



HEALTH JUSTICE ANNUAL IMPACT REPORT 2025–2026

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Executive Summary

Purpose and Context

The Health Justice Programme was developed to address persistent health inequalities experienced by residents living with Serious Mental Illness (SMI) in Tower Hamlets. Individuals with SMI experience significantly poorer health outcomes compared to the general population and are at increased risk of developing long-term physical health conditions, including cardiovascular disease, diabetes, and respiratory illness. These challenges are further compounded by structural inequalities such as poverty, housing insecurity, discrimination, and difficulties navigating complex health and care systems.

Programme Model and Delivery

During the 2025–2026 reporting period, Coffee Afrik CIC delivered a culturally competent, community-led Health Justice model integrating physical health support, mental wellbeing interventions, housing advocacy, and system navigation. Building on the pilot phase across Primary Care Networks 7 and 8, the programme strengthened partnerships with healthcare providers, community organisations, and academic institutions to deliver integrated, person-centred support.

Reach and Engagement

Across the reporting period, the programme reached over 1,500 residents through preventative health interventions, community workshops, advocacy support, and culturally tailored wellbeing activities. This included 648 individuals supported through direct engagement, with 129 residents receiving intensive, structured Health Justice support. In addition, 83 participants received full physical health checks and 98 engaged in community workshops.





Executive Summary

Outcomes and Impact

The programme successfully re-engaged individuals who had previously disengaged from healthcare services due to stigma, negative experiences, and practical barriers such as language and financial stress. Many participants accessed a full health check for the first time in over 12–18 months. Participants reported measurable improvements in emotional resilience, mental wellbeing, motivation to adopt healthier lifestyles, and confidence in accessing healthcare services. These outcomes demonstrate strengthened engagement with preventative care and improved self-management of health and wellbeing.

Social Value and Systems Impact

The programme generated significant social value by supporting early intervention and helping to prevent crisis escalation, thereby reducing pressure on overstretched healthcare services. Through coordinated care planning and sustained community engagement, individuals were supported before their needs reached crisis point.

In addition, the programme strengthened trust between underserved communities and healthcare providers, improved uptake of preventative services, and contributed to more effective referral pathways between community and statutory systems.

Conclusion

The evidence demonstrates that community-rooted, culturally responsive Health Justice models play a critical role in reducing health inequalities and improving long-term health outcomes. By addressing both clinical needs and the wider social determinants of health, the programme offers a scalable, preventative, and systems-informed approach to supporting marginalised populations.

Impact Snapshot

The Health Justice Programme delivered preventative, culturally responsive health support to residents experiencing significant health inequalities in Tower Hamlets.

Through personalised support, community workshops, and advocacy, the programme improved access to healthcare, strengthened wellbeing, and addressed key barriers linked to housing, financial insecurity, and social isolation

1,500+

residents reached through community engagement and preventative interventions

648

individuals received direct Health Justice support

129

individuals received intensive, structured one-to-one Health Justice support

Access to Preventative Health Checks

82% of participants

received a full physical health check and co-developed a personalised wellbeing plan.

Improved Emotional Resilience

78% of participants

reported increased emotional resilience and improved ability to manage stress and mental health challenges.

Reduced Social Isolation

58% of participants

reported feeling less socially isolated and more connected to community activities.

Improved Mental Wellbeing

72% of participants

reported improvements in their overall mental wellbeing following engagement with the programme.

Increased Confidence in Accessing Healthcare

69% of participants

reported feeling more confident engaging with healthcare services and attending appointments.

Community Context and Health Inequalities

Tower Hamlets is one of the most diverse boroughs in London and continues to experience significant levels of socioeconomic deprivation. Many residents face structural challenges that directly affect health outcomes, including financial insecurity, overcrowded housing, and limited access to culturally appropriate healthcare services. For individuals living with Serious Mental Illness, these inequalities are further intensified.

Evidence consistently shows that people with SMI experience reduced life expectancy and higher rates of chronic physical health conditions, including cardiovascular disease, diabetes, and respiratory illness, compared to the wider population.

During the reporting period, the cost of living crisis further deepened existing inequalities. Many residents reported difficulties affording basic essentials such as food, rent, and energy bills.

This financial stress was frequently linked to worsening mental health, increased anxiety, and reduced ability to maintain stable health routines. Housing conditions also emerged as a significant determinant of wellbeing. Participants frequently described living in overcrowded or poorly maintained properties, including issues such as damp and delayed repairs. These conditions contributed directly to both physical health concerns, such as respiratory illness, and increased psychological stress.

Within this context, the Health Justice Programme was developed as a targeted response to these intersecting inequalities. By embedding support within the community and delivering culturally responsive, trauma-informed engagement, the programme aimed to reach individuals who are often excluded from traditional healthcare pathways and improve access to preventative and holistic support.



Programme Overview

The Health Justice Programme operates as a bridge between community members, healthcare providers, and social support services. The model is built on the understanding that improving health outcomes requires addressing both clinical needs and the wider social determinants that shape health and wellbeing.

Delivery of the programme combines personalised one-to-one support with community-based health education and peer engagement activities. Each participant receives tailored care planning focused on improving physical health, strengthening mental wellbeing, and addressing barriers related to housing, finance, and social isolation.

The programme includes several key components:



**Physical health
monitoring and
support**



**Mental wellbeing
interventions**



**Culturally tailored
health education
workshops**



**Advocacy and system
navigation support
(including housing and
welfare)**



**Peer engagement
and community
connection
activities**

Community-led activities and group sessions play a central role in the model, creating opportunities for participants to build supportive networks, reduce social isolation, and share lived experiences in a safe and inclusive environment.

Through this integrated and holistic approach, the Health Justice Programme aims to empower residents to take greater control over their health and wellbeing, while improving access to services and reducing long-standing inequalities.

Quantitative Impact and Key Outcomes

Throughout the reporting period, the Health Justice Programme delivered structured, preventative interventions designed to improve health outcomes among residents living with Serious Mental Illness in Tower Hamlets.

A total of 129 individuals received intensive Health Justice support through one-to-one consultations, personalised care planning, and community-based workshops. The wider programme engaged 648 directly supported participants and reached over 1,500 residents through community workshops, outreach activity, and preventative health engagement.

648 Individuals

The wider programme engaged 648 directly supported participants. Individuals received structured health justice support through one-to-one consultations, personalised care planning, and community workshops.

1,500 Individuals

Reached over 1,500 residents through community workshops, outreach activity, and preventative health engagement.

78%

participated in community workshops focused on nutrition, wellbeing, and lifestyle management.

75%

increased physical activity levels.

50% +

of participants were living with multiple long-term conditions, including diabetes, cardiovascular disease, respiratory illness, and chronic pain.

Quantitative Impact and Key Outcomes

● % of participants



These outcomes demonstrate the effectiveness of integrating preventative healthcare, culturally responsive engagement, and targeted advocacy. The programme supported earlier intervention, improved engagement with services, and strengthened long-term health outcomes for individuals experiencing complex and intersecting inequalities.

Patient Experience and Community Voice

Throughout the reporting period, the Health Justice Programme delivered a wide range of interventions designed to improve health outcomes among residents living with Serious Mental Illness. One participant described the experience as follows:

This is the first time I felt like my culture was understood rather than treated as a problem.

Another participant reflected on the supportive environment created by the programme:

I felt like I could finally talk openly without feeling judged.

These experiences demonstrate the importance of culturally competent services that create safe spaces for individuals to engage with healthcare support.

CASE STUDY 1: Re-engagement with Healthcare (SMI)

A resident living with Serious Mental Illness had been disengaged from healthcare services for over 12 months due to previous negative experiences, low confidence, and difficulties navigating the system. During this time, their physical health needs, including symptoms associated with diabetes and ongoing fatigue, were not being monitored or managed.

Through culturally competent, community-based engagement, the Health Justice Programme focused on building trust over time and providing consistent one-to-one support. This included practical assistance with navigating services, booking appointments, attending health checks, and improving understanding of available healthcare pathways.

As a result, the participant successfully re-engaged with primary care and received a full physical health check for the first time in over a year. They are now attending regular appointments and report increased confidence in managing their health and communicating with healthcare professionals. This case highlights the importance of sustained, trust-based engagement in re-establishing access to preventative healthcare for individuals with complex needs.

CASE STUDY 2: Housing and Welfare Advocacy

A participant experiencing poor housing conditions, including damp, overcrowding, and ongoing maintenance issues, reported a significant deterioration in mental health, increased anxiety, and difficulty maintaining daily routines. Financial pressures and limited understanding of housing rights further prevented them from resolving these issues independently.

The Health Justice Programme provided targeted advocacy support to help the participant navigate housing systems, communicate with relevant services, and understand their rights. This was delivered alongside ongoing emotional and practical support to help them manage the stress associated with their housing situation. As a result, the participant was able to progress their housing case and engage more effectively with appropriate services.

Improvements in their housing situation contributed to reduced stress levels, improved emotional wellbeing, and greater overall stability. This case demonstrates the direct relationship between housing conditions and health, and the importance of integrated advocacy within health justice approaches.



CASE STUDY 3: Culturally Competent Wellbeing Support

A female participant experiencing social isolation and low confidence had very limited engagement with both healthcare and community services. Cultural barriers, combined with previous negative experiences of services, contributed to mistrust and reluctance to seek support.

Through culturally tailored workshops and group-based activities, the programme created a safe, inclusive, and respectful environment that reflected the participant's cultural and religious needs. This allowed her to engage gradually in a way that felt comfortable and non-pressurised.

Over time, the participant began attending sessions regularly, developing new social connections and rebuilding confidence. She reported feeling less isolated, more emotionally supported, and more motivated to engage in positive health-related activities. This case illustrates the importance of culturally competent, community-led approaches in reducing barriers to engagement and improving wellbeing outcomes.



Delivering Culturally Competent Care

Cultural competence is central to the Health Justice model. Participants come from diverse cultural and religious backgrounds, and the programme was intentionally designed to respect these identities.

Workshops and consultations were delivered in ways that considered cultural dietary practices, religious observances, and language preferences. For example, nutrition workshops incorporated discussions about culturally specific foods and halal dietary considerations.

Scheduling also took into account important religious periods such as Ramadan, ensuring that participants could engage with activities in ways that aligned with their personal practices.

These culturally responsive approaches helped to build trust and increase participation among communities that have historically experienced barriers when accessing healthcare services.



Small Steps, Big Gains: Behaviour Change

One of the most effective aspects of the programme was its focus on achievable behaviour change. Rather than promoting unrealistic lifestyle goals, the programme encouraged participants to focus on small, manageable steps that could be sustained over time.

Examples included incorporating short daily walks, making small adjustments to diet such as reducing sugar intake, and introducing gentle stretching or relaxation exercises. These incremental changes allowed participants to build confidence and gradually develop healthier routines without feeling overwhelmed. Participants frequently reported that these small steps helped them regain a sense of control over their health and wellbeing.

Start Small

Short daily walks and gentle stretches



Sustain Change

Healthier routines and regained control



Build Confidence

Gradual improvements in routine and self-management

Addressing The Social Determinants of Health



Health outcomes are strongly influenced by wider social and economic conditions. Throughout the programme, many participants identified financial insecurity, housing instability, and social isolation as major barriers to maintaining good health.

In response, the Health Justice Programme incorporated advocacy support to help residents access appropriate services and navigate complex systems. This included assistance with housing concerns, welfare applications, and referrals to specialist support organisations.

By addressing these underlying factors, the programme was able to create more stable conditions that enabled participants to focus on improving their health.

Thematic Analysis of Community Health Barriers

Across the delivery of the Health Justice Programme, a number of consistent and interconnected barriers were identified. These reflect not isolated issues, but the cumulative impact of structural inequality, long-term health conditions, and limited access to culturally responsive support.

→ **Low Motivation and Mental Health-Related Barriers**

Low motivation emerged as a significant barrier for many participants and was closely linked to depression, anxiety, trauma, and chronic pain conditions. These experiences often reduced individuals' capacity to engage with routine healthcare, attend appointments, or maintain consistent self-care practices. In many cases, disengagement was not a choice but a consequence of long-term mental health challenges combined with previous negative experiences of services. This created cycles of non-engagement, where health needs escalated before support was accessed.

→ **System Navigation Barriers and Trust Deficits**

Alongside social and economic challenges, many participants faced difficulties navigating complex health and welfare systems. Previous experiences of feeling unheard, dismissed, or culturally misunderstood contributed to low trust in statutory services. This lack of trust acted as a significant barrier to early engagement, resulting in delayed access to care and an increased likelihood of crisis-driven contact with services.

→ **Social Isolation and Reduced Protective Networks**

Social isolation was a persistent and compounding factor affecting wellbeing. Many participants reported limited family or community support, reduced confidence in social settings, and long periods of time spent at home due to illness or anxiety. This isolation not only impacted mental health, but also reduced exposure to protective factors such as peer support, informal health information, and encouragement to seek help. As a result, individuals were often disconnected from both community and statutory support systems.

Thematic Analysis of Community Health Barriers

→ **Financial Insecurity and Structural Inequality**

Financial hardship was one of the most consistent and cross-cutting barriers affecting engagement and wellbeing. Participants frequently reported difficulty affording essentials such as food, transport, heating, and stable housing.

This economic stress directly influenced health behaviours, often forcing individuals to prioritise immediate survival needs over preventative care. Financial insecurity also contributed to psychological distress, worsening both mental and physical health outcomes.

→ **Multiple Long-Term Conditions and Complex Health Needs**

A significant proportion of participants were living with multiple long-term physical health conditions, including diabetes, cardiovascular disease, COPD, and chronic pain, alongside diagnosed or undiagnosed mental health conditions.

The interaction between physical and mental health created complex, overlapping needs that were not always effectively addressed through single-service or appointment-based models of care. This highlighted the need for integrated, coordinated, and person-centred approaches capable of managing complexity over time.

These intersecting barriers demonstrate that poor health outcomes are driven not only by clinical need, but by the cumulative impact of social, economic, and systemic inequality. They highlight the limitations of fragmented service delivery models when addressing complex, long-term needs.

The findings reinforce the importance of integrated, trauma-informed, and culturally competent approaches that combine clinical support with advocacy, system navigation, and community-based engagement. This was central to the design and delivery of the Health Justice Programme.

Housing and Welfare Advocacy

Housing conditions were a key determinant of health for many participants supported through the Health Justice Programme. A significant number of individuals were living in unsafe or unstable housing situations, including issues such as damp, overcrowding, poor maintenance, and unresolved landlord disputes. These conditions had a direct impact on both physical health and mental wellbeing, often contributing to stress, anxiety, and worsening long-term health conditions.

In response, the programme provided targeted housing and welfare advocacy to support residents in addressing these issues. This included helping individuals understand their rights, supporting them to raise formal concerns with landlords and housing providers, and facilitating communication with relevant statutory and support services. Where needed, the programme also provided sustained follow-up to ensure issues were not left unresolved.

This advocacy role was critical in enabling participants to navigate complex and often overwhelming systems. For many, this was the first time they had received consistent, supported guidance in dealing with housing-related challenges.

As a result, participants were better able to escalate concerns, access appropriate support services, and progress housing issues that had previously been unresolved. In some cases, this led to improved living conditions and reduced levels of stress and uncertainty.

This work highlighted the direct link between housing stability and health outcomes. It reinforced that addressing housing and welfare needs is not separate from healthcare delivery, but a core component of a holistic, trauma-informed, and person-centred health justice approach.

Staff Reflection and Programme Delivery

Delivering the Health Justice Programme required a flexible, responsive, and person-centred approach. Many participants presented with complex and intersecting needs, requiring tailored support and coordinated engagement across multiple services.

The role of the Health Justice Lead involved a range of key responsibilities, including facilitating workshops, coordinating multi-agency referrals, developing personalised care plans, and providing ongoing advocacy for individuals navigating both healthcare and wider social support systems. A central part of this role was ensuring that support remained consistent, accessible, and responsive to fluctuating need. This often required adapting engagement approaches over time and maintaining continuity of contact to support sustained participation.

This work reinforced the importance of trauma-informed practice and relationship-based engagement, particularly when working with individuals who have previously experienced negative or exclusionary interactions with healthcare services. Building trust was not a one-off activity, but an ongoing process that required patience, consistency, and cultural sensitivity.

Overall, the programme highlighted that effective delivery in this context depends not only on structured interventions, but on the quality of relationships built with participants and the ability to respond to their needs in a flexible and respectful way.





Academic and Community Partnerships

The programme benefited from strong collaboration with academic institutions and community organisations, which played a key role in supporting research, evaluation, and ongoing service development. These partnerships enabled the programme to move beyond delivery alone, contributing to a growing evidence base around culturally competent, community-led approaches to addressing health inequalities.

Through engagement with academic partners, the programme was able to strengthen its evaluation methods, capturing both quantitative outcomes and qualitative insights that reflect the lived experiences of participants. This has supported a more robust understanding of how health justice interventions impact engagement, wellbeing, and access to care among underserved populations.

Partnerships also created opportunities to share learning with healthcare professionals, students, and wider stakeholders. This included contributing to discussions on culturally responsive practice, social determinants of health, and the importance of trust-building within marginalised communities. As a result, the programme has helped influence thinking around more inclusive and community-informed models of care.

In addition, collaboration supported the development of culturally sensitive service pathways and informed approaches to care delivery that are better aligned with the needs of diverse communities. These insights have the potential to inform future health inequality interventions and contribute to longer-term systems change.

Challenges and Mitigation Strategies

Like many community-based initiatives, the programme encountered a number of operational challenges.

Building Trust

Some participants were initially hesitant to engage due to previous negative experiences with healthcare services, including feeling misunderstood, judged, or culturally unsupported. For many, this had led to long periods of disengagement and a lack of confidence in accessing care.

Building trust therefore required a consistent, relationship-based approach over time. This included regular one-to-one engagement, active listening, and creating safe, non-judgemental spaces where participants felt respected and understood. Culturally sensitive communication was central to this process, ensuring that individuals' backgrounds, beliefs, and lived experiences were acknowledged rather than overlooked. Trust was not established through single interactions, but through sustained engagement and reliability. By maintaining consistent contact, following up on commitments, and advocating on behalf of participants when needed, the programme was able to gradually rebuild confidence in support services.

As trust developed, participants became more open to engaging with both the programme and wider healthcare services. This shift was critical in enabling individuals to access support earlier, attend appointments, and begin taking more active steps towards improving their health and wellbeing

Financial Hardship

Financial hardship significantly affected many participants' ability to prioritise their health and wellbeing. Rising living costs, unstable income, and ongoing financial insecurity meant that basic needs such as food, rent, and energy bills often took precedence over attending appointments or engaging in preventative health activities.

For some participants, financial stress directly impacted their mental health, contributing to anxiety, low mood, and reduced motivation. Others reported being unable to afford transport to appointments, access nutritious food, or maintain stable routines, all of which are critical to managing long-term health conditions.

In response, the programme strengthened referral pathways to welfare support services and community organisations. This included signposting and active support with benefit applications, connecting individuals to food support initiatives, and linking participants with local services that could provide practical assistance.

By addressing these financial barriers alongside health needs, the programme was able to create more stable conditions for participants. This holistic approach enabled individuals to better engage with healthcare services, focus on their wellbeing, and begin making sustainable improvements to their health.

Challenges and Mitigation Strategies

Mental Health Fluctuations

Fluctuations in mental health were a common challenge for many participants and at times affected their ability to engage consistently with the programme. Periods of low mood, anxiety, or heightened stress often led to missed appointments, reduced motivation, and difficulty maintaining routines.

These fluctuations were not linear and required a flexible, responsive approach rather than rigid expectations around attendance and engagement. Recognising this, the programme adopted a person-centred model that prioritised understanding individual circumstances and adapting support accordingly.

Flexible scheduling, regular follow-up contact, and a non-judgemental approach were key to maintaining engagement. Participants were encouraged to re-engage at their own pace, without fear of being discharged or penalised for missed sessions. This helped to reduce pressure and build a sense of psychological safety.

As a result, participants were more likely to return to the programme after periods of disengagement, maintaining longer-term involvement and benefiting from sustained support despite the challenges associated with fluctuating mental health.

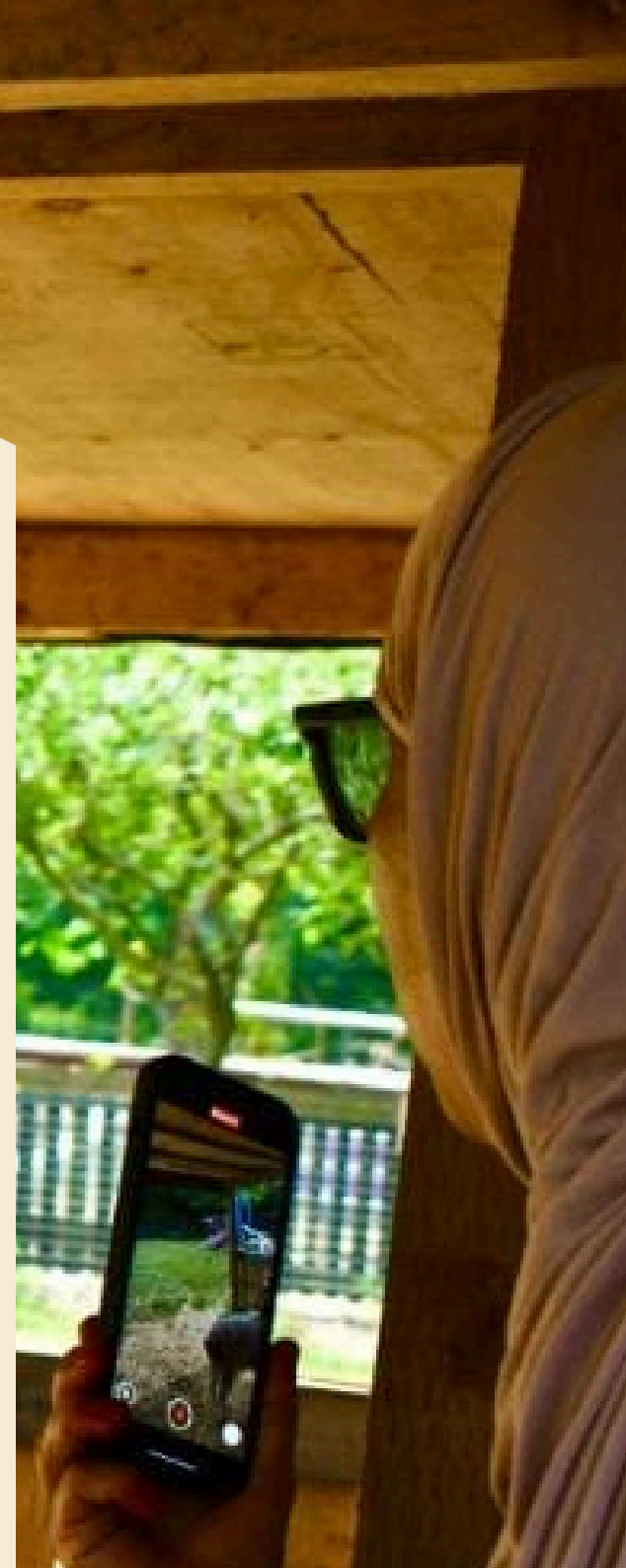


Social Value and Systems Impact

Beyond improving individual wellbeing, the Health Justice Programme generated significant value at a systems level. By delivering preventative, community-based interventions alongside coordinated support, the programme reduced the likelihood of crisis escalation and the need for urgent or acute healthcare services. Many participants had previously disengaged from healthcare due to negative experiences, stigma, or structural barriers. Through culturally competent, trust-based engagement, the programme successfully reconnected individuals with primary care services. This led to increased attendance at appointments, improved uptake of preventative health checks, and earlier identification of health needs that may otherwise have gone unmanaged.

This shift from crisis-driven to preventative engagement represents a critical system benefit. By supporting individuals earlier, the programme contributed to reducing pressure on overstretched services, including emergency care and hospital admissions, while improving continuity of care. The programme also strengthened relationships between underserved communities and healthcare providers. By acting as a trusted bridge, it improved communication, increased confidence in services, and supported more effective navigation of complex systems. This has contributed to more responsive and inclusive service delivery, particularly for populations that are often excluded or underserved. In addition, the programme enhanced referral pathways between community organisations and statutory services. This resulted in more coordinated support for individuals with complex needs, ensuring that health, housing, and social challenges were addressed in a more integrated way.

Importantly, the programme demonstrates that culturally responsive, community-led models are not only effective at improving individual outcomes but are essential to creating more equitable and sustainable health systems. By addressing both clinical needs and the wider social determinants of health, the Health Justice model provides a scalable approach to reducing health inequalities and improving long-term outcomes at population level.



Key Highlights From The Year

129

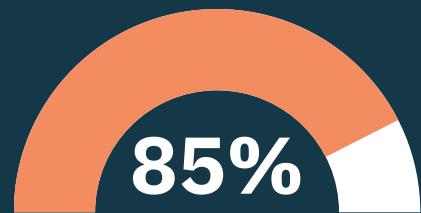
residents supported through personalised health justice interventions.

83

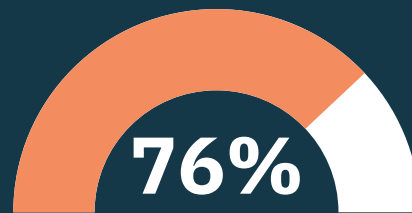
residents received full health checks and personalised care plans.

98

participants engaged in community health workshops.



of participants reported feeling culturally respected.



of participants reported improved mental wellbeing.



Vision Ahead: Scaling The Health Justice Model

Delivering the Health Justice Programme has demonstrated the importance of a flexible, responsive, and culturally competent approach when working with individuals experiencing complex and intersecting needs. This learning provides a strong foundation for future development, refinement, and scaling of the model.

Looking ahead, there is a clear opportunity to expand the Health Justice model to reach wider populations across additional boroughs and communities experiencing similar health inequalities. The programme has shown that combining preventative healthcare with advocacy and community-led engagement can significantly improve access, build trust, and strengthen long-term health outcomes.

Future development will focus on strengthening partnerships with healthcare providers, local authorities, and community organisations to embed this approach more systematically within existing services. This includes improving referral pathways, enhancing integration between systems, and ensuring individuals receive more coordinated, person-centred support.

There is also an important opportunity to further develop the evidence base, using both programme data and lived experience insights to demonstrate impact over time and support sustainable funding. This will strengthen the case for replication and adaptation of the model in different settings, contributing to wider system-level change.

In addition, the programme will continue to share learning and best practice with sector partners, supporting the development of more culturally responsive and trauma-informed approaches across health and social care.

Ultimately, the vision is to scale a Health Justice model that not only improves individual outcomes but also reshapes how services engage with underserved communities, creating more equitable, accessible, and preventative systems of care.





Final Reflections

The Health Justice Programme demonstrates the impact of delivering healthcare in genuine partnership with the communities it serves. It highlights that meaningful change is only possible when services are built on trust, cultural understanding, and an awareness of the wider social conditions that shape health outcomes.

Throughout delivery, it has been clear that many participants were navigating complex and overlapping challenges, including Serious Mental Illness, housing insecurity, financial hardship, and previous negative experiences of healthcare services. These factors often contributed to long-term disengagement from services and delayed access to preventative care.

By combining culturally responsive engagement, consistent relationship-building, and advocacy support, the programme created pathways for individuals to re-engage with health services in a more supported and meaningful way. Trust developed over time, enabling participants to access care, attend appointments, and begin to take more proactive steps towards their wellbeing. The programme also reinforced the importance of addressing health holistically. It showed that physical and mental health cannot be separated from the social determinants that influence them, such as housing, income, and social isolation. Integrating this understanding into delivery was essential in supporting more sustainable outcomes for participants.

At a wider level, the programme demonstrates the value of community-led, culturally competent approaches in reducing health inequalities. It shows that when barriers are reduced and support is delivered in a way that is respectful and accessible, individuals are more likely to engage earlier and more consistently with services.

Overall, the Health Justice Programme provides a clear example of how community-rooted, relational approaches can improve access, rebuild trust, and contribute to more equitable health outcomes. It highlights the importance of continuing to develop models of care that are preventative, inclusive, and grounded in lived experience.

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2025–2026 Health Justice Annual Impact Report

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