Appendix 1

London Assembly Health Committee - 13 March 2024

Transcript of Agenda Item 7 - Question and Answer Session with the GLA Health Team

Dr Onkar Sahota AM (Chair): That brings us to today's main item. I would like to extend a warm welcome to our panel members and the guests from the Health team for our question-and-answer session. I am going to leave it to each of you to introduce yourselves rather than me trying to attempt it. Let us start with you, Emma. Thank you.

Emma Pawson (Head of Health and Wellbeing and Programme Director for Free School Meals, Greater London Authority): Thank you. I am Emma Pawson. I am Head of Health, but I am also lead for universal free school meals.

Jazz Bhogal (Assistant Director of Health, Children and Young Londoners, Greater London Authority): Hi. I am Jazz Bhogal. I am the Assistant Director for Health, Children and Young Londoners at the Greater London Authority (GLA).

Dr Tom Coffey OBE (Mayoral Health Advisor): I am Tom Coffey and I am one of the Mayor's Health Advisors.

Professor Kevin Fenton (Regional Director for London, Office of Health Improvement and Disparities; Regional Director of Public Health, NHS London; and Statutory Health Advisor to the Mayor of London, Greater London Authority and London Assembly): Good afternoon. I am Kevin Fenton. I am the Regional Director of Public Health for London with the Department for Health and Social Care and NHS London. I am also the Statutory Health Advisor to the Mayor of London.

Vicky Hobart (Group Director of Public Health, Greater London Authority, and Deputy Statutory Health Advisor): Good afternoon. My name is Vicky Hobart. I am the GLA Group Director of Public Health and the Deputy Statutory Health Advisor to the GLA.

Dr Onkar Sahota AM (Chair): Thank you. Welcome to all of you and thank you very much for coming to share your thoughts with the Committee. I know that Dr Tom Coffey and Professor Fenton want to make introductory remarks for five minutes each. Which one of you -- Dr Coffey wants to go first. Great.

Dr Tom Coffey OBE (Mayoral Health Advisor): First of all, thank you for inviting us today, to allow us to work together to review the work we have done over the last three years. I would like to say a big thank you to Dr Sahota, whom I know is standing down from the Health Committee and from the Assembly in the next few months, to thank him for the work he has done to improve the health of Londoners and also the work he has done to serve his community in Ealing, which he represents. A big thank you from us for the work you have done over the last few years.

Also, I would like to say that we are here very much as a team and none of us has the expertise all held in one person. Therefore, when we answer today, we will try to do it as a team. I know you might direct a question to one of us. That person will honour that request and give you certain remarks, but they might want to bring in colleagues so that you get the benefit of the collective wisdom.

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Also, our job here is to listen to you. You have now developed over the years a similar degree of expertise in your fields. I am sure you will be making recommendations to us and suggestions for how we might want to work going forward and reflecting what we have done in the past. In the spirit of co-operation, I would want to take those recommendations you give to us as a way for us to learn from yourselves because you have done some excellent reports over the last few years and made recommendations, many of which we have tried to implement. We do want to work in that collaborative fashion.

What I want to do is just two things at the beginning; first of all, to describe to you the approach that we have tried to use to improve the health of Londoners in addressing health inequalities. The first thing is we have used our Health Inequalities Strategy (HIS). Kevin is going to talk about that in more detail, but that has been almost our guiding light to try to identify where our greatest needs are and what we can do to make sure we are addressing the needs of Londoners.

Secondly, we have certain programmes of work. What Sadiq [Khan, Mayor of London] said to us right at the beginning was, "Tom, this is a three-year term. Do not start going and inventing new vehicles to deliver health improvements. Work with what you have already." The three or four things that we very much used over the last few years are our Healthy Early Years (HEY) and Healthy Schools programmes, Thrive London, our work with the National Health Service (NHS) to make sure we are using existing vehicles to deliver change and not creating new infrastructures.

Thirdly, we very much feel we need a partnership approach. The Mayor does not commission healthcare, but he works on behalf of Londoners to improve the health of London. Our key partners are the health service, local authorities, directors of public health, the business community and the voluntary sector. Often, the London Health Board encapsulates that partnership working. We have tried to make sure that that partnership we use to improve Londoners' health.

Fourthly, the health in all policies approach is something we developed over the last few years. I know we will go into some more detail later, but Sadiq is recognising, and I recognise, that what I do as a general practitioner (GP) probably has a minimal impact on people's health outcomes. What is just as important is their transport system, their employment, their housing, their childcare. All those things we need to improve to improve the health outcomes of Londoners. Sadiq uses the health in all policies approach to try to lever that from his departments of transport, housing, planning and so on.

The second thing I want to talk about - that is our approach - is what some of our achievements are that I am particularly proud of that I wanted to share with you. Hopefully, they are ones that you also feel have progressed and improved a lot for Londoners. We have developed dementia-friendly cultural venues. We now have over 100 in London to make sure that Londoners with dementia are not losing out on the opportunities to benefit from what London has to offer. Sadiq himself is a Dementia Friend and we have many Dementia Friends in City Hall. We have our own Dementia Champion.

A second great achievement I am quite pleased about is our School Superzones. We had an ambition of 50. Could we get 50 in some of the most deprived areas of London in that three-year period? We have in fact exceeded that and we have 85 areas now benefiting from that programme of improving the vicinity around those schools to improve the health of those children and families.

Thirdly, I remember when I saw the initial work on water-only schools and I thought, "Is this just about childhood obesity?" However, studies in America showed that not only does it improve children's weight, but it also improves educational performances and behaviour at schools. We now have 478 water-only schools in London. We had only a handful three years ago.

HEY is something that started in Sadiq's first term and it has continued in the second term and now we have over 2,000 HEY settings in London. That also gives us building blocks to improve the health of those children. We have now a framework we can do new initiatives, new work, things that you might suggest today that might be considered, potentially, in the future.

Mental Health Champions: we have now got in London almost our target of 250,000 by 2025. We now have 220,000 Mental Health Champions in London, mental health being one of the key pivotal areas that Sadiq wanted to focus on in this term and this policy initiative being one of the ways he wished to deliver it.

Zero-suicide training: a lot of us have been touched by suicide and recognise the tragedy it is not just to the immediate family but on average to 130 other people affected by one suicide. We have now managed to get 380,000 Londoners on a zero-suicide training course.

Air pollution: we know that air pollution brings premature death to 4,000 Londoners a year. We also know now that it has an effect on the causation of dementia, of lung health and lung disease. We have had a 21 per cent reduction in nitrous oxide in central London over the last three or four years.

They are just some of the achievements that I am very proud of, hopefully across the wider gamut of the work that Sadiq does, to show that we are very much focused wherever we can on outcomes. We do not succeed in everything we do, and we have to admit that and learn from our failures, but also, I wish to share with you what I believe are our successes. Thank you.

Professor Kevin Fenton (Regional Director for London, Office of Health Improvement and Disparities; Regional Director of Public Health, NHS London; and Statutory Health Advisor to the Mayor of London, Greater London Authority and London Assembly): Thank you very much, Chair, and good afternoon again, colleagues. Dr Coffey has set out a compelling narrative for the work that we have accomplished and the priorities of the HIS. A reminder that Strategy was developed in 2018 and, at that time, it followed a period of intense partnership working and community consultation. Published alongside the Strategy in 2018 was an implementation plan to 2020 and a set of population health indicators. Over the past few years and certainly since I have been here as the Regional Public Health Director, we have committed to publishing progress reports, the last being published in 2022. We currently have an implementation plan, which goes between 2021 and 2024, and that implementation plan was published in December 2021. We have been active in both the development of the Strategy, articulation of population health indicators, and ensuring that we have implementation plans reflecting on our progress with the strategy.

To start us off this afternoon, though, I thought I would begin with setting the scene, looking at the data for the region, recognising that we are operating within a framework of multiple concurrent challenges across the city, at a time when we are emerging from the COVID-19 pandemic with a significant widening of health inequalities, a significant impact on life expectancy and healthy life expectancy and real challenges experienced by Londoners as we have gone through the acute phase of the pandemic, through the cost-of-living crisis and are now faced with a range of threats.

In this first slide [**Minutes Appendix 2**], I wanted to reflect on life expectancy at birth in the city. You can see that following the COVID-19 pandemic we saw a dip in the life expectancy for both men and women. Although life expectancy in London is higher than the rest of the country, you can see we experienced the same dip that the rest of the country did. Although we are beginning to see some positive signals of a return and an increase in life expectancy across the city, it is nowhere near what it was prior to the pandemic. We now understand the

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factors that are driving these changes in life expectancy, and I will be discussing them in a bit more detail further on.

In the next slide, I would like to reflect on healthy life expectancy, which is how long people are living in good health as they see it. Again, for both men and women, we tend to have higher healthy life expectancy in London than we do outside of London in the rest of the country, but we have also seen a fair stagnation of healthy life expectancy for men and women as we have gone through the COVID-19 pandemic. What we now know about healthy life expectancy is that there is significant variation across the region. For example, the baseline gap between the highest and the lowest London boroughs were significant for both men and women, and we know that healthy life expectancy for men, for example, is 58.1 years in Barking and Dagenham and up to 70.2 years in Richmond upon Thames. We see similar disparities for women as well with healthy life expectancy being 57.8 years in Tower Hamlets and 70.1 years in Wandsworth.

The factors that are driving the changes that we see in healthy life expectancy and life expectancy are many. Clearly, we have the longstanding impact of our experiences of going through the COVID-19 pandemic. We have a rising tide of non-communicable diseases, which are driving both pressures on the NHS and an increased number of Londoners who may not yet have their chronic conditions diagnosed or effectively managed.

We also know that we are seeing significant demographic shifts and trends across the city as well. One of the conditions we are particularly concerned about is cardiovascular disease and, in the next slide, what I wanted to highlight are the differences that we are seeing in levels of control of cardiovascular disease and blood pressure control across the city and how that varies depending on where you are in the city. In areas of greater deprivation on the left-hand side of that chart, you see that the proportion of individuals with blood pressure who are maintaining good control are significantly lower than in areas that are more affluent to the right-hand side of the chart, where you see high levels of blood pressure control. Heart disease is particularly significant in the city, in part because it is a major driver of health inequalities. We see significant differences in the prevalence of heart disease by gender, by race/ethnicity and of course by deprivation.

In the next slide, we know that not only are the threats we are seeing coming from chronic diseases but infectious diseases as well. I have highlighted here trends in late diagnoses for human immunodeficiency virus (HIV) infection, where you see significant differences across racial and ethnic groups, despite the fact that we are continuing to see reductions in HIV incidence in the city. In other words, although we are making progress with reducing HIV new diagnoses, we are seeing an increasing proportion of individuals being diagnosed late, especially among our Black, Asian and Minority Ethnic (BAME) groups compared to white groups in the city.

In the next slide, I wanted to end by just reflecting on the key elements which are going to be critical for success. I often refer to these as the keys for success for efforts to tackle and understand and respond to health inequalities in the city. It requires a number of key things to be present. First, strong, visible leadership for health inequalities, provided in London by the Mayor, provided in London by health and care leaders who are working together on health inequalities, provided by local authorities and community leaders across the city.

Second, we need to have strong governance, and, in this slide, we show London's strategic landscape, where we see the intersections between the major pan-regional strategies interfacing with the governance structures, within the NHS regions, Integrated Care Systems (ICSs), local governments, and the ways in which we are working to align all of the structures within the city to focus on health inequalities.

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Third, it requires not only the infrastructure but good governance and accountability across the city and the HIS has provided that oversight and the metrics to measure our progress and also to ensure that we are holding different partners to account for progress on the Health Inequalities Strategy.

Fourth, we require great data and there has been a lot of work done over the past four years to strengthen the data on which the Inequalities Strategy sits, to measure our progress, to identify areas which are gaps and to ensure that we are agile in our responses on health inequalities so that, as the data changes, we are able to adapt our strategic responses.

Finally, as we have heard from Dr Coffey, our partnerships are critical and all of the accomplishments that we are going to be discussing today reflect the deep and enduring partnerships that we have developed around the HIS which are key for success and are valued and are supported and will be key to our work moving forward.

Colleagues, with that, I wanted to give you a sense of our journey with the HIS, the data which underpins the decisions that we have made and where we have focused over the past few years, London's strategic infrastructure and the keys to success for tackling health inequalities in the city. Thank you, Chair.

Dr Onkar Sahota AM (Chair): Thank you, Professor Fenton. Thank you for setting the landscape up and telling us the journey on which we have been over the last few years. My colleague Assembly Member Russell wants to come in for a moment.

Caroline Russell AM: Yes, Chair. I just wanted to pick up on some of Dr Coffey's words at the very outset of the meeting thanking you for your work as Chair of this Committee and also your very long service on this Committee because I understand that you have been an Assembly Member for 12 years and, of those 12 years, nine years you have been Chair of this Committee, which is a huge commitment to the health and to the reduction of health inequalities of Londoners. For that, we are all very grateful. In particular, bringing your voice as a practising GP has also given the membership of this Committee just that extra bit of breadth of perspective. I just wanted, on behalf of all the Committee, to thank you for your service to this Committee and to the health of Londoners. Thank you, Onkar.

Dr Onkar Sahota AM (Chair): I am humbled. Thank you very much.

Krupesh Hirani AM: Likewise, I would like to echo those sentiments. I was Chair for only one year, but the guidance that you gave during that year, and I have known you, Onkar, for many years beforehand, but your work particularly around the NHS. We had the campaign, I know, when you were first elected, around Accident and Emergency (A&E) services. That really brought into light the issues and that has made a big difference to even the Mayor's strategy today about the Six Key Tests (SK6) and all the work that is happening here at City Hall on that front as well. I am very proud to have served alongside you as well.

Dr Onkar Sahota AM (Chair): Thank you. I was just reflecting on the journey of the HIS, which started when Professor [Lord Ara] Darzi was the Commissioner of the Darzi Commission. He set it up and the Mayor of London was Mayor [Boris] Johnson. It is such a journey when we started looking at the Health Strategy for the first time. Thank you very much for your comments and I am really glad that we saved Ealing Hospital and Charing Cross Hospital. If we had lost those 1,000 beds in the middle of the COVID pandemic, we would have been in a worse place than we were already. Thank you very much for your comments.

I will probably say a few more remarks at the full Assembly on Friday but, for this afternoon, we had better carry on with the agenda. Thank you very much for your kind comments.

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I am going to start off the questioning for this afternoon and I will direct my questions to you, Dr Coffey, as you started to talk about Superzones earlier on. You told us that we had an ambition to have 50 Superzones but you now have 87. Was 87 the figure?

Dr Tom Coffey OBE (Mayoral Health Advisor): Yes, 86.

Dr Onkar Sahota AM (Chair): All right. The Mayor has changed the criteria for the Superzones so that it is easier for an area to be designated as a School Superzone. Was this a decision that was taken purposely or what was the driver behind that decision?

Dr Tom Coffey OBE (Mayoral Health Advisor): Thank you. Also, thank you for the support. As we developed the Superzones policy, we did get feedback from colleagues earlier in the inception of the programme. I am going to probably also invite Jazz to come in at some point because she has got the area of expertise and carries that brief for School Superzones.

The key thing for us very much was to make sure that there were seven or eight areas that a School Superzone could look at to say, "Which of these areas are important to us?"

Secondly, we were very much seed funding and grant funding areas to support the work that started the programme. It was up to the school and the adjoining schools to collaborate on that area. As we went through the programme, the programme changed according to what was important to both us and the schools accordingly.

I am going to hand over to Jazz now to go into more detail about how we gradually developed the programme and in fact how we might be developing it even further in the future. Thank you, Jazz.

Jazz Bhogal (Assistant Director of Health, Children and Young Londoners, Greater London Authority): Thank you, Tom, and thank you for your question. The Superzones, you will be aware, was initially devised based on a pilot programme that focused on schools, albeit in partnership with the boroughs that those schools are based in. As we began to roll out the full phase beyond a pilot and we began to roll this out more broadly, we were still very focused on those schools in the neighbourhoods that suffer the greatest deprivation. Working with boroughs, they were really keen, and they got much more interest from some of those schools in those neighbouring areas to be able to take part in a scheme. We worked out that it would be possible and actually very advantageous to have groups of schools taking part in a Superzone.

While we rolled out, the zones then became different in terms of their geography and their span of influence and were able to have greater collective impact in those local areas, for example. A Superzone priority might have been around really changing and affecting the retail options for children so that there was healthier food options available to them. For those retailers, the benefit was much greater to have a larger number of schools that were involved in that, and the economy of scale began to work better.

Actually, what we found was that did not take away from the methodology and the evidence base that we had created around that and so we thought this is a much better opportunity. The scale was of interest to schools that were very keen to broaden this out in those neighbourhoods. The geography that we had previously discussed -- the option there was to make that much broader.

It has ended up being a bit of a win-win and certainly the early findings from the evaluation that we are now looking at are suggesting there has been a significant benefit to those local areas and that is what they want to continue.

Dr Tom Coffey OBE (Mayoral Health Advisor): To give you a flavour, from a sample of 15, I asked people, "what does it achieve?" Some of the examples were: new businesses signing up to the healthy catering commitment around the school, free road improvement projects, four new School Streets, improved lighting and Closed-Circuit Television (CCTV) around the schools, and two School Superzones have smokefree zones. There are real concrete improvements to the infrastructure around those schools, benefiting the children and families.

We have always been pushed, "Are you evaluating your work, Tom? Are you making sure that this is money well spent?" We do and we adjust our programmes according to our evaluation. They are some of the concrete benefits, literally, that have been achieved by that programme.

Jazz Bhogal (Assistant Director of Health, Children and Young Londoners, Greater London Authority): It [evaluation] is in its final stages. We are working really closely with our evaluators so that we are getting as early as possible insight and feedback. That is beginning to help us think about the future.

As one of the options for us to think about, we know that there are opportunities to think about secondary schools. So far, Superzones were designed and focused on primary schools. However, some of those primary schools are attached to or part of a through school model. I went to visit one in Thamesmead in south London. That is a through school from reception all the way through to sixth form and that is a really interesting model. Actually, they are finding some of their only children not only being able to take part in the Superzone and have a bit more of a role in looking at the area around their school, but they are feeling ownership over that programme and making some quite practical suggestions themselves. There is engagement with the wider community and the community feeling with that neighbourhood around that school feeling like it is part of a Superzone.

It is the beginnings. It feels like the options. There is potential to look at what that open area can do to own that Superzone model for themselves and that is beginning to look really exciting.

The other area the evaluation is suggesting we might be able to think more about is putting more things around wellbeing and thinking about mental health and wellbeing within those models.

Dr Onkar Sahota AM (Chair): Great. Thank you. It would be very helpful if you could share the evaluation with the Committee when it comes forward.

Jazz Bhogal (Assistant Director of Health, Children and Young Londoners, Greater London Authority): Absolutely, yes, when it is available.

Dr Onkar Sahota AM (Chair): You talked about Wellbeing Champions. What do they mean? What is their definition?

Dr Tom Coffey OBE (Mayoral Health Advisor): We initially started off calling these Londoners "Mental Wellbeing Ambassadors" but we realised that was perhaps not the appropriate terminology and so we used the words "Mental Health Champions". These are Londoners who have taken courses and done projects that are accredited and give them a degree of mental health expertise. The examples I would give is they might have done the zero-suicide course. They might have done mental health first aid training or areas like that so that

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they then are enabled to be working within their communities and offering a bit of community expertise. Often, when a person is in mental health distress, they will often turn to a friend, a neighbour or a family member. They do not always come to me or you, Onkar, as GPs. What is really important is that person has the confidence to say, "How do I deal with this crisis? Where do I take this person to? Can I address this person with a simple conversation, or do I need to escalate?" That is what, whenever possible, our Mental Health Wellbeing Champions do.

I am just going to pass over to Emma, who has worked on that project, just to make sure that we support the Mental Health Champions as well as put them on courses. Emma?

Emma Pawson (Head of Health and Wellbeing and Programme Director for Free School Meals, Greater London Authority): Thanks, Tom. As Tom was saying, we try to make it as inclusive as possible and so we have moved into a very broad spectrum of support that we can offer to Londoners in response to different phases as we have gone through. For example, during COVID and as we came out during the recovery phase, there was a much greater need for bereavement support and so we channelled our energy into how we could support communities through that bereavement phase.

Another thing is we were starting to see in the data an increasing number of young people with mental health issues and, therefore, as our programme has evolved, we have started to look at how we train and skill up people who are in touch with young people to better raise awareness about what mental health looks like and what support is out there and the small things that they can do just to be open. It may even be just open in conversation, right the way through to encouraging people to do suicide training.

So far, I will give you a few examples of what we have done. We have trained over 4,000 young people in education settings and, of those, over 100 people are skilled and trained to be able to train other people. We are really cascading above and beyond the reach that we can have. Another example is that we have done, as Tom mentioned earlier, the suicide awareness raising training. We have had over 380,000 people take that. That enables and skills people up to be more confident to be able to support anyone that they think may be struggling with the moment as well. That is just two examples. There are lots more that we can give and offer afterwards if helpful.

Dr Onkar Sahota AM (Chair): Great. Thank you. Now, I must talk a bit about air quality. Tom or Kevin, is London on track to meet the World Health Organization's interim target for particulate matter less than 2.5 microns in diameter (PM2.5) by 2030? Are we on target to meet this World Health Organization target?

Dr Tom Coffey OBE (Mayoral Health Advisor): We have done a lot on air quality. I do not have that level of detail at my fingertips regarding the trajectory we are on at the moment and whether we are likely to hit the target by 2030. Kevin, I hope, will give the inequalities angle as well, but what I can share with you is the impact we have already had on the reduction in nitrous oxide, PM2.5 and particulate matter less than 10 microns in diameter (PM10) pollution in London. What we do know is that the areas of London with the poorest air quality are where the poorest Londoners live. Therefore, what we are trying to make sure we address is reducing that air quality, particularly in those areas. What we are aware of is that London's air quality is improving faster than the rest of the country and that, as we are doing more and more initiatives to make our city greener and lower air pollution, we are moving towards that target in 2030.
Can I give you the exact graph? I do not have the information. It might be held in the Environment team, but I will get you that information because it is vital to know. Are we going to hit that target? What I do know is the amazing progress we have made over the last few years, and we continue to make because we know this has a direct impact on Londoners' lives. So many surveys have shown in fact that by investing in and reducing air pollution, you are benefiting the health service to the tune of millions and billions of pounds. Studies that we

have done have looked at the reduction in A&E attendances and have looked at the number of illnesses that will be reduced by the initiatives we have already been following. Therefore, I have a great confidence that our work is going in the right direction, but I will get back to you on the detail of the straight-line graph, which takes us to 2030 or not, at a later date. Thank you.

Dr Onkar Sahota AM (Chair): Thank you for that. Did you want to say anything on this, Kevin?

Professor Kevin Fenton (Regional Director for London, Office of Health Improvement and Disparities; Regional Director of Public Health, NHS London; and Statutory Health Advisor to the Mayor of London, Greater London Authority and London Assembly): I am going to bring in Vicky Hobart, just to reflect a little bit on the data, but before I do, Vicky, I just wanted to underscore just how important the progress that we are making on reducing air pollution and improving air quality is across the region. It is valued by our NHS partners. It is valued by our most vulnerable communities across the city. Taking these big public health actions, which are generating and improving population health, is difficult. Our journey to reduce smoking and our journey to improve the quality of our air are difficult, political and programmatic decisions that have had to be made.

However, we are beginning to see the benefits, both in terms of, as you have mentioned, Tom, the reduced pressures on acute respiratory conditions in the NHS and better quality of life for residents and, as the understanding of the impact of air pollution on not only physical but mental health is developing, indeed, we are making and having an impact there as well. I wanted to, in a sense, situate the importance of this work, challenging as it is, for public health as well. Vicky, did you want to --

Vicky Hobart (Group Director of Public Health, Greater London Authority, and Deputy Statutory Health Advisor): Thank you. Just to draw attention to the Datastore, which is where the emissions data is published from the monitoring system. My understanding is we have made significant progress around nitrogen dioxide. Particulates remain more challenging.

Then, really, to reflect, the Chief Medical Officer report did signal a number of areas where we need to maintain this focus, electrification of vehicles particularly, like public transport, and there are commitments that Transport for London (TfL) is taking forward in that space. The need for continued innovation -- the Chief Medical Officer was drawing attention particularly around the particulates, vehicle brakes and so on, and the importance of local urban planning. We touched on here Superzones and the need to take this down to a neighbourhood level to understand what the emissions are, particularly around schools and healthcare settings. There are a number of examples around London where that local neighbourhood-level action is starting to take place.

There were recommendations around agriculture, maybe slightly less relevant to us in London, but then also a call for the NHS to make its contribution by halving its contribution in the decade. I would say the partnership working through the Air Quality and Health Programme Office has been good. The air quality alerts that were launched recently would be an example of what that kind of work is producing. I will wrap up there. Thanks.

Dr Onkar Sahota AM (Chair): Two of my colleagues want to pick this topic up with you further. I am going to bring in Assembly Member Best, please.

Emma Best AM: Thank you. If I could just quickly swing back to Superzones, Jazz, could you let me know how many School Superzones have been implemented without a Controlled Parking Zone (CPZ) within that area?

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Jazz Bhogal (Assistant Director of Health, Children and Young Londoners, Greater London Authority): I do not have that information specifically, but I can certainly ask for that assessment to be done.

Emma Best AM: This is something that I have brought up in previous Committees. Could you make sure that you do look into that? It is a massive issue in outer London boroughs, where a CPZ is not appropriate or would be rejected by residents, but you can imagine schools sometimes, as you described, connected to free schools, which are at those times of the day schools that become a different kind of area. It has always been a blocker that these are the kinds of areas that are not going to have a CPZ but could really benefit from some of that work. I wondered - and I think the answer is no - if you have ever -- you have got three without a CPZ Assembly Member Hirani?

Krupesh Hirani AM: Off the top of my head. It could be more.

Emma Best AM: If there are three, I have always been told that it cannot happen and so it would be good to know how you got through that barrier of doing a School Superzone without -- I would be interested to know if Assembly Member Hirani has achieved that because I was told it has never been achieved with restrictions at school times. I do not know if you are talking about perhaps other elements of the Superzone.

Dr Onkar Sahota AM (Chair): Maybe we will take evidence from --

Jazz Bhogal (Assistant Director of Health, Children and Young Londoners, Greater London Authority): We can come back to you on that.

Dr Onkar Sahota AM (Chair): Yes.

Emma Best AM: If I could move on now to you, Tom, if that is OK, to pick up on the new report we saw last week from the Mayor on air quality, which was released with old data that everyone on this Committee would have seen and you would have seen the latest data within that on air quality goes up to January 2023. The report did not suggest but the media articles suggested that this was to do with the Ultra Low Emission Zone (ULEZ) expansion. Were you part of that report at all or could you comment on that?

Dr Tom Coffey OBE (Mayoral Health Advisor): I probably cannot comment on that report. That report was not written by the Health team. It was written by the Environment team, but we contribute the data to the reports and most of the data, wherever possible, is taken from London-wide data sources.

Emma Best AM: Yes. That data was from January 2023, yet it seemed in the *Guardian* article particularly to be talking about policies that had been implemented six months after. I do not know. Did anybody in the Health team get a chance to have input into that report?

Vicky Hobart (Group Director of Public Health, Greater London Authority, and Deputy Statutory Health Advisor): Not personally, no, but I can take that away.

Dr Tom Coffey OBE (Mayoral Health Advisor): I can take that back and just try to explore that further, if that would be useful.

Emma Best AM: I would be hoping that somebody on the Health team would be able to talk about it with the direct impact on health that it would have. Did anybody want to talk about the fact that the media reports implied that there was a benefit from the ULEZ expansion without showing any data from the ULEZ expansion?

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Dr Tom Coffey OBE (Mayoral Health Advisor): It is quite hard to comment on what the media might have implied about a policy --

Emma Best AM: What the mayoral press release said.

Dr Tom Coffey OBE (Mayoral Health Advisor): Yes. I cannot really comment on that. I can agree that there are certain dates whereby, if the date of the ULEZ expansion was in the summer of 2023, therefore, you are looking at that as the timeline to look at impacts on air quality for that expansion, although the ULEZ was initiated many years ago and we do have evidence of the impact of the initiation of the ULEZ from inner London to central London and now outer London as well.

Emma Best AM: All right, and so we could not be able to make any assumptions about the outer London ULEZ expansion from data from January 2023.

Dr Tom Coffey OBE (Mayoral Health Advisor): Not having read the press release, it is --

Emma Best AM: You do not have to read the report; just a general statement. We could not make any assessment of the progress of the outer ULEZ expansion from data from January 2023.

Dr Tom Coffey OBE (Mayoral Health Advisor): I would always say that if you are looking at the impact of an intervention, your evaluation has to be designed to make sure the timeline suits the intervention and consequences thereafter. That would be a fair way of doing a scientific study, yes.

Emma Best AM: Yes. Without the consequences thereafter, you could not make that assertion?

Dr Tom Coffey OBE (Mayoral Health Advisor): I am speaking very generally here about having seen that article, yes.

Emma Best AM: Thanks.

Professor Kevin Fenton (Regional Director for London, Office of Health Improvement and Disparities; Regional Director of Public Health, NHS London; and Statutory Health Advisor to the Mayor of London, Greater London Authority and London Assembly): Sorry, I did see the press reports and, in fact, I may have commented on the impact on social media. There are two things that struck me.

The first is the comparison between central and inner London and the impacts on central and inner London, and then they also presented data comparing the reductions in air pollution with other parts of the country, demonstrating that the change in London was much greater than in other parts of the country.

My third reflection from the report, again in the media, was the reflection that the causes of the reduction were a number of factors and, in fact, the *Guardian* article from memory did say that, in addition to ULEZ, other traffic calming measures and so on were responsible for this change.

While the Health team was not involved in the report, a report of this nature showing this kind of impact is of interest, which is why I also saw both the report and the *Guardian* article on the weekend.

Emma Best AM: Yes. I appreciate the context, Kevin. Unfortunately, the headline did not read as your comments just did then. It led with the ULEZ and only the ULEZ. Thank you.

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Dr Onkar Sahota AM (Chair): Assembly Member Russell, please.

Caroline Russell AM: Thank you. I hope we can all agree that any measures that reduce the amount of pollution in the air are helpful, and I can see that attributing this to this specifically is complex but, actually, every time a tyre goes around on the road, more PM2.5 pollution comes off and that is health damaging. All the measures to reduce driving are extremely helpful.

My question is about the Living Wage City commitment. There was a target to lead the campaign to make London a Living Wage City, targeting accreditation of an additional 1,600 employers, lifting at least 48,000 people onto the real Living Wage, putting £635 million into Londoners' pay packets. What progress has the Mayor made towards the commitment of making London a Living Wage City? I do not know which of you would feel best able to respond to that one. Tom?

Dr Tom Coffey OBE (Mayoral Health Advisor): Yes, I will probably take that. The milestone at this present time, November 2023, was 1,000 new London Living Wage employers and we have hit 1,362. The milestone in November 2023 for the number of Londoners uplifted to the Living Wage of £13.50 an hour was 50,000 Londoners. We hit 57,846. Therefore, I would see that as a significant success.

I want to talk about the health benefits and the health partnership role in that. What we also know is that for people on a low wage, for every £1,000 a year that you raise their wage, you improve the male life health expectancy by six months. You are making a big difference to that person's life.

Secondly, what we have also recognised is the number of people living in poverty in work is increasing. Now in London 74 per cent of people who live in poverty are in working families. Therefore, focusing on the London Living Wage is a real way of bringing Londoners out of poverty and improving their health. Also, it improves job satisfaction and retention of work.

Now, the NHS. This is where we talked earlier, and I mentioned earlier about the partnership approach. What were the four pillars of the way Sadiq [Khan, Mayor of London] works? One of them is partnership. We have taken this to the London Health Board to ask how our health and social care colleagues can work in this area. The NHS trusts - there are 35 in London - got about 28 of theirs to become London Living Wage employers by January this year, but in fact they hit 30 and exceeded that target. I am very proud that the NHS did that. Also, altogether now, we have 165 health and social care employers who are London Living Wage employers.

The work we are doing on this are the fruits of that partnership approach that is mimicked in other sectors completely and that is how we have achieved the milestone of exceeding 1,000 new London Living Wage employers by 362.

Caroline Russell AM: Thank you. That is all really good, and we know that in-work poverty is a huge problem affecting so many Londoners. The more London Living Wage employers that there are, the better.

In the HIS Progress Report in 2022, the Mayor established some further stretched targets, including lifting 75,000 more Londoners onto the real Living Wage by May 2024. What progress has been made in reaching that stretched target?

Dr Tom Coffey OBE (Mayoral Health Advisor): The figures I have given you are from November last year and so that was six and a half months before the May [2024] target. Therefore, since then, since November - and I just have the latest data that I could get my hands on - it has progressed further. I can get to you what

has happened as up to date as possible after this meeting. With the figures I have, I was looking at the figures and trying to ask where I have accurate data that I can confidently give you against the trajectory at that point. The area that I have got data for, which I am confident is accurate, is from November 2023, which is four and a half months ago, but I will get you further data as we move forward. I am confident that that figure has definitely increased and is definitely going towards that target, but I want to give you accurate data.

Caroline Russell AM: OK. Can you just remind me of the November figure again?

Dr Tom Coffey OBE (Mayoral Health Advisor): For new London Living Wage employers, 1,362. New people lifted to the London Living Wage, 57,846.

Caroline Russell AM: OK. I accept it is a stretched target. It was getting 75,000 Londoners by May [2024]?

Dr Tom Coffey OBE (Mayoral Health Advisor): By May, yes.

Caroline Russell AM: It will be very interesting to see the latest data when you are able to present it. Thank you.

Then I want to pick up on another target, which was to support London action on tackling structural racism as a determinant of health by organisations in their commitment to be antiracist. What progress has been made towards the establishment of the Anti-Racism Practice Learning Hub, as set out in the healthy communities' commitment of the Health Inequalities Strategy? Is that for you, Kevin?

Professor Kevin Fenton (Regional Director for London, Office of Health Improvement and Disparities; Regional Director of Public Health, NHS London; and Statutory Health Advisor to the Mayor of London, Greater London Authority and London Assembly): This one is for me. We are really pleased to have had a focus on tackling structural racism as we emerged from the COVID-19 pandemic and saw, almost in real time, the impact of the pandemic on widening inequalities, the impact on trust and confidence that the communities had in statutory sector organisations, and issues related to the pervasive impact of racism on the lives and outcomes for community members.

As part of the revision of the Health Inequalities Strategy and our implementation plan, we really wanted to have a strong focus on antiracism. The London Anti-Racism Collaboration for Health (LARCH) was launched in November 2023, and this followed an extensive process of coproduction with local communities and statutory partners to both scope the nature of the work, identify key priorities for the collaboration and to think about key outputs and outcomes. The LARCH is one of a range of interventions that we have put in place collaboratively on antiracism and these include the identification of an Antiracism Champion, Marie Gabriel, on the London Health Board. It includes collaborative work between statutory agencies to develop a systemic and strategic approach to tackling racism in London's health and care system, which was published last year. It also includes the commissioning of research from the Institute of Health Equity to further understand both the nature and impact of racism on health and health outcomes.

With the launch of LARCH, we are really pleased that we are just completing the commissioning of a delivery partner on LARCH, and we would fully anticipate that this will be completed and the work will begin in the next financial year. Some of the key priorities for the programmes will be sharing best and promising practices across statutory and community partners on antiracism; second, collating the evidence on what works and ensuring that we are doing a better job on sharing and disseminating best and promising practices; and finally, building a community of practice because this work on antiracism is challenging and it is difficult. It is really

important that we build communities of interest and practice, provide tools for education and building their skills, and create supportive environments.

With LARCH, we are also going to have the opportunity to have new ways of measuring the impact of our work, for example, through the development of a race equality maturity index, as well as developing tools for capacity development including blogs, resources and other comms on the importance of tackling antiracism.

In summary, we are really pleased about the journey we have been able to make across the region on this. There is not a meeting of the London Health Board that happens that we do not have a discussion on inequalities. Marie Gabriel, in her role as Antiracism Champion for the London Health Board, has been proactive in helping us to drive progress in this area.

Caroline Russell AM: Does the partnership work that you talk about extend into, for instance, antiracism in policing? Policing is something that comes under the Mayor's purview. I just wondered. Is there any kind of link with policing in terms of this strand of work?

Professor Kevin Fenton (Regional Director for London, Office of Health Improvement and Disparities; Regional Director of Public Health, NHS London; and Statutory Health Advisor to the Mayor of London, Greater London Authority and London Assembly): Through our health in all policies approach, which I am sure you will hear about and we will discuss further this afternoon, we are working with other parts of the GLA Group to understand how our collaborative endeavours on health improvement and tackling inequalities can be strengthened. A key part of that is ensuring that conversations about antiracism are also held in that space as well. Why we do not currently have an active programme of collating and collaborating on antiracism across the group, we have raised this as an issue for further development. The priority for this year has been to establish the ways of working across the health and care system so that we can be a strong and robust partner as we begin to understand what is happening in fire, the police and other sectors as well. It is certainly my ambition and our ambition that we will collaborate because all of those other sectors are committed to this work, but we are all on different paths of the journey when it comes to conceptualising, implementing programmes and evaluating the impact of our work.

Caroline Russell AM: It certainly feels like an area, particularly around policing and young people and the links across into safeguarding, vulnerability, violence reduction and preventative approaches. There are huge public health linkups in terms of what is going on in policing and the thinking they are doing about how to reduce disproportionality in the impact of policing on Black and minority communities. Seeing where that develops over the next four years will be very interesting.

Then my next question is about active travel and the target that by 2041 all Londoners will do at least 20 minutes of active travel every day that they need to stay healthy. This is about all of us doing lots of brisk walking on our way to catch the bus to travel in here.

In 2022/23, 38 per cent of London residents aged 20 or older achieved at least 20 minutes of active travel every day. Before the pandemic, this rate was around 40 per cent and so it is slightly down still from the pandemic. I know everyone during the pandemic was staying at home and not travelling so much. It is interesting that even now there is a slight percentage drop in terms of everyday active travel and everyday physical activity.

What action is the Mayor taking to increase this figure, given the commitment in the HIS to raise levels of active travel?

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Dr Tom Coffey OBE (Mayoral Health Advisor): If I start, colleagues will come in. Again, you remind us that it is only a couple of years now when we were in lockdown, when COVID came virtually out of nowhere and devastated our city. It had a massive impact. Not only did it have an impact on our health system, but it changed the way we worked. What you definitely will find is that there are more people now working from home than used to be the case. A lot of people's active travel was based around them travelling to work. It was always the idea that maybe you could cycle into work or get off the bus or tube a bit early and try to build that active travel and activity into your daily work. Therefore, that change in working pattern definitely has an impact.

The good news is that 38 per cent is the figure from 2023, but in 2022 it was 35 per cent and so we are now back on an upward trajectory of the percentage of Londoners doing 20 minutes per day. Also, our cycling figures are going up with a 20 per cent increase since 2019 and that is across all groups of Londoners. Walking trips per day used to be in 2018 an average of 0.66 walking trips per day. Now it is up to 0.84. Therefore, there is a growth and, hopefully, we are moving back towards the figure we were at before the pandemic, but one has to recognise the way we live, and work has changed.

I am thinking of the cycle networks. Active travel is walking and cycling. What have we done since 2016? In 2016 there were 90 kilometres of cycle highways. Now we have 350 kilometres. We now have 500 School Streets. The idea there, really, is to make it so that your journey to school is a safe journey? A safe journey to school so that you can make sure that cars are not there so that you have to bring your children to walk to school. Also, School Superzones are really encouraging that.

Also, we have really pushed the idea of free cycle training because people are very anxious, often, about cycling on busy roads. You can design your roads accordingly to make sure you are separating the cyclists from the vehicles, but also you want to make sure people are trained and given that confidence. There are many things that we are doing and there are some green shoots of recovery in active travel. I will hand over to Kevin if Kevin wants to add comments as well.

Professor Kevin Fenton (Regional Director for London, Office of Health Improvement and Disparities; Regional Director of Public Health, NHS London; and Statutory Health Advisor to the Mayor of London, Greater London Authority and London Assembly): Nothing additional from me, Tom. You covered it. Thank you.

Caroline Russell AM: OK. I will just briefly come back with one thing. The overall target is for everyone to be getting their 20 minutes of physical activity a day by 2041 and we are still well under 50 per cent. Are there any interim targets or are we still looking just at that 2041 target? I suppose it is really for the Mayor to keep on -- and obviously we do not know who is going to be Mayor after the election, but it is about keeping track of our progress and understanding whether we need a step change in delivery on quietening down our streets, of reducing the amount of traffic, making it more likely that people will walk and cycle and feel confident to cross the road. Do you have any plans for interim targets?

Dr Tom Coffey OBE (Mayoral Health Advisor): I am going to hand over to Vicky in a second, but you are right to say that when you are faced with the changing architecture of the way we travel and live our lives, you also have to change how you want to achieve those long-term goals. We have to revisit how we work. I am going to hand over to Vicky now, who will give us some more details on that. That challenge you give quite fairly is that we have to do something different. If people are working differently, we cannot just say, "Make walking part of your journey to work", if they are in the office only three days a week.

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Vicky Hobart (Group Director of Public Health, Greater London Authority, and Deputy Statutory Health Advisor): Thank you. There has been a task to understand as we come out of COVID the patterns and understand the data. I am not aware of any interim targets at this stage of the electoral cycle, but I am happy to go back and have a look into that.

What I would say from a Public Health Unit (PHU) perspective on how we work with the Transport team and TfL is that we have also been looking at it from a slightly wider perspective. There is a lot of interest in active travel and the contribution it makes to health and wellbeing. We had the great session last year with the Assembly when you were doing a bit of a deep dive in this area.

Road harm reduction remains very important and the vision around zero road harm. We held a quite a proactively attended -- convened with directors of transport from the boroughs, with local public health directors and TfL in the autumn to look at how that agenda is being taken forward because that is a barrier for several people engaging in active travel. Then there is a range of data coming through, for example, on the cycle scheme and interest in e-bikes and the uptake of those. We are also seeing some modal shifts as well in terms of use of public transport.

Caroline Russell AM: OK. Thanks. I look forward to seeing some nice interim targets coming forward in the new mayoral term. Chair?

Dr Onkar Sahota AM (Chair): Thank you. Assembly Member Best?

Emma Best AM: Thank you. I am not sure who this question is best for, but I am going to pick up still on the active travel arrangements. When it comes to TfL funding for schemes at the moment for, for example, things like Copenhagen crossings, which I am a fan of, one of the things that is really important is putting a pedestrian priority sign alongside those crossings, which is not currently part of the allocation of that money. It is hard to get that traffic management order in to actually have the Copenhagen crossing with the addition of a pedestrian priority sign.

Can TfL look into the awarding of that money? When we award for Copenhagen crossings, can the design of Copenhagen crossings now have a pedestrian priority sign as part of their implementation?

Vicky Hobart (Group Director of Public Health, Greater London Authority, and Deputy Statutory Health Advisor): I can take that away and come back on that one.

Caroline Russell AM: Sorry. That is a question for national Government because it is about the road sign regulations, and they are all controlled by the Department for Transport. Actually, I agree it could be really helpful to have that, but it is something we would need to take to the Government.

Emma Best AM: Can we lobby to get those conditions enforced?

Vicky Hobart (Group Director of Public Health, Greater London Authority, and Deputy Statutory Health Advisor): I am happy to take that one away.

Emma Best AM: OK. The other question I wanted to ask was around obesity rates within children, which have come down a percentage point this year, which is good news, but we still had three London boroughs in the top 10 worst rates in the United Kingdom (UK), specifically Barking and Dagenham being the worst. I wondered and I want to move away from talking universally and talk specifically about targeted intervention with, for example, Barking and Dagenham and what the Health team is doing there.

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Jazz Bhogal (Assistant Director of Health, Children and Young Londoners, Greater London Authority): Thank you. Yes, there are interventions led by boroughs and the activity that drives the change is at that local level and is led by boroughs and is part of their public health roles and functions. The work that we are doing is in support of boroughs and then offers a more universal approach. Your focus to us to answer questions about what targeted activity can be done, yes, it is for the boroughs to take that targeted activity in places where they need to prioritise it. That said --

Emma Best AM: That is not what we would do in other areas. Sorry, Jazz. We would target in other areas. We would look at certain schemes for certain areas. Why would we not have the same approach here when it is quite clearly the link with deprivation and obesity, and we know the areas? Why would we not be looking to target support and help those councils?

Jazz Bhogal (Assistant Director of Health, Children and Young Londoners, Greater London Authority): Yes. Continuing my answer, then, the work that we have been doing through Superzones and quite a lot of the work that we are doing across a whole range of other initiatives; for example, the work that we have been doing on breastfeeding and some of the other interventions that we know are going to support local areas. We have been targeting exactly those sorts of areas. The issue is alongside those areas with high levels of deprivation. The fixes or the interventions are just going to have a much deeper and a much longer time to have impact because the depth of the problem is so deep. This is part of the nature of dealing with deprivation and working in that kind of environment. The targeted work is going to take longer to show impact and it is going to be a much broader range of interventions. That will be the targeted approach that we take. All of those programmes - Superzones, Healthy Schools, all the work we are doing around, say, for example, the healthy catering commitment and breastfeeding - are targeted in exactly those areas because those are the areas that suffer the poorest outcomes in terms of childhood obesity and also, unsurprisingly, high levels of deprivation. That is where we are targeting our interventions, but the impact of those are going to take longer to bear fruit.

Emma Best AM: When we would be able to see evaluation or feedback on that?

Jazz Bhogal (Assistant Director of Health, Children and Young Londoners, Greater London Authority): The Superzones is due to come shortly. I say shortly. It is at some point over the next few months. Some of the other programmes again have a whole raft of evaluations currently happening because of course these are all interventions that began more or less at the same sort of time.

Dr Tom Coffey OBE (Mayoral Health Advisor): If I can add as well, I echo your approach, which would be that we should be targeting our resources to where the problem exists. There is no point, let us say, targeting areas to improve life expectancy in Richmond if the poorest life expectancy may be in another part of London.

The area I suppose I would pick out of this was the child obesity taskforce action plan, which had a number of interventions, which in fact we have tried to follow accordingly. What we have done in those is to make sure they are targeted in the way they address the inequalities that exist and will, therefore, let us say, help with Barking and Dagenham.

One example that has had a degree of evaluation, let us say, was the ad ban in the TfL network reducing the advertising of high fat, sugar and salt foods. What we have seen there is the reduction in calorie consumption of families that were travelling on the Tube --

Emma Best AM: But we have not.

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Dr Tom Coffey OBE (Mayoral Health Advisor): -- and also that reduction in --

Emma Best AM: Sorry, Tom. We probably do not want to get into an argument about the junk food ad ban. If you want to go there, I will go there, but the Committee does not want to hear it in our last time. I will not hear you say that. It did not. It showed a projected less rise. It was still a rise. It showed that there was a projected less rise. Shall we not go there?

Dr Onkar Sahota AM (Chair): The Committee has had a great briefing on this from the London School of Hygiene and Tropical Medicine on this matter.

Dr Tom Coffey OBE (Mayoral Health Advisor): The point I am trying to make, I suppose, is that some of our universal approaches will have a targeted effect if they are addressed at areas where we know that that is a driving cause of childhood obesity. I was talking about that. It was more talking about schools, the daily mile, our active travel and increasing activity and so on. We do try to focus on our most deprived areas and, therefore, that is a targeted approach.

Emma Best AM: OK. Thank you. I could go on to ask why it is that the areas that have the most TfL signs are the ones that are in the worst position when it comes to obesity and those without as many TfL advertising signs have lower rates but, anyway, let us leave it for today.

I wanted to ask about the HIS implementation plan, which runs between 2021 and 2024. It will end in May 2024 and so is it your expectation that there will be another updated implementation plan at that point? Is that something that work is beginning on or is that something that you are waiting for in a new mayoralty?

Professor Kevin Fenton (Regional Director for London, Office of Health Improvement and Disparities; Regional Director of Public Health, NHS London; and Statutory Health Advisor to the Mayor of London, Greater London Authority and London Assembly): Given the timing, as you have rightly identified, it might be prudent for us to wait until the new administration is in place. However, it is clear that there are some key principles that we are poised to build upon that will guarantee great success of the next phase of the implementation plan. I began today and I spoke about the architecture that we have in London for health inequalities, which is very different to what existed five years ago, with the London Health Board, the health inequalities group of the London Health Board, and we are just establishing in the NHS a prevention and equity group. All of these governance groups are enabling us to work more collaboratively and to work in stronger partnership.

We have learned over the past four years the importance of data and evidence, aligning priorities, developing of programmes, the partnership working and having an agile approach. Again, those principles we take into a new plan.

Finally, we have signals of what works: School Superzones, universal free school meals, the Wellbeing Champions, our work on air quality, our work on antiracism. While not pre-empting the content of the next implementation plan, we certainly have key principles, the governance and emerging best practice that we will be able to build upon.

Emma Best AM: You have talked today about the delivery and structures. Is there anything else you would want to add to the key priorities in terms of the next mayoralty addressing health inequalities in London?

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Professor Kevin Fenton (Regional Director for London, Office of Health Improvement and Disparities; Regional Director of Public Health, NHS London; and Statutory Health Advisor to the Mayor of London, Greater London Authority and London Assembly): A couple of things. We are on a journey of strengthening the ways in which we are engaging Londoners and communities. We learned a lot during the pandemic about the importance of building on trust and confidence and I would definitely like to see us do more of that in the next implementation plan, working across the GLA with other groups that touch the lives of Londoners to engage them in that journey on health inequalities.

Second, as we have emerged from the pandemic and gone through the cost-of-living crisis, we are having clear signals about some issues that are driving premature mortality or early death in Londoners and this includes heart health. As a city, we have not done a lot pan-regionally on engaging Londoners about getting their blood pressure checked, staying on their meds, making sure that they are taking care of their hearts and minds. That could be an important next step for us to think of in terms of how we get Londoners re-engaged with this.

This links very well to the question asked earlier about active travel. Post-pandemic, a number of the behaviours that would help all of us to be healthier or alcohol intake or physical activity or eating well really took a hit during the pandemic. In the next implementation plan, a bit of focus on that healthy lifestyles would be in order.

Emma Best AM: Thank you, Kevin. Whoever the next Mayor is, I am sure they will find your guidance as a Statutory Health Advisor on these helpful.

Professor Kevin Fenton (Regional Director for London, Office of Health Improvement and Disparities; Regional Director of Public Health, NHS London; and Statutory Health Advisor to the Mayor of London, Greater London Authority and London Assembly): Thank you.

Dr Onkar Sahota AM (Chair): Great. Thank you. We should help every Londoner to get a blood pressure machine so that they can monitor their own blood pressures regularly and relieve some workload on GPs. Let me bring in Assembly Member Andrew Boff, please?

Andrew Boff AM: To Ms Hobart, the GLA group PHU has now been in place for about two years. Could you update the Committee on the progress it has made in implementing the health in all policies approach across the GLA group?

Vicky Hobart (Group Director of Public Health, Greater London Authority, and Deputy Statutory Health Advisor): Thank you very much. It is a pleasure to give a bit of an update from when we presented previously to the Committee about the establishment of the Unit. I just wanted to pause and say thank you to Committee Members who have attended the forum meetings as observers. That has been really helpful and has hopefully given a good two-way flow of information.

We are pleased to say we have made some fantastic appointments, bringing in some really good people who have a lot of relevant expertise but have also rolled up their sleeves to understand how the GLA group works and how they can best support the group. That has been fantastic.

Some of the highlights have been around the forum meeting and looking at some of the areas where we can get better strategic push and alignment across the group. Particularly we have looked at mental health. We have looked at violence reduction and the new duty. We have looked at tobacco.

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In terms of taking forward health in all policies as an approach, we have started to develop the overall programme to that through both skills development and bringing people together. We held our first masterclass. We are commissioning some induction materials for different teams as well as strengthening the relationship with the organisations and the bilateral conversations that we have with them. We have been working with those organisations to look at the levers that they have to improve health. We have developed the levers framework, which observers at the meetings have seen several times. We are trying to use that levers framework as a way of garnering learning as we go forward across the group. That looks at how we can understand what the health issues are, how we can advocate and how we can then take action with the different group organisations.

We set out some criteria to look at benefits realisation and we are taking that back to the GLA collaboration board soon. That was looking at strategic collaboration, how we mobilise advice and support, how we influence for complex and wicked issues, how we develop as a centre of excellence through engagement with other cities and as an area of public health practice, as well as providing a more resilient public health function for the group. There has been lots of progress against those.

Finally, we are organised, as you will recall, into five portfolio areas that are looking at the areas where we hope we can have the biggest impact on public health outcomes, looking at housing, community safety, transport and air quality, planning and the environment, as well as economy and culture. There are lots of rich examples of how those relationships are developing and delivering across a range of areas.

Andrew Boff AM: When the policies are developed - for example, the Mayor's transport policy, perhaps the Mayor's housing policy - are you in the room? Is the PHU in the room when that is being developed?

Vicky Hobart (Group Director of Public Health, Greater London Authority, and Deputy Statutory Health Advisor): It varies depending on the development of the strategy and where it is in that phase and whether it is a new area of policy development. I will say it is a varied picture. We are certainly looking to strengthen that through development of skills, supporting other teams that will be considering health impacts in their work, because we do not always have to be necessarily in the room. Certainly, given the breadth of what the GLA group is achieving, that will be challenging.

Andrew Boff AM: I am not expecting you to be there for every decision, but I am trying to get an understanding of how the rest of the organisation is talking to the PHU to make sure that they do not come up with a policy that does not have health in it. We have seen a few of them that do not have those considerations in them. I am trying to understand the working relationships that you have.

Vicky Hobart (Group Director of Public Health, Greater London Authority, and Deputy Statutory Health Advisor): The working relationships, I would say, are still evolving. They are stronger in some areas than in others, given the history of the strategy and the opportunities to work through. The offer that we are developing as a Unit in terms of skills development is there and universally and the forum is playing a really helpful role in promoting that. For example, through all of the exec directors across the GLA group that participate in the forum. That has been really helpful in spotting some of those opportunities.

Andrew Boff AM: How do you work with TfL?

Vicky Hobart (Group Director of Public Health, Greater London Authority, and Deputy Statutory Health Advisor): The relationship with TfL is, I would say, strong and, again, it will be across a range of issues. Some of those are around policy and strategy but that would be with the Transport team and the Environment team in the GLA as well. Some of those are quite bespoke public health advice given the public

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health needs of that organisation. An example of that might be when we worked with them to develop their smoking cessation pathway for their staff. That would be an example. That was a priority for them. We facilitated and worked with them to develop that particular pathway.

Andrew Boff AM: It still sounds to me like a bit of a work in progress and that you have a lot more development to take place. Is that a fair analysis of what you have said?

Vicky Hobart (Group Director of Public Health, Greater London Authority, and Deputy Statutory Health Advisor): I will hand over to colleagues in a minute. From my perspective of having got the team together, the issues around prioritisation will be key. Clearly, we will be looking at that with the next administration, but also bringing expertise around where some of the biggest public health gain could potentially be, as well as where our health and care partners want to explore areas with the GLA group. I do not know if colleagues want to --

Andrew Boff AM: I was going to come on to Dr Coffey about whether or not, back in November 2022, you said that the PHU will take a systematic approach to public health interventions across London. How has the PHU done this to date?

Dr Tom Coffey OBE (Mayoral Health Advisor): I was going to give a couple of examples, which might bring alive the policy. This morning, I was co-chairing the London Drugs Forum with the Deputy Mayor for Policing [and Crime], Sophie Linden. This, again, is a joint approach, a public health approach, to how we address the health harms and the criminal justice harms coming from drug use.

In that area, as an example, I like to give a few things that we were talking about today, like continuity of care. How do you make sure, when prisoners who have become drug dependent leave prisons, they go seamlessly into a drug service? How do you make sure there is an effective court diversion service into a drug service? How do you make sure, when the police identify someone who is in custody who has a drug issue, they are led into the health service? By having that joint work -- and the public health consultant Farrah Hart is pivotal to that work. She is the bridge that has brought the Health team together and the Mayor's Office for Policing and Crime (MOPAC) team together.

The second example I would give is of a board called the Life Off the Streets Executive Board. It is chaired by Tom Copley, the Deputy Mayor for Housing [and Residential Development] and then I sit on that Board. Also, it is supported by Emma de Zoete, who is the public health lead in Housing. That group has looked at how we make sure we address rough sleeping, how we update and alter the severe weather emergency protocols, how we make sure that in the summer when it is so hot, we bring a public health input into how we assess cool places and get vulnerable people out of harm's way. That relationship and that role is replicated with many of our Deputy Mayors.

Has it reached a point when I can say, "Done and dusted"? No. Do I say we have progressed phenomenally since November 2022? Definitely. I see real concrete examples of those improvements.

When you talk about health in all policies, it works both ways sometimes. It is not just about how we make sure that the policies that the Transport team are doing for the transport system for London. It is also about how these are big employers: TfL, the Metropolitan Police [Service] (MPS), the London Fire Brigade. How do we make sure we use our responsibility as an employer and use our public health expertise to improve the outcomes for those employees?

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Finally, it works both ways. A big priority of the Mayor is violence against women and girls. What we know is that the health service often is a perfect time to intervene, often a GP appointment, A&E attendance, maternity services, sexual health services, drug and alcohol services. Often in those episodes, patients reveal their domestic violence and assaults. We are now working with MOPAC and the police on how we can make sure that we use those health touchpoints to escalate and intervene to reduce and address that domestic violence and that violence against women and girls. That, again, is joint work, this time us using health to assist us in the work to address violence against women and girls.

Actually, I am very pleased with how it has progressed. It is not fully there but it has gone a long way. When I talk to my Deputy Mayor colleagues, they very much say to me, "Tom, we recognise we have a role in improving the health of Londoners." When I talked to the Deputy Mayor for Housing [and Residential Development] recently about people in private tenancies, recognising the often-poor conditions that they live in, he knows that addressing that will improve the health of those people. There are problems with damp in our houses across the country and in London. Addressing that improves the health of Londoners. That is a housing intervention. It is not me or Onkar [Sahota AM] as a GP. It has made big strides.

Andrew Boff AM: It is an interesting point you make about housing because for as long as I have been involved in politics, we have had silos that do not talk to each other. It is the same now and it is breaking down those silos. With regard to people being let out of prison who may be drug abusers, there is a particular issue about women being released from prison, where they then go. Perhaps you should have a word with Tom Copley [Deputy Mayor for Housing and Residential Development] because I am pushing him very hard to get the boroughs because of course the boroughs have their own responsibilities, and everyone has pressure on them.

With regard to the violence against women and girls, it probably needs a commissioner to look after the interests of women in this city because they are not feeling especially safe at the moment.

Moving on to another point, perhaps you can give some highlights. Are you concerned about the rather low vaccination rates for measles and what have you done to address those?

Dr Tom Coffey OBE (Mayoral Health Advisor): Yes, I am concerned about it as a GP and as a parent. Of course, I am. However, the expertise in this area definitely lies with Professor Fenton.
Andrew Boff AM: Professor Fenton?

Professor Kevin Fenton (Regional Director for London, Office of Health Improvement and Disparities; Regional Director of Public Health, NHS London; and Statutory Health Advisor to the Mayor of London, Greater London Authority and London Assembly): Thank you very much. I am very concerned about our low vaccination rates in the city. This is not new. London has been on a downward slope in terms of our uptake of childhood vaccinations for more than a decade. As I am sure you are aware, we have some of the lowest uptake rates compared to other regions in the country. This is the result of a number of factors, the size, complexity, demography, population turnover and churn that we have in the city. It is consistent with other large global cities that also have low vaccination rates as well. These low vaccination rates have a material impact on the resilience and the vulnerability of the city to infectious disease outbreaks, especially preventable childhood illnesses such as measles and of course whooping cough and others.

The current resurgence that we are seeing in London began in the spring and summer of last year. Currently, we are observing clusters and small outbreaks across the city in pockets where vaccination rates are low. We are not yet seeing the same epidemiological pattern that we are seeing in the Midlands, which has been a very

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steep and fast rise in measles cases, in part because they have even lower vaccination uptake rates in population subgroups in the Midlands and that is where the infection is spreading.

What are we doing about it? A few things. Number one, we have a measles incident management group, which brings together the NHS, the United Kingdom Health and Security Agency (UKHSA), the Office for Health Improvement and Disparities (OHID), the GLA and other health and community partners to really focus on how we get more vaccines in the arms of the kids and the families that need it and how we create whole-system approaches - this is especially building on the lessons from COVID - to engage some of our most vulnerable communities. It meets regularly. It looks at the data, gets the vaccine out and has a very active programme for looking at our progress.

Second, I chair the London Immunisation Board, which is NHS London's board that oversees all vaccination programmes to help drive up uptake of vaccines. That works with our Integrated Care Boards (ICBs) and local government on a strategic and operational approach to improving vaccinations.

The third thing we do is really advocate with national Government so that national Government is both identifying opportunities to support our work on vaccines as well ensure that there are good national campaigns on vaccinations, one of which was launched only last week. We are doing a lot of advocacy with national Government and with UKHSA nationally to help with the situation in London. I will pause there.

Andrew Boff AM: Thank you very much, Professor Fenton. I was wondering how the London Health Board could be used to promote these messages?

Professor Kevin Fenton (Regional Director for London, Office of Health Improvement and Disparities; Regional Director of Public Health, NHS London; and Statutory Health Advisor to the Mayor of London, Greater London Authority and London Assembly): There are three ways in which the London Health Board has already been helpful but which, working with our partners, it will be able to really make that difference.

The first is that we have used the London Health Board to provide updates on our progress with responding to measles, mpox and other infectious disease outbreaks. That enables us to inform our partners and to ensure they are aware of the implementation or corrective actions that we are putting in place across the health and care service. That leadership alignment is important. The first is ensuring that system partners are aligned and aware of the outbreaks and are, therefore, informed about what we are doing. The second thing that the London Health Board does is that it enables us to work with the leads of various statutory organisations and other organisations to leverage their assets of engagement with communities, communication and mobilisation of communities. That is really critical as well.

Then the final thing that we would ask the London Health Board to do is to help us with that advocacy for the resources that we need to ensure that we are delivering our programmes effectively in the city. Sometimes it is staff and human resources. At other times it is about how we collaborate, building, again, on some of the lessons that we learned during the COVID pandemic.

Andrew Boff AM: Thank you. I apologise to Assembly Member Hirani. I just ran on, I am afraid. Before I depart from this, why do I not see public health messages on TfL, on the Tube?

Professor Kevin Fenton (Regional Director for London, Office of Health Improvement and Disparities; Regional Director of Public Health, NHS London; and Statutory Health Advisor to the

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Mayor of London, Greater London Authority and London Assembly): That is a good question. I am a bus-taker myself.

Andrew Boff AM: If I go to London Bridge and I walk past the doughnut stall, I see absolutely no advertisements about healthy eating, about vaccinations, about the progress that is being made on HIV in this city, which we should be proud of. I do not see anything, any public health messages at all, on our public transport network and I want to know why.

Dr Tom Coffey OBE (Mayoral Health Advisor): In fact, I did recently see messaging regarding HIV and getting HIV testing on the TfL network, as it happens.

Andrew Boff AM: We do not go to the same stations then, that is all I can say.

Dr Tom Coffey OBE (Mayoral Health Advisor): We obviously do not. Secondly, TfL obviously is an arm's-length body, and they make their own commercial decisions regarding what advertising they will receive and how that wants to be funded. I would welcome the NHS, Public Health England and so on having a discussion with TfL to advertise accordingly, so there definitely is an open door there.

Andrew Boff AM: Well, who is the Chair of TfL? Perhaps we should ask that person.

Dr Tom Coffey OBE (Mayoral Health Advisor): TfL makes commercial decisions as well. The NHS has an advertising and marketing budget, as does OHID. There is definitely a conversation to be had to ask is that an appropriate vehicle accordingly, and on your suggestion maybe we can facilitate that discussion.

Andrew Boff AM: Let us just go back in time a little because the Mayor had said that on his instructions, TfL provided free advertising space for a COVID-19 campaign. Now, that suggests to me that he has the power to do that if he chooses to, yet now we get the response that they are independent, and it is all commercial decisions. I honestly think they could lose a few adverts for, I do not know, supposedly low-fat burgers that I see on the Tube. They could lose a few of those in order to promote health messages, which we all agree are important messages, do you not think?

Dr Onkar Sahota AM (Chair): I think you made your point, but I would say that the obligation for health messaging sits with the NHS and not with TfL. They should make the decision to invest money there.

Andrew Boff AM: In which case the Mayor was on the wrong territory when he said that on his instructions, his personal instructions, COVID-19 messages --

Dr Onkar Sahota AM (Chair): The COVID-19 pandemic was a once-in-a-generation event in public health.

Dr Tom Coffey OBE (Mayoral Health Advisor): I would echo the point that Dr Sahota said. COVID was a very once-in-a-lifetime event. In fact, there have been also mental health campaigns.

Andrew Boff AM: People should always try something once; they might find out they like it. He has tried it once. Why does he not try it again?

Dr Onkar Sahota AM (Chair): Assembly Member Boff, if you were sitting on the Transport Committee you would be saying to the Mayor that TfL should be working efficiently and making money for the state. You cannot have it both ways.

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Andrew Boff AM: No, I would not. I would be saying that TfL is there for the service of Londoners, and unfortunately it is just there in order to generate finances for the Mayor.

Dr Onkar Sahota AM (Chair): OK, let us move on.

Emma Best AM: Chair, could you just clarify? You were saying that the Mayor does not have responsibility. He does not have responsibility for health inequalities?

Dr Onkar Sahota AM (Chair): The Mayor has responsibility for producing the Strategy for Health Inequalities, but the delivery of that is a partnership issue. He does not have the obligation on his own.

Emma Best AM: It is his responsibility for the Strategy and delivery.

Dr Onkar Sahota AM (Chair): No, not for delivery, for the Strategy.

Andrew Boff AM: If the London Health Board cannot persuade the Mayor, who are they going to persuade?

Dr Onkar Sahota AM (Chair): Look, I think the question is --

Emma Best AM: If they are not delivering anything, why are we here?

Dr Tom Coffey OBE (Mayoral Health Advisor): Andrew, I will take that back because there have been many campaigns on TfL funded by different bodies regarding health initiatives.

Andrew Boff AM: That is only when boroughs have paid for those adverts.

Dr Tom Coffey OBE (Mayoral Health Advisor): I will take that back and see if we can have a discussion about if that is the best way to ensure we increase immunisation rates, which myself and [Professor] Kevin [Fenton] have both said we are concerned about. I said at the beginning of this meeting that this is not meant to be a back-and-forth debate, it is meant to be a team approach using your expertise and wisdom. I will take that view and we will have that conversation accordingly.

Andrew Boff AM: Absolutely. Those very important graphs that we were shown by Professor Fenton showed that there is a disparity in the uptake in HIV diagnosis between different ethnic groups. Now, why should we not get an advertising campaign using the TfL estate to address that particular problem? I do not understand why. I welcome the fact that you will take that away and feed it in.

Dr Tom Coffey OBE (Mayoral Health Advisor): I will. Thank you.

Dr Onkar Sahota AM (Chair): We are done with this. I also want other messaging to be put on there about public health while you are on it, but anyway we will leave it there. It is a big debate and I think we would welcome that idea being taken forward. I am not against the idea, but the question is that the obligation of the NHS for public health sits with them. Public health has been weakened over the last 10 years by moving underfunded budgets to local authorities, who have closed smoking clinics and closed sexual health clinics in London, and I think the NHS is in a mess. Apart from that, I am going to move on to the next Assembly Member, Assembly Member Hirani.

Krupesh Hirani AM: Thank you. Thank you, Chair. Just to pick up on something I think you mentioned, Dr Sahota, in your opening remarks about the six key tests, I am just wondering, maybe Doctor Tom Coffey, if you

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can just give a bit of an overview of how often the Mayor's six tests have been used since the initial development in 2017. What impact have they had on the delivery of health services in London?

Dr Tom Coffey OBE (Mayoral Health Advisor): What I will try to do is a summary, as much as I can. First of all, they were developed, as you know, after a report by the King's Fund that looked at the six areas, which are health inequalities, bed numbers, social care use, clinical engagement, finances and public engagement.

They have been used probably about five or six times. Most recently we have used them on three areas. One is the Epsom and St Helier [Hospital] development. Secondly, we have used them also on the area of the cancer services moving from the [Royal] Marsden [Hospital] to either St George's or the Evelina [London Children's Hospital]. Thirdly, we have looked at northwest London and its new mental health service provision around the Gordon Hospital. Fourthly, we are using them around north central London and the changes to paediatric and maternity services. Two or three of those are active at the moment.

In the past, we have also done a review using them at the Moorfields Eye Hospital and in an orthopaedic review in London as well. That is probably six or seven times. Each time, what will happen is that we commission an external independent body, be it the statutory unit, the Nuffield [Trust] or York Health, looking at giving us an objective evaluation about how significant service reconfigurations impact on Londoners.

Krupesh Hirani AM: Thank you. You mentioned that out of the seven, two of them are live. On the five that are not live, what impact did it have?

Dr Tom Coffey OBE (Mayoral Health Advisor): Probably the best one I can use is the one that I probably know best, the one in Epsom and Saint Helier. This resulted in a number of changes.

First of all, we looked at it and in fact we felt that the bed numbers underestimated what we thought was needed, so they increased the number of beds to have an extra 1,000 throughput per year. Secondly, we did not feel that the inequalities analysis of certain parts, which are north Sutton and south Merton, was sufficiently detailed or that it had an appropriate, robust action plan. We asked them to do that, and they did. Thirdly, by moving services around we felt they were creating areas that perhaps were missing out on service provision, particularly in certain parts of Merton which were poorer. Therefore, they developed what is called the Mitcham Health [and Wellbeing] Hub in that area. Fourthly, because one site was moving somewhere else, the residual services we felt needed more robust mental health and primary care services. We articulated that and they have now become the plans of implementation.

That gives an example. The process we normally go through is we do the analysis, we share our findings, we ask the reviewing team to look at it and to make changes, and Sadiq [Khan, Mayor of London] writes a letter to them asking for those changes. To be honest, I have to say that in the main the changes are supported. Then we follow those changes afterwards to make sure that is happened. The health system does not have to agree with the process that we are following, but universally, they always have. They have seen it now as almost a standard process that any significant reconfiguration in London should and does go through, because they do believe it gives Londoners trust in the process if they can demonstrate quite publicly that they are adhering to the SK6 principles and making adjustments according to an independent analysis of their reconfiguration proposals.

Krupesh Hirani AM: OK. Just to add to that, two of the six tests were updated in November 2022. Can you explain the rationale behind that?

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Dr Tom Coffey OBE (Mayoral Health Advisor): Yes. The first one was about inequalities. We used to just say, "Can you demonstrate that you are addressing health inequalities?" and what we found was that the NHS was struggling to work out, "What do you mean by that? Do we just do an Equalities Impact Assessment?" We said, "We will try to give you some examples and some processes of what you should do". What we would expect in any proposal is that: 1) you do a baseline analysis, 2) you show how your plans of reconfiguration will demonstrate an improvement in inequalities, and 3) you have a monitoring process to demonstrate that you have succeeded in that.

Secondly, we ask them to now look at their role as an anchor institution. I think this was a term probably not used five or six years ago. What we are very clear to say is, "You as a hospital system are an anchor institution for your community. You are a big employer. You are a big purchaser of services. You are a big training provider. Therefore, can you look at how you are reconfiguring to make sure you are using that power and influence of an anchor institution appropriately to address inequalities?" We put that. They were the changes for the inequalities measure.

For the bed numbers, the previous one was perhaps too simple. It just said, "Are you reducing or increasing beds?" We said to them, "Let us give you some more detail and a process you might want to go through". First, can you please do a demographic analysis over the timeline of your proposals to show what is going to change in your population? If it is going to go down or if there are going to be fewer old people, more young people, that might be sufficient reason in itself to reduce beds. If the reverse is true, therefore, just to stand still you need to increase beds.

Secondly, you might be doing credible interventions that change the need for hospital admissions, examples being Hospital at Home, intermediate care facilities in the community and stepdown facilities to expedite discharge. Another good example is the Epsom Orthopaedic Centre, which is a designated orthopaedic centre that we found reduced the length of stay by about six days. If you are going to have these new designated services, that in itself might therefore lead to a need to have less beds. Rather than having a bald figure that you are going to go from 1,000 and you are going to have 1,000 in your new configuration, we gave some guidance about how you would want to calculate what are the appropriate beds in your new system. They were the two new tests.

Dr Onkar Sahota AM (Chair): Dr Coffey, these six tests, when you apply them, is it that the organisation that wants to reconfigure the services contacts the Mayor to give an opinion, or is it that the Mayor decides which cases to involve? How does that happen?

Dr Tom Coffey OBE (Mayoral Health Advisor): The process normally is: is it a significant reconfiguration? Usually that means a configuration that involves more than one borough, at least two boroughs. Has it got significant interest from clinicians or the public? Usually what would happen is that you would get a cross-borough Overview and Scrutiny Committee, and that in itself means that the two boroughs have come together to say that this affects both boroughs. What usually would happen is the Health Service put out something like an outline business case and then they do a consultation proposal. We only look at what their consultation proposal is. We do not say, "We think you should have done something different". Our role is to look at what they are proposing.

Dr Onkar Sahota AM (Chair): Who refers the matter to the Mayor for him to give an opinion?

Dr Tom Coffey OBE (Mayoral Health Advisor): We as the Health Team look at all the proposals going through. Some we say do not necessarily meet what we consider to be our criteria, because what we do not want to do is dilute our resource by spending it on much smaller configurations unnecessarily. We try to do

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things that are significant configurations which affect at least two boroughs. Usually, it will involve two boroughs already having started an Overview and Scrutiny Committee, a joint one.

Dr Onkar Sahota AM (Chair): Recently, in Northwest London, affecting eight boroughs, the ICB tried to alter the model of primary care in those eight boroughs. Were you aware of that?

Dr Tom Coffey OBE (Mayoral Health Advisor): I was aware of it, yes.

Dr Onkar Sahota AM (Chair): OK. Did that cross the board? Did it cross your table?

Dr Tom Coffey OBE (Mayoral Health Advisor): That did not. I do not think that went out to public consultation.

Dr Onkar Sahota AM (Chair): No, it did not, but a reform affecting 2 million people was taking place. The ICB was pushing it. It has been postponed for one year because of the uproar it created among GPs. There would have been a revolt right on the battlefield of primary care. I want to know; did it cross your path?

Dr Tom Coffey OBE (Mayoral Health Advisor): That did not cross our path in the point whereby there was not a public NHS consultation that we looked at. The SK6 is a process that we apply when the NHS goes out to formal consultation.

Dr Onkar Sahota AM (Chair): OK, so the NHS obviously did not go to consultation, but it is going to affect 2 million people and all the doctors were up in arms about it. I am now putting this on your radar, Dr Coffey, and I want you to please keep an eye on this --

Dr Tom Coffey OBE (Mayoral Health Advisor): I definitely will.

Dr Onkar Sahota AM (Chair): -- to make sure that the NHS does not push it through, because all they have done at the moment is say, "We will postpone it for one year". It will come up again and I would like the NHS to be held to account for what they are doing.

Dr Tom Coffey OBE (Mayoral Health Advisor): That is fine. Sadiq [Khan, Mayor of London] always says he wants to champion, challenge and collaborate with the NHS, and the SK6 role is where he will often challenge the NHS. I am aware of the changes to primary care access, single primary care hubs and this kind of stuff, which I understand Northwest London [ICB] is considering. It will come onto my radar, and we will consider how we --

Dr Onkar Sahota AM (Chair): They have postponed it for one year because of the uproar, because we all refused to sign the contract as they put it forward.

The other thing is you talk about hospital beds. There was a report by King's Fund saying that London needs 1,600 more beds. When I started my career here at the Health Committee it was because they were trying to cut hospital beds, and then the Mayor - I cannot remember which Mayor it was - commissioned the report from King's Fund that London needs 1,600 more beds. Is there a case for reducing beds in London, do you think, at the moment, given there was a report already produced saying London was 1,600 beds short?

Dr Tom Coffey OBE (Mayoral Health Advisor): No, I do not believe there is a case to reduce the number of beds in London.

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Dr Onkar Sahota AM (Chair): Thank you.

Krupesh Hirani AM: Thank you. Dr Coffey, as Mayor's Health Advisor I am glad that you have confirmed that one of the live issues that is under consultation at the moment, in terms of North Central London maternity services, is on your radar.

Dr Tom Coffey OBE (Mayoral Health Advisor): Definitely.

Krupesh Hirani AM: I know the consultation for that is open until 17 March [2024] because that is something that has been raised with me through, obviously, people who have views. Personally, it is an issue that is close to my heart as well. Thank you for confirming that. Can you ensure that you share anything that is sent as part of that with the Committee as well?

Dr Tom Coffey OBE (Mayoral Health Advisor): I definitely will do, yes, certainly.

Krupesh Hirani AM: Thank you. Still on the topic of maternal health and care because it was an issue that we looked at as part of this Committee last year, in response to the Committee's report on maternal health and care in London, the Mayor said that he had raised the issue of the postcode lottery in services that people received in London. What was the result of any discussions that the Mayor had with senior NHS leaders on this? He did agree to take it forward.

Dr Tom Coffey OBE (Mayoral Health Advisor): I will start, and I will bring in Jazz [Bhogal] in a second. I was present at the Committee, we discussed maternity services and in fact there were a number of issues that came up, especially about the inequalities issue, regarding especially BAME women and their outcomes being so much worse and, secondly, postnatal care and the mental health issues with postnatal care, which are not always addressed equally across London.

We meet with the NHS senior management team on a regular basis, and we raised this with the Chief Executive and their Medical Director - again, this is Sadiq's [Khan, Mayor of London] influencing role - saying that this is such an important issue when you look at health inequalities. If you look at some of the analysis on outcomes of maternal deaths around childbirth and neonatal deaths, the figures are quite stark. The NHS have gone away to see if they can address those disparities. Can I just hand over to Jazz, who probably has some more details on this area?

Jazz Bhogal (Assistant Director of Health, Children and Young Londoners, Greater London Authority): Thank you. LARCH is basically one of the key things that Kevin has spoken about through which we want to identify topics. Maternal health is definitely up there, alongside a few others.

Certainly, the wider conversations that the NHS is taking forward through its own networks -- there is a Babies, Children and Young People's network and it is there that they are looking at some of the outcomes for babies. Also, when they are talking about babies, they are thinking nine months prior to that child being born, obviously, so maternal health and antenatal care is very much a key part of that. Some of the key initiatives that, through those conversations, we are now having continued conversations on, will be around how the NHS is trying to increase the number of women being booked in early, so the early booking at 10 weeks of pregnancy, increasing the numbers generally and lowering that gap between those women who are more vulnerable and those less vulnerable women.

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There are other initiatives that we are talking to them about, in terms of what we could be doing to identify access to those communities and ensuring those communities who are underserved by those services are more easily accessible. Kevin might also have some thoughts on this.

Professor Kevin Fenton (Regional Director for London, Office of Health Improvement and Disparities; Regional Director of Public Health, NHS London, and Statutory Health Advisor to the Mayor of London, Greater London Authority and London Assembly): No.

Jazz Bhogal (Assistant Director of Health, Children and Young Londoners, Greater London Authority): OK. Sorry.

Krupesh Hirani AM: Obviously, there is a live consultation as well. Is that all being drawn into that work?

Jazz Bhogal (Assistant Director of Health, Children and Young Londoners, Greater London Authority): It is for the NHS to draw that in because obviously it is an NHS consultation, but we are very keen to support. We are involved in the wider conversation. There is an ecosystem, I suppose, where this is all happening, and we are part of those conversations with a perspective from the work that we are doing on tackling anti-racism. Certainly, there is a wider conversation here, is there not, around deprivation, access and the health of women through their pregnancy but also beyond pregnancy, particularly in the first year of life of their child?

Krupesh Hirani AM: For sure.

Dr Tom Coffey OBE (Mayoral Health Advisor): I gave you some detailed description of the inequalities element of the SK6 tests and in the consultation in North Central London that will be one of the key tests we will be applying in that process.

Krupesh Hirani AM: Sure. I might take that up separately with you just to highlight a few of the concerns I have on that particular issue, because that is not for this Committee as such.

Moving on to HEY London, just an open question, really - Jazz, you might be the best to answer this one - in terms of the progress that has been made on the refresh of the HEY London programme. How does this tie in with regional efforts to tackle child health inequalities?

Jazz Bhogal (Assistant Director of Health, Children and Young Londoners, Greater London Authority): The refresh is very much about trying to update both the HEY programme but also the Healthy Schools London programme. Other parameters have changed. The Government has introduced as part of its Office for Standards in Education, Children's Services and Skills (Ofsted) rating a health and wellbeing section. The first task is to update based on those and make sure the Healthy Schools London and HEY programmes enable those settings to be able to provide the evidence they need to meet those areas of work.

Some of the particular areas of work have been about trying to make sure that there is more consistency in the way those programmes are being delivered, and that they are supporting those settings. It is also recognising the backdrop of this. The early years sector has suffered a significant challenge in terms of its market viability. Those are real challenges. Also recognising now, with the wider conversations around the early years sector, that access to free childcare, for example, is putting huge amounts of pressure on that sector. The way in which we are supporting them right now, we are looking at a long-term agenda to set these programmes into the future and make sure we are future-proofing what these programmes could be doing, but also doing that against a backdrop where there is a lot of tension in that sector.

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Krupesh Hirani AM: Just to be clear, you are referring to the changes that are proposed in terms of younger children obviously being brought into early years settings?

Jazz Bhogal (Assistant Director of Health, Children and Young Londoners, Greater London Authority): Yes.

Krupesh Hirani AM: Yes, OK. Good. Again, on HEY, how is the refreshed programme factoring in the mental health of pregnant women and birthing people, new mothers and parents?

Jazz Bhogal (Assistant Director of Health, Children and Young Londoners, Greater London Authority): That is one of the key elements of the change. We want to really strengthen the mental health offer in those, supporting staff to have better confidence and understanding of both how they are supporting the wellbeing and wellness of the children that they are looking after, but also recognising that the community and wider family that they are part of includes those parents. They are working with families who are often in those stages where people are having babies and mums are having babies, so they have access to a much richer community of new mums. We are exploring what those opportunities are and how we can strengthen mental health but also make that offer beyond the relationship with the child, making that much broader.

Krupesh Hirani AM: Do you still do the annual HEY awards at City Hall, or not anymore?

Jazz Bhogal (Assistant Director of Health, Children and Young Londoners, Greater London Authority): No, we do not do those at City Hall because of the pandemic, that went away. However, we are seeing a continued increase in the numbers of settings taking up and wanting to be part of the whole programme. We have seen the Bronze Award continue on that trajectory of growth and we are now beginning to see an uplift in people moving up to Silver as well, which is really encouraging.

Krupesh Hirani AM: OK. Thank you.

Dr Onkar Sahota AM (Chair): Thank you. We are going to have a five-minute recess now and then we will reconvene again at 4.05pm.

[The meeting adjourned at 3.58pm, reconvening at 4.05pm]

Dr Onkar Sahota AM (Chair): Thank you very much. We will continue with the questioning, and I am going to hand over to my colleague, Assembly Member Russell, for the next question. Thank you.

Caroline Russell AM: Thank you. Chair. We are cycling back to the beginning of this term of the Mayor. We did a report on reducing drug deaths in London and we have a few questions to pick up on progress on reducing drug deaths in London. My first question is: can you update the Committee on the work of the London Drugs Commission since it was launched in May 2022? I do not know who wants to take that one.

Dr Tom Coffey OBE (Mayoral Health Advisor): I will start and Vicky [Hobart] will probably come in. Obviously, it has been set up. It is going to probably report later in 2024. It is meant to be very much an independent Commission and the idea is it will make recommendations to improve our approach to tackling drug use, help in tackling drug-related crime and protect Londoners' health. It very much has a public health approach and therefore I was involved in making sure -- who are the experts you want to bring to the table to give advice to the Commission? There will be public health experts who are focused on drug treatment and how we make sure we improve our drug treatment services. Then there are mental health experts who deal

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with patients with serious injury or mental illness and the impact of recreational drugs on those patients. It is meant to be a real public health approach. They are now taking evidence and my understanding is that the Drugs Commission report will come out later this calendar year. Vicky.

Vicky Hobart (Group Director of Public Health, Greater London Authority, and Deputy Statutory Health Advisor): There is not an awful lot to add, other than that we have had the opportunity to provide evidence and submit evidence. [Professor] Virginia Berridge [Deputy Chair, London Drugs Commission] was one of my lecturers when I did my master's many years ago, so that was quite a nice reconnection to make. Just to say that the Association of Directors of Public Health has also been involved in evidence, making sure that it reflects their perspective.

Caroline Russell AM: Later in 2024. The last we heard about when the Drugs Commission was going to report was in January 2023, over a year ago, and we were told it would report in autumn 2023. It does feel like it is very delayed, and we still have quite a vague timeframe for publication. "Later in 2024" could be any time up until December 2024. Are you able to be any more precise about that?

Dr Tom Coffey OBE (Mayoral Health Advisor): I am not, because of the level of independence that this Commission has. They are taking their evidence in a way that suits what they understand as the best approach in developing the work of this Commission. All I have been informed is that they are still taking evidence, they are still considering evidence from the UK and internationally, and it will take a bit longer. That is what I know. I can imagine the frustration where it has been delayed but it is getting the job done well rather than quickly.

Caroline Russell AM: Very frustrating, but getting a good job done is definitely the best way to go.

Now, there are questions coming up on a couple of other things but in two of the recommendations that we made in the report, one was about overdose prevention centres and the other was about trialling drug checking services. Those are two things that, without the Drugs Commission reporting, could be being worked on. I just wondered whether you had made any progress on advancing those recommendations that the Committee made to you.

Dr Tom Coffey OBE (Mayoral Health Advisor): The one I can talk a bit about is the drug checking service because we had a presentation on that work at the London Drugs Forum. The licensing of that is carried out by the Home Office and they are not willing to extend any licensing to do that in London. My understanding is there has been work done in another part of the UK, I think it is Bristol --

Caroline Russell AM: Yes.

Dr Tom Coffey OBE (Mayoral Health Advisor): -- and they are waiting for reports from there. We did talk about that and the Home Office steer was, "We are not giving out any more licensing to do that until we have further information".

Caroline Russell AM: OK. That is sitting with the Government. Let us hope the Government get on with that. Then overdose prevention centres, where people who inject drugs can take them safely. Particularly, I am thinking, because of the increase in synthetic opioids, which is leading to an increase in overdose, the need for overdose prevention centres is pretty acute. You are not trying to do anything on that at the moment?

Dr Tom Coffey OBE (Mayoral Health Advisor): I would imagine it is a similar thing where the Home Office needs to give the appropriate regulation to do that, but that is not something that the London Drugs Forum

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has debated at present. I understand, again, it requires a collaboration with the Home Office. At present that is not one of their priorities, working with us.

Caroline Russell AM: OK. It seems a shame because [Professor] Dame Carol Black's report [Independent review of drugs, 2021] was all about prevention and harm reduction. Anyway, I will hand back to you, Chair.

Dr Onkar Sahota AM (Chair): Thank you. Assembly Member Best?

Emma Best AM: I will try not to delve into drug checking because my colleague is going to pick up on some of those points, but interesting feedback. I wanted to go back to the London Drugs Commission. Tom, you were talking about the fact that it is independent and so you are perhaps not close to it. Who is receiving updates on this? Who knows what is going on?

Dr Tom Coffey OBE (Mayoral Health Advisor): I am not able to answer that. I am not aware of that regular feedback system. Obviously, I have asked in advance of this meeting and the information I received was, "Later in 2024". All I can say is that I am aware of, when it was set up, having significant input into how we collect evidence. Then, by the nature of having an independent Chair, you very much pass on those operational processes to them.

Emma Best AM: If we commissioned some work, if a Commission worked for us, we would expect regular updates and to know what they were doing. Who does that lay with?

Dr Tom Coffey OBE (Mayoral Health Advisor): I know it was set up by MOPAC so, if you wish, I can approach to see if I can get a more detailed answer to that question. It was not set up by the Health Team.

Emma Best AM: OK, perhaps if we can find out who in MOPAC. We should know at least, in the Health Team, who is the GLA contact or the GLA family group contact for this.

Dr Tom Coffey OBE (Mayoral Health Advisor): Vicky can answer that.

Vicky Hobart (Group Director of Public Health, Greater London Authority, and Deputy Statutory Health Advisor): Within the [Public Health] Unit the lead is Farrah Hart [Consultant in Public Health, GLA] in terms of community safety. This would fall within her remit.

Emma Best AM: OK. Thank you. If we were speaking to Farrah, Farrah would be getting regular updates on what the London Drugs Commission is doing and what point they are at with their work?

Vicky Hobart (Group Director of Public Health, Greater London Authority, and Deputy Statutory Health Advisor): As a Unit we would enable them in terms of contacting partners where they are looking to collate evidence and so on. We would not be getting a readout from the work of the Commission.

Emma Best AM: I am sure you would want to know where they are at certain points. For example, a key date for me is the consultation end on 7 July 2023. Do you know how many survey responses we got back from that?

Vicky Hobart (Group Director of Public Health, Greater London Authority, and Deputy Statutory Health Advisor): Not off the top of my head, no, but I can find out.

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Emma Best AM: OK. That is one of the key pieces of evidence. If we got 20,000 responses, then perhaps the delay that we spoke about earlier might make sense. If there were 15, then it would seem like perhaps there are some other issues around there. This is a really big piece of work. It has just been delayed and it seems like there is little feedback on what is going on or ownership that we want this to happen, and we want to know where it is or what the progress is.

Dr Tom Coffey OBE (Mayoral Health Advisor): We will go to MOPAC, find out the information that you have asked and feed that back to you. That is as best as we can do because it is led by another team. We have been involved in setting up the service and the Commission by making sure we give the appropriate advice. Health in all policies is live by one of our public health consultants being the key link. The detail of the regular feedback and updates we do not have but we can definitely get that for you.

Emma Best AM: OK. Thank you. How much has been spent on the commissioning and work thus far of the London Drugs Commission?

Jazz Bhogal (Assistant Director of Health, Children and Young Londoners, Greater London Authority): We will need to come back to you with that information with the other information. You want the lead officer within MOPAC and you want to know from MOPAC how much has been spent on that Commission.

Emma Best AM: Yes. It is something that, to me, I would really want the Public Health Team to be all over. Hopefully that can be taken back.

Turning to the *Reducing Drug Deaths in London* report [London Assembly Health Committee, 2022], the Mayor said at the time that "allowing more settings and individuals to provide take-home naloxone would enable local areas and organisations to be more flexible and responsive to those local needs", largely supportive of the Committee's recommendation around expanding naloxone. Can you provide an update on the work on that?

Dr Tom Coffey OBE (Mayoral Health Advisor): At the moment we are working with the naloxone prescribing in a number of areas. As you are aware, naloxone used to be done by an injectable form. Now it is done by a nasal delivery system as well, which makes it easier for people to deliver. In the London Ambulance Service (LAS), all ambulances have naloxone onsite on their ambulances. A number of housing association projects that work with drug users - these are often projects funded by the GLA - have their staff being trained to give out naloxone, to identify the overdose, administer it, call appropriate help and so on.

The third area that we are debating at the moment is with the MPS to see if the MPS would consider giving their officers naloxone. At the moment the custody suites have naloxone, so if a person is brought into custody and has a possible opiate overdose, they will then issue naloxone, but the officers on the beat at the moment do not carry naloxone. We have asked them to look at it and in fact we had a discussion earlier today. It is still under active consideration. Because London is so well served for emergency services, the police are very rarely in London the first responder to an opiate overdose. I am giving you the rationale from the MPS. Secondly, the number of times that an opiate overdose is part of the reason when they attend someone who has collapsed is quite minuscule. The cost of training and issuing naloxone to all officers is about £800,000. At the moment it is not considered an operational priority for the police, accordingly.

It is always under active consideration. We have had a discussion with the MPS a number of times. They are very engaged in this process. They also have a lot of training to do, and they will prioritise the training that

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produces the most benefit for Londoners. That is their present position, which they have backed up by a lot of evidence, and that will be regularly reviewed in the future.

Emma Best AM: I wanted to pick up on a couple of points there. Going back to some of those schemes that are being rolled out around housing associations, what is the scale that we are talking with that?

Dr Tom Coffey OBE (Mayoral Health Advisor): I can get you the figures, but I know a significant number of hostels do have facilities to administer naloxone. I do not have the figures, but I know of examples.

Emma Best AM: Is it examples, almost pilots, or are we talking tens or hundreds?

Dr Tom Coffey OBE (Mayoral Health Advisor): No, it is established practice. They are not pilots.

Emma Best AM: OK. Yes, if you could get some more definitive numbers.

Dr Tom Coffey OBE (Mayoral Health Advisor): We will do, yes.

Emma Best AM: Thanks. Coming back to the point around the MPS as well, you say that you have had these long, drawn-out discussions where they have backed up evidence on where they are the first responders. Is that evidence that we could see as a Committee?

Dr Tom Coffey OBE (Mayoral Health Advisor): I can ask if that can be shared, yes. It is a paper that the MPS produced, it was not one that we produced, therefore I would have to ask them if they are willing to share it.

Emma Best AM: Yes. When you are talking about minuscule numbers, if it is even, what, three in a year, £800,000 to save three lives is probably worth it in my book.

Dr Tom Coffey OBE (Mayoral Health Advisor): I will ask if we can get the data but we did have regular review on this issue.

Emma Best AM: OK. Thank you.

Dr Onkar Sahota AM (Chair): Thank you. Assembly Member Boff?

Andrew Boff AM: If we can just roll back to the answer you gave to my colleague about the Home Office issuing licenses, when did you meet with the Home Office?

Dr Tom Coffey OBE (Mayoral Health Advisor): In September 2023, I think it was, the London Drugs Forum discussed this. We had a discussion whereby the Home Office position was described to us at that meeting.

Andrew Boff AM: Right. That explains a bit. Would it surprise you to know that by September another major city in the UK is going to be having a drugs testing service?

Dr Tom Coffey OBE (Mayoral Health Advisor): September 2024?

Andrew Boff AM: 2024. By the end of this year there will be other cities as well having drugs testing services. Why is London holding back? Why are we being laggards?

Dr Tom Coffey OBE (Mayoral Health Advisor): All I can say is that this is the advice we were given at the London Drugs Forum meeting and that was the advice at the time. You are giving me information now that is new to me and so we will take that information and revisit it.

Andrew Boff AM: Please. As you know, the Assembly passed a motion to recommend the setting up of these units because we happen to think they are extremely important for the health especially of young Londoners. I would hope that we can be in the driving seat for this, rather than just waiting around for other cities to get there first. Thank you.

I will move on to my next question, which I have to read first. The Mayor's response to the Committee with regard to reducing drug deaths in London stated that, "There may be a role here for the new London Drugs Forum to share good practice on effective communication campaigns between boroughs". What is happening now between boroughs and have you been at the centre of that communication?

Dr Tom Coffey OBE (Mayoral Health Advisor): The Government set up a new grouping called Combating Drugs Partnerships (CDPs), which in London are all borough-based, essentially. Three of them are two-borough-based. They are the ones given the responsibility and the funding to address the issue of drug harm in London.

What we then then did was to try to do a convening role, and so about six weeks ago we convened all the CDP's Senior Responsible Officers (SROs) to come together at City Hall to do two or three things. The first is sharing practice. What do you do in Wandsworth that can also be done in Ealing? Secondly, what are the things that need to be done once for London and what are the things that may need to be done in larger groupings of CDPs? Southeast London was in fact a very good example. They have set up a southeast London group. The recognised the good examples in, let us say, prisons. People leave prisons with a drug issue, and they need to go to a service. Now, the prison might well be in one borough, but the person lives in another borough. Therefore --

Andrew Boff AM: Silos.

Dr Tom Coffey OBE (Mayoral Health Advisor): Indeed. Therefore, we are now combating those silos by bringing these CDPs together. Also, the issue, let us say, regarding training and workforce. What you do not want to do is try to steal workers from Borough A to come work in Borough B. You are not increasing the numbers of workers in the field.

Andrew Boff AM: I do not want to cut you off too far, but I am very conscious of time.

Dr Tom Coffey OBE (Mayoral Health Advisor): OK. We are doing that work that you suggested, yes.

Andrew Boff AM: It is happening. It is active.

Dr Tom Coffey OBE (Mayoral Health Advisor): Yes, definitely.

Andrew Boff AM: When was the last event?

Dr Tom Coffey OBE (Mayoral Health Advisor): It was January this year [2024].

Andrew Boff AM: Lovely. Thank you so much. I will hand back to the Chair.

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Dr Onkar Sahota AM (Chair): Great, thank you. We are moving on to the next section, which is on trans and gender-diverse Londoners. Assembly Member Russell will take over on that.

Caroline Russell AM: Thank you, Chair. This section is about the response to the report that we did, *Trans health matters: improving access to healthcare for trans and gender-diverse Londoners*. Again, it is a report from the first year of this Assembly term. One of our recommendations was that using the principles of the HIS, the Mayor should convene a consultative group comprised of Londoners with lived experience and subject experts to look at the implications in terms of health inequalities for trans and gender-diverse people's healthcare, using their insight to drive improvements in provision with partner organisations.

My question is: in the Mayor's response to the report the Mayor said that he engages with trans stakeholders through the Equality, Diversity and Inclusion (EDI) Advisory Group, and that includes specific expertise on trans issues including relating to health. I am just wondering if we can have a bit of an update on that work. Has the Mayor undertaken any further work with this group to explore trans and gender-diverse Londoners' experiences of healthcare?

Dr Tom Coffey OBE (Mayoral Health Advisor): If I start and colleagues might come in. The Mayor was very clear that having this group that already has specific expertise on trans issues, rather than setting up another group he wanted to use that group and bring your report to that group, which he definitely did. That group is chaired by Debbie Weekes-Bernard, who is the Deputy Mayor for Communities and Social Justice, and I understand they wrote back to the Health Committee in October 2022 explaining their involvement thereafter.

Caroline Russell AM: I was looking for a more recent update.

Dr Tom Coffey OBE (Mayoral Health Advisor): Yes. Subsequent to that, Sadiq [Khan, Mayor of London] then wrote to Simon Bolton, who was the Chief Executive of NHS Digital, because it is an NHS national issue. Can we have on the data of all healthcare records the trans status of a patient? They have said they are working on that, but it has to be a national solution.

Regarding trans health issues, because we do not commission health services all we can do is advocate and spotlight, and that is what we want to do in this area. His work with Debbie Weekes-Bernard is the area where he wishes to use that committee to do that focusing, to do that spotlighting and advocating. Do any colleagues want to add anything more? Jazz.

Jazz Bhogal (Assistant Director of Health, Children and Young Londoners, Greater London Authority): Just briefly to add that there is a wider conversation about EDI more broadly. We have had at least two or three sessions with the EDI action group that talk more broadly about EDI challenges within the health and care system. Trans and wider lesbian, gay, bisexual, transgender, queer or questioning, and more (LGBTQ+) issues have come up as part of that, but it is in that wider context. How do we work with what the NHS want to do? There is an appetite within the NHS to really tackle various aspects of discrimination and this is one of them. There is an open conversation. The NHS are part of that wider, open conversation that Debbie has grown.

Caroline Russell AM: It would be really good if there could be a bit more focus on that. One of our recommendations was very specifically that NHS Digital should improve NHS information technology (IT) systems so that all healthcare providers are able to record trans status in a consistent and inclusive way. We heard very strong evidence from the panel that came before us when we did the report that GP systems just do

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not allow for trans status or gender-diverse status to be recorded in a consistent way. Some GPs had a workaround where they had a warning flag that came up, but you do not want a warning flag that someone is trans, you want that to just be part of the data that the NHS is collecting. What we had hoped with our recommendation was that there would be real advocacy from the public health part of the GLA to try and push forward with this. Is that something that you can take forward?

Dr Tom Coffey OBE (Mayoral Health Advisor): We tried. The NHS Digital answer was that you cannot do it just for London because GP records are electronic, and they move from London and the next day the person might move to Bristol.

Caroline Russell AM: Of course.

Dr Tom Coffey OBE (Mayoral Health Advisor): They have said that this can only be done as a national approach. They have heard what we have said on behalf of the Health Committee, we have done that very clearly and they will look at it in their national policy, but they would not recommend that London goes alone on it because that would break the idea of the NHS digital IT health record.

Caroline Russell AM: Of course, it needs to be a national thing, but I suppose the hope is that each of you, in any opportunity you have, will take the chance to advocate for a more inclusive recordkeeping process for the NHS.

Dr Tom Coffey OBE (Mayoral Health Advisor): I recognise what you were saying about having a workaround. As a GP, we try to make sure we can identify in an appropriate way our trans patients. You want to do it in a way whereby it does not just come as a flash of an image up on the screen, which is the way you can often do GP alerts, which is, as you say, highly inappropriate.

Caroline Russell AM: Now, the Mayor also said that he will encourage the London Health and Care Leaders group to discuss the recommendations from our report and ask them to use their influence to promote our recommendations with wider NHS and OHID colleagues. For instance, we had all sorts of practical things about commissioning trans-inclusive training programmes for primary care services, things like Pride in Practice, encouraging support and non-clinical staff to understand how to provide a trans and gender-diverse inclusive environment, encouraging practices to review their policies to make sure that they are trans and gender-diverse friendly, and reviewing surgeries to ensure that they are trans-friendly, including by, for instance, displaying LGBTQ+ posters and leaflets.

I just wondered, is there any work going on in that space, that advocacy communications piece, where the Mayor could be using his convening powers and his voice of persuasion around health inequalities to speak up for trans and gender-diverse Londoners and the healthcare experience they have in London?

Dr Tom Coffey OBE (Mayoral Health Advisor): First of all, we have raised it with our NHS leaders. I can say from a personal perspective that the Pride in Practice initiative has been now much more widely advertised among the GP community. The trans training offer to general practice did not exist 10 years ago and we have had training sessions at our practice for trans identity and healthcare issues so that definitely is happening. We have raised it with the NHS and just from a GP's end I am seeing the fruits of potentially your work and the work of other allies in this field whereby those outcomes are being achieved.

Caroline Russell AM: Thank you. I will leave you with that. That is an ongoing request from us as a Committee.

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I just have one final thing, which is that we saw a Government announcement yesterday about banning the provision of puberty blockers to children who are trans. I just wondered if anyone had anything they wanted to contribute on that, as a reaction to that. I do not know, Kevin, if there is anything you are able to say.

Kevin Fenton (Regional Director for London, Office of Health Improvement and Disparities; Regional Director of Public Health, NHS London, and Statutory Health Advisor to the Mayor of London, Greater London Authority and London Assembly): Unfortunately, no. It is not in our area of responsibility in OHID in London.

Caroline Russell AM: Thank you. I will leave it there, Chair.

Andrew Boff AM: I noticed in the wording of that press release from the Government it says "routine" issuing of puberty blockers. They were never issued routinely anyway and so it still opens the door for them to be allocated to those children who need them.

Dr Onkar Sahota AM (Chair): I certainly know that the first centre for dealing with children with transgender issues was going to be opened in London. It has been delayed by one year because four of the consultants resigned because they could not come to an agreement on how the service should be provided. This is an area of great debate in London, certainly, and I am sure we will keep an eye on that. Thank you very much to our guests for all your contributions today.

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