evidence-based prevention programmes for children and young people.

Realign our services to take a more preventative approach to improving mental health for children and young people in a range of settings, including education, and through support for parents and carers.

Implement the findings the evaluation of our Healthier Wealthier Families programme to extend the provision of financial advice to more of the families whose children we support.

Support our children and young people and their families to increase their chances of good employment.

Take a systematic approach to understanding of the health and wellbeing needs of our children and young people, especially those from marginalised groups, through health needs assessments.



Objective 2

Support service users, carers and the communities we serve to develop skills and access meaningful activity and good quality employment

2





Objective 2

Support to develop skills and access meaningful activity and good quality employment



Why does it matter?

Employment is an essential building block for good mental and physical health. Unemployment has a negative impact on mental and physical health. It can lead to stress, anxiety, low self-esteem, depression, increased risk of illness, and coping via unhealthy behaviours. Some groups face additional barriers to employment, including informal carers, people with learning disabilities and people with long term physical or mental health conditions.

However, being in work is not enough, it is also important to have good quality work. In the UK, the proportion of people who are working but still in poverty has been rising. Today, 60% of people in poverty are in a household in which at least one adult is working.

Good quality work includes appropriate pay, protection from physical hazards, job security, opportunity for job progress, a good work-life balance and opportunities to engage in

organisational decision making. This type of work tends to be associated with more skilled employment.

Good quality work can help people stay healthy as well as to recover following a period of ill health. Ensuring that appropriate sick pay is available allows people to take the time off work that they need to recover or access healthcare. Jobs can cause ill health through poor physical conditions at work, poor treatment at work, poor pay or insufficient hours and work insecurity. The most common work-related causes of ill health are musculoskeletal disorders and mental ill health.

Our local context

Within our ELFT communities, we need more good quality work. For example in Luton, already high levels of unemployment have increased during and after the Covid-19 pandemic and are now higher than the England average. In Newham, one in ten working aged adults receives Universal Credit and there is high in-work poverty. Wages in Newham

are **13%** lower on average than London wages. Almost **5%** of the working population across all ELFT communities is unemployed, compared to less than **4%** across England as a whole.

Across all ELFT areas, only **7%** of people with severe mental illness are in paid employment, which is lower than the England average of **9%**. In Tower Hamlets, people without a severe mental illness are 24 times more likely to be in paid work than those with one. We still have a long way to go to help our service users access the benefits of good work.

There are also substantial inequalities in employment rates between people from different ethnic backgrounds. Unemployment in the UK between 2016 and 2021 was greater for all groups other than white adults. Black British adults have nearly two and a half times higher unemployment than white adults. People from a Pakistani or Bangladeshi background have the highest levels of unemployment at **11%**.



Case studies

Individual Placement and Support (IPS)

Individual Placement and Support (IPS) is a programme that helps people with severe mental health conditions into employment. We recognise that it can feel daunting to start the process of finding employment, especially when people have been out of work for a long time, or have not had the opportunity to build a career in the first place. We provide one-to-one support that is unlike any other jobseeker programmes. This includes personalised support, a rapid job search followed by placement in paid employment, and ongoing in-work support for both the employee and the employer. The team helps each individual find work which suits them in terms of location, hours and use of their skills. We can also help people access other support they are entitled to, such as reasonable adjustments at work.

Inclusive recruitment in Newham

In Newham we have been running a Quality Improvement project on inclusive recruitment in partnership with Newham council's "Our Newham" programme. We have focused

on recruiting Newham residents into nursing support worker and admin roles at ELFT. To do this we have given support to local candidates including promoting these roles, offering a walkaround a hospital, offering mock interviews and helping with applications. We have recruited 72 people so far.

Good quality work in Luton

Good quality work includes employers ensuring there is a good working environment, and that people can stay in their jobs. We developed training in partnership with Luton Council and Total Wellbeing Luton on the importance of good quality work and how to create a workplace that is supportive for people who may have mental ill health. In addition, working in partnership with Luton Adult Learning, we highlighted their Mental Health First Aid courses to grow capacity within Luton organisations to spot and respond to signs of mental health issues amongst staff. The continuing effects of isolation following the Covid-19 lockdowns and the current cost of living crisis have led to a growing recognition of the importance of supporting those suffering from anxiety, stress and depression.

! Opportunities to do more

We commit to ensuring that all East London Foundation Trust service users who wish to work are supported to find good employment.

Work with external organisations, including Department of Work and Pensions and local Job Centre Plus to improve the experience of people with long term physical or mental health conditions accessing these services.

Continue to develop and expand our IPS offer, including recruiting more people with lived experience into our IPS and employment teams, and employment support within talking therapies.

Develop strong partnerships with our suppliers and NHS partners to promote health and social care careers and extend employment opportunities.

Increase our focus on young people starting their employment journey, including those not in education, employment or training and young people leaving care, develop good quality apprenticeships and offer more lived experience roles.

Objective 3

Support service users, carers and our communities to achieve a healthy standard of living

3





Objective 3

Support service users, carers and our communities to achieve a healthy standard of living



Why does it matter?

It is harder to maintain good mental and physical health when you are living in poverty. People living in the most deprived 10% of areas in the UK will die, on average, **nine years** younger than those living in the richest 10%.

Poverty can affect the housing you live in. This can have a big impact on quality of life and the chances of developing mental or physical health conditions, or worsening a condition that you may already have. People living in poverty are more likely to live in insecure, overcrowded or poorly maintained homes, contributing to health problems such as asthma. The Covid-19 pandemic also showed that those living in poverty and in disadvantaged communities were at significantly greater risk of death from Covid-19 than those living elsewhere.

We are learning more about the way that poverty impacts health. It is not just about not being able to afford healthy food or a secure home. Constant worry about paying bills or having enough food for the family can lead to chronic stress, anxiety and depression. We know that chronic stress is linked to many health conditions, especially those associated with inflammation (including cardiovascular disease, rheumatoid arthritis and depression).

Our local context

People living in the inner London boroughs of Hackney, Newham and Tower Hamlets have long had high levels of unemployment, debt and children living in poverty. In Tower Hamlets, for example, over 25% of all children lived in low-income households in 2019 and 40% of older people lived in poverty. Both figures are well above the national average for England and are likely to have got worse since the pandemic. In Hackney, over 30% of the population lives in overcrowded households.

People living in these areas often find it harder to get access to the things they need to help them live well. Tower Hamlets, for example, has half the amount of green space per 1,000 people compared to the England average, which limits the opportunities people have to exercise and to meet others outdoors. The challenges are different in our rural areas. For example, where public transport services are limited, a car is necessary for work and leisure but increasingly expensive, placing additional strain on household budgets.

This local context can have a negative impact on mental health. Hackney, Bedford and Tower Hamlets have a higher prevalence of severe mental illness than the England average. The City and Hackney have more people who require Employment Support Allowance due to mental and behavioural disorders than the England average. However, recent survey evidence shows that people in our areas are similar to, or in some places doing better than, the England average when it comes to feeling satisfied with life, and when asked about their anxiety levels.



Case studies

Specialist GP practices

We run three specialist GP practices in East London for people living in hostels or supported accommodation, rough sleepers, and people who spend a significant amount of time on the street or in other public places. We are working in partnership with a charity called Groundswell to help service users to get access to stable accommodation and other forms of support. For people who are homeless, lack of access to a bank account can make it very difficult to move into employment. Our homelessness teams have partnered with HSBC's no fixed address service to enable homeless people to access bank accounts.



Since we began this work we have increased the proportion of the Trust's suppliers paying the Real Living Wage from 22% to 68%, and we are aiming to reach 100% by 2026.

Real Living Wage

We are working with our suppliers to ensure as many of them as possible pay their employees the Real Living Wage – a wage that helps people meet their everyday needs. Since we began this work we have increased the proportion of the Trust's suppliers paying the Real Living Wage from 22% to 68%, and we are aiming to reach 100% by 2026. One of our key successes has been in our new contract with OCS, a company providing services like cleaning, catering and electrical services on ELFT sites, which began in 2022. The contract secured an increase in monthly take-home pay of nearly £185 for domestic cleaners and porters at the Trust. Policies on paid sickness and maternity leave have also been brought into line with NHS Terms and Conditions. Our programme has been independently evaluated and we are continuing to expand its scope and impact.

! Opportunities to do more

As part of our commitment to being an Anchor organisation and a Marmot Trust, achieve our goal of being a Real Living Wage employer and ensure that all our contracted suppliers are paying the real living wage.

Use our system influence to encourage our partners to also become real living wage employers.

Implement 'poverty proofing' approaches across our services so that no one experiences a financial barrier to accessing NHS care.

Embed income maximisation support within our services and make a conversation about financial health part of every clinical contact.

Support improved access to better housing and work with partners to address housing inequalities for our service users and local communities.

Objective 4

Contribute to the creation of healthy and sustainable places, including taking action on climate change

4





Objective 4

Contribute to the creation of healthy and sustainable places, including taking action on climate change



Why does it matter?

The built and natural environment influences our health and quality of life in many ways. Inequalities in our living environment can drive inequalities in health outcomes. For example, access to green space is linked to better mental health outcomes, while exposure to air pollution increases risk of cardiovascular and respiratory diseases, dementia, pregnancy loss and diabetes. Between 30,000 and 40,000 deaths in the UK are attributable to air pollution each year.

According to the 2021 Lancet Countdown on health and climate change, climate change is the greatest global health threat facing the world. The drivers of climate change are often also the drivers of ill-health and health inequalities. This means action to tackle climate change can deliver short term health benefits – for example through reduced air pollution– as well as safeguarding health and the climate in the longer term.

The effects of climate change are not equal for all groups. Older people are more at risk from extremes of both hot and cold, along with people living in poor quality housing and those experiencing fuel poverty. Tenants are less likely to be able to adapt their homes. Some geographical areas are at greater risk of flooding, and urban centres experience the “heat island” effect which can intensify heatwaves. People from minoritised communities are more likely to experience environmental pollution.

The NHS is currently responsible for around **4%** of greenhouse gas emissions in England. In October 2020, the Greener NHS National Programme published its strategy “Delivering a net zero NHS”.

Our local context

In June 2021 ELFT declared a Climate and Ecological Emergency, with a commitment to raise awareness of the health and social implications of the climate crisis and drive down emissions from the work that we do.

All our local areas currently have lower greenhouse gas emissions per person than the England average of 5.1 tonnes of carbon dioxide equivalent.

While our areas may be contributing less to climate change through emissions they are still vulnerable to the impacts of climate change. For example, Hackney, Tower Hamlets and Newham have been identified as among the six London boroughs most at risk of flooding and overheating, and flooding risk is also high in Bedfordshire.

In Bedford, **5.5%** of deaths can be attributed to poor air quality. This is the same as the average in England. In all our other places, the proportion of deaths linked to particulate air pollution is above the national average, ranging from **5.7%** in Central Bedfordshire and Milton Keynes to **7%** in Hackney and Tower Hamlets.



Case studies

Integrating sustainability

Integrating sustainability across the Trust has been identified as a key aim for the Green Plan and will help the Trust meet its targets of net zero carbon emissions by 2040. To be successful in this work we need teams across the Trust to understand their impact and commit to change. We have worked with departments across ELFT to integrate sustainability into their annual planning cycles. Before this engagement only a handful of departments, such as Estates and Facilities, included sustainability actions in their plans. Now more than half have sustainability actions in place and our aim is for this to be at 100% by the end of our two-year Green Plan.

Energy monitoring and audit

A significant part of the Trust carbon footprint involves the energy we use across our estate. Ongoing energy monitoring and energy audits across our large and varied estate have helped us to identify areas for improvement and energy reduction. Thanks to a targeted approach to our building management systems, lighting upgrades and process change involving our contractors, we have reduced our energy use by 18% across all utilities in one year.

Reducing print volumes

Printing and paper use across corporate services is a significant cost for the Trust, as well as having a large carbon impact. Since 2019, we have reduced our overall print volumes by six million pages per year. We have seen significant reductions in our back office, with print volume reductions saving more than one tree per month. We have also made a real impact on the proportion of our printing that is in colour, which has a higher carbon footprint than mono. Colour printing now accounts for only around 7% of our overall printing. The changes in our print behaviours over the last few years have reduced our annual spend by £500,000.

Re-using and repairing walking aids

Staff in the musculoskeletal service identified a significant area of waste as all walking aids, such as crutches, were disposed of once a service user had finished using them, even though many were still in good working order. Following QI methodology, they set up a process to check, sanitise and, when necessary, repair, walking aids so they were ready to be used again. Since August 2022, 161 walking aids have been recycled, reducing waste and saving the Trust over £1,000.

! Opportunities to do more

Make environmental and financial sustainability everyone's responsibility and build sustainability goals into all work plans.

Ensure that service users are involved in our sustainability efforts and have opportunities to develop new programmes according to their needs and interests.

Help staff understand the environmental impact of their work so they can identify and act on opportunities to reduce it.

Foster a culture focused on improving the value of care we provide to the populations we serve, maximising opportunities to reallocate resources where they are needed the most.

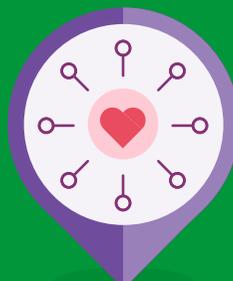
Develop an estates decarbonisation plan, including assessing the potential of on-site renewable energy generation, and optimise space utilisation within our estates footprint.

Develop our green plan to include more focus on food and nutrition.

Objective 5

Champion social justice and fully commit to tackling racism and other forms of prejudice

5





Objective 5

Champion social justice and fully commit to tackling racism and other forms of prejudice



Why does it matter?

When we champion social justice we are trying to create a fair and equal society in which every individual's rights are recognised, respected and protected. This is particularly significant for marginalised groups such as minority ethnic communities, LGBTQ+ communities, people with lived experience of poor mental health, asylum seekers, people who have been in the care or criminal justice systems and people who have experienced homelessness. We want everyone to experience equality of opportunity regardless of background or personal characteristics. This requires us to tackle structural barriers to equality and discrimination, both of which can make inequalities hard to change.

We know that poverty and poor health outcomes are linked but social justice is also an important determinant of population health. There is evidence that in countries that are more unequal, everyone's health suffers, not just those

who are more marginalised. This is perhaps not surprising when we remember that inequalities in opportunities and the distribution of resources can damage social cohesion. The stress, fear and insecurity which can arise when we lose our connection with others around us can damage both our physical and our mental health.

Our local context

Newham is the most ethnically diverse local authority area in the UK, having the lowest proportion who identify as white British (15%). In contrast, 64% of people in Bedford and 84% in Central Bedfordshire are from a white British background.

Ethnicity is not the only characteristic that varies between our places. In 2021, for the first time the census asked people about their sexuality. In our London places, more people reported being gay, bisexual, pansexual, asexual or queer than the English average of 3% (12% in the City, 9%

in Hackney, 8% in Tower Hamlets and 5% in Newham), while our other places were close to the England average.

In December 2022, there were 4,451 asylum seekers receiving local authority support in our places. The highest numbers were in Newham (1,589) and Luton (1,217), with only 26 in Bedford.

A group of young people at particular risk of poor outcomes later in life are looked after children. In Luton, professionals are concerned about the emotional wellbeing of 58% of looked after children, which is more than 20 percentage points higher than the England average.



Case studies

Tackling racism in Bedfordshire

In the wake of global events in 2020 highlighting racial disparities, Bedford's Working Together Group wanted to take action. We started by creating anti-racism steering group which included staff and service users across Bedfordshire and Luton. Tackling this topic was challenging, emotive and personally charged for many, however it was heart-warming to see the membership of the meeting grow and that staff and service users alike were committed to taking action. The local police hate crime coordinator also attends our group and is helping provide print resources for staff and service users. We have collected the views of staff and service users and identified key areas for improvement. We want to focus especially on implementing a genuinely zero tolerance approach to racism. We found that in just two months 86 pieces of service user feedback in our area contained racist or discriminatory language. The Quality and Performance team was part of the conversations we had in the steering group, and they have supported the zero-tolerance approach by no longer including such feedback

in their reports. However there is still more to be done to ensure that staff and service users know what to do when they experience racism, and to be confident that the whole organisation will support them.

Compass Community Interest Company

The NHS is not always best placed to deliver projects to improve the wellbeing of marginalised groups. There is greater benefit in communities themselves being given resources and opportunity to improve their own health and wellbeing. This also builds capacity, skills and employment in these communities. Through our linked Community Interest Company [Compass](#), we gave out £130,000 to a wide range of grassroots projects, including those which provide culturally informed therapies, psychosocial support for asylum seekers and undocumented migrants, and wellbeing activities for BAME women.

Creating a more inclusive service

Young people who access Luton & Beds CAMHS wanted to create a more inclusive service and help staff feel more confident working with trans and gender questioning service users. They developed and delivered training to staff which has both improved individual practice and stimulated system change. For example, ELFT's clinical records system now has the capacity to record gender identity and pronouns. The training has been so successful that external organisations now invite us in, including local acute Trusts, schools and colleges, social care and police. We have also advised sports coaches on trans inclusion. This work complements the work of [Rainbow Bedfordshire](#), who have been working to promote LGBTQ+ inclusion in adult services, including establishing an LGBTQ+ trans inclusive swimming club. Initiatives such as this improve access to sport for trans people, which can support their mental and physical health. CAMHS Participation staff with lived experience have also established a trans safe space for young people accessing CAMHS. This is the only such group locally and has been welcomed by young people and their parents.



! Opportunities to do more

Continue to place people participation at the centre of our work, learning from communities experiencing disadvantage and working in partnership with them.

Build on the Compass model to ensure local voluntary and community sector groups have access to resources to promote health and wellbeing.

Act as a vocal ally and advocate for social justice for our communities.

Build support at every level for zero tolerance of racism within our organisation, and ensure our workforce reflects our local population.

Work across our local area to develop anti-racist commissioning practices.



Objective 6

Prioritise prevention and early detection of illness in disadvantaged groups

6





Objective 6

Prioritise prevention and early detection of illness in disadvantaged groups



Why does it matter?

We all know that ‘prevention is better than cure’. Illness and disease can have a severe impact on our daily lives, cause suffering and in some cases early death. The UK parliament estimates that **40%** of early deaths could have been prevented. Even if we can’t prevent them, we can detect some diseases early enough that treatments are more effective and health outcomes are improved. Equitable access to healthcare services is essential to ensure everyone can benefit from early detection and treatment.

The NHS plays an important role in prevention of ill health and early detection of disease. It provides vaccination programmes, such as childhood immunisations, and screening programmes, like ones used to identify people at higher risk of certain cancers. Other ways to prevent ill health include supporting people to

stay healthier for longer, for example by helping people to quit smoking, eat better, take more exercise or cut down on alcohol.

We know that people living with Severe Mental Illness (SMI) and Learning Disabilities are at increased risk of physical illness, and that they die on average 15–20 years earlier than people without these conditions. For people living with SMI, two in three deaths are from physical illnesses that can be prevented. People with SMI have a higher prevalence of obesity, asthma, diabetes, cardiovascular disease and smoking-related illnesses, and are more likely to have more than one of these conditions than the general population. Around 40,000 people with SMI die prematurely (before the age of 75) in England each year.

The commitment to support people to be healthier for longer was outlined in the NHS Long Term plan in 2019.

Our local context

In Bedford, people living in the least deprived areas can expect to live more than **eight years** longer than those in the most deprived areas. In contrast, in Hackney the difference is lower, at **five years**.

In Luton, **32%** of adults are physically inactive, and **26%** in Newham. We know that physical inactivity is a risk factor for a wide range of physical and mental health conditions. The England average is **22%**. All our places except Central Bedfordshire have a higher proportion of children who are overweight or obese at the end of primary school than the England average (**38%**), with the highest figure in Newham (**46%**). However, for adults, the pattern is different – all our London boroughs are significantly below the England average (**64%**), but Central Bedfordshire, Luton and Milton Keynes are above the average. Between **66** and **69%** of the adult population in these areas are overweight.



A recent review of deaths among ELFT inpatients and those recently discharged found that many had underlying health conditions (cardiovascular disease, diabetes and respiratory disease) and factors (e.g. obesity, high blood pressure and substance use, including alcohol and tobacco) which put them at greater risk of dying.

33% of adults with a long term mental health condition in Hackney and Luton are current smokers, compared to the England average of 26%. Bedford and Newham also have rates above the England average. In some of our wards, more than 50% of service users are smokers at the time of admission.





The tobacco dependency service at ELFT works closely with service users to understand what they need from our service. All new patients are assessed and offered support, including nicotine replacement, access to vapes and / or peer support. To meet the requirements of the NHS long term plan in treating tobacco dependency our work follows best practice guidelines.

Ogechi Anokwuru, Trust and Forensic Lead for smoking cessation

Case studies

Our tobacco dependency service

Our tobacco dependency service aims to increase the proportion of people in inpatient settings who quit smoking. Since 2019, the service covers all directorates including people with severe mental illness and forensic services. Since relaunching in 2022, the service has seen over 900 patients: 307 patients have quit smoking, including 169 using standard nicotine replacement therapy and 138 switching to vapes to stay smoke-free for more than 28 days. A unique feature of the new model is ongoing support in the community from the same advisor for six weeks after discharge. The new service has not only supported many patients to quit smoking but has also helped reduce violence and aggression on inpatient wards by 57%, which was often related to lack of access to nicotine alternatives or a consistent tobacco dependence treatment careplan. Staff who smoke are also supported confidentially by advisors within their individual directorates. To further reduce inequalities, we have increased the availability of vapes for service users and staff to help support them to stay smokefree for longer.

Reducing inequalities in cervical screening

We run Cauldwell Medical Centre, a GP practice based in Bedfordshire. We sought to increase cervical screening for women under our care. We identified that 62% of women aged 50–64 received screening, compared to only 54% of those aged 24–49. Using a QI approach, we tested a range of change ideas to both increase screening overall and reduce this gap including:

- Outreach events
- Text messages that allowed people to self-book appointments
- Changing appointment letters to stop blaming women for their cancer
- Translating resources into core population languages

As a result of the work the difference in the percentage of women being screened in the two groups decreased from 8% to 3% alongside an increase in screening overall.



The Tower Hamlets Covid-19 Vaccination Promotion Project

The Tower Hamlets Covid-19 Vaccination Promotion Project was a project run by service users for service users to increase the uptake of the Covid-19 vaccine among people using mental health and learning disability services in Tower Hamlets. We trained Vaccination Champions who used their lived experience to share their own vaccination journeys and were able to signpost to reputable and up-to-date sources of information. We also recruited Vaccination Buddies could accompany and support people to, from and during vaccination appointments. There were many successes from the project, including:

- Encouraging, facilitating and supporting some of the most vulnerable people with severe mental illness and/or learning disabilities to get protection from Covid-19
- Directing people away from misinformation and towards reputable sources of information

- Creating service user placements for those using mental health and learning disabilities services, who often suffer from employment inequalities
- Being highly commended in the ELFT Staff Awards 2022



We really enjoyed being part of this project. Services should think about employing more people with a learning disability. We have a lot to offer!

Vaccination Champion for Tower Hamlets learning disability services

! Opportunities to do more

Support the physical health needs of our service users as well as their mental health, especially those with complex physical health problems and older service users.

Work with partners in health and care to reduce barriers to accessing prevention services such as vaccination, screening and health checks for people with severe mental illness and learning disabilities.

Increase the proportion of service users who quit smoking or switch to vapes with support from our specialist tobacco services.

Increase access to peer support for people accessing our drugs, alcohol and tobacco services, which also increases employment opportunities for people with lived experience.



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Key data sources

- fingertips.phe.org.uk/
- gov.uk/government/statistics/uk-local-authority-and-regional-greenhouse-gas-emissions-national-statistics-2005-to-2020
- tandis.odihr.pl/bitstream/20.500.12389/21983/1/08169.pdf
- ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/datasets/claimantcountandvacanciesdataset
- opendatacommunities.org/home
- gov.uk/government/statistical-data-sets/asylum-and-resettlement-datasets
- ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualorientationenglandandwales/census2021
- ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletinsukhealthindicators/2019to2020
- towerhamlets.gov.uk/Documents/Public-Health/JSNA/JSNA_Spatial_Planning_and_Health.pdf
- jsna.centralbedfordshire.gov.uk/

