**Background**

Health is defined by the World Health Organisation, **WHO (1948**) as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’. Amongst different individuals and populations, health status may not be equal (WHO **2018).** Indeed, health inequities are characterised by the WHO **(2018)**, as the ‘systematic differences in health status or in the distribution of health determinants between different population groups’. Such disparities in health status are discernible amongst the 33 London local authority districts. Indeed, research conducted by the **Trust for London (a, 2021)** elucidates that both life expectancy, and healthy life expectancy, vary considerably between different districts. For example, life expectancy for both women and men is lowest in Barking and Dagenham – 82.3 and 78.1 respectively – whilst it is highest for both in Westminster, with 87.2 for women, and 84.9 for men **(Trust for London, a, 2021).** These health disparities are of increasing importance to policymakers in London, and the UK more generally, due to their high cost to both individuals and the National Health Service, NHS **(Public Health England, 2015)**. Subsequently, it is paramount to eliminate these inequalities, for which understanding their causes is essential.

*Note: Whilst there are 33 local authority districts in London, only 32 of these are legally considered boroughs - the City of London is not* ***(London Councils, 2021).*** *However, most datasets and literature we have consulted include the City of London when talking about London boroughs, so the terms local authority districts and boroughs will hereon be used interchangeably in our project.*