A CITY FOR ALL LONDONERS

An Inclusive City Growth Workshop
11th November 2016, 9.30 – 13.00

Health Inequalities
Table 9 Session 1

Facilitator in bold facilitator – comments in bold
Respondents in regular text

These notes are a summary of the conversation

Session 1, Table 9

Emily Humphreys (Facilitator)
Roland Chester, Disability Rights UK
Helen McKenna, The King's Fund
Steve Taylor
Kezia Coleman, Thomas Pocklington Trust
Rory Macfarlane, Health for London
Sioned Churchill, Trust for London
Shirley Hanazawa, Just Space

Welcome. Integration of health and equality, putting Londoners at centre of discussions. City Hall's role in health and equality. Consultation on health and equality strategy next year. Beginning of conversation. Start, not the end. Feed in later if you don't get an opportunity to speak. Huge amount to cover. Issues in health to discuss; infrastructure and what to provide.

Accessibility, facilities, huge plan for Haringey, which includes development but does not follow integrated infrastructure considering health and education. Need to listen to the community so they don't feel deprived i.e. GPs cannot cope, places in school, nurses.

Integrated is right. GPs get stuck in what to do with people. Need to mobilise voluntary sector. Keep people engaged and active. Develop things to do with the community.

Voluntary sector: large number of disabled people under enormous pressure due to funding cuts. In certain sectors, people rely on those organisations; only source of support. People become isolated. No funding, no money, no activity for them to engage in. Accessibility: transport peaked with the Paralympics and it's gone downhill. Transport is so crowded and the physical access is not acceptable. People have cognitive impairments. People with mental health conditions have even more limited access. Postcode lottery for care and quality, if you can access at all. Need to evenly distribute care and support. This is an idealised situation, but we should move towards this.

Integrating services is key. Lots of money goes into health services, but at the end point. Should be investing in getting the NHS and local authorities to come together with voluntary sectors, get community to take a place-based approach to health in a wider sense.

Decline in voluntary sector as it is seen as an add on. Need to shift the perception of the role the voluntary sector plays. How to involve more residents? Matthew's speech was about engagement. Want to add issues of equality. Poorer communities affected far more by poor air quality and housing – overcrowding is a big issue.

We need to effect a transformation – essential shift from hospital care to community-based care. Hospital-based care should be replaced by community-based care. The voluntary sector is essential and more cost effective. Long way to go. Not just GP-led consultation services.

Mayor can be key figurehead to spearhead these conversations. Visible figurehead to facilitate these conversations. Move back to planning: document could have gone further towards more restrictions on fixed-odd betting terminals near schools. National planning law needs to follow suit. This document should lead the way.

Rehabilitation workers for people with sight loss. When diagnosed with sight loss should be seen by a rehab worker. Some areas have cut this facility. Care users are sitting waiting for support. NHS is required to provide information re sight loss but is not.

Disability hate crime: increase post Brexit.

National health checks for people with disability. National scandal.

Whole range of issues with funding for voluntary sector and how we can support the vision. Recognising the Mayor's powers and budgetary restrictions, what can be done?

Where is the decision-making power?

Mayor's power: one power on health, which is to write a health and equalities strategy. He has more powers in planning and transport, which cut across. Mayor has power as strategic leader to bring boroughs together by saying an issue is of importance. Not a formal power, but the Mayor can influence opinion. Informal, but not to be underestimated.

How do we initiate change? It's really grassroots. My borough is very pressurised. We are so deprived, but there should be a fight. Boroughs should call for unity. It's disheartening.

I live in Kingston – relatively affluent, but there are pockets of real poverty-line deprivation. Development work going on, which appears to be vanity projects. There are people living on the poverty line beneath the top, prestigious level. Two prestigious hotels made at expense of housing.

The Mayor could be bold and talk about undocumented migrants who are not able to access health facilities. Making health workers and landlords the police around this agenda. Whoever's living in London is living in London and destitution is unacceptable.

Need to ratify the funding on this. Mayor can hold people to account on this but he needs to be clear where there are statutory requirements that need to be met by local authorities. Sexual

health services are statutory but they are being run into ground. That is statutory and not okay for it to be run into the ground.

Need to work with local authorities in a strategic way.

Planning side: living neighbourhoods, everything is integrated, how to give best quality of life? As you age you will be theoretically qualified.

Concept lifetime, more inclusive side of things will come through in the new administration. How to deliver it needs to be considered.

Are there things to be built into neighbourhoods regarding health and equality: green space, access, etc.? What about inequalities to consider re planning the environment?

Shared space is not inclusive or accessible for elderly, blind. Children get confused because it all looks the same. Look at Exhibition Road. Can't put one group at risk to support another.

Endorse you on shared space.

No one understands the difference between spaces.

Kingston has been blighted by cyclists not using the cycle lane. They insist on riding in the road.

Shared space: does it reduce traffic accidents?

It doesn't.

Evidence that it does.

Moving on.

Overcrowding: big issue for young people. Match on community facilities, spaces for young people. Postcode lottery. Anything the Mayor can do? Not accepting overcrowding but an interim response while houses are being built. How can we mitigate overcrowding in community resources?

Down to boroughs. Democratically elected to represent those people. Mayor can take strategic leadership role, but ultimately it is down to the boroughs. Can only push the agenda where he can.

Power talks. The developer comes in with tempting sack of money and then community things such as libraries get closed. Spurs have new stadium. This might be a rumour, but I've heard Spurs are offering to give the council £19 million to change the name of the station to the Spurs station. Council is money struck, so the community doesn't get say.

There are groups to support this.

I've been to many councils but they do not take what the community say forward.

Neighbourhood plan is down to the community. Put those priorities to the community.

Neighbourhood planning takes five years to develop before approval. You have to be knowledgeable about how to effect change. Where people are not knowledgeable, people are disadvantaged. Areas like Crouch End, Muswell Hill are informed. How do you make it actually accessible?

Boroughs are required to help.

Message about how Londoners have a voice in planning decisions.

How do you actually influence anything over people with huge agenda?

Recognise the community activity. It's down to people doing their own research, but is there more that can be done, someone on their side?

Planning Aid for London?

Gap where Planning Aid for London was has not been filled.

Economy: impact of economic unfairness on health and equality. Good growth, helping employers, good jobs. What is the role of work in reducing health inequalities? How can we help employers to support their staff?

For disabled people, work is pivotal in normalising their world. Government is trying to fill the gap between disabled and non-disabled people in employment, but it is not working. Need to encourage employers to support people with disabilities. Need to put message across.

Benefit sanctions are responsible. Cutting off benefits will prevent vulnerable from finding work.

People need to be in employment for their health and wellbeing. London has a way to go to facilitate people getting support. Particularly in relation to mental health, people will go in and out of employment. Employers are ill equipped.

Difficult in terms of benefits. Need to start smaller and build up. Really hard.

Needs to be an employment fairness initiative. Promote good practice around mental health. Job retention, skill up employers, provide a good workplace. Living wage is key to healthy workplace. Employment rights. Legal approach been decimated. Need to have access. Need a way to improve how info about rights and exploitation is dispersed. Bad employers should be pursued. Also good growth. Publish pay rations, get employers think about how their staff are valued. Contentious issue, but Mayor could take the lead.

Consider the purple pound. Pink Pound. Purple pound is spending power of people with disabilities. The opportunities presented by it.

Apprenticeships leading to good jobs and getting paid to learn. Come out with something to use. Has to be monitored. Make them employable.

Need to avoid lengthy unpaid internships: equates to six months of unpaid work, which means drain on job seekers.

Relationship between health and work and health inequalities and work. What can we design?

Healthy workplace schemes. Scheme with bikes at my work. Funny story: someone once asked a wheelchair user about bike rides. Overall a nice scheme. Not budget dependent.

When I worked in NHS the staff had access to healthy food. Generally, it was those who were better off and well informed who accessed it though. If small companies can do it, wonderful.

The access to work scheme has backfired. Government initiative, the two ticks scheme: if they meet criteria when applying for a job, will be guaranteed an interview. Positive discrimination. Not necessarily positive: filters out people who do not meet two ticks scheme. Makes companies complacent, exercise in box ticking.

Access to Work is a decimated fund, which the Mayor could highlight to employers in London. All these things relate to healthy wellbeing. Mayor's influence with employers should be to promote how important it is.

Benefits to employers. Young men with autism and Asperger's survive in school life and then it all falls apart. They end up in chaos and cost loads of money. Should coordinate schemes around that. Employment advantages and money to be saved. This is being stopped by lack of coordination around education, adult care, social care. Info sits in different sources and isn't dispersed.

Are there certain roles that are more suited to people with autism?

Each person is unique. Transition from child social care to the age of 25 and no longer having access to child services is where it all falls apart – not getting support they need to get. Working with people with these conditions, getting them to a point where they –

Running out of time, so need to bring the discussion round to housing issues.

Basic for health. I was a nutritionist, trying to help people with health issues. People come for help but the information is useless because of their housing. No access to cooking. Need to do things the cheapest way.

Equality of housing will have a huge impact. Insulation would be much more effective. Doesn't get spoken about enough. Need to push greater regulation of landlords. Is Mayor coordinating that?

His main priority is affordability.

Landlords are not restricted by borough. Difficulty with boroughs coordinating. If one cracks down on rogue landlords they wouldn't necessarily communicate that to another borough.

20 year plan means that council estates will be razed. Need to improve quality of living. Where are they going? It's unfair. Is there another way? We should look after our own first, those already in the system: improve council housing stock, update it.

Council housing has much more equality than private sector. Homes for Haringey get rid of homes that are too expensive to maintain. Very specific issue. Quality of private renting sector much worse.

Interface between social housing and health service?

When people leave hospital, more should be done to speed up their discharge and adaptations to their housing. Need more coordination. Save money on freeing up a hospital bed; better for patient to be at home. Funding to speed adaptation work. More money for housing but save hospital. Ultimately better and more cost effective.

Should look into strategy around use of technology to facilitate hospital discharge.

Dementia-friendly communities, age-friendly communities – long way to go. Need to work out how to accommodate needs of elderly.

Interesting one to finish on. Other aspects of inclusion to think about? Different ethnic minorities, LGBT groups? How to build an inclusive community?

Mixed communities in terms of incomes. Gentrification and divide between the poorer areas. How do you encourage and promote integration? Everything is down to market. Develop housing supply, smaller developments on TfL land, public land, co-housing, community housing, small scale and doesn't meet high level of need but useful.

Hire out smaller companies; more human.

People still end up in residential care. Is there property available to do something more creative? Gateshead did some really creative stuff. Gentle communities – protective. Little groups living closer by, develop planning to accommodate smaller groups.

Health Inequalities
Table 9 Session 2

Facilitator in bold facilitator – comments in bold
Respondents in regular text

These notes are a summary of the conversation

Session 2, Table 9

Emily Humphreys (Facilitator)
Ade Fashade, London Voluntary Sector
Caroline Clipson, Southwark Dementia Action Alliance
Tanya Wrath, Royal Borough of Greenwich
Ciara Power, Islington Council
Jon Evans, Wandsworth Council
Steve Birak, Concern Activist
Paul Plant, Public Health England

Health inequality: only formal statutory duty and power. A lot of what goes into the Health Inequalities Strategy will be to do with how boroughs, City Hall and other services can work together. This relates to what City Hall can do, City's Hall's broad policy agenda on housing, planning. What should we be thinking about in planning a strategy that cuts across all those areas? Focus on the planning and transport, housing and economy issues. There won't be lots of depth – it's the beginning.

Not strictly true that the Mayor doesn't have other health responsibilities. Original act stipulates he has to consider health. Need to point out the 2000 act has health as a priority.

Ideas on how those duties can be met? Anything to do with health inequalities to consider particularly? Inclusive communities that reduce health inequalities. What factors do we need to consider particularly?

I had a bookshop for five years in Bloomsbury. It enabled me to watch the local community. Marchmont Street – the road opposite my shop – was social housing and a very little side street was private housing. I noticed over five years – and it disturbed me – that the two sectors barely communicated, despite living 100 yards away from each other. Will not posit the reason – or, to contradict myself, too busy, snobby, too tired. Community centre that people use and is not merely tokenistic. Gives older people meals. Community hubs such as libraries help people to come together and unite as human beings.

Social infrastructure and social integration?

I think a lot of people have an idea about design mostly revolving around wheelchair accessibility. There are things that are inexpensive to do that make physical environment more accessible for other people with other conditions. Southwark redid green areas. What kinds of seat to put on the green? Just make it look like a seat! Make it identifiable for people relying

on long term memory i.e. people with dementia. Surfaces make buildings and environments more welcoming for people with dementia and people who are overwhelmed by urban environments i.e. autism.

Any comments on inviting environments?

We forget about community togetherness when we think about health inequality. We concentrate on overcrowded GPs etc. To get community integration, living conditions need to be better. Facilitate what's good for London. More joined-up, integrated work to create opportunities to create better conditions of life to bridge the gap in health inequalities.

Create space for wellbeing by working across agencies.

Make health a specific agenda on the London Plan. Can't overplan from City Hall for boroughs. Boroughs are short of money. There are design principles; this is what community involvement and design elements contribute. A competition amongst the boroughs? To encourage it at borough level.

What does 'good' look like? Need some exemplars. What works around social inequality?

There's been evidence that community involvement brings out better results.

Being able to point to examples of good practice and good outcomes is a prerogative.

Important book about how trees nourish one another under the soil – good growth. A bad ecosystem – the nourishment of the trees doesn't work from one tree to another. When a great tree dies it is nourished by a sapling. A system of shared nourishment. Inherently, we know what is good and what is not. We know what a society that leaves people on the side of the street looks like, what inequality looks like. In 'The Spirit Level' by Wilkinson and Picket the arguments are common sense. In an unequal society there will be poor growth. Eileen Conn – a lady on the other table – has written something about the resilience of society around the nourishment of trees.

Moving on to Good Growth, London as a growing city, how do we define what that means in terms of health?

It means access to services within reasonable distance from home.

Inclusion for those who are stigmatised by society. People in the criminal justice system, ex offenders. Golden thread through the other strategies. Ex offenders are stigmatised and don't have accessible pathways to health and services.

Particular communities are vulnerable.

Good growth is affected by infrastructure needs. Do people have access to jobs? Much more of an issue out of London. Growth that doesn't put existing communities at risk. Wandsworth Council communities have had their homes prioritised during redevelopment.

Good jobs and bad jobs. Lack of control over your working environment and the belief that you can progress in employment. It's not fine when you're forty with children to not be able to progress. Good health is a byproduct of other factors. When I was younger, middle set of jobs were valued alongside tertiary level, university jobs and people getting by on minimum wage

jobs. Need to fix the bit in the middle. This would have a profound influence. To live in London you need an income. Space and culture have been privatised. Mayor needs to attract middle-level workers to bridge the gaps. Cannot do that at borough level. It's a scale issue. Has to be a contract with boroughs. Not finance, not the bottom, it's the middle.

This problem with the middle impacts on older service users. Families of elderly relatives cannot afford to survive in London. Then you get into the loan economy of the care world. In terms of physical planning, when you get older and more vulnerable your world contracts. Need small, local spaces to have a chat and engage with the world. Really valued by people. Plans where different groups can meet. Opportunities where different groups have an environmental project that is mutually beneficial can break down boundaries between rich and poor. Provides opportunity for people from a stigmatised population. Can just come along and achieve something with other people on a level playing field.

Set of things around how we grow in physical environment that is local, and then city wide how we grow the economy.

Middle income and park are a middle space. It is a relaxing space for all. There is no middle if the park is usurped. Middle-income jobs not being there leaves the extremes of rich and poor. In the development of NHS, you could have private health care for rich and nothing for anyone else. Need the park to breathe and find emotional space, inner nourishment. Middle jobs are the secure link, like a see-saw, between two extremes.

The Mayor has to broker new ways of doing it. Local government has no money; local communities have money that can be liberated. Needs to reframe: needs assessment, fill the gap – doesn't work. That convening role of the Mayor, focused on the right things, the middle. We need to not lambast boroughs. Boroughs sell things off because they are in an existential funding crisis. Need to face up to that as a city. Lots of assets and innovation. The Mayor needs to front that. Would enliven civil society. Enliven boroughs rather than lambast them. Royal Parks area at capacity. Peripheral parks are being sold off. Royal Parks cannot deal with any more activity – tourism, people using them in different ways. Enfield, Bromley etc. are selling off and privatising spaces.

My local park has a golf course – not everyone can access it.

Make more use of assets – trend towards golf courses. Massive spenders on services, huge levers they can pull and bend in terms of delivering for the residents. Local authorities are huge spenders.

Is there a role for the Mayor in conveying a new model of development?

Strategic role for the Mayor to do that. Clearly way forward. Don't want 32 boroughs going in different directions. What are the Mayor's current levers around health?

Mayor's levers on health reform very informal. Duty is to publish a strategy, and the strategy says what the roles are for different bodies. There is cross-London work about devolution and shared powers. The Mayor's hard levers in health are very limited. How health is influenced by the levers he does have.

His big lever is in devolution.

Whole series of local pilots. Haringey, in order to do what we do, we need this. Mayor meeting with the Chancellor today. When you talk to officials in different departments –
Need to cross identify and actively facilitate things at local level. It's really important to have a bottom-up approach from the GLA to work with the boroughs. There is a gap between what the GLA is doing and what's happening on the ground.

Should the Mayor run a London-wide campaign around people with stigmatising mental health issues? Use power of recognition rather than statutory powers.

Equality is a key part of the Mayor's work to push that cause.

Broad-based discussions on overall role of Mayor, importance of community work. Draw people to specific topics – employment and employees and Mayor's economic development strategy.

The difficulty that carers have juggling their employers and their familial, carer responsibilities. Anything the Mayor can do to encourage a more flexible, supportive approach to carers would be very beneficial. The NHS bears costs that could be avoided if carers had more flexibility.

The middle, bringing in the word 'care'. If the worst came to the worst, an employer could abuse an employee. Care is the middle. Care as a word disturbs me. My partner was in a care home. He was cared for by beautiful people who were paid so little. If the world was a really caring place – if you have a bone with no ligature or flesh, it's back to the middle. The ligature is care in the broadest sense. What is a caring society? The relationship between employee and employer needs tendon of care – the middle.

Opportunities on construction work placements. Work experience on borough construction sites. Hopefully then be employed in that scheme when they were up and running. Any room for expanding that programme or initiatives?

All of your contracts could have that. When they redesigned NYC, they just put it in the design contracts that you could not engage with City Hall unless you could address this issue of employment.

You must involve disabled people in that procurement process.

Publishable standard and monitoring – contracts at City Hall have that in them.

Transparency.

Care becomes transparent issue.

In terms of employment, it's about creating opportunities. Reducing the risk of reoffending, come out of prison, have nothing to go to because of stigma. Takes time for them. Should have more employment opportunities, skills training, employers working together to combat inequalities. Employers can then understand ex offenders. Mayor can facilitate that.

Housing? Or stick on economy?

You did mention transport. Big area. It comes up a lot with older people with dementia, that certain boroughs that don't have the tube rely on buses. It's important that those services are aware of people with those conditions. Flag up the difficulty in using public transport when you

have an invisible disability. Issues about things like dial-a-ride. The invisibility of certain conditions means that they are being cut off from services. Serious concern. Will be writing to City Hall. Underneath it all, if they do things in groups but can't get to those groups, they can no longer take part. Really difficult process for people with various conditions where they behave unusually. Carers get embarrassed.

Transport – deprived people cannot get the transport they need. Mayor needs to improve and integrate transport – Crossrail, big ticket stuff and beyond. Twenty years into the future, it's key.

People living in poverty catch the bus and live a long way from work. They're spending a lot of time getting there because they've been priced out of affordable housing. NYC didn't do lots of planning, consultation – at midnight they pedestrianised Times Square as an experiment. Look at what happens rather than theorising. Huge success, then put it through planning. Mayor could have 50 different experimental pilots and see what they look like rather than spend years in planning. Pilot and show people. Let communities experience it rather than be told about it.

Someone might object further down the line. Joined up thinking – housing does impact on health and inequality. Excluded groups cannot get access, and that impacts on their health.

Nine Elms – large redevelopment area. Provide transport as a big lever.

Housing – critical things about integrated policy across all agendas. Earlier group had something to say about housing equality and affordability.

The design and upgrading of housing does affect quality of health. Bring health thinking into how you design housing. Goes back to community engagement.

Community users integrating and using services more. Partner works in Haringey and goes to houses – people want advice. Need more linked-up services.

Southwark – certain GP services have a checklist of different services to introduce people to. Cuts down on people coming to the GP because they're lonely.

On housing, a massive fraction of glass is not produced in the UK. Produced in India, no health and safety rules, five-year-old children are working in these glass-producing factories. Lots of windows that we see around us are not produced ethically. Complex mechanism to do with chain of manufacture, which needs to be unpicked.

It would be useful if the Mayor supported genuinely affordable social housing. The Housing and Planning Act, if implemented, will squeeze out the majority of affordable housing provided by developers. Support a London plan for social housing and discouragement of starter homes, assuming it does go through. If the government sticks it back together, starter homes could be the vast majority of so-called affordable housing.