M52 Just Space Written Statement 2718

M52 Health and Social Care Facilities

Would Policy S2 provide an effective and justified approach to support the provision of health and social care facilities in London? In particular:

a) Would Policy S2 provide an effective and justified strategic framework for the preparation of local plans and neighbourhood plans in relation to the provision of health and social care facilities?

Policy S2 must be aware of and address the differentiated needs of diverse groups in order to satisfy the Public Sector Equality Duty. We know that health vulnerabilities are created by disadvantage and discrimination and evidence shows that lack of control over their lives actively contributes to poorer health in individuals.

Some examples of particular needs and specific provision which should be mentioned are:-

1. LGBTQ+ spaces, including queer venues and free community centres, should be protected - lack of space combines with lack of mental health and other specialist services.

2. Poor access for wheelchair users, pushchairs and people with mobility difficulties to public transport, public toilets and high street premises can lead to social isolation.

3. Patient identity checks and up-front charging in hospitals and community health services lead migrants and BME communities to avoid healthcare because of fear. This ultimately leads to worse health outcomes for those individuals, but also for the communities they live in, for example, in the case of TB and other potentially infectious diseases.

4. BME men have great difficulty in both accessing mental health services and of getting good outcomes from their care in mental health services.

5. Gypsies and Travellers have mental health issues arising from their isolation from social networks and lack of culturally suitable accommodation. This trend has persisted even as most Gypsies and Travellers in London are settled in housing or on caravan sites and are registered with a GP. A significant amount of care work, particularly for children, older people and people with disabilities, happens within the Gypsy and Traveller community, and there should also be a recognition of the mental health support needed by carers themselves.

6. Older people are an important minority, with mental health needs that are due to social factors, such as heightened loneliness. Among young people,

unemployment and homelessness are important social determinants of mental health issues. All of these needs should come through in Policy S2.

The Mayor's Foreword to the London Plan says that it is fundamentally about taking a holistic approach built around the needs and health and well being of all Londoners. Nowhere in the 500 pages of the Plan are the heath needs of these particular equality groups mentioned and in any case one shouldn't have to search for these elsewhere when there is a dedicated Health policy.

To be sound this policy must be clear that health services are not being accessed by all, give clear examples and make policy proposals to remedy. Furthermore, we agree with the Migrant Rights Network that "all Londoners" should be explicitly defined to include migrants and refugees who may be without legal status so that in London they have access to health care too.

The basis of health inequalities in wider socio-economic inequalities must be addressed within the policy. This requires a holistic approach embracing housing, place making, environmental and greenspace considerations together with wider community provisions. Policy S2 does not adequately reflect the need for this holistic approach .

The Marmot Review[1] recommends that the ***link between the social conditions and health*** is not a footnote to the real concerns around health –***– it should become the main focus.*** Reducing health inequalities says Marmot requires effective local delivery that includes **empowering individuals and communities to take part in decision making.**

Specific recommendations made by us and other organisations must be incorporated into revised wording – specifically

- referencing the Mayor's Health Inequalities Strategy with the social determinants of health made explicit
- Involvement of communities and the voluntary and community sector organisations which support them in planning decisions and the design and development of services
- Clearer follow through on the results of Health Impact Assessments (HIAs).

b) Would it adequately provide for preventative health and social care to meet the aims of Policy GG3 'creating a healthy city'?

[1] 'Fair Society, Healthy Lives': The Marmot Review :Strategic Review of Health Inequalities in England post-2010

Policy S2 has very little to say on preventative health. The Marmot Review says that reducing health inequalities will require action on six policy objectives. The 6th objective is "Strengthen the role and the impact of ill health prevention".

A great deal of work is being done by the voluntary and community sectors on preventative care and usually this is not resourced by the health service. It is important this is picked up by Policy S2. Social prescribing programmes have the potential to provide resources and recognition for this role and should be included.

Community development is a key part of good health. Public Health England[2] refers to the extensive evidence that connected and empowered communities are healthy communities and that involvement in decision-making has a positive impact on people's health. But it is not at all clear that there is enough community involvement in the structures that commission or oversee health services in London.

The Peckham Experiment is a classic account of how good health is affected by community centred knowledge, social networks and the wider environment. The approach was holistic and participatory.

- The Peckham Experiment in South East London was a study into the nature of health in the 1920s-1940s. The modern promotion of health is often focused on preventing sickness or the absence of sickness. The Peckham Experiment aimed to create 'positive health' in the community, not just the absence of illness. For more information, see the websites of the Pioneer Health Foundation and Peckham Vision.

The Mayor certainly has the power to do things about health. The Mayor has responsibility for a Health Inequalities Strategy (HIS) & leads on the London Health and Social Care Devolution Agreement. However, the London Health Board which the Mayor chairs and structures related to the devolution of health and care, do not appear to have any role for communities.

There are Healthwatch groups at Borough level, albeit not immensely well resourced, but some are doing excellent work. We have looked at both Camden and Southwark. A London regional tier of Healtwatch is the minimum needed to bring some of the community voice necessary to tackle health inequalities in the London region.

At a sub-regional level, mechanisms such as Sustainability and Transformation Plans (STP's), operate without community involvement. For the policy to be

[2] See for example 'A Guide t community-centred approaches for health and wellbeing' Public Health England 2015

sound it should support the networking of all Healthwatches in London and encourage their sub-regional work.

CCGs and Local Authorities need to become more responsive to the needs and initiative of the communities they serve, supporting growth in community activity, and adjusting commissioning and delivery in response to communities' priorities. Policy S2 should encourage Boroughs and the NHS to include the full range of specific needs of protected equality groups in the Joint Strategic Needs Assessments (JSNA) and Health and Well Being Strategies.

c) Would it provide effective and justified guidance on development management matters with appropriate flexibility to reflect local circumstances?

Marmot's 5th objective is *"Create and develop healthy and sustainable places and communities".*

Policy S2 should include under development management matters a "healthy places" requirement on Boroughs and developers. Suggested wording is as follows:
A space is healthy
a. Because it has a **healthy mix of opportunities, economic, social and environmental, to express healthy behaviours**
b. According to the **cultural specifics of a community** and so needs to incorporate opportunities for different communities to express themselves in an integrated and complementary way.
c. When it has the **capacity to experience growth in ways which are harmonious** as determined by its inhabitants and which accord with agreed requirements for sustainability, public health and social justice.

Policy S2 should also require High streets and town centres to contain a drop in health advice centre that is welcoming and accessible to all borough residents, and that offers NHS primary health care guidance, phone up schemes and a wide range of leaflets advertising local health provisions, all coordinated with Healthwatch and local community networks.

There is a lack of research on the impact displacement is having on people's health, as well as the particular impacts on protected groups.

For example, Latin Americans have high concentrations in Haringey, Brent and Southwark. Local GPs and other public services in these areas recognise it is important to have translation and interpreting services and so support services

have been gathered together but then the people they are for are displaced to areas where there are no services.

Research shows that people's health will improve if they have more control over their lives and this must be central to the development management policies. We would like to see added:-

A requirement that planning decisions are to be made in consultation with local community organisations to ensure that developments meet the needs of communities and address inequality

Health inequalities impacts of major planning applications should be considered through the use of Health Impact Assessments and actions to address these impacts integrated into Local Plans

d) Overall, would it meet the aims of Policy GG3DA, in respect of planning for appropriate health and care infrastructure?

The involvement of local communities and the organisations which support them is key to ensuring that plans aimed at addressing health and health inequalities meet their needs.

In Policy S2 the Mayor should encourage CCG's/Local Authorities to adopt or upgrade comprehensive community development policies to ensure maximum health benefit. Health policies should be aligned to the United Nations Sustainable Development Goals.

Boroughs and Clinical Commissioning Groups must:

- Move from focus on small projects to systematic Community Development Strategy across neighbourhoods
- Non-health community and voluntary groups must be included. They are active on social determinants of health, and are also having health effects through volunteering and social networks.
- Produce a profile of the community sector, its extent, strengths and weaknesses *
- Develop a strategy for community development & resourcing the process
- Put the results of the survey and the needs and proposals into the JSNA for maximum community involvement and to ensure their inclusion in local health strategies.

We recommend a new handbook that gives CCGs a ‘kit’ for commissioning Community Development. It provides a framework and methodology**. Gabriel Chanan and Brian Fisher: “Commissioning Community Development for Health – A Concise Handbook”, Coalition for Collaborative Care.**