



London Boroughs Faiths Network (LBFN) Faith Summit – Public Health

Date: 20/01/2025

Location: Muslim World League

Background: Public Health in London

London's diverse population faces significant public health challenges, with disparities evident across various health indicators. Key statistics highlighting these issues include:

- **Childhood Obesity:** In certain London boroughs, such as Barking & Dagenham and Newham, over 30% of children aged 10 to 11 are classified as obese, exceeding the national average. [Wikipedia](#)
- **Mental Health:** The suicide rate in London was 6.6 deaths per 100,000 people in 2021, with rates of 9.9 for males and 3.4 for females. [Office for National Statistics](#)
- **Air Quality:** A study by Imperial College London found that daily death rates in London increase with higher levels of air pollution from burning wood and solid fuels, linking these pollutants to respiratory deaths. [Wikipedia](#)
- **Health Inequalities:** A report by the UCL Institute of Health Equity highlighted that structural racism contributes to significant health disparities in London, with over half of Black children and nearly 70% of Bangladeshi and Pakistani children living in relative poverty after housing costs, compared to 26% of White children. [The Guardian](#)

These statistics underscore the pressing need for targeted public health interventions in London. Faith communities have a pivotal role in addressing these challenges by leveraging their trusted positions within diverse populations.

Introduction

The London Boroughs Faiths Network (LBFN) convened a Faith Summit on January 20, 2025, at the Muslim World League to address pressing public health challenges affecting London's diverse communities. This summit brought together faith leaders, public health officials, and community stakeholders to share insights and develop collaborative solutions aimed at enhancing health outcomes and community resilience.

A central focus of the summit was advocacy and influencing systemic change. Participants emphasized the potential of faith communities to shape public discourse, challenge systemic health inequalities, and engage decision-makers at all levels. By leveraging their trusted status, faith groups demonstrated their ability to foster cultural and behavioural change while advocating for inclusive policies that promote health equity and well-being.



Objectives

1. Identify public health challenges unique to faith-based communities.
2. Foster collaboration between faith-based organizations, health authorities, and stakeholders.
3. Address public health as a holistic concept, emphasizing the intersection of systemic issues like poverty, housing, and environmental factors.
4. Advocate for systemic changes and inclusive policies to address health disparities and improve outcomes.



Agenda Overview

The summit agenda included:

- **Public Health Priorities:** Highlighting key health concerns within faith communities.
- **HIV Awareness and Stigma Reduction:** Addressing stigma and fostering inclusivity.
- **Smoking Cessation Strategies:** Developing faith-based approaches to reduce smoking prevalence.
- **Social Prescribing:** Integrating non-clinical health support into faith settings.



Session Summaries and Key Outcomes

Key Issues Identified as Affecting Public Health:

1. **Poverty and Economic Inequality:**

- Poverty was highlighted as a fundamental driver of poor health, with direct links to inadequate housing, food insecurity, and limited access to healthcare. A report by the UCL Institute of Health Equity revealed that over half of Black children and nearly 70% of Bangladeshi and Pakistani children in London live in relative poverty after housing costs, compared to 26% of White children ([The Guardian](#))
- Attendees stressed the need for targeted interventions to address the cost-of-living crisis and provide economic support to vulnerable populations.

2. **Housing and Environmental Challenges:**



- Issues such as overcrowding, substandard housing, and poor air quality were identified as critical factors negatively impacting health outcomes. The same UCL report highlighted that structural racism leads to poorer health outcomes due to lack of access to adequate housing and nutrition ([The Guardian](#))
- Attendees discussed advocating for policies that ensure safe, affordable housing and cleaner environments.

3. Access to Healthy Lifestyles:

- The lack of affordable facilities for exercise, nutritious food, and accessible transport was identified as a barrier to maintaining a healthy lifestyle. Public Health England's data indicates that certain London boroughs have higher rates of childhood obesity, underscoring the need for accessible healthy lifestyle options ([Trust for London](#))
- Attendees proposed integrating health and wellness programs into their community activities.

4. Health Inequalities:

- Structural health disparities and mistrust of formal health systems were noted as major barriers for marginalized groups. The UCL report emphasized that structural racism contributes to significant health inequalities in London ([The Guardian](#))
- Attendees emphasized their role in bridging gaps and advocating for inclusive healthcare services.

5. Mental Health and Social Well-Being:

- Rising mental health challenges, exacerbated by social isolation and stigma, were identified as urgent concerns. The Health Inequalities Action Group (HIAG) report, "On Faith, Place and Health," highlights the role of faith groups in supporting mental health within their communities ([Bishop of London](#))
- Attendees highlighted their pastoral care as a critical resource for promoting mental well-being and reducing stigma.

6. Youth Engagement and Behaviour Change:

- Attendees noted the unique health challenges faced by younger generations, including smoking (vaping and shisha) and digital addiction. Public Health England's data shows that certain London boroughs have higher rates of





smoking among youth, indicating a need for targeted interventions ([Trust for London](#))

- Attendees advocated for tailored health messages and interventions for youth, distinct from those targeting older populations.

7. Climate and Health:

- The effects of climate-related issues on public health, such as heatwaves and pollution, were prioritized. The Greater London Authority's "Snapshot of Health Inequalities in London" report provides an overview of major health inequalities, including those related to climate ([London Datastore](#))
- Attendees shared examples of integrating environmental stewardship into their teachings and community activities.

HIV Awareness and Stigma Reduction

Discussion: presenters from the Transformation Partners in Health and Care- Royal Free London NHS Foundation Trust, addressed the persistent stigma surrounding HIV, emphasizing the critical role of faith communities in fostering inclusivity and promoting public health initiatives.

Key Outcomes:

- Attendees committed to normalizing discussions about HIV and creating safe spaces for affected individuals.
- Collaborative campaigns with public health professionals were proposed to promote testing and treatment.
- Resources for Faith Communities:
 - [HIV Confident Website](#)
 - [HIV Information for Third-Sector Organizations](#)
 - Guidance for faith organizations interested in joining the HIV Confident programme, with tailored resources for fostering inclusivity.



Smoking Cessation Strategies

Discussion: Presenters from the London Tobacco Alliance, shared critical data as smoking remains a significant public health concern in England, with an adult smoking prevalence of 11.6% in 2023, a decrease from 12.7% in 2022. Despite the decline, disparities persist, with



smoking prevalence reaching 28.5% among individuals with mental health conditions in the most deprived areas.

Key Outcomes:

- Attendees proposed hosting cessation workshops and incorporating anti-smoking messages into sermons and community events, leveraging their trusted positions to encourage congregants to quit smoking.
- Behavioural support increases the likelihood of quitting successfully by threefold. Faith groups highlighted the importance of partnering with stop-smoking services.
- Vaping was presented as a less harmful alternative to smoking, endorsed by NICE guidelines for tobacco dependence.



Resources Shared by Presenters:

- Stop Smoking London Website: Provides a comprehensive range of tools and resources to support individuals in quitting smoking, including a smoking calculator to demonstrate potential financial savings. ([Stop Smoking London](#))
- Practical Guide for Smokers: A downloadable resource offering tips, guidance, and actionable steps to quit smoking effectively. ([Practical Guide](#))
- Behavioural Support: Data shows that smokers are three times more likely to quit successfully with behavioural support, which includes one-to-one or group counselling sessions.
- Vaping for Smoking Cessation: While vaping is not risk-free, it is significantly less harmful than smoking and is recommended as a first-line treatment for tobacco dependence by NICE. ([NICE Guidance](#))
- Educational Campaigns: Attendees were encouraged to use evidence-based messages to counter myths about vaping and promote it as an effective tool for smoking cessation, alongside behavioural support.



Faith groups were encouraged to partner with local stop-smoking services and utilize resources from Stop Smoking London to amplify their efforts in addressing smoking-related health disparities.

Social Prescribing

Discussion: Presenter from London Plus, highlighted the role of social prescribing in improving health outcomes by connecting individuals to non-clinical community support services. However, challenges related to sustainability were noted, including fragmented funding and the impact of the cost-of-living crisis.

Key Outcomes:

- Advocacy for sustainable funding models was emphasized to ensure continuity of social prescribing services.
- Attendees were encouraged to build partnerships with public health agencies, local authorities, and other stakeholders.
- Capacity-building initiatives, such as training volunteers and diversifying funding sources, were recommended.

Resources:

1. Commitments from the NHS to Engage with Communities: A comparative analysis of the five London ICS' priorities, providing contacts and strategies to influence decisions.
2. London Social Prescribing Map: An interactive tool showcasing social prescribing services across London. ([Social Prescribing Map](#))
3. Social Prescribing Network | London Plus: A network offering funding opportunities, newsletters, and online meetings to support faith communities in social prescribing efforts. ([London Plus](#))



Where is Our Power as Faith Groups and Collectives?

Attendees identified several avenues through which faith groups can amplify their impact on public health:



- **Messaging Power:** Leveraging the trust and accessibility inherent in faith communities to disseminate critical health messages effectively.
- **Behavioural Change:** Collaborating with public health agencies to co-design culturally sensitive interventions that promote healthy behaviours and lifestyle changes.
- **Advocacy:** Utilizing their collective voice to influence systemic changes by advocating for health equity and inclusive policies at local and national levels.
- **Alliances and Collaboration:** Joining broader public health alliances to strengthen advocacy efforts and share resources and best practices.
- **Tracking Progress:** Establishing indicators to measure the success of initiatives, ensuring efforts are aligned with public health goals and allowing for adjustments as needed.

Call to Action

Faith leaders urge the Greater London Authority (GLA), the Mayor's Office, and local councils to:

- **Collaborate with Faith Communities:** Engage with faith groups to co-design public health policies that address systemic barriers and leverage the unique strengths of faith communities.
- **Recognize Strategic Roles:** Acknowledge the strategic position of faith-based organizations in driving behavioral change and reaching marginalized populations.
- **Provide Resources and Training:** Allocate resources and offer training to empower faith groups as key partners in public health advocacy and implementation, enhancing their capacity to contribute effectively.

Conclusion

The Faith Summit underscored the significant potential of faith communities to drive positive health outcomes through advocacy, collaboration, and cultural leadership. Attendees demonstrated a strong commitment to:

- **Address Health Disparities:** Tackle health inequalities through both systemic and grassroots interventions, recognizing the complex factors influencing health outcomes.
- **Collaborate with Public Health Entities:** Work in partnership with health authorities to promote cultural and behavioral change, utilizing the unique position of faith communities to reach diverse populations.
- **Utilize Influence and Resources:** Leverage their influence and resources to foster healthier, more resilient communities, contributing to the overall well-being of society.

This summit reaffirmed the critical role of faith-based organizations as partners in public health and their commitment to a collaborative, inclusive approach that addresses the holistic needs of the communities they serve.



Next Steps

- **Provisional Date for Follow-Up Meeting:** Tuesday, 25th of March, at 10:00 AM (Online, 1.5 hours).

The follow-up session will review progress, share best practices, and co-develop strategies for advancing the outcomes of this summit, ensuring sustained momentum and accountability.