



A community manifesto for health justice

December 2023

Introduction

The next government has the power to bring about a happier, healthier Britain, but avoidable health inequalities are undermining society's physical and mental health, as well as our social and economic future. Health inequalities are unjust and harming Britain at a high cost. Over four months, we brought together a group of people living and working in communities experiencing disadvantage. We asked them about their priorities, their solutions and what they wanted the next government to do to improve the building blocks of health. Here we share the scale of health inequalities, the factors which are having the greatest impact and some core recommendations that communities, along with the future government, can work on to support improved life expectancy and healthy life expectancy.

The bigger picture

Life expectancy is flat-lining and even **reducing** in our most disadvantaged communities. The health inequalities gap are staggering, with gulfs approaching 20 years in healthy life expectancy between the most disadvantaged and most affluent places in **England** and **Wales**, and 25 years in **Scotland**. These harmful and enduring inequalities have been entrenched by a potent series of events: the response to the 2008 financial crisis; ensuing austerity; the Covid-19 pandemic and now the cost of living crisis. We are dealing with sharpening consequences through **record-high hospital waiting lists**, **growing numbers of people with multiple complex long-term conditions**, and the **social and economic impacts** are already affecting marginalised communities.

Discrimination and stigma are affecting the mental health of a many people, including racialised communities, disabled people, LGBT+ communities and low-income households. Structural and interpersonal discrimination has sharp consequences for physical and mental health through the **physical impacts of stress** upon the body, which further entrenches health inequalities.

The building blocks of health

Housing

Too many people are currently forced to live in unsuitable homes that are harming their health. **Over a fifth** (21 percent) of homes in the private rented sector in England fail to meet the Decent Homes Standard. We have heard how failures to tackle the damp and mould crisis are directly contributing to respiratory problems; infestations that are left unaddressed are making it impossible for people to live in their homes, and the stress of having to fight for a reasonable place to live is worsening the physical and mental health of households in every corner of Britain.

Homelessness has surged to crisis levels. The number of households assessed as homeless and eligible for support by local authorities has **risen by 28 per cent** over the last five years. In 2022, rough sleeping figures **rose 26 per cent** too, now sitting 74 per cent higher than in 2010. This is a product of failure to tackle the systemic causes of homelessness, including a lack of affordable housing and the cost of living. It carries sharp consequences for people's health, their ability to access to health services and their life expectancy.

Income

A growing number of households are struggling to afford the basic essentials required to sustain a healthy life and raise healthy children. A reported 3.85 million people across 1.8 million households **were destitute** in 2022, representing an increase of almost two-thirds in the last three years, and the number of destitute children has doubled in this time. A growing number of households are experiencing food insecurity, meanwhile seven in ten school children in families in receipt of Universal Credit are not eligible for free school meals, despite food insecurity causing significant impacts on children's health and education attainment.

Work

An essential part of making sure people have sufficient support is to guarantee access to good work opportunities. However, a significant proportion of the population remain excluded from work, which harms both health and economic growth. Young people seeking vocational careers have few options available and businesses are **not receiving the support they need** to provide these essential opportunities. Specialist community organisations working directly with people most at risk of being excluded from employment are experiencing **significantly more demand** than they can support. Limited resources are stifling progress to support people into work, which will be essential for growing the economy, as well as improving individual health and wellbeing.

Social connection and community power

We know that strong communities are essential for physical and mental health, however community assets have been stripped from local people at **an alarming rate**. Community infrastructure is essential for building and maintaining social connections which are essential for physical and mental health.

To make a difference in these urgent areas, directly addressing health inequalities should be central to the next government's overarching mission. This can only be achieved through making sure we address the building blocks of health, such as our homes, jobs, income, social connections, and community power.

How this manifesto was created

We spoke with 50 grassroots community organisations based in areas experiencing significant socio-economic disadvantage. Together they represented the priorities and solutions of thousands of people who need to reduce health inequalities in their communities. The communities represented cover the breadth of England, Scotland and Wales. We heard from organisations working with young people, older people, disabled people, minority ethnic communities, Gypsy, Roma and Traveller communities and many other groups with shared identities or experiences who face high levels of disadvantage. The recommendations presented here arise directly from their experience and knowledge on the ground.

Our manifesto priorities

We are standing alongside our network of grassroots community organisations, calling on all political parties to commit to:

- Achieving safe and decent homes which improve health and prevent long-term harm
- Ensuring each citizen has adequate resources to meet the basic costs required to keep them healthy
- Supporting improved health through access to good quality work and training
- Investing in community assets to combat isolation and improve rights for greater local power sharing
- Introducing cross-government responsibility for addressing health inequalities, including the introduction of a health inequalities strategy.

Under each of these priorities, we have worked with community partners to develop nine practical and impactful recommendations to improve health. These solutions will help to address Britain's deepening health inequalities crisis. Read on for more.

What next?

By adopting the policy recommendations in this manifesto, the next government has the opportunity to deliver on the priorities of the people hardest hit by poor health and to set the UK on a path to better health, stronger communities, and a brighter economic future.

We want to talk to you about how we start making this happen. Speak to us, learn more from our funded partners, **join our campaign**.

Priority 1. Introducing cross-government responsibility for addressing health inequalities, including the introduction of a health inequalities strategy

With improvements in life expectancy stalling and inequalities in healthy life expectancy growing, significantly more action is needed to improve health, reduce inequalities and reduce the impact on public services. For the scale of change required, action to prevent poor health needs to go far beyond the health system.

We call on the next government to:

A. Introduce health equity in all policies across government to consider the impact on health, underpinned by a health inequalities strategy

We join with our colleagues through the **Royal College of Physicians and the Inequalities in Health Alliance** in calling for a cross-departmental strategy to reduce health inequalities by:

- considering the role of every government department and every available policy lever in tackling the wider determinants of health, underpinned by a funding settlement
- developing clear measurable goals and metrics to measure progress
- leading and having accountability to the Prime Minister
- developing a national Health Inequalities Strategy.

The problem we identified

Increasing numbers of people on the ground highlighted the limited action being taken on health inequalities due to a lack of joined up policymaking both locally and nationally. The absence of a health inequalities strategy with clear goals and a lack of accountability specifically on health inequalities across Whitehall departments are seen as major contributing factors. A health equity in all policies approach, where health impacts are considered within every policy and its implementation, has been found to **support poverty reduction, education, urban development, good work and economic growth**. We call on the next government to implement this approach alongside a comprehensive national health inequalities strategy (in line with public sector equality duty) ensuring there is clear leadership and accountability for cross-government coordination, delivery and impact.

This is an essential step in delivering the remaining recommendations within this manifesto because many of the policies that have the power to improve population physical and mental health sit alongside or outside regulatory bodies and departments that have a specific health remit. By introducing a targeted health inequalities strategy and health equity in all policies approach, the next government can ensure this responsibility is shared across the whole of government, which will significantly expand opportunities to improve health.

Priority 2. Achieving safe and decent homes which improve health and prevent long-term harm

Much of Britain's housing stock is old, leaky and crumbling. For more than **3.7 million households** in England, including **over a fifth** (21 percent) of all private rents, this housing stock is not even **meeting the Decent Homes Standard**. Coupled with fast-rising rents and rogue landlords, this is making life unbearable and harmful for millions of people living in private rented and social homes.

We call on the next government to:

B. Develop a strategy for sustainably funding local authority housing enforcement and monitoring its effectiveness

We welcome the proposed extension of the Decent Homes Standard to the private rented sector and the new regulations brought in through the Social Housing (Regulation) Act in England, the commitment to introduce a new minimum housing standard across all tenures in Scotland, and the new Welsh Quality Housing Standard and Renting Homes (Wales) Act. However, we know that problems with enforcement are hindering progress.

We are calling for a long-term strategy for local authorities to fund widespread and equitable housing enforcement, including a review of the current funding system which is failing to ensure local authorities have sufficient capacity. This new strategy with accompanying resources would support local authorities to engage with private landlords and local communities around new regulations and support improvements, alongside stronger enforcement for those deliberately evading standards. This settlement should be accompanied by a new strategy to create a functioning private rented sector that provides people with the decent homes they need.

The problem we identified

Poor housing conditions are having a drastic impact on people's health:

- People with asthma are **more likely** to live in cold and damp homes than those without asthma
- Cold and damp homes are also associated with **heightened risk and exacerbation of cardiovascular conditions** like hypertensive heart diseases, heart attack and acute stroke, particularly in older adults
- Cold conditions **exacerbate existing medical conditions** such as diabetes, certain types of ulcers, musculoskeletal and rheumatological conditions
- Severe anxiety as well as chronic and acute depression were regularly cited by people we spoke to as commonplace symptoms arising from stress over appalling housing conditions and the inability to speak out because of fear of eviction
- Children living in cold, damp or mouldy homes are **likely to develop** a host of respiratory and cardiovascular conditions during their lifetimes, to face damaged educational outcomes and mental ill health, which likely leads to low-income, unstable work and shortened life expectancy.

Overcrowding is a growing national crisis, particularly for **Black and Asian households**. Overcrowded homes are more likely than non-crowded homes to **fail the Decent Homes Standard**, have a HHSRS Category 1 hazard and have damp problems. Overcrowding is a common form of **hidden homelessness**.

This is having a national impact too, with recent research suggesting that poor housing is estimated to cost **£135.5bn in England over the next 30 years** without urgent action. Even just improving the 65,000 homes with a Category 1 damp and mould hazard would unlock £4.8bn in societal benefit over the next 30 years if this work were to be undertaken immediately. Both private and social landlords have a responsibility to meet housing standards but many fail to do so, either through direct inaction or a lack of understanding about regulations. There is a real risk that the broken housing system will continue to worsen the population's health and damage economic growth without swift intervention.

We have spoken to people from across England, Scotland and Wales who live and work in communities that fall within the highest 20%, and often the highest 10%, of disadvantaged neighbourhoods in Great Britain. They tell us that damp and mould is a rampant problem exacerbating respiratory conditions such as asthma and bronchitis and that repairs to Category 1 safety

hazards are left unremedied, posing a serious risk of injury and illness. Housing stock is not large enough to accommodate families, leading to dangerous overcrowding with reports of six to eight people living in two-bedroom flats.

People spoke to us about witnessing people living in terrible conditions for weeks before private and social landlords fix issues, with remedies often being poor quality and failing to address the root causes. Some spoke about the inaccessibility of housing enforcement teams who were often too stretched to return calls, leaving people with the uncertainty and powerlessness of not being able to exercise their rights. We have also heard testimony of discrimination within the sector, with some reporting that different people's concerns are not treated equally urgently and that routes to make complaints are not always accessible to people's needs.

The broken housing system was highlighted by the National Audit Office in 2021 when they found **significant issues with the funding and monitoring of housing enforcement** in the regulation of the private rented sector in England. This is mirrored in what the organisations we work with have experienced, witnessing first-hand the challenges local authorities face with significantly reduced resources.

Priority 3. Ensuring each citizen has adequate resources to meet the basic costs required to keep them healthy

Significant increases in inflation plus stagnating wages have left a growing number of households experiencing poverty, with a concerning high proportion increasingly falling into **the most extreme forms of destitution**. Through our networks, this was the single biggest cause of concern for families across Britain. Poverty and destitution comes with devastating impacts on physical and mental health. We all deserve to have, at minimum, the security of an income designed to prevent people falling into poverty and destitution – one which covers our basic essentials, including the ability to heat our homes and have sufficient food to maintain our health.

We call on the next government to:

C. Reform Universal Credit to reduce the impact of the five-week wait and introduce the Essentials Guarantee so that payments cover the costs of essentials

One critical measure to help tackle rising destitution is to ensure that Universal Credit always keeps pace with the rising cost of essentials. This is what Joseph Rowntree Foundation (JRF) and Trussell Trust call for in their Essentials Guarantee. The **Essentials Guarantee** has three key features and would require:

- an independent process to regularly determine the Essentials Guarantee level, based on the cost of essentials (such as food, utilities and vital household goods) for the adults in a household (excluding rent and council tax)
- that Universal Credit's standard allowance must at least meet this level, and
- that deductions (such as debt repayments to government, or due to the benefit cap) can never pull support below this level.

Research from JRF suggests that the Essentials Guarantee would benefit everyone in receipt of

Universal Credit and lift around 1.8 million people out of poverty altogether, including 600,000 children.

In addition to the Essentials Guarantee, we believe a future government should make changes to mitigate the impacts of the five-week wait for Universal Credit and consider other changes to make the system more accessible and supportive. This includes ensuring nobody has access to nothing – lowering the limit on benefit deductions to repay debts and reforming sanctions for those on extremely low incomes, those in receipt of Disability Allowance, and an end to 'no recourse to public funds' for refugees and people seeking asylum.

D. Expand free school meals to all children from families receiving Universal Credit

One of the simplest ways to support families on low incomes is to ensure every child in a low-income household receives a meal at school. Currently the **Institute of Fiscal Studies** calculates that seven in ten school children in families in receipt of Universal Credit are not eligible for free school meals. If the policy was extended to these families, research from **Impact on Urban Health and the Food Foundation** estimates that for every £1 invested in this policy, there would be a return of £1.38 showing that not only is it the right thing to do, but that it would also contribute to wider economic growth.

The problem we identified

Insufficient income worsens physical and mental health and there is clear evidence:

- Financial stress leads to increased risk of **psychological distress**, anxiety and depression, and there is a strong relationship between stress, **chronic conditions, cardiovascular disease, disability and early death**
- Insufficient or poor-quality food can lead to serious issues including **obesity**, which reduces life expectancy by an average of **three to ten years**, **malnutrition** and significant levels of **stress**, all of which lead to a host of health issues
- Children growing up in the lowest income households are **likeliest** to suffer longstanding illness, unintentional injuries, to develop asthma, and to be overweight – and they are more than five times as likely as children in the wealthiest households to have poor mental wellbeing
- Fuel poverty is **increasingly widespread**, affecting an estimated 13 per cent of households in England, 25 per cent in Scotland and 14 per cent in Wales. It is closely associated with a **host of health conditions** including strokes and heart attacks in older people, as well as respiratory conditions, disability, depression and anxiety, and slower physical and cognitive development.

Our networks are reporting increasing serious physical and mental health issues attributed directly to rising inflation and stagnating wages, which have left increasing numbers of low-income households struggling to meet the cost of essentials. This speaks to wider evidence reporting increasing levels of destitution, whereby people cannot meet their most basic needs to stay warm, dry, clean and fed. A reported 3.85 million people across 1.8 million households **were destitute** in 2022. This is an increase of almost two-thirds in the last three years, and the number of destitute children has doubled in this time.

There is also a racialised dimension to the cost of living crisis with **12 per cent of minority ethnic households experiencing destitution**. In addition, 23 per cent of those who were destitute over the last year were migrants, and many are denied access to public funds and deemed ineligible for benefits such as Universal Credit. This context presents a significant problem for population health.

There is real concern amongst our funded partners on the ground over the ways the cost of living crisis is impacting children's health and education, with reports of:

- children fainting at school due to being so hungry
- parents not eating so they could prioritise their children's food.

For those who are eligible, free school meals and food banks provide an essential safety net to make sure children are receiving at least one good

meal a day, however there are also significant gaps in provision and holes in the safety net.

There are even greater concerns for households with 'no recourse to public funds' and there was support for **Joseph Rowntree Foundation's** call that everyone should have access to help in an emergency, whether they have 'no recourse to public funds' or not. Denying people access to food or shelter is a breach of their fundamental human rights, and places them at risk of homelessness and modern slavery.

There is significant overlap between those who are destitute and those whose income is more reliant on Universal Credit, such as disabled people, people in insecure or low-paid jobs, those not able to work due to poor health and households with children, demonstrating the insufficiency of present levels of state support. Universal Credit payments at the **standard allowance** for over-25s equate to just 14 per cent of weekly **median income** over the year, which is significantly lower than in similar countries.

People are being forced to work multiple jobs, leaving little time for their children or for maintaining health

protective social relationships and leisure time, and the use of food banks and food insecurity more broadly is being normalised to an unacceptable extent, given these should only exist in emergencies and extremes. This is supported by evidence that shows **9 million adults are experiencing food insecurity**, three million of whom have skipped meals for an entire day. This demands action.

There are fears that more and more people are being pushed into debt and suffering worse physical and mental health as a result. Two organisations we spoke to working with women experiencing domestic violence reported an increase in women remaining in abusive relationships, entering risky relationships, or seeking out sex work due to not being able to afford essentials.

We need a strong safety net for people who require support, we heard that currently the system feels like it is trying to "catch you out rather than help you out." The five week wait for Universal Credit is pushing families into debt or forcing them to go without essential food and heating and some of those who were eligible for support did not receive any back payments for costs incurred or for mistakes made by the DWP. These are systems that can be fixed.

4. Supporting improved health through access to good quality work and training

Good work, which offers reasonable working conditions and a safe and supportive working environment, remains inaccessible to far too many people, particularly in communities most likely to experience health inequalities. There is **extensive evidence** demonstrating how work and health are closely interlinked with poor work having an adverse effect on health.

We call on the next government to:

E. Invest in local employment support for communities least likely to have access to good work

Support to access and remain in good work requires tailored activities from sources people trust. When this is delivered by and for communities with specific expertise in the needs of the local community, the support is more likely to include the right knowledge and skills.

Evidence suggests that the expansion of more 1-1 and tailored local support would be beneficial for people most likely to be excluded from good work. The **evaluation** of the government's English as a Second Language (ESOL) for Integration Fund found that placed-based language support proved effective as a first step in supporting people with skills that could eventually lead to employment opportunities. For disabled people, **personalisation and co-location of support** were found to be key drivers of success for supporting access to employment and provides greater scope for the co-production of effective local services.

F. Commit to reform apprenticeships and expand young people's access to training and employment opportunities

Young people do not have access to the opportunities they need to build vocational careers. The Resolution Foundation suggests that vocational training needs to consider the **Robbins Principle**, which states that it is reasonable that qualified people wishing to progress further should expect to find a place for their skills. This is not being fulfilled when it comes to apprenticeships. The number of apprenticeships has fallen since the **changes to the levy** were introduced, and this reduction is particularly stark for younger people at **entry level**. Government **data shows** that that between 2019 and 2022, there was over £3 billion of unspent levy funding.

It has been more than ten years since the **Richard Review of Apprenticeships**, so we call on the next government to commit to reviewing and reforming the system, learning first hand from young people and employers on how to improve the system. The goals of this review should be to expand access to a wider range of industries, increase the proportion of apprenticeships at entry level, and ensure these are accessible to young people in all communities across the UK.

G. Ensure predictability and flexibility are built into working hours

For many people in neighbourhoods experiencing disadvantage, zero-hour contracts and agency work are the most readily available forms of work. Our networks reported that a lack of notice of working hours is incredibly detrimental to many people's mental and physical health. It affects childcare, their ability to shop for food and their sleeping patterns. Millions of people in insecure work and earning low pay are impacted by this unpredictability.

We support the **Living Hours** campaign led by Living Wage Foundation. This calls for:

- at least four weeks' notice of shifts, with guaranteed payment if shifts are cancelled within this notice period
- the right to a contract that reflects accurate hours worked, and
- a guaranteed minimum of 16 hours work per week, unless the worker requests otherwise.

The problem we identified

- Higher employment rates are strongly correlated with higher healthy life expectancy, with every 10 percentage points higher the employment rate, healthy life expectancy is around **five years higher**. Higher employment and supportive workplaces are essential for the economic growth and productivity of the UK as well as its physical health
- Unemployment often has long-term physiological health effects and can have negative consequences for people's mental health, including **depression, anxiety and lower self-esteem**
- There are significant inequalities in employment rates for **disabled people**, and **minority ethnic communities**, particularly, amongst Pakistani, Bangladeshi, Black and multi-race people. These inequalities in employment drive down these groups' opportunities, further entrenching health inequalities

According to the **Office for National Statistics**, more working-age people are self-reporting long-term health conditions which are forcing them out of work, with 36 per cent of unemployed people saying that they had at least one long-term health condition in the first quarter of 2023, up from 31 per cent in the same period in 2019 and 29 per cent in 2016.

We have heard directly from the communities who are least likely to be able to access good work, and currently there is far too little funding for much needed local support, and opportunities for young people which are not fit for purpose.

Our network works with communities who are less likely to be able to access good work such as disabled people and people learning English as an additional language. The causes of this marginalisation include **discriminatory, insufficient or inappropriate training and support**, and **insufficient local opportunities** for appropriate work and training. A key theme which emerged from our networks was the power of local tailored support, often on a one-to-one or small group basis. However, many organisations reported significantly more demand than the resources they have available.

There are also growing concerns on the ground that young people in more disadvantaged areas have fewer opportunities to build meaningful careers, leaving many feeling hopeless about their future. Employers are not being provided with sufficient incentives to offer apprenticeships and we heard that the vocational training offer was inadequate, particularly in rural areas where transport costs are also prohibitive and small employers are even more essential. Research from the **Resolution Foundation** highlights that 30 per cent of 18 year olds are not in education or training which is more than other countries. This is a significant cause of low national productivity and high wage inequality which exacerbates health inequalities.

5. Investment in community assets to combat isolation and improve rights for greater local power sharing

People living in neighbourhoods and communities experiencing disadvantage at risk of marginalisation continue to feel the damaging effects of social isolation on their health, made worse by the trauma and isolation experienced during the Covid-19 pandemic. Feeling part of a strong community you can shape is significant for our physical and mental health.

We call on the next government to:

H. Commit to expanding the rights of local communities to shape local services and priorities

We are a founding member of the **We're Right Here** campaign which is working towards ensuring communities are given the voice they need to make the changes they want locally and calls for a Community Power Act. We echo this call. The Act would entrench community rights to buy buildings and spaces with significant community value, a right to shape public services and a right to control investment in local neighbourhoods. As political parties look to develop proposals on devolution, we believe that stronger powers for local people to shape local priorities should be a central feature of these plans, with legislative rights to purchase community assets, shape public services and develop new power sharing arrangements through new community covenants.

I. Commit to funding the development of local infrastructure programmes in places where health inequalities are highest

The next government should commit to developing local spaces that support social connections in the communities who need it most, for example through the mechanisms proposed by the **Community Wealth Fund**.

The problem we identified

- Social isolation can be as bad for your health as **smoking 15 cigarettes a day**
- Control over our circumstances is **strongly linked** to better physical and mental health which also supports greater **community wellbeing**
- Supporting local people to build communities and shape services can **improve confidence, reduce isolation and improve mental health and wellbeing.**

We heard directly about the key drivers of this isolation, including:

- Findings from our own **research**, a review conducted by **What Works for Wellbeing**, and conversations with our network indicates that communities are often well placed to shape solutions to local issues, building on local expertise However there are too few opportunities to engage in genuine co-production of local priorities and plans, despite the clear benefits such engagement brings to communities
- Economic pressures of the high cost of living and poor housing are reducing levels of socialising

- There have been significant reductions in and a lack of community spaces and assets – these are essential for building social connections and reducing isolation. Those that remain are often considered insufficient or are poorly utilised
- Local services are at times inaccessible and not always culturally appropriate
- There are certain building blocks required for strong communities to thrive. Two important features are having the power to shape things that are important for the community. The other is making sure communities have spaces where people can come together and build strong social connections. It is often communities in areas experiencing the greatest levels of disadvantage and marginalisation who are least likely to have this influence and infrastructure
- The people we spoke with talked about young people being forced to socialise in fast food restaurants due to insufficient community spaces. They observed the current system for community asset transfers often takes far too long, with confusing processes, and insufficient support from local decisionmakers. There was a widely held view that community asset ownership is very expensive, requires long-term funding which community organisations do not have or cannot access, and governance processes can take several years even for straightforward arrangements. This falls under the remit of local government but there is much national government can do to address these issues.

What next?

We believe the policy recommendations in this manifesto have the potential to set the UK on a path to better health, stronger communities, and a brighter economic future.

We will be working with our partners and network to promote the findings and recommendations to all political parties with a view to securing commitments in political manifestos for an upcoming general election. We want to talk to you about how we start making this happen. Speak to us, learn more from our funded partners, [join our campaign](#).

Acknowledgements

We would like to thank most sincerely all the community organisations who participated in the development of the manifesto and represented the views of thousands of people across England, Scotland and Wales. Without their wisdom, expertise and insight, it would not have been possible to produce this report.

About People's Health Trust

People's Health Trust is a national charity working in England, Scotland and Wales. We support work led by communities which addresses the underlying causes of health inequalities. We use formal and informal learning from our network of funded partners to support change at a local and national level through advocacy, campaigning and research. Our partners include those who work with communities experiencing racial inequity, disabled people, and people with learning disabilities, older people, younger people, LGBT+ communities, refugees and people seeking asylum and many others.



People's Health Trust

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