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Consultation Response

TITLE: Mayor's London Health Inequalities Strategy

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About Age UK London

Age UK London raises the voice and addresses the needs of older Londoners. We promote and represent the views of older Londoners; we campaign on real issues that make a difference to older people; we work with older people's organisations across London to enhance services; we offer a range of products and services tailor-made for the over 50s (via Age UK London Trading). We are part of the national Age UK network and work in partnership with the national charity Age UK and with London borough Age UKs.

We also link to over 500 local older people's groups in all London boroughs, many of them volunteer led. We are currently funded by City Bridge Trust to build the resilience of these local age sector organisations and help them and older people to make their voice heard, as part of "The Way Ahead" initiative which the GLA is also part of.

1. Executive Summary

Age UK London has given high priority to responding to this consultation and we have co-produced our response with older people and local organisations through a consultation event in Central London and an online survey targeted at local groups.

Age UK London endorses the five Aims proposed in the draft Strategy and welcomes the attention given in the Healthy Places aim to making local areas accessible for older and disabled people. At the same time we think that older people can make a strong positive contribution to achieving these aims, as can the Voluntary and Community Sector (VCS). We urge that these contributions are recognised and promoted in the Strategy.

However the proposed Strategy omits consideration of a number of important issues leading to health inequalities affecting older Londoners. Therefore we urge the inclusion of an additional Aim on Healthy Older People.

The missing issues which in our view are key and need to be addressed include:

- Adult Social Care – sustained cuts have led to a significant unmet need, with the poorest and most deprived most at risk
- Mental Ill health and dementia in older people – loneliness and isolation are major issues for older people and have a major health impact, dementia also needs to be included as a condition affecting many Londoners
- Large inequalities between boroughs in (healthy) life expectancy at age 65, with three London boroughs in the four worst-performing local authorities in England while four London boroughs are in the top ten
- Ageism – is wide spread and in health care particularly restricts access to treatment and resources that needs to be tackled
- Digital exclusion – with digital by default becoming a reality the digital exclusion of older people is an equality issue

- Housing for older people – the housing crisis affects older people too with older private renters at particular risk
- Healthy eating in hospitals, residential and nursing homes – malnutrition in older people is a reality across London, the Mayor's focus on schools and early years settings should be extended into hospitals, residential and nursing care settings
- Older people as carers – older people particularly women carry the main burden of caring responsibilities with significant impact on their health and wellbeing, their specific needs should be reflected in the strategy

We have referred below to a range of evidence concerning these issues. We urge that they be recognised and addressed within the Mayor's Health Inequalities Strategy.

2. Introduction and general comments

Age UK London has a long history of research, campaigning and service development in the area of health and wellbeing for older people in London and was keen to have an input into the Mayor's Health Inequalities strategy. In order to get feedback from a wide section of older people and organisations working with older people Age UK London organised a consultation event in central London and distributed an online questionnaire to older people, interested individuals and organisations working with older people in the capital. In total 75 people took part in Age UK London's consultation.

There was strong support for the 5 aims identified in the strategy as objectives in their own right and older people were keen to use their skills and experience to turn the strategy into reality.

However, Age UK London like many respondents in our consultation is disappointed that with the exception of the Healthy Places chapter, the proposed strategy ignores many serious issues affecting older people. Age UK London feels this is a missed opportunity to address a range of issues that lead to health inequalities for older people and between different older people. We urge the Mayor to remedy this by adding a Healthy Older People aim.

Any strategy to tackle health inequalities must address inequalities in later life. The consultation identified a number of issues that particularly affect older people and which should be addressed under the healthy older people heading. These are:

- Adult Social Care – sustained cuts have led to a significant unmet need, with the poorest and most deprived most at risk
- Mental Ill health and dementia in older people – loneliness and isolation are major issues for older people and have a major health impact, dementia also needs to be included as a condition affecting many Londoners
- Large inequalities between boroughs in (healthy) life expectancy at age 65, with three London boroughs in the four worst-performing local authorities in England while four London boroughs are in the top ten
- Ageism – is wide spread and in health care particularly restricts access to treatment and resources that needs to be tackled

- Digital exclusion – with digital by default becoming a reality the digital exclusion of older people is an equality issue
- Housing for older people – the housing crisis affects older people too with older private renters at particular risk
- Healthy eating in residential and nursing homes – malnutrition in older people is a reality across London, the Mayor's focus on schools and early years settings should be rolled out into residential and nursing care settings
- Older people as carers – older people particularly women carry the main burden of caring responsibilities with significant impact on their health and wellbeing, their specific needs should be reflected in the strategy

Those taking part in Age UK London's consultation were keen to stress the contribution older people make to the capital and were keen to support the implementation of the strategy. This contribution can take many forms as workers, volunteers, members of a wide range of organisations, influencers and campaigners. Older people were particularly keen to work with children and take part in intergenerational activities.

When asked what they saw as crucial to making the strategy happen respondents identified greater awareness and engagement of Londoners and better funding for prevention as the most important. Greater engagement by the voluntary sector, health promotion, better co-operation between the public, voluntary and private sector and leadership by the Mayor were also seen as important.
Engaging with older people and ensuring their voice was heard and taken into account when making decisions was seen as key to ensuring improved outcomes for older people.

The Age UK London consultation event on 2 October 2017 at Tavis House near Euston was attended by 44 older people from across London involved in a wide range of organisations and activities. In addition a total of 31 individuals and organisations completed the online questionnaire, this included organisations as diverse as local borough Age UKs, local Pensioner Forums, Healthwatch and carers' organisations, a private care agency, the Age of No Retirement CIC, Southwark Playhouse Elders and a consultant in public health medicine. The consultation event and the questionnaire asked for feedback on the aims identified in the strategy as well as what might be missing and should be added.

In both the consultation event and the online questionnaire there was wide spread support for the aims stated in the strategy with Health Habits, Healthy Minds and Healthy children attracting the most support.

The aim of healthy children was strongly supported with respondents supporting the Mayor's intention to start as early as possible in life. Healthy minds were also seen as key to ensure the stigma of mental ill health was tackled and addressed. Including tackling loneliness and isolation as well as dementia was seen by many as crucial. There was support in the consultation for the focus on clean air and tackling pollution and the focus on healthy places. Older people were keen to see greater accessible transport as well as accessible public toilets to be included in the strategy. Respondents welcomed the communities based approach in the strategy and a commitment to social prescribing. The focus on healthy habits was also welcomed

but respondents felt that the objectives should be broadened and greater attention placed on older people and their specific needs.

3. Comments on The Five Proposed Aims

Healthy Children

Respondents to our consultation agreed that Healthy Children is a valid aim for the strategy. Older people felt that they had valid experience and skills to contribute in particular in the area of healthy eating and food preparation. People emphasised the importance of intergenerational work to encourage stronger family links and ensure that children grow up with an understanding of different generations and life stages. This cannot be taken for granted in modern urban life. Recognition is needed of the important support role which grandparents can and do play in families and the wider contribution older people make. Intergenerational work can harness those skills and deliver benefits for older and younger people.

Healthy Minds

Again there was widespread support at the consultation event for the aim of Healthy Minds. In particular participants raised the needs of working carers and the particular pressures that they are under as an area where more could be done that could help the mental health of individuals as well as benefitting the wider economy. There was particular support for tackling the stigma attached to mental illness and to get parity of esteem for physical and mental health.

As well as changing mindsets older people argued for better communications on the issue and for the promotion of mentoring and volunteering programmes to help people affected by mental ill health to get back on their feet.

There is however concern that loneliness and isolation which particularly affect older people, and depression in older people are not mentioned in the strategy. Dementia is also not addressed as a condition affecting increasing numbers of Londoners.

Healthy Places

Age UK London welcomes the way in which this Aim recognises the importance of including older and disabled people through the Healthy Streets approach. Age UK London has a pending bid to the National Lottery Reaching Communities for an ambitious programme on “Healthy Lives and Neighbourhoods” linking to self care and resilience.

Older people at our consultation event supported the emphasis on cleaner air and tackling air pollution. They also support the healthy streets approach and want to see greater accessibility of trains and buses for people with mobility problems. The need for step free access to all stations and platforms not just for older but also disabled people including wheelchair users was stressed by those taking part in the consultation. A number of participants called for more tram links. Safety on public transport particularly at night was seen as key to encourage people to use public transport with manned stations and staff that people can get to know identified as crucial.

Older people also highlighted the need for accessible public toilets that are clean and safe to ensure older people are able to take part in the life of the city.

Participants at the consultation events agreed with the Mayor that more needs to be done to create genuinely affordable housing in London for all sections of the community including young families, singles and older people. There was also support to look again at bringing empty properties into use rather than having them stay empty in the middle of a full blown housing crisis in London. In the light of the Grenfell tragedy there was also a call to scrutinise all developments to ensure fire safety is maintained across all buildings.

Participants at the consultation event were also concerned about the rise in homelessness and rough sleeping as identified in the strategy. They wanted to see more night shelters and hot food provided especially in the winter months for those living on the streets.

Healthy Communities

The Mayor's approach of improving the health of Londoners and tackling health inequalities through a communities based approach was welcomed by participants in the consultation. They were keen for the Mayor to support greater integration between cultural groups and tackling language problems to enable communication between different groups.

Older people also welcomed the focus on social prescribing but they reported very patchy access to social prescribing across the capital and called for a universal system that is widely advertised and accessible to all.
Although people were keen on the communities based approach some participants stated that communities no longer existed and needed to be re-built.

Healthy Habits

Participants in the consultation event agreed with the Mayor's objectives but felt they should be broadened. Tackling obesity and smoking also has significant benefits in later life and should be a focus for all age groups. As the strategy states this is a complex issue and needs action on many fronts. Older people wanted to see wider engagement of parents as well as local faith and voluntary sector agencies to tackle this issue. Participants raised the need to use Health Trainers and Health Champions to support people in developing healthy habits.

There was also concern about the continuing sale of playing fields reducing the access to sport facilities for school children and the fact that academies do not have to adhere to the same healthy food standards as council run schools. Participants were also unsure how local authorities would be able to promote healthy eating habits considering their reduced funding.

During the consultation event and in the online questionnaire the issue of access to GPs , difficulty in getting appointments and the short time set aside for each appointment was raised several times. Older people also felt that there was often a lack of communication between GP's and service users making it difficult for them to get the health advice and service they needed. Older people need access to health advice and preventative treatment to ensure that they remain in good health as long as possible. Understanding the needs of older people and responding to them is the first step in addressing inequalities in access to treatment.

4. Need for an additional Aim: Healthy Older People

As the Health Inequalities Strategy states health inequalities are the result of a complex mix of factors and accumulated over a lifetime. The different factors affect health outcomes and life expectancy for individuals and lead to health inequalities between different population groups. Addressing these factors early in a person's life and preventing them from developing is obviously a sensible approach, but this is only part of the solution. Any effort to tackle health inequalities needs to also focus on older people as Grundy and Holt argue:
'The burden of ill-health is carried by older people. Over 80% of all deaths in England and Wales occur among people aged 65 and over, with a further 8% among people aged 55-64. Two thirds of the population with a limiting long-term illness or disability are aged 55 and over. This means that strategies to tackle health inequalities must address health inequalities in later life.'[1]

As well as delivering benefits for individual older people a strategy that also focuses on older people has the potential of freeing up significant spending that is needed to support older people in ill health by shifting to prevention if we can extend people's healthy life spans.
*'At age 65, men in England can expect to live on average another 10.6 years **in good health**. Women can expect to live 11.5 years **in good health**. For both sexes, this constitutes just under 60% of their expected remaining life span.*
Over the last decade disability free life expectancy (DFLE) increased significantly between 2005-07 and 2010-12. However, since then DFLE has declined for both sexes. Men have lost a shocking 75 per cent of the gains made in the earlier part of the decade, with women close behind losing 60 per cent. In 2005-07 a woman could expect to live another 10.7 years free from disability at 65, this peaked in 2010-12 at 11.2 and has now fallen back to just 10.9. Meanwhile men could have expected 10.2 years free from disability in 2005-07, peaking at 10.6 before declining to 10.3.[2]

Poverty is the strongest indicator for health inequality as is well documented in the research and clearly identified in the health inequalities strategy. Despite progress having been made in the past two decades there are still significant numbers of older people in poverty. Age UK estimates that 1.9 million pensioners in the UK live in poverty and out of them 1million live in severe poverty with people over 85 and those from BAME communities particularly at risk. Age UK states that:
'*8% of pensioners aged 65+ (about 900,000) in the UK are materially deprived. That is, they do not have certain goods, services, or experiences because of financial, health-related, or social isolation barriers.*'[3]
Poverty among older people (pensioners) is on the rise nationally, and tends to be higher than average in London: in 2015 it was measured as 23% after housing costs in Inner London as against 14% nationally at the time.[4] This contradicts the narrative developed in the media in recent years that 'all older people are well off'.

In 2015 some 22% of Londoners aged 65+ were from "non-White ethnic groups" and 36.7% of Londoners aged 65+ were born outside the UK, while 14% did not have

[1] Grundy E., Holt G., Health inequalities in the older population, Health Variations – Issue Seven.
[2] Age UK, Later Life UK Factsheet, November 2017, p.7.
[3] Age UK, Later Life UK Factsheet, November 2017, p.17.
[4] Households Below Average Income: An analysis of the UK income distribution: 1994/95-2015/16 Annual Financial year 2015/16 Published: 16 March 2017.

English as their main language. The higher proportion of BAME Londoners in younger age groups suggests that in future the proportion of older people from these communities will increase.

However material resources are not the full story. A recent study by Age UK into developing an index of wellbeing in later life showed a wide range of indicators that contribute to wellbeing. The research identified a 'wellbeing gap' among older people suggesting 'a large potential for improvement for a good number of older people.'[5] While they identified a wide range of contributing indicators ranging from physical health, home ownership and educational attainment to participation and caring responsibilities their most striking finding was:
'the importance of maintaining meaningful engagement with the world around you in later life – whether this is through social, creative or physical activity, work, or belonging to some form of community group'.[6]

Although Age UK acknowledges that its research into this area is at an early stage lessons can be learned that could help to target those most disadvantaged and identify the most effective interventions.

The draft London Health Inequalities Strategy already identifies healthy communities as a key component of a healthy London. Given the barriers many older people experience due to lack of transport and poor mobility an additional focus on addressing these barriers in a chapter on healthy older people could be a powerful catalyst for change.

Poverty in its many facets was identified by older people as a key issue with older people experiencing material deprivation and fuel poverty as well as financial poverty. Older people also identified the following key issues leading to health inequalities:

- Housing and poor housing conditions;
- Poor access to social care, whether domiciliary or residential;
- Accessibility of GPs and lack of time for consultations;
- Longer travel times if hospital facilities are concentrated in fewer locations;
- Loneliness and social isolation;
- Ageism;
- Recognising the contribution older people can make;

The rest of this chapter will look in more detail at the issues that should be included in the strategy in relation to older people.

Adult Social Care

Adult Social Care was identified as the most important issue missing from the proposed Health Inequalities Strategy and key to addressing health inequalities for older people in the capital. Older people are the main recipients of adult social care and the strains faced by the system are felt most acutely by older people with often significant impact on their health and well being. A recent report by the King's Fund highlights the difficulties faced by a system dealing with six consecutive years of cuts and growing demands due to an increasing older population. The report states that

[5] Age UK, A summary of Age UK's Index of Wellbeing in Later Life, Feb 2017, p9.
[6] Age UK, A summary of Age UK's Index of Wellbeing in Later Life, Feb 2017, p12.

26% fewer older people get help from Adult Social Care and 'the human and financial costs to them and those who care for them are mounting'.[7]

Age UK has identified that there has been 'a £160 million cut in total spending in real terms on older people's social care since 2010/11 and nearly 1.2 million people older people don't receive the help they need with essential activities.'[8] Age UK estimates that 1 in 8 older people now have to go without vital support like personal care or shopping and live with some level of unmet need.
According to the King's Fund report this also means that 'access *to care depends increasingly on what people can afford – and where they live – rather than on what they need. This favours the relatively well off and well informed at the expense of the poorest people, who are reliant on an increasingly threadbare local authority safety net'*.[9]

If the needs of the poorest and most deprived older people, who are most likely to be affected by health inequalities, are to be addressed and those inequalities to be tackled then Adult Social Care has to be better resourced to provide a support net that meets the needs of this group. As well as the reduction in support services the funding crisis in Adult Social Care has also led to a reduction in funding for a wide range of preventative services from lunch clubs and social centres to physical exercise classes for older people across London with a potential devastating long term impact on health inequalities.

Spatial/geographical inequalities for older Londoners

Life expectancy and especially healthy life expectancy vary significantly between different local authorities with the *'average healthy life expectancy for those at 65 in the ten-worst performing local authorities is 7.4 years. By contrast, the ten-best performing local authorities have an average healthy life expectancy that is almost twice as long at 13.6 years.'*[10] *These differences are at their starkest in London with Tower Hamlets as the worst performing authority with only 6.5 years of healthy life expectancy at 65 and Richmond as the best performing authority with 14.5 additional years in good health.*[11]

Mental Ill health in older people including isolation and loneliness

The strategy rightly identifies healthy minds as a key aim for London. However, there is no mention of older people's mental health in the strategy despite the fact that older people are more likely to suffer from loneliness, isolation and the resulting depression than other age groups. Research shows that in England depression affect 22% of men and 28% of

[7] Humphries R., Thorlby R., Holder H, Hall P. , Charles A. (2016), Social care for older people – Home truth, Kings Fund, Nuffield Trust.
[8] Age UK, Later Life in the United Kingdom, *November 2017, p14.*
[9] Humphries R., Thorlby R., Holder H, Hall P. , Charles A. (2016), Social care for older people – Home truth, Kings Fund, Nuffield Trust.
[10] Hochlaf, D, Franklin, B., When I'm 64: The ILC-UK Factpack on retirement transitions 2017, p7.
[11] Hochlaf, D, Franklin, B., When I'm 64: The ILC-UK Factpack on retirement transitions 2017, p7.

women aged 65 or over, but it is estimated that 85% of older people with depression receive no help at all from the NHS.[12]

In recent years there has been an increasing focus on loneliness and isolation among older people and studies have identified loneliness as a risk factor not only for depression but also poor physical health like coronary heart disease and stroke.[13] The Campaign to End Loneliness highlights that this has wide ranging implications and calls for loneliness and health not to be considered as isolated issues but to recognise the impact of each on the other and to consider interventions that combat both loneliness and poor health.[14]

The health inequalities strategy rightly identified that people with long term conditions are at particular risk from mental ill health as well as households living in poverty, minority groups and people exposed to violence and abuse. Age UK estimates that 40% of all older people over 65 have a limiting long term illness and this rises to 47% for over 75 and 59% for over 80s.[15] Targeting action on older people could therefore have significant benefits in reducing costs and addressing health inequalities.

Age UK London's online questionnaire asked respondents to identify what should be done to tackle mental ill health in older people. Tackling isolation and loneliness and connecting older people to their communities and maintaining that connection as they get older were mentioned by the majority of respondents. Supporting social groups, befriending, day centres and intergenerational activities as well as creating welcome environments in local parks and other community paces were identified as key. Respondents also highlighted the role of GPs and social prescribing in ensuring people are aware of local support services and access them at an early stage.

There is also growing evidence that loneliness may increase the risk of dementia with studies suggesting that the 'risk of developing dementia in people with high levels of loneliness was 1.58 times higher than for those who are not lonely'.[16] There are currently 72,000 older Londoners, who have a diagnosis of dementia a number which is set to increase with an ageing population. Dementia is one of the main causes of disability in later life ahead of some cancers, cardiovascular disease and stroke. It also often has a devastating effect on carers and leads to costly residential care placements.

The Health Inequalities Strategy is an opportunity to highlight the interconnection between loneliness and poor mental and physical health including dementia and ensure tackling loneliness and isolation is a priority in London not just for older people but the whole community. Prevention and delay in the onset of mental illness in older people in particular dementia could bring significant benefits for the system as a whole.

Ageism

The health inequalities strategy identifies that health inequalities are the result of a number of factors accumulated over a lifetime. The strategy does however not

[12] Age UK, Later Life in the United Kingdom, *November 2017, p11.*
[13] McDaid D.;Bauer A.,Park A(2017) Making the economic case for investing in actions to prevent and/or tackle loneliness: a systematic review, p. 6.
[14] Campaign to End Loneliness, Research Bulletin 16, February 2016, p 2.
[15] Age UK, Later Life in the United Kingdom, *November 2017, p7.*
[16] McDaid D.;Bauer A.,Park A(2017) Making the economic case for investing in actions to prevent and/or tackle loneliness: a systematic review, p. 6.

address a key issue affecting older people which is separate from these and affects older people: ageism and age discrimination.
Mathews states in his article on the effect of ageing on health inequalities that: *'No discussion of the impact of ageing on health and wellbeing can afford to ignore the phenomenon of ageism and the issue of age discrimination.'*[17]

Age discrimination is wide spread and affects all parts of older people's lives from employment to access to services and in particular health services. A staggering 60% of older people in the UK agree that age discrimination exists in the daily lives of older people and a further 53% of adults agree that once you reach very old age, people tend to treat you as a child[18].

As with all forms of discrimination there is an unequal power distribution between those who are seen as 'old' and those who are not and this leads to *'many older people to be denied access to resources and opportunities, and subsequently being victim to social exclusion.'*[19]There is evidence to show that age is used as a factor in determining access to medical treatment and resources, with older people less likely to receive treatment than younger people.

Digital exclusion

Increasingly services are digital by default and the consultation for the health inequalities strategy is no exception to this. There is however a significant gap between younger and older people in their use of the internet and research by Age UK London shows that although internet use in London is the highest in the country, older people in London are as unlikely to use the internet as older people in the rest of the country. *'78% of those aged 75+ living in London had never used the internet which is rather higher than the 72% from the rest of the UK. In terms of actual numbers, this means that, at the time of the 2012, quarter 2 data-survey, there were 661,000 people over the age of 55 living in London who had never used the internet, a total that equates to around three-quarters of all people in the capital who hadn't used the internet.'*[20]

Internet use is also lower in lower social-economic groups and groups facing financial disadvantage with only 20% of C2s and 19% DEs over 75 using the internet[21]. Efforts to tackle health inequalities in older people must be aware of this to ensure services reach those most in need. Age UK London's report highlights that with the increasing shift to providing information and services online, digital exclusion becomes an increasingly important equality issue and a large proportion of older Londoners are digitally excluded.

Housing for older people

London's serious housing issues impact on many lower and middle income older people including the growing number of older private renters. Recent research by Age UK London projects that by 2039, the number of older people over 65 privately

[17] Mathews, D. (2015), The effect of ageing on health inequalities, Nursing Times, 2 November 2015.
[18] Age UK, Later Life in the United Kingdom, *November 2017p3.*
[19] Mathews, D. (2015), The effect of ageing on health inequalities, Nursing Times, 2 November 2015.
[20] Age UK London, Wealth of the Web: Broadening Horizons Online, Scoping report, 2013 p.12.
[21] Age UK, Later Life in the United Kingdom, *November 2017 p22*.

renting may double to 122,000[22]. The report entitled 'Living in Fear' highlights the insecurity of many of these tenancies as well as the poor quality of many of the homes and lack of accessibility for older people with mobility problems. [23]

Housing options for older owner occupiers and social housing tenants are also limited as a result of the changing needs of an ageing population and lack of supply. Age UK has identified that up to 58% of over 60s are interested in moving[24] (mostly to downsize) but specialised retirement housing or age friendly general needs housing are not available in significant numbers or do not meet the needs and preferences of older people. The Healthy Places approach must recognise the need to provide adequate age friendly housing and retirement housing to ensure older people are able to stay in their own communities in homes that meet their needs. This could also unlock housing that is currently under occupied and needed to tackle the London housing crisis. Taking account of the housing needs of older people is also key to maintaining and building healthy communities that support people throughout their lives.

Poor quality housing combines with fuel poverty to create serious health issues and inequalities relating to winter cold. Shockingly for one of the richest cities in the world there were an estimated 3100 so-called "excess winter deaths" of Londoners aged 65+ in 2016-17 (representing over 90% of excess winter deaths in the capital).

Healthy eating in hospitals, residential and nursing homes

Healthy eating for older people in particular in institutional settings like hospitals, residential and nursing homes was also identified in the consultation by Age UK London. Age UK estimates that 1.3 million people over 65 suffer from malnutrition across the UK with nearly one third of all older people admitted to hospital at risk of malnutrition and 17% of those needing help to eat their meals saying they did not get enough help and a further 19% only sometimes got enough help.[25] Although it is estimated that the cost of malnutrition to the NHS in England was £19.6 billion in 2011-12 or 15% of the total public expenditure on health and social care, a report by the Malnutrition Taskforce found that senior managers did not see the issue as high priority.[26] There is evidence to show that healthy eating and exercise can have a significant impact on health outcomes for older people.

'Women in their seventies who exercise and eat healthy amounts of fruits and vegetables have a longer life expectancy; in fact, those who were most physically active and had the highest fruit and vegetable consumption were eight times more likely to survive the five-year follow-up period than the women with the lowest rates.'[27]

The strategy rightly focuses on healthy eating in schools and plans to extend this to early years settings. A focus on extending this approach to hospitals, Residential and Nursing homes could bring significant benefits for older people and their health and wellbeing. Age UK London would like to encourage leadership and support from the Mayor in this area.

[22] Age UK London, Living in Fear, Experiences of older private-renters in London, 2017 p 20.
[23] Age UK London, Living in Fear, Experiences of older private-renters in London, 2017 p 38.
[24] Age UK, Later Life in the United Kingdom, November 2017 p15.
[25] Age UK, Later Life in the United Kingdom, November 2017 p9.
[26] Malnutrition Task Force, State of the Nation, older people and malnutrition in the UK today, p17.
[27] Age UK, Later Life in the United Kingdom, *November 2017,p5*

Older people as carers

The impact of caring responsibilities on the health of older people was also raised during the Age UK London consultation and is well documented in research. Age UK estimates that 45.4% of carers are over 65 years of age and received no support for their caring role. Research carried out by the Princess Royal Trust for Carers identified that 65% of carers polled had health problems or a disability of their own and nearly 69% said that being a carer had damaged their psychological wellbeing.[28] The impact of caring responsibilities is particularly acute for women '*with women having a 50% chance of being a carer by the age of 59. With many women's caring responsibilities peaking just before old age, both the physical and mental strain of this role inevitably have negative consequences on the health of women in old age. As a result of this, it can be argued that the health risks of caring accumulate during a woman's lifetime.'*[29]

Efforts to address health inequalities amongst older people must address the needs of carers and the health implications caring responsibilities have for carers. The London Health Inequalities Strategy should ensure the needs of carers are reflected in the strategy.

5. Contribution of older people

Older people told Age UK London they are keen to contribute to the different strands in the strategy and want to be seen as active citizens with a contribution to make not just as passive recipients of services.

The contribution older people make to the life of London has been documented by the GLA in 2013 in a report entitled The Economic Contribution of Older Londoners by Alasdair Barrett. The report identified that:

- Substantial contributions in all areas are made by Londoners aged 65+ as well as those aged 50-64
- paid work by older Londoners contributes £47 billion a year to the capital or 18% of Gross value added
- compared to other regions London has a relatively high employment rate for older people
- An estimated 16 per cent of older Londoners provide care to other adults with the average carer providing around 1,700 hours of care per year
- An estimated 85,000 London families receive childcare from grandparents aged 50 or over

During the consultation event on the 2nd October there was particular interest in working with young people and children and participants felt that they had knowledge that could support the aim of healthy children.

There was however also frustration voiced during the consultation that older people were predominately seen as a burden, their contribution was not acknowledged and

[28] Age UK, Later Life in the United Kingdom, *November 2017, p15.*
[29] Mathews, D. (2015), The effect of ageing on health inequalities, Nursing Times, 2 November 2015.

that the voice of older people was often not heard. The following comment illustrates the disillusionment of many: *'Sadly, I believe that officers sometimes actively resent or ignore suggestions from older people. These days I prefer to get active in local efforts to improve our community assets and to help with activities that locals can enjoy or which enrich their lives and surroundings.'*

Respondents identified a wide range of ways in which older people could contribute to making the strategy a reality. This included as workers in a care company bringing their experience and empathy and work ethic. Volunteering and membership of a huge number of voluntary organisations was also highlighted with people being involved in disseminating information to other older people, campaigning on behalf of older people and making their voice heard in consultations and commissioning processes across London.

Older people were also involved as volunteers in supporting individual older people through befriending, organising activities and exercise classes and passing on their skills. Some had worked to develop new models for mutual support and self-help like in the Senior Cohousing Community or on Dementia Friendly Communities. During the consultation event on 2nd October participants also highlighted the experience and networks older people with connections to many organisations and political parties could bring to the table to facilitate change.

Given the current funding climate older volunteers are a valuable resource to drive forward change and tackle health inequalities. There is clear evidence of the positive impact of volunteering identified in a range of different studies including increased mental health and life satisfaction as well as increased social support and interaction for volunteers offering mutual benefits.

6. Making it happen

The Age UK London online consultation questionnaire asked respondents to identify how important a range of actions were in turning the aims identified in the strategy into reality.

The top choices were greater awareness and engagement of Londoners with 30 out of 31 responses followed by greater engagement of the voluntary sector and greater co-operation between public, voluntary and private sector with 29 responses. Additional suggestions included giving older people a voice and greater leadership, better funding for the voluntary sector, strengthening the power of local authorities, better integration and joined up thinking and engagement with hard to reach populations.

We also asked respondents what they would like to see in the strategy to tackle the significant difference in life expectancy at age 65 as well as from birth between different boroughs.

There were a wide range of suggestions on how best to tackle these inequalities including greater investment in areas of lower life expectancy including redirecting funds from other areas, greater emphasis on prevention and an end to the post code lottery and moving to a system where services are available across London irrespective of which borough people life in. Respondents also highlighted the need

for more research and dissemination of best practice in this area as well as more sharing, learning and funding that goes across borough boundaries. On a more practical level respondents felt that more could be done to encourage older people to stay active and to provide more community social groups that tackle loneliness and isolation and facilitate community cohesion. One respondent also suggested more support for London-wide third sector organisations to develop a London-wide support and outreach network.

We also looked for views on what contribution older people's organisations could make to the delivery of the strategy. A number of respondents stressed the importance of older people's organisations in facilitating the involvement of older people in consultations and decision making processes and their role in training and supporting older people to actively participate. But there was also concern that the role of the voluntary sector was not understood and under threat as the following statement from one respondent shows:
'There is a need for health and social care services to better recognise the contribution that the VCS makes to people's lives. There is a rich and diverse health and social care offer across a vibrant sector that is being eroded due to lack of investment and lack of understanding about its importance in tackling the wider determinant of health and in maintaining healthy, connected communities.'

The answers to the questionnaire also identified a number of good practice examples on how involving older people can improve services and bring benefits for older people and the system as a whole. Among those mentioned were the Senior Cohousing Community, Age UK, Carers Support, Alzheimer's Society, Healthwatch, Pensioners Forums and Patient Voices Social Enterprise.