

THE STATE OF

LIVING SIDE BY SIDE,
BUT WORLDS APART

URBAN HEALTH



EXECUTIVE SUMMARY

FOR MOST PEOPLE IN ENGLAND, URBAN HEALTH IS HEALTH.

URBAN LIFE IS WHERE SOME OF THE STARKEST HEALTH INEQUALITIES ARE FOUND. BUT THESE INEQUALITIES ARE NOT INEVITABLE, THEY ARE PREVENTABLE. THE STATE OF URBAN HEALTH REVEALS HOW PLACE AND SYSTEMS SHAPE HEALTH, AND WHERE ACTION CAN CHANGE OUTCOMES.

Urban areas are home to more than eight in ten people in England. They are centres of diversity, opportunity, and growth. But they are also where health inequalities are most concentrated, complex, and persistent.

The State of Urban Health provides one of the most comprehensive pictures of urban health in England to date. It combines analysis of over 120 national indicators with lived experience from residents and our partners in Lambeth and Southwark, alongside wider evidence. This research enables us to understand not only where there are inequalities, but how they are shaped by systems and experiences in daily life.

This report sits alongside a suite of data dashboards and resources, designed to make urban health visible, navigable, and actionable. Together, they provide a shared evidence base to explore inequalities in more depth and support more informed decision-making.



The most striking findings from this analysis are:

- 1 **Urban life expectancy is shorter — and urban areas contain some of England’s starkest health inequalities.**
- 2 **Living in deprived urban areas can more than double your risk of poor health.**
- 3 **Poverty in urban areas is widespread — and for many children, it is the norm.**
- 4 **Health inequalities are structurally driven and shaped by racism and discrimination.**
- 5 **Everyday environments and systems are undermining health.**
- 6 **Communities are clear on what needs to change.**
- 7 **Urban health inequalities are not inevitable — they are systemic and preventable.**

URBAN LIFE EXPECTANCY IS SHORTER — AND URBAN AREAS CONTAIN SOME OF ENGLAND'S STARKEST HEALTH INEQUALITIES

People living in urban areas can expect to live on average **two years less** than those in rural areas. And in urban areas the range of average life expectancy is much wider.

Urban areas include both some of the best and worst health outcomes nationally, with stark differences often found between neighbouring communities.

Preventable mortality ^[1] is also around **10% higher** than the national average — indicating a greater burden of deaths that could be avoided through effective public health and healthcare.

Serious illness is also more common. Emergency hospital admissions for conditions such as chronic obstructive pulmonary disease (COPD) are on average around **twice as high** in urban areas.

[1] **Preventable mortality:** "...deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could mainly be avoided through effective public health and primary prevention interventions." (Department of Health and Social Care (DHSC)).



LIVING IN DEPRIVED URBAN AREAS CAN MORE THAN DOUBLE YOUR RISK OF POOR HEALTH

People living in the most deprived urban neighbourhoods experience preventable mortality rates more than **two and a half times** higher than those in the least deprived.

Across multiple indicators, urban areas contain both the highest and lowest outcomes in the country. This means that people living just streets apart can experience entirely different realities of health.



POVERTY IN URBAN AREAS IS WIDESPREAD — AND FOR MANY CHILDREN, IT IS THE NORM

Poverty is one of the most powerful drivers of these inequalities — and it is more prevalent, more extreme, and more concentrated in urban areas.

In England's urban areas, an average of **around one in five children** come from families living on low incomes, but in some areas, this rises to as many as **nine in ten**.



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“Ultimately, people haven’t got money to buy food. They can’t cover the cost of living. We thought COVID was bad, but the state of it now [...] it’s worse [...] and people just not being able to make their money stretch.”

Funded partner, Impact on Urban Health
Children’s health and food programme

HEALTH INEQUALITIES ARE STRUCTURALLY DRIVEN AND SHAPED BY RACISM AND DISCRIMINATION

Inequalities for people who experience racism persist across multiple outcomes related to health, including child mortality, housing, and employment, where people from minoritised ethnic groups experience worse outcomes.

These findings point to structural drivers of inequity, including systemic racism and discrimination more broadly, which shape access to resources, services, and opportunity.



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“...a lot of Black women [are] saying they’re not listened to and they’re not respected when they discuss their children’s housing needs, as simple as that.”

Funded partner, **Impact on Urban Health**
Children’s mental health programme

EVERYDAY ENVIRONMENTS AND SYSTEMS ARE UNDERMINING HEALTH

For example:

Overcrowding is higher in urban areas.

Homelessness rates in the urban areas we reviewed are far above the national average.

Healthy food is often inaccessible or unaffordable.

Air pollution remains a major health risk.

Health in urban areas is shaped by the environments people live in and the systems they rely on every day.

Many people are living in conditions that actively harm their health.

People in Lambeth and Southwark described systems that are difficult to access, slow to respond, and not designed around their lives – with gaps in mental health, domestic abuse, and other essential support.



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“The people I work with [...] can’t be healthy if they’re living in bad situations. [...] they’re still going home to a damp and mouldy flat, and they can’t do anything about that.”

35-39; Male; white British

COMMUNITIES ARE CLEAR ON WHAT NEEDS TO CHANGE

People in Lambeth and Southwark we spoke to described similar conditions needed for good health: **trusted local relationships, accessible services, and stable community spaces.**

People were clear that communities already understand what shapes health locally. The challenge is how consistently this insight is reflected in the systems around them.



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“One thing I’d love to see happen in the next few years is increased investment in community-led health initiatives. I’d like to see more funding and resources allocated to community-led health initiatives, just like developing culturally sensitive means of health support services. That would be very helpful.”

25-29; Female; white British

URBAN HEALTH INEQUALITIES ARE NOT INEVITABLE — THEY ARE SYSTEMIC AND PREVENTABLE

Urban health inequalities are not random or inevitable. **They are deeply concentrated within places and shaped by the conditions people live in every day.**

The concentration of inequality, where disadvantage is not spread evenly but clustered in specific communities, is what makes urban health both more urgent and more solvable.



Based on the insights from this extensive research, we have two key recommendations for policymakers to improve the health and lives of people living in urban areas and increase health equity.



RECOMMENDATION 1

Make prevention count in neighbourhood health design

To maximise the potential of the Government's 10 Year Health Plan and Neighbourhood Health agenda, and ensure concerted action on the wider determinants of health to make urban places healthier for everyone to live and work in, we recommend:

1

Centring prevention by requiring Health and Wellbeing Boards to set locally-determined targets and metrics for primary prevention as part of neighbourhood health plans.

2

That these targets, and subsequent action, should be determined in partnership and consultation with local communities, to ensure plans reflect need and reach those people furthest from health equity.

RECOMMENDATION 2

Involve the people most affected by urban health issues in policymaking

We recommend that policymakers across government departments:

1

Actively involve people and communities most impacted by urban health challenges in policy development – starting with the Government's flagship Neighbourhood Health approach. 'Seldom heard' communities should be included by:

- A Proactively reaching out to these groups, for example via community research organisations which can act as a trusted broker between policymakers and communities.
- B Ensuring pre-read materials are accessible, by avoiding jargon and making them available in different languages.

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Fairly compensating people for their time and expertise.

2

As an enabling step, NHS England should develop "best practice guidance" for local authorities and Health and Wellbeing Boards on involving local communities in Neighbourhood Health policy.

3

To ensure neighbourhood health plans take full account of equity considerations, they should include a specific Equality and Health Inequalities Impact Assessment (EHIA), following the standard format set out by NHS England.

Implications for decision-makers

Urban health is not a niche issue and yet, historically, it has not formed a specific focus in policy and practice efforts to improve health.

More than eight in ten people in England live in urban areas. Making those places health-enabling holds enormous potential to unlock health and equity for the population as a whole, and particularly for those who have faced significant barriers to good health.

While our recommendations are directed to government and to the emerging Neighbourhood Health agenda, this report is relevant to anyone shaping the conditions for health in urban areas. Local authorities, health systems, funders, employers, housing providers, planners, service providers, researchers, and community organisations all make decisions that influence whether urban areas protect health or deepen inequality.

The findings show that urban areas can create opportunities for health, connection, and support, but these benefits are not shared equally. Neighbourhood-level data, lived experience, and a clear focus on the people and places facing the greatest barriers to good health are essential for making better decisions.





EXPLORE

THE DATA



EXPLORE THE DATA

Our interactive **Dashboards** allow users to explore the datasets used in this report in more detail:

- **Urban & Rural Differences**
- **Demographics in Major Urban Areas**
- **Outcomes in Major Urban Areas**
- **Avoidable Mortality**
- **Child Mortality**
- **Housing Conditions**
- **Homelessness**
- **Temporary Accommodation**

Dashboard **User Guides** are available to help users navigate and interpret the dashboards.

Our **Directory of Themes** also provides a detailed bank of quotes from the qualitative research grouped by themes as set out in this report.