Annual Public Health Report 2025:

The impact of the physical environment on health and wellbeing

ISLINGTON
For a more equal future

Foreword

Our subject in this year's Annual Public Health Report is healthy environments, looking at the health impacts of the physical environment in Islington. The environment is one of the cornerstones of public health, encompassing a range of factors that contribute to the overall health and well-being of individuals and communities. If our biological and personal characteristics and immediate family and household circumstances do most to determine our physical and psychological health and wellbeing, environmental factors contribute much, both directly and indirectly. Where we grow up, live, work, study and retire helps to shape our health and wellbeing throughout our lives.

The World Health Organization (WHO) emphasises that healthy environments are crucial in protecting health, preventing disease and promoting health:

"Healthy environments are those in which all people have good air quality and access to adequate drinking water, safe sanitation and waste management, which in turn reduce the risks of exposure to pathogens and chemicals. They are also those in which all people can enjoy and have access to enabling and health-promoting settings and spaces… Healthy environments are inextricably linked to greener, more sustainable societies, including energy policies that reduce the pace of climate change and do not compromise the health of present and future generations."

Creating and maintaining healthy environments involves a collaborative effort across governments, organisations, communities and individuals. Some environmental improvements on their own can have dramatic impacts on health – for example, the introduction of access to clean water and good sanitation systems has been transformative for human health, rapidly bringing down mortality rates among babies and young children and spurring long term declines in infectious diseases across the population.

In terms of health improvement and protection, environmental actions and policies are often combined with wider efforts to tackle health issues. Action to reduce smoking harms has embraced many different types of intervention – including prevention, health warning information, taxation, regulation, packaging and advertising bans – which have cumulatively acted to reduce smoking rates. It was not until 2007 when legislation for smokefree workplaces and enclosed public places was implemented to provide environmental protection for workers and the public from second hand smoke. However, its impact went further, as the debate about the proposals and implementation of the ban acted as an important catalyst in public attitudes towards smoking and increased understanding of the risks of exposure to others' tobacco smoke. This has helped sustain a long-term reduction in smoking, especially among young people, and increased public support for wider interventions to tackle tobacco harms which have further helped reduce smoking rates.

Another important aspect of the interaction between environment and health is the rise of the 'obesogenic' environment. This is one which has ready availability to

unhealthy food and its promotion and a built environment that discourages physical activity. Obesogenic environments encompass the physical environment, but also the economic, political, and social influences that shape people's options, behaviours and choices related to food and activity. Changes in the physical environment can help (or hinder) progress on healthy weight, but public health strategies need to encompass a variety of interventions to improve access to healthy foods, diet and physical activity, addressing social, economic and other inequalities between communities and groups.

This report aims to highlight the role of healthy environments in the overall health and wellbeing of the community in Islington, drawing on local examples, case studies and insight from residents. We focus on four important themes which exemplify different aspects of the environment for health: housing; the public realm; the commercial environment; and climate change.

There are several aspects of Islington as a place which underpin these themes.

- The first is that Islington is a small borough. At just under six square miles, it is the third smallest authority in the country (only the City of London's square mile and Kensington & Chelsea are smaller).
- The second is population. The last twenty years have brought major new housing developments, supporting a growth in population from 176 thousand in 2001 to 217 thousand in 2021. This makes the borough the second most densely populated place in the country. On current projections, it is expected that the overall population size will remain broadly unchanged over the next ten years but with a sustained increase in the population aged 65 and over.

From the point of view of healthy environments, the compact size of the borough, combined with the population density, brings challenges and advantages. Among the challenges is the simple fact that there is such a finite amount of space available for public use, and for which there are many different and competing demands for how it is best used. Among the advantages is that health services, leisure facilities, access to public transport, local shops and other local amenities tend to be available within a short journey for most residents, while acknowledging that other barriers to access still exist - such as cost, lack of time, perceptions of safety, language barriers and psychological barriers.

- The third aspect is the 'cheek by jowl' geographic pattern of poverty and affluence in Islington. This is evident in socio-economic differences between immediately adjacent neighbourhoods in the borough but extends down to street level, where the council bought up large numbers of street properties for social housing, following the house price crash of the 1990s. This mix of economic fortunes, if not unique to Islington, remains a very distinctive feature of the borough. Targeting actions geographically is a powerful way to influence health outcomes and address inequalities. However, in Islington it is often not as straightforward as other areas, where there are much clearer geographic divides and greater distances between richer and poorer areas and communities. Neighbourhood and more hyperlocal approaches to offer and target services and interventions, informed by more granular data and community insight, help to address this challenge.

The first of the four themes considered in this report is housing. The indoor environment is the most important for the health and wellbeing of most people living in the borough, and therefore housing conditions are fundamental to health. This is particularly true for those groups who typically spend more time at home, including young families and older residents.

Residential properties dominate Islington's landscape, mainly arranged as terraced housing and blocks of flats. A significant proportion of properties date back to the Victorian era or even earlier. Among the legacies of this early urbanisation is a relatively old housing stock which does not meet many modern standards, together with the largest concentration of basement flats in the country.

The effect of housing tenure on the population is often remarked upon, and heavily entwined with inequality. The proportion of owner-occupied/mortgaged properties is just over a quarter, much lower than London and national averages, and the proportion of social rented properties, at around 40%, is much higher, with the remaining third of properties privately rented. Poverty and need have concentrated and deepened into social housing over time, while ever more affluent households have moved into mortgaged properties as house prices have increased. The other major effect of the type of property is on the demography in the borough. One-bed properties make up 84% of properties and 79% are flats, a mix of purpose-built and conversions of larger houses. A borough which is overwhelmingly made up of flats and single bedroom properties is likely to be one with fewer children and families, and the local population structure skews accordingly towards single and co-habiting adults without children, compared with national demographics.

The Grenfell fire and the death of two-year-old Awaab Ishak from severe respiratory illness following prolonged exposure to mould in the home have emphasised safety standards and support for vulnerable residents in national housing policy. The report considers how adverse housing conditions, including damp and mould, overcrowding, and lack of heating, contribute to a range of health issues, and actions taken to address these. Trends in homelessness and numbers of households living in temporary accommodation are considered, with mitigations to help reduce the significant negative impacts on mental and physical health. High and rising housing costs contribute to financial stress and poor health outcomes, and in the private rented sector contribute to insecurity of housing tenure.

The publicly accessible space outside of our homes is the public realm, whose design, quality and upkeep influences health and its wider determinants (Chapter 2). The report considers its health influences through town planning, active travel, green spaces, and air quality.

Much of the borough's current layout was established during the urbanisation of the area in the nineteenth century. This includes many of the squares and parks dotted around the borough. The reconstruction and slum clearance after the second world war, and latterly through the redevelopments since the 1990s, have marked other important periods of change. In common with the rest of London, streets are the dominant feature of the public realm in the borough and there are over 250 miles of road, one of the highest ratios of road to geographic area in London. Well-designed

public spaces encourage physical activity and social interaction, improving health and reducing inequalities. The introduction of people friendly streets and liveable neighbourhoods represent an important way to help realise more of these benefits.

London is a famously green city compared with most other capitals, but Islington has the lowest amount of greenspace in the city, covering just over 12% of the borough's land area, and the second lowest in per capita terms. Access to green spaces is linked to numerous health benefits, including reducing stress, improving mental health, and encouraging physical activity. With limited greenspace in the borough, the emphasis has been on quality and encouraging greater use across the community, including through the 'Parks for Health' programme. The largest parks in the borough include Highbury Fields, Caledonian Park and Whittington Park, but there are over 130 green spaces across the borough, as well as others in neighbouring areas close to Islington's borders, meaning that most people live within a short distance of one. In addition to Islington's parks, seven leisure centres provide a range of sports, gym and other facilities, including four swimming pools, which see around two million attendances a year. Dotted across these centres and parks are sports pitches and courts, outdoor gyms and other resources which can support physical activity and movement of all types. There are over 60 sports and other types of physical activity on offer in Islington at more than 100 clubs, leisure centres, parks, community centres and other venues. There are also over seventy playgrounds in parks in the borough.

Outdoor air quality is linked to numerous health conditions, including respiratory and cardiovascular diseases. Improvements in air quality have been a tangible benefit for health in recent years, with the proportions of deaths linked to air pollution falling.

Commercial determinants are another important influence on health (Chapter 3). In Islington, the commercial sector largely comprises retail and office space, with a large hospitality sector and nighttime economy. There are many ways in which the commercial sector can support good health – among others, by offering good quality jobs, pay and working conditions; through economic development and growth in a growing and changing population; and by contributing to publicly funded health and care services. The public health focus on the commercial sector in this report concerns its role and influence in some of the key behaviours that affect health across our population – food, alcohol and gambling – and where geography is a key element.

Access to healthy food is really important. The borough's compact size and population density brings significant advantages, with most of the population living close to shops and markets selling healthy, affordable food. Work in collaboration with academic partners shows that access to culturally appropriate healthy food options is also well distributed across the borough. There are other barriers to healthy diets, including around food preparation time, skills and facilities and for households on low incomes, but there are no meaningful 'food deserts' in the borough which lack access to healthy food.

The availability and marketing of unhealthy food including fast-food takeaways, on and off-licence sales of alcohol, and gambling, are associated with a range of risks to health. Across all these commercial activities, proximity, concentration of outlets ('saturation'), advertising and marketing all increase the risks to health, especially for

more disadvantaged and vulnerable communities. Marketing of the products aims to influence consumer understanding and behaviour, shape public attitudes and public policy, and budgets far outstrip those of public health campaigns. Licensing policies, restrictions on advertising and marketing, and other public health interventions can help mitigate risks to health.

Ultra-high processed foods include sweetened drinks, packaged snacks, ready meals and breakfast cereals. Often high in fat, sugar, and salt, and low in vitamins and minerals, they account for an increasing share of the average UK diet – over half of calorific intake on the most recent estimates – and are importantly linked to increases in overweight children and adults, and to rises in Type 2 diabetes and heart disease. Voluntary agreements and statutory regulations between government and industry have achieved changes over time, such as reduced salt content in processed foods, and restrictions on advertising have been associated with reductions in some of the harms. Areas with high availability and marketing of alcohol are at increased risks of a range of physical and mental health problems, crime, and social issues. For example, within Islington there is a correlation between areas with more licensed premises and A&E attendances related to alcohol. Problem gambling and dependency are linked to financial, mental health, and social harms. Public health considerations have long been incorporated within Islington's licensing policies for alcohol and more recently gambling, informing decisions and conditions placed on licensing applications.

There are newer challenges arising from the greater use of digital options across the population, for example with food delivery apps making it possible to order food, alcohol and cigarettes to anywhere in the borough at any time of day. One sector where digital has become dominant is gambling, which has increasingly concentrated its business online. This report shows that Islington has seen a dramatic decline in the number of venues in the last few years, almost certainly due to this online shift. National regulation has sought to minimise some of the harmful effects of online gambling, but a harm which was already often hidden has arguably become even more hidden as a result, if perhaps the nature of problem gambling and dependency is becoming better understood.

There is consensus that climate change (Chapter 4) represents the greatest long-term challenge to human health. Climate change exacerbates respiratory and cardiovascular diseases, increases the prevalence of heat-related illnesses, and alters the spread of infectious diseases. Mental health is also affected, with increased anxiety and depression linked to climate-related stressors. Health and other inequalities may widen, since the poorest and most disadvantaged are disproportionately affected by climate risks and have less resources and capacity to adapt.

Climate change is now sufficiently advanced that mitigation actions – such as reducing greenhouse gases emitted into the environment – are being combined with adaptations to effects of a globally warming climate which is already underway, including how to respond to periods of hotter, wetter or more intense weather. The risks of climate change to health in Islington might be broadly thought of as comprising three elements: the direct effects of changes in the climate; the challenges and costs of adaptation needed in the urban environment and infrastructure to offset those

direct effects; and the indirect effects and knock-on consequences of climate change elsewhere in the country and globally. The direct risk for anywhere in the world is likely to be primarily a product of geography, level of development and use of resources. Islington's urban location, close to the centre of London and surrounded by other heavily built-up areas, already experiences an 'urban heat island' effect which makes the borough particularly vulnerable to hotter weather. Our location above sea level and without rivers means the direct risks of rising sea levels or flooding from these sources is minimal, but as one of the most heavily urbanised areas in London, the borough is vulnerable to sudden flooding due to heavy rainfall overwhelming drainage capacity. Wider national and international climate changes affecting energy and food production may impact future health and wellbeing, included increased risks of shortages and rising cost of living pressures.

The report describes the causes and projected impacts of climate change, including rising temperatures, extreme weather events and changes in disease patterns. These efforts bring important co-benefits for health, such as improvements in air quality, and encouraging more play, movement and active travel. They may also help to facilitate greater social interaction and connection. The chapter is largely based on the local effects of a global temperature increase of no more than 1.5 degrees. Higher temperatures will have greater impacts and likely introduce greater uncertainty and instability.

Overall, the report underscores the advantages of integrating health considerations into the many ways we can influence the environment through our collective endeavours (Chapter 5). This includes through the design and delivery of interventions that can increase co-benefits for environment and health, and in planning and policy making to shape environments that promote health and reduce inequalities. There are many excellent and exciting examples in Islington, and the final section of the report focuses on tools that can further enhance the health benefits of the environment. The findings and recommendations advocate for a preventative approach, emphasising the need for engagement with and support for vulnerable and disadvantaged groups who are often more exposed to environmental hazards and experience greater health inequalities.

Annual Public Health Reports are the report of the Director, but as ever, it is a team effort. I would like to thank all those who have contributed to the writing, analysis and review of this year's report. I would particularly like to thank Fran Bury and Isabel Mansfield for bringing so much to the development and coordination of this report throughout its production.

I hope that this report increases our shared understanding of the environmental determinants of health, and helps to inform how we continue to develop a more sustainable and healthier future for our residents and communities.

Jonathan O'Sullivan
Director of Public Health

Contents

1. Housing

How housing impacts on health and wellbeing

A home that is dry, warm, affordable, secure, and large enough for all its occupants is important for living a physically and psychologically healthy life. From a global perspective

World Health Organization (WHO Housing and health guidelines), 2018

"Improved housing conditions can save lives, prevent disease, increase quality of life, reduce poverty, and help mitigate climate change".

This chapter looks at the relationship between housing and population health. It considers how housing shapes the demography of the borough, health needs and inequalities, and focuses on affordability, security, quality of housing, homelessness and overcrowding.

In 2021/22, 1,561 Islington residents were surveyed as part of the Let's Talk community engagement programme to understand inequality in Islington. The top priority to improve life was affordable, decent and secure homes (70%).[1]

“...I [was] able to rent a flat when I first arrived in 2013. I had to downsize to a room at the age of 30 six years ago. ...Right now, I am being evicted for the second time in 18 months on a whim of the landlord. ...I am fully employed, have been working for the NHS in the community for the last 4 years...”

Islington Resident, Let’s Talk Islington Engagement Programme, 2022

“I cannot afford to buy a house, neither do I qualify for housing from the council so eventually I will have to end up moving because rents are too high.”

Islington Resident, Let’s Talk Islington Engagement Programme, 2022

“For someone with a normal income it’s a bit difficult, because it’s very expensive, so difficult...that [it] would be impossible for me to earn enough to be able to buy even a flat.”

Islington Resident, Islington Longitudinal Wellbeing Study Interviews, Spring 2024

Only 27% of households in Islington own their home or have a mortgage; this is much lower than in London as a whole (45%) and England (61%). Forty percent of households in Islington live in socially rented homes, significantly higher than London (23%) or England (17%):[2] 25% are rented from the council, making the council the seventh largest landlord in the country, and 15% from housing associations.[3] The proportion of Islington households living in private-rented properties (31%) is similar to London (30%) but higher than England (21%). Between the 2011 and 2021 census, there was a shift in the proportion of households in private rented properties, from 27% to 31%, and a corresponding fall in the proportion of households in more stable tenures (social rented and owner-occupied/mortgaged).[4] This shift mirrored the London and national pattern.[5]

There is significant pressure on social housing, with a long waiting list: in 2024, just 6% of those on the housing register were allocated housing. Priority for housing is based on a points system which includes a range of vulnerability factors such as risk of homelessness, overcrowding, urgent welfare needs (such as domestic violence), and the presence of a serious medical condition being made worse by current housing.[6] Given the number of households seeking housing, this means that as social housing becomes available, it tends to be taken up by households who have greater social, health and other vulnerabilities compared to the previous occupants.

As house prices have increased, and increased faster than household incomes, people moving out of owner-occupied/mortgaged properties in Islington tend to be replaced by households on higher incomes, increasing the economic divide between house buyers and residents in social housing within the borough. Private rents in Islington are also high and rising rapidly (see Figure 1).[7] Although it is more difficult to track the impact of these increases on population compared with the other housing tenure types, the level of increase is such that households on lower and middle incomes will find private rented accommodation in the borough increasingly expensive and unaffordable relative to income, which is likely contributing to further population change as well as to increasing levels of homelessness.

The housing landscape therefore underpins and contributes to extreme health inequalities in the borough. The compact size of the borough, and mix of tenure types in close geographic proximity, even on the same streets, gives rise to the 'mosaic' pattern of deprivation in the borough, with very wealthy households neighbouring vulnerable households experiencing deep poverty. The parts of the borough with the most deprived households and high concentrations of social housing have the lowest life expectancy, while the least deprived (or wealthiest) have seen dramatic increases in life expectancy over the last decade compared with the rest of the borough.

Housing is a key priority for Islington Council, in its role as one of the largest social landlords in the country, through developments in the borough and in its work to ensure and raise standards in the private rented sector. The ambition is for everyone in the community to have a decent, genuinely affordable and safe place to call home in the Islington Together 2030 plan[8] and in further strategies and actions set out in the Housing Strategy 2021-2026: A home for all,[9] and the council's Homelessness Prevention and Rough Sleeping Strategy.[10]

Breakdown of household types in Islington

36%
one-person households

18%
co-habiting couples

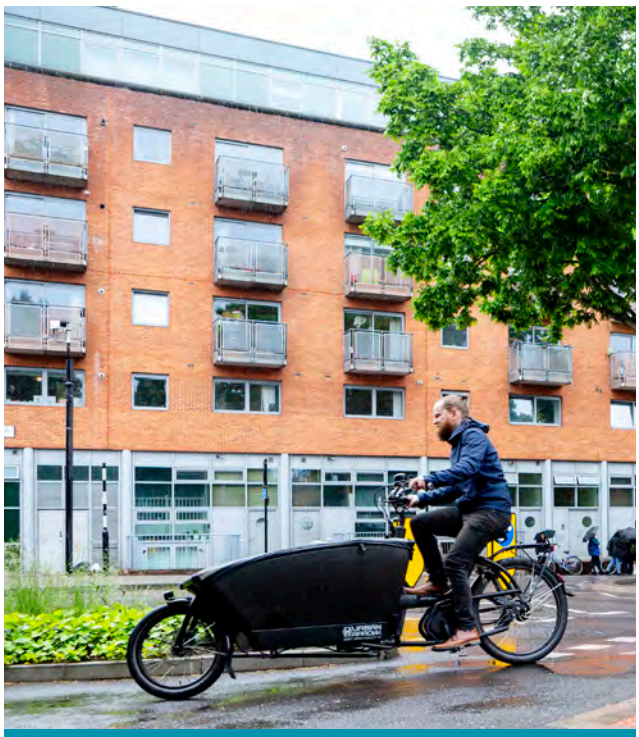
28%
single-family households with children
(which includes non-dependent children)

18%
other household types, including
multi-family households

This pattern has not changed substantially since 2011, although the number of one-person households has decreased slightly (-3%), the number of co-habiting couples increased (2%) and the proportion of single-family households with dependent children also increased (1.2%).[11]

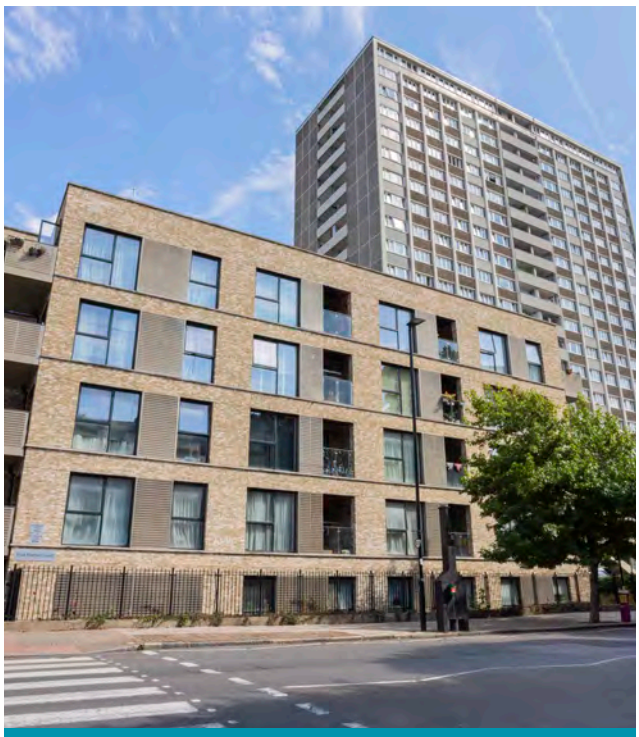
Variety of housing in Islington

Owner Occupied Victorian terraced housing



Modern privately rented / owner occupied flats

Social housing block



Modern Social Housing Apartments

1.1 Affordability

A shortage of housing alongside strong demand to live in Islington contributes to pressures on housing and rising housing costs in the private sector. Local authorities have two main levers to increase the availability of housing, and ensure it is affordable:

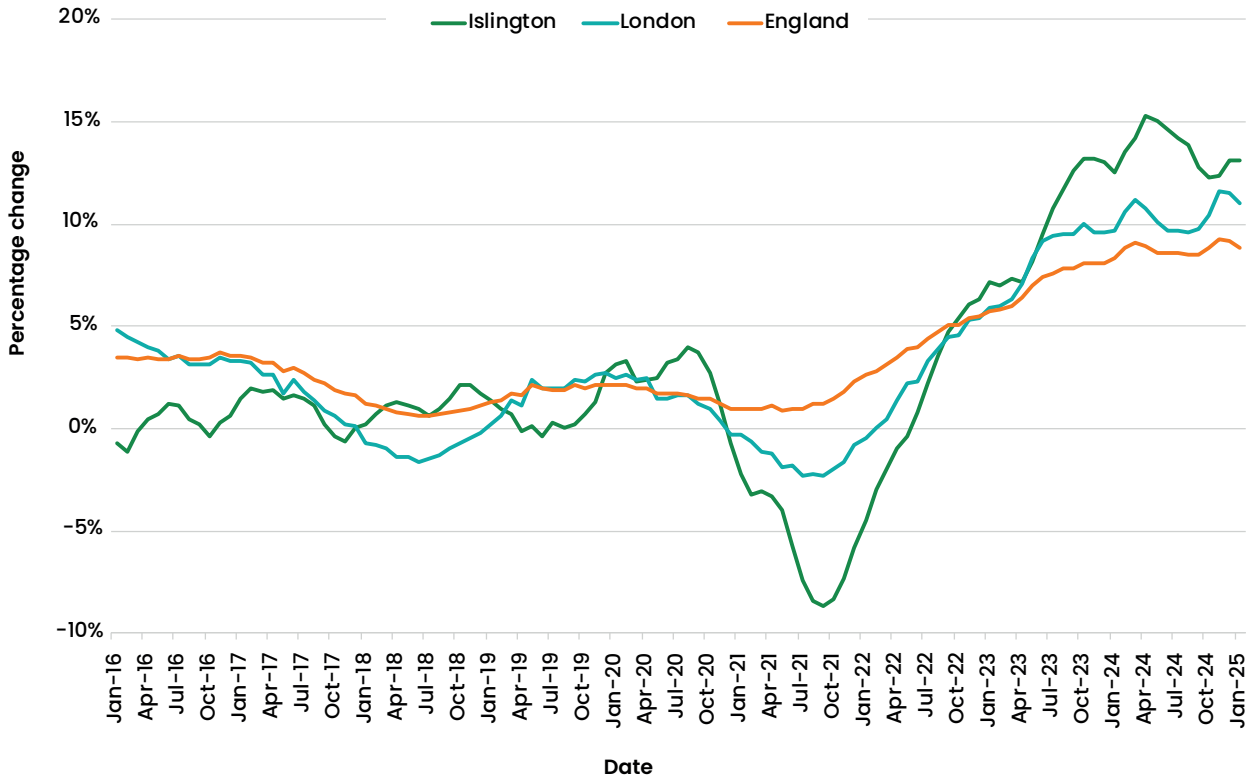
1. **Direct delivery of new homes, leading the delivery of new social and private homes in the borough.**
2. **Using planning policy to encourage the provision of new affordable homes by others, including registered social landlords and private developers.**

Islington currently uses both levers to address affordability and availability challenges within the borough.

In Islington, house prices and private rental costs are high.

- The average first-time buyer house price was £633,819 in Islington in October 2024, significantly higher than both London and England averages (£451,282 and £259,345 respectively).[12] The price was equivalent to 13.8 times the annual median earnings for an Islington resident in full-time work, again higher than the London (12.0 times) and England (8.2 times) averages, and far out of reach of most Islington residents.[13]
- After a fall in average rents during the first period of COVID-19 impacts, the cost of private rents has been rising steeply since 2021 and is significantly higher than pre-COVID-19 (see Figure 1). In October 2024 it reached an average of £2,599 per month, an annual increase of 12.3% faster than the rise in London (10.3%) and England (8.8%) and much higher than average wage growth and general inflation.[14]

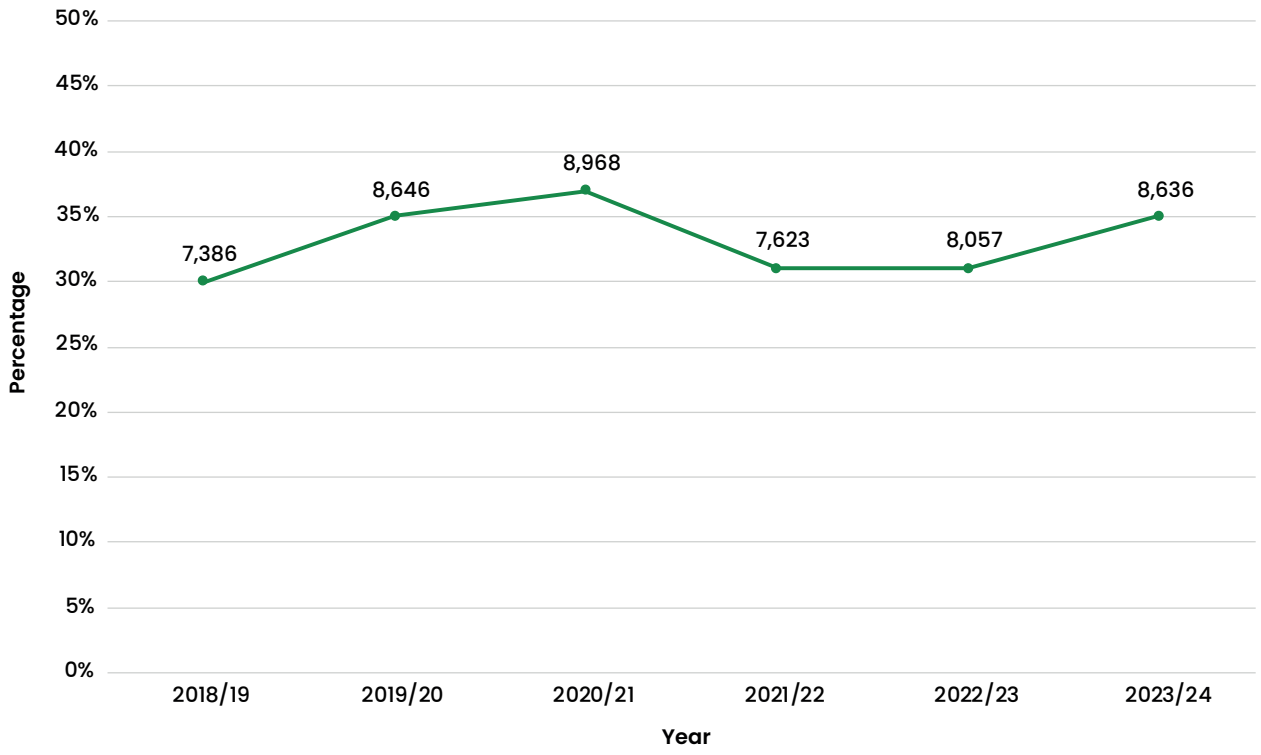
Figure 1: Graph showing the annual change in private rents in Islington between January 2016 and January 2025.



Source: Price Index of Private Rents from the Office for National Statistics.

Although housing costs are much lower, managing rent payments can also be an issue for residents in social housing, not least reflecting increasing levels of vulnerability and poverty. When residents are unable to pay their rent, they can build up a debt to their landlord, known as rent arrears. Since 2018/19, around a third of socially rented households in Islington have been in rent arrears over the last six years, ranging from 30% to 37% in any given year. In 2023/24, 8,636 households were in rent arrears. While the proportion of households in rent arrears has broadly stayed the same, the average rent arrears per social housing tenant has more than doubled, from £195 in 2018/19 to £424 in 2023/24.[15] This change is primarily attributed to welfare reform and the roll-out of Universal Credit. Universal Credit is paid in arrears to new claimants, meaning rent may be due before Universal Credit has been received and households may not have the means to meet the rent in the meantime. Moreover, Universal Credit is paid directly to residents, meaning residents need to manage funds themselves and ensure enough money is left-over for rent. This further indicates insecurity of employment and the lack of financial resilience (or savings) of many households in social housing which poses further health risks, particularly for mental health.

Figure 2: Graph shows the count and percent of households in rent arrears in Islington between 2018/19 and 2023/24.



Source: Internal London Borough of Islington Data. Q4 2023/24.

High and increasing housing costs affect health in several ways, but with different impacts for different groups. Housing costs account for the single largest share of many household budgets, and typically account for a much higher share of budget of the poorest households compared with the most affluent, a gap which has widened in recent decades.[16] Factors such as debt, credit problems, and other financial stressors which can arise from high housing costs relative to income can induce chronic stress, leading directly to mental health conditions and other health problems.[17] Those who spend a high proportion of their income on housing have less money for other things that promote good health, such as good quality food, social activities, physical exercise, and management of chronic conditions, and therefore this is one mechanism by which people on low incomes with high housing costs experience greater health inequalities.[18] Similarly, as housing costs as a proportion of income increase, more households struggle with other basic needs such as the cost to heat their homes and the price of food, which means households need to trade-off how much they spend on heating and eating.[19]

Rising housing costs and prices also contribute to health inequalities in other ways. A recent review of 23 studies considered the relationship between increasing housing prices and impacts on health and found that income level and home-ownership status were key factors. Lower-income individuals and renters were more likely to experience negative health consequences from rising house prices - likely the result of increasing stress and financial strains. However, rising house prices were generally associated with positive health outcomes for higher-income individuals and homeowners, which the review suggested may be linked to the protective effects of increased wealth or perception of wealth on health and wellbeing.[20]

1.2 Housing insecurity and homelessness

Housing insecurity

Many people renting in the private sector need to frequently move due to high housing costs and insecure tenancies. Housing insecurity creates stress and a loss of control which is linked to mental health outcomes. Additionally, good social networks and relationships are vital for health but networks and connections with local health and community services are weakened when people have to frequently move house.[21] For children and young people, growing up in insecure housing has been found to be linked to poorer overall health, developmental and behavioural problems, lower school readiness, and worse educational outcomes.[22]

The private rented sector is the least stable form of housing. This is because most private tenants have an assured shorthold tenancy. This means that landlords have been able to use a "Section 21" process to evict tenants without a reason. This process is often referred to as 'no fault eviction' which can result in homelessness if tenants are unable to find alternative accommodation. The private rented sector is also difficult to access for many residents. In the UK, one in five private landlords will not rent to families with children, and landlords are more likely to refuse to rent to people claiming government income support (Universal Credit or housing benefit), and to people with a disability.[23]

Although landlords are required to make reasonable adjustments to enable disabled people to fully access the property they are renting, the Equalities and Human Rights Commission found that many disabled people are not getting the adaptations and support they need to live independently. This includes those with learning disabilities and autism, whose needs are often over-looked by landlords.[24] University students, in particular overseas students, are also more likely to experience poor private housing conditions and exploitation by private landlords.[25, 26] The council is shifting to an online system to help support residents with problems or concerns with private rented housing, as well as offline contact points for those who may be digitally excluded to access support.

For those who cannot rent privately, social housing may be an option, but need and demand are high relative to availability of socially rented houses. Currently 15,000 households in Islington are on the waiting list for social housing (approximately 8% of all Islington households).[27, 28]

Islington residents consistently report that secure, affordable housing is a top issue, and key for wellbeing. Residents with experiences of unstable housing talked about the impact of housing insecurity on mental health including stress, the impact on children's wellbeing and educational attainment, as well as family relations, for example non-dependent (adult) children having to move out of Islington to find affordable housing. In contrast, those with experiences of having a secure home described their situation as "lucky", especially given rising housing costs and levels of homelessness in London. Those living in council housing talked more positively about their stability and about their estate communities.[29]

The government recognises that the current law contributes to housing insecurity and the new Renters (Reform) Bill will reform the private rented sector, including abolishing section 21 evictions and making it illegal for landlords to discriminate against potential tenants for receiving benefits or having children, groups who are not protected under current legislation.[30] The bill aims to improve housing security in the private rented sector. However, organisations representing and supporting landlords have highlighted potential negative implications of the bill, including increased rental prices and reduced housing availability, if landlords leave the market, or become more selective about who they rent to.[31,32] There are also concerns of short term risks such as a sharp increase in evictions before the bill is enacted (expected by autumn 2025) and reduction in private-sector properties on the market, with implications for homelessness and the demand for social housing.

Homelessness

Homelessness is defined as "a lack of stable, safe, and adequate housing, or the inability to obtain it". This includes people who are rough sleeping, and those reliant on temporary accommodation. Homelessness is currently increasing sharply, especially in London. In Islington, there was a 25% increase in the number of households assessed as homeless in 2023/24 compared with the year before.[33,34] Homelessness is higher in Islington than London as a whole, with an annual rate of 6.4 per 1,000 households becoming homeless, compared to 5.4 per 1,000 households in London overall, and 3.9 per 1,000 households in England.[35]

The reasons for homelessness are multifaceted and have often been caused by a complex interplay of individual and structural factors. Individual factors include bereavement, relationship breakdown, poor health, experience of abuse, and incarceration. Structural factors include poverty, systemic inequalities, rising private rents, evictions, and housing shortages.

Compared to national and regional averages, more households in Islington approach the council for support when they are in the relief stage (when they are already homeless) compared to the prevention stage (at risk of homelessness). In Islington in 2023/24, 68% of all contacts with homelessness support services were at relief stage, compared to 55% in London and nationally.

Common causes of homelessness include family exclusions and domestic abuse, with reported incidents increasing since the introduction of the Domestic Abuse Act 2021. There are significant inequalities and health inclusion groups are over-represented, including, among others:

- LGBTQ+ individuals, particularly young people and younger adults are at increased risk of homelessness.
- Black households are overrepresented (21%) in homeless applications relative to their share of the population in Islington (13%).
- People leaving institutions are at sharply increased risk, including people leaving prison or asylum seeker accommodation.[36]

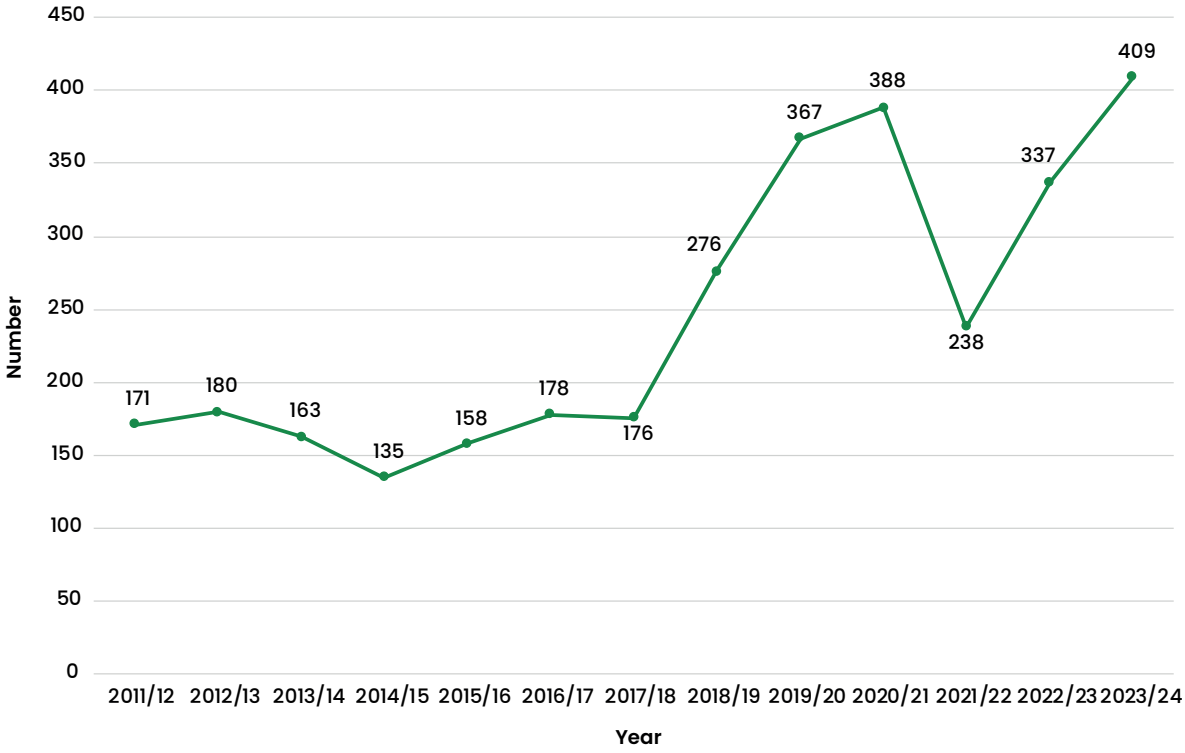
Rough sleeping

Rough sleeping refers to people without a home who sleep without adequate shelter, typically on the street. On average, the life expectancy for people sleeping rough is 44 years for men and 42 years for women. This is 30 to 40 years less than the general population.[37]

Health issues may be both a cause and consequence of rough sleeping. Many people who sleep rough experience poor mental health, substance dependency and a wide range of physical health problems.[38, 39] Common physical health problems include joint and muscle problems, teeth problems, and breathing conditions such as chronic obstructive pulmonary disease (COPD) and asthma. There is a higher prevalence of infectious diseases amongst people sleeping rough, including Hepatitis B and C, and latent tuberculosis.[40] People sleeping rough are more susceptible to health impacts caused by severe hot and cold weather, and this is likely to be further affected with climate change.[41] Violence, fatal traffic accidents, and falls are common causes of death, and there is a higher risk of death from suicide.[42]

During 2023/24, 409 people were seen sleeping rough in Islington on at least one occasion - the 13th highest borough in London. The number of people sleeping rough dramatically reduced in 2021/22, likely due to COVID-19 protections such as the 'Everyone In' initiative. Since then, rough sleeping has risen to above pre-COVID-19 levels, with an increase of 21% in the number of people seen sleeping rough in the borough in 2023/24 compared to 2022/23. These numbers are likely to under-estimate true numbers sleeping rough; for example, women and marginalised groups tend to be less "visible" when rough sleeping.[43]

Figure 3: Graph shows the number of people sleeping rough in Islington between 2011/12 and 2023/24.



Source: CHAIN (Combined Homelessness and Information Network).

“I believe everybody is entitled to have a home, somewhere that will just protect them, not only from dangers outside or anything, but whether that sort of – it breaks my heart to see people sleeping on the streets. It’s not necessary. Not necessary.”

Islington Resident, Islington Longitudinal Wellbeing Study Interviews, Spring 2024

“I’ve never been able to find the right support to stop it [substance dependency]. I want to stop it, but I can’t find the right support.”

Islington resident, with a history of sleeping rough, NCL Inclusion Health Needs Assessment Interviews, 2022

“Then I got into a situation that wasn’t my fault. I was witness to a murder, and I went to court and the two boys got released, they didn’t get charged with the murder. Then two years after that, one of them found me in Charing Cross sleeping rough and kicked lumps out of me and put me in hospital for two weeks.”

Islington resident, sleeping rough, NCL Inclusion Health Needs Assessment Interviews, 2022

Islington case study: Health and wellbeing support for those experiencing homelessness

In the past two years, significant work has taken place to improve health and wellbeing support available for those who are homeless, in particular for those sleeping rough. In Islington, there are a range of outreach services which aim to meet the health and wellbeing needs of those experiencing homelessness:

- **Islington Street Homelessness Outreach team** offers practical support on a range of issues, including support with housing, benefits, emergency accommodation and referral into drug and alcohol services. The team includes a part-time Outreach Nurse who supports with physical health and wellbeing. The Street Outreach team is part of the Community Safety Directorate and work very closely with the Homelessness and Complex Needs team and Public Health.
- **Two drug and alcohol teams** (Better Lives and INROADS) conduct daily outreach and can offer support and treatment in any location. Support available includes rapid prescribing of opiate substitute therapy, psychosocial interventions and some wider practical wrap-around support. INROADS and Better Lives conduct regular visits to Islington's complex needs supported accommodation projects, the rough sleeping hostel and attend homeless day centres. Both teams are commissioned by Islington Council Public Health.
- **Islington Primary Care Network GP Outreach Team** offers health-focussed outreach for Islington's streets and homeless hostels, including wound care, support with respiratory illness and other health needs.

These outreach services work flexibly and collaboratively with other services in order to meet the complex health and wellbeing needs of those experiencing homelessness.

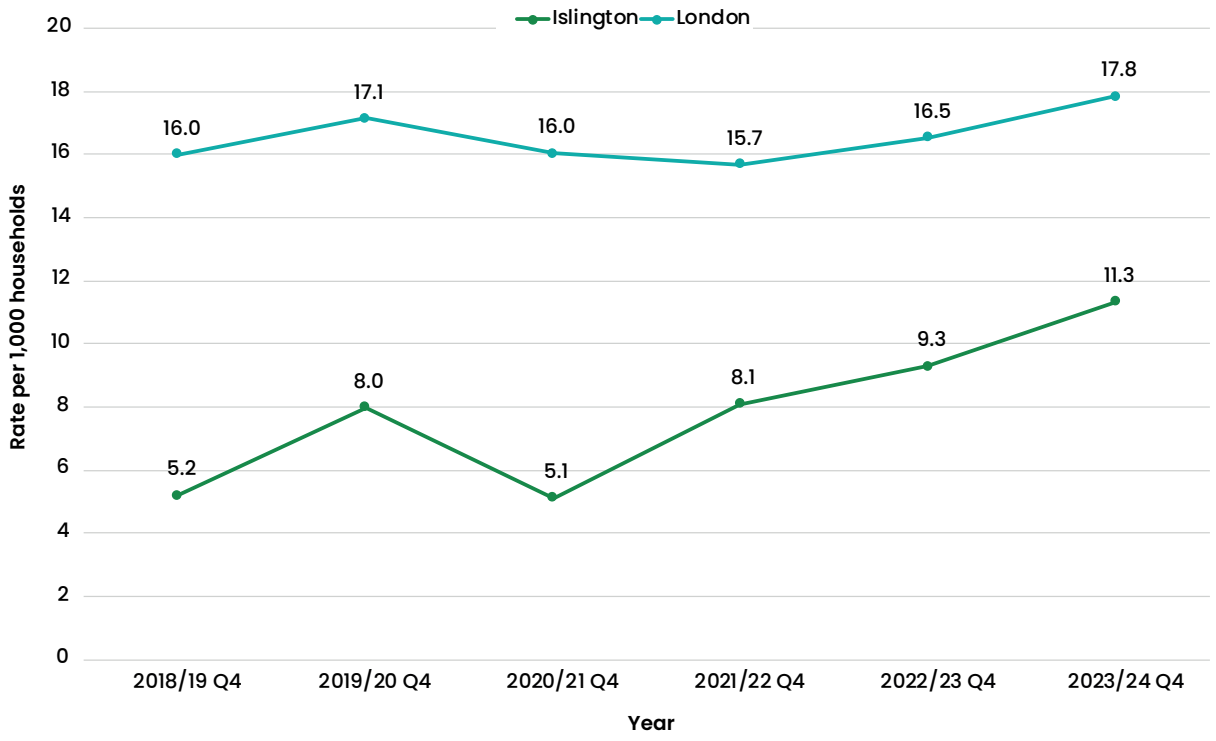
Temporary accommodation

Temporary accommodation aims to provide people with a safe place to live until more stable housing can be found. However, national evidence shows that homeless households living in temporary accommodation are often affected by quality issues such as damp, mould, and overcrowding. It is also associated with a greater risk of infections and accidents and has been found to impact access to statutory health checks, screening and immunisations.[44]

Temporary accommodation has particularly negative consequences for children and can affect their future life chances. Children who have been in temporary accommodation for more than a year are over three times more likely to have mental health problems such as anxiety and depression.[45] Temporary accommodation has been cited as a contributing factor in the unexpected deaths of at least 74 children in England reported over the period 2019-2024, 58 of whom were babies under the age of one. Child deaths were more likely to occur when homelessness was combined with overcrowding, mould and a lack of access to safer sleep options, such as cots and Moses baskets.[46] Nationally, temporary accommodations often have limited cooking facilities. Without the facilities to cook healthy meals, children are more likely to be malnourished, leading to vitamin deficiency, anaemia, teeth problems, or being underweight. Islington Council have been successful in mitigating use of hotel-type forms of temporary accommodation without cooking facilities; reserving hotel-type accommodation for emergency use for a few days only. Islington Council provides temporary accommodation with cooking facilities, about half of which are homes directly owned and managed by the Council, and the remainder are nightly booked accommodation in the private sector that meets 'setting the standard' requirements including cooking facilities.

Islington, like other London boroughs, is facing significantly increased need for temporary accommodation. Compared to London, Islington has a lower rate of households living in temporary accommodation (11 versus 18 per 1,000 households) and a significantly lower rate of dependent children living in temporary accommodation (11 per 1,000 versus 24 per 1,000) in spite of one of the higher rates of newly homeless households in the capital – this is largely because people spend significantly less time living in temporary accommodation compared with other areas. This has been the case for the last five years. However, numbers of households in temporary accommodation have been rising (see Figure 4), and there are concerns that this trend will continue. At the end of 2022/23, 990 homeless households were living in temporary accommodation in Islington. At the start of 2024 this had risen to 1,174 households, and by October 2024, this had reached 1,567, with 56% of households including children.[47]

Figure 4: Graph shows the rate per 1,000 of households in temporary accommodation in Islington and London between Q4 2018/19 and Q4 2023/24.



Source: Department for Levelling Up, Housing and Communities (DLUHC) homelessness statistic.

Islington Case Study: Social housing acquisition and homelessness prevention

Islington Council is working extensively to respond to changing trends and pressures and improve outcomes through a range of social housing and homelessness prevention schemes, which should also help to mitigate the health impacts. These include:

- A £113 million property acquisition scheme will help to tackle homelessness and keep residents within the borough. The council has purchased 1005 ex-council homes as part of the scheme, including 140 in 2023, and a further 320 in 2024/25.[48]
- Commissioning of supported housing schemes to accommodate vulnerable residents at risk of homelessness,[49] including young people aged 18–24, care-experienced individuals, those with mental health conditions and learning disabilities, and women escaping violence.
- The Islington Council Independent Housing Intensive Support Scheme and Housing First initiatives provide housing support for rough sleepers. Almost all (93%) of clients accepted into the Islington Council Independent Housing Intensive Support Scheme have maintained their tenancies.
- Islington's Home Shelter scheme aims to enable domestic abuse survivors to remain safely in their homes by providing security measures. This helps reduce or avoid periods in temporary accommodation for survivors and affected families, which can mean further disruption, including changes in health services and school or nursery places. In addition, in 2021, the council adopted the Whole Housing Approach (WHA) framework across all housing services to strengthen support for domestic abuse survivors to access or maintain housing.
- A team of complex needs navigators work with those who are at risk of falling between other service thresholds to try and prevent homelessness. They provide intensive assistance to individuals facing eviction, those at risk of cuckooing, and support residents to move on from emergency off-street accommodation.

1.3 Housing safety, quality and over-crowding

A survey of Islington residents of all tenures found that 76% are satisfied that their home is well maintained and safe to live in. However, people from mixed ethnic groups (63%), black residents (65%) and other ethnic groups (70%) were less likely to say they are satisfied with their housing compared to people from Asian (84%) and white (80%) ethnic groups.[50]

Unsafe and poor-quality housing can put a person at significant risk of health problems, accidents and injuries, and even death. It has been estimated that it costs the NHS £1.5billion per year to treat people who are affected by poor quality housing in England.[51] National reports and policy have increasingly focussed on improving the safety and quality of housing, following tragic preventable events including Grenfell Tower, and the death of two-year-old Awaab Ishak due to chronic exposure to mould in the home, for example recommendations from The Grenfell Tower Inquiry Phase 1, and Social Housing Ombudsman requirements on damp and mould.[52, 53]

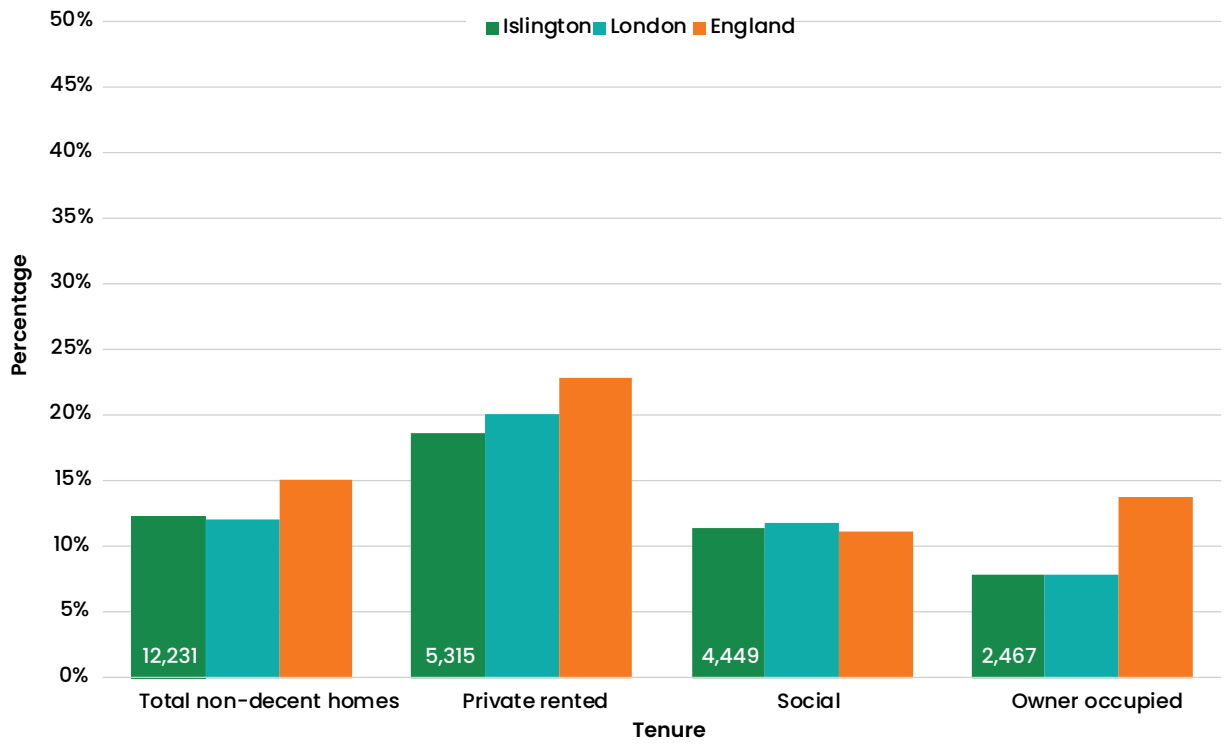
The minimum standards that social rented homes are required to meet are set out in the Decent Homes Standard 2006:[54]

A national review of the Decent Homes Standard was conducted in 2023, and a new standard is currently expected in 2025.

In 2020/21, the English Housing Survey found that the percentage of homes which were non-decent was lower (better) in Islington than England (Figure 5). In Islington and England 8% and 14% of owner-occupied homes respectively were considered non-decent; 11% of socially rented homes in Islington and England; and housing in the private rental sector had the highest proportion of non-decent homes (18% in Islington compared to 23% across England).[56] A smaller, more recent survey on the standard

of social housing carried out in 2023/24 found that 3% of Islington Council owned social homes were non-decent.[57] In addition to the Decent Homes Standard, tenant satisfaction measures also exist which landlords must meet. In general, the health impacts and risks increases if a person's home fails to meet multiple components of the standard.

Figure 5: Graph shows the percentage of households in non-decent homes in Islington across the different tenure types in 2020/21.



Source: English Housing Survey Islington 2020/21.

Local authorities have powers under the Housing Act 2004 to assess private rented properties for a range of hazards as set out in the Housing Health and Safety Rating System. The quality issues covered include damp and mould, excess heat and cold, air pollutants, pests, accident prevention, and over-crowding. Enforcement options include serving an improvement notice on the landlord, making a prohibition order (preventing a property from being used for specific purposes), taking emergency action to address a hazard, or serving a hazard awareness notice.[58] Islington has several licensing schemes which enable the council to effectively mobilise available powers to improve the quality of housing in Islington, as detailed in the property licensing case study below.

Islington Case Study: Property licensing

The quality of privately rented homes is a concern nationally and locally. Historically, a key barrier to improving the quality of the private rented sector is that local authorities had little power or control over private landlords. However, in 2006 local authorities were given discretionary powers to regulate privately rented homes through 'selective' and 'additional' licensing schemes.

Licensing is mandatory across the UK for properties occupied by five or more unrelated people where there are shared facilities, or bedsits that are not fully self-contained. Alongside mandatory licensing, Islington has introduced both additional and selective licensing schemes[59] to protect private renters in other types of properties; showing commitment to raising the quality of housing in Islington which in turn will impact health and wellbeing.

In 2021, Islington introduced selective licensing.[60] In selective licensing schemes, landlords in targeted areas must pay for a licence, allow inspections, and carry out work necessary to keep properties safe, and ensure compliance with licence conditions. This was first introduced in 2021 in Finsbury Park for privately rented accommodation occupied by 1 to 2 people or a single family. As of 1 May 2024, 1,579 properties in the ward were licensed which is estimated to be 72% of the private rented properties in Finsbury Park. The scheme expanded to Hillrise and Tollington wards in May 2024. By October 2024, 1,286 landlords have applied for a selective licence and 328 inspections have been carried out. One quarter of the properties inspected had one or more health or housing hazard. The most frequent hazards encountered included damp and mould, fire safety issues, excess heat or cold, electrical safety issues, and risk of entry by intruders. Council action to address the hazard varies from informal work with licence holders to resolve minor hazards, to work by council enforcement teams to further investigate more major hazards and enforce action to address them, including service of notices, the issuing of civil penalty notices and, in the worst cases, prosecution.[61]

In 2021, Islington introduced additional licensing. This applies to small HMOs (Houses of Multiple Occupancy) across Islington (occupied by three or four unrelated people) and certain other flats not covered by the mandatory licensing scheme. This licensing scheme requires the properties to be properly managed and provide a safe environment for their tenants, as well as meeting prescribed standards.[62]

Selective and additional licensing schemes are intended to move from a reactive system, dependent on tenants in properties raising issues with the council, to a proactive system which sets out clear, minimum standards and which hold landlords to account. A recent London-based study shows that selective licensing schemes are linked to improved mental health outcomes at area level as well as improvements (reductions) in antisocial behaviour, demonstrating the potential benefits for selective licensing schemes.[63] Islington is working with London School of Hygiene and Tropical Medicine to evaluate the impact of selective licensing on health in Islington. Following an initial review of the evidence, Islington Council believe that 9 other wards would benefit from the adoption of selective licensing, and that additional licensing, which was due to end in February 2026 should be extended for another 5 years. A public consultation has been conducted to collect feedback on these proposal.[64]

Overcrowding

People in lower income households are more likely to be in overcrowded accommodation than those in higher income households.[65] Overcrowded living conditions can strain family relationships, reduce privacy and limit space for children to study and play. These factors can cause stress and poor mental health[66] and result in lower educational outcomes. These can have lasting consequences, with poor educational attainment affecting future life chances and perpetuating and exacerbating health inequalities.[67] Overcrowding also increases risks of respiratory and intestinal infectious disease transmission.[68, 69] During the COVID-19 pandemic, overcrowding made self-isolation and stay-at-home orders more difficult: in the early months of the pandemic, there was an association between higher mortality rates and levels of overcrowded households at local authority level.[70]

Due to the known health and wellbeing implications of over-crowding, there are national minimum room sizes in place for bedrooms, kitchens and bathrooms in Houses of Multiple Occupancy. For example, minimum standards for bedrooms (the Bedroom Standard) are 10.22m2 for two people sharing, 6.51m2 for an adult, and 4.64m^2 for a child under 10.[71] In Islington, stricter standards are in place: 8m2 for one person of any age, and 11m2 for two people of any age from the same family. Other sizes apply where kitchen facilities are in the bedroom.[72]

"I would say mental health is number one (impact of overcrowding)"

Staff member working with families in overcrowded housing, Islington and Tower Hamlets LE-HOMe Project

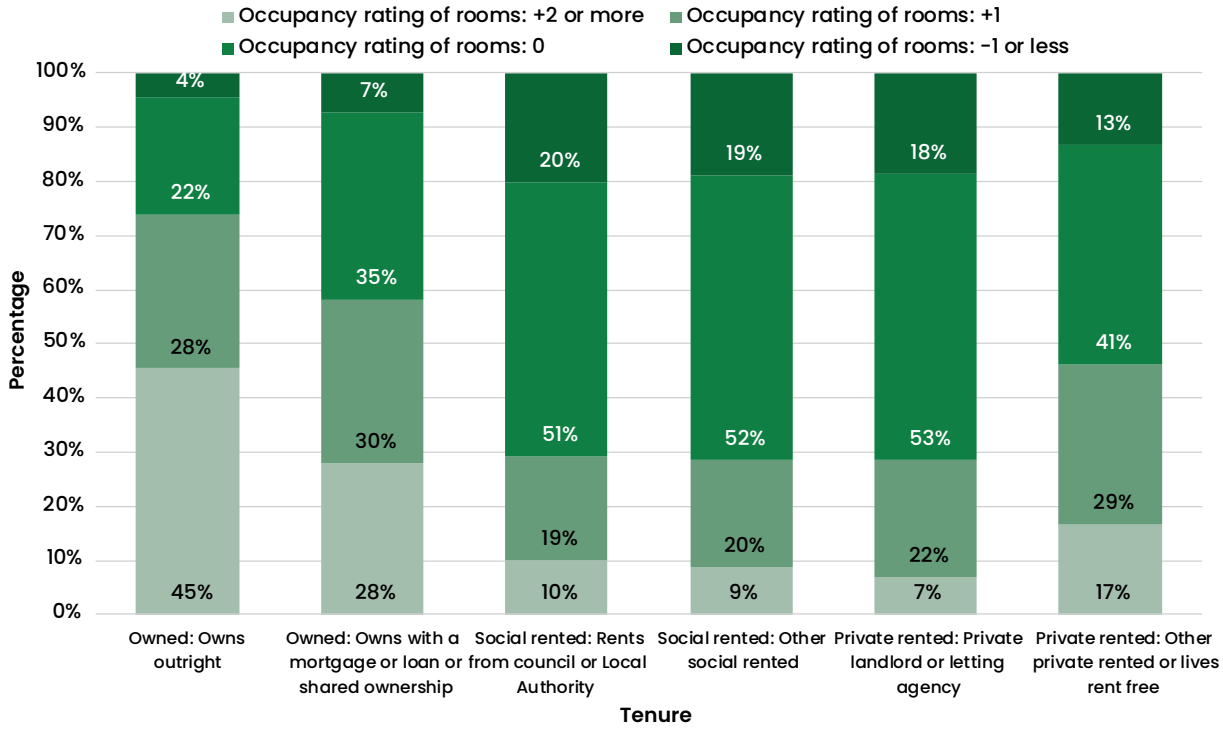
"It affects my sleep because he has to sleep in my bed"

Resident with lived experience of raising children in overcrowded housing, LE-HOMe Project

The type of social housing available in Islington does not fully align with need which contributes to overcrowding and other pressures related to space. For example, there is a lack of accessible properties for wheel-chair users, and a lack of larger properties. Whilst most applicants (84%) on the council's housing register require two or more bedrooms, most of the stock available are 1-bedroom units.[73]

Overcrowding is a growing issue in London, driven by high and increasing costs of housing and the lack of supply of affordable housing. According to the 2021 Census occupancy rating, 9% of Islington households were overcrowded at the time of the 2021 Census, one and a half times the England average (6%).[74]

Figure 6: Graph shows the extent of overcrowding in Islington housing across the different tenure types in 2021.



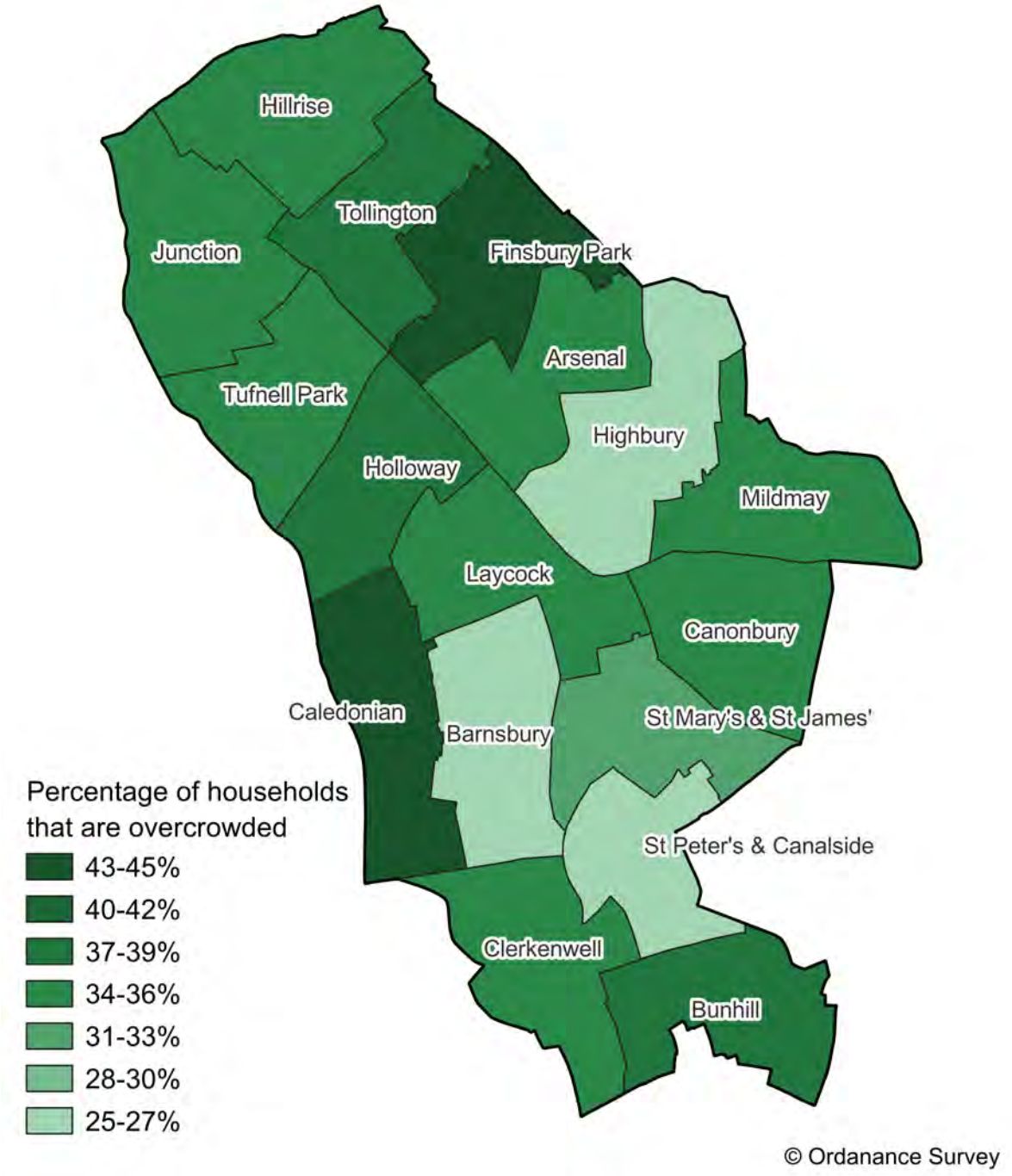
Source: Census 2021.

There are several limitations of the census occupancy rating as an overcrowding measure, in particular the methodology can understate overcrowding amongst families with children. As part of the LE-HOMe (Lived Experience of Household Overcrowding Measure) project, Islington Council is working with University College London (UCL) to more accurately understand overcrowding in the borough.[75] The project estimates that 13.1% of all households in Islington are overcrowded (compared with a calculation of 9% in the 2021 Census), rising to 34.6% of households with dependent children.

For families with dependent children, overcrowding is most common in local authority social housing (44.5% of families over-crowded), and least common in owner-occupied housing, where the figure was still high (20.8%). Overcrowding is more common in households with children in primary school (37.4%) or pre-school (36.0%), compared to children in secondary school (29.1%). At ward level, at least a quarter of families with dependent children experience overcrowding but there is wide variation, with the highest proportions seen in Caledonian ward (44.3%) and Finsbury Park ward (43.3%).

The project identified that certain factors influence the impact of overcrowding on wellbeing; household composition (including single parents and those with pre-existing health conditions), housing conditions (e.g. damp and mould), availability of outdoor space and free facilities nearby, floor layout and overall floor area, and communication with housing providers. Measures to improve these factors could reduce the impact of overcrowding on health and wellbeing, when overcrowding itself cannot be prevented. Work planned in Islington includes 'Energy Doctor' visits, EPC (Energy Performance Certificate) assessment, energy support, and identification of damp and mould issues for families living in over-crowded conditions. Other work planned includes use of overcrowding measures in wider Islington council work (such as youth violence reduction unit outreach locations), and prioritisation of overcrowded private rented properties for Islington property licensing checks on housing quality.

Figure 7: Map shows the extent of overcrowding in households with dependent children, across the different wards of Islington, April 2024.



Source: UCL Lived Experience of Household Overcrowding MEasure (LE-HOMe) data, April 2024.

Damp and Mould

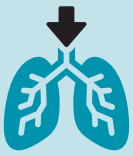
In England, there are around two million people currently living in homes with significant damp and/or mould which equates to 3-4% of homes.[76] Damp in homes is often caused by poor ventilation, leading to the spread of mould and fungi, and can be exacerbated by overcrowding and lack of outdoor space (e.g. for drying washing). When spores are inhaled, they can cause respiratory problems including asthma, coughing, and wheezing. In addition, exposure to allergens and toxins from mould can cause harm and even death.[77] Damp and mould are also linked to eye problems, skin issues such as eczema and fungal infections.[78]

Living in a damp or mouldy home creates an unpleasant living environment and psycho-social stressors which negatively impact mental health and wellbeing.[79] Examples include[80]:

Destruction of clothes and belongings

Social isolation from not wanting people in your home

Tensions between a landlord and residents



Worries about health of self or others in the household

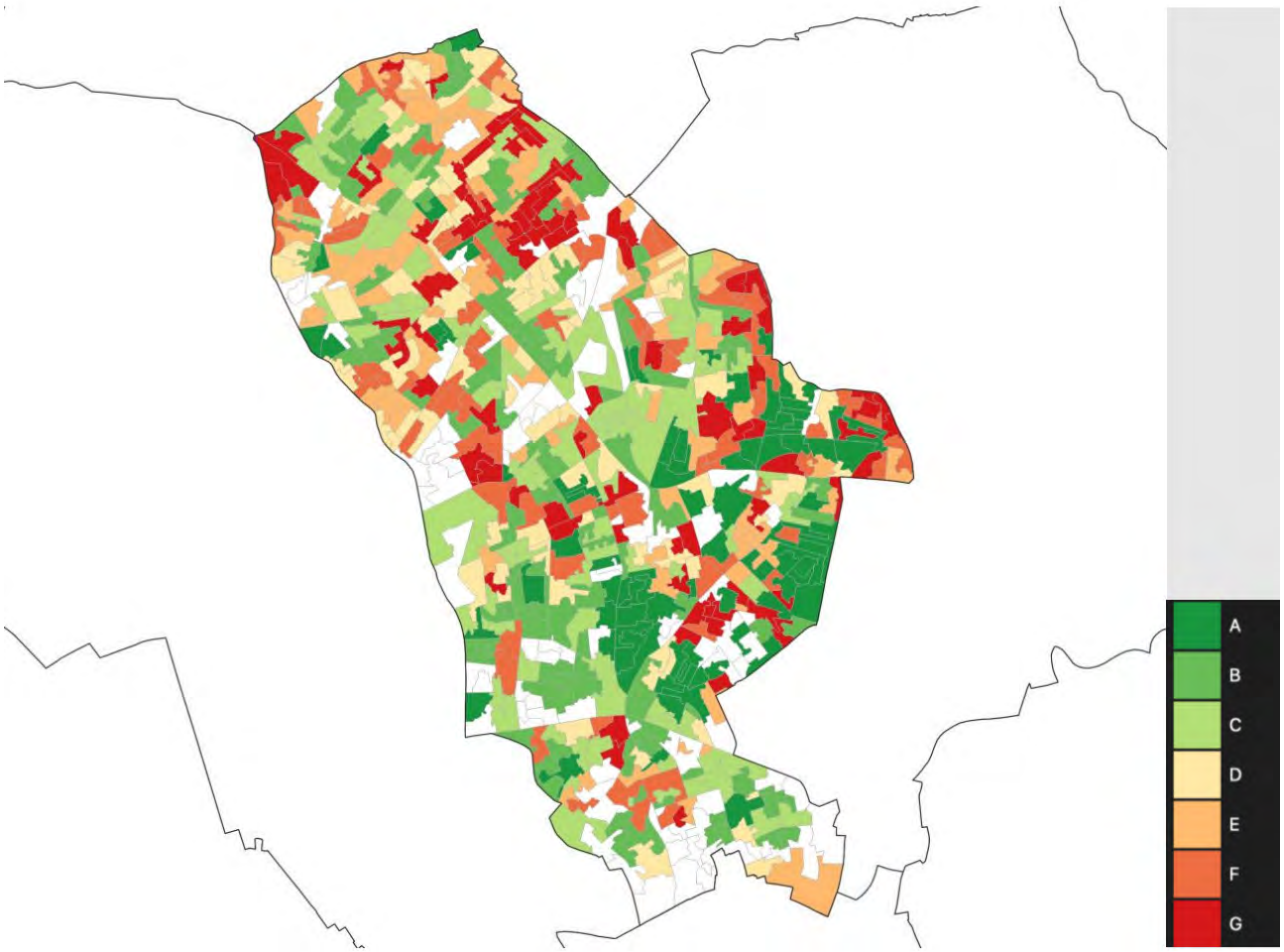
Between August 2023 and May 2024, 15% of all social housing stock had at least one damp and mould survey carried out (indicating damp and mould concerns).[81] Percentage of social housing which had had at least one damp and mould survey varied from 7% in street properties, to 16% for high-rise flats and 17% in mid-rise flats. More damp surveys were conducted in households in more deprived areas, in post-war properties, and in properties constructed since 2000, suggesting greater risk of damp and mould in these properties.

Work to estimate the risk of damp and mould in Islington social housing stock shows that high risk properties are spread throughout the borough, although there are more in the north and centre of the borough, particularly in Tollington, Junction and Mildmay wards (see Figure 8).[82]

“[managing mould and humidity] had a massive impact on my grades…I couldn’t focus, I was constantly …tired.”

Resident with lived experience of raising children in overcrowded housing (LE-HOMe Project)

Figure 8: Map showing mean overall damp risk grade per Output Area within Islington social housing stock. Grade A reflects lowest risk of damp and mould, whilst grade G reflects the highest.



Source: Collaborative work by London Borough of Islington Housing Property Services and UCL Institute for Environmental Design and Engineering, 2024.

There is no directly equivalent data for private rented sector housing, but Islington Council received 261 complaints of damp and mould between January and mid-November 2024. This was double the number of damp and mould complaints in the whole of 2023 (129 complaints). This increase is thought to be due, at least in part, to the council's borough-wide communications campaign on damp and mould in 2024,[83] as well as increased coverage and awareness in the media.

Islington Case Study: Tackling Damp and Mould

Since 2022, Islington Council has strengthened its approach to tackling damp and mould in council homes. This has involved implementing a damp and mould action team, investing more than £2 million annually, and meeting regularly with health and social care partners to coordinate responses. A borough-wide communications campaign launched in October 2024 to demonstrate the council's commitment to tackling the issue and to provide residents with practical advice to prevent damp and mould in their homes.

The council is keen to use evidence-based approaches to tackle damp and mould. Islington Council worked with University College London to proactively identify properties where there is damp and mould.[84,85,86] This included calculating mould risk in Islington housing stock (see Figure 8) and modelling different options to reduce damp and mould in social housing.

Islington is one of 30 local authorities across the UK to receive funding from the National Institute for Health and Social Care (NIHR) for a Health Determinants Research Collaboration (HDRC), known locally as Evidence Islington. This investment aims to strengthen local authority capacity to gather and use evidence to address wider determinants of health. and has a longer-term goal of reducing health inequalities. Housing is an early priority and an embedded researcher from the Collaborative has been placed in the Homes & Neighbourhoods directorate to help housing teams access and use existing research evidence and bid for funding for new research programmes at the intersection of health and housing. The embedded researcher is currently supporting an evaluation of how various vulnerability flags within the housing system are used to prioritise repairs and housing allocation. This includes a project linking housing data with a general marker of medical vulnerability derived from NHS data, to test whether this helps the prioritisation of damp and mould repairs. Another evaluation is testing whether data from sensors that monitor temperature and humidity can enable proactive work that prevents damp and mould occurring in at-risk properties, such as checking for hidden leaks or broken ventilation fans.

Cold, hot and energy-efficient homes

Around one in five excess winter deaths happen as a direct result of living in a cold home.[87,88] Cold homes increase the risk of developing respiratory and heart conditions. Depression and social isolation amongst older adults are also more common. In children and young people there is a higher risk of asthma, and teenagers are four times more likely to experience poor mental health if they live in a cold home.[89] In the summer months, hot homes can cause overheating, resulting in increased strain on the heart and lungs. This increased strain can cause heat stroke, heat exhaustion and even hyperthermia which can be fatal. In both cold and hot homes, people who find it more difficult to regulate their temperature, such as older people, people with underlying health conditions and young children, find it harder to stay at a healthy temperature.[90]

Based on knowledge of energy efficiency and energy consumption in different building and tenure types, modelling can estimate which wards use the most energy to heat their houses. Estimates suggest that Highbury East and Highbury West wards are amongst the highest consuming wards in Islington.[91] Keeping homes at the right temperature requires good insulation, ventilation, draught-proofing, and an energy-efficient heating system. The cost of heating or cooling homes is also a key factor, with heating and hot water making up more than half of the average UK household's energy bill.[92] Rising energy prices, inflation, and other economic pressures have exacerbated fuel poverty making it a widespread issue and particularly challenging for low-income households

Older adults are more vulnerable to the effects of fuel poverty. The shift from universal to targeted Winter Fuel Payments to older households with the lowest income and in receipt of state pension credit have increased concerns about vulnerability.[93] There are national and local efforts to increase the uptake of pension credit amongst eligible older households and further targeting locally via Islington's Resident Support Scheme to provide financial one-off grants in the form of vouchers to buy food and fuel (energy) for households in significant financial hardship.[94]

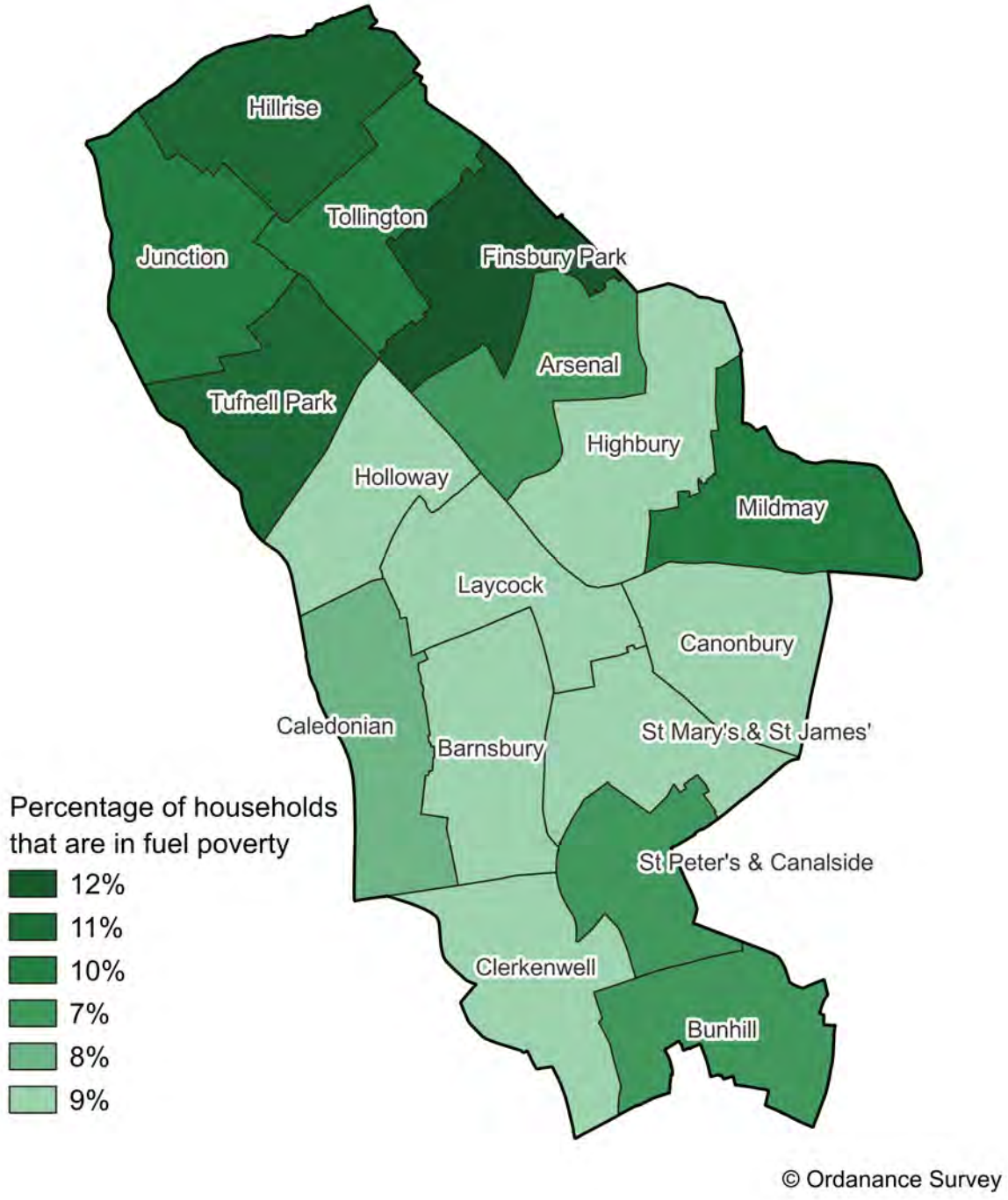
Fuel poverty in England is measured using the Low-Income Low Energy Efficiency indicator. Under this indicator, a household is considered to be fuel poor if:

- they are living in a property with a fuel poverty energy efficiency rating of band D or below

and

- when they spend the required amount to heat their home, they are left with a residual income below the official poverty line (defined as 60% of national median disposable income)

Figure 9: Map showing proportion of households in fuel poverty by ward, 2022.



Source: Fuel Poverty statistics, Department for Energy Security and Net Zero. Available from: www.gov.uk/government/statistics/sub-regional-fuel-poverty-data-2024-2022-data.

In 2022, it was estimated that 9% of households in Islington were in fuel poverty which was slightly lower than the London average (10%). Across Islington, the ward with the highest levels of fuel poverty in that year was Finsbury Park (12%).[95] This was at least partially influenced by the high numbers of households with very low income in the ward.[96]

Islington Case Study: Addressing Fuel Poverty

Islington's Seasonal Health Intervention Network (SHINE) is a 'one stop shop' referral system for the NHS and third sector, helping them provide affordable warmth and seasonal health interventions to Islington residents.[97] Working in partnership across the borough the service delivers a package of interventions designed to improve seasonal health and wellbeing for vulnerable residents. Interventions include advice on saving energy, grants for heating and insulation, support with bills, and the 'Energy Doctor in the Home' home visiting service. It was established in 2010 to tackle fuel poverty and reduce seasonal ill health and deaths in Islington.[98] In 2016, the service expanded to help households at risk of fuel poverty anywhere in London. Between April 2023 and March 2024, the team supported 5,643 vulnerable households in Islington, and SHINE has helped 25,000 London households to date.[99]

Case study:

A vulnerable resident who was a former asylum seeker with limited English and a physical disability was referred to SHINE by a support worker because their temporary accommodation had no working gas or electricity.

One of SHINE's Energy Doctors visited the resident. Using a translation service, the Energy Doctor explained the plan of action and inspected the property, finding that both supply meters were faulty. The Energy Doctor contacted the energy provider and was able to arrange an emergency Engineer to attend within three hours to replace the faulty meters. The Energy Doctor also took the opportunity to install all suitable energy saving measures: reflectors, LEDs, draughtproofing, and an energy saving showerhead.

The SHINE intervention helped prevent health conditions exacerbated by a cold home as well as preventing accidents due to an absence of light. The reassurance and speedy reconnection also had a positive impact on the resident's mental health.

1.4 Recommendations

Summary of key opportunities to further address impacts of housing on health:

Addressing homelessness:

Continue the commitments outlined in Islington Council's new Homelessness Prevention and Rough Sleeping Strategy, working with partners on

Approaches to prevent individuals being made homeless

Supporting healthcare access

Transition to settled housing for rough sleepers

Tracking demographic and other trends in homelessness presentations to respond and adapt accordingly

Work to improve quality of social housing:

- Explore and develop further ways to mitigate adverse effects of overcrowding on health and wellbeing in social housing, including through insights and evaluation with academic collaboration projects.
- As part of actions on damp and mould risk in social housing, to continue to test out and evaluate new approaches and technologies to prevent or better prioritise and respond to risks.
- Consider possible additional adaptations to deliver broader health benefits, in the contexts of an ageing population, and improve resilience to heat, cold, flooding, and the health implications of over-crowding. This is particularly important in high-rise flats, and parts of the borough such as Finsbury Park, Hillrise and Mildmay, where multiple housing factors combine that can negatively impact health.

Work to address challenges facing private sector housing:

- Continue to collect and use data and insights on the impacts of Islington's property licensing schemes to build the evidence base and support future decisions about the schemes.
- Expand the range of professionals' awareness and understanding of local authority enforcement powers available for quality issues in privately rented homes, and how to signpost or refer residents for local authority support with hazards in the home.
- Respond to opportunities in the Renters (Reform) Bill, where further opportunities become possible, to improve standards and quality for residents living in private sector housing.
- Evidence Islington to support work with the council, NHS and national partners to take a collaborative intelligence and data-led approach to improve understanding of quality issues in the private sector.

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2. The Public Realm

How the public realm impacts health and wellbeing

The public realm can be defined as 'the spaces between buildings that are freely accessible to people'. This includes streets, roads, squares, green spaces, waterways, cycle ways, and pedestrian areas. The public realm is a highly valuable resource for improving health and reducing health inequalities. A well-designed and inclusive public realm can provide cleaner air, and facilitate increased mobility, social interaction, physical activity, safety for all including children, older adults and those who are disabled, and protect against climate change. In a borough as densely populated as Islington, with a significant level of overcrowding in the home, particularly for families with children, access to and the quality of the public realm becomes even more important. This chapter examines the following elements of the public realm: town planning, and its role in active travel, green spaces, and air quality.

For most residents, their local neighbourhood is the most important part of the public realm.[1] When asked about what could be done to make Islington a fairer and more equal place, many primary and secondary pupils mentioned aspects of the public realm; including making Islington a safer place (by introducing safe zones, security cameras, knife bins etc), investing in green space, and improving disabled access in the borough.[2]

Local authorities have long recognised the importance of neighbourhoods, but area or neighbourhood-based approaches feature in many other parts of the public sector. In 'The case for neighbourhood health and care', the NHS Confederation emphasises the importance of a 'Neighbourhood Health Service', particularly in more deprived areas. A 'Neighbourhood Health Service' involves shifting more care away from hospitals and into local neighbourhoods. It would involve a more proactive approach, that acknowledges local assets, infrastructure and communities, and works with local partners and communities to engage in their resources and strengths to help improve and sustain health and wellbeing, and in so doing can help relieve some of the pressure and demand on health and social care services[3].

1.1 Town Planning and Active Travel

Town planning is a method of ensuring that the right development happens in the right place at the right time.[4] This work is overseen by local authorities responsible for shaping the creation and modification of buildings and spaces by developing local planning policies and ensuring planning proposals are aligned with them, operating within national rules and guidance. Notably, only a small part of development is directly commissioned and managed by the council. For planning to have a positive impact on health, it is crucial that private developers adhere to planning control. If planning control is breached by developers, local authorities have the responsibility to take necessary enforcement action, in the public interest.[5]

Planning as a determinant of health

Planning and the health of the population have long been connected. Some of the earliest interventions that improved public health, including slum clearance, improved housing standards, and provision of sewage networks, were primarily delivered through planning interventions.

One aim of town planning is to create and maintain attractive streets and neighbourhood spaces which encourage physical, psychological, and social wellbeing. Factors such as reduced noise pollution, good street lighting, clean pavements, and low traffic can all positively impact on health, a sense of safety, social connection and community cohesion.[6, 7]

A national evidence review carried out for Public Health England summarised the ways in which planning can support the creation of health promoting neighbourhoods[8]:

- Building complete and compact neighbourhoods with access to goods and services through local shops and health facilities, and streetscapes that are equitably designed providing access to all to support a range of social, economic and environmental objectives
- Increasing the provision of affordable and diverse housing, including housing for specific groups such as accessible housing and supported accommodation
- Reducing exposure to environmental hazards, including air pollution, noise, and flooding
- Enhancing community food infrastructure, for example by protecting allotments and other community food growing sites
- Supporting access to the natural environment
- Supporting efforts to adapt to a changing climate, for example encouraging installation of sustainable drainage systems (SuDS)

What are Sustainable Drainage Systems (SuDS)?

Sustainable drainage systems (SuDS) are designed to manage surface rain runoff and stormwater locally.[9] Surface runoff is the flow of water over the ground's surface that occurs when there is excess water from rain, snow or other sources. It can contribute to flooding and water pollution, and is relatively common in urban areas because there are lots of surfaces like roads, buildings, and parking lots that water cannot soak through. Climate change is likely to significantly increase the risk with more frequent periods of heavier and more sustained rainfall expected in the future.

SuDS manage the flood and pollution risks resulting from surface runoff, whilst also contributing to environmental enhancement and place making, including providing leisure and biodiversity benefits. They mimic natural drainage and encourage water to soak through the ground surface into the soil (infiltration), reducing the amount of run-off. They also enable natural filtration of run-off which helps clean pollutants from the water without using external energy or chemicals.[10]

Recent changes to the National Planning Policy Framework have set out requirements relating to achieving national net zero carbon emissions and adaptation to a changing climate, as well as for active and sustainable forms of travel.[11] Islington's Local Plan sets out policies on a range of issues, including tackling climate change and mitigating its impacts, promoting active travel, air quality, and promoting healthy, inclusive, and safe communities, with further guidance provided in supplementary planning documents (SPDs).[12] A new Climate Action SPD and accompanying retrofit handbook has been developed which will make it easier for residents to adapt and decarbonise their homes, improving energy efficiency and climate resilience. The SPD is due to be considered by the Council's Executive later in the year, following public consultation.[13]

Health Impact Assessments (HIAs) can be used to identify, enhance and mitigate the health impacts of new developments and help promote health and wellbeing. As well as assessing direct impacts on health, there are methodologies developed to calculate changes in healthcare needs linked to increases and changes in local population. In Islington, all major developments between 10 and 199 residential units must complete the HIA screening assessment at pre-application stage, to assess whether a full HIA is necessary. All large developments (over 200 units or 10,000m^2) must submit a more detailed 'Watch out for Health' screening assessment at pre-application stage, with a full HIA submitted if needed.

Public Health is working with planning colleagues to refresh the local Health Impact Assessment guidance to ensure health considerations remain central to future developments. The new approach intends to better enforce health recommendations arising from HIAs, by anchoring them to policy documents which already exist in the Islington Local Plan. Public Health and Planning teams have also formally recommended that developers sign up to the "Building Mental Health" charter in their construction management plans. This is an industry-wide framework and charter which works to tackle poor mental health in the industry and recognises the high rates of suicide among construction workers.

Islington Case Study: Holloway Prison

Holloway Prison was the first female-only prison in the country and is a significant historical site in Islington.
The site was empty as of 2016, when the prison closed, and an opportunity to use the land to build affordable homes and create a sustainable new neighbourhood was identified. Following completion of a HIA screening assessment, a HIA was conducted and reviewed by Public Health.[14]
This HIA formed part of the wider evidence for the Holloway Prison Site supplementary planning document (SPD) which outlined relevant existing planning policies, community feedback, and set clear objectives to ensure the delivery of a healthy, inclusive and sustainable neighbourhood, whilst minimising negative health and wellbeing impacts of the construction process on the local area.[15]

Priorities identified through the Holloway Prison Site SPD with links to health included:

- Early engagement with local residents, and availability of some site buildings and spaces for local community use during the construction phase
- Implementation of construction practice standards to mitigate impacts of construction on health and wellbeing of local residents, including controls on air pollution, noise and vibration, dust, traffic congestion and waste disposal.
- Maximising affordable housing within the development to meet local needs.
- The provision of publicly accessible green space, including play space, as part of a design that enhances biodiversity and retains existing trees.
- Increasing the site's accessibility for people walking, wheeling, and cycling.

1.2 Safety in the public realm

Safety, and the perception of safety, in the public realm is a significant determinant of health for people who live, work, and travel through an area. The public realm contributes to:

Community safety – freedom from crime and fear of crime

Road danger reduction – freedom from injury by vehicles

Pavement safety – environments which reduce the risk of trips, falls and injuries for pedestrians

Community safety

Experiencing crime impacts on the mental and physical health of victims, families and those witnessing or participating in criminal and anti-social behaviour. Fear of crime may also lead to negative impacts on an individual's health and wellbeing and may prevent individuals from engaging in exercise and outdoor activities (such as walking, cycling, play and socialising).[16]

Public spaces can be designed to help prevent crime and improve perceived safety, which supports the council's duty to prevent and reduce serious violence.[17] Principles like natural surveillance, access and movement, a sense of community ownership of place, and defensible space can enhance community safety. Examples include flats that overlook a play area, external spaces like gardens that feel communally 'owned', and space outside buildings which residents feel they can supervise and control.[18] Islington council already use this approach to improve safety. In areas of higher crime and anti-social behaviour, multi-stakeholder site visits can identify physical adjustments that could improve safety. Changes to the physical environment are also recommended in Islington's Violence Reduction Strategy 2022-2027. This includes the creation of knife disposal bins and more 'Safe Havens', which are safe spaces including shops, restaurants and faith venues which anyone who is in danger or feels threatened can access.[19]

Reports of theft and anti-social behaviour are more common in Islington than London as a whole. In 2023/24, there were 43 incidents of theft and 17 anti-social behaviour reports per 1,000 residents, compared to 32 theft incidents and 13 anti-social behaviour reports per 1,000 in London as a whole. Rates of hate crime in Islington were over 3 incidents per 1,000 residents, which was slightly higher than London as a whole. Rates of domestic violence (10 incidents per 1,000 residents), violent crime (29 incidents per 1,000 residents) were similar to London levels. The 2023 resident wellbeing survey found that a wide range of residents feel safe and happy outdoors within the borough, and 68% of Islington residents feel safe after dark, which is slightly higher than London as a whole (63%).[20] Generally, residents living in the south of the borough felt safer than those living in north or central Islington. Residents with children, those with disabilities, and those who identify as female, were significantly less likely to feel safe outside after dark.[21] When asked during the "Let's Talk Islington" engagement, 55% of Islington residents rated reducing anti-social behaviour as a priority for improving life in the borough. As part of Islington's Safer Spaces Initiative, further engagement is ongoing to encourage residents to feedback about where and why they feel safe or unsafe in areas around Islington.[22]

“I don’t see any crime too often. I feel comfortable for walking home from the station. Yeah, everybody’s very friendly. Compared to all the areas I lived, it’s really nice, particularly this area.”

Somali woman, 16-34 years of age, Islington Longitudinal Wellbeing Study Interviews, Spring 2024

”I am Muslim and I was wearing a headscarf. People on the street made Islamophobic comments and assumed I didn’t know because they assumed I don’t speak English.”

Islington secondary school student, Let’s Talk Islington

”It’s well lit, which is nice. Sometimes you don’t really think about it until you’re in somewhere that isn’t like that.”

White and black Caribbean woman, 16-33 years of age, Islington Longitudinal Wellbeing Study Interviews, Spring 2024

“Some areas people do not care for, so they are not nice to go, they are scary and dangerous with unkind people.”

Islington secondary school student with Special Educational Needs, Let’s Talk Islington

Road safety

In Islington, 96 people were killed or seriously injured on roads in 2023, slightly lower than the 112 reported in 2022, and similar to the average of just over 100 people per year over the previous decade.[23] On average, four children a year were killed or seriously injured on the borough's roads between 2020 and 2022.[24] Deaths and serious injuries are reducing over time, and the large proportion of incidents relate to injuries rather than death. The rate of road collision pedestrian casualties decreased in Islington from 5.3 per 100,000 in 2019 to 3.5 per 100,000 in 2024.[25] The rate of people killed or seriously injured in Islington and other inner London areas is significantly higher than the England average due to a mix of high volumes of traffic and the large movement of population coming into or passing through the boroughs for work, socialising and other reasons in addition to local residents.[26]

Road traffic collisions can be reduced through road improvements such as lighting, traffic calming measures, and prioritising active travel modes such as walking, cycling and wheeling over motor vehicles.[27] Children, older people, people with disabilities, and pedestrians in general benefit most from work which reduces road danger, since they are at greatest risk of injury and death and these measures can help to reduce inequalities.[28, 29]

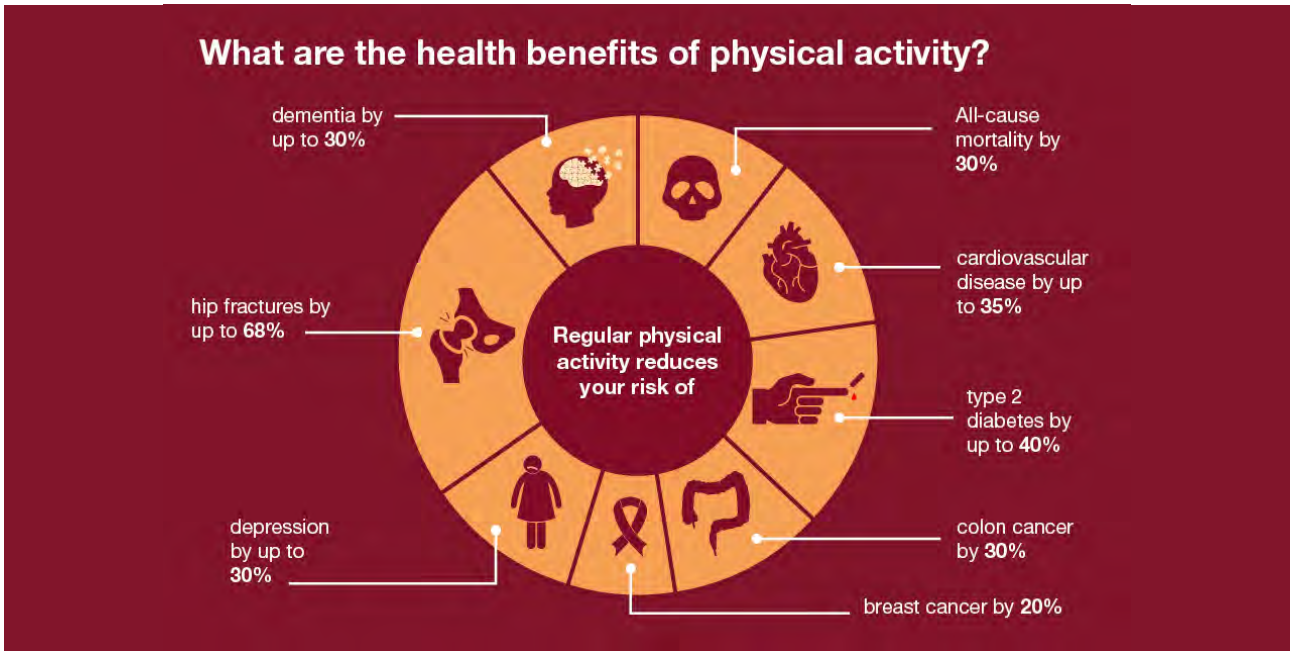
Pavement safety

Problems with pavements can cause trips and falls and for older adults, in particular, these can result in significant injury and even death.[30] Age is the most important risk factor for falls, but a range of other conditions, disabilities, and medications, as well as the physical environment, can further increase risk of injury.[31] In some groups, including older people, injury also presents a risk of longer term loss of function and independence. One in ten older people who fall become afraid to leave their home, in case they fall again.[32] Falls are an important preventable cause of older people's admission to hospital. Most falls happen in the home or other indoor environments, and NHS data for emergency attendances and admissions do not separate out location of fall. During 2022/23 and 2023/24, Islington settled 129 insurance claims for personal injury due to trips or falls on pavements.[33] Online reporting of problems with roads and pavements have recently been added to the My Islington and the Love Clean Streets app, promoted via resident bulletins and social media, as an additional way to help with responses.

Active Travel

Active travel – getting around in physically active ways - is often one of the easiest ways for people to build activity into their everyday life. In addition to walking, wheeling, and cycling, travelling to and from public transport can be considered as a form of active travel. If a return journey involves a five-minute walk to the bus stop at the start, and another five at the end, the passenger will have completed 20 minutes of active travel in a day, meeting the London Mayor's goal for all Londoners by 2041.[34]

Figure 10: Summary of the health benefits of physical activity.[35]



Source: Office for Health Improvement and Disparities (OHID). (2022). Guidance Physical Activity: applying all our health.

Physical activity

Physical activity is an important determinant of health. The UK Chief Medical Officers' Guidelines recommend that adults take part in 150 minutes of moderate activity or 75 minutes of vigorous activity per week, in addition to muscle strengthening activities twice a week. Children should engage in physical activity for 60 minutes per day.[36] Relative to England, surveys show Islington has consistently high adult physical activity levels. Survey results (due to small samples) for children and young people are more variable – trend analysis indicates that physical activity levels are similar to, or slightly below, London and national averages. A quarter of the adult population and over half of children and young people do not meet the recommended daily and weekly physical activity levels in the borough.[37, 38]

The greatest available population gains from physical activity lie in increasing physical activity and movement among those not meeting recommended levels, and particularly those who are inactive. This is also where some of the most significant inequalities are concentrated. It is also important to recognise that not everyone can be physically active in the sense of walking or cycling, and that movement is physically and psychologically beneficial to everyone, whatever their ability. Islington's Active Together strategy aims to increase physical activity and movement among residents, with a particular focus to increase activity amongst residents who are physically inactive.[39]Islington's Transport Strategy aims for 70% of Islington residents to do at least 20 minutes of walking or cycling each day by 2041, in line with London goals.[40]

A recent survey found that 90% of Islington primary and secondary school students walk as part of their journey to school.[41] In Islington, 55% of adults do at least 20 minutes of active travel per day, this meets the Islington Transport Strategy's interim target of 50% by 2021 and is the third highest in London. However, it is still well below the long term goals for both Islington and London Mayor strategies.[42, 43] Islington's Active Travel team is committed to increasing active travel through various initiatives such as free cycle training for adults and children which as well as improving safety and proficiency has been evidenced to encourage behaviour change, with more people cycling. The team work closely with schools as part of the Transport For London's (TfL) Travel For Life initiative, and were recently highlighted by TfL as the London Borough with the most gold standard accredited schools.[44] The proportion of trips in Islington completed by walking or cycling has grown from 48% in 2016/17, to on average 55% in 2022/23 - 2023/24.[45]

Transport, highways and planning partners can conduct a range of town planning and public realm improvements to increase active travel and physical activity. For people

who have limited or no outdoor space, or are unable to afford gym memberships, exercise in parks or the wider public realm can be made easier, safer and more enjoyable by having dedicated, continuous networks of active travel routes, cycle parking, increased greenery, and effective street lighting.[46]

This can influence health in several ways:[47, 48]

- A safe and easy place to be physically active is protective of health and can help to support healthy weight which further reduces the risk of a wide range of mental and physical health conditions (see Figure 10).
- Reduced private car journeys brings a range of benefits for health, since travelling by car is associated with increased sedentary time and injuries from road traffic collisions, and cars which use petrol contribute to poor air quality and climate change through greenhouse gas emissions.
- In neighbourhoods dominated by cars and busy roads, there are fewer social connections, and roads can act as physical barriers to accessing local services, amenities and other neighbourhoods.
- Benefits are also likely to grow over time; the more people are walking, cycling, and wheeling, the safer, more normalised and attractive active travel becomes, so helping to encourage others over time

TfL research shows that the benefits of public realm interventions which encourage active travel extend beyond health and climate to the local economy.[49] High street walking, cycling and public realm improvements have been found to increase local retail sales by up to 30% and increase retail rental values by 7.5%.

> **"[…] I'm close to where I need to be in Islington, close to GPs, close to libraries, close to open spaces. They're all things that are opportunities for me to enjoy and take on in my life. So I see them as an opportunity to – I know I can go relatively local."**
>
> Islington resident, White British woman, 35-64 years old, Islington Longitudinal Wellbeing Study Interviews, Spring 2024

15-minute neighbourhoods[50]

The 15-minute neighbourhood is an urban planning idea which aims to support convenient and nearby access to meet resident's key everyday needs within a 15-minute walk or bike ride from home. This includes essential services like grocery shops, schools, parks, healthcare, and public transportation. These neighbourhoods offer numerous health, environmental and economic benefits, including:

- Promotion of healthier lifestyles by encouraging walking and cycling, which improves physical and mental health
- Ensuring greater accessibility to essential services for everyone, including those without cars
- Enhancing urban resilience by making cities more adaptable to disruptions. Environmentally, these neighbourhoods reduce car usage, lowering emissions and congestion, improving environmental quality
- Boosting the local economy by increasing spending at local businesses and fostering stronger community ties through enhanced social connections and support

Low Traffic Neighbourhoods

Low Traffic Neighbourhoods (LTNs) are area-wide traffic management schemes aimed at reducing or removing through-traffic from residential areas. In doing so, LTNs can reduce air pollution, noise pollution and road accidents, and aim to make the character of residential streets more pleasant, inclusive and safer for people to walk, play, cycle and connect with each other. Evidence shows they are effective at improving health outcomes and can boost local economies.[51, 52] A report published in 2024 which included assessment of a wide range of highway interventions and road safety measures in three outer London boroughs, estimated that LTNs produced health benefits in economic terms of between 50 to 200 times the initial cost of the schemes over a 20 year timeframe. This was based on reduced premature mortality and reduced sick days due to increased physical activity in the LTN area.[53] An international review of LTNs concluded that schemes were good for local economies, creating destinations that were attractive for residents and retail. The report noted that there was as yet insufficient UK evidence to draw conclusions on their overall economic impact in the UK.[54] LTNs have drawn negative attention due to concerns that they may slow emergency service response times, increase crime, and simply divert traffic, congestion, and pollution to other areas. Evidence suggests that concerns around increased crime and slower emergency response times following LTN implementation may have been largely unfounded.[55, 56] A study on Waltham Forest LTN found that street crime reduced in the area following LTN implementation, and a study of inner London LTNs found that street crime stayed the same or reduced slightly.[57, 58] Similarly, London studies have shown that LTNs have had no impact on fire service response times.[59]

Cycling casualties in the UK have been steadily falling since 2013 and research has consistently shown that health benefits from cycling far outweigh the risks in terms of accidents. [60, 61] However, the perception that walking and cycling are not safe is a major barrier to increasing active travel at a population level. In 2018, 62% of adults in England agreed that "it is too dangerous for me to cycle on the roads".[62] Dedicated infrastructure such as protected cycle lanes can be particularly useful in addressing concerns about the volume and speed of traffic, and safety. However, there are other interventions that can be used to increase road safety for cyclists and pedestrians, these include tackling irresponsible driver behaviour, reducing the risk from heavy goods vehicles for people cycling and using behaviour change interventions to reduce traffic volume and speeds.[63] For individuals, interventions which build skills and confidence are effective – these include offering pedestrian and cycle training and running cycle safety awareness campaigns.[64] It is important that road safety interventions are underpinned by a behaviour change model and informed by data on previous accidents, exact road safety issues, and most effective interventions, which can pinpoint which areas and which safety-related interventions should be prioritised. The Royal Society for the Prevention of Accidents have created several tools to support practitioners, including a guide to designing evidence-based road safety interventions and an evaluation hub.[65]

Some groups of residents face additional barriers to active travel, including cultural and economic barriers, as well as safety concerns described earlier in this chapter.[66] Nationally, people who are female, from Asian and Chinese ethnic groups, living with long-term health conditions or disabilities, from a lower social group, or living in a more deprived place are less likely to feel they have the opportunity to be physically active.[67] New barriers to active travel may also emerge. Climate change may create additional barriers due to the risk of extreme weather events including increasing frequency of heavy rainfall, high winds, storms and flooding (which can damage infrastructure) and heatwaves (which can make active travel less appealing).[68]

In addition to promoting active travel, the public realm can offer other opportunities to be active and move, at no or little direct cost. This could be through playing in a communal area on a housing estate, using outdoor gym equipment, gardening, playing sport in a park, accessing an adventure playground or going for a walk or a wheel. Evidence shows such activities are associated with other benefits in terms of wellbeing, social cohesion and childhood learning and development.[69] Community engagement has highlighted that some residents are concerned that such opportunities in their neighbourhood could be improved. One recent Islington initiative to try to address this is the Thriving Neighbourhoods programme, which provides new investment into infrastructure on estates. Some of the changes will make it easier for residents to be active, for example new cycle storage, hire bike parking bays, renewed children's play areas, improved green spaces, amongst other improvements.

"I think there could be more action for children, for kids to enjoy being out of the house, …and the parents can take a break. People with disabilities could have fun there, probably painting or going out, playing on the playground."

Young Person with SEN (Special Educational Needs), Let's Talk Islington

"Again, if I go back to my childhood, there was always play centres, groups, youth clubs. There was that sort of thing. Then as I had my children, there was less and it was more financial. You know you could send them to that club if you had that money… I think we need to finance more our community centres, to create that community that I grew up in, where neighbours watched children, everybody had their doors open to look at people."

Islington Resident, Islington Longitudinal Wellbeing Study Interviews, Spring 2024

Winners of Islington's poster competition to promote active travel with their winning posters.

Islington Case Study: Liveable Neighbourhoods

Islington's Liveable Neighbourhoods programme aims to create healthier, more welcoming streets by prioritising green spaces and active travel. By reducing car dominance in urban design and adding cycle facilities, wider footpaths, and improved crossings, these neighbourhoods promote active travel, which supports physical and mental wellbeing, as well as improving air quality and contributing to local action to mitigate climate change.

Increased greenery and reduced traffic create spaces where residents can socialise and children can play, making it easier for people to connect, stay active and move safely around. Additional canopy cover adds shaded areas and sustainable drainage systems can be introduced, both of which support climate adaptation.

To date, Islington has approved two liveable neighbourhoods (Mildmay and the Cally), and four more are in development.[70] Islington also has seven low traffic neighbourhoods[71] and 36 School Streets (see call out boxes) and aims for all Islington neighbourhoods to benefit from these changes.[72]

Photo of a low traffic neighbourhood along Benwell Road showing residents walking and cycling at a crosswalk

Twelve months after their implementation, LTNs in Islington had reduced traffic volume on internal roads by 64%, and there had been a 49% increase in cycling.[73] Low traffic neighbourhoods have seen greater reductions in traffic volume and improvements in air quality compared to other neighbourhoods in the borough.[74] Across five Islington school street zones, there was a 23% increase in cycling, 63% decrease in traffic volume, and 23% reduction in air pollution 11 months after implementation (during hours of operation).[75] Islington was the overall winner of the 2024 Healthy Streets Scorecard, which ranks all London Boroughs on how healthy their streets are according to a range of interventions and outcomes. Islington was praised not only for the borough's traffic-free school streets and low traffic neighbourhoods but also delivery of 20mph zones, bus priority schemes, and controlled parking. To improve further, the report team recommended that Islington consider introducing more protected cycle lanes - currently, 4% of roads are covered by protected cycle lanes.[76]

Islington's five-year research capacity building programme Evidence Islington, funded by the National Institute for Health Research (NIHR), is supporting the evaluation of the liveable neighbourhoods programme.

1.3 Green Space

The term green space usually refers to public parks and fields, but the definition also includes private gardens, greening on streets, pocket parks, green roofs, and green corridors along canals or waterways.[77]

There is now a wide range of evidence of the health and wellbeing benefits of everyday contact with nature and regular use of green space.[78] Increasing green space in cities results in a wider range of health benefits than other infrastructural changes.[79] A Scottish study identified that regular use (at least once a week) of open space/ park or woods/ forest is associated with a 43% lower risk of self-reported poor health.[80]

Populations with access to a park are 20% less at risk of physical inactivity and are 24% more likely to meet physical activity recommendations. Residents of areas with a lot of greenery are 40% less likely to be overweight or obese.[81] Spending time in nature has been found to reduce stress, anxiety, and depression, while also encouraging physical activity.[82] Access to green spaces provides opportunities for social connectedness, and in children and young people, green space exposure has been linked to better academic performance and improved cognitive skills.[83]

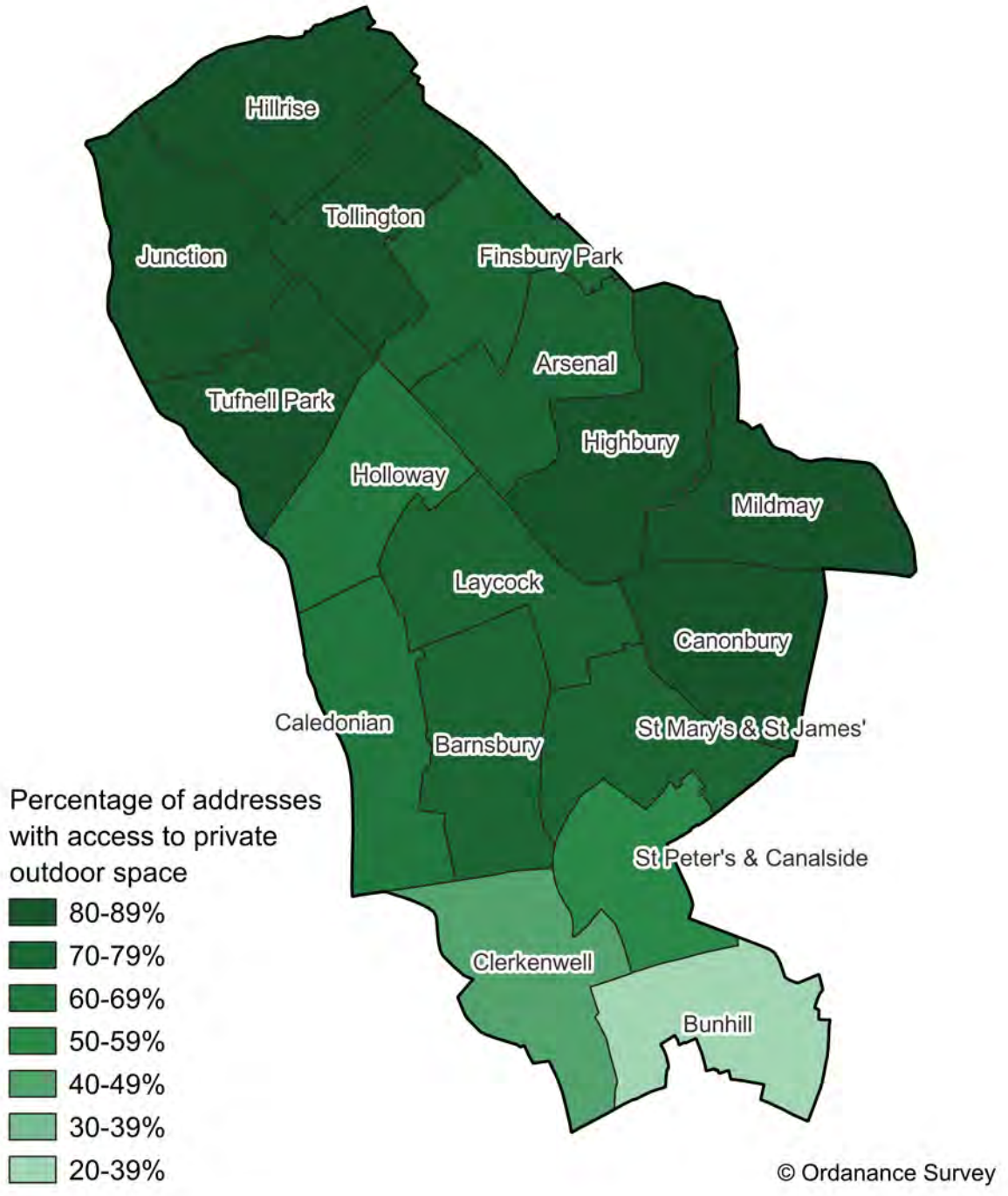
There is a lack of research on net economic values of greenspace for health and wellbeing, however the value of health benefits associated with outdoor recreation within the UK was estimated to be between £6.2 billion and £8.4 billion in 2020.[84] A separate UK study estimated that having a view of green space from your house has a health and wellbeing benefit equal to £135-£452 per person, and having local woodland cover was worth £8-£27 per person in health and wellbeing benefits.[85]

Green spaces can help tackle the climate crisis, as trees and canopy cover can help to reduce air pollution and mitigate the effects of extreme heat.[86] Similarly, adopting green infrastructure practices can create cost savings for cities in flood mitigation through sustainable drainage systems.[87]

The provision of parks and open spaces is not a statutory function for local authorities. Councils use powers under various Acts, including the Local Government Act (2000), to maintain and manage parks in recognition of the important impact they can have on many different aspects of wellbeing.[88, 89]

As a small, densely populated inner London borough, Islington has the second lowest proportion of public green space of any local authority in the country, with only 2.83 square metres per resident. Despite this, most Islington residents can reach a public park or green space within a 10-minute walk including public green spaces in neighbouring boroughs.[90] A map of Islington's parks and open spaces can be viewed on the Islington council website.[91] Nearly a third of households do not have access to a private or shared outdoor space, one of the lowest in London.[92] Access to private or shared outdoor space varies widely across Islington, with only 23% of addresses in Bunhill having access compared to 85% in Highbury (Figure 11).[93]

Figure 11: Table showing the proportion of addresses with access to private or shared outdoor space, by wards, Islington 2024.



Source: Access to gardens and public green spaces in Great Britain. Office for National Statistics. Available from: www.ons.gov.uk/economy/environmentalaccounts/datasets/accesstogardensandpublicgreenspaceingreatbritain. © Crown copyright and database rights 2020 OS 100019153.

Blue spaces

Blue spaces are outdoor environments that prominently feature water and are publicly accessible. Islington has very limited blue space. The Regent's canal, which includes City Basin, runs through the south of the borough and eventually to the Thames. The other blue space is New River which is neither new nor a river. Originally a 45 kilometre (28 mile) long aqueduct, the New River was built in the early 17th century to supply fresh water to the residents of London, when the increasing population meant supply from the Thames could not keep up with demand. The New River originally flowed from Hertfordshire to Clerkenwell, and culminated in the New River Head, a building from which the water's flow was directed into homes, situated just behind the present-day Sadlers Wells theatre. The New River's route is now mostly underground, and the flow terminates at the East Reservoir in Stoke Newington, but this historic public health intervention continues to supply 8% of London's daily water use. Canonbury ward still hosts a section of the original waterway, and the New River Walk provides a rare and peaceful glimpse of blue space in Islington that continues to be preserved.

"[In 10 years time, I would like Islington to be] greener, with more people able to access green spaces for physical and mental health, more pocket parks outside schools and cafes where people can meet, chat and rest. More benches to encourage more walking. More recycling on estates. More trees. Less traffic. Carbon neutral."

Islington Resident, Let's Talk Islington, 2022

“The Covid-19 pandemic and lockdown has taught us how much of a valuable asset our inner-city parks are for mental and physical health. These green gems provide the space to exercise our bodies and our minds and facilitate the connectivity that we thrive on. Our parks are our outdoor community hubs.”

Octopus Community Network employee, Islington, Parks for Health Strategy 2022-2030

“And the parks definitely make a huge impact on my sense of well-being and happiness. I really like to be able to kind of decompress in, away from what I feel like, away from people.”

White and Black Caribbean woman, 16-33 years of age, Islington Longitudinal Wellbeing Study Interviews, Spring 2024

There is lots of work going on to improve the quality and use of green space in Islington.

- Islington's Greener Together programme encourages community participation in creating and maintaining green spaces with funding to support greening projects and sets targets for 1.5 hectares of new green space by 2030. Islington is currently developing its first Green Infrastructure Strategy which will set out the council's approach to protecting existing trees and greenspaces, and further developing the borough's green infrastructure.
- Islington Council's has targets to increase tree canopy cover to 27% by 2030 and 30% by 2050; and to plant 600 additional trees each year.[94, 95]
- Islington's Liveable Neighbourhoods scheme aims to create healthier, more welcoming streets by prioritising green spaces and active travel.
- The council has produced policy documents for street greening design and planning guidance (e.g. Green Infrastructure for Streets) to support creative ways of providing access to nature and sustaining ecosystems.
- Islington and Camden Councils' joint Parks for Health strategy is working to revitalise interest in green spaces as community assets for health and wealth-building.

Green Social Prescribing

Green social prescribing is the practice of referring patients seen in general practice to activities taking place in green and blue spaces such as walking groups, community gardens, outdoor gyms, and social activities that take place in parks. This is based on evidence that nature-based activities can improve physical and mental health as well as reducing loneliness. In Islington, 364 patients were referred to green space activities through social prescribing in 2023/24, mostly for physical or mental health conditions like depression, anxiety, diabetes, or arthritis. On follow-up, patients reported feeling more connected to their community with measurable improvements in self-reported sense of wellbeing. Patients reported that participating in these activities maintained their confidence and engagement with the programme as well as reduced their feelings of isolation.

Islington Case Study: Parks for Health

In 2019, Islington and Camden Councils jointly launched the Parks for Health strategy to revitalise interest in green spaces as community assets for health and wealth-building.

Parks for Health focuses on improving the quality and accessibility of green spaces in Islington and Camden by investing in the renewal of parks, building the skills of the park's workforce, and co-creating park uses with community organisations. This scheme has led to strong stakeholder networks and a formalised structure for health activities in green spaces. It has increased the use of green social prescribing. Between April and October 2023, there were 269 health and wellbeing activities delivered in Islington parks. During this time, 28 parks activities were validated for Green Social Prescribing, meaning they are consistently and regularly available to residents.

The Parks for Health strategy has created opportunities for social cohesion and community building which are important for mental wellbeing. Seasonal intergenerational events in parks encourage residents to spend more time in nature for their mental and physical health, as well as creating a strong sense of park ownership and community. In a six-month span, residents logged over 6,000 volunteer hours in sessions run by parks staff and by Friends of Parks groups.

Park activities that focus on communities to encourage greater use of parks and physical activity (e.g. Dementia-friendly Walks and Islam and Nature Walks) are part of Islington's strategy to remove barriers to park use among vulnerable populations and minority ethnic groups.[96] The work has been supported by teams across the council. Innovative outdoor stay-and-play sessions hosted by the Bright Start service brought 7,314 children to local green spaces between April 2021 and March 2024, to participate in nature-based activities, helping them connect with nature during their formative early years.[97] The Parks for Health Strategy has been recognised nationally, including receiving "highly commended" recognition at the 2023 Municipal Journal Awards.

Residents walking through Islington Park

“I’ve been involved in gardening for seven or eight years. I did gardening at St Mary’s Church before. I really like gardening. I like to rake up leaves, look after the soil, and plant bulbs. I’ve planted raspberries and gooseberries. We haven’t been able to eat them yet, though. I enjoy working with the staff and volunteers – they are brilliant people.”

Islington resident, participant in Mencap Islington Me Time activities in Islington’s Parks

“I also like to go to parks. Sometimes I go with my family and sometimes I go by myself. I like to go to Highbury Fields. I like to go for a walk, do exercise, play football, and run around the park. I also like to play badminton. It’s fun going to parks – I like to go out, that’s me.”

Islington resident, participant in Mencap Islington Me Time activities in Islington’s Parks

1.4 Air Quality

Air pollution is the release of substances into the atmosphere that can cause harm to human health or the environment. Research consistently shows that long term exposure to pollutants like particulate matter ($PM_{2.5}$ and PM_{10}), nitrogen dioxide (NO_2), and ozone (O^3) increases the risk of respiratory and cardiovascular diseases, as well as premature death. Further evidence shows air pollution causes increased risk of cancer, nervous and reproductive system damage, dementia, slowed cognitive development in children and affects development of the unborn child.[98, 99] In the short term, exposure can exacerbate existing conditions, including asthma.[100]

The World Health Organization (WHO) estimates that air pollution causes around 7 million premature deaths each year worldwide.[101] In Greater London, in 2019, it was estimated that 3,600-4,100 deaths were attributable to human-made air pollution.[102] Data shows that 6.7% of adult mortality in Islington is attributable to particulate air pollution, the fourth highest in England, and higher than the London (6.2%) and England (5.2%) averages.[103]

Air quality is affected by several factors including weather disruptions, patterns of urban development and emissions from activities inside and outside the borough. Islington's inner-city location has a significant impact on its air pollution levels due to population density and high transport use. NO_2 is mostly concentrated where it is emitted: in urban areas and by busy roads. $PM_{2.5}$ levels also tend to be higher in cities.

"I think I see it mostly at work, so I have children and people coming in with bad lungs and breathing difficulties and they've got mould at home. We've got children who have got bad asthma, because well probably the pollution. So, it's impossible to do my job well when the environment is actually causing [the] problems for my patients."

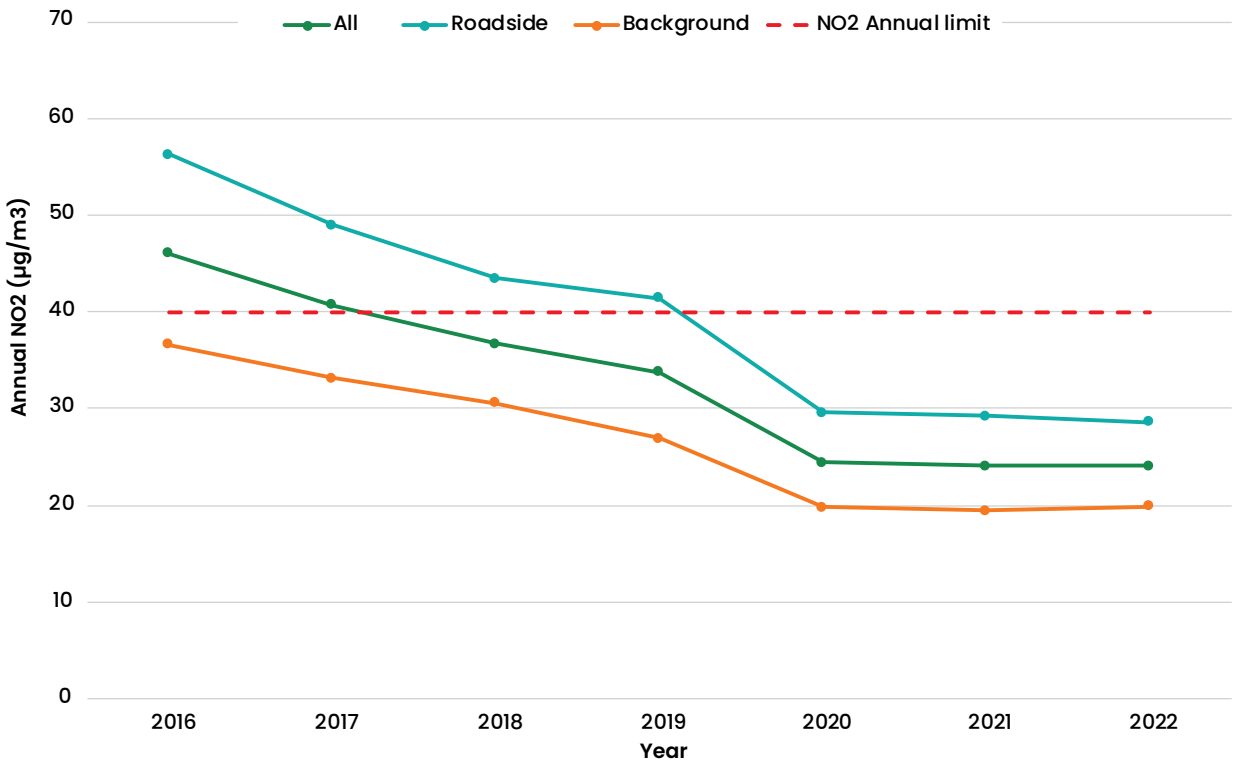
White British woman, 35-64 years of age, Islington Longitudinal Wellbeing Study Interviews, Spring 2024

Air pollution disproportionately affects vulnerable groups. Social, and economic factors such as neighbourhood deprivation also drive the unequal health impacts of air pollution. Air quality is highly correlated with levels of deprivation. In London in 2019, 16% of the most deprived population lived in areas of highest air pollution, compared to just 3% of the least deprived population. Additionally, black, mixed and other ethnic groups were overrepresented in the most polluted areas.[104] Nationally, more than a third of people from a black ethnic background and more than a quarter of people from an Asian ethnic background live in the 10% of neighbourhoods with the highest air pollution, compared to fewer than 10% from a white background.[105]

Road traffic is a significant source of outdoor air pollution, and is estimated to contribute 41% of nitrogen oxide, 25% of PM_{10}, and 24% of $PM_{2.5}$ emissions in Islington (not accounting for trans-boundary pollution carried in by wind from other areas). For this reason, the poorest air quality tends to be around main roads. Commercial activities (heat, power, cooking) also account for a major proportion of air pollution: 38% of nitrogen oxide, 20% PM_{10} and 36% of $PM_{2.5}$ are generated by these sources. Domestic heat and power, construction, and domestic wood burning are the three next most significant sources of air pollution in the borough.[106]

Since 2016 there have been significant and measurable air quality improvements in Islington (Figure 12). This is due to several air quality interventions, Islington's Liveable Neighbourhoods scheme (see case study), and the collaborative work of the Climate Action team with other council departments.[107] In recent years, Islington has led on a multi-borough scheme to reduce pollution from wood-burning,[108] and worked to develop a local Air Quality Strategy as well as an updated Air Quality Action Plan, which aims to reduce and maintain reductions in harmful air quality over the long term. The council has implemented air quality training for health professionals in GP practices, and an eco-mooring zone along Regent's Canal intended to improve the health of boaters, local residents and those who use the towpaths. Mitigating the adverse impact of new developments on air quality is also part of the Islington Local Plan.[109] Partly due to the borough's location in inner London's dense urban landscape, modelled average concentrations of fine particulate matter in Islington of 10.7 µg/m³ remains higher than the London average of 9.6 µg/m³ and England's 7.8 µg/m³.[110] Wider action, such as regional policy changes with the expansion of the Ultra Low Emission Zone (ULEZ), and the transition of the whole TfL bus fleet to low and no emission buses, have further helped reduce pollution.

Figure 12: Graph showing average annual nitrogen levels between 2016 and 2022 in Islington. The red dotted line reflects the annual mean concentration of NO_2 that must not be exceed (40 µg/m3) according to Air Quality Standards Regulations (2010).



Source: Islington Air Quality Annual Status Report 2022. Access at: Annual Status Report 2021.

1.5 Noise pollution

Noise pollution from traffic and other sources can have a significant impact on health and wellbeing. The council received 15,218 noise complaints in 2021/22, 11,758 in 2022/23 and 11,798 in 2023/24.[111] UKHSA evidence shows that traffic noise has a direct impact on sleep, stress and how annoyed individuals feel, and can increase risk of health conditions including stroke, ischaemic heart disease, diabetes, depression, and anxiety. In 2018, it was estimated that 130,000 good years of health (known as DALYs) were lost from traffic noise in England.[112]

School Streets

The School Streets scheme is part of Islington's plan to create a cleaner, greener, healthier borough. Streets and roads with primary schools are temporarily closed to vehicular traffic at morning and afternoon pick-up times during the school term. Making these zones pedestrian and cycle-only helps to lower traffic congestion and pollution at school gates, as well as reducing road traffic danger to students. Across five school street zones which started in 2021, the council found a 23% increase in cycling during school street hours compared to 2019 rates.[113] There was also a 63% decrease in traffic volume, and 23% reduction in air pollution during the hours of operation of the School Streets.[114] Across London, reducing NO_2 exposure in primary schools has been estimated to result in 82 fewer asthma flair ups per school per year. Economic estimates suggest a benefit equivalent to up to £60,000 per school.[115]

1.6 Recommendations

Key opportunities to further address impacts of the public realm on health:

Work to optimise the health benefits of Islington green space:

- Public Health to support evaluation and maximisation of the health benefits of Islington's parks and other green spaces.
- Evidence Islington to support collection of data on the health and wellbeing impacts of Liveable Neighbourhoods, parks and open space interventions to help inform future policy, priorities and funding opportunities.

Work to improve the built environment:

- Work through the local plan and development opportunities to increase the health benefits accessible to all residents including those with disabilities.
- Encourage planning permission applicants to take an age-lens approach to new developments as part of wider actions to develop Islington as an Age-Friendly Community.
- Collaborative work to address issues, such as actions to improve experience and perceptions of safety and reduce anti-social behaviour, that inhibit access to assets in the environment that promote physical and mental health and wellbeing with a particular focus on families and children, minority ethnic groups, older people, people with disabilities, women and female teenagers.
- Carry out a Health Needs Assessment on play for children and young people, with the aim of increasing opportunities for play.

Work to promote active travel and improve air quality:

- Support the co-benefits for health in Liveable Neighbourhoods, low traffic neighbourhoods, School Streets and cycleways through behaviour change opportunities, for example cycling training, protected cycle lanes, and supporting residents to make use of new infrastructure through encouragement of walk, play and active travel.
- Focus on children and adults who are inactive or minimally active, where the greatest health gains and progress on health inequalities through physical activity are available, in line with Islington's Active Together strategy.
- Ensure a holistic approach, importantly by encouraging greater opportunities for social connectedness in neighbourhoods to help improve mental health and wellbeing.
- Where possible, prioritise areas with poorer air quality and higher levels of deprivation when planning future Liveable Neighbourhoods.

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3. Commercial Environment

How the commercial environment impacts health and wellbeing

Commercial determinants of health are private sector activities that directly or indirectly affect people's health.[1] They play an important role in the physical, social and cultural environments which influence or impact health; for example, the choices commercial actors make in the production and formulation of their products, the prices they set, the wages they pay, and where and how they advertise their products. This may be positive, for example increasing the availability of essential medicines, gym classes, or access and promotion of healthy affordable food. However it can also have negative impacts on health, for example, the production, packaging, price-setting and targeted marketing of ultra-processed foods, with particular concerns for the diets and health of children and young people.[2]

Islington boasts a rich and diverse commercial environment that offers employment, and opportunities for social connection, exercise, shopping and entertainment throughout the day and late into the night. Retail, office-based and hospitality industries employ many residents and contribute considerably to the local economy. The majority of businesses are small and medium-sized enterprises, with a relatively small number of large businesses. As part of Islington's community wealth building strategy, the council is committed to building an inclusive economy which maximises opportunities for local residents and businesses.[3] To achieve this, the council supports local small and independent businesses and entrepreneurs so they can establish, grow and stay in Islington.[4]

Much of the commercial environment in Islington is concentrated in four Town Centres and 40 Local Shopping Areas, which are identified in the borough's Local Plan 2023 (www.islington.gov.uk/planning/planning-policy/islington-local-plan). These areas are mixed-use with several functions, including office space, retail, services and entertainment, as well as residential properties. They are important focal hubs, providing residents, local workers and others with good access to amenities. Between 2023 and 2036, 50,500 additional jobs are expected in the borough, and these are likely to mainly require office accommodation, especially in the south of the borough, encompassing the Bunhill and Clerkenwell Action Plan area, and up into Angel / Upper Street, Kings Cross and Pentonville Road.

This chapter explores three aspects of the commercial environment: the retail of food, alcohol and gambling, and their relationship to healthy environments.

2.1 Food

Healthy, affordable food is essential for healthy development neonatally, in childhood and adolescence, and for good physical health throughout life. There are also important psycho-social aspects: sharing meals is also an important part of social connection, building trust and community connection, and improving life satisfaction.[5]

Poor diet, especially one which is high in saturated fat and sugar and low in fruit, vegetables, nuts, seeds and wholegrains, increases the risk of being overweight and a wide range of conditions including cardiovascular disease, type 2 diabetes and some cancers. Malnutrition and nutrient deficiencies occur when there is not enough to eat, or enough variety, for the body's needs. Common nutrient deficiencies in the UK include iron (anaemia), calcium and magnesium.[6] Food insecurity (the condition of not having access to sufficient food, or food of an adequate quality, to meet your basic needs) can cause chronic stress and has increased significantly in the UK since 2021.[7]

The commercial environment heavily influences diet through the visibility, accessibility and affordability of food and drink, including freshly prepared foods and ingredients, pre-prepared meals and snacks, and products high in fat, sugar or salt (HFSS). The food commercial environment comprises retailers, cafes and restaurants, fast food outlets, delivery services, and advertisements for the products they sell. This constantly evolving industry affects choices about what people buy and eat. It is easy to access HFSS and ultra-processed foods, which are typically more convenient and often cheaper than fresh ingredients, but also worse for health.[8] The term "obesogenic environment" refers to the interaction of environmental factors that influence patterns of nutrition and physical activity, which increase the risk of people being overweight, and the commercial food environment plays an intrinsic part.[9] It may also contribute to the related inequalities: international evidence suggests that the availability of high quality and reasonably priced 'healthy' food is constrained for those living in low-income neighbourhoods which in turn are linked to poor diet, and obesity.[10] Evidence from the UK is more limited, with a lack of good quality studies.[11]

Price, accessibility and visibility are recognised as key drivers of food choices within the commercial environment. National policies and regulatory changes have aimed to reduce the health harms associated with certain products. For example, the Soft Drinks Industry Levy (SDIL) increased the price of sugar sweetened beverages to encourage manufacturers to reformulate. A study found that the SDIL was associated with an 8% relative reduction in obesity in girls aged 10 to 11, although not boys, or children aged 4 to 5 years old.[12] More recent legislation (2023) restricts the promotion and positioning of HFSS foods in supermarkets. In 2018, restrictions on the outdoor advertising of HFSS foods and drinks across the Transport for London (TfL) network were announced by the Mayor of London. The restrictions were associated with a 7% decrease in the purchase of unhealthy products, but have not negatively impacted TfL's advertising revenue.[13,14] From October 2025, new regulations will be implemented which aim to reduce children's exposure to junk food adverts, for example by imposing online and pre-watershed television advertising ban and other restrictions.[15]

In December 2024, the government launched an updated National Planning Policy Framework (NPPF) which includes a presumption against both hot food takeaways and fast food outlets in walking distance of schools or other areas (besides town centres) where young people meet and socialise. It also includes a presumption against concentration of hot food takeaway and fast food outlets when they are having an adverse impact on local health, pollution or anti-social behaviour.[16] For hot food takeaways, the national policy represents a 'catch up' with Islington, as Islington council already have strict policies against new hot food takeaways near schools, and other takeaways under Islington's 'Location and Concentration of Use' policy. The new NPPF may enable local authority planning to take a firmer stance against newer manifestations of fast foot outlets, including fast food restaurants that do not fall under the hot food takeaway class, and 'dark kitchens' which provide fast food orders for direct delivery to people's homes or workplaces.[17]

Food Safety

There are over 2,700 food businesses in Islington ranging from tiny corner shops, major supermarkets, takeaways, restaurants and a handful of manufacturers.[18] Local authorities can influence the commercial environment through their roles in supporting local businesses, place shaping, local planning and licensing. Environmental health duties relevant to food include trading standards advice and enforcement, pest control, pollution control and food safety inspections. Commercial environmental health teams carry out a range of activities with food businesses, the majority of which are enforcement inspections but also include training, education and support. Islington have a food safety compliance rate of 93%, with the majority of food businesses rated 3 or higher in the Food Standards Agency's Food Hygiene Rating Scheme.[19] High rates of adherence reduce the risk of food poisoning and associated risks to health. Inspections also cover food standards, including work around allergens. The correct and visible provision of allergen information to the public is essential in retail and catering establishments, to avoid serious or even fatal allergic reactions.

Fast food

Research has shown that living in closer proximity to fast food outlets, and further from supermarkets, is linked to increased risks of obesity and poor oral health.[20] These are both challenges for Islington where 22% of children in reception, 36% of children in Year 6,[21] and 50% of adults[22] are overweight or very overweight, and a quarter of children aged five have visible dental decay.[23]

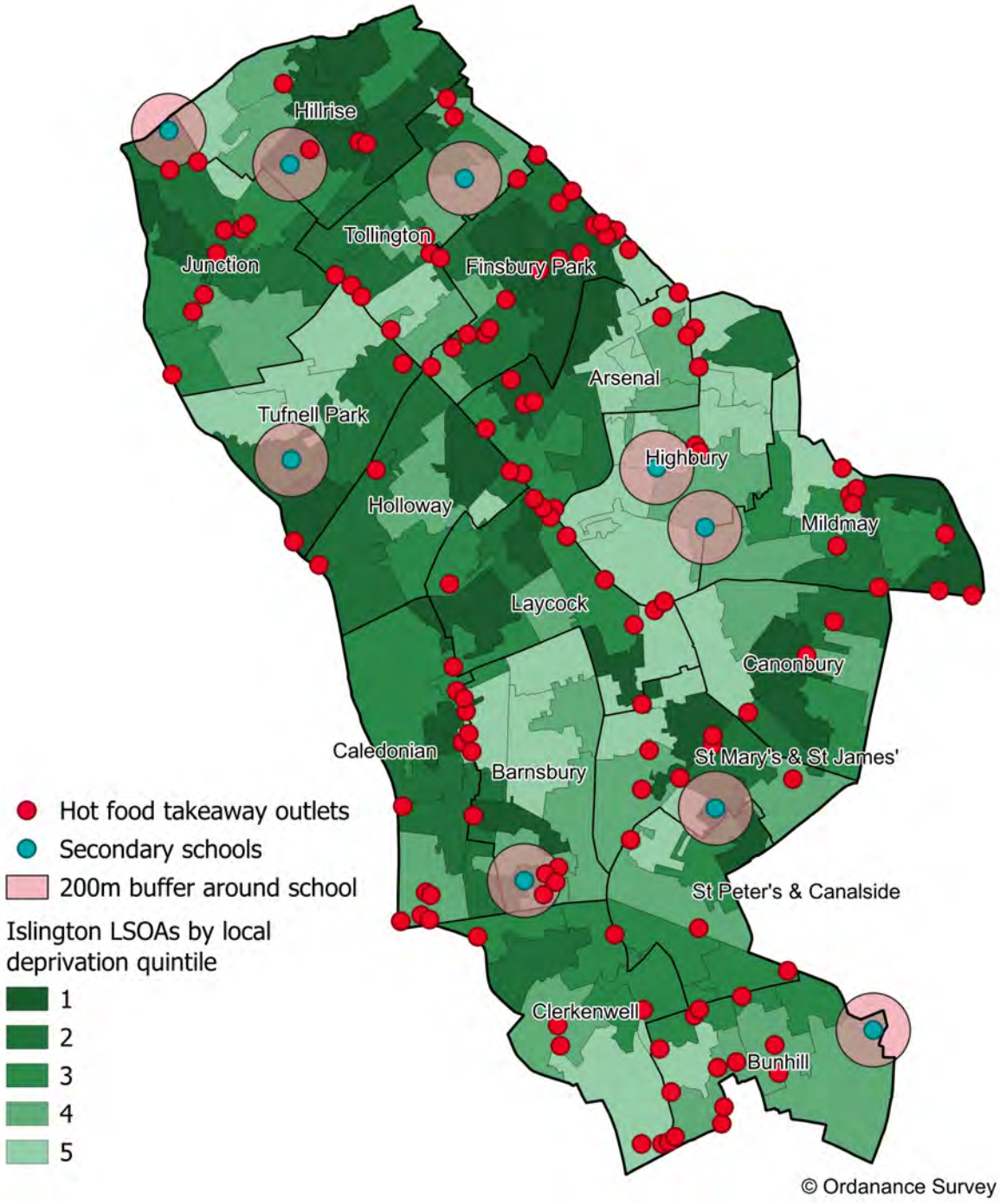
In Islington, there are 297 fast-food take away outlets - a rate of 13 per 10,000 population, the 9th highest in London.[24] The density of fast food outlets varies across the borough, as seen in Figure 13, and is higher in areas of greatest deprivation.[25] In response to this, Islington's Local Plan (2023) (www.islington.gov.uk/planning/planning-policy/islington-local-plan) includes a 'Location and Concentration of Use' policy that opposes new hot food takeaways within 200m of a primary or secondary school, and when there is an over-concentration of hot food takeaways in an area (see Case Study). Additionally, all planning approvals for units serving food and drink contain a condition for the operator to achieve the Healthier Catering Commitment.[26]

One in ten children in Years 8 and 10 who responded to the 2021/22 Islington Children and Young People's Health and Wellbeing Survey said that they had eaten takeaway food "on most days" in the week before completing the survey.

"I think we are understanding much better now, the connection between food and mental health. It can't be complete coincidence that as people eat more poorly and there's an increase in mental health problems."

Islington resident. female, White British, age group: 35-64 (Wellbeing Index Longitudinal Interviews)

Figure 13: Location of hot food takeaway outlets in Islington, and their proximity to secondary schools and areas of deprivation (Low Super Output Area).



Source: Islington 2023/24 Annual Public Health Report.

Food advertising

Commercial advertising and other forms of marketing in the physical and digital environment exert a strong influence on health-related behaviours. There is growing evidence that exposure to unhealthy food marketing is linked to childhood and adolescent obesity.[27,28] In the UK, approximately one quarter of adverts are for food and drink and over half of these are for unhealthy products.[29,30] London-wide policies have been effective in reducing advertising of HFSS foods. Early evaluation of Transport for London's ban on such adverts introduced in 2019 indicated it had been successful in reducing household purchasing of HFSS foods, including chocolate and confectionary.[31,32] Some London boroughs have developed their own healthier advertising policies including Southwark,[33] Tower Hamlets[34] and Newham[35].

A recent investigation in the UK found that the food industry was using educational environments to advertise to children. Through grants, free educational resources and healthy eating campaigns by the food industry, children were exposed to branded food marketing and messages that the solution to rising obesity is personal responsibility. The investigation also found that events at early years settings were being used to promote more expensive and less healthy processed baby foods.[36]

Access to healthy, affordable and sustainable food

As a geographically compact borough with a vibrant local economy, Islington residents generally have good access to a range of food outlets which offer healthy and affordable food. However, there are a number of potential barriers.

Physical proximity

There is variation in access to supermarkets in Islington, which generally offer more fresh items at lower prices than many other food outlets are able to.[37] Research undertaken in 2020 estimated that 15,000 Islington residents lived in a "food desert". Since the research was undertaken in 2020, additional supermarkets have opened, including in areas which previously lacked them such as in Junction Ward. This will have increased the number of households living in close geographic proximity to sources of healthy, more affordable food. The figures need to be treated with some caution: for households in urban areas, this measure takes account of the number of supermarkets within 1km, the distance someone would need to travel to their local supermarket and how easy it is to get there, household income data, and the likelihood of households buying groceries online. The measure does not include other sources of affordable healthy food, including local, independent-owned, ethnic-minority owned food shops and market stalls, which are important components of Islington's food retail environment, and serve many of our residents.[38]

Affordability

General cost of living pressures are reflected in the high proportion of Islington households estimated to be in financial risk or crisis, which peaked at 20.4% of households in May 2023.[39] Food costs account for a higher share of budgets for people on low incomes, and have been a major financial stressor as costs of living have risen. Food prices increased faster than general prices between July 2022 and April 2024, peaking at 19.2% in March 2023.[40] The price of healthy food between 2022 and 2024 rose at twice the rate of unhealthy food.[41] This rapid increase has outstripped wage and benefits growth, putting further pressure on residents' budgets.

These financial pressures mean that even the more affordable sources of food, such as low-cost supermarkets, can become unaffordable. In some cases, this leads households to become dependent on food aid, temporarily or for longer periods.

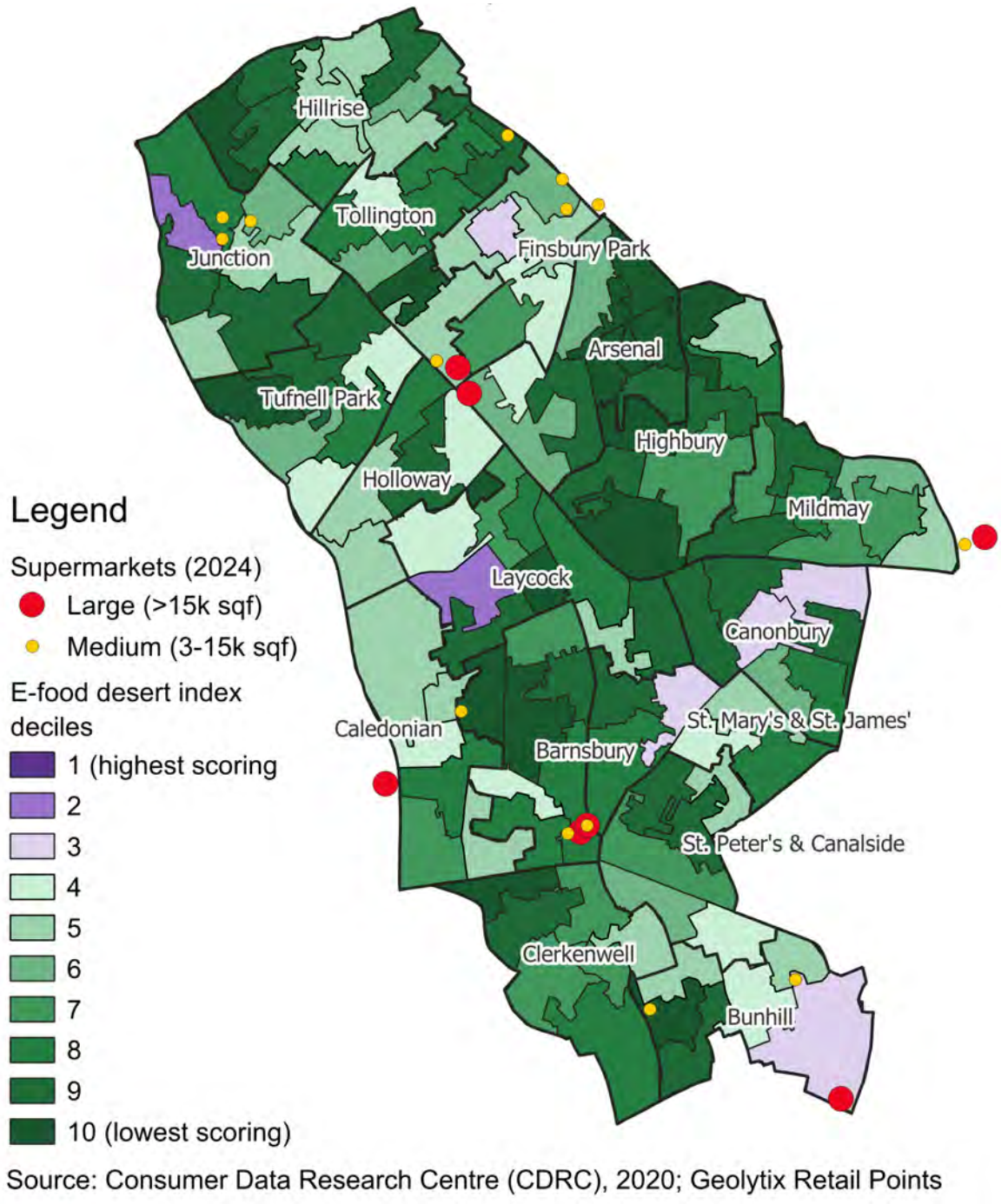
Food insecurity and food bank use is high in the UK, and has risen between 2017/18 and 2022/23.[42] In 2022 Islington's public health team completed a food insecurity needs assessment.[43] At that time, it identified 63 food aid organisations, of which 39 were confirmed to be active and offering some form of food aid. This included a broad range of organisations, including everything from school and out-of-school clubs, to community centres and faith organisations. The group most affected by food insecurity in Islington were households with children, especially single parent households with multiple children. Others more likely to be affected were households with a disabled adult, on low income or universal credit, in social housing, from racially minoritised communities especially black groups, and where the head of the household was aged under 25.[44]

Most food aid providers relied on donated food, which can be unpredictable and offer low choice to users. In a survey conducted by the Islington Food Partnership, most food aid providers reported that their dependence on donations meant they were unable to offer nutritionally balanced food.

Culturally appropriate food

Food basket research undertaken by public health in 2023 considered access to culturally appropriate foods. Overall, the study found there was access to culturally appropriate, healthy food across the borough, although generally poor access to halal meat. Residents living in the north of the borough faced higher costs for traditional Bangladeshi and African and Caribbean foods compared with the rest of the borough.

Figure 14: Map of Islington showing e-Food Desert Index (2020) overlaid with locations of supermarkets in 2024 (left). Note that three new supermarkets opened in Junction Ward after the index was calculated.



Source: Consumer Data Research Centre (CDRC), 2020; Geolytix Retail Points. An output of the Consumer Data Research Centre, an ESRC Data Investment, ES/L011840/1; ES/L011891/1. Contains public sector information licensed under the Open Government Licence v3.0. Open Government Licence.

“I suppose the shops that we have in our local area aren’t especially useful. There’s only…like the mini supermarkets. We don’t have a big supermarket there…The main kind of hang up to our month is having to get the shopping done.”

Islington resident. female, white and black Caribbean, age group: 16-33. (Wellbeing Index Longitudinal Index)

“I just want to be able to eat reasonably healthily, be able to afford to pay my bills, and not have that worry, because I think financial worries really impact on your health.”

Islington resident. English/British woman, 35-64 years of age. (Wellbeing Index Longitudinal Index)

Organisations such as Faculty of Public Health, and UK Health Alliance on Climate Change are broadening the focus on healthy, affordable food to include transition to a sustainable food system.[45,46] This widened approach encompasses food security and changes in food production and distribution that is protective of the environment and climate.[47]

In 2023, the Islington Food Partnership launched a 5-year Islington Food Strategy with a vision to ensure all residents have access to affordable, nutritious and sustainable food.[48] The strategy is organised around four themes:

- Healthy, affordable food for all
- Sustainable local food economy
- People-powered change - this involves people and communities tackling inequalities and achieving real change in the above.
- Climate and nature emergency

The strategy describes it's vision for the commercial retail food environment, as well as more locally grown food: "It'll mean walking down the street and seeing more local, independent businesses, and more healthy and affordable options, including produce grown locally."

In such a densely populated borough, with limited amount of outdoor space, the scope for local food growing is narrower than in many areas, but there are still a wide range of ways in which residents can be involved locally. This includes allotment plots at four locations in Islington, four community gardens where residents can get involved in food growing, and food growing space in some local schools as part of their whole-school approach to healthy eating and food culture.[49,50] There is also a local farm, Freightliners City Farm, based in Holloway. Further opportunities to increase local food growing exist, including growing in Islington's parks, estate communal space, windowsills and even vertical walls.[51] Food growing can bring people and communities together, help people feel less isolated and encourage people to eat more fruit and vegetables. Gardening - in general - is a key way in which many middle-aged and older adults are physically active.[52]

Beyond the commercial environment

Regulation can help shape the food environment to make healthier food more affordable and accessible, but there are other, non-commercial, local opportunities to support healthy affordable food for all. Ensuring the provision of healthy balanced meals in institutional settings such as nurseries, schools, hospitals, prisons and care homes. For example, Islington's school meals contract, which covers 34 of 44 primary schools and 3 of 10 secondary schools, requires higher nutritional standards than the government sets,[53] including more vegetable and salad options and lower sugar content. Combined with universal free primary school meals, this ensures every five- to eleven-year-old in the borough has access to at least one hot, healthy meal each weekday. Research into universal free primary school meals has found that it had significantly reduced pressure on family finances especially lower income families.[54]

Outside of term time, Islington Council has supported providers to make sure food prepared for children during holiday activities meets the national school food standards, through the holiday activities and food programme (HAF) (www.gov.uk/government/publications/holiday-activities-and-food-programme/holiday-activities-and-food-programme-2021). This is supported by providing training, checking planned menus, providing healthy eating information for families, and running 'family kitchen' sessions where parents and children cook and eat a meal together.

Islington is home to a small number of food pantries and co-ops which provide access to fresh produce which is cheaper than local shops. For example, Cooperation Girdlestone is a resident-led food co-op in the north of the borough which allows local people to combine their purchasing power and buy food in bulk, resulting in significantly lower costs. Co-ops also give people more choice and autonomy compared to models such as food banks.

A number of voluntary, community, faith and social enterprise (VCFSE) sector organisations provide free or subsidised communal meals to residents, providing a social space as well as nutritious food. For example, Mind in Islington gives another organisation use of its commercial kitchen, in return for provision of free meals for service users at the centre every week. Manor Gardens Welfare Trust has also recently received funding to establish The Cally Surplus Food Café and Pantry at Jean Stokes Community Centre, which opened in February 2025.

Islington Case Study: Supporting children to eat healthily in Islington's primary schools

Since 2010, all primary school students in Islington primary schools, children's centres and early years centres and certain nurseries have been eligible for universal free school meals.[55] Islington's school meal contract monitoring team includes a nutritionist, and the schools' dietitian is involved in policy and strategy around school meals. The food children are offered is carefully considered to make sure it is healthy, nutritious, and kind to the environment.

For example, Islington's primary school menus ensure:

- Fruit is always on offer
- Desserts are always fruit based and only unsweetened yoghurt is served
- There are always salad and vegetables on offer
- Each week there is a non-meat/fish day and at least one day per week where 50% of the meat has been replaced with beans and pulses
- There are limits to the amount of sugar that can be served in early years, primary and secondary meals.
- Most schools are water-only.

The council's Healthy Schools Programme supports schools and early years to deliver taste education (www.tasteeducation.com), where children can explore raw fruit and vegetables in a joyful way. During taste education sessions, teachers bring in fresh vegetables or fruits and children will talk and write about what they see, smell, touch, hear and taste and whether they enjoy it or not. A particular priority for the intervention is working with children and young people with special educational needs. With children trying new fruit and vegetables, it is anticipated that more children will eat fruit and vegetables in their school lunches.

2.2 Alcohol

Four in five adults in the UK drink alcohol.[56] Problem alcohol use is the biggest risk factor for death, ill-health and disability amongst 15–49-year-olds in the UK.[57]

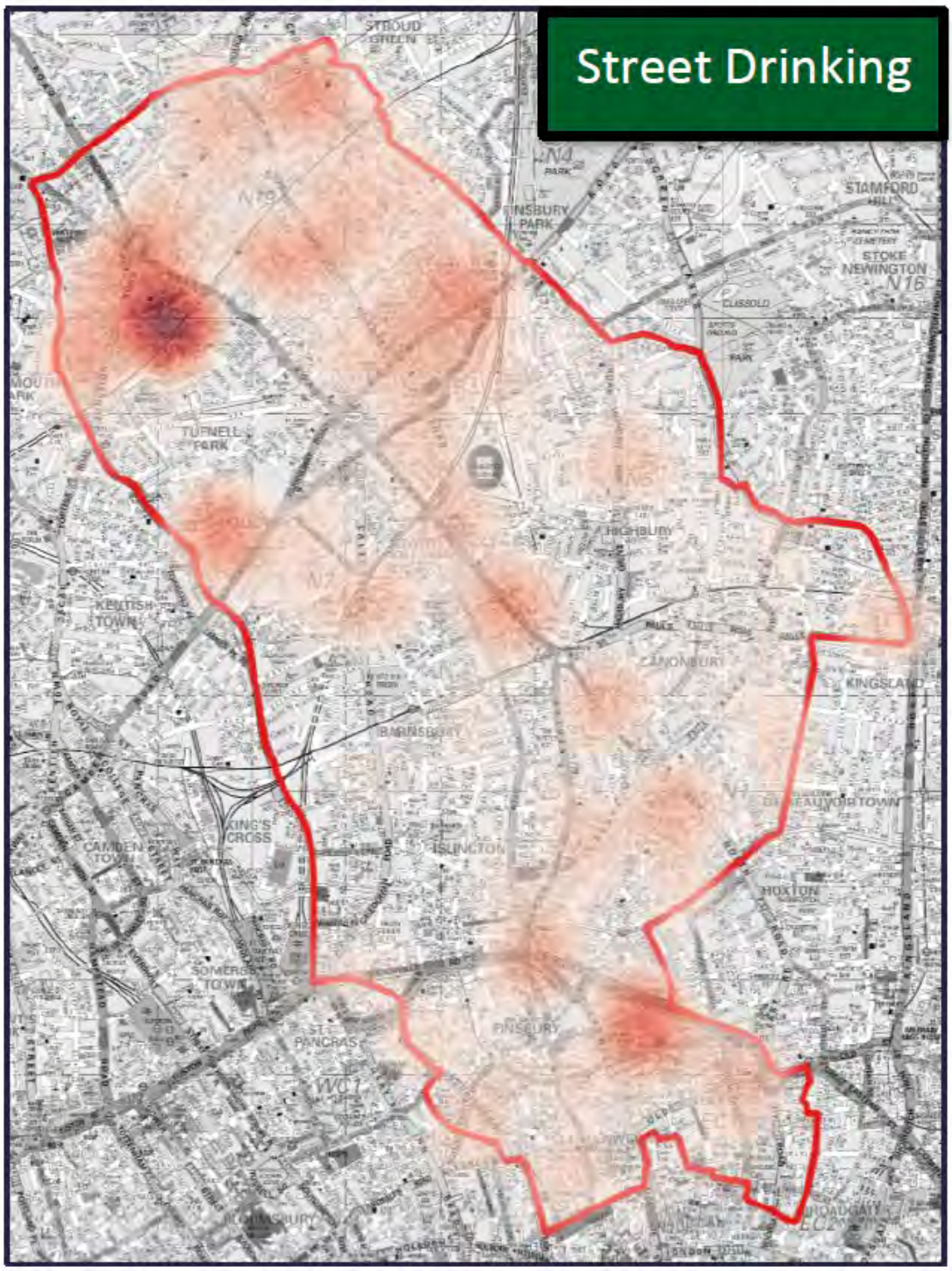
Islington experiences high levels of alcohol-related harm, with an estimated cost to the NHS, social care, crime and disorder and the wider economy of around £137 million in 2022.[58] Harms include acute intoxication, behavioural disorders and other health conditions where alcohol is a contributing factor, such as liver disease and certain types of cancer. The borough is similar to the national and London averages for alcohol-related deaths (at a rate of 36.7 per 100,000 in 2023, compared to an average 33.7 in London and 40.7 in England).[59] However, alcohol-related admissions are appreciably higher than London and England averages, with around 3,000 alcohol-related hospital admissions each year.[60] Around three percent of adults in Islington are thought to be alcohol dependent, with men particularly affected.

Alcohol contributes to wider harms through its role in crime and anti-social behaviour,[61] incidents of physical and sexual violence, domestic abuse,[62] child neglect,[63] reduced educational outcomes[64] and accidents.[65] In 2019, a national survey found that almost one in twenty people had experienced the threat of violence or actual violence from someone else due to alcohol consumption.[66]

In 2021/22 there were an estimated 18,100 alcohol-related crimes in Islington, of which 11,300 were for, theft, 3,400 were 'violence against the person' offences, and 2,500 were for criminal damage.[67]

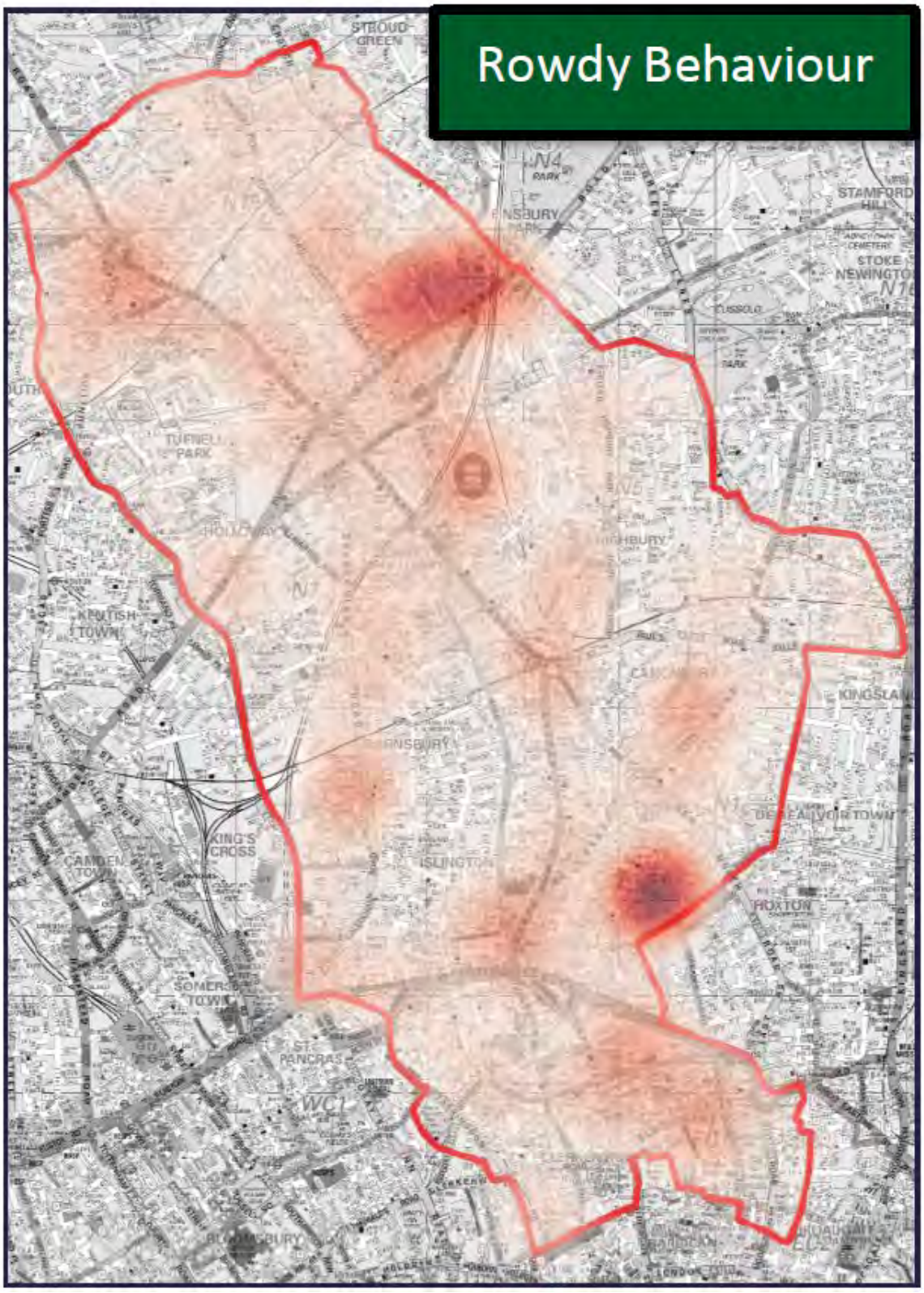
In 2023/24 there were 640 antisocial behaviour reports made to the council which were linked to alcohol.[68] Of these, 204 were due to street drinking or rowdy behaviour, Figure 17 shows that these reports of antisocial behaviour related to Street Drinking were concentrated in Archway and south of City Road, and reports of rowdy behaviour are concentrated in Finsbury Park, and to the east of Angel.

Figure 15: Heatmap of antisocial behaviour reports made to the council which were linked to street drinking.



Source: London Borough of Islington data.

Figure 16: Heatmap of antisocial behaviour reports made to the council which were linked to rowdy behaviour.



Source: London Borough of Islington data.

“There is a long-term impact of experiencing antisocial behaviour. It reduces you to vulnerability and a feeling of not being safe in your home.”

Islington resident. (Let’s Talk Islington, Holloway Neighbourhood Group)

“I mean I do like my area but there’s lots of weird stuff going on, like loud cars, playing loud radio... We live next to a pub and [there’s] also drunk people in our neighbourhood.”

Young Person with special educational needs (Let’s Talk Islington)

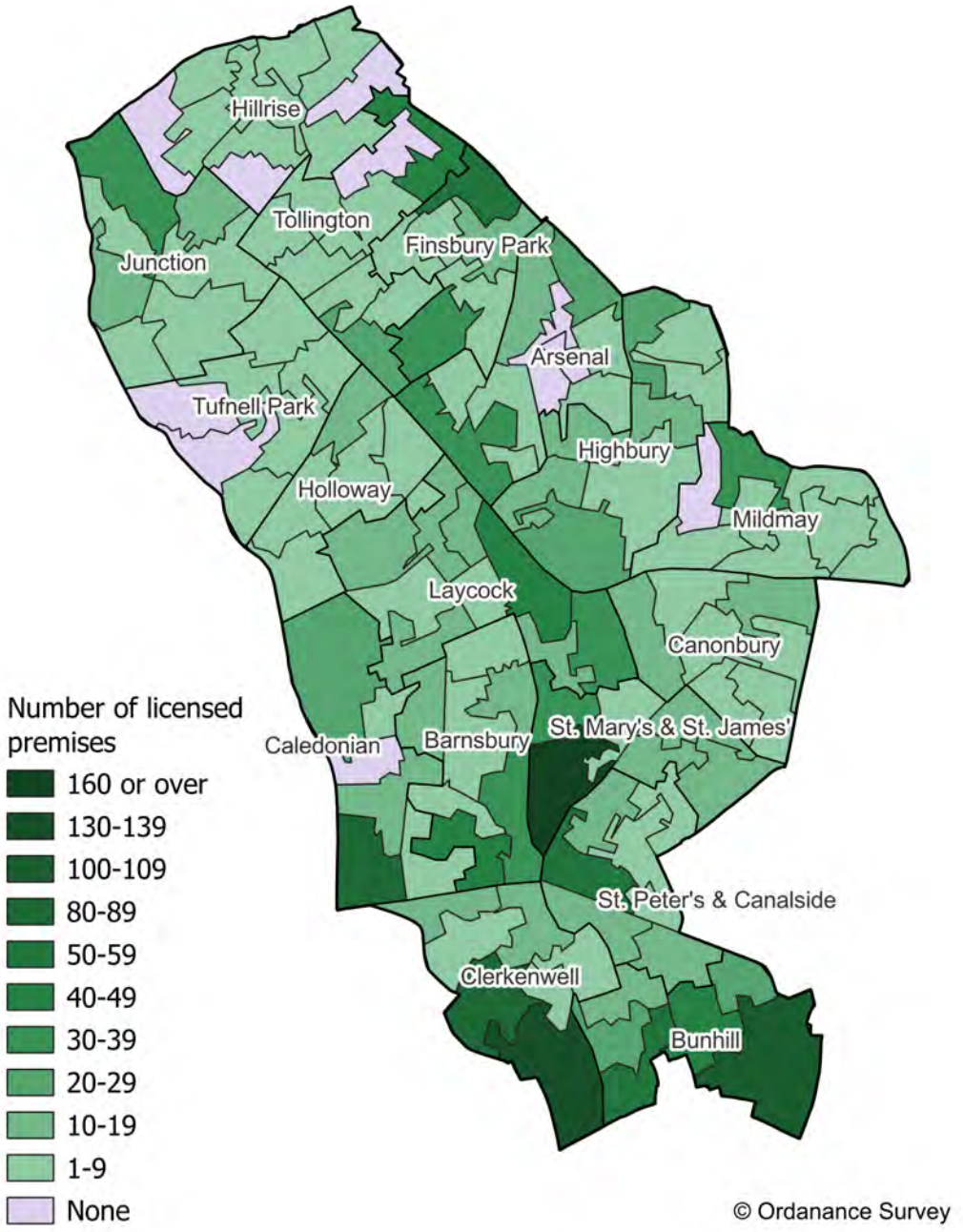
Alcohol sales

Most alcohol sales in the UK are from shops (72%) and the rest from pubs, bars, restaurants and event spaces (28%).[69]

In Islington there are 1,369 premises licensed to sell alcohol for consumption on and/or off-site.[70] This includes 983 off licenses, 56 of these which operate 24 hours a day.[71] 92.4 alcohol licensed premises square kilometre. This is much higher than London (19.1 per square kilometre) and England (1.3 per square kilometre for England).[72] Islington also has the third highest rate of licensed premises by ce in London (804 per 100,000 residents aged 18 and over).[73] Many of these contribute to the night-time economy in Islington, with around 290,000 people visiting the borough between the hours of 6pm to 6am per week.[74]

A third of licensed premises in Islington are located within three wards in the south of the borough (Bunhill, Clerkenwell and St. Mary’s and St. James’, see Figure 15), closely linked to the size of the nighttime economy in those areas.

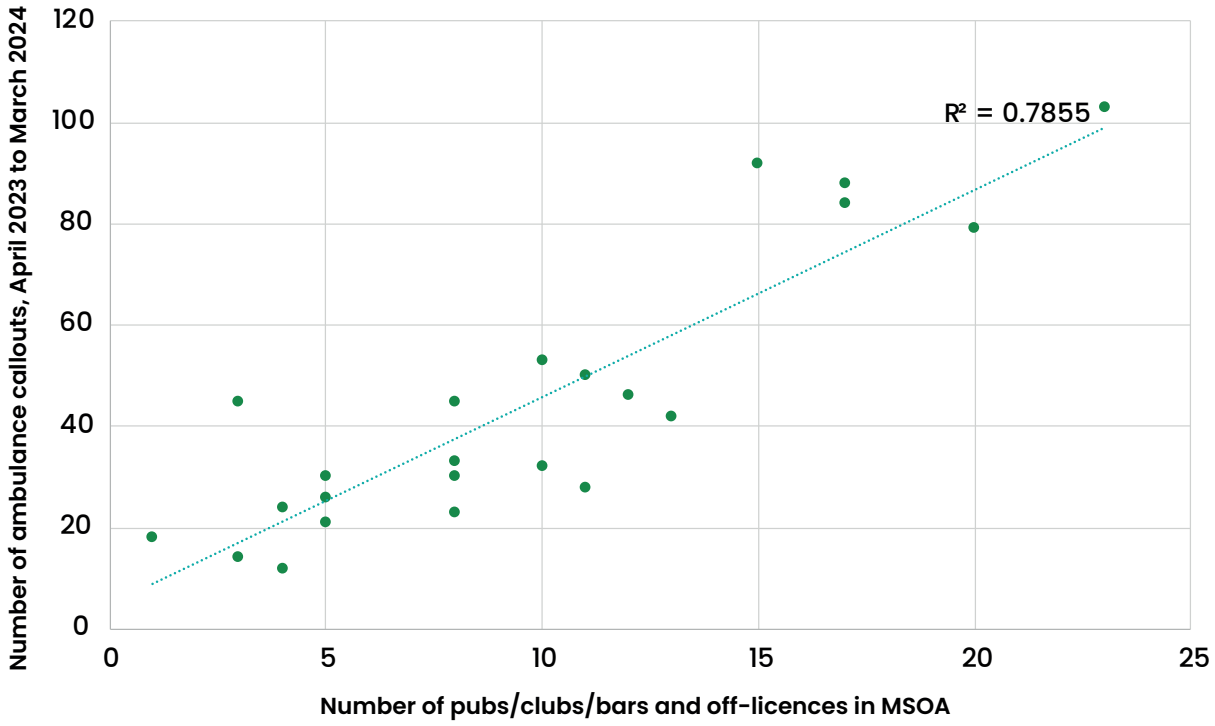
Figure 17: Map showing the number of premises licensed to sell alcohol in Islington, September 2024



Source:

London Ambulance Service and the Metropolitan Police respond to incidents where alcohol is involved throughout the day, but this peaks overnight, with more than twice as many alcohol-related call-outs between 11pm and 5am than during the rest of the day.[75] There is a strong correlation between ambulance callouts and the number of licensed premises in the area (Figure 18). Clerkenwell ward has the highest number of both licensed premises and alcohol-related ambulance callouts.

Figure 18: Correlation between number of alcohol related ambulance call outs and number of pubs/bars/clubs and off-licenses by Middle Super Output Area (MSOA) in Islington, April 2023 to March 2024



Source: London Borough of Islington data.

Opportunities to reduce alcohol-related harm

Research has shown that the availability, visibility and affordability of alcohol influences consumption.[76] There is strong evidence at population level that increased alcohol pricing reduces consumption, and that lower consumption reduces traffic injuries and deaths. There is evidence for a link between alcohol promotion/advertising and consumption, in particular among younger age groups. There are associations between increased licensing hours and alcohol outlet density, with increased alcohol consumption.[77] There is also some evidence from elsewhere in Europe linking alcohol availability with demand for public-sector services. For example, unrestricted serving hours in Iceland increased police episodes and emergency ward admissions. A bar / restaurant server training course around alcohol in Sweden was associated with a 29% reduction in reported violence.[78]

Local authorities can help shape these aspects of the commercial environment and make efforts to mitigate alcohol-related harm through their responsibilities for licensing and planning.

Current national licensing laws have a presumption that applications will be agreed. However, the Licensing Act gives local authorities, police, residents and other interested parties grounds to oppose or appeal applications for new alcohol licences where the proposal may present risk for (1) crime and disorder (2) noise and nuisance (3) public safety and/or (4) harm to children.[79]

Health is not a specific licensing objective per se, and applications cannot be refused on the basis of health alone. However, public health is designated a 'Responsible Authority' under the Licensing Act, which means they are notified of every alcohol license application, and are invited to meetings where new licensing applications are discussed. This provides a route for public health to assess the impacts of a new application and flag concerns. Licensing conditions can also be used to reduce other harm, for example by requiring the use of polycarbonate drinks containers rather than glass.[80]

In Islington, six areas with an existing high concentration of licensed premises have been designated Cumulative Impact Areas,[81] which the Council takes into account when making decisions on applications. The licensing team advise applicants if they want to make changes to existing licences or apply for new applications, and encourage applicants to consider the impact their premises may have. Conditions that may be applied to licence applications for example might limiting trading hours, control noise and set requirements around customers outside the premises and when leaving the venue.

> **"And I think the biggest community, probably the [ ] pub on the road, very noisy and it's very, very popular."**
>
> Islington resident, female, Other White background, age group 65+

Alcohol marketing directly increases alcohol consumption,[82] makes dependency more likely and recovery from dependency more difficult.[83] Some local authorities have taken policy action, imposing local restrictions on alcohol advertising. For example, Bristol City Council has restricted advertising and/or sponsorship that promotes availability of alcoholic drinks as part of wider policy including HFSS food, gambling and tobacco.[84]

Reducing the affordability of alcohol has been shown to reduce alcohol-related harm.[85] Policies impacting the affordability of alcohol have been implemented at a national level through regulation, for example through increasing tax (Alcohol Duty)[86] and Minimum Unit Pricing, which has been shown to be effective in Scotland[87] and Wales.[88] At a local level, advocacy and voluntary schemes have included encouraging retailers to remove high-strength, low-cost beers and ciders, recognising their almost exclusive association with harmful drinking (which follows similar regulatory action taken in respect of the very strongest products in 2015)[89] or encouraging bars and pubs to consider removing large glasses of wine, which has been shown in trials to reduce overall consumption,[90] or the strongest cocktails from sale, and to consider curtailing price promotions, such as happy hours.

Other cross-council work can reduce alcohol-related harm. In Islington, the Night Time Sector Working Group is exploring ways to enhance the Islington night-time environment. This includes investigation of opportunities to increase diversity of the night-time offer, such as more non-alcohol related events and activities. It also aims to decrease night-time crime and violence.[91] Community Safety teams in Islington can contribute to the reduction of alcohol-related harm, for example, by issuing Public Spaces Protection Orders (PSPOs), where someone has been drinking alcohol and exhibited antisocial behaviour.

Islington Council Licensing Teams and Police Licensing Teams work in partnership with the licensed trade on Operation Nightsafe, which provides street patrols and rapid police response at night. It is partly funded by the late-night levy, payable by licensed businesses open after midnight.[92] Operation Nightsafe visits premises to ensure licensing conditions are being met and the team supports with incidents involving violent or aggressive behaviour. The operation carries out health and welfare checks with vulnerable people who may be experiencing harm or injuries from alcohol or drug use, including a patrol medic.[93]

Islington Council is committed to the Women's Night Safety Charter, which 76 venues in the borough have signed up to.[94] The charter includes seven key pledges to improve women's safety and perception of safety at night, including designing workplaces and public spaces to make them safer for woman at night, encouraging victims and bystanders to report incidents, and training staff to ensure reports or incidents are believed and responded to. Islington Council also supports venues to adopt the Ask for Angela and Ask for Clive schemes.

Islington Council provide training to license holders on their responsibilities to operate safely, including the Welfare and Vulnerability Engagement (WAVE) training for people working in late night venues, which covers drink spiking awareness, prevention and support for victims. During Operation Rana, to reduce drink spiking, the Council and police worked together to engage 119 licenced venues in Islington in raising awareness and distributing crime prevention and awareness material.[95]

Islington Case Study: Alcohol Licensing Tool

Since 2015, Islington has used an 'Alcohol Licensing Tool' to review applications for new alcohol licenses. Created by Public Health, the tool draws together data sources that describe the existing environment where a new venue is proposed, including:

- proximity to other licensed premises
- alcohol-related ambulance callouts
- alcohol-related hospital admissions
- alcohol-related crimes and reports of anti-social behaviour

The tool helps assess the risk of harm posed by a license application. Using the tool, the Licensing Committee can raise concerns with applicants and help shape applications to mitigate harms to residents. This could include changes to licensing conditions placed on applications, for example restrictions on opening hours.

Where mitigations are not sufficient and there are significant risks, the tool provides evidence for the Licensing Committee around the risk that granting the license would pose to community safety, antisocial behaviour, noise ("public nuisance") or harm to children;[96] which may provide grounds to oppose new or extended licenses.

2.3 Gambling

Gambling is defined as: "playing a game of chance for a prize; betting, or participating in a lottery", and takes place in licensed premises (casinos, betting shops, adult gaming centres, pubs with gaming machines and bingo halls), at sports venues, particularly dog or horse racing, and online.[97] Gambling can be an addictive behaviour, similar to other addictions.[98] For people who are vulnerable to this addiction, it becomes very hard to stop, with withdrawal symptoms when an individual does not gamble.[99] 'Problem gambling' means "gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits"; a person classified as experiencing 'problem' gambling will "have experienced adverse consequences from gambling and may have lost control of their behaviour".[100, 101, 102] Gamble Aware estimate that 56% of adults in London participated in gambling in 2023, and that one in twenty adults in Islington are classified as experiencing "problem" gambling (by the problem gambling severity index (PGSI) www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-screens). This figure is among the top 20% of local authorities nationwide.[103]

In 2022/23, the UK gambling industry was worth an estimated £15.1 billion.[104] Most of the profit in the gambling industry comes from those at an elevated risk or experiencing harm.[105] A 2022 investigation by the Association of Directors of Public Health concluded that the risks of harm from gambling are not well-communicated to the public and that, as well as affecting individuals, gambling-related harms extend to friends, families and communities.[106] As well as financial harms, gambling can affect mental and physical health, relationships and employment.[107] Suicidal ideation, attempts, and death by suicide are at least twice as likely among adults experiencing problem gambling.[108] In 2022, the economic burden of harmful gambling in Islington was estimated to be £8.6 million. Although there are a number of locations licensed for gambling in person in Islington, much gambling now takes place online. This has made gambling more accessible, but also more hidden, and may have intensified harms.

The PGSI is a commonly used gambling screening tool which measures both behavioural symptoms of gambling disorder and certain adverse consequences from gambling. Like alcohol, the risk of harms from gambling increases with consumption and anyone can be at risk of harm.

Figure 19: Summary of gambling related harms[109]

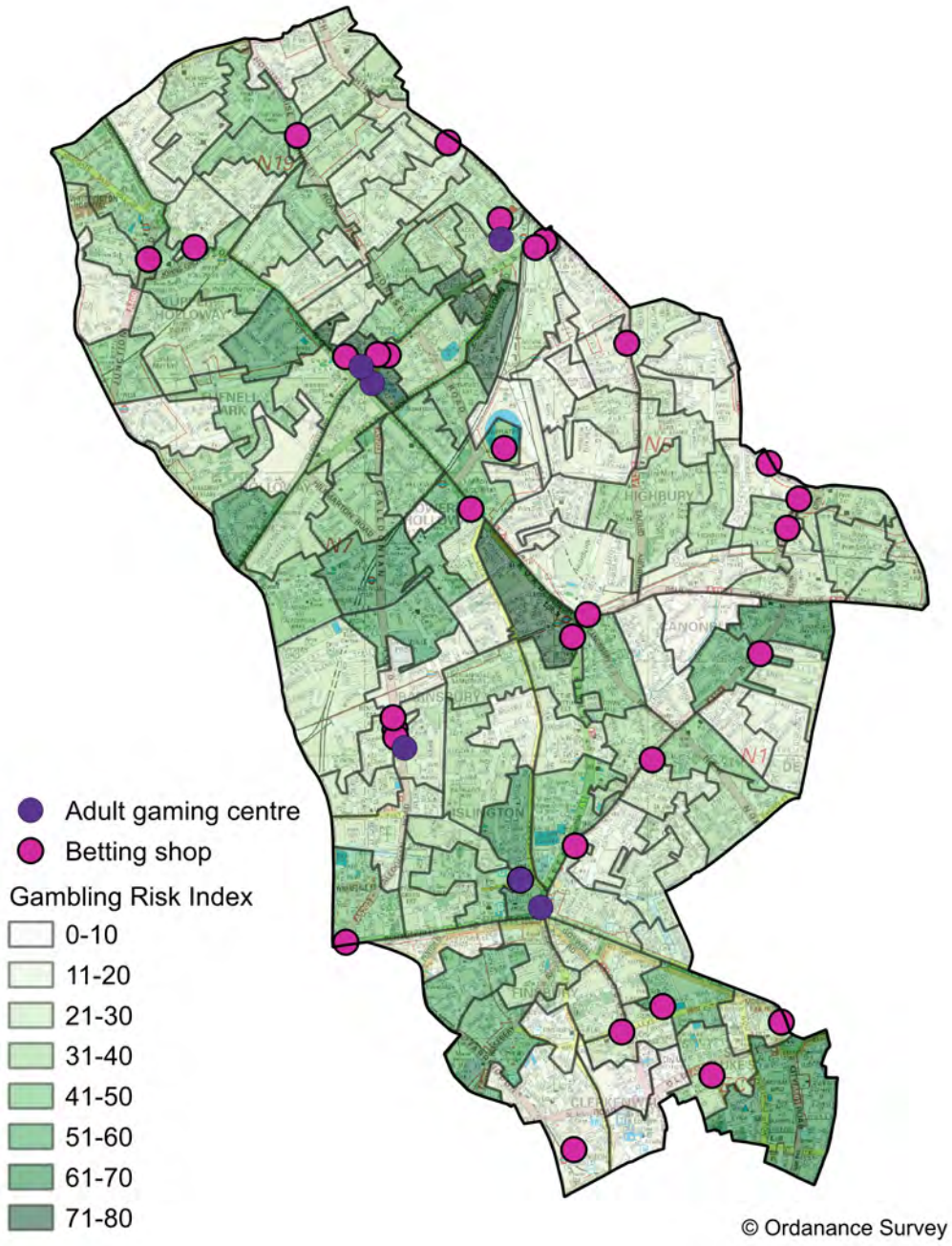
Health	Relationship	Social and financial resources
• heart palpitations • sleep disturbances/ insomnia • increased blood pressure • headaches • anxiety / depression • self-harm and suicidality • substance misuse • feelings of stigma/ shame	• domestic abuse • relationship difficulties and breakdown • loss of trust • loneliness • social isolation • neglect/abandonment • anti-social behaviour	• poor concentration • money issues / debts • housing issues • work or school problems • reduced productivity • criminality • use of food banks

In Islington, there are 40 licensed betting shops and adult gaming centres and a further 28 pubs or clubs have gambling machines on their premises. The number of betting shops in Islington has decreased by 26 since 2016, likely due to the proliferation of online gambling. Three quarters of the betting shops and adult gaming centres remaining in the borough are in the 40% most deprived LSOAs (Lower Super Output Areas) in Islington. The risk of gambling-related harm is higher among those living in deprived areas, who are unemployed, have poor mental health, are young, are from a Black, Asian, Mixed or other minority ethnic group, or are experiencing homelessness. These risk factors can be mapped across the borough using the Gambling Risk Index[110] (see Figure 20). When gambling premises are added to the map, we see that gambling premises are often located in highest risk score areas. The area with the highest concentration of gambling premises in Islington is Nag's Head Town Centre. This may reflect a wider 'catchment' of people coming to the area, but the immediately surrounding area also has a high-risk score for vulnerability to gambling harms.

In 2017, the gambling industry spent an estimated £1.5bn on advertising, with a large proportion spent on online advertising.[111] Gambling advertising is particularly prevalent in the sports industry. During the Premier League's opening weekend in August 2024, 11 of the 20 teams were sponsored by gambling companies and there were 29,145 adverts over live TV, news, radio and social media (nearly triple that of the previous year's season).[112, 113] On social media, adverts were seen 24 million times.[114] Among broader concerns about young people's exposure to gambling, the Premier League has volunteered to remove front-of-shirt betting logos from 2026. Although this is a positive move, impact is likely to be limited as these logos constitute only 8% of gambling messages seen during live broadcasts.[115]

Gambling advertising is particularly harmful for children and those already at risk from gambling activity[116] yet there is little regulation. GambleAware has recently called on the government to ban gambling advertising.[117] Recent research by Ipsos shows significant public support – close to three quarters supported more regulation on social media and TV advertising of gambling.[118]

Figure 20: (a) Map showing the Gambling Risk Index (2022) for Islington overlaid by the existing gambling premises (2024). The Risk Index is a weighted score that uses the demographic and socio-economic profile of an area to understand how these increase the risk of harmful gambling. Note: The locations of betting shops and other gambling venues is not used to calculate risk.



In 2018 the government took focused action on fixed odds betting terminals (a type of gaming machine associated with particularly high risk of financial loss[119]) reducing the maximum possible stake from £100 to £2,[120] despite lobbying objections made by the gambling industry.[121] Following a white paper and public consultation, the UK government will introduce a statutory levy on all licenced gambling activity, commencing from April 2025, replacing the previous system of voluntary industry contributions. The levy rates are estimated to raise £100 million annually to help offset harms.[122]

However, more generally, gambling regulation is considered to lag behind other policy areas.[123, 124] In 2023, the previous government published a white paper outlining plans to reform gambling legislation[125], which would have allowed local authorities to prevent new gambling premises licences using cumulative impact assessments similar to those already used in alcohol licensing policy.[126]

Local authorities are required to prepare a Statement of Principles in relation to their regulatory responsibilities in gambling. While these cannot contradict the Licensing Act, local authorities can use them to lay out local issues and how they can be addressed, particularly by operators.[127] Councils can also work to monitor compliance of gambling premises to ensure they are fulfilling requirements to mitigate harm.[128] Islington's Gambling Licensing Policy Statement of Principles, 2023 to 2025, acknowledges gambling as a public health issue and driver of inequalities in the borough.[129] It commits to a robust approach to gambling licensing. This includes considering refusal of licensing applications where the new premise could result in saturation, clustering or increased risk for vulnerable people. It commits to upholding 2005 Gambling act licensing objectives to ensure gambling is fair and open, not associated with crime and does not harm the young and vulnerable. It acknowledges the lack of powers that councils have to control remote gambling, and commits to working with other local authorities and organisations to reduce or prevent remote gambling harms.[130]

2.4 Cumulative impact

Inequalities at individual and community level are often exacerbated by a concentration of different behavioural risks, which collectively increases inequalities in health and wellbeing even further. So, too, with environmental factors, including the collective cumulative impact of unhealthy food, alcohol and gambling on health. Many people live with co-occurring health conditions or risk factors for health influenced by the commercial environment. A recent study estimates 6.9 million overweight adults in England are drinking at higher-risk levels, approximately 280,000 at-risk gamblers also drink at higher-risk levels.[131]

In Islington, there are several policies in place that aim to address collective impacts such as the location and concentration of use policy (www.islington.gov.uk/planning/planning-policy/supplementary-planning-documents/location-concentration#:~:text=Policy%20to%20avoid%20development%20that,to%20sensitive%20facilities%20or%20infrastructure), identification of cumulative impact areas in the Islington Licensing Policy (2023-2027) (www.islington.gov.uk/~/media/sharepoint-lists/public-records/environmentalprotection/information/adviceandinformation/20222023/draft-licensing-policy-2023-2027.pdf) and by identifying key priorities for eight 'spatial strategic areas' in the Islington Local Plan (2023) (www.islington.gov.uk/-/media/sharepoint-lists/public-records/planningandbuildingcontrol/publicity/publicconsultation/20232024/islington-council-local-plan-strategic-and-development-management-policies.pdf?la=en&hash=87580E35EA21B2221918960F570CD1CC3CEFFE6B).

Islington Case Study: Islington's Local Plan - Location and Concentration of Uses and area spatial strategies

Each local authority is required to have a Local Plan which sets out planning policies to steer development in the borough. Islington's current plan covers the period to 2036/37 and is informed by an extensive evidence base.

The 'location and concentration of uses policy' highlights that development proposals will be resisted where they result in an unacceptable concentration of night-time economy uses, hot food takeaways, betting shops (and other gambling facilities), financial and professional services (such as payday loan shops), and certain Class E uses (such as cafés and restaurants). It highlights the importance of a balance of uses that create an attractive area that co-exists successfully with neighbouring residential areas and do not significantly compromise wellbeing.

Specific thresholds exist for hot-food takeaways, betting shops and adult game centres where proposals will be resisted:

- For hot food takeaways within 200m of primary and secondary schools
- For hot food takeaways which will result in 4% or more units being hot food takeaway in larger Local Shopping Areas (LSA); or two or more hot food takeaway units in smaller LSAs
- For betting shops and adult gaming centres which will result in 4% or more units being betting shops / adult gaming centres (in larger LSAs); or two or more betting shop / adult gaming centre units (in smaller LSAs)
- For betting shops or adult gaming centres in a town centre within 200m walking distance of an existing betting shop / adult gaming centre, or where the amount of betting shops and adult gaming centres would exceed 1.5% of the town centre

The plan also encourages assessment of the level of deprivation and risk of gambling-related harm when assessing over-concentration and whether a proposal should be resisted. The local plan acknowledges that businesses such as betting shops, adult gaming centres, payday loan shops, pawn brokers and high interest 'rent-to-own' retail stores must operate in a

transparent manner and clearly display information related to interest rates, fees and charges as well as information about debt advice and gambling support, and are required by the council to participate and comply with schemes which promote community safety and other good practice.

Planning applications for such uses require a Health Impact Assessment (HIA) which is reviewed by Public Health. This can contribute to the basis for refusal if the health impact is deemed sufficiently harmful. For example, in 2022, a proposal for "Change of use to Bingo Lounge Club" for a 24-hour bingo club in Nag's Head, was denied, which included harms presented by increased anti-social behaviour and crime in the area, and a later appeal by the company against this decision was successfully dismissed.[132] The HIA and an Islington topic paper were key contributors to the reason for refusal, which concluded there was a heightened risk of harmful gambling, and the proposal would adversely affect the surrounding area in terms of crime and anti-social behaviour, where it was amongst the most affected areas in the borough[133].

The Local Plan also includes eight 'area spatial strategies'. The area spatial strategy for the Nag's Head Town Centre recognises it is an important retail environment with specialism in fresh produce from independent businesses. It acknowledges that Seven Sisters Road has the highest concentration of betting shops and takeaways in the borough. The strategy for Nag's Head provides levers to improve the healthiness of the commercial environment through objectives including:

- Strongly oppose applications for betting shops and takeaways
- Develop the infrastructure and pedestrian routes to encourage markets
- Improve the food and beverage offer

The majority of council planning decisions that refuse applications are appealed and can also be challenged in court through judicial review.

2.5 Recommendations

Key opportunities to further address impacts of the commercial environment on health:

Support local businesses to be healthier:

- Work with the commercial environment around further opportunities to improve health and wellbeing including in area spatial strategies and the Islington night-time environment.
- Islington Food Partnership to identify opportunities to support local businesses and food co-operatives to increase the availability, affordability and visibility of healthy and culturally appropriate food options.
- Work with Islington's Anchor Institutions to explore opportunities to reduce the availability, visibility and affordability of alcohol and HFSS food, recognising practical considerations of economic viability but also changing population trends (such as reduced alcohol consumption among young adults).

Optimise local regulatory environment:

- Keep abreast of changes in national policy which offer opportunities to improve health and wellbeing in the borough and reduce harms, including policies to influence the food and alcohol environment, gambling and planning. Opportunities may include updated 2024 National Planning Policy Framework (NPPF) regarding newer developments in food production facilities such as 'dark kitchens'.
- Evidence Islington to support planning team to evaluate the impact of 'Location and concentration of uses' policy, including implications on health and wellbeing.
- Public Health to review and update the gambling licensed premises local area profile, for inclusion in the renewed Statement of Principles for gambling regulatory responsibilities.

Improve advertising and communications:

- Islington to take stock and update its progressive position on advertising and sponsorship of industries harmful to health, including gambling, alcohol and High Fat Salt and Sugar (HFSS) foods, in light of new legislation and evidence of effective practice as it emerges.
- Raise awareness and tackle stigma in front line services and in the community about gambling harms and addiction, and of the evidence-based help that is available for people with or affected by gambling harms.

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4. Climate Change

How the climate change impacts health and wellbeing

Climate change is one of the most pressing global challenges of our time, with potentially profound implications for population health. It has been described as "the biggest threat to global public health in the 21st century."[1]

As the earth's climate shifts due to human activities, we are witnessing an increase in extreme weather events, rising sea levels, altered patterns of disease transmission, impacts on agriculture, among other effects. These changes threaten to exacerbate health inequalities, placing vulnerable populations at even greater risk. In June 2019, Islington Council declared a climate emergency, acknowledging the urgent need to significantly cut carbon emissions in the borough and committed to achieving net zero status by 2030.

Climate change refers to changes in earth's weather patterns and average temperatures seen over the past century.[2] It is primarily driven by the accumulation of greenhouse gases (GHGs) such as carbon dioxide (CO2), methane (CH4), and nitrous oxide (N2O) in the atmosphere. These gases trap heat from the sun, leading to global warming and associated climate disruptions. Net zero refers to the balance between the amount of GHGs emitted into the atmosphere and the amount that can be removed through natural processes (e.g. photosynthesis, methane degradation) or artificially (e.g. carbon capture and storage).[3]

Measurements of the average temperature at the earth's surface show it has risen from the middle of the nineteenth century, associated with increases in GHGs produced by industrialisation.[4] 2024 was the first year when global temperatures were 1.5°C above pre-industrial levels throughout the year. The impacts of climate change are already evident in the UK with the five warmest years on record all occurring since 2006.[5] Current projections suggest that by 2080, summers in London could be between 3°C and 7.3°C warmer and between 20%, and 63% drier compared with a 1981-2000 baseline. Winters in London are expected to get warmer and wetter, with temperature increasing between 1.8°C and 4.9°C and between 14% and 49% more rainfall.[6] There is also a growing body of evidence for changes in the frequency and intensity of high-impact weather events, such as extreme daily rainfall and prolonged heatwaves.[7]

Councils play a vital role in preparing people and places for the impacts of the changing climate. As community leaders who deliver essential services, the council and other influential anchor institutions in the borough also have significant influence over key sectors such as energy use, housing, and transport, which are crucial local contributors for achieving net zero goals. As place leaders, asset owners and significant purchasers, it has been estimated that local government can potentially impact on around a third of emissions in the UK, and therefore plays a key role in achieving national net zero commitments.[8]

3.1 Mitigation and Adaptation

Islington Council is taking a proactive approach to both mitigating and adapting for climate change, combining ambitious climate change goals with building local resilience for long-term sustainability. Given how much the global climate has changed already, mitigation efforts alone will not protect Islington's residents and need to be combined with adaptation to build climate resilience.

Mitigation focuses on reducing the causes of climate change, such as lowering carbon emissions. This can involve:

- Transitioning to renewable energy sources
- Improving energy efficiency
- Promoting sustainable transportation

Adaptation involves preparing for and managing the impacts of climate change in order to protect the population, and in particular those who may be at greater risk. This includes measures like:

- Improving flood defences
- Creating green spaces to reduce urban heat
- Ensuring infrastructure and public services can withstand extreme weather events
- Maintaining a stable and sustainable local economy

Both mitigation and adaption can have a protective and positive impact on residents' health, although the way in which they do this is different. By reducing the extent of climate change globally, mitigation can prevent the negative impacts on physical and mental health. There are also health co-benefits of mitigation interventions; for example, active travel promotes exercise, green space increases wellbeing, liveable neighbourhoods can promote connection and play, and energy-efficiency can relieve cost-of-living pressures. Adaptation measures can reduce the local impacts of climate change. Increased tree coverage, urban greening and sustainable drainage systems can reduce impact of extreme weather events and air pollution on health. Involvement of communities in mitigation and adaption measures can help residents feel more informed and in control of their local situation, which benefit health.

Reducing Carbon Emissions

Figure 21: Islington reductions in emissions from Green House Gases (GHG) and Nitrogen Dioxide (NO_2)

Between 2017 and 2022, Islington achieved a 23% reduction in GHG emissions.	There has also been a 20% reduction in CO2 emissions, higher than average for London (where a 17% reduction has been achieved for both indicators).	Total annual NO_2 emissions in Islington have fallen by around 45%, from ~46 µg/m3 in 2016 to ~25 µg/m3 in 2022.
Islington's per capita GHG emissions fell from 3.8 tonnes per person in 2017 to 2.9 tonnes in 2022.	Likewise, per capita CO2 emissions decreased from 3.5 tonnes to 2.7 tonnes per person during the same period.	The Council itself has reduced its emissions by 58% between 2018 and 2024.

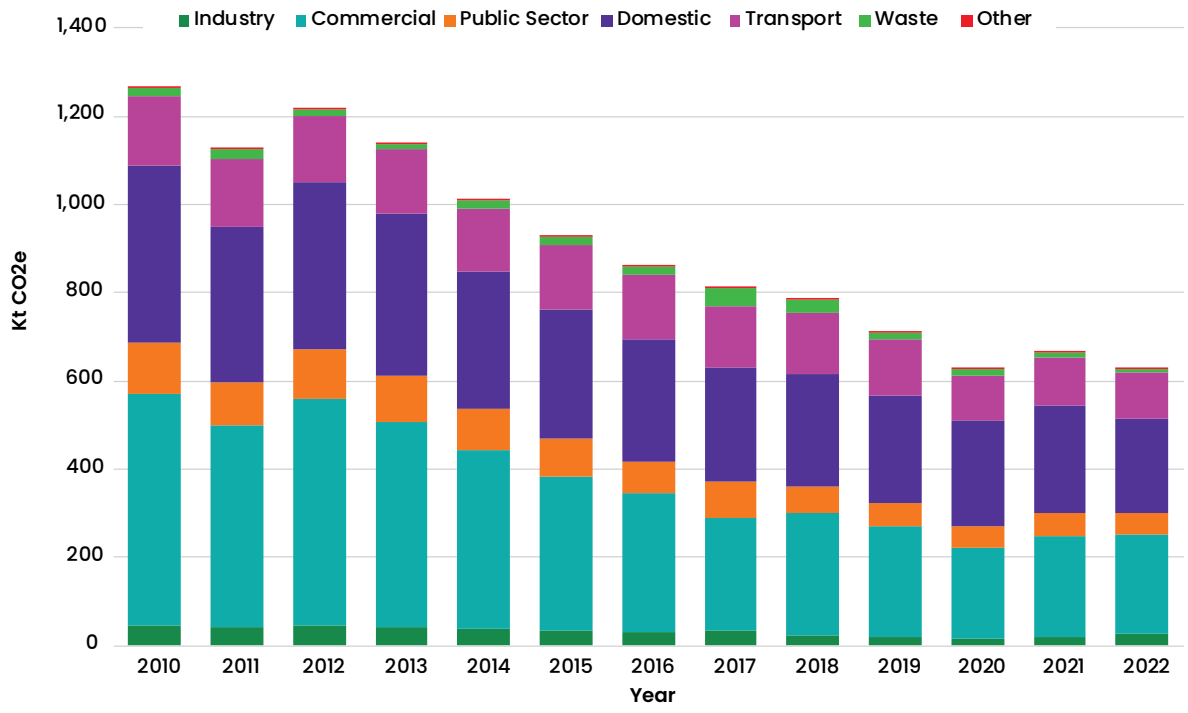
Sources: Climate Action Progress Report, Environment and Regeneration Scrutiny Committee. Internal document shared by Islington Council Public Realm Department on 02 December 2024.
Islington Air Quality Annual Status Report 2022. Access at: Annual Status Report 2021

The progress shown above is the result of a combination of actions, largely driven by the commercial, domestic and transport sectors. Carbon emissions have reduced in all three sectors over the period 2010 to 2022, by 56%, 47% and 35% respectively (Figure 22). An important contributor over the last 20 years, rapid decarbonisation of the electricity grid has resulted in a 60% reduction between 2005 and 2019. Part of the reason for the larger reduction in commercial and domestic emissions compared to transport locally relates to how much electricity is used by each sector.[9]

Alongside this change, Islington has laid out a number of ambitious commitments to eliminate or offset emissions through local actions in 'Vision 2030: Building a net Zero Carbon Islington by 2030' strategy[10 11]: These include:

- **Sustainable energy**, including energy efficiency improvements and renewable energy projects
- **Housing, buildings and infrastructure**, including energy-efficiency and carbon-saving grants programmes for businesses, energy efficiency measures and improvements for council-owned buildings and work to decarbonise council homes.
- **Planning**, including work to encourage retrofitting of buildings for energy efficiency and decarbonisation with property owners and developers, alongside free planning advice for those looking to retrofit a building.
- **Engaging, Empowering and Partnering** (see case study below)
- **Sustainable transportation**, including Liveable Neighbourhoods, bike hangars, and hire programmes and bus priority projects as well as work on school streets.
- **Waste, recycling and the natural environment**, including a food-waste campaign, roll-out of food waste recycling to suitable estate properties, improvements to recycling services in estates and above shops, and paid garden waste collection.
- **The green economy,** including investment in green skills and jobs, encouraging green business innovation and procurement, and other support with sustainability, retrofit and decarbonisation such as the Islington Business Directory for suppliers offering retrofit services and an e-cargo bike hires for Islington businesses, workers, residents and high-street locations.
- **Finance and Investment,** to maximise funding opportunities, decarbonise the Islington pension fund and understand cost-efficient ways of achieving net zero carbon.

Figure 22: Total greenhouse gas emissions by sector, Islington, 2010-2022



Source: Department for Energy Security and Net Zero. Contains public sector information licensed under the Open Government Licence v3.0. Open Government Licence.

The independent London Climate Change Resilience Review (2024) has provided valuable insights into how areas can enhance resilience.[12] There has been a strong focus within the borough to integrate these strategies across policy, infrastructure, services, planning, education, and communication, to ensure that the borough can better anticipate, cope with, and recover from climate-related shocks.[13] The mitigation work going on already in Islington aligns well with principles laid out in the review.[14] The review recommended:

- A person-centred approach, which is locally led and addresses socio-economic and racial inequality. Islington's commitment to this approach is exemplified in the "Engaging, Empowering and Partnering" case study, in particular the Islington Climate Panel, who were representative of the diversity of Islington's communities. It is crucial that we continue to ensure that not only socio-economic status but also racial inequality is considered in all council mitigation and adaption efforts going forward.
- Climate change adaption is integrated into work on net zero, and embedded across decision making. For example, mandatory environmental impact assessments and climate action training have been implemented.
- Prioritisation of nature-based solutions, accompanied by sufficient long-term funding, this includes Islington council commitments around tree-planting, tree coverage and pocket parks.

- The need for adaptive pathways given the unpredictable nature of climate change and as new evidence emerges.

A Climate Action dashboard has been created to ensure the council takes a data informed approach to reaching net zero and mitigating the risks of climate change. The dashboard provides up to date data on various indicators to track progress such as GHG emissions, ultra-low emission vehicles (ULEVs), renewable energy, energy efficiency, waste management, tree canopy coverage and the green economy. It can identify vulnerable areas and provide information which helps to prioritise actions and resources.

In addition, as part of Evidence Islington, an embedded researcher has been placed in the Climate Change and Transport team to help access and use existing research evidence. Work is at early stages, but will include support with evaluation of liveable neighbourhoods, an area-based initiative to reduce traffic, improve air quality and support local climate adaptation.

> **“It’s important to educate people in the consequences of climate change and to offer support to vulnerable residents.”**
>
> Respondent from Islington Climate Panel, 2024

3.2 How climate change impacts on health and wellbeing

Climate change will have significant impacts on mental and physical wellbeing in Islington. Personal characteristics such as old age, health conditions, and reduced mobility heighten an individual's sensitivity to climate impacts, such as extreme heat.[15] Despite having the lowest carbon emissions, people living in the poorest areas and most disadvantaged communities are disproportionately exposed to climate risks, are more sensitive to their impact and will be less likely to have the capacity, resources and opportunity to adapt and respond to climate change.[16] The structural inequalities experienced by people from ethnic minority communities that affect health also increase vulnerability to climate change, and these groups will be more affected by the climate crisis than White British people. Contributing factors include lower incomes, housing conditions more vulnerable to climate change and air pollution, and lack of access to green spaces.[17] People on low incomes in health inclusion groups, and people with learning disabilities, autism and severe mental illness, among others, will generally be less able to take individual actions that can mitigate their risks against climate change.

The scale and distribution of the harm from climate change in the future will be determined by both the severity of climate change and the extent to which individuals, communities and wider society are prepared for these events.[18] Unless action is taken to reduce disparities in vulnerability as part of adaptation efforts, the impacts of climate change will increase inequalities.

Islington Council

Figure 23: Climate Individual, Social and Environmental Vulnerability Factors

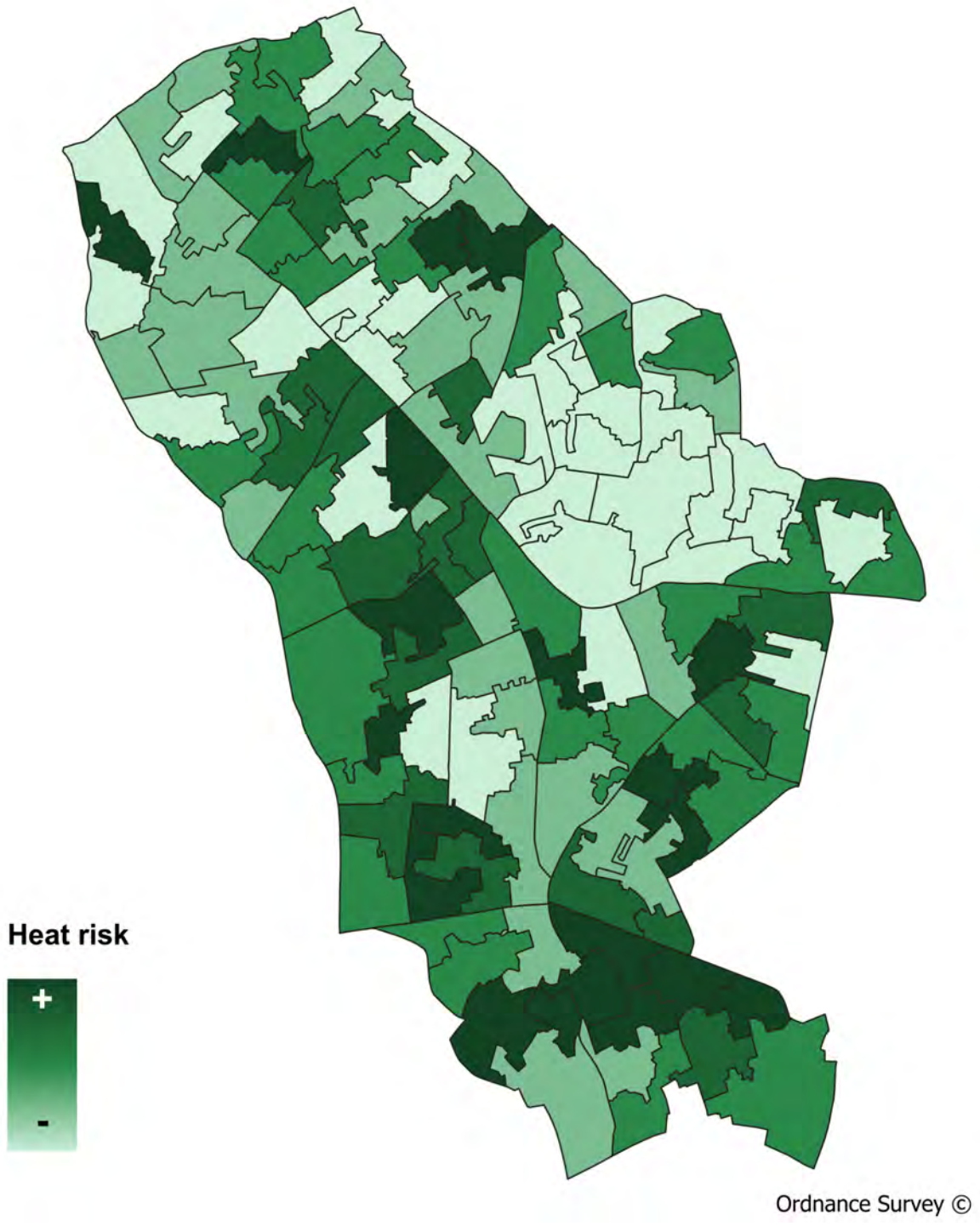
The figure below summarises groups less able to adapt to hot or cold temperatures and at greatest risk of harm when exposed to extreme temperatures from an individual, social or environmental perspective.

Individual vulnerability factors	Social vulnerability factors	Environmental vulnerability factors
Increase sensitivity to the health effects of climage change • Age >65 or <5 • Chronic health conditions • Dementia and learning disabilities • Poor mobility and access	Reduce adaptive capacity ie ability to prepare for, respond to, and recover from climate events • Social isolation • Deprivation • Low income • Language barrier, univeristy sutdents, transient communities	Increase exposure to climate impacts • Homelessness • Tenancy status (renters) • Housing (basement or high-rise) • Lack of access to greenspace • Occupation (outdoor labourers)

Source: UKHSA, 2023, Climage Just, 2022, ONS 2023

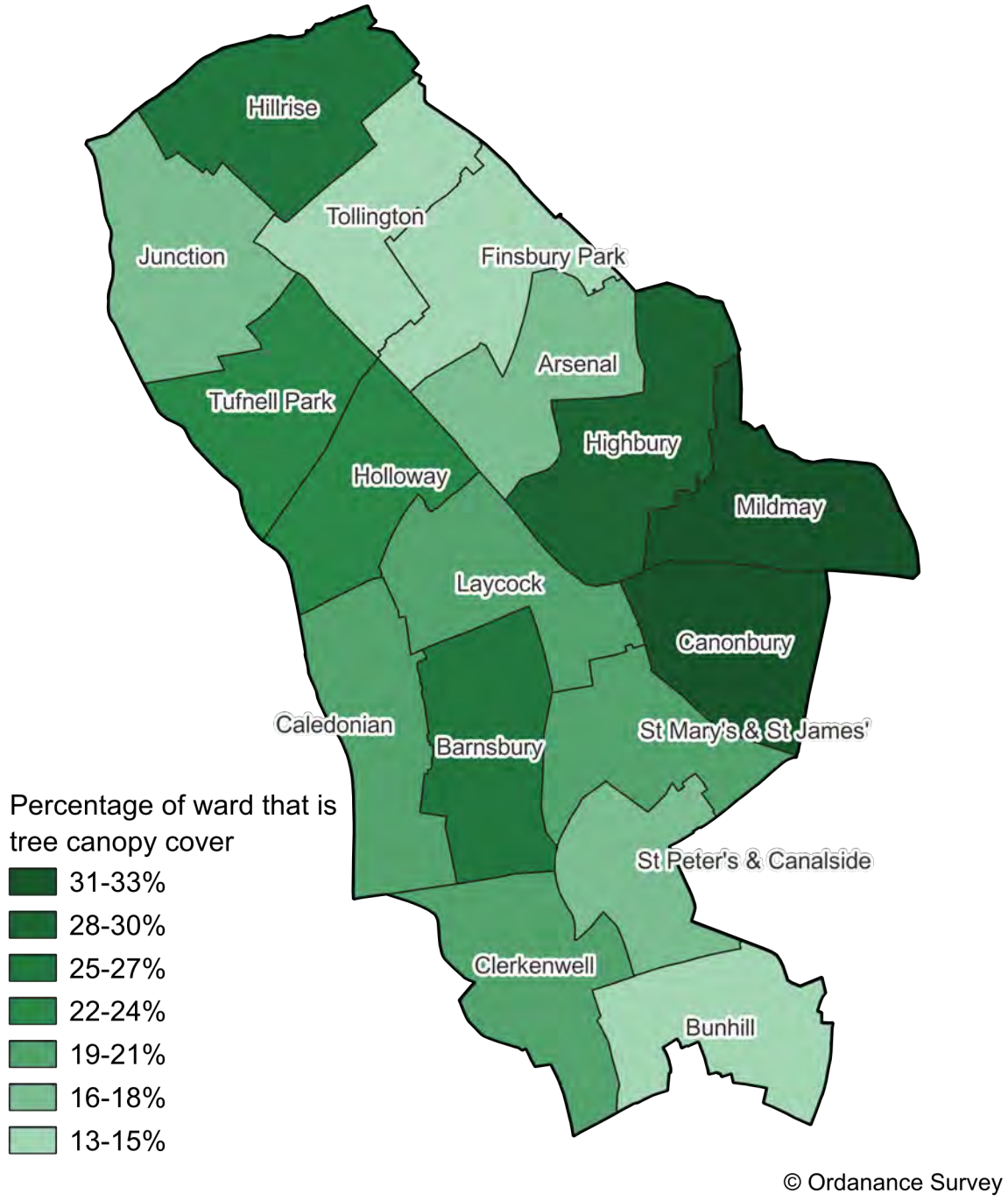
The climate risk maps of Islington[19] (Figure 28) reveal significant inequalities in exposure and resilience to climate risks, underscoring how climate change exacerbates social and economic disparities. For example, high climate risk areas often coincide with areas of the borough with more low-income households, higher deprivation and greater health inequalities.[20]

Figure 24: Islington Overall Heat Risk map



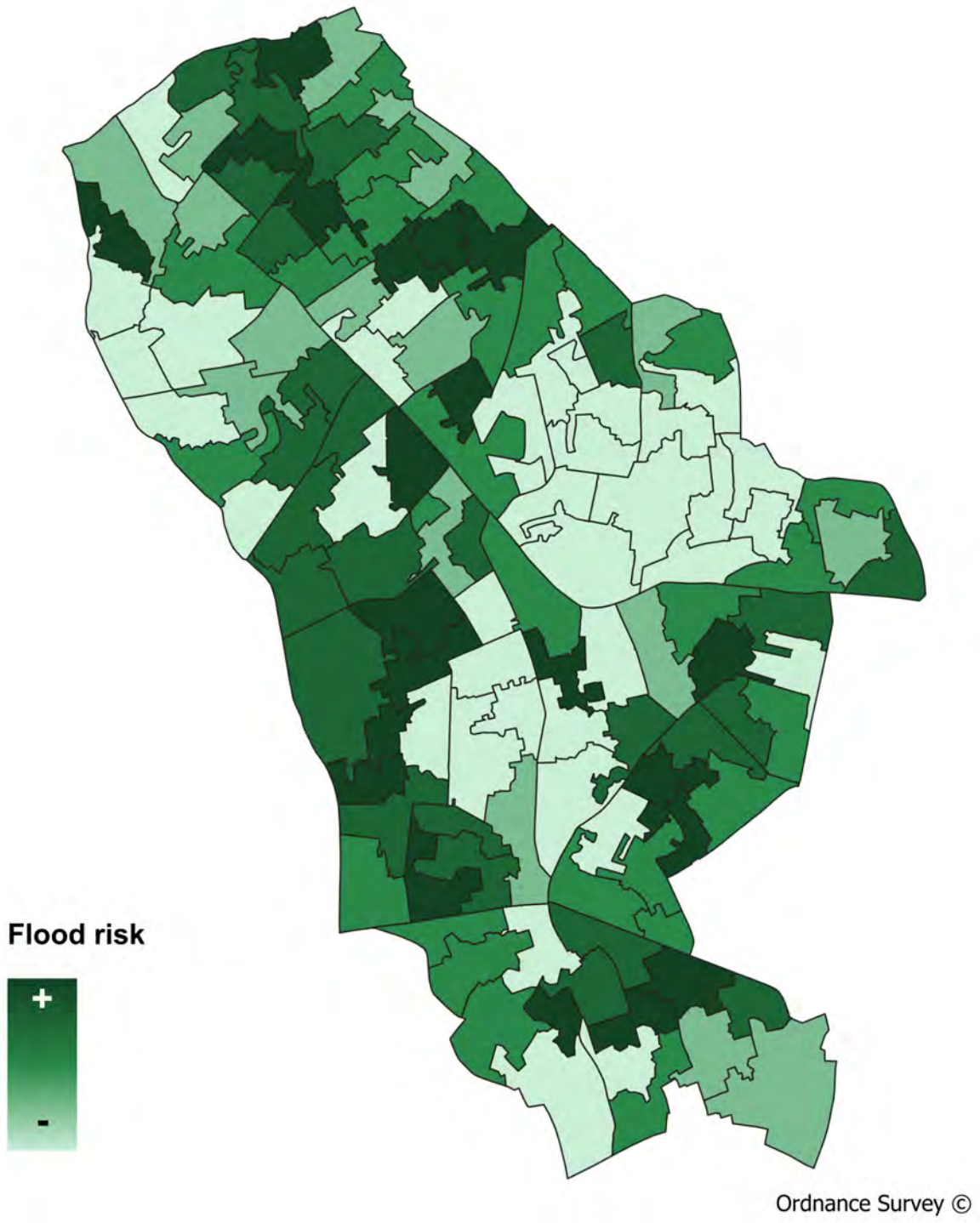
Source: GLA and Bloomberg Associates, Climate Risk Mapping 2024. Available from: data.london.gov.uk/dataset/climate-risk-mapping. Contains public sector information licensed under the Open Government Licence v3.0. Open Government Licence.

Figure 25: Islington Tree Canopy Cover map



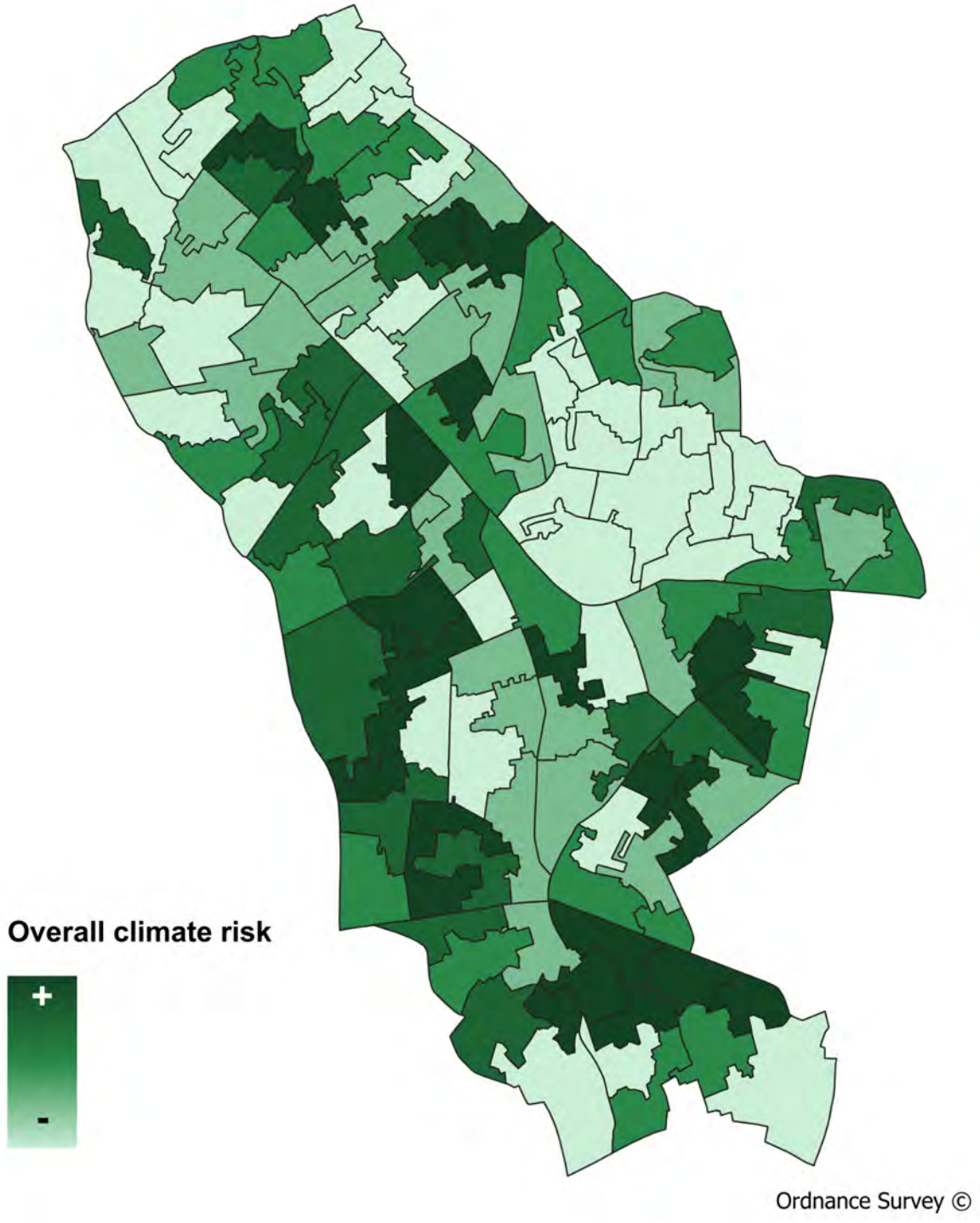
Source: GLA, Tree Canopy Cover 2024. Available from: data.london.gov.uk/dataset/canopy-cover-2024. Contains public sector information licensed under the Open Government Licence v3.0. Open Government Licence.

Figure 26: Islington Overall Flood Risk map



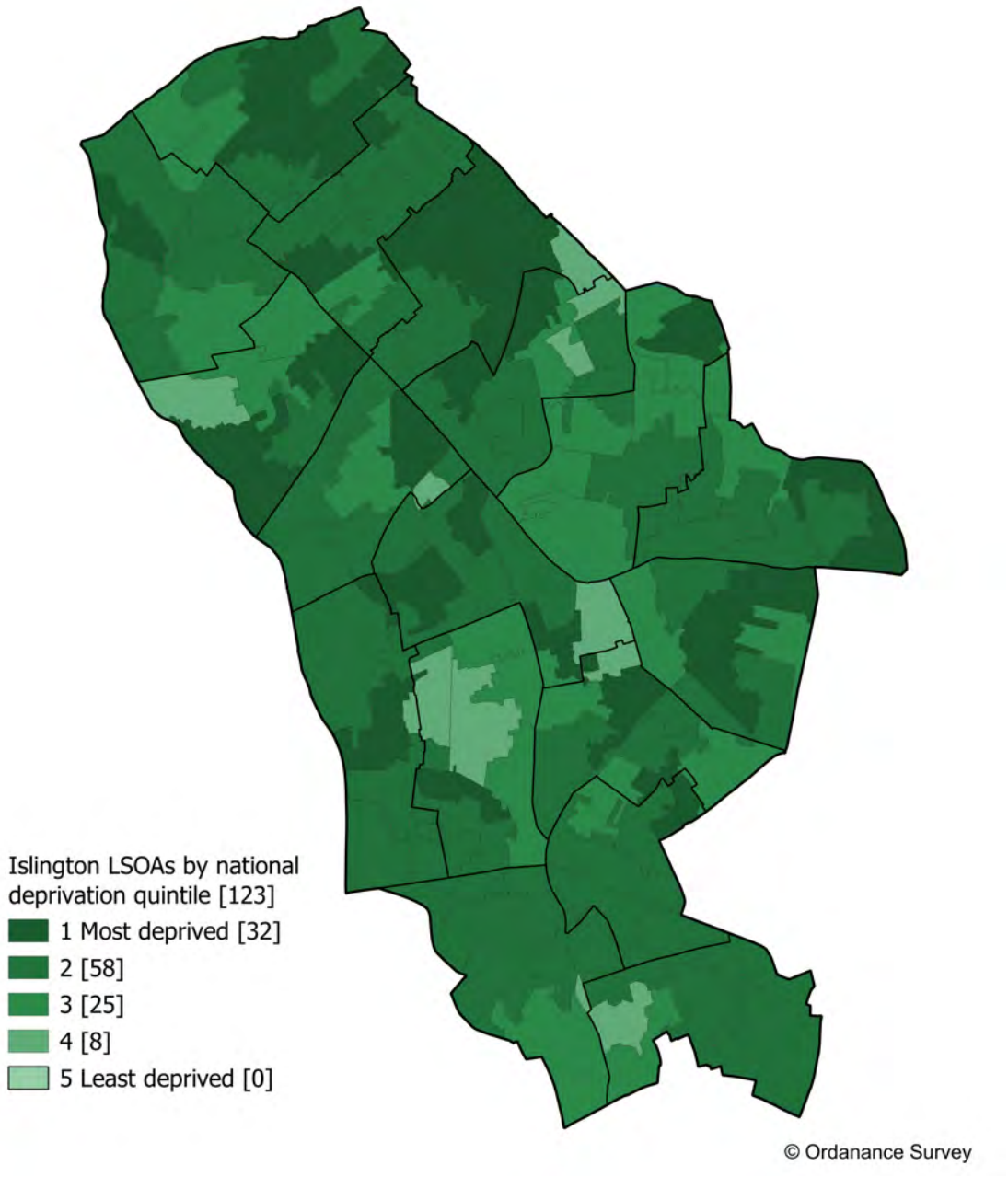
Source: GLA and Bloomberg Associates, Climate Risk Mapping 2024 . Available from: data.london.gov.uk/dataset/climate-risk-mapping. Contains public sector information licensed under the Open Government Licence v3.0. Open Government Licence.

Figure 27: Islington Overall Climate Risk map[21]



Source: GLA and Bloomberg Associates, Climate Risk Mapping 2024 . Available from: data.london.gov.uk/dataset/climate-risk-mapping. Contains public sector information licensed under the Open Government Licence v3.0. Open Government Licence.

Figure 28: Islington Index of Multiple Deprivation map



Source: Index of Multiple Deprivation (IMD) | CDRC Data. Available from: data.cdrc.ac.uk/dataset/index-multiple-deprivation-imd. An output of the Consumer Data Research Centre, an ESRC Data Investment, ES/L011840/1; ES/L011891/1. Contains public sector information licensed under the Open Government Licence v3.0. Open Government Licence.

Health risks

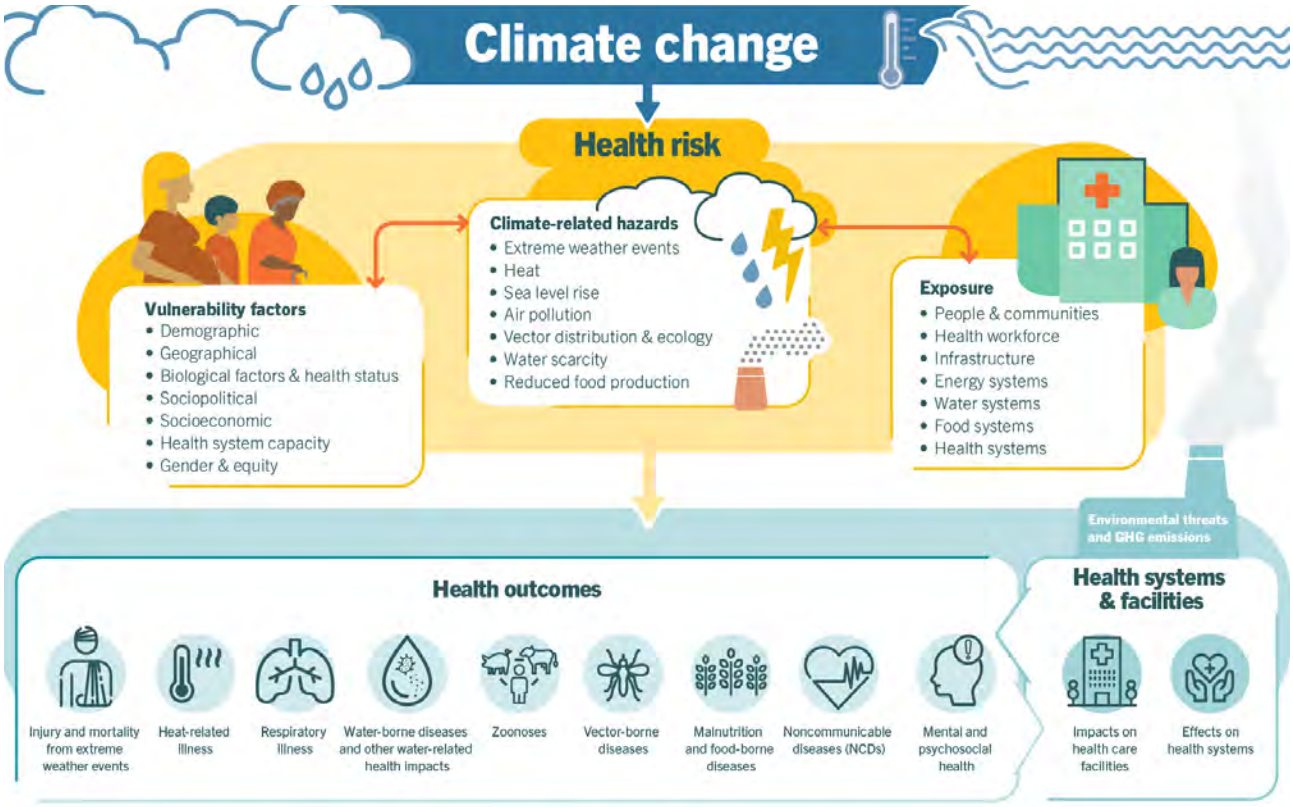
Physical health

Climate change significantly impacts human health by exacerbating respiratory and cardiovascular diseases, increasing the prevalence of heat-related illnesses, and altering the spread of infectious diseases. Adverse health outcomes can be due to direct harm from overheating, causing dehydration, heat exhaustion and heat stroke (which can be fatal), or through the exacerbation of existing health conditions by putting strain on the body.[22] Health effects on individuals and communities will be exacerbated by any underlying pressures that extreme temperatures put on the wider health system (see Figure 29).

Mitigation efforts can also have co-benefits for physical health. For example:

- Improving the energy efficiency of homes can increase thermal comfort and reduce the health risks associated with cold homes
- Influencing how residents travel, increasing the proportion of trips made by walking, cycling, wheeling or public transport increases movement and physical activity levels (see Public Realm chapter)
- Reducing intake of foods such as meat and dairy which are more harmful to the environment can encourage consumption of more grains, vegetables and unsaturated fats which improve the healthiness of diets and reduce risks of diet-related health conditions.[23]

Figure 29: Climate Sensitive Health Risks



Source: World Health Organization. Climate Change (2024). Available at: www.who.int/news-room/fact-sheets/detail/climate-change-and-health. Licence: CC BY-NC-SA 3.0 IGO.

Mental health impacts

"Eco-anxiety" refers to deep fears about the climate and the future, encompassing a range of emotions such as anxiety, worry, stress, hopelessness, despair, irritability, and panic attacks. It includes both cognitive aspects (e.g., rumination) and functional impairments (e.g., sleep disturbances, loss of appetite). Strong emotional responses to climate change are often part of a healthy and adaptive process. However, these responses can become sources of ongoing stress, impacting mental health and daily functioning.

Nationally, eight in ten people are concerned by climate change, three quarters want to deliver net zero by 2050, and half want to bring that target forward.[24] Given Islington's globally connected community, increasing global instability and climate impacts around the world are also impacting Londoners, particularly their mental health.[25] "Eco-anxiety" is particularly concentrated in children and young people and young adults. The 2021 Health Related Behaviour survey of pupils attending schools in Islington showed 43% of primary age children and 16% of secondary age worried 'quite a lot' or 'a lot' about climate change.

Recognising these trends, Thrive LDN (a London-wide mental health initiative) have launched a Climate and Mental Health Action Partnership which aims to create opportunities for cross-sector collaboration on work with co-benefits for climate and mental health, to ensure all residents can take meaningful climate action, and ensure London's communities can influence climate and mental health policies.[26] Collective action and community support are crucial in mitigating the mental health impacts of eco-anxiety.

Extreme heat and drought

Average annual and summer temperatures have been increasing over time. There is currently a regional difference in how temperatures have increased in the UK, with London and the southeast of England experiencing the highest summer temperatures, and a tendency for more heatwaves in London in recent years.[27, 28]

High temperatures and heatwaves are defined as daily maximum temperatures of over 32°C and minimum (i.e. nighttime) temperatures of more than 15°C across most of a region for at least 5 days. Climate change will also increase the likelihood of periods of water scarcity and droughts, which may lead to interruptions in household water supplies. In London, the city's water supply is heavily reliant on rainfall, therefore extended periods of dry weather may lead to water shortages, with the potential for greater impacts on health, social, economic and environmental outcomes than heatwave weather.[29]

Extreme heat contributes to the development and worsening of health conditions such as cardiovascular disease and can lead to a range of adverse health outcomes, including heat-related deaths[30]. High temperatures are also associated with increases in emergency attendances for mental health illness and is associated with increased rates of suicide and suicidal behaviour. Hot temperatures can exacerbate people's mental health symptoms and can worsen the side effects of prescribed psychotropic medicines, and they can sometimes impair the body's ability to regulate temperature (thermoregulation) placing individuals at increased risk of more severe heat-related symptoms or death at high temperatures.[31, 32]

Excess deaths refer to the number of deaths that occur above what is expected based on usual trends. During the five heatwave periods between June and August 2022, with temperatures reaching up to 40°C in some areas, there were 3,271 excess deaths in England and Wales[33], 6.2% above the five-year average.

Other than short term increases in mortality rates, heat exposure and drought can also lead to other harms (see Figure 30).[34] There is good evidence that high temperatures can increase the risk of injury, particularly in children; increase risk of food poisoning and adversely affect the health of pregnant women, particularly increasing the risk of preterm births.[35] High temperatures can impair workforce productivity and lead to heat-related accidents in workers.

Figure 30: High Temperatures, Heatwaves and Drought.

Sector/Area	Impacts of Heatwaves	Impacts of Droughts
Health and Wellbeing	Increased risk of heatstroke, dehydration, and respiratory issues. Increased risk of mental health exacerbations, food poisoning, injury, and pre-term births. Increased mortality rates, especially among vulnerable populations	Water scarcity leading to hygiene issues and potential spread of diseases
Natural Environment	Tree death, loss of biodiversity, ecosystem disruption	Reduced water levels in rivers and reservoirs, affecting local ecosystems
Built Environment (buildings, transport, energy)	Overheating in buildings, faults in electricity network, transport infrastructure damage (rails buckling, service disruption). High energy use and fuel bills in order to keep cool.	Damage to infrastructure due to soil shrinkage and subsidence
Social Infrastructure (schools, care homes, healthcare settings)	Overheating in schools, GP practices and care homes – risks to vulnerable occupants	Water restrictions impacting daily life and potential conflicts over resources
Businesses and local economy	Reduction in labour productivity, risk of occupational harm	Agricultural losses (elsewhere) affecting food supply and prices

Overheating of homes and buildings[36] can be caused by lack of ventilation, poor glazing and direct exposure to sunlight due to height and lack of shade, and is common: in 2015, 80% of Londoners reported experiencing overheating in their homes.[37, 38] As discussed in the housing chapter, purpose built flats, in particular top floor flats, are more prone to overheating than houses (or lower floor flats), and Islington has a significantly higher proportion of households living in flats compared to London.[39, 40] Together with the British Red Cross, Shade The UK have developed an 'Overheating Adaptation Guide for Homes', detailing self-managed improvements to buildings that can be undertaken by residents. Although the guide includes several impactful low-cost adaptions, such as planting climbing plants around doors and windows, some investment and a degree of physical strength is required to install many of the measures.[41]

The Mayor of London office has produced research on the heat risk of London's properties and neighbourhoods.[42] The results showed that in Islington there are higher heat risks in schools and hospitals compared with most London boroughs. This research uses a combination of datasets including property heat vulnerability, socioeconomic vulnerability and heat hazards.[43]

In total there are 47 neighbourhoods in Islington (38% of all Lower-layer Super Output Areas) that have been identified as priority areas for adaptation[44] This makes Islington the local authority with the 14th highest number of priority neighbourhoods for heat adaptation in London, and places it within the top 30 for the whole of England.

The Greater London Authority has developed an overall heat risk map (see Figure 24), which gives an indication of the vulnerability to heat-related harm in different areas. Risk is calculated based on a range of population factors (such as age structure), physical factors (such as access to green space), and social and economic factors (such as level of deprivation).[45] This shows that across Islington, there is variation in the distribution of heat risk. The southern and north-eastern areas of Islington are more prone to heat stress than other areas of the borough. Figure 24 and Figure 28 show that several areas of higher heat risk are also areas of higher deprivation, including parts of Mildmay, Finsbury Park, Laycock and Caledonian wards. National evidence also shows that people on low incomes living in areas of high deprivation are more likely to be admitted for heat exacerbated health conditions linked to extreme temperatures, including respiratory, metabolic and infectious diseases, as well as accidents.[46]

Tree coverage

In urban areas such as Islington, where structures are highly concentrated, and greenery is limited, buildings, roads, and other infrastructure absorb and re-emit the sun's heat more than natural landscapes such as forests and water bodies. These are known as heat islands as they can become "islands" of higher temperatures relative to outlying areas.

Increasing tree cover in cities to 30% is associated with reducing the temperature of urban environments by up to 1.3°C and can prevent one third of premature deaths attributable to urban heat islands in summer.[47] Islington's policies in the Local Plan recognise the importance of tree protection, and planning applications are scrutinised for their tree protection and mitigation. The latest estimate of tree canopy cover in Islington is 25%, which is higher than London (21%).[48] In Islington, southern and north-eastern areas have generally lower levels of tree canopy (Figure 25). Islington has targets to increase canopy cover to 27% by 2030 and 30% by 2050 and plant a net gain of at least 600 trees a year.[49, 50]

> **"More trees on streets certainly is very important from a carbon capture point of view."**
>
> Respondent, Islington Climate Panel, 2024[51]

Islington case study: Green Infrastructure and trees

The Capital Asset Value for Amenity Trees (CAVAT) methodology recognises the contribution that council-managed trees make to public amenity and the landscape in Islington. The method establishes equivalent financial values for the benefits that communities derive from environmental assets which otherwise do not have a market price and can be used to compare with other interventions and options for investment. Applied locally, the methodology gives an annual economic and social benefit from council-managed trees of over £700,000 and an overall total value of £1.15 billion.[52] The majority of the annual contribution is because trees remove 8.1 tonnes of airborne pollutants each year, store just over 18,000 tonnes of carbon and divert over 15,700 cubic meters of storm water runoff away from the local sewer systems.[53]

During 2021/22 the council planted more than 700 trees, and another 200 trees were donated to the borough by Forest for Change. A joint project was set up between the council and Islington Clean Air Parents,[54] who crowdfunded £15,000 to cover the cost of transportation and after-care of the trees. Islington has also partnered with Trees for Streets for residents to sponsor the planting of trees. Islington's Tree Pit Scheme allows residents to adopt young trees in their neighbourhood and sign-up to plant tree-pit gardens and water the trees. In addition to climate benefits, namely absorption of carbon and increased shading, trees help reduce air pollution, improve mental and physical wellbeing for residents and generally improve the appearance of the urban landscape in the borough.[55, 56]

Flooding

It is expected that the frequency and intensity of heavy rainfall events, and therefore risk of flooding, will increase because of climate change.[57] Islington is approximately 37 metres (121 feet) above sea level which provides direct protection from sea-level rise.[58] Like many other parts of London, the major flood risks in Islington come from surface water (pluvial) flooding from heavy rainfall primarily caused by concrete and other impervious surfaces which rainwater cannot permeate.[59] This can result in sewer surcharging, when sewer systems become overloaded with waste or surface water.[60] Islington's sewage system does not have sufficient capacity to cope with increased rainfall, particularly during intense periods of heavy rainfall and flash floods on roads. This will become an increasing issue as flooding events become more frequent.[61]

The risks of flooding to individuals, the natural and built environment and the local economy and infrastructure are shown in Figure 31.

Figure 31: Impact of flooding on health, wellbeing and the environment.

Sector/Area	Impacts
Health and Wellbeing	• Death, injury, infection • Mental health impacts (anxiety, PTSD)[62] • May lead to loss of personal income, possibly leading to poverty and subsequent homelessness.[63]
Natural Environment	• Restrict tree growth, prevent tree maturation, degrade topsoil
Built Environment (buildings, transport, energy)	• Loss of, or damage to, possessions and property.[64] • Structural damage to buildings, energy and transport infrastructure (including flooding of underground stations)
Social infrastructure (schools, care homes, healthcare settings)	• Structural damage to buildings, service disruption (affecting local economy and wider system), loss of resources, health risks to vulnerable occupants. Due to lack of power, water and functioning transport networks.[65]
Businesses and local economy	• Property damage and loss, disruption of supply chain, disruption of logistical operations, economic impact

Some areas of the borough are at higher risk of this type of flooding (Figure 26). This includes the most built-up areas in the south of the borough, high-risk areas in the central part, including Laycock Ward, and the northern part, including Finsbury Park ward. Areas of higher flood risk include higher deprivation areas in parts of Hillrise, Finsbury Park, Mildmay, Laycock and Caledonian and Barnsbury wards.

Islington has the second highest number of basement flats in London which increases the risks from surface water flooding.[66] Climate adaptation actions can help protect and prepare these households from the risk of flash flooding – interventions include improved drainage, permeable pavements, use of flood resilient materials, raising door thresholds and providing early flood warning systems.[67]

There is a range of work going on in Islington to reduce the risk and impact of flooding. Islington Council has a flood plan, which outlines the reactive response to flooding events and a flood risk prevention strategy, which focusses on how flooding events can be prevented. This includes a range of activities, from greening the borough to making adaptations to building materials to reduce flood risk, for example widening gutters. Islington council is doing a large amount of work to reduce flood risk in the borough by greening the borough, as part of their greener together programme. Work includes highway greening, tree-planting, development of parklets, pocket parks, and implementation of Sustainable Development Systems (SuDS). Other work to reduce flood risk includes improving planting on estates, supporting community gardening and objectives for tree-planting and loss prevention and Islington's Liveable Neighbourhoods programme. Transport for London's plans to invest £6 million in understanding climate change and supporting existing projects to add additional green infrastructure such as SuDs across its transport network.[68]

Vector-borne diseases and food poisoning

Vector-borne diseases are illnesses that can be transmitted to humans by other living organisms, such as mosquitos and ticks.[69] Climate change is projected to increase this risk in the UK, particularly in London and Southern England.[70] The risk of tick-borne disease in areas like Islington is relatively low due to the level of urbanisation, but there is increasing concern that invasive mosquito species may establish themselves, particularly Aedes albopictus, which transmit several infections of public health concern, including dengue, Zika virus, and chikungunya.[71, 72]

Mosquitos can be adept at surviving in urban areas, as they can breed in many types of water sources, including artificial containers, even buckets, and stagnant water.[73] Unmanaged standing water therefore presents a risk of mosquito proliferation and disease if they become established and of subsequent vector-borne disease.[74] In 2024, Islington began participating in the UKHSA invasive mosquito species monitoring project, with six monitoring stations in Gillespie park.

Climate change can also increase the risk of food poisoning. For example, flooding can mix water supplies with sewage, increasing the risk of foodborne diseases such as salmonellosis. Similarly, higher temperatures can enhance the growth and survival of foodborne pathogens like Salmonella and E. coli.[75, 76]

Islington case study: Pocket Parks

A pocket park is a small park that is open to the public. These parks come in different shapes and sizes and are used for various purposes. However, the defining feature of a pocket park is that it is small in size.[77] In addition to promoting biodiversity and community well-being, these small green spaces help to mitigate the urban heat island effect as they provide shade, release moisture into the air and help manage stormwater runoff and reduce the burden on urban drainage systems. Islington has been actively working to increase the number of pocket parks and generate evidence on their impact, with the help of funding from Natural Environment Investment Readiness Fund (NEIRF). Islington communities have been engaged in pocket park development from an early stage and involved in their set up and maintenance. This demonstrator programme seeks to show how investment in urban greening can achieve social value as well as environmental and economic benefits. It is hoped that evidence generated will act as proof-of-concept, enabling further funding to be secured and more pocket parks to be installed across the borough.

"The creation of pocket parks was a specific policy that I found interesting. Using small spaces of land for micro green areas is a good source of comfort and respite in urban areas."

Respondent from Islington Climate Panel, 2024

Pocket Park at Cleveland Street/Almorah Road

Tree planting at Elmore Street

3.3 Indirect impacts of climate change

Alongside direct impacts of climate change for Islington residents due to changes to the local climate, there may be many other indirect or distant impacts due to global climate changes and environmental degradation. These include impacts on food security and cost, mental health, migration patterns and even global stability.

Food security and economic impacts

An important indirect impact of climate change may be increased food insecurity and costs due to changes in growing conditions and disruption to food supply chains.[78] The UK currently imports food from over 160 countries, including nearly one-fifth of fruit and vegetables from countries identified as highly and moderately climate vulnerable.[79] With rising food prices and potential shortages, food insecurity could become more prevalent. This means more families might struggle to access sufficient, safe, and nutritious food. Based on temperature increases projected for 2035, it has been estimated that climate pressures could add on between 0.92 and 3.23 percentage points to global food inflation per year.[80] In addition, the wider economy could be negatively affected by supply chain disruptions associated with flooded ports and facilities, heatwaves and malaria spreading in other parts of the world.[81]

Displacement and conflict

The social and governance context in the UK and rest of Europe makes the region less directly vulnerable to conflicts driven by climate change than other regions, however there may be vulnerability to indirect impacts caused by displacement and conflict in other parts of the world.[82] Climate and weather extremes are a factor in population displacement globally, particularly in parts of Africa and Asia, associated with poor health, well-being and socioeconomic outcomes. There may also be a link between climate change and increased conflict: current evidence suggests a weak link, but progressive levels of warming may increase the risk.

Islington case study: Engaging, Empowering and Partnering

To reach the ambition to be net zero, as well as its own direct actions, the council must influence, encourage and enable other organisations in the borough to play a part in eliminating carbon emissions and strengthen the borough's resilience to climate change.

- Changes in procurement processes can reduce the environmental impacts of procured services and supplies, completing environment impact assessments and using social value requirements. Examples include shifting to electric vehicles or active travel, maximising energy efficiency, and use of renewable energy sources.
- The Anchor Institutions Network is a partnership of eleven major Islington employers and key organisations that have pledged to boost jobs and employment in the borough, to support local and small businesses through procurement and supply chains in the borough and to work towards achieving net zero carbon emissions.
- Islington Food Partnership's strategy 2023-2028[83] recognises current food system practices' role in the climate and nature emergency. The strategy encourages communities and businesses to commit to changes that mitigate the effects of climate change by improving the food environment, and encouraging moves towards greater resilience, less vulnerable to changes in food growing and crop yields brought about by climate change.
- In 2024 Islington Council carried out ambitious resident engagement through a Islington Climate Panel with a representative sample of Islington residents. The panel sought to answer the question: "What does a climate-resilient Islington look like and how do we get there?".
- The panel's proposals will influence the council's climate action and emergency response plans. Some proposals from the panel have already been taken forward, including developing targeted guidance for vulnerable groups during periods of hot weather, and mapping cool spaces for residents to use during heatwaves. The panel is contributing directly to the Council's new climate action and green infrastructure strategies and proposed developing a Business Resilience Toolkit. This will form part of the Climate Action Green Economy workstream and aims to support businesses with their emergency planning community

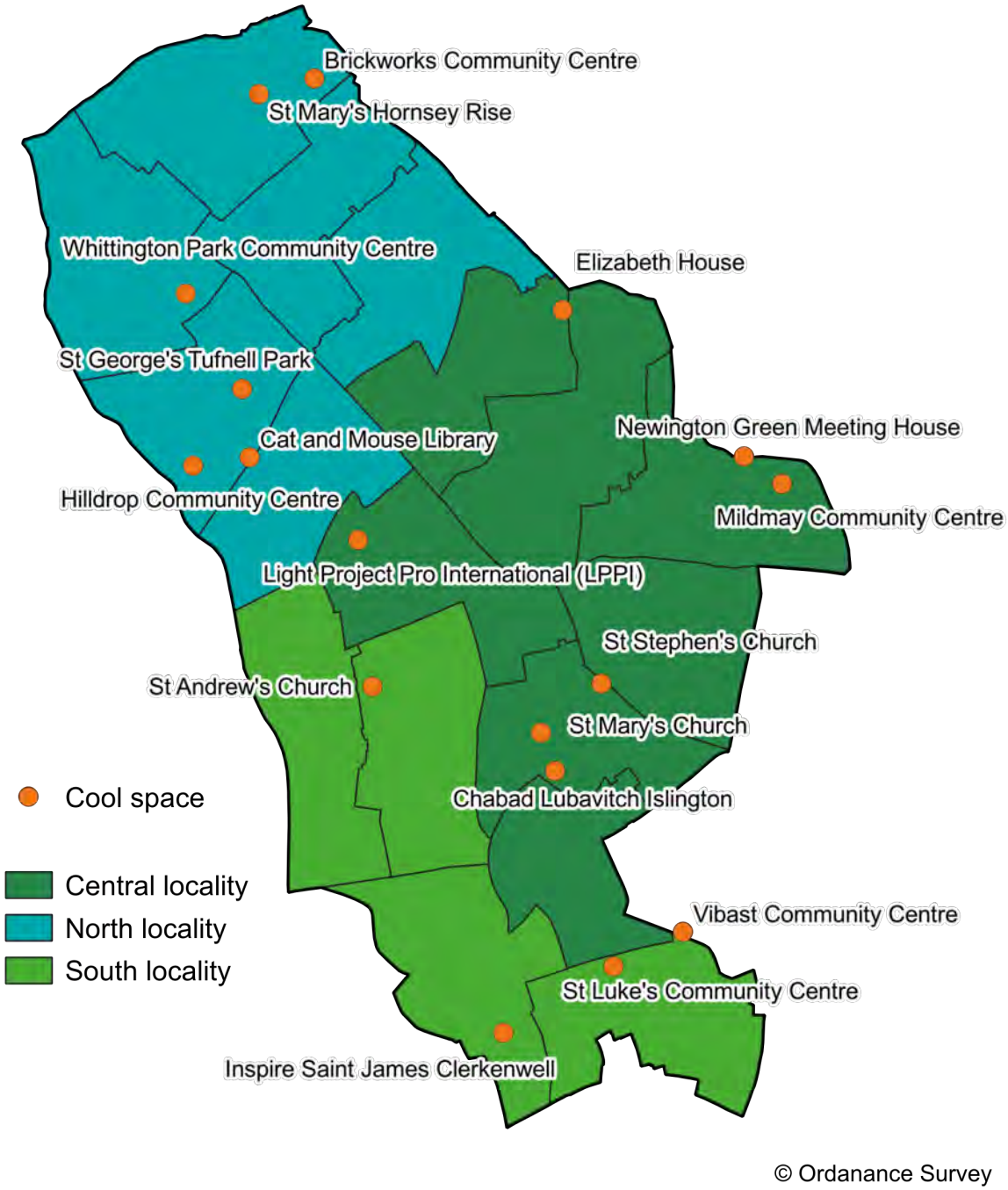
engagement and preventative measures to help them keep their businesses running in the face of increasing climate change.

- North Central London Integrated Care System developed a North Central London Green Plan for 2022 to 2025.[84] This aims to improve health and wellbeing through sustainable healthcare. Targets include elimination of all carbon from heating and water in NHS buildings by 2030, 90% of NHS fleet to use low or zero emissions vehicles by 2028, and all organisations to have a long-term climate change adaption plan.

"The "greening" the borough initiative via Islington Council's green space and leisure services was very interesting. If their plans come to fruition the whole borough would benefit with more shading and rain absorption. This would also precipitate more community harmony in my estimation and people would generally feel happier within the environment they live in."

Islington resident, Islington Climate Panel, 2024

Figure 32: Islington initial map of cool spaces - identified on the suggestion of the climate panel



Source: Mapping cool spaces in Islington, August 2024.

3.4 Recommendations

Opportunities to further reduce impact of climate change on health:

Improve Islington's resilience to the indirect impacts of global climate change:

- Participate in the THRIVE London Climate and Mental Health Action Partnership, to identify opportunities to tackle climate anxiety and deliver co-benefits for climate and mental health.
- Islington Food Partnership to continue to raise awareness of the risks that climate change poses to Islington's food system, and explore opportunities to improve system resilience, including through Islington's Anchor Institute Network.

Improve Islington's resilience to changing climate in the borough:

- Public Health to work with Environment and Climate Change and other colleagues to maintain the momentum of the Islington Climate Panel. Public Health and Evidence Islington to support with evidence generation and community resilience initiatives.
- Cross-council work to develop an approach to improve the long-term resilience of Islington housing to extreme weather threats, with a particular focus on basement properties at risk of flooding and flats at risk of over-heating and develop an approach to improving housing energy use.
- Cross-council work with partners in health and social care to strengthen health system resilience to climate-related health risks.
- London Borough of Islington to continue to harness national policy levers and external funding opportunities to increase resilience to climate change, including for green infrastructure and action to improve air quality, prioritising residents most at risk.
- Climate actions should include a focus on neighbourhoods and communities experiencing the greatest levels of deprivation who tend to live in areas that are more susceptible to extreme heat and flooding due to factors like fewer green spaces, denser housing and fewer resources for adaptation measures.

Continue to use and develop research and data systems that will inform local climate action policy decisions and impacts.

- Evidence Islington and climate colleagues to embed use of tools such as the Climate Action Dashboard in decision-making - importantly to inform the cost-benefit and economic assessment of future options, and use of behaviour change interventions and other levers to encourage further progress.

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5. Physical environment

Enhancing the health and wellbeing impacts of the physical environment

A prevention and health-focused approach to the physical environment can improve lives, positively influence the health of the population, prevent ill health and disability, and contribute to reducing health inequalities. Prevention involves addressing the root causes of health issues early, either so that people remain healthy, or before problems develop into more severe conditions. Preventing health problems before they require treatment can reduce long-term health and social care costs for both individuals and the NHS. This includes common conditions where the physical environment has a direct impact, such as respiratory and cardiovascular diseases. A wide array of health conditions are affected by health and social behaviours such as smoking, physical activity, diet, weight, alcohol consumption and social isolation which the physical environment can either encourage or discourage. In addition to the effects on the health and wellbeing of individuals and the increased healthcare costs, the health of the population impacts the economy and wider society. These include the effects of lost productivity on economic activity. The direct cost to the UK government of ill health among people of working age has been estimated at around £50 billion a year, because of benefit payments, additional healthcare costs, and lost taxes and National Insurance contributions.[1] Analyses of the economic effects of individual health conditions, including of potentially preventable disability and increased needs for informal caregiving, consistently indicate that the impacts borne by individuals and households is even greater. A healthier population, at near full employment and in inclusive workplaces, would reduce working age adults being out of work due to ill health, with less sickness affecting productivity of the workforce, thereby bringing a range of associated social and economic benefits for both individuals and the economy.

The previous chapters of this report have explored diverse aspects of the physical environment and the various ways in which climate change, the public realm, housing, and the commercial environment affect physical and mental health and wellbeing. These areas intersect to influence health across the life course and contribute to health inequalities. Each chapter has concluded with recommendations for further progressing opportunities to promote health and wellbeing through environment-related actions.

This chapter considers a public health 'toolkit' of approaches, methods and tools which can inform and increase the effects of environment-related work, and, help realise greater health and wellbeing benefits. The toolkit is flexible: measures can be applied singularly or in tandem, depending upon the nature and requirements of the environmental issue, and can be used to address direct as well as indirect impacts, and to do so geographically and/or by different population groups. These toolkits measures are broadly grouped as:

- Taking a preventative approach
- Identifying co-benefits
- Health in All Policies
- Ensuring public engagement and empowerment
- Using data, insights and evidence
- Employing behaviour change insights
- Economic analysis and resources.

4.1 Taking a preventative approach

Taking a preventative approach by addressing health risks posed by the physical environment has an important role to play in reducing poor health outcomes. Housing conditions, neighbourhoods, commercial venues and climate and environment can all positively or adversely affect health. Embedding health and wellbeing considerations into decision making within planning, transport and housing can prevent health risks posed by the physical environment and actively promote good health, making healthier activities and decisions easier for residents and improving outcomes (Figure 33)[2]. Planning policies can lessen the future strain on the health and care system by reducing the risks of chronic physical and mental health conditions. Early investment in selected preventative measures can improve outcomes, increasing productivity and creating more sustainable, long-term savings.[3]

- When appropriately designed and targeted, preventative environmental actions can also help to reduce health inequalities. The "Marmot Review", a national assessment of action on health inequalities, summarised three key ways to enhance how the physical environment promotes health and reduces inequalities:[4] Prioritise policies and interventions that both reduce health inequalities and mitigate climate change by:
  - Improving active travel
  - Improving good quality open and green spaces
  - Improving the quality of food in local areas
  - Improving the energy efficiency of housing
- Fully integrate the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality
- Support locally developed and evidence-based community regeneration programmes that:
  - Remove barriers to community participation and action
  - Reduce social isolation.

These recommendations locate a preventative approach to health and wellbeing on upstream factors within the physical environment. The approach seeks to realise co-benefits for health and wellbeing through place-based actions encompassing environmental, economic, housing and community development.

Figure 33: Associations between design and planning and health and wellbeing

Character-istics	Design and planning principles	Impact on health and wellbeing	Health and wellbeing outcomes
Neighbour-hood design 	• Enhance neighbourhood walkability • Build complete and compact neighbourhoods	• Social engagement and cohesion • Physical activity opportunities for all	• Improved mental wellbeing • Reduce risk of cardiovascular disease • Reduce risk of type 2 diabetes • Keeping musculoskeletal system healthy
Housing 	• Improve indoor environmental quality of housing • Increase provision of affordable and diverse housing for all, including groups with specific needs eg. elderly or disabled	• Warmth and energy efficiency • Improved indoor air quality and light exposure • Improved engagement with healthcare services • Increased employment levels	• General health improvements • Asthma outcomes improved • Reduction in excess winter deaths • Improved quality of life and mental wellbeing • Reduction in risk of cardiovascular disease, type 2 diabetes, some cancers, and mental health problems
Healthier food 	• Provide healthier, affordable food for all • Enhance community food infrastructure	• Healthier eating and change in dietary behaviours • Change in attitudes towards healthy eating	• Improved mental health and wellbeing • Reduced risk of cardiovascular disease, type 2 diabetes, stroke, some cancers and musculoskeletal conditions

Character-istics	Design and planning principles	Impact on health and wellbeing	Health and wellbeing outcomes
Natural and sustainable environment 	• Reduce exposure to environmental hazards • Enable access to, and engagement with, the natural environment • Adaptation to climate change	• Reduced exposure to particulate matter and excessive noise • Increase physical activity opportunities • Reduced impact from weather extremes (hot and cold)	• Reduce risk of chronic obstructive pulmonary disease and improved respiratory function among children • Reduced risk of developing lung cancer • Reduced risk of cardiovascular disease, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions and some cancers • Improved mental wellbeing
Transport 	• Provide active travel infrastructure • Provide public transport • Prioritise active travel and road safety • Enable mobility for all ages and activities	• Mobility • Physical activity among all • Social participation and cohesion	• Reduction in obesity and associated conditions • Reduction in road traffic accident injuries • Reduced risk of cardiovascular disease and type 2 diabetes • Keeping musculoskeletal system healthy • Improved mental wellbeing

Source: McKinnon G et al. 2020. Strengthening the links between planning and health in England. British Medical Journal. 16:369

As well as improving health through environmental actions, there is increasing focus on healthcare. As an example, the recently published NHS Net Zero Building Standard lays the foundations for delivering a net zero NHS, recognising the importance of taking a holistic approach to sustainability where people's health and wellbeing is embedded at the earliest opportunity.[5,6]

4.2 Identifying co-benefits

Throughout this report, links between improvements in the environment and health have been described, often co-occurring with other economic and social gains. These are co-benefits: positive effects of a policy or measure intended to achieve a primary objective, which also advance other goals and objectives. Co-benefits are win-win situations that may have multiple positive outcomes. For example, changes to the streetscape can increase opportunities for physical activity, reduce road traffic accidents, reduce carbon emissions and strengthen community connections. Sustainable infrastructure (e.g. urban greening) can reduce the urban heat island effect and reduce risk of flooding, making communities safer and neighbourhoods more liveable. Action to reduce greenhouse gases also brings health benefits across the population by improving air quality. Such policies and interventions may further reduce morbidity and mortality by encouraging greater physical activity, movement and play, , and, where allied to urban design, increasing social connectedness. Identifying these co-benefits can help to engage wider partners to work together to achieve goals, inform strategy development and resource allocation, and improve value, allowing for greater impact from limited resources.[7]

Beyond the policy and intervention level, co-benefits can play a role in individual, household and community motivations to create or engage in change. For example, people may engage in forms of more active travel in low traffic and liveable neighbourhoods primarily for health reasons, but where it replaces or reduces car use this change also supports action on climate change, and may benefit the local economy if they shop and socialise more locally as a result.

4.3 Health in all Policies

The wider determinants of health represent the social, environmental, economic and commercial conditions in which people live, helping to shape their health and wellbeing. 'Health in all policies' is an established approach which involves identifying how cross-sector policies and actions can improve the wider determinants of health. These may involve picking out the co-benefits of policy and strategic goals so they can be more fully realised. With increased demand and stretched budgets, working collaboratively in this way can help to avoid or defer costs. The approach is particularly suited to environmental programmes and actions, given the close alignment between environment and health described throughout this report.

Councils are in a unique position, whereby they hold significant powers and statutory duties that enable them to significantly influence the local environment, and its impact on health (relevant powers and statutory duties listed in Appendix A1). By taking a "health in all policies" approach we can systematically mitigate negative impacts and enhance positive outcomes of council work on both health and its wider determinants.

To do this, Public Health must identify the wider determinants that impact health, map the co-benefits, and identify solutions which benefit other services. Developing and sharing public health knowledge and expertise through this approach with other council departments or partner agencies can develop shared involvement in, and understanding of, the impact of services on the health of residents. Linked to this, the Public Health Grant invests in a variety of environmental actions that benefit health, such as the maintenance of playgrounds and outdoor gyms, provision of free swimming lessons, Environment Health and Planning resources, and place-based preventative interventions for older people, among many other things.

4.4 Ensuring public engagement and empowerment

By promoting a preventative health agenda through environment action and policy, urban design and planning policies can increase public awareness of the wider determinants of health and wellbeing. If communities are actively engaged in decision-making processes about their physical environments, residents can become empowered to take greater charge of their health and make everyday changes that contribute to improved environmental and health outcomes.[8] As the Smokefree Islington example at the start of this report demonstrated, public understanding of the case for environmental policies and changes that benefit health must be built. Public acceptance is fundamental to achievement of goals, as it encourages adherence to changes when implemented, and may stimulate wider and longer-term individual and community action.

While recognising that there are important interactions between environment and health which require public policy decisions and the organised action of society, engagement across the community can act to increase individual levels of support and action. At scale, these people power-based changes can generate more impact and help further progress towards important goals.

Public Health can support the council in its work to identify resident priorities by gaining insight from residents. The Citizen's Panel on climate change described in Chapter 4 represented one such approach. Through the Wellbeing Index, Public Health has used expertise in qualitative research to conduct a longitudinal study with residents about their wellbeing. This study can be used by different teams to shape their decision-making and ensure it is informed by resident perspectives. For example, residents' feelings around housing insecurity can be considered in the context of its impact on wellbeing.

4.5 Using data, insights and evidence

Public health approaches use evidence to inform decisions. This can involve drawing on a wide range of sources, including an evidence base of what interventions have worked elsewhere and who needs them. Evaluating services and interventions to improve health and wellbeing helps to measure their impact for local people and places and can build the evidence base for future decisions. Public Health data analysis and evidence review may bring additional insights about where and how best to allocate resources, along with prioritisation frameworks.

Public health uses specific tools and data to identify inequalities in health outcomes, such as a higher risk of a disease, or disease risk factor, among people belonging to different demographic or socio-economic groups. Health needs assessments, including Joint Strategic Needs Assessments (JSNAs), systematically combine a large amount of information from different statistical, qualitative and resident insight sources to identify the unmet health and wellbeing needs of residents, and changes required to meet this need. Health needs assessments not only consider local health and care services but also identify wider factors contributing to good or poor health, such as housing, transport or leisure services. Findings and recommendations can inform policy and service goals to more effectively meet the needs of residents.

Another recent example is the Islington Wellbeing Index, a dashboard developed by the Islington Council Public Health team to monitor several factors which are important for wellbeing. The dashboard brings together over 50 datasets, such as loneliness, childhood poverty, air quality, rates of serious youth violence, and fuel poverty, alongside the residents' survey findings described above. For some indicators, it is also possible to explore inequalities between different demographic groups. Increasingly, data and insight are being broken down to much smaller, more local geographies so that much more targeted 'hyper-local' action can be taken by working with local communities to address inequalities.

Exposure to protective and risk factors is a key concept in public health, of which place-based and geographic analysis is an important element. Area profiles and mapping can examine such factors and their impact on populations of interest, including groups who may be more vulnerable or experiencing inequalities. For example, proximity and concentration of places with a potentially harmful effect on health can increase the level of health risk to the nearby population. Examples could include gambling locations in deprived areas, fast food takeaways near schools, or concentrations of premises licensed to sell alcohol.

Public Health can also work with council teams to use tools that ensure health is considered in geographic-based developments. One of the most established is Health Impact Assessment (HIA). Islington Council has guidance in place for property developers when completing HIAs for planning applications, which helps to ensure health impacts are accurately identified, and increases awareness of the requirement

to screen for the impact of the built environment on health. Alignment of HIA recommendations with planning rules and policies is important, particularly where key findings are viewed as requirements for developments. HIAs represent one of a range of public health tools that can be used to understand the health effects of a geographic-based proposal. Related tools have also been developed to assess the implications of population change for primary care services in an area. Other, more 'bespoke' examples described in this report include the alcohol licensing tool and the gambling risk index, both of which assess the impact of new or changed licenses on the local area and population.

Islington is one of 30 local authorities across the UK to receive Health Determinants Research Collaboration (HDRC) funding from the National Institute for Health and Social Care (NIHR). The programme in Islington is referred to as Evidence Islington. This investment aims to strengthen local authority capacity to gather and use evidence to address wider determinants of health – with the longer-term goal of reducing health inequalities. The Evidence Islington team has recruited community researchers, who help to identify key issues through lived experience and empower people to participate in research and have a positive impact on their communities.

Once evidence has been generated, it can be used in several ways to improve health outcomes. It can inform service design, policy and commissioning decisions, behaviour change interventions, and can form the basis of communications for residents - for example, when sending out alerts for extreme weather events, and helping residents to protect themselves from them. By demonstrating which kinds of initiatives are effective, and which are not, good quality evidence can also help teams focus on impactful work.

4.6 Employing behaviour change insights

Understanding how to change behaviour is a long-term cornerstone of public health action. The aim is to influence decisions and deliver interventions that improve health and reduce risks, based on an understanding and insight into people's motivations, beliefs and scope for action. For example, interventions such as cycle lanes and Liveable Neighbourhoods are important foundations to reduce air pollution which in themselves can support and facilitate higher levels of active travel. If the benefits are to be fully realised and shared equitably across the community, behaviour change type interventions are an important way to encourage more residents to take advantage of the new infrastructure.

There is a large body of evidence for the effectiveness of behaviour change interventions at individual, community and population levels.[9] What works best varies across issues and population groups and should be informed by insight and evaluation. To maximise efficacy of interventions, it is crucial to have a good understanding of behavioural change theories and approaches.[10] Specialist knowledge of behaviour change models underpins public health methodologies and interventions and is transferable to other areas of council and partnership endeavours. Public health can support other departments with the practical application of theories and models.

Guidance from Public Health England and the Local Government Association exists on how to identify the right mix of interventions for different health issues.[11,12] They suggest starting by defining the behaviour change sought, understand what is driving the behaviour, and then use those insights to identify the interventions which are likely to change these drivers. The use of a behavioural change model named 'COM-B' (Capability – Opportunity – Motivation – Behaviour) is recommended. The behaviour change framework proposes that there are three necessary components for any change in Behaviour to occur. These are the ability and means to engage in the change (Capability), an occasion or set of circumstances conducive to change (Opportunity), and sufficient reason and desire to make the change (Motivation). Although the model is most closely focused on behaviour change for an individual or family, the general principles for behaviour change are eminently applicable to organisations and to policy and strategy.

Improvements to physical environments represent one of several intervention types and approaches that can be used to promote positive change and improve health. Behaviour change literature has grouped interventions into several types, which includes "environmental restructuring" among other interventions such as training, education and implementing restrictions.[13]

Behaviour Change Intervention Types

Adapted from: Achieving behaviour change: a guide for local government and partners (assets.publishing.service.gov.uk/media/5e7b4e85d3bf7f133c923435/PHEBI_Achieving_Behaviour_Change_Local_Government.pdf).

Type	Description
Information	Provision of factual information about health and healthcare, on which people can make decisions. This may be presented in the form of advice and guidance.
Education	Increasing knowledge and understanding by informing, explaining, showing and providing feedback.
Persuasion	Using words and images to change the way people feel about a behaviour to make it more or less attractive.
Perception	Changing the attractiveness of behaviour by creating the expectation of an undesired outcome, or denial of a desired one.
Training	Increasing the skills needed for a behaviour by repeated practice and feedback.
Restriction [and regulation]	Constraining performance of a behaviour by setting rules or conditions.
Environmental restructuring	Constraining or promoting behaviour by shaping the physical and social environment.
Modelling	Showing examples of the behaviour for people to emulate.
Enablement	Providing support to improve ability to change in a variety of ways not covered by other intervention types.
Pricing (costs) and taxation	Minimum or increased pricing of products or activities harmful to health to reduce demand/consumption, or discounts or subsidy that encourages healthy behaviour.

Often a number of these levers are used together to have a greater effect.

To generate the best health outcomes, it is important to consider using interventions which change the physical environment in combination with other interventions. These might be consciously applied together when an environmental change is introduced (e.g. a as a 'package' of measures) or identified and implemented cumulatively over time, in response to how a change embeds. The advantage of making use of a range of interventions is generally to increase progress towards policy and development goals. Different interventions often reach and impact groups differently, according to their

circumstances and needs. Therefore, appropriately combining a range of levers can be particularly important in addressing inequalities.

In addition, the health and wellbeing implications of a behaviour can often be mobilised to motivate change. Compared to long-term implications such as improving borough appearance, or reducing green-house gas emissions, impact on health and wellbeing may feel more real, immediate, or tangible for some residents, and so provide more of a stimulus to change. For example, eating a plant-based diet contributes environmental benefits, but the health benefits may be far more salient and motivational. Where there are health co-benefits, council teams should consider working with Public Health to frame the broad health and wellbeing benefits of interventions to support engagement with residents.

One notable advantage of interventions that enhance the physical environment is that they often do not rely so heavily on individuals consciously changing their behaviour to improve their health. Environmental changes are also suited to addressing collective health risks – such as climate change, pollution and air quality – where the population is exposed to external harms which cannot be addressed by individual or private action alone.

Depending on the nature of the environmental action, the impacts may also be longer lasting than some other behaviour change intervention types, with less need for continued or renewed action to sustain positive health benefits. Appropriately designed, changes to the environment can help make healthier lives easier, or in some instances even the 'default' way of living for residents. However, inequalities in environmental interventions can persist for a variety of reasons, so insight-informed opportunities that facilitate access and engagement in change, and address barriers by drawing on other types of behaviour change intervention, can help improve equity in the resulting health benefits.

4.7 Economic benefits and analysis

Investing in the physical environment can be highly beneficial for health. Economic analyses can help to quantify these benefits and assess whether programmes or interventions are worth doing, in the context of scarce and competing options for use of resources. The main analysis methods are:

- Cost-benefit analysis compares the balance of costs with the benefits of taking a societal perspective. Both direct and indirect costs and benefits should be identified systematically, and monetary values assigned and compared. This includes imputing values for costs and benefits that do not have market values. For example, the Department of Transport uses an economic valuation of life to assess the cost-benefit implications of major infrastructure investments which have impacts on human health. If the ratio of benefits to costs is above 1, then a programme or intervention is deemed cost-beneficial.
- **Cost-effectiveness analysis** assesses, or compares, interventions against achievement of a particular goal or objective. It differs from cost benefit analysis since it uses non-monetary measures of effectiveness, such as lives saved or quality-adjusted life years (QALYs), e.g. what is the expected cost for a year of life gained.
- **Return on investment analysis** compares the expected flow of financial benefits which result from investment in a programme or intervention over a period of time, and can therefore identify investments which are likely to make a positive return (or 'profit') over the time period under consideration.
- **Cost of illness studies** model the economic impact of a health condition. As with cost benefit analyses, this study type seeks to identify the full range of known costs and impacts across society arising from a condition. This includes the impacts on individuals with the condition and their families and households, health and care system, as well as wider economic and social impacts. They do not seek to assess the impacts of any programmes or interventions, but rather provide an economic assessment of the extent to which a condition is impacting a population.

As well as the general usefulness of considering economic value, there are features of environment and health that particularly lend themselves to economic methodologies, including as a way of:

- Capturing and expressing the extent of co-benefits, which may encompass several types of impacts across different sectors, where economic analysis can provide a framework for identifying and enumerating these in a consistent way. The co-benefits and 'non-market' costs and benefits identified in studies can be substantially greater than the direct costs and benefits of the primary environment goals.
- Projecting the long-term nature of some of the benefits arising from environment and health investment. Examples include infrastructure changes which may result

in long term and significant changes in behaviour which benefit health. It can also encompass the prevention of serious health conditions which are slow to develop, such as some cancers, where population level change is only observable over long periods of time. Additionally, the long-term impacts of preventable disability caused by ill health or injury may be more fully captured.

- Modelling scenarios taking account of future risk and uncertainty. This is particularly relevant with climate change effects.

The availability and quality of economic studies varies significantly by subject area, and there are some areas which are substantially more developed than others. In general, evidence about environment and health economic impact is more common in major areas of public policy and investment interest where economic considerations have become a prominent component of debate, assessment of options and decision-making.

Where economic analysis already exists, it can helpfully inform decisions and actions. Depending on the nature of the evidence, it can help to enumerate the range of costs and benefits that should be considered. While the economic evidence for some interventions can be more readily transposed from studies into local settings and populations, many environmental interventions are primarily place-based. However, good economic analyses set out their underpinning data and assumptions and can therefore often be adapted for local relevance.

However, there is a lack of high-quality economic studies covering some important elements of environment and health issues. Where this is the case, local innovations and evaluations which describe and collect relevant cost detail can help to develop the local economic evidence base to inform decisions and actions. This may in turn build a fuller evidence base for local government and others on these determinants of health. The Evidence Islington team can assist, including through its academic links.

The intersection between housing and health is surprisingly under-developed in terms of economic analysis. A systematic review published in 2013 considered housing improvement studies which included costs and economic analysis. It only found 29 studies which met its inclusion criteria, and of these the quality of the cost and benefit information and economic analysis was highly variable. A more recent focus in the UK is the availability of and affordability of housing, with a particular lens on the role in economic growth. Shelter and the National Housing Federation modelled the impact of building 90,000 new social houses and estimated it would add £51.2 billion to the economy. The economic model predicted that over 30 years the investment would not only have paid for itself but would also have resulted in financial benefits of £12 billion for the taxpayer, due to higher employment, lower benefit costs, improved health, reduced homelessness, reduced crime, and better life chances for children.[14]

Transport and climate (green) economic analysis is relatively more developed. International evidence suggests Low Traffic Neighbourhoods (LTNs) are beneficial for local economies, creating destinations that are attractive for residents and retail[15]. Research on traffic, road and pedestrian interventions including LTNs in three Outer London boroughs identified that long term health and economic benefits from the

programme were £1,056 million, ten-fold higher than the programme cost. The greater part of the benefits of the initiatives were expressed in human health – in reductions in mortality, and improved health linked to more active travel – which in turn linked to economic benefits – such as improved productivity due to lower sickness levels and reduced pressures on health and care services. Other potential economic benefits, such as stimulation of locally based economies, were not considered.[16] Separate UK research shows high street walking, cycling and public realm improvements can increase retail sales by up to 30% and increase retail rental values by 7.5%.[17, 18]

The Climate Change Committee identified that many early climate change adaptation investments in the UK delivered high value for money, with typical net economic benefits of between £2 and £10 for every £1 invested.[19] Interventions with particularly high economic benefits included water efficiency measures and heat and heatwave planning, both of which offered over £10 of net economic benefits for every £1 invested. An assessment conducted for Mersey Forest, a local greening programme focusing on economic returns, estimated that every £1 invested in the programme was more than doubled in return, due to tourism expenditures, creation of jobs and more.[20]

Gambling and the economy

Gambling, tobacco, fast-food and alcohol industries are dominated by multi-national companies and global purchasing chains, meaning only a small proportion of money spent on the industries is re-invested in the borough. For these reasons, physical environment interventions which encourage a shift towards healthier industries can also have economic benefits. Research from the Social Market Foundation on the gambling industry illustrates this point well.[21] The research identified that money spent on gambling has a lower "multiplier" effect than many other activities, meaning it supports less activity elsewhere in the economy.[22] Money spent on gambling supports fewer jobs and generates less tax revenue than money spent in most other sectors of the economy. Modelling estimates that if net UK gambling spend declined by 10% (about £1bn) and individuals spent that money on retail instead, then gross value contributed to the economy would be £311 million higher, employment would be 24,000 higher and the government would receive an additional £171m in tax.[23] Therefore, interventions that promote a shift away from gambling have the potential to direct more wealth into the local economy and the hands of local people consistent with Islington's strategic aims for the local economy.[24, 25]

4.8 Recommendations

This chapter has reflected on how Public Health-oriented approaches can benefit environmental actions as well as the benefits and limitations of using physical environment interventions as a means of improving health and reducing health inequalities.

Following this reflection, this section sets out some broad recommendations, highlighting opportunities to maximise the impact of the physical environment on health and wellbeing:

Test out and evaluate a more proactive "health in all policies" approach.

Actions that could flow from this could include:

- Assessing how a process to ensure that implications for health and health inequalities in selected council decisions and activities can add value, for example through a health impacts section on all key decision reports
- Test out and evaluate training and engagement with officers, using this APHR as a basis, to communicate how each service has an impact on health.

Evidence Islington to use HDRC funding to strengthen Islington's capacity to gather and use evidence about Islington's physical environment.

- Funding should be strategically invested to expand existing evidence processes and embed additional systems, so that processes and systems endure beyond the initial five years of funding.

LB Islington to continue to advocate, through the Policy team, for changes to national policy which will promote health and wellbeing in the borough.

Actions that could flow from this include:

- Calling for more investment in public services so councils can effectively fulfil their duties and implement health-promoting initiatives
- Influencing the development of national and regional planning policies to ensure they deliver for health, the environment and people.

Building on this report, LBI to celebrate and promote all the ways in which the council is working to create healthy neighbourhoods.

4.9 Appendices

Figure 34: Council powers that could be used to promote healthy environments

Power or statutory duty	Legislation
Power to assess and enforce the quality of homes.	Landlord and Tenant Act 1985, Housing Act 2004, Homes (Fitness for Human Habitation) Act 2018 and the most recent Social Housing Regulation Act 2023
Power to uphold food standards at premises which prepare and sell food outside of the home.	Food Safety Act 1990 and Food Safety and Hygiene Regulations
Power to decide a planning application in line with relevant policies in its local plan (and the neighbourhood plan, if there is one) unless "material considerations" indicate otherwise.	The Town and Country Planning act 1990
Requirement for councils to set design codes (specific design parameters), tailored to local needs.	The Levelling Up and Regeneration Act
Councils are allowed to charge a levy on new development to help deliver infrastructure to support the development of their area. It applies to most new buildings. • Councils have the discretion regarding how they use these funds. • Councils are also able to decide differing rates for certain areas or types of development.	The Community Infrastructure Levy (CIL). Similar contributions are received through Section 106, for example where site specific impacts are identified.
Councils can respond to complaints about light and noise pollution that could be classed as "statutory nuisance".	1990 Environmental Protection act
Requirement for councils to monitor air quality in their area and define air quality management areas which fall outside standards.	Environmental Act 1995 and Environmental Act 20021

Power or statutory duty	Legislation
Councils can control land uses through planning decisions e.g. prevent change of use to "Hot Food Takeaway" e.g. appeal against unauthorised change of use from an industrial process that can be carried out in a residential area without detriment to that amenity of that area to "unauthorised commercial kitchen and delivery centre" (a breach of planning control).	Town and Country Planning (Use Class Order)
Power to allow any business or other organisation to sell or supply alcohol on a permanent basis (premises licence).	Licensing 2003 Act
Power to give permission for a premises-based gambling business (for example, a betting shop, bingo hall or arcade).	The Gambling Act 2005 (Premises Licences and Provisional Statements) Regulations 2007
The housing health and safety rating system (HHSRS) is a risk-based evaluation tool to help local authorities identify and protect against potential risks and hazards to health and safety from any deficiencies identified in dwellings.	Housing Act 2004

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Public Health project team

Name	Position
Isabel Mansfield (Project Lead)	Public Health Strategist
Fran Bury (Project Oversight)	Assistant Director
Anjil Thapaliya	Public Health Intelligence Analyst
Baljinder Heer-Matiana	Assistant Director
Charlotte Ashton	Assistant Director
Emilia Bernecka	Senior Public Health Intelligence Analyst
Evie Lodge	Principal H&C Intelligence Specialist
Hannah Jones	Public Health Strategist
Jamie Hertel	Public Health Assistant Strategist
Julie Edgecombe	Public Health Strategist
Madeleine Lempert	National Graduate Development Programme Trainee
Mahnaz Shaukat	Head of Health Intelligence
Miriam Bullock	Assistant Director
Monique Taratula-Lyons	Research & Insight Analyst
Robyn Stephenson	Public Health Strategist
Saloni Bhuptani	Public Health Assistant Strategist
Sidonie Sakula-Barry	Public Health Strategist
Supriya Nallan	Data Analyst – finance
Yan Weigang	Public Health Senior Intelligence Manager

For further information please email: PublicHealth@islington.gov.uk

Glossary

Acronym	Description
CAVAT	Capital Asset Value for Amenity Trees
DALYs	Disability-Adjusted Life Years
DLUHC	Department for Levelling Up, Housing and Communities
EPC	Energy Performance Certificate
GHGs	Greenhouse gases
GLA	Greater London Authority
HAF	Holiday activities and food programme
HDRC	Health Determinants Research Collaboration
HFSS	Product high in fat, sugar or salt
HIA	Health Impact Assessment
HMO	Houses of Multiple Occupancy
IMD	Index of multiple deprivation
LBI	London Borough of Islington
LE-HOMe	Lived Experience of Household Overcrowding Measure
LGBTQ+	Lesbian, Gay, Bisexual, Trans, Queer+
LSA	Larger shopping area
LSOA	Lower Super Output Area
LTN	Low Traffic Neighbourhood
NCL	North Central London
NEIRF	Natural Environment Investment Readiness Fund
NIHR	National Institute for Health and Social Care
NO_2	Nitrogen dioxide
NPPF	National Planning Policy Framework
O_3	Ozone
PGSI	Problem gambling severity index

Acronym	Description
$PM_{2.5}$ and PM_{10}	Particulate matter
PSPO	Public Spaces Protection Orders
SDIL	Soft Drinks Industry Levy
SEN	Special Educational Needs
SHINE	Seasonal Health Intervention Network
SPD	Supplementary planning documents
SuDS	Sustainable drainage systems
TfL	Transport for London
ULEV	Ultra-low emission vehicle
ULEZ	Ultra Low Emission Zone
VCFSE	Voluntary, community, faith and social enterprise organisations
WAVE	Welfare and Vulnerability Engagement
WHA	Whole Housing Approach
WHO	World Health Organization