

2025 Population Health Report on a Page

“This report...addresses factors such as housing insecurity, physical health care, unemployment and how they have an impact on health outcomes. The work that has been done here to challenge inequalities is an incredible start...there is more work to be done, but ELFT is definitely up for the challenge!”

Eleanor Addo, ELFT Population Health Advisory Group

2025 Pop Health Priorities

Early years and family support

Childhood is a critical stage of development and targeted help for children and families during this time reduces health inequities.

Examples of practice: [Healthier Wealthier Families](#) Perinatal Mental Health Equity programme; Team Around the School (TAS) pilot; N-Gage Summer Activities Programme; New WAY – support for young people affected by youth violence.

Employment support for service users, carers and local residents

Good jobs provide fair pay, safety and opportunities to progress. They promote good health and recovery.

Examples of practice: [Individual Placement Support](#); Talking Therapies Employment Advice; Digital Life Coach Training; Compass Wellbeing employment support fairs; Making Work Work for People with learning disabilities; Redemption Roasters & Forensics; Work experience weeks; Apprenticeships; Volunteer placements; Social Value contracts; Supporting local businesses through apprenticeship levy transfer; Newham joint employment forum.

Homelessness prevention and support

People experiencing homelessness often have poorer physical and mental health than the general population. Domestic abuse is one of the leading causes of homelessness amongst women.

Examples of practice: Specialist advice to East London mental health service users with uncertain immigration status; Analysis of data and deaths of our three inclusion health primary care practices; Staff training to help identify people affected by domestic abuse; North East London Homeless Health Strategy; Health and Wellbeing fairs; [Luton Smiling Together](#); Rough Sleepers Mental Health Project.

Promoting physical health: mental health & learning disabilities

Providing effective physical health support for people with mental health conditions and/ or learning disabilities reduces unacceptable differences in health outcomes.

Examples of practice: Stop smoking support for service users in inpatient and community settings; [Diabetes awareness month](#); Supporting cancer screening uptake for people with learning disabilities; Reducing hospital admissions for people with learning disabilities; [Making Every Contact Count \(MECC\) training](#)

Ongoing commitments

Champion social justice and fully commit to tackling racism and other forms of prejudice: Developing a [Poverty Proofing Toolkit](#); Patient Carer Race Equality Framework (PCREF); Unshame Newham; Tackling Missed Appointments; Implementing faith-adapted psychological therapy, Newham; Health Equity approach to dementia diagnosis, Tower Hamlets.

Contribute to the creation of healthy and sustainable places, taking action on climate change: [New Green Plan](#); Rewilding Twinwoods; More green spaces; Increasing recycling at Oakly Court; £1m awarded for solar panels; Net Zero Waste at Forensics; Reducing unnecessary prescribing at Fountains Court.

Co-produced report that shares progress against 2025 priorities, shows our role as a [Marmot Trust](#) and makes links to the [NHS ten-year plan](#).

Impact in numbers

Healthier Wealthier Families supporting £2million plus in income support

50% (80) of apprenticeships from ELFT areas
2,790 people accessed employment advice as part of Talking Therapies support

140+ service users accessing specialist immigration advice

982 service users supported to quit smoking

7.5% reduction in missed appointments

Over 150 trees planted at Twinwoods Resource Centre

83 population health staff nominations since 2021

A **Marmot Trust** means we apply the principles developed by Professor Sir Michael Marmot & the UCL Institute of Health Equity. This focuses on reducing **health inequities** by acting on the **social determinants of health** such as poverty, employment, and community conditions.

Why does this matter?

People living in ELFT service areas experience different levels of healthy life expectancy, closely linked to levels of deprivation. Many of our service users face poorer health than the wider population, often due to preventable conditions and barriers such as low income, limited access to good employment, and experiences of discrimination. Through the care we provide and the partnerships we build, we can take action to reduce these inequities.