

RESPONSE TO THE MAYOR'S DRAFT HEALTH INEQUALITIES STRATEGY



A consultation response by Sian Berry AM
On behalf of the Green Party group on the London Assembly
November 2017



INTRODUCTION

I am responding on behalf of the Green Party Group in the London Assembly to the Mayor's document 'Better Health for All Londoners', the draft London Health Inequalities Strategy.¹

I welcome the vision the Mayor has set out for a healthier city and agree with including the objectives set but have proposed more.

This strategy seeks to embed health as a cross-cutting theme across all the areas over which the Mayor has responsibility. This is the right thing to do.

I also welcome the progress Transport for London (TfL) is making in mainstreaming health through the Healthy Streets approach, and the recognition of the impact on physical and mental health of some of the proposals in the Mayor's environment and housing strategies.

Figure 2: Social, economic and environmental influences on health and wellbeing



Source: Adapted from Dahlgren and Whitehead⁹

However, while the Mayor has provided an overview of his aspirations and outlined a general approach to reducing health



inequalities in this strategy, it is not yet a delivery plan with measurable targets.

He is relying on a wide range of organisations to act to progress his vision but, as Mayor, he is ultimately accountable for the success or failure of his final Health Inequalities Strategy.

He must therefore publish a set of performance indicators against which his progress on achieving his objectives can be gauged. We can only judge the Mayor's intentions at this stage rather than his ability to deliver on them.

The Mayor could have gone further too. He hasn't – for example – explored how a four-day working week could reduce work-related stress. And he doesn't have plans to tackle the financial exclusion that can lead to poverty, which in turn damages health.

In addition, the wellbeing needs of older people, children and disabled Londoners are well catered for but there isn't a big enough focus on older children and teenagers, particularly their mental health and wellbeing.

In this response, I provide feedback on some specific aspects of the Mayor's draft Health Inequalities Strategy.

Sian Berry AM
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HEALTHY STREETS

Transport is one of the main ways Londoners can stay active. How we get around plays a big role in our health.

The Mayor has set out a vision for inclusive, healthy streets that enable walking and cycling in his draft Transport Strategy. But he isn't doing all he can to reduce the dangers some modes of travel pose to Londoners' health and provide better options.



Such a scheme, based on distance travelled, time of day and pollution is the most effective potential traffic reduction tool in his power. It is the key to freeing up street space for better walking and cycling infrastructure, it would help clean up the air and is in principle supported by the Federation of Small Businesses, London First, the Royal Town Planning Institute, the Institute of Civil Engineers and the Royal Academy of Engineering.



The 10 Healthy Streets Indicators

Source: Lucy Saunders

Traffic cutting measures needed

Even though the Mayor has set targets to reduce traffic by 15 per cent and get 80 per cent of all trips completed by public transport, bike or foot by 2041, he isn't pursuing the one policy that could help him meet his so many of his policy aims most easily: smart road pricing.

More urgency needed

The Mayor has allocated £1.13 billion of capital spending to healthy streets according to his new draft TfL business plan.² But this budget covers the period from 2018/19 until 2022/23 when he may no longer be Mayor.

TfL has a record of failing to spend walking and cycling funding,³ so it is worrying that the bulk of the spending is not due until 2021/22. Too much time has slipped away under this Mayor already with few schemes being built – the sense of urgency in the last year of the previous Mayor's term must be recaptured.

The Mayor's goal for nobody to be killed in or by a London bus by 2030 is also too slow. By taking action to improve bus driver conditions,



as called for by the Assembly's Transport Committee,⁴ and rolling out safety technology, more needless deaths and injuries could be prevented more quickly.

ENVIRONMENT

The UK is making plans to leave the European Union (EU) but the Mayor should insist that London sticks to EU environmental standards, even after departure.

London's poorest communities would suffer first from weaker standards post-exit.

It is concerning that while the Mayor has set an objective to meet the current EU air pollution limits as soon as possible, he hasn't committed to uphold current EU standards after Brexit. He must do this in his final strategy.

Air pollution plans

The Mayor set an objective in his draft Environment Strategy to reduce Londoners' exposure to harmful pollution.

However, his plans are too focused on central London and many Londoners are left out of his proposed Ultra Low Emission Zone (ULEZ). Their health will continue to suffer for years from the illegal levels of air pollution that blight so many communities.

The Mayor should be aiming for the whole of London to achieve full compliance with air pollution legal limits as soon as possible and by 2020 at the latest for nitrogen dioxide.

He should consult Londoners on a city-wide ULEZ for all vehicles and schedule all stages of his ULEZ plans to be completed within his term of office. These aims should feature in his final Health Inequalities Strategy.

"Every member of my family now has asthma – my wife, my daughter and her two children. The central reservation is so thick with dust that it is almost like a sandpit."

Resident of Brentford,
which is not covered by ULEZ plans

Access to green space

The National Park City campaign – backed by the Mayor – aims for all Londoners to have free and easy access to high quality green spaces and connect 100 per cent of London's children to nature.

Even though the Mayor identified in his draft Environment Strategy that 45 per cent of London suffers from a deficiency of access to such spaces, he does not mention the National Park City objective in this draft strategy. He should do so in the final version to more fully recognise the health benefits of access to green space.

Why back the Silvertown Tunnel?

The Silvertown Tunnel is a proposed £1 billion road tunnel between the Greenwich peninsular and the Royal Docks. Boris Johnson applied for powers to build it but Sadiq Khan has refused⁵ to cancel it. The Government has repeatedly delayed taking a decision on the scheme due to air pollution concerns.⁶ If the link goes ahead, communities nearby will face an onslaught of noise, fumes and traffic with negative health consequences for local people. A planning inspector concluded that a similar scheme, the Thames Gateway Bridge, would worsen deprivation and public health.⁷ The Mayor should pull the plug on this scheme.



ECONOMIC WELLBEING

In the foreword to the draft strategy, the Mayor talks about economic exclusion. However, none of the objectives set specifically address this. The Assembly's Economy Committee has been investigating financial exclusion in London and will shortly publish a report with recommendations to the Mayor.⁸

These issues do have a significant impact on health and wellbeing and the committee's report should be used to inform the final draft of the strategy.

Financial exclusion

Poor health can be both a cause and a consequence of financial exclusion in London.

People with poor mental health can struggle to get access to a bank account if they are unable to provide standard forms of identification. Without a bank account, it can be harder to get a job, find a place to live or pay bills and this can have a knock-on effect on health.

And if you find yourself unable to absorb a shock to your finances – for example if you suddenly have to pay for major repairs to your home or support an unwell relative – you may slip into debt and suffer stress.

The committee's specific recommendations on financial exclusion could help the Mayor to address this problem.

Good Work Standard

The Mayor should ensure that all the developmental goals for employers signing up to his Good Work Standard – which goes further than his Healthy



Workplace Charter – are included in his final Health Inequalities Strategy, given their potential to improve Londoners' work-related health and wellbeing.

For example, the Good Work Standard contains measures such as access to affordable loans and steps to empower and engage staff in decisions about their workplaces.

London Living Wage

The Mayor rightly recognises the link between decently-paid work and people's level of psychological and physical wellbeing. But he could be setting targets here for using his influence to get even more businesses to sign up to the London Living Wage.

In October 2016 the Mayor discovered that some GLA Group employers were not paying the London Living Wage to cleaning staff. However, he has not published the results of his investigation into whether there are any other examples of GLA Group staff being paid less than the London Living Wage.⁹

He must do this if his forthcoming final Good Work Standard is to have credibility and if he is to be seen as sincere in his ambition to make London a Living Wage City.



YOUNG LONDONERS

I am glad to see that there is a focus on the health inequalities faced by young Londoners in the strategy.

However, although the needs of children in their early years are well covered by the objectives set, the same is not true for older children, teenagers and young adults. This should be corrected in the final strategy, ideally with a specific objective to help this age group at a crucial stage of their development.

Young people's mental health

In particular, support for the wellbeing and mental health needs of young people needs more specific attention in the strategy.

Thrive London is a genuinely positive initiative from the Mayor, and I welcome it. But London in 2017 poses particular challenges for young people and their wellbeing and I would like to see at least one of the objectives under 'Healthy Minds' reflect this.

The strategy rightly highlights that one in ten children are affected by mental ill-health, and some estimates suggesting the majority of lifetime psychiatric disorders start before age 18.¹⁰

The Association of Young People's Health says that:¹¹ "Adolescence is a critical period of development, and a window of opportunity. What happens at this age will have a long-lasting impact." The importance of setting objectives for helping this group cannot be overstated.



Support to recover from crime and trauma

The Assembly's Police and Crime Committee has looked at the ways in which victims and perpetrators of youth violence are often overlapping groups, and the Department of Health has recognised that the wider effects of a violent or traumatic event on a community can continue a cycle of violence, saying:¹²

"Much like many infections, violence is contagious. Violence in the community can have negative impacts on individuals' emotional and mental wellbeing, even if they are not directly victimised themselves. For example, young people living in communities affected by gang violence and crime (e.g. muggings) may constantly fear for their safety in public places.

"Exposure to community violence through victimisation, witnessing or even just hearing about violence has been associated with post-traumatic stress and internalising (e.g. anxiety) and externalising (e.g. aggression) problems in young people."

The offer wider support to young people affected by violence, the Mayor, via MOPAC, currently commissions services to provide youth workers in four accident and emergency



centres in hospitals, and this work must be expanded and should form part of this strategy. I believe there is also a need for good, evidence-based community support after violent incidents and a more focused public health approach to violence through trauma.

The Mayor should, as part of this strategy, set out ways he will work to make sure communities that have been affected by knife crime get appropriate support to stop the spread of violence.

The right messages

I have been working for some time to improve the quality of communications to young people on knife crime.

The Police and Crime Committee found in its recent report on serious youth violence that fear of knife crime is a strong driver of young people's likelihood to carry a knife.¹³ Therefore, knife crime communication needs to be careful to promote positive messages and reinforce that carrying weapons is not needed in London.

The Mayor's new campaign 'London needs you alive' is very good in this respect, and I was very pleased to see this.¹⁴ However, this is not yet reflected across the GLA Group, with the police at all levels continually promoting messages about knife crime that show weapons in alarming ways, including to children.

I have raised a recent example of this with the Deputy Mayor, and hope this can be resolved. However, I would also like to see this strategy include a commitment to monitor and promote positive messages to young people about the benefits of avoiding weapons and to avoid communication that increases fear.

Youth services

My ongoing research has shown how council-supported youth services have been cut back dramatically in recent years.

In total, up to 2016/17, more than £28 million has been cut from these services across London, with a further £7.5 million of cuts expected during the current financial year.¹⁵

The ability of good youth services to support a wide range of positive public health outcomes for young people, including peer support, skills development, exercise and mentoring from youth workers should be recognised in this strategy and the Mayor should make plans to work with councils to close this deficit.

HOUSING AND HEALTH

Overcrowding

The slow rate of truly affordable house building in London against a growing population, and stagnant wages, has meant that more Londoners live in overcrowded homes.

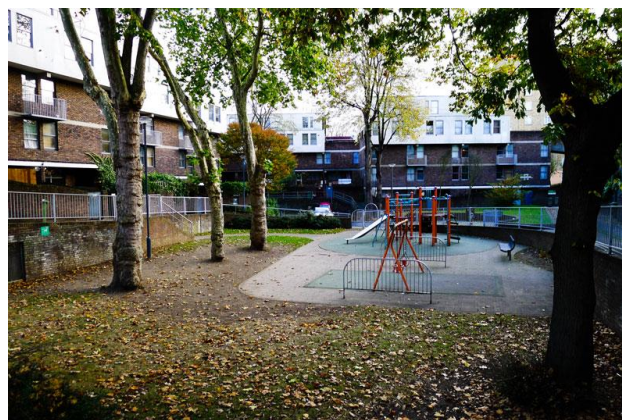
The Mayor has recognised that overcrowding can contribute to mental and physical health problems and can facilitate the spread of tuberculosis. He estimates in his draft Housing Strategy that 250,000 London households are overcrowded.¹⁶ The evidence base for the strategy also shows that over the past three years on average 11 per cent of private renting households, and 14 per cent of local authority renters, are overcrowded, compared with 2-4 per cent of owner-occupiers.¹⁷

The overcrowding figures above are based on the 'bedroom standard', which is measured by the English Housing Survey and was for many years an important way to track overcrowding at a local level.

However, the structure of the survey has changed and, although we can see a rolling average for London in the evidence base cited above, data are no longer available on how many people are living in overcrowded conditions on a ward or borough basis.

This has already had an impact on the ability to track the improvements in overcrowding in the 2012 Games 'Growth Boroughs', as shown in the most recent Convergence Annual Reports.¹⁸

With its clear impacts on health, I believe the Mayor should seek to fill this gap in monitoring overcrowding at a local level. The Mayor should set out, as part of his final Health Inequalities



Strategy, plans to collect evidence on overcrowding for each ward in London and set targets to reduce it.

Fuel poverty

The Mayor has recognised the link between fuel poverty and the need to cut back on the essentials needed for a healthy life. This could mean not heating a home to save money or paying the heating bills and going without healthy food. A choice between heating or eating that is unacceptable in London today.

The Energy Efficiency (Private Rented Property) (England and Wales) Regulations 2015, are due to come into force in April 2018, and will require landlords to improve all private rented sector properties to at least energy performance band E. But landlords might be able to exempt themselves if required improvements present a cost to them.

Campaigners suggest that the Mayor should lobby Government to set a £5,000 cost cap for affected private landlords to ensure tenants don't lose out on the chance to escape fuel poverty.

In response to my questions,¹⁹ the Mayor has agreed with me that “these exemptions are unwarranted” and has promised to “continue to call on government to amend the regulations.”

I hope to see a commitment in the Mayor’s final strategy to campaign strongly until these regulations are changed.

SEXUAL HEALTH

I welcome the Mayor’s objective to help prevent HIV. I have asked him how he will help ensure the reconfiguring of sexual health services by boroughs through the London Sexual Health Transformation Programme does not increase health inequalities.²⁰

To ensure that the Mayor is held to account on this important issue, the final strategy should include commitments to continue to monitor this and engage with boroughs as the programme continues.

WHAT DO YOU THINK?

I would like to hear more from you about my ideas for how the Mayor could tackle health inequalities in London.

Please get in touch with me if you have any comments or suggestions.

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This report sets out my views as an individual Assembly Member and not the agreed view of the entire Assembly.

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