

Impact
on **Urban**
Health

Urban Health Index

Methodology 2025



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1. Introduction

The Urban Health Index (UHI) has been developed to give a clearer picture of how social and environmental conditions shape health in Lambeth and Southwark. By highlighting local inequalities, it supports more targeted, data-informed action to improve outcomes where need is greatest.

Built in collaboration with local stakeholders and grounded in robust data, the UHI provides a transparent, holistic, and community-centred way to measure social progress across all 48 wards in the two boroughs. It captures what matters most to people's health and wellbeing—such as housing conditions, access to green space, levels of education, and exposure to air pollution—and presents this data in a way that supports both strategic planning and practical action on the ground.

This work builds on a growing movement to rethink how we define and measure progress in urban areas. Originally inspired by the global Social Progress Index, and adapted through a partnership between Impact on Urban Health and Impera Analytics, the UHI moves beyond traditional economic or service-based metrics. Instead, it reflects whether places are truly enabling people to thrive. The model aligns with global standards (such as the OECD Handbook on Constructing Composite Indicators) while being locally grounded and attuned to the lived realities of communities in Lambeth and Southwark.

With this updated version, the UHI is more powerful than ever—incorporating improved data, user-centred design, and greater local input. It not only highlights where inequalities exist, but also supports councils, communities, and funders to design more effective responses. In doing so, the UHI is helping to reframe how urban health is understood and addressed in our place.

2. What is the Social Progress Index?

The Social Progress Index (SPI) is a composite measure that provides a comprehensive framework for understanding how well a society is delivering on the social and environmental outcomes that matter most to people—independent of economic indicators like GDP, but complementary to them. Unlike conventional approaches that often rely on economic inputs or service outputs, the SPI is explicitly focused on measuring outcomes that affect people's everyday lives. It offers a holistic lens through which communities, governments, and civil society can assess and benchmark their performance.

Originally developed by the Social Progress Imperative, in collaboration with a team led by Professor Michael E. Porter of Harvard Business School, the SPI has been adopted by national and subnational governments, city networks, and civil society actors in over 50 countries. It has been recognised for its value in policy development, investment planning, and the monitoring of inclusive progress.

At its core, the SPI defines social progress as “the capacity of a society to meet the basic human needs of its citizens, establish the building blocks that allow individuals and communities to enhance and sustain the quality of their lives, and create the conditions for all individuals to reach their full potential.” The SPI framework is built on three overarching dimensions:

- **Basic Human Needs** – Considers citizens' ability to survive with adequate nourishment and basic medical care, clean water, sanitation, adequate shelter, and personal safety.
- **Foundations of Wellbeing** – Captures whether a society offers building blocks for citizens to improve their lives, such as gaining a basic education, obtaining information, and access communications, benefiting from a modern healthcare system and live in a healthy environment.
- **Opportunity** – Captures whether citizens have the freedom and opportunity to make their own choices. Personal rights, personal freedom and choice, tolerance and inclusion, and access to advanced education all contribute to the level of opportunity within a given society.

Each dimension comprises four components — distinct but related concepts that together make up the Social Progress Index Framework (Figure 1).

Figure 1: Social Progress Index Framework

Basic human needs	Foundations of wellbeing	Opportunity
Nutrition and basic medical care	Access to basic knowledge	Personal rights
Water and sanitation	Access to information and communication	Personal freedom and choice
Shelter	Health and wellness	Inclusiveness
Personal safety	Environmental quality	Access to advanced education

Each dimension is made up of four components (12 in total), and each component is composed of multiple outcome indicators selected for their relevance, validity, and local actionability. This structure allows SPI to provide scores at the indicator,

component, dimension, and overall index level—offering a layered understanding of performance.

The three dimensions and twelve components of the Social Progress Framework provide the backbone of the Social Progress Index. The twelve-component structure provides the guidelines, while the questions below provide a first guide for interpreting each component and help to identify locally relevant data to define it. To help guide this process, the following guiding questions (Figure 2) are used for selecting contextually appropriate indicators for each of the twelve components.

Figure 2: Social Progress Index Guiding Questions

Basic human needs	Foundations of wellbeing	Opportunity
Nutrition and basic medical care Do people have enough food to eat and are they receiving basic medical care? Water and sanitation Can people drink water and keep themselves clean without getting sick? Shelter Do people have adequate housing with basic utilities? Personal safety Do people feel safe?	Access to basic knowledge Do people have access to an educational foundation? Access to information and communication Can people freely access ideas and information from anywhere in the world? Health and wellness Do people live long and healthy lives? Environmental quality Is this society using its resources so they will be available to future generations?	Personal rights Are people's rights as individuals protected? Personal freedom and choice Are people free to make their own choices? Inclusiveness Is no one excluded from the opportunity to be a contributing member of society? Access to advanced education Do people have the opportunity to access the world's most advanced knowledge?

Source: Social Progress Imperative (2018)

The SPI is designed as an outcome index, meaning it directly measures the end-results that policies and investments aim to influence. This makes it different from input indices that measure efforts or spending. It also distinguishes itself from other international indices such as the Human Development Index by excluding economic variables and focusing purely on non-economic indicators of progress.

This framework supports greater accountability and learning. Whether at the national level or in hyper-local settings, the SPI helps leaders and stakeholders track social progress in a way that is transparent, structured, and comparable. Its modular, flexible design also allows for meaningful adaptation where indicators are tailored to local priorities, while retaining the integrity of the 12-component global framework.

By shifting the focus toward measurable social outcomes, the SPI equips local leaders with a practical tool to evaluate how well places are supporting human wellbeing—and where efforts need to be intensified.

Principles of design

The Index applies a set of unique design principles that allow an exclusive analysis of social progress and help the Index stand out from other indices:

Social and environmental indicators only

While economic development is generally beneficial for social progress, it is not sufficient to fully capture the wellbeing of societies, and certain kinds of economic development can reduce social progress. The relationship is complex: social progress can drive as well as be driven by economic progress.

Consequently, social progress needs to be measured directly, without combining economic performance. Measuring social progress exclusively and directly, rather than utilizing economic proxies or combining economic and social variables is therefore the key principle of any Social Progress Index.

Outcomes, not inputs

There are two broad categories of conceptually coherent methodologies for index construction: input indices and outcome indices. Both can help countries to benchmark their progress, but in very different ways.

Input indices measure a country's policy choices or investments believed or known to lead to an important outcome. In competitiveness, for example, an input index might measure investments in human capital or basic research. Outcome indices directly measure the outcomes of investments.

The Social Progress Index has been designed as an outcome index. The Index measures the outcomes that affect the daily lives of real people, regardless of effort spent or the capacity to impart change. Given that there are multiple distinct aspects of social progress each measurable in different ways, the Social Progress Index has been designed to aggregate and synthesize multiple outcome measures in a conceptually consistent and transparent way that will also be salient to benchmarking progress for decision-makers.

Holistic and relevant to all communities

The SPI is a multidimensional measure of social progress that encompasses the many inter-related aspects of thriving societies everywhere – and it can be built to be relevant to localised contexts.

Actionable

The Index aims to be a practical tool with sufficient specificity to help leaders and practitioners in government, business, and civil society to benchmark performance and implement policies and programs that will drive faster social progress.

Building subnational indices with local networks will strengthen the actionability of the social progress framework, if the process of disaggregating and customizing the index is also supported by strong political buy-in around socially legitimate targets. As such, the SPI can be a practical tool that will help leaders and decision-makers in government, business and civil society to implement policies and programs that will drive faster social progress.

3. The Urban Health Index for the London Boroughs of Lambeth and Southwark

The Urban Health Index (UHI) for the London Boroughs of Lambeth and Southwark follows the Social Progress Index rationale as well as its key principles and methodology. As such, it adopts the same dimension and component level framework as the global Social Progress Index and subnational social progress indexes applied in the UK. The specific indicators are selected through a blend of conceptual fit and statistical robustness and largely follow the design of previous editions of the UHI, though a few changes were made based on discontinued data and new data availability. The final list of indicators is outlined in Figure 3 below, including 54 indicators in total. All of the indicators included in the index play fundamental roles not only in social progress, but in the health of people in urban areas.

Figure 3: Urban Health Index Full Framework

Basic human needs	Foundations of wellbeing	Opportunity
Nutrition and basic medical care • Obese children in reception year • Obese children in year 6 • Priority Places for Food Index • Premature mortality • Low birth weight	Access to basic knowledge • Key stage 2 attainment per pupil • Key stage 2 attainment gap by FSM pupils • Key stage 4 attainment per pupil • Key stage 4 attainment gap by FSM pupils • Distance to primary school • Distance to secondary school	Personal rights • Voter turnout • Home ownership • Universal credit in employment • Pension credit claimants
Water and sanitation • Food hygiene improvement needed • Overcrowding	Access to information and communication • Broadband download speed • Gigabit availability • Distance to GP • Community Needs Index: civic assets	Personal freedom and choice • Unemployment gap by ethnicity • Accessible childcare provision • Youth unemployment • Long term unemployment rate • Travel to work by walking or cycle
Shelter • Vacant dwellings • Overcrowding gap by ethnicity • Fuel poverty • Housing benefits • Homelessness	Health and wellness • Asthma prevalence • Depression prevalence • CHD emergency admissions • COPD emergency admissions • Male life expectancy • Female life expectancy	Inclusiveness • Anti-social behaviour • Loneliness Index • Racially / religiously aggravated public order offences • Community Needs Index: connectedness • Community Needs Index: active and engaged community
Personal safety • Violent crime and sexual offences • Drug crime offences • Public order offences • Crime rate	Environmental quality • Energy efficiency of domestic buildings • Distance to nearest park, public garden, or playing field • NO2 concentration • PM 2.5 concentration	Access to advanced education • Apprenticeship • No qualifications • Level 4 qualifications • Highest level of qualification gap by ethnicity

4. Geographic and Time Coverage

a) Snapshot

The Urban Health Index (UHI) has been designed to reflect the spatial realities of life in the London boroughs of Lambeth and Southwark. It provides detailed, ward-level measurements of health-related social and environmental conditions across all 48 wards spanning both boroughs (Table 1, Table 2). This granularity is essential for capturing variation in exposure, access, and outcomes—offering a place-based diagnostic that enables targeted, neighbourhood-level interventions.

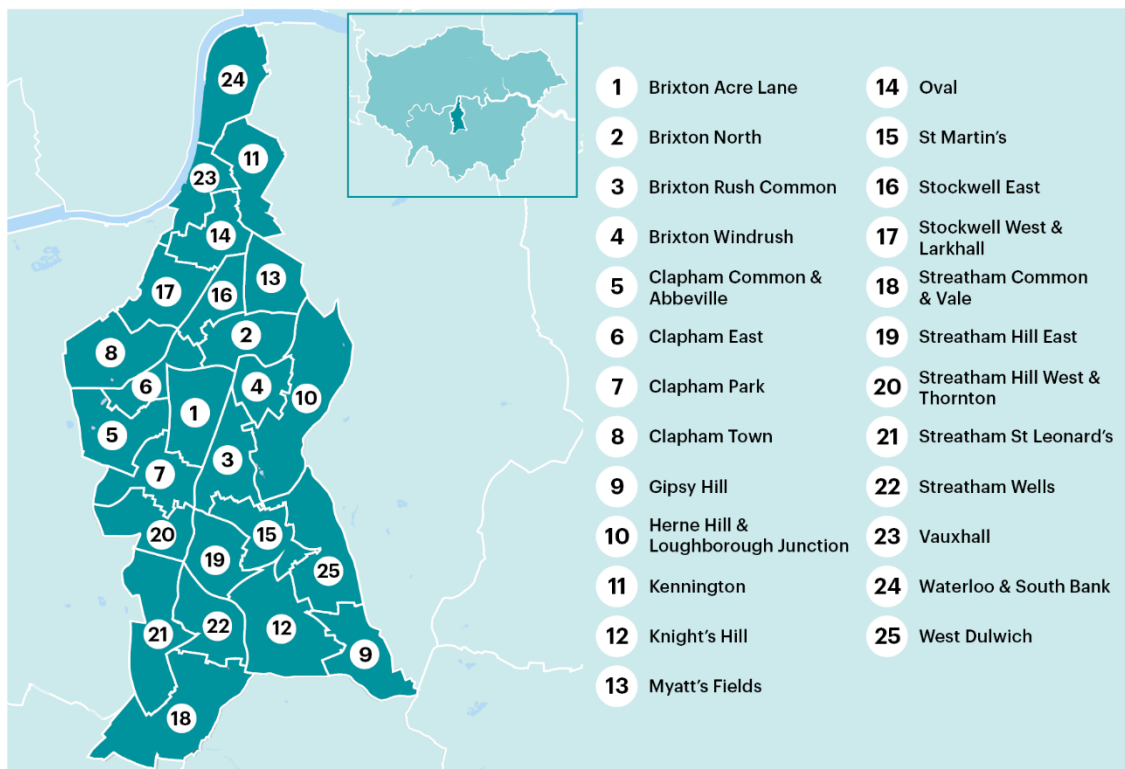
The UHI currently provides a snapshot for the year 2024, based on the most recent available data at the time of construction. While many indicators reflect this year specifically, others are drawn from earlier periods where only older data are available. In such cases, the most recent data point was used to populate the

2024 snapshot, prioritising inclusion of relevant indicators without introducing excessive time lags. Full details on year coverage by indicator are provided in the appendices.

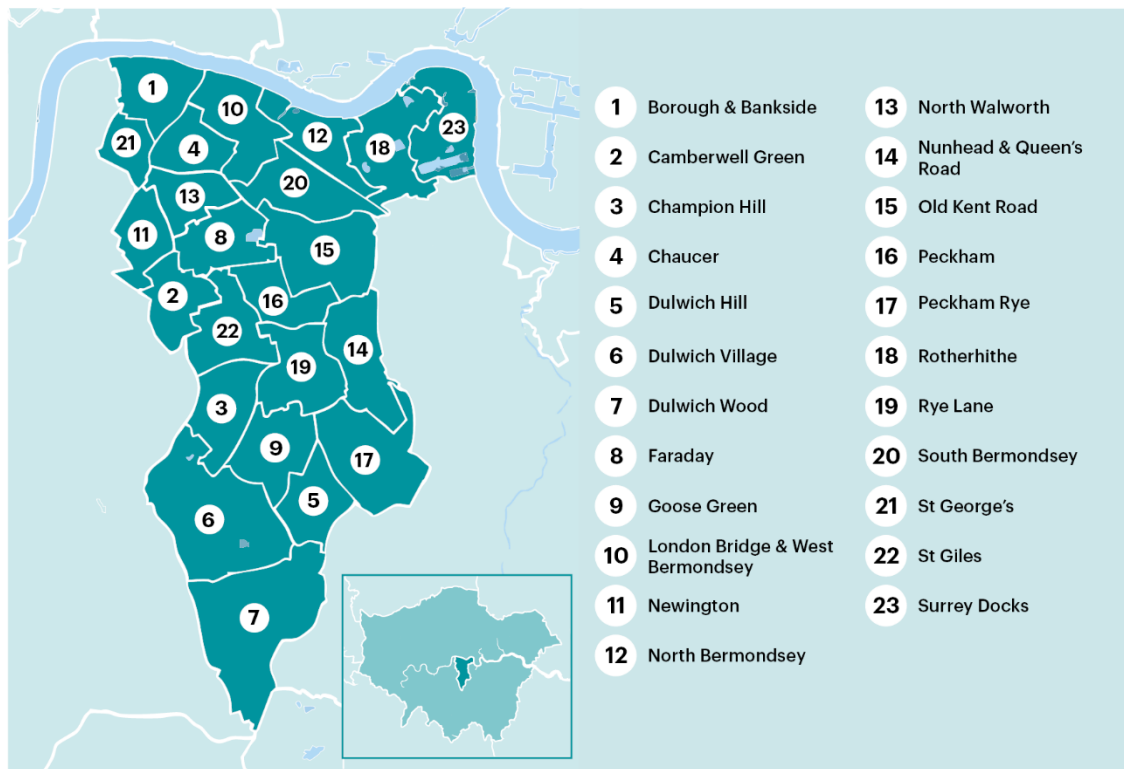
To ensure spatial consistency, all underlying datasets were harmonised to 2024 ward boundaries. Input data, originally provided at varying geographies—including Lower Super Output Areas (LSOAs), Output Areas (OAs), and postcode units—were systematically aggregated using official ONS lookup tables and, where required, population-weighted methods. This enables like-for-like comparisons between wards, even when input data were not originally aligned to ward boundaries.

This geographic and temporal framing ensures the UHI remains practically useful while grounded in robust statistical practice. Although constructed as a single-year snapshot, the UHI lays the foundation for ongoing monitoring and the development of time-series versions in future editions. This will enable partners across Lambeth and Southwark to track progress over time and assess the impact of interventions with a focus on local equity.

Map 1: Lambeth wards



Map 2: Southwark wards



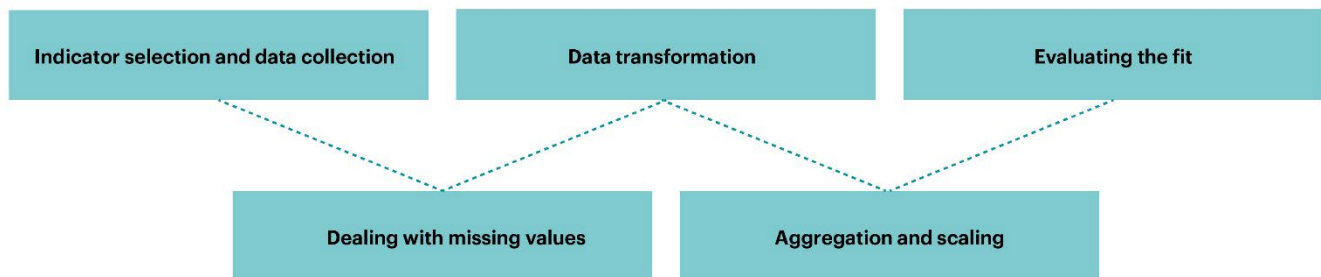
b) Historical Indicators

The Urban Health Index is primarily designed as a 2024 snapshot representing social and environmental outcomes through a single time frame, understanding how conditions have changed over time remains important.

23 out of the 54 indicators within the UHI framework have historical data for at least 3 years. For these indicators, a 3-year timeline has been applied. To ensure consistency with the overall UHI snapshot, the indicators have been processed according to the approach outlined in section 5 and are represented as a value between 0 and 100. This historical analysis enables users to track progress and emerging challenges across key areas of urban health, offering critical context for interpreting 2024 outcomes. Where included, historical scores are calculated using the same methodological principles as the core Index—ensuring consistency and comparability across time.

5. Index Calculation

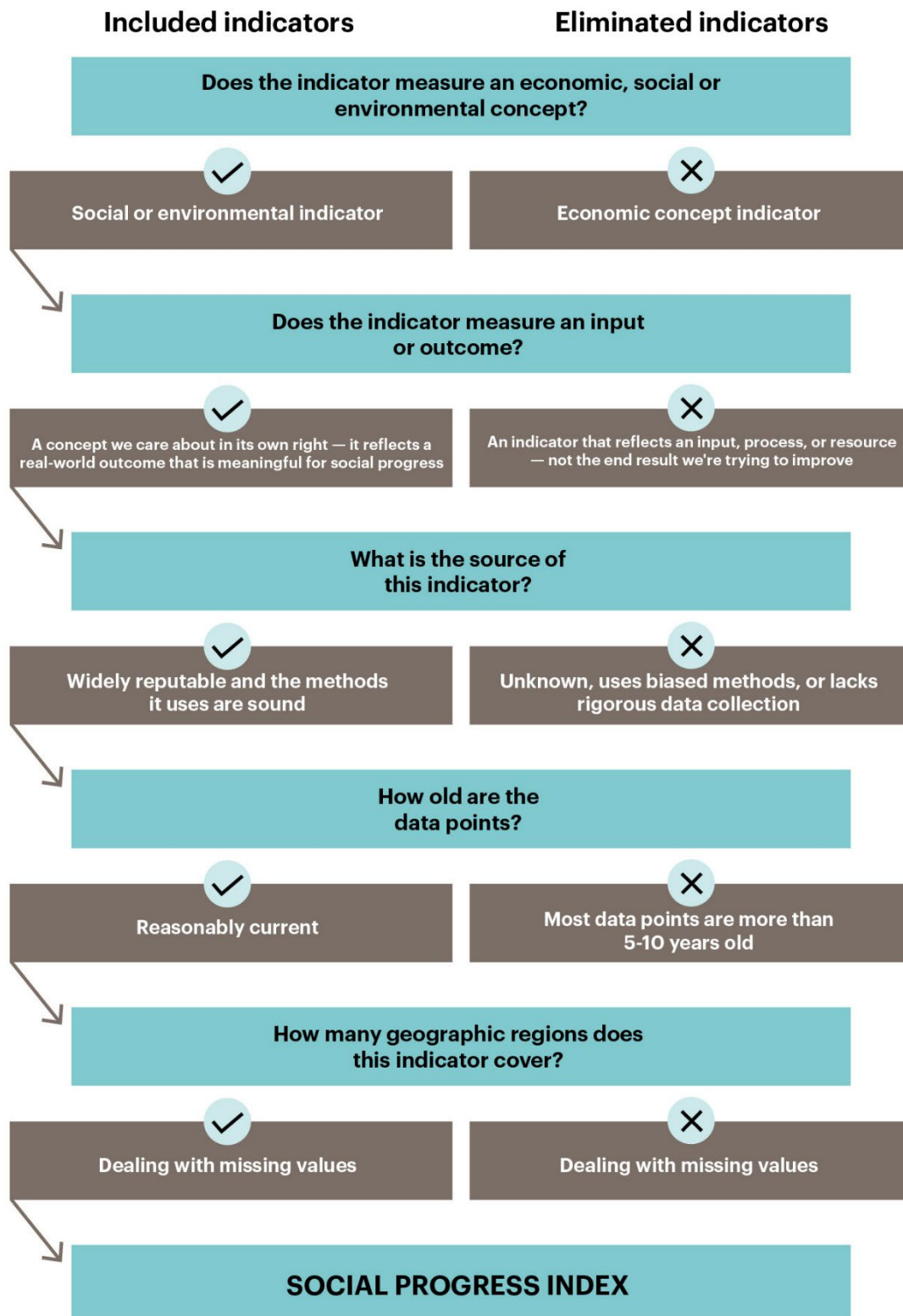
Calculating the Social Progress Index involves the following multi-stage process:



a) Indicator Selection and Data Collection

The indicators included in the UHI were chosen to reflect outcomes that directly affect the daily lives of residents in Lambeth and Southwark. The selection process followed the general design principles of the Social Progress Index: non-economic, outcome-oriented, relevant across all wards, and actionable from a policy perspective. Drawing on previous versions of the UHI as well as the latest datasets available, each indicator was evaluated for its conceptual fit, technical quality, and availability at the ward level. Indicators were retained where they directly captured outcomes related to the health of Lambeth and Southwark neighbourhoods—such as safety, housing, education, environmental quality, and access to services—and where they could be reliably disaggregated to the ward scale. The process of indicator selection followed the Social Progress Index indicator selection tree as outlined in Figure 4. The resulting dataset reflects a diverse and holistic picture of the social and environmental conditions that underpin health in Lambeth and Southwark. Further detail on each indicator—its definition, source, and rationale for inclusion—is presented in Appendix A. Indicators considered but not ultimately included are listed in Appendix B.

Figure 4: Indicator Selection Tree



b) Dealing with Missing Values

i. Reference Year Standardisation

To construct a consistent and meaningful 2024 snapshot, the Urban Health Index (UHI) uses the most recent available year of data for each indicator. While many indicators reflect 2024 directly, some were only available for earlier years due to data release schedules or source limitations.

In such cases, the latest available data point—typically from 2023, 2022, or earlier—was used as a proxy for 2024. This approach ensured the inclusion of conceptually important indicators while minimising data gaps and avoiding unnecessary distortions. A full record of data sources and years used is provided in Appendix A.

ii. Education data

Four key education indicators in the Urban Health Index—Key Stage 2/4 attainment per pupil and the Key Stage 2/4 attainment gap between FSM and non-FSM pupils—were sourced at school level, rather than directly at ward level. This posed a challenge in areas without a secondary school physically located within the ward boundaries, resulting in missing values for these indicators. However, the intent of these indicators is not to measure the administrative location of schools, but to reflect the quality of education accessible to residents in the surrounding area. To account for this, a spatial averaging method was used for wards without secondary schools.

For wards with missing education data, an estimated value based on the average of all secondary schools located in directly adjacent wards was assigned. “Surrounding wards” were defined as those that share a boundary with the ward in question. This spatial proxy ensures that residents’ likely school catchment areas and local access are still reflected in the index. This method maintains the geographic integrity of the Index and provides a fair representation of educational conditions in each community, despite the acknowledged limitations. See Appendix E for more details.

c) Data Transformations

In line with the Social Progress Index global methodology and guidance from the OECD Handbook, the UHI applied several transformations to ensure the comparability, interpretability, and robustness of the selected indicators. This included:

i. Indicator Gaps

Several indicators in the Urban Health Index are designed as gap measures, capturing inequalities between population groups rather than overall averages. These include differences by ethnicity, tenure, disability, or age. The aim is to make visible the scale of local inequality—for example, in housing conditions or employment—by highlighting where outcomes diverge between groups. Two methods are used for calculating these gaps.

Where there are two separately defined subgroups, gaps are calculated using the absolute difference between the two relevant subgroups within each ward:

$$\text{Gap} \mid \text{Group } A - \text{Group } B$$

Gap indicators included in the UHI:

- Key Stage 2 Attainment gap: FSM pupils vs Non-FSM pupils
- Key Stage 4 Attainment Gap: FSM pupils vs Non-FSM pupils

Where the difference for a fraction of the overall population versus the overall population is being explored, gaps are calculated using the absolute difference between the specified cohort and the total population:

$$\text{Gap} \mid \text{Cohort } A - \text{Total Population}$$

Gap indicators included in the UHI:

- Overcrowding gap: ethnically minoritised groups versus the total population
- Highest Level of Qualification gap: ethnically minoritised groups versus the total population
- Unemployment gap: ethnically minoritised groups versus the total population

Both these approaches ensure a consistent interpretation: higher values indicate greater inequality, regardless of direction.

These indicators help ensure the UHI reflects not just how well places are doing overall, but for whom—a critical step in tackling structural inequalities.

ii. Extreme values

Some indicators in the Urban Health Index displayed extreme values in a small number of wards, which risked skewing composite scores during geometric mean aggregation. To address this, a targeted winsorisation process was applied

designed to ensure robustness and comparability—particularly important in a time-series context.

First, a 3×IQR (interquartile range) rule to identify extreme outliers was applied, using this more stringent threshold to account for the natural volatility of hyper-local data. This ensured that meaningful variation between wards—especially for volatile measures such as crime, deprivation, and service access—was retained without allowing rare anomalies to disproportionately influence results.

Where values breached these thresholds, they were directionally adjusted. Rather than uniformly capping to the IQR boundary, extreme values were replaced with the more conservative of either the 99th/1st percentile or the second highest/lowest value in the distribution. This approach allowed for a more sensitive treatment of outliers, preserving data integrity while maintaining score stability across time.

Table 3: Capped Indicators

Indicator	Ward Code	Ward	Local Authority	Original Value	Cap
Proportion of vacant dwellings (excluding second homes)	E05014118	Waterloo & South Bank	Lambeth	33.32	25.42
Fuel poverty	E05011117	Surrey Docks	Southwark	3.57	5.04
Homelessness applications	E05011113	Rye Lane	Southwark	97.89	35.04
Violent crime and sexual offences	E05014118	Waterloo & South Bank	Lambeth	152.1	80.2
Drug crime offences	E05014098	Brixton Windrush	Lambeth	18.2	17.7
Anti-social behaviour	E05014118	Waterloo & South Bank	Lambeth	115.4	91.6
Public order offences	E05014118	Waterloo & South Bank	Lambeth	48.3	26.2

KS4 5+ EM FSM gap %	E05011097	Champion Hill	Southwark	48.07	34.50
Loneliness Index - GP Prescriptions for Loneliness	E05011095	Borough & Bankside	Southwark	-129	-96
Racially or Religiously Aggravated Public Order Offences	E05014098	Brixton Windrush	Lambeth	7.69	6.83

iii. Conversion to Rates per Population

Where appropriate, raw indicator counts were standardised into rates per 1,000 population. This transformation was essential to enable comparisons across Lambeth and Southwark's 48 wards of varying population sizes.

d) Aggregation and Scaling

i. Standardisation and Rescaling

Before indicators could be aggregated into components, all values were transformed through a two-step process: standardisation and rescaling. This ensured that indicators measured in different units could be meaningfully compared and combined.

Standardisation was carried out using z-scores, calculated as:

$$Z = \frac{X - \mu}{\sigma}$$

Where:

- X is the raw indicator value,
- μ is the mean of the indicator across all wards and years,
- σ is the standard deviation.

This transformation produces values with a mean of 0 and standard deviation of 1, allowing us to assess performance relative to the overall distribution.

Following standardisation, indicators were rescaled onto a 0–100 scale using utopia and dystopia values. This is a method commonly used in composite indices such as the global SPI and the OECD Handbook. The formula is:

$$\text{Rescaled Score} = \frac{Z - \text{Dystopia}}{\text{Utopia} - \text{Dystopia}} \times 100$$

Utopia and dystopia values define the best and worst conceivable outcomes for each indicator. These serve as benchmarks for interpreting relative progress.

- In some cases, utopia and dystopia values were based on theoretical bounds — for example, 100% of young people achieving qualifications or 0% of residents reporting hate crime.
- In other cases, more realistic bounds were used, based on the data distribution. Specifically, one standard deviation beyond the empirical maximum and minimum was used to avoid skew from extreme outliers. This follows the global SPI and subnational UK index approaches and ensures that wards near the top or bottom of the distribution are not penalised or rewarded for statistical anomalies.

This approach gives each indicator a consistent interpretation, where 0 represents the worst conceivable score and 100 the best. It also encourages policy targets grounded in realism — for some indicators, individual wards are already at or near 100, showing that targets are attainable.

For full details on utopias and dystopias, see Appendix C.

Note on Historical Indicators

The historical indicators and UHI snapshot are treated as distinct measurements and thus the utopias and dystopias are defined uniquely. Specifically, the utopias and dystopias in the snapshot are based on the distribution of the data for the single year they are taken from whereas the historical indicators consider the full three-year timeline. This stage of indicator processing represents the final part of indicator transformation for the historical indicators and are provided on scale between 0 and 100 to ensure consistency with the UHI snapshot. Their full set of historical utopias and dystopias is provided in Appendix D.

ii. Aggregation

Once indicators were rescaled, the index was constructed through two levels of aggregation: from indicators to components, and then to dimensions and the overall index.

Indicator to component aggregation: All indicators within each component were equally weighted and aggregated using the geometric mean. This choice reflects the principle of limited substitutability — i.e., strong performance in one area cannot fully compensate for poor performance in another. The geometric mean is especially appropriate when working with bounded scales (such as 0–100), as it maintains proportionality between values.

$$\text{Component Score} = \left(\prod_{i=1}^n x_i \right)^{1/n}$$

Component to dimension aggregation: For each of the three dimensions — Basic Human Needs, Foundations of Wellbeing, and Opportunity — the four component scores were combined using the arithmetic mean. The same approach was used to calculate the final SPI score, averaging across the three dimensions.

$$\text{Dimension Score} = \frac{\sum C_i}{4}, \quad \text{SPI Score} = \frac{BHN + FOW + OPP}{3}$$

This hybrid approach — geometric mean at component level and arithmetic mean at higher levels — balances sensitivity to variation with simplicity. It ensures that the final index reflects both relative underperformance and consistent progress across outcome domains.

e) Evaluating the Fit

A key part of the methodology for constructing the Urban Health Index was to evaluate the internal coherence of the selected indicators within each component. This ensured that the indicators grouped together within a component genuinely captured a shared underlying concept. The Social Progress Index approach recognises that conceptual alignment alone is not sufficient—statistical alignment is equally essential.

Two main statistical techniques were used to evaluate fit: Cronbach’s Alpha and the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy.

i. Internal Consistency – Cronbach’s Alpha

Cronbach’s Alpha is a standard test for internal consistency—i.e., the extent to which multiple indicators within a component measure the same underlying construct. Values range from 0 to 1, with higher values indicating stronger internal

reliability. Alpha values above 0.7 are generally considered acceptable, though slightly lower values can still be informative in place-based indices that cover diverse domains.

Table 4 below shows the alpha values across the 12 components in the Urban Health Index. Most components demonstrate moderate to high internal consistency, with Personal Safety (0.92), Nutrition and Basic Medical Care (0.85), and Personal Rights (0.89) performing particularly strongly. Components such as Water and Sanitation (0.57) and Access to Advanced Education (0.66) showed lower alpha values, but still reflect meaningful internal structure when interpreted alongside policy relevance and conceptual strength.

ii. Sampling Adequacy – KMO Statistic

The Kaiser-Meyer-Olkin (KMO) statistic complements Cronbach’s Alpha by testing whether indicators within a component are sufficiently inter-correlated to justify aggregation. KMO values above 0.5 are typically deemed acceptable.

In the UHI, most components met or exceeded this threshold. Nutrition and Basic Medical Care (0.79) and Personal Rights (0.78) returned particularly strong KMO values, while components such as Water and Sanitation (0.49) and Environmental Quality (0.50) were just below the benchmark. As is common in local social indices, such results reflect both the diversity of indicator types and natural constraints from small population sizes.

The full results are presented below:

Table 4: Full Alpha and KMO results

Component	Cronbach’s Alpha	KMO
Nutrition and Basic Medical Care	0.845	0.791
Water and Sanitation	0.573	0.49
Shelter	0.74	0.659
Personal Safety	0.92	0.757
Access to Basic Knowledge	0.697	0.573
Access to Info and Comms	0.68	0.492
Health and Wellness	0.827	0.701

Environmental Quality	0.785	0.497
Personal Rights	0.892	0.784
Personal Freedom and Choice	0.694	0.632
Inclusiveness	0.767	0.621
Access to Advanced Education	0.657	0.518

These findings demonstrate that the Urban Health Index is a statistically robust framework, with sufficient internal consistency across nearly all components. In a few areas—particularly Water and Sanitation and Access to Advanced Education—further refinement may be considered in future iterations to improve internal alignment. Nonetheless, all indicators included remain valid and necessary from a policy and measurement standpoint, and are retained for their conceptual integrity and strategic relevance to Lambeth and Southwark.

As with other subnational SPI adaptations, such as the Brent and Leeds indices, the UHI balances statistical coherence with real-world coverage. Future versions will continue to build on this foundation—refining the framework as new data, local priorities, and community needs evolve.

6. Conclusion

The Urban Health Index represents a significant step forward in how local government and partners can use data to understand, measure, and improve the health of communities in Lambeth and Southwark. Rooted in the global Social Progress Index framework and aligned with international best practice, the UHI has been carefully adapted to reflect the unique realities, priorities, and inequalities found across Lambeth and Southwark. By moving beyond economic or service-based metrics and focusing instead on social and environmental outcomes, the Index offers a clearer picture of what truly matters to residents—from air quality and housing conditions to access to education, safety, and support.

The methodology outlined in this document reflects a robust, transparent, and iterative approach. Each stage—from indicator selection and spatial imputation, to standardisation, rescaling, and statistical validation—has been designed to ensure that the UHI is both technically credible and locally meaningful. The UHI not just a

measurement tool, but a strategic asset: a shared framework for cross-sector collaboration, a benchmark for monitoring progress, and a lens for identifying where action is most needed.

Crucially, the UHI is designed to evolve. As better data becomes available, as local priorities shift, and as residents express new concerns, the Index can adapt—deepening its relevance over time. In the years ahead, it can support ward-level planning, borough-wide decision-making, and more equitable investment—while amplifying the voices of communities too often left out of the data conversation.

7. References

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8. Appendices

a) Indicator definition and sources

Component	Indicator	Definition	Source	Unit	Most Recent Year
Nutrition and Basic Medical Care	Obese children in reception year (%)	Prevalence of obesity (including severe obesity) among children aged 4-5 years (Reception age), averaged over a three-year period. For population monitoring purposes, a child's body mass index (BMI) is classed as overweight or obese where it is on or above the 85th centile or 95th centile, respectively, based on the British 1990 (UK90) growth reference data. The population monitoring cut offs for overweight and obesity are lower than the clinical cut offs (91st and 98th centiles for overweight and obesity) used to assess individual children; this is to capture children in the population in the clinical overweight or obesity BMI categories and those who are at high risk of moving into the clinical overweight or clinical obesity categories. This helps ensure that adequate services are planned and delivered for the whole population.	National Child Measurement Programme, NHS Digital	% children in reception	2024

<i>Nutrition and Basic Medical Care</i>	Obese children in year 6 (%)	Prevalence of obesity (including severe obesity) among children aged 10-11 years (Year 6), averaged over a three-year period. Definition see above.	National Child Measurement Programme, NHS Digital	% children in year 6	2024
<i>Nutrition and Basic Medical Care</i>	Priority Places for Food Index (UHI score)	The Priority Places for Food Index (PPFI) measuring family food insecurity, based on indicators related to access, affordability, and availability of healthy food for families. Displayed here as the Urban Health Index (UHI) score, where a score closer to 100 reflects lower levels of food insecurity.	Consumer Data Research Centre (CDRC)	UHI score	2024
<i>Nutrition and Basic Medical Care</i>	Premature mortality (standardised mortality ratio)	Number of deaths under age 75 that could potentially have been avoided through effective healthcare or public health intervention. Expressed as a Standardised Mortality Ratio (SMR), which accounts for differences in age structure: SMR = 100: expected level SMR > 100: worse than expected SMR < 100: better than expected	Fingertips	Standardised mortality ratio	2020
<i>Nutrition and Basic Medical Care</i>	Low birth weight (%)	Percentage of live births where the baby weighed less than 2,500 grams, considered a risk factor for infant mortality and long-term health issues.	Fingertips	% of all live births	2020

<i>Water and Sanitation</i>	Food hygiene improvement needed (% businesses)	Percentage of food businesses whose most recent food hygiene inspection rating shows improvement is needed.	Food Standards Agency	% businesses	2023
<i>Water and Sanitation</i>	Overcrowding (% hholds)	The proportion of houses that are classes as overcrowded (calculated by comparing the number of bedrooms the household requires to the number of available bedrooms, according to the Bedroom Standard).	Census 2021	% hholds	2021
<i>Shelter</i>	Vacant dwellings (%)	Percentage of dwellings that are vacant (not second homes or holiday lets), typically measured through council tax exemptions or property vacancy reports.	Census 2021	% hholds	2021
<i>Shelter</i>	Overcrowding gap by ethnicity (% point gap)	Gap in rates of overcrowded housing (calculated by comparing the number of rooms the household requires to the number of available rooms) between ethnically minoritised 16+ residents (all ethnic groups excluding those from 'White: English / Welsh / Scottish / Northern Irish / British' within 2021 Census data) and total 16+ residents, expressed as a percentage point difference. The absolute value is used, meaning the score reflects the size of the gap rather than its direction.	Census 2021	% point gap	2021

<i>Shelter</i>	Fuel poverty (% hholds)	Proportion of households living in fuel poverty. A household is fuel poor if it is living in a property with an energy efficiency rating of band D, E, F or G and its disposable income (after housing costs and energy needs) would be below the poverty line.	Department for Business, Energy & Industrial Strategy (BEIS)	% hholds	2022
<i>Shelter</i>	Housing benefits (% hholds)	Proportion of households in receipt of housing benefits or Universal Credit with housing entitlement.	Department for Work and Pensions (DWP)	% hholds	2024
<i>Shelter</i>	Homelessness (UHI score)	Number of homelessness applications made per 1,000 households. Displayed here as the Urban Health Index (UHI) score, where a score closer to 100 is a more positive outcome (so a smaller number of homelessness applications).	Lambeth and Southwark Council Internal Datasets	UHI score	2024
<i>Personal Safety</i>	Violent crime and sexual offences (per 1,000 pop)	Shows 12 month total of neighbourhood-level incidents of violent crime recorded by police, and as a rate per 1,000 residents.	Police UK	Per 1,000 pop	2024
<i>Personal Safety</i>	Drug crime offences (per 1,000 pop)	Shows 12 month total of neighbourhood-level incidents of drug crime, and as a rate per 1,000 residents.	Police UK	Per 1,000 pop	2024
<i>Personal Safety</i>	Public order offences (per 1,000 pop)	Shows 12 month total of neighbourhood-level incidents of public order offences, and as a rate per 1,000 residents.	Police UK	Per 1,000 pop	2024

<i>Personal Safety</i>	Crime rate (per 1,000 pop)	Recorded offences per 1,000 population.	Police UK	Per 1,000 pop	2024
<i>Access to Basic Knowledge</i>	Key stage 2 attainment per pupil (UHI score)	Percentage of pupils who are achieving expected standard in reading, writing and maths at the end of Key Stage 2. Ward values are estimated based on school-level data. Displayed here as the Urban Health Index (UHI) score, where a score closer to 100 is a more positive outcome (so a larger proportion of pupils).	Lambeth and Southwark Council Internal Datasets	UHI score	2024
<i>Access to Basic Knowledge</i>	Key stage 2 attainment gap by FSM pupils (% point gap)	Gap in attainment levels (those achieving expected standard in reading, writing and maths) between Key Stage 2 pupils eligible for free school meals (FSM) and those who were not, expressed as a percentage point difference. Ward values are estimated based on school-level data. The absolute value is used, meaning the value reflects the size of the gap rather than its direction.	Lambeth and Southwark Council Internal Datasets	% point gap	2024
<i>Access to Basic Knowledge</i>	Key stage 4 attainment per pupil (UHI score)	Percentage of schools whose pupils are achieving an average 'attainment 8' score at the end of Key Stage 4. Ward values are estimated based on school-level data. Displayed here as the Urban Health Index (UHI) score, where a	Lambeth and Southwark Council Internal Datasets	UHI score	2024

		score closer to 100 is a more positive outcome (so a larger proportion of pupils).			
Access to Basic Knowledge	Key stage 4 attainment gap by FSM pupils (% point gap)	Gap in attainment levels (those achieving an average 'attainment 8' score) between Key Stage 4 pupils eligible for free school meals (FSM) and those who were not, expressed as a percentage point difference. Ward values are estimated based on school-level data. The absolute value is used, meaning the value reflects the size of the gap rather than its direction.	Lambeth and Southwark Council Internal Datasets	% point gap	2024
Access to Basic Knowledge	Distance to primary school (minutes)	Average minimum travel time (minutes) to a primary school - defined as the shortest travel to a given type of service by a particular mode of transport, averaged over an area.	ONS Department for Transport	Minutes	2019
Access to Basic Knowledge	Distance to secondary school (minutes)	Average minimum travel time (minutes) to a secondary school - defined as the shortest travel to a given type of service by a particular mode of transport, averaged over an area.	ONS Department for Transport	Minutes	2019
Access to Information and Communications	Broadband download speed (Mb/s)	Shows the average broadband download linespeed (Mbit/s) for connections in the area.	Ofcom	Mb/s	2023
Access to Information and Communications	Gigabit availability (% premises)	Percentage of residential and commercial premises with access to gigabit-	Ofcom	Mb/s	2023

		capable broadband (e.g. full fibre or DOCSIS 3.1 networks) as reported by Ofcom.			
<i>Access to Information and Communications</i>	Distance to GP (minutes)	Average minimum travel time (minutes) to a GP - defined as the shortest travel to a given type of service by a particular mode of transport, averaged over an area.	ONS Department for Transport	Minutes	2019
<i>Access to Information and Communications</i>	Community Needs Index: civic assets (UHI score)	The Community Needs Civic Assets score measures the presence of key community, civic, educational and cultural assets in a close proximity of the area. Displayed here as the Urban Health Index (UHI) score, where a score closer to 100 reflects lower levels of community need.	Oxford Consultants for Social Inclusion (OCSI) and Local Trust	UHI score	2023
<i>Health and Wellness</i>	Asthma prevalence (% patients)	Shows the estimated percentage of Asthma prevalence. The estimate is calculated based on the number of people listed on GP registers and the number of people recorded as having the relevant health conditions.	NHS Digital via House of Commons Library	% patients	2023
<i>Health and Wellness</i>	Depression prevalence (% patients)	Shows the estimated percentage of Depression prevalence. The estimate is calculated based on the number of people listed on GP registers and the number of people recorded as having the	NHS Digital via House of Commons Library	% patients	2023

		relevant health conditions.			
<i>Health and Wellness</i>	CHD emergency admissions (per 1,000 pop)	Shows emergency admissions to hospital for coronary heart disease (CHD). The NHS Data Model and Dictionary defines emergency admissions as those which are 'unpredictable and at short notice because of clinical need'.	NHS Digital via House of Commons Library	Per 1,000 pop	2021
<i>Health and Wellness</i>	COPD emergency admissions (per 1,000 pop)	Shows emergency admissions to hospital for Chronic Obstructive Pulmonary Disease (COPD). The NHS Data Model and Dictionary defines emergency admissions as those which are 'unpredictable and at short notice because of clinical need'.	NHS Digital via House of Commons Library	Per 1,000 pop	2021
<i>Health and Wellness</i>	Male life expectancy (age)	Life expectancy at birth for male persons.	Fingertips	Age	2020
<i>Health and Wellness</i>	Female life expectancy (age)	Life expectancy at birth for female persons.	Fingertips	Age	2020
<i>Environmental Quality</i>	Energy efficiency of domestic buildings (Average EPC)	Average Energy Performance Certificate (EPC) rating of domestic buildings, reflecting energy efficiency across the housing stock.	Ministry of Housing Communities and Local Government (MHCLG)	Average Energy Performance Certificate rating	2021
<i>Environmental Quality</i>	Distance to nearest park, public garden, or playing field (m)	Shows the average distance to the nearest park, public garden or playing field in meters, based on Ordnance Survey (OS) data.	Office for National Statistics (ONS)	Metres	2020

<i>Environmental Quality</i>	NO2 concentration (µg/m3)	Annual average level of concentration of NO2.	London Atmospheric Emissions Inventory	µg/m3	2024
<i>Environmental Quality</i>	PM 2.5 concentration (µg/m3)	Annual average level of concentration of PM2.5.	London Atmospheric Emissions Inventory	µg/m3	2024
<i>Personal Rights</i>	Voter turnout (% voters)	Shows the valid voter turnout (%) at the most recent Local Council Election (held between 2019 and 2022).	Electoral Commission	% voters	2022
<i>Personal Rights</i>	Home ownership (% hholds)	Percentage of households whose occupants own the household either outright or with a mortgage or loan.	Census 2021	% hholds	2021
<i>Personal Rights</i>	Universal credit in employment (% of pop)	Percentage of population aged 16-64 claiming Universal Credit who are also employed.	Department for Work and Pensions (DWP)	% population aged 16-64	2024
<i>Personal Rights</i>	Pension credit claimants (per 1,000 pop)	Pension credit claimants per 1,000 population aged 65+.	Department for Work and Pensions (DWP)	Per 1000 pop	2024
<i>Personal Freedom and Choice</i>	Unemployment gap by ethnicity (% point gap)	Gap in unemployment rates (excluding full time students) between ethnically minoritised 16+ residents (all ethnic groups excluding those from 'White: English / Welsh / Scottish / Northern Irish / British' within 2021 Census data) and total 16+ residents, expressed as a percentage point difference. The absolute value is used, meaning the score reflects the	Census 2021	% point gap	2021

	size of the gap rather than its direction.				
<i>Personal Freedom and Choice</i>	Accessible childcare provision (per 100 children)	Shows the number of childcare places that are accessible per 100 local children aged 0-7.	Office for National Statistics (ONS)	Per 100 children	2023
<i>Personal Freedom and Choice</i>	Youth unemployment (% of pop)	Proportion of jobseeker allowance and universal credit claimants aged 18 - 24.	Department for Work and Pensions (DWP)	% population aged 18-24	2024
<i>Personal Freedom and Choice</i>	Long term unemployment rate (% of pop)	Proportion of people unemployed for 12 months or longer.	Department for Work and Pensions (DWP)	% population aged 16-64	2024
<i>Personal Freedom and Choice</i>	Travel to work by walking or cycle (% of pop)	Percentage of working-age population who walk or cycle as their main mode of travel to work.	Census 2021	% population	2021
<i>Inclusiveness</i>	Anti-social behaviour (per 1,000 pop)	Shows 12 month total of neighbourhood-level incidents of anti-social behaviour, and as a rate per 1,000 residents.	Police UK	Per 1,000 pop	2024
<i>Inclusiveness</i>	Loneliness Index (UHI score)	An outcome-based loneliness index developed using open prescription data as a proxy for loneliness-related health needs. Displayed here as the Urban Health Index (UHI) score, where a score closer to 100 reflects lower levels of loneliness.	Office for National Statistics' Data Science Campus /NHS /Red Cross	UHI score	2019
<i>Inclusiveness</i>	Racially / religiously aggravated public order offences (per 1,000 pop)	Shows the count of offences that were recorded as the major category "Public Order Offences" and the minor category "Racially or Religiously Aggravated	Metropolitan Police Service	Per 1,000 pop	2024

		Public Fear" as a rate per 1,000 residents.			
<i>Inclusiveness</i>	Community Needs Index: connectedness (UHI score)	The Community Needs Connectedness score measures the connectivity to key services, digital infrastructure, isolation and strength of the local jobs market. Displayed here as the Urban Health Index (UHI) score, where a score closer to 100 reflects lower levels of community need.	Oxford Consultants for Social Inclusion (OCSI) and Local Trust	UHI score	2023
<i>Inclusiveness</i>	Community Needs Index: active and engaged community (UHI score)	The Community Needs Active and Engaged Community score measures the levels of third sector civic and community activity and barriers to participation and engagement. Displayed here as the Urban Health Index (UHI) score, where a score closer to 100 reflects lower levels of community need.	Oxford Consultants for Social Inclusion (OCSI) and Local Trust	UHI score	2023
<i>Access to Advanced Education</i>	Apprenticeship (% of pop)	Percentage of residents aged 16 years and over that have Apprenticeships.	Census 2021	% population	2021
<i>Access to Advanced Education</i>	No qualifications (% of pop)	Percentage of residents aged 16 years and over that do not have any qualifications.	Census 2021	% population	2021
<i>Access to Advanced Education</i>	Level 4 qualifications (% of pop)	Percentage of residents aged 16+ with Level 4 or higher qualifications, per 1,000 population.	Census 2021	% population	2021

Access to Advanced Education	Highest level of qualification gap by ethnicity (% point gap)	Gap in highest level of qualification (those achieving level 4) between ethnically minoritised 16+ residents (all ethnic groups excluding those from 'White: English / Welsh / Scottish / Northern Irish / British' within 2021 Census data) and total 16+ residents, expressed as a percentage point difference. The absolute value is used, meaning the score reflects the size of the gap rather than its direction.	Census 2021	% point gap	2021
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b) Indicators not included

Component	Indicator	Reason not included
Nutrition and Basic Medical Care	Death rate	Conceptual fit.
Shelter	Dwellings with high energy efficiency (A-C rating)	Current average energy efficiency of domestic buildings stronger conceptual and statistic fit.
Access to Information and Communications	Premises with broadband speeds below the Universal Service Obligation (USO)	Average broadband download and gigabit availability stronger conceptual and statistical fit for measuring outcomes in physical digital infrastructure.
Access to Information and Communications	Median upload speed (Mbit/s)	Average broadband download and gigabit availability stronger conceptual and statistical fit for measuring outcomes in physical digital infrastructure.

<i>Access to Information and Communications</i>	Digital exclusion risk index (DERI)	Physical digital infrastructure included in construction of DERI (alongside demographic and other information) which already included in AIC component.
<i>Access to Information and Communications</i>	Digital propensity score	Not considered strong enough conceptual fit to measure digital literacy as only measures census forms filled out online.
<i>Health and Wellness</i>	Diabetes prevalence	Conceptual and statistical fit.
<i>Environmental Quality</i>	Addresses with access to private outdoor spaces	Distance to nearest park, public garden, or playing field considered stronger measure of quality of local physical environment
<i>Environmental Quality</i>	Private Ultra Low-Emission Vehicles (ULEV)	Not enough data variability.
<i>Environmental Quality</i>	Ultra Low-Emission Vehicles (ULEV)	Not enough data variability.
<i>Environmental Quality</i>	Renewable heating	Not enough data variability.
<i>Personal Freedom and Choice</i>	Youth unemployment gap	Not enough data variability.
<i>Personal Freedom and Choice</i>	Travel to work by public transport	Statistical and conceptual fit.
<i>Inclusiveness</i>	Density of Community owned assets	Not enough data variability.
<i>Access to Advanced Education</i>	Travel time to nearest Further Education Institution by public transport/walk	Statistical and conceptual fit, as opposed to quality primary education, access to quality advanced education is less dependent on proximity of schools.
<i>Access to Advanced Education</i>	Level 4 Qualifications Gender Gap	Not enough data variability.

c) Utopias and Dystopias

<i>Indicator Name</i>	<i>Best Case Scenario</i>	<i>Worst Case Scenario</i>
<i>Obese children in reception year (%)</i>	1.73	18.79
<i>Obese children in year 6 (%)</i>	5.55	39.12
<i>Priority Places for Food Index (Index score)</i>	32371	1
<i>Premature mortality (standardised mortality ratio)</i>	34.16	152.24
<i>Low birth weight (%)</i>	24.54	155.1
<i>Food hygiene improvement needed (% businesses)</i>	0	18.48
<i>Overcrowding (% hholds)</i>	0.87	29.6
<i>Vacant dwellings (%)</i>	0.02	30.07
<i>Overcrowding gap by ethnicity (% gap)</i>	76.31	55.52
<i>Fuel poverty (% hholds)</i>	1.73	14.56
<i>Housing benefits (% hholds)</i>	3.22	55.28
<i>Homelessness (per 1,000 pop)</i>	0	42.71
<i>Violent crime and sexual offences (per 1,000 pop)</i>	2.57	94.03
<i>Drug crime offences (per 1,000 pop)</i>	0	21.19
<i>Public order offences (per 1,000 pop)</i>	0	31.44
<i>Crime rate (per 1,000 pop)</i>	0	567.46
<i>Key stage 2 attainment per pupil (% pupils)</i>	92.23	28.21
<i>Key stage 2 attainment gap by FSM pupils (% gap)</i>	0	69.4
<i>Key stage 4 attainment per pupil (% pupils)</i>	86.75	28.34
<i>Key stage 4 attainment gap by FSM pupils (% gap)</i>	0	42.23
<i>Distance to primary school (minutes)</i>	1.67	10.33
<i>Distance to secondary school (minutes)</i>	2.39	18.61
<i>Broadband download speed (Mb/s)</i>	0	146.01

<i>Gigabit availability (% premises)</i>	0	26.85
<i>Distance to GP (minutes)</i>	100	46.02
<i>Community Needs Index: civic assets (Index score)</i>	-2.77	0.61
<i>Asthma prevalence (% patients)</i>	2.84	6.23
<i>Depression prevalence (% patients)</i>	7.08	12.53
<i>CHD emergency admissions (per 1,000 pop)</i>	29.34	117.02
<i>COPD emergency admissions (per 1,000 pop)</i>	0	311.44
<i>Male life expectancy (age)</i>	89.54	72.1
<i>Female life expectancy (age)</i>	92.2	76.63
<i>Energy efficiency of domestic buildings (Average efficiencies)</i>	76.31	55.52
<i>Distance to nearest park, public garden, or playing field (m)</i>	21.54	626.42
<i>NO2 concentration (µg/m3)</i>	16.4	31.33
<i>PM 2.5 concentration (µg/m3)</i>	9	11.81
<i>Voter turnout (%)</i>	93.7	19.14
<i>Home ownership (% hholds)</i>	80.43	3.67
<i>Universal credit in employment (%)</i>	0.41	11.95
<i>Pension credit claimants (per 1,000 pop)</i>	0	581.97
<i>Unemployment gap by ethnicity (% gap)</i>	0	2.3
<i>Accessible childcare provision (per 100 children)</i>	49.19	12.77
<i>Youth unemployment (%)</i>	0	13.96
<i>Long term unemployment rate (%)</i>	0	6.91
<i>Travel to work by walking or cycle (%)</i>	65.61	31.52
<i>Anti-social behaviour (per 1,000 pop)</i>	0	108.41
<i>Loneliness Index (Index score)</i>	-154.93	214.93
<i>Racially / religiously aggravated public order offences (per 1,000 pop)</i>	0	8.15
<i>Community Needs Index: connectedness (Index score)</i>	-4.86	53.34

Community Needs Index: active and engaged community (Index score)	-1.3	59.36
Apprenticeship (% of pop)	4.51	0.59
No qualifications (% of pop)	3.13	22.95
Level 4 qualifications (% of pop)	81.36	34.87
Highest level of qualification gap by ethnicity (% gap)	0	15.43

d) Historical Utopias and Dystopias

<i>Indicator Name</i>	<i>Best Case Scenario</i>	<i>Worst Case Scenario</i>
Obesity reception	1.8	21.7
Obesity year 6	3.5	41.2
Food hygiene rating	0	40.4
Fuel poverty	1.4	17.4
Housing benefit	3	55.1
Homelessness applications	0	119.9
Violent crime and sexual offences	0	169.5
Drug crime offences	0	48.6
Public order offences	0	54.4
All crimes per 1k	0	563.3
Broadband download speed	306.6	24.6
Gigabit availability (% premises)	100	11.9
Asthma prevalence	2.8	6.2
Depression prevalence	4.6	13
Emergency Hospital Admissions: Coronary Heart Disease (CHD)	28.5	151.1
Emergency Hospital Admissions: Chronic Obstructive Pulmonary Disease (COPD)	0	345.9

<i>Household affordability</i>	6.3	20.8
<i>UC Claimants in employment</i>	0.3	11.9
<i>Pension Credit</i>	0	590.1
<i>Youth unemployment</i>	0	13.8
<i>Long term unemployed</i>	0	7
<i>Anti-social behaviour</i>	0	132.7
<i>Racially or Religiously Aggravated Public Order Offences</i>	0	9.2

e) Imputations

Education school data averages

<i>Borough</i>	<i>Ward</i>	<i>Averaged From Neighbouring Wards</i>
Southwark	Borough & Bankside	St Georges, Chaucer, London Bridge & West Bermondsey
Southwark	Dulwich Village	Champion Hill, Goose Green, Dulwich Hill, Dulwich Wood
Southwark	London Bridge & West Bermondsey	Chaucer, South Bermondsey, North Walworth, North Bermondsey
Southwark	Newington	St Georges, North Walworth, Faraday, Camberwell Green
Southwark	North Walworth	St Georges, Chaucer, South Bermondsey, Newington, Faraday
Southwark	Old Kent Road	South Bermondsey, Faraday, Old Kent Road, Nunhead & Queen's Road

<i>Southwark</i>	Peckham	Faraday, Old Kent Road, Nunhead & Queen's Road, Rye Lane, St Giles
<i>Southwark</i>	St Giles	Camberwell Green, Faraday, Peckham, Rye Lane, Champion Hill
<i>Southwark</i>	Surrey Docks	Rotherhithe
<i>Lambeth</i>	Brixton North	Myatt's Fields, Herne Hill & Loughborough Junction, Brixton Windrush, Brixton Acre Lane, Clapham East, Stockwell East
<i>Lambeth</i>	Brixton Rush Common	Brixton Acre Lane, Clapham Park, Herne Hill & Loughborough Junction, St Martin's, Streatham Hill East
<i>Lambeth</i>	Clapham East	Brixton Acre Lane, Brixton North, Clapham Common & Abbeville, Clapham Town, Stockwell East
<i>Lambeth</i>	Clapham Town	Clapham Common & Abbeville, Clapham East, Stockwell West & Larkhall
<i>Lambeth</i>	Gipsy Hill	Knight's Hill, West Dulwich
<i>Lambeth</i>	Herne Hill & Loughborough Junction	Brixton Windrush, West Dulwich, Brixton Rush Common, Brixton North
<i>Lambeth</i>	Oval	Kennington, Vauxhall, Stockwell West & Larkhall, Stockwell East, Myatt's Fields
<i>Lambeth</i>	Stockwell West & Larkhall	Oval, Vauxhall, Stockwell East, Clapham East, Clapham Town
<i>Lambeth</i>	Streatham Hill East	Streatham Hill West & Thornton, Brixton Rush Common, St. Martins,

		Knight's Hill, Streatham Wells
<i>Lambeth</i>	Streatham Hill West & Thornton	Clapham Park, Streatham Hill East, Streatham St Leonard's
<i>Lambeth</i>	Streatham St Leonard's	Streatham Common & Vale, Streatham Wells, Streatham Hill West & Thornton
<i>Lambeth</i>	Kennington	Waterloo & South Bank, Vauxhall, Oval
<i>Lambeth</i>	West Dulwich	Herne Hill & Loughborough Junction, St. Martins, Knight's Hill, Gipsy Hill
<i>Lambeth</i>	Brixton Windrush	Brixton Acre Lane, Brixton North, Brixton Rush Common, Herne Hill & Loughborough Junction

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