

London Assembly Plenary Meeting: Monday 3 September 2018

Transcript of Item 4 - Questions and Answer Session

Tony Arbour AM (Chairman): I now come to my lead-off question to the Mayor, which is: what has been done to strengthen the draft Health Inequalities Strategy as a result of public consultation?

Sadiq Khan (Mayor of London): Thank you, Chairman, for your lead-off question. As I mentioned in my opening [statement], there was strong support expressed in the consultation for the vision and policy direction expressed in the draft Strategy. There has been some strengthening of the narrative to ensure clearer cross-referencing across this Strategy and my other Strategies as they have developed, as was alluded to by Dr Sahota [AM].

We have also responded to some specific suggestions from the [London Assembly's] Health Committee and others: strengthening the narrative throughout about the role of poverty and income inequality on health; reflecting the needs of older Londoners; highlighting the links to other Greater London Authority (GLA) Strategies and programmes and reflecting the cross-theme nature of issues such as mental health; providing updated information on GLA policies, projects, programmes and Strategies, for example the Young Londoners Fund, Health Early Years London, Good Work Standard, and Housing; and providing updated information on health and care devolution.

Important additions have also been made, Chairman. These include adding an objective on older children and young people to Healthy Children; the addition of a commitment to dementia-friendly London in Healthy Communities; adding objectives specifically on physical activity and food, including the ambition to reduce physical inactivity, to Healthy Living; and updating action and commitments regarding child obesity, including the convening of the London Child Obesity Taskforce and new targets and ambitions, and the commitments consulted on in the draft Food Strategy and the draft London Plan.

There are amendments and new sections on the role of partners in health inequalities and delivering the Strategy, and specific asks of partners including the Government, something the Health Committee asked for. These include a new section in the introduction outlining the role of key partners in London health inequalities, amended sections on how we will work with partners in moving the Strategy forward, a new section on the role of the health and care system specifically and the Mayor's priorities in terms of their action on health inequalities, and new sections at the end of each thematic chapter summarising Mayoral commitments and my specific asks of partners.

Finally, Chairman, I have provided an Implementation Plan setting out the priority actions we will take over the next two years and beyond, working with partners to deliver the Strategy and a series of key performance indicators to monitor progress towards the key ambition. It also outlines some priority areas for partner leadership where we want to see some action. The Plan also includes a set of population indicators through which we can monitor the picture of health inequality in London in the longer term. The Implementation Plan will be reported on and updated annually.

Tony Arbour AM (Chairman): Thank you very much.

Sian Berry AM: Thank you very much, Mr Mayor. I wanted to talk to you about green spaces initially, if that is OK. The draft Strategy here talks about protecting green spaces at objective 3.3. It does not mention the fact that 50% of London suffers from a deficiency of access, although it does say there are areas of shortage. It is important to get those numbers in there, I think. As objective 1.2 notes, green space helps support children's health and wellbeing. It could also mention that it helps support their learning. What I am concerned about here is how the Strategy will not just protect but increase green space, particularly to address the worst deficiencies. You have to be focusing on the areas of greatest need. In the Implementation Plan, the Strategy talks about using the draft London Plan. I wonder if you could talk about how you could make the implementation of this objective more strategic, in particular around your funding and grant systems, to focus on those areas of deficiency.

Sadiq Khan (Mayor of London): Thank you for your question and your comments. You will be aware that in the recent Environment Strategy we had funding to back up our ambition not just to keep what we have that is green but to expand that through urban greening and the Green Infrastructure funding as well. Roughly speaking, 47% of London is green. We want to keep that and increase that to 50% going forward. You will be aware of and have supported our ambitions to be a national park city.

One of the things that we are seeking to do is make sure, in those parts of London that have a deficiency of green spaces, that we can use urban greening to provide more green spaces there. You are right, the draft London Plan talks about this. We also have increased funding hugely to plant more green trees. I am more than happy to go away and look at how the Implementation Plan can demonstrate the progress made over the coming period. You will, I am sure, support some of the plans we have around greening in the Environment Strategy and in the draft London Plan. If there are ways that we can show the success going forward, I am more than happy to look into that in the Implementation Plan.

Professor Doyle chairs the London Prevention Partnership and they will be monitoring and reviewing progress on the plans. I am more than happy for Professor Doyle to be more specific in relation to how we can monitor the progress, which is your question.

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): Thank you.

Sian Berry AM: Just be aware, I am very short of time. The Mayor is used to this. I may try to cut you off if you talk too long. I am on a stopwatch here.

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): Just to assure you that I will and there are opportunities coming up in the design of London through Healthy New Towns and other initiatives where we would keep greening in mind.

Sian Berry AM: Yes, particularly the grant schemes, just to make sure that people from all areas are applying, particularly areas that are deficient. That is one of the things that concerns me.

I also wanted to talk about older children. My response to the draft [Strategy] pointed out that there was basically a big gap, no objectives around older children, teenagers or young adults. I think this was the result of the timing of the Strategy because it came out before you decided to put investment into young people, before you worked on a more public health approach to crime. This public health approach is about promoting health and wellbeing in young people, not just about reducing violence, and we needed objectives on this. That is good and I am pleased to see it. Objective 1.4 goes much further than early years, it talks about some of the measures you are taking to support older children and young people.

Can you say a bit more about how you are going to measure progress on that? It does not feature in the list of outcomes measures and I would be very interested in knowing how we can measure how younger people or older children are thriving in London, rather than just focusing on crime.

Sadiq Khan (Mayor of London): Thanks for your question. One of the things that the Integration team has been working on is just that, how we can measure properly not just participation but the level of participation when it comes to sports and other activities that can get young people engaged. You will be aware of and you have supported - I appreciate the support - increased funding to a new Young Londoners Fund over the next three years. There is also Sports Unite and how we can use the powers of funding there, not simply to get young people playing sports but also for better integration, closing the gap between health inequalities that currently exist and also making sure that young people work with older people. The coaches are older people and that is a good way of dealing with the issues I know some members of the Assembly have around older Londoners, making sure that they are involved in policies to address health inequalities.

Once again, Professor Doyle is in charge of this area and I will let Professor Doyle deal with the issue of how we are going to measure how the monies we are investing are being utilised. One crude example, of course, is the work our Community Engagement team does with young Londoners. We are seeing more and more young Londoners involved and we will shortly be announcing the second tranche of successful bids for the Young Londoners Fund. I will let Professor Doyle deal with how we can monitor it. By the way, Professor Doyle's Board will be doing a deep dive on a quarterly basis. It will not simply be once a year, it will be quarterly as well.

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): Would you like me to add to that, Sian?

Sian Berry AM: If you like, yes.

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): We will indeed do that. The other area that we work a lot with is Healthy Schools, where we look at both how children are doing in schools and now increasingly how they exit school into the workplace. There are programmes here, through the GLA but also through other partners locally, focusing on how many get into the workplace and how their skills and apprenticeships are improved. We do measure this and can offer these as measures as this Strategy develops.

Sian Berry AM: OK. That would be really useful.

Finally, I wanted to ask about the fact that the Assembly has resolved to consider the impact of Heathrow expansion in all its work. This Health Inequalities Strategy seems to be a place where Heathrow will have a big impact, through things like heatwaves and extreme weather caused by climate change but also noise, air pollution and traffic locally. It is a shame there is no comment on Heathrow in the Strategy at all. Will you look at Heathrow expansion impacts for all your Strategies in the future, Mr Mayor, and make amendments to them?

Sadiq Khan (Mayor of London): Every single mayoral Strategy?

Sian Berry AM: We have resolved to do much the same as an Assembly, yes.

Sadiq Khan (Mayor of London): At the moment Heathrow expansion has not happened. Clearly we want to make sure that when it comes to the concerns we have, they are addressed. There is the court case that you

will be aware we are supporting, along with the local authorities, and that the Chairman was a passionate advocate for. You will see, over the course of the next few weeks and months, some of the work that has taken place in the court case to address some of the issues that you have alluded to, the concerns you raise around air quality, heat and others around Heathrow. Clearly the expansion has not happened [yet] so we cannot, post-event, look at the impact of the expansion, but I understand your question. What I think we would not do is go back and revise every single Strategy we have published. We have already published a Housing Strategy, the Environment Strategy and the Transport Strategy. But I take your point, to make sure Londoners are alive to the concerns that you and many of us have should Runway 3 proceed.

Sian Berry AM: Excellent. City Airport as well?

Sadiq Khan (Mayor of London): In relation to the expansion of City Airport?

Sian Berry AM: In relation to its health impacts on the people living nearby.

Sadiq Khan (Mayor of London): Sure. It is important just to say that the expansion of City Airport is not in the same league as the expansion of Heathrow but there are some concerns that have been expressed, not just by Newham Council but residents in and around the area where City Airport is, in relation to expansion. Of course, I will make those points quite firmly should there be opportunity for me to do so.

Sian Berry AM: Thank you very much.

Tony Arbour AM (Chairman): Thank you very much. You are out of time.

Dr Onkar Sahota AM: Thank you, Mr Mayor, is the objective of the Health Inequalities Strategy to improve the health of the population of London or is it to reduce the inequalities between specific groups of Londoners?

Sadiq Khan (Mayor of London): You will be aware, Dr Sahota, that one of the reasons why Parliament decided that a Mayor must have a Health Inequalities Strategy was to address the issue of health inequalities and to narrow the gap. Quite clearly our focus should be on reducing the health gaps between different groups of Londoners. It could be around deprivation. In some areas it could be around gender, for example suicide, a bigger issue with men than women, or depression, a bigger issue with women than men. Mental health is a bigger issue with younger Londoners than older Londoners. Disability is a bigger issue for those who are disabled than those who are not. That is the focus but quite clearly, we also want to see improvements universally. The best way to characterise it is as a focused approach but a universal approach as well. What we do not want, for example, is to see inequality being reduced by those who are healthy being less healthy. What we want to do is support the progress they are currently making and have those who are struggling make progress.

Let me give you just one nugget it is worth us all being aware of. The evidence is that affluent Londoners continue to be healthy and are making good progress. We do not want to stop that. What we do want to target are the entrenched problems that you are an expert in, in relation to your practice but also what you see every day: those parts of London where we know healthy life expectancy, life expectancy and quality of life are real issues.

Dr Tom Coffey OBE (Senior Mayoral Health Advisor): May I just add to that? Some of the projects we have developed have been deliberately done whereby they may have a universal approach, like the early years settings - all 13,000 London early years settings have a new [Healthy] Early Years programme - but we are

making sure we are also targeting those areas of most deprivation. On air pollution, for example, we have an objective to try to improve air pollution throughout London, but we are aware the poorest parts of London have the worst air pollution. One thing that is perhaps surprising is that England has health inequalities, but the worst level of health inequalities is in London.

Dr Onkar Sahota AM: Yes. London does have a huge amount of variation, as you say. Thank you very much for describing universal proportionality. Professor Sir Michael Marmot [Director of the UCL Institute of Health Equity] argues there should be universal access, but at the same time specific groups should be targeted. Are there any priorities that you want to address in the next two years, any specific areas you will focus on?

Sadiq Khan (Mayor of London): I will let Tom [Coffey] and Yvonne [Doyle] answer but there are a number of objectives we have set out in the Health Inequalities Strategy you will be aware of. You will also be aware that in the Implementation Plan there are a number of focuses we have.

In relation to some of the stark figures, you will be aware that there are more than 9,000 premature deaths in London because of the poor-quality air and you will be aware of the progress we have already made in relation to cleaning up the air in those parts of London. We have the Low Emission Bus Zones, the Toxicity Charge (T-Charge) has begun and the Ultra-Low Emission Zone (ULEZ) begins in April [2019]. Tom's point is important. I will give you an example. One of the reports that I made public, which had been hidden away, was the one that showed that the most deprived parts of London had the worst-quality air. The air quality audits are targeting those schools that were published and you will see, hopefully, acceleration of improvements in those parts of London around air quality.

I know that Yvonne and Tom have other examples in the Inequalities Strategy that we have focused on.

Dr Tom Coffey OBE (Senior Mayoral Health Advisor): The two areas we would probably talk about would be children and mental health. For children we have already heard about the [Healthy] Early Years programme to try to almost replicate Healthy Schools. 80% of schools in London are signed up to Healthy Schools and for Early Years, 13,000 settings, One O'Clock Clubs and child minders. We are hoping to start from a standing start now and increase that over the next few years, a minimum of 10% in the next two years.

Childhood obesity, again looking at children. England does have a problem with childhood obesity. London has a bigger problem than the rest of England and there is a big difference between poverty in childhood obesity and affluence. Our heaviest children are in our poorest areas. Therefore, we need to make sure we have very much a global, citywide approach to childhood obesity about activity, advertising, planning and diet.

The second area of priority is mental health. You will have heard of Thrive London. We are very much taking a citywide approach. How do we reduce the stigma of mental health in London, be it at the workplace, at school or in the wider community? How do we make sure that we use this improvement in reduction in the stigma of mental health to have improvement in outcomes, reducing suicide and having more people with mental health problems staying in work or becoming employed after being unemployed for long times?

I would talk about children and Londoners with mental health problems.

Dr Onkar Sahota AM: Thank you.

Tony Arbour AM (Chairman): Thank you very much.

David Kurten AM: Thank you, Chairman. Good afternoon, Mr Mayor. You talk about the Healthy Schools London programme. There are a lot of good things in there. You talk about encouraging active travel to school and active play. The school run is something that is increasingly done by families. Children are driven to school; they do not walk to school, they do not cycle to school. Do you have any figures for the percentage of children who do walk and cycle to school and do you have any specific figures as to how much you would like that to improve in the future? Do you have any specific targets for the number of children walking or cycling to school?

Sadiq Khan (Mayor of London): I will let Yvonne [Doyle] comment in a second but we have those figures. You will be aware of the Healthy Streets programme. One of the questions somebody alluded to was the connection between the Health Inequalities Strategy and the other Strategies that we have. This chimes with the Transport Strategy quite a lot. You will be aware of the huge monies Transport for London (TfL) is devolving to local authorities. One of the things we are saying to local authorities in relation to this Local Infrastructure Plan (LIP) money is that there will be a bias towards funding being given to encourage children and parents to walk to school or cycle to school.

You will have seen before summer one of the examples, a school in Westminster where Westminster Council, local businesses and City Hall worked together with parents and teachers to encourage more and more children and parents to walk or cycle to school. The Council managed to, with the school, leverage in private money to green a wall and, I think - Assembly Member Devenish probably knows about this - turn a teachers' carpark into a garden. They are encouraging cars not to idle outside. Also, on the school starting day and the school finishing day, the Council had brought in a scheme where cars could not go down that road.

We have figures for this across London. The focus is the question that Dr Sahota [AM] alluded to, prioritising those schools with the worst-quality air. That is where the money is, following the audits. Yvonne is part of the implementation and will tell you more about some of the things we have.

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): Less than 40% of children do the level of activity per week recommended by the Chief Medical Officer, either in bunches or by day. They can do it the 'semi' way. You are absolutely right; it would be better if they walked to school than if they had to do running races every day or every couple of days. We would rather it was built into every day. One of the excellent ways of doing this, for instance, is the daily mile. It is an easy thing, they can work it out with their parents and they can either do it in the school - the good Healthy Schools get them to do the daily mile in the school - or they can do it by walking to school, or both. We would like to see more of that. We are working on that through the early years because you have to get them interested in hopping, skipping and scooting when they are in the nurseries. The parents get the idea then that the kids like doing this. Oddly, you would think this comes naturally but, for 60%, not anymore.

It varies in London. There are certain parts of London and certain groups in London who are very inactive. Others, maybe those living nearer green space, are perhaps more active. There are inequalities in all of this.

David Kurten AM: I would imagine so. The daily mile sounds like a good idea. Obviously getting children to walk and cycle to school would also cut down on congestion, which would cross over with your Transport Strategy as well. Anything you could do to say more about that would certainly be welcome.

I would like to move on to another area. Another thing that sounds good is that you want to take steps to reduce the use of and harms caused by tobacco, illicit drugs, alcohol and gambling. Alcohol in small amounts, regulated and controlled, is OK, but we obviously have a big problem with binge-drinking, on Friday and Saturday nights particularly. You hear that from people working in accident and emergency (A&E) rooms in

hospitals. Can you say any more about the specifics of how you are going to reduce the use of those things and the harms caused by those things?

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): There is a bundle there but quite often they go together. In tobacco use, for those in the managerial social class, the highest and most affluent, the prevalence of using any form of tobacco is about 12%. In the manual groups it is 25%. There is a huge gap there. Undoubtedly e-cigarettes have helped people to quit because this is an addiction very often. It is helpful and it is much safer than tobacco, so we do encourage that. There are programmes throughout London on quitting smoking and quitting tobacco, but much more important now is preventing the youngsters taking it up. Through the devolution programme we are working on enhancing an illegal tobacco scheme with Her Majesty's Revenue and Customs and local environmental health groups, mystery shopping but also checking it out on the back streets where kids are being sold individual cigarettes. We have data for all of that. We are collecting that.

For alcohol, London does have a binge-drinking problem but less so than other parts of the country and more and more young people are abstaining. It is the region with one of the lowest consumptions of alcohol, but it is still important. More people are drinking at home. Those who are binge-drinking are topping up before they go out and that is causing enormous problems locally with disturbance and street annoyance and so on. It tends to cluster. Again, there are programmes, mainly through local authorities, which I work with very closely on the public health system, to reduce the harm from over-consumption of alcohol, particularly at weekends. Clearly, we will want to monitor that through the Prevention Board to see how we are doing and whether that is improving. We work closely with the NHS on this and we have a very good alcohol service that works through our own Public Health England service and supports local authorities.

David Kurten AM: I am interested in picking up on one of the points you made there. You said binge-drinking tends to cluster.

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): Yes.

David Kurten AM: Do you have specific areas where you know that there is more of a problem and can you tell us what those areas are?

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): Yes. We can look at it by group and by borough. Central London is problematic. About 9% or 10% of drinkers who are not drinking the recommended amount binge-drink. Others are doing it quite regularly and that is as damaging to your liver - probably more so - than the binge, though the binge is awful because it causes so much violence and chaos. In central London, I will not name the borough but there is one borough where there is quite a lot. We have watched the alcohol statistics for admission to hospital as well. They are lower than other parts of England but we know what they are and we can track them. That is part of the tracking system that we have for this Strategy.

David Kurten AM: OK. Thank you.

Tony Arbour AM (Chairman): Thank you very much. You are out of time.

Susan Hall AM: Thank you, Mr Mayor. I was very disappointed to see that hepatitis C was not adequately covered. You will know of my concerns about this because I wrote to you on 3 August [2018]. Thank you for your reply, which I received in my inbox today. In that you say, and I quote:

“This is a significant issue which impacts on the lives of many Londoners. It disproportionately affects some of our most vulnerable and excluded citizens.”

That is of course what this Strategy is all about. Why was the issue of hepatitis C not adequately covered in the Strategy? It has two very short mentions.

Sadiq Khan (Mayor of London): Sure. I will let the health advisors deal with the specifics but tuberculosis (TB) and HIV were the two areas that were given more focus than hepatitis C. I imagine you have seen that we are going to support the London Joint Working Groups who are doing work on this, as you mentioned in your letter, particularly in relation to the conference held in December [2017]. There is work we can do with them as well. I will let Yvonne or Tom deal with the issue, bearing in mind our work on TB and HIV, why we do not have the focus on hepatitis C that you would have liked to have seen.

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): Assembly Member Hall, I concur with your concern about this. There are still 200,000 people in the United Kingdom (UK) who have long-term problems with hepatitis C and there is an ambition to eliminate new cases of hepatitis C by 2030. We are working very closely particularly with the NHS because the solution to this is new antiviral treatment. That is now available. We have seen a reduction of 11% in new hepatitis C infections recently and that is very hopeful.

I do not think we can neglect this at all. It is part of our substance misuse programme. It is also part of our health protection programme. We are working very closely together on it and it will definitely form a focus for our Health Inequalities Implementation [Plan] because it is a definite manifestation of inequality. The fact that it is not fully worded here does not mean that we are not absolutely on top of what we can do about this.

Susan Hall AM: You see, I do not understand that because if you are on top of it surely it should form part of the Strategy. If you look at how many people are living with HIV it is around about 40,000 in London. The number of people living with hepatitis C is around about 40,000 in London. There are some extremely exciting developments. We could make this the first global city to rid ourselves of it. But it gets two tiny little mentions here. It is no good us hearing that you are doing lots behind the scenes. You should be putting it in the Strategy so that we can keep an eye on it and so that other people will be made aware of what is going on. It is a massive omission and it is not as if I have not highlighted it to the Mayor over a month ago. It really lets down those 40,000 people in London who are suffering from this.

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): I would disagree with you that we are letting them down. We are working on their behalf and working very much. It is something that we can report on. It is not a problem. We have the data and we are doing the work. The fact that it does not get a whole lot of words in here does not reflect the fact that we are not working for those people. In fact, we have championed exactly what you are describing here. We would not have seen an 11% reduction if we had not pressed hard for the treatment to be made available. We are working closely, as I say, across several services. I absolutely accept your point. I would certainly concur with what you say.

Susan Hall AM: With the greatest respect, I have spoken to the groups. We have been told they are pushing at a closed door. It would show everybody that you are serious about it if it featured in here. You say “not very many words”. There are virtually no words. It gets two mentions. Exactly the same number of people are suffering with hepatitis C in London are suffering from HIV. On that basis, this group of people absolutely should be in the Strategy.

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): Thank you. Just to assure you, I am meeting some of your colleagues very shortly on this and have been very closely in touch with the Hepatitis C Trust for many years.

Susan Hall AM: Do you not think it is an omission, then, that it is not actually in the Strategy?

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): It is a matter of opinion. It is there. We are doing the work --

Susan Hall AM: No, it is not there.

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): -- and we are seeing the progress.

Susan Hall AM: It is not there. Nothing that you say you are doing is anywhere near this Strategy.

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): Perhaps we could have that conversation again. I would certainly personally say that we are doing the work.

Dr Tom Coffey OBE (Senior Mayoral Health Advisor): As a clinician for hepatitis C as a general practitioner (GP) many years ago, the treatments that were offered were very limited and very debilitating. Over the last few years the treatments have improved enormously and the NHS itself has made it a much greater priority. The funding streams that have been coming through to fund these drugs have been the focus of national debate over the last 18 months. Often when you have to choose your priorities, what I would say as a GP working in London is that the NHS has given it a much greater priority than it did 10 years ago. Therefore, I would feel that there is a significant London-wide focus on it from the NHS. However, I recognise that for those 40,000 hepatitis C-infected people in London it is still an enormous issue for them and their families.

I would happily, as Sadiq's [Khan] Health Advisor, meet the group or the team to see if there is anything else we can do to promote their case for better treatment and better screening, because it is often the screening as well as the treatment that is needed. There are many cases, perhaps, that are undiagnosed which I recognise, for example within the prison service or with rough sleepers. We recognise that these are issues that the NHS in London is already working on and that is perhaps why we chose not to put the focus on it that you would have liked. We are very much aware that the big issue with hepatitis C is not just the new treatment, which we have heard about; it is the undiagnosed cases which will go undiagnosed until we do much more proactive and targeted screening.

Susan Hall AM: Yes, but given the new drugs we could make such a difference in London. We could make a substantial difference in London. You have missed a trick here. We could be the leading global city on eradicating this because of the exciting new treatments and it is something you have completely left out. I highlighted it to you at the beginning of last month [August 2018]. It is such a shame that this is not being put in the Strategy as something we can all achieve. That is what we are all here to do, make things better for Londoners. Thank you.

Tony Arbour AM (Chairman): Thank you very much.

Len Duvall AM: Mr Mayor, can I congratulate you? This is a very different document and more focused than was originally before the Health Committee. Your team has done well in the way it is presented. I did not

recognise earlier what Assembly Member Berry was saying about the focus not being on young people. I think it is throughout the document and rightly so. It should be prominent.

With the announcement last year about the aging population, one of the issues is what we are doing. Can you describe to me, in the Strategy, what we are working towards in terms of reducing health inequalities amongst older people?

Sadiq Khan (Mayor of London): Thank you for your comments and your question. Throughout the Strategy, Healthy Minds, Healthy Places, Healthy Community, Healthy Living – clearly less so in Healthy Children – there is evidence and policies that will help London’s aging population. It is something I alluded to in my opening statement. There is life expectancy and then there is healthy life expectancy. Many Londoners who live a long life, for a long period of it are not healthy. What we are trying to do throughout the policy is make sure that they can have a longer period of their life that is as healthy as possible before becoming less healthy.

Examples of such policies, across the range of GLA policies, are those in relation to social integration, how we can use digital inclusion to get older people to have better service than they currently do. In the Transport Strategy it is how we can have more and more stations with step-free access and continue the Freedom Pass, which is so important for older people getting out and about, dealing with issues of isolation and dignity as well. In terms of housing, in the draft London Plan and the Housing Strategy I am pleased and proud that we are saying to developers, “10% of all new homes need to be wheelchair user dwellings”. We are also making sure there is a benchmark for specialist support housing, which will become more and more needed as we go forward and the advances in science as people live longer.

The policy I am proudest of is one that has not yet borne fruit, which is for London to be a dementia-friendly city. Just think about, as Londoners age and live longer, the conditions they will have that will need support from other Londoners. The good news is that whether it is TfL, the Metropolitan Police Service (MPS), the London Fire Brigade or their employers, there is a willingness for us to be more dementia-friendly, which is so important as we go forward.

One of the things that Tom [Coffey] has been working on is the area of social prescribing. As you will know, rather than a GP giving a patient a tablet, often the solution to the condition they have could well be signposted to a community group. Tom’s example was of some community voluntary groups that are particularly helping older Londoners, which we want to support.

Dr Tom Coffey OBE (Senior Mayoral Health Advisor): On social prescribing, one fifth of people who come to see me do not have a medical problem and often they have a problem that could be addressed by services that are out in society. Often it is the older population.

There are two areas I would focus on. One is loneliness. What we have realised more recently is that loneliness does not just make you unhappy, it actually has a detrimental effect on your physical health. Many patients come to their GPs because of social isolation. We have started having social prescribing directly to Age Concern and Age UK so they can do something about that loneliness. It also has an improved impact for the NHS spend and social care because people who are engaged in their society and less lonely are more likely to stay at home and use NHS resources less.

The second is mobility. Older people benefit enormously, even more than younger people, from staying mobile. Once you start falling as an older people, your likelihood of succumbing to falls is enormous. 30% of people die within a year of breaking their hip if they are an older person. If we can refer older people to

exercise classes, mobility walks and things that they cannot find themselves, it improves their physical health enormously. I would argue that social prescribing, more than prescription prescribing, is going to have a bigger impact on the physical and mental wellbeing of our older populations in London.

Len Duvall AM: Mr Mayor, you have rightly said in the London Plan that there are lots of good things around contributing to this Health Strategy. I think some of that is said for the first time in a very coherent way. If you go back to the social prescribing ambitions, where would cross-generation volunteer programmes fit into that and who is best placed to undertake that work? I do not see the health service doing it. I do not see local government doing it. Does that fall to us and our volunteering ambitions, and could we put young and old together to meet some of that social prescribing ambition of tackling inequalities in health?

Sadiq Khan (Mayor of London): Yes, I think we should. You make a good point. To be fair to the NHS and local authorities, they do do stuff, but clearly there is a role for us as City Hall to lead on this. We are doing some great work here with Team London and with vInspired in relation to helping people become volunteers. The Good Work Standard is encouraging employers to give employees time off to be volunteers. City Hall is a very good employer and encourages its employees to be volunteers and gives them certain days when they can be a volunteer. Professor Doyle has looked into some of this and how we can encourage more people to volunteer. The good news is that the person who volunteers benefits as well. We should not assume it is one-way traffic.

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): Yes, I accept the point that we definitely need to make it easier for people to volunteer. One of the issues is that it is not always easy to find your way into that and vInspired is one of the programmes that is trying to enable that path. We know that three times as many people would like to volunteer as actually do, but the trend is downwards, and so we definitely have work to do here to make this easier. We are engaging with young people's panels and so on where they are doing terrific work through the schools where we see some of this. We need to keep that going as they get into young adulthood and just help them get that extra time to do it.

Len Duvall AM: Thank you.

Tony Arbour AM (Chairman): Thank you very much.

Caroline Pidgeon MBE AM: Thank you. You have already mentioned - which I am really pleased about - that you have pledged to make London a dementia-friendly city by 2022, but your Strategy does not have that many references to dementia within it. I am wondering. Will you consider appointing a dementia Champion in your office in order to ensure action is taken and make sure that London does become this wonderful thing, a dementia-friendly city?

Sadiq Khan (Mayor of London): I do not see a reason why we would not if it will help to move this forward. I did the training and it is eye-opening. You think you are aware and then you go on the training. Also, we hosted an event here a few months ago, which was fantastic. I am looking towards Tom and Yvonne.

Dr Tom Coffey OBE (Senior Mayoral Health Advisor): Yes. For a city to be dementia-friendly, one initially thinks about just transport. How can we make sure our bus drivers and our Tube staff -- in fact, we realise that for businesses? How do we make sure all the businesses have staff who are aware of how to deal with a person with dementia? Our tourism industry will improve and our businesses will improve if we make sure London is seen as the first dementia-friendly capital --

Caroline Pidgeon MBE AM: Will it help, then, to have a Champion to bring it all back together?

Dr Tom Coffey OBE (Senior Mayoral Health Advisor): I think it would.

Sadiq Khan (Mayor of London): Can we go and look at that and then give you an update on your idea?

Dr Tom Coffey OBE (Senior Mayoral Health Advisor): Most places do. We could probably make that happen.

Caroline Pidgeon MBE AM: I think that would really help to achieve this objective.

Sadiq Khan (Mayor of London): Having a focal point, a person, I can see the strengths in that.

Caroline Pidgeon MBE AM: Great. Thank you. Also, there is no reference in the Strategy to supporting the understanding of those with dementia in the black, Asian and minority ethnic (BAME) communities in London. There is evidence that suggests that some communities may struggle to access information, perhaps exacerbated by language barriers. Will you look at whether marketing materials are in different community languages and what you perhaps might do to help all communities who are affected by dementia in London?

Sadiq Khan (Mayor of London): We are already targeting some of our work. It is the question Dr Sahota [AM] asked in relation to reducing inequalities versus improving the health of everyone. We are already targeting some of these policies towards those communities. Yvonne?

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): Yes. This is a really good topic. We do not have much data about dementia in the older BAME group but we have a significant aging, particularly Caribbean, group in London. We would expect, therefore, to see it at least proportionately but possibly disproportionately because of cardiovascular disease. This is an important area where the data are lacking. Having a Champion will help us perhaps find some of those people and understand a little bit more how we can do better for them.

Caroline Pidgeon MBE AM: It is really important. In some communities there is a stigma around this. It is understanding it and how we get behind the data to the target would be really good.

We talked about transport being important in this area and TfL has embedded the dementia awareness in its equalities training. Can you confirm whether this applies to bus drivers in London and, if not, is this something you would encourage your bus operators to roll out so that we do become this fantastic dementia-friendly city?

Sadiq Khan (Mayor of London): It applies to the whole TfL family, including bus drivers as well.

Caroline Pidgeon MBE AM: They are already included?

Sadiq Khan (Mayor of London): Yes, and it is really important that they are because, if you think about it, they are the front line to many people and stuff. When you do the dementia-friendly training one of the examples they give is somebody using a bus and the example is a very good one. There are simple things we can do from the announcements on a bus to a driver being aware so they can let the passenger know, "You are arriving at your bus stop", and just make sure that that person gets off because, often, you can be confused when you are a dementia sufferer. That is included.

Caroline Pidgeon MBE AM: That is already in place? Brilliant. I look forward to an update on the champion.

Sadiq Khan (Mayor of London): Thanks, Caroline.

Caroline Pidgeon MBE AM: Thank you very much.

Tony Devenish AM: Good afternoon, Mr Mayor. How have you worked with the London borough public health teams to prepare your Strategy, please?

Sadiq Khan (Mayor of London): I will let Yvonne and Tom [Coffey] give the details in relation to all the work we have done with quite a few stakeholders, not just that team but in particular the London Councils team.

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): I will start. When the consultation was about the goal, we made sure that the Directors of Public Health were in a position to put that to every Health and Wellbeing Board, at least for information and preferably for discussion, and the majority did. We have also worked very closely with the Directors of Public Health and their teams throughout the process. They helped us shape the priorities for this and they helped us understand some of the local inequalities and also some of the local solutions. For instance, on suicide, we have an excellent audit to hand and we have that kind of information for a range of other areas in the Strategy about what exactly is going on locally and how best practice could be shared as we implement it.

We are also very mindful of what the local authorities can and should do versus what City Hall can do. Sometimes it is important that we do not disempower local government by assuming that everything happens at a city level. It certainly does not. We operate a public health system in London.

Dr Tom Coffey OBE (Senior Mayoral Health Advisor): We have met all the Health and Wellbeing Board chairs. Each Health and Wellbeing Board must have an annual strategy about how it is going to implement plans locally. What we have asked and they have agreed is to look at what is in the GLA's Health Inequalities Strategy to see which bits of that they can therefore implement. What they have asked for is whether we can give them best examples of where it has already been done rather than having to start from scratch. An example again I will use is the Healthy Early Years. What they want is a nice, easy-to-implement system. They cannot quite take it off the shelf but use it in the Borough of Brent or Bromley and say, "How can it be rolled out to every single setting in our borough?" They are quite engaged in it because they see it quite easily applying to their borough and they just want ways to do it very easily.

Tony Devenish AM: When I was the first Public Health Cabinet Member on Westminster Council we had very simple high-level targets such as "reduce smoking" and then a whole load of detail from people like you on how to actually do it. "Reduce obesity", we did so. "Reduce sexually transmitted diseases (STDs)", we did so.

What I am not picking up here really -- I am not really clear exactly. You are talking about lots of signposting - I understand that - and lots of what we used to call 'nudging', but what I am not really sure of is where we are now and how we are going to measure where we are getting to at the next - dare I say it - election in two years, or the year after that or the year after that. It is not clear in terms. We all agree there are health inequalities and they need to be addressed. It is how exactly you are going to get from where we are now to where we are aiming to get to in numbers that we can easily measure you on.

Sadiq Khan (Mayor of London): I will let Professor Doyle answer that, but, to be fair, you have articulated one of the problems with the health and social care eco-system in London. It is very complicated. In yesteryear we would know who was in charge and what the responsibilities were. Now the number of partners involved are numerous and it is confusing not just to practitioners but to Londoners as well.

That is why, in the draft Strategy, the Health Committee was - small C - critical because they were saying, paraphrasing for the benefit of those not on the Committee, "We are not clear what things you will do and what things you will call upon others to do. How do we measure success?" That was one of the things that Yvonne and Tom [Coffey] have gone away with and worked on. At the last Health Committee, Yvonne and Tom showed and went through the Implementation Plan to answer your question, which is a good question and which is a question that the Health Committee has been grappling with. I will pass over to Professor Doyle to deal with that.

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): I am absolutely clear. I get entirely this point about numbers. You want to see what we are doing and how you will know if we have made progress. To some extent, some of that is in the population health indicators data because we have spent some time working out what the gap is. We can put the numbers on that and give you data year on year that is reliable, at least. The targets we should also be able to give you data on and how we are progressing towards those targets. Some of the dates are a bit far out, but we want to see improvements year on year. If we are not making improvements, we will say so, and we will explain ourselves as to why and what we could do better. I do assure you. With the way we have set up the indicators, we will be able to get data.

Dr Tom Coffey OBE (Senior Mayoral Health Advisor): Giving a very clear example, at the moment let us say there is a 9.8% difference between those children on free school meals and the general population about how ready they are for school. It is a measure we do yearly. Therefore, implementing the early years' health setting project should have an impact to reduce that difference so that children on free school meals are more ready for school than they are now, because we are doing a universal project but targeting those boroughs with the most children on free school meals.

Tony Devenish AM: If you had to name three major step changes you will make by the election after next, 2024, one is going to be free school meals. What are the other two going to be?

Dr Tom Coffey OBE (Senior Mayoral Health Advisor): The early years health setting, not free school meals.

Sadiq Khan (Mayor of London): We are not doing the free school meals but the way it works is as a metric in relation to school readiness. It is one of the indicators. Different health inequalities are the gaps in different indicators. One of the things that we are quite keen to work on is the Healthy Early Years Programme and the target is a 10 per cent take-up within two years. We would hope to see progress in relation to that going forward.

The other thing is you will know that we have appointed a very good Chair and Vice Chair and they have got a team together around the Child Obesity Taskforce. You will also have seen the work we are doing in the draft London Plan and other policies around, for example, new takeaways not being within 400 metres of schools and also advertising of foods high in fat, sugar and salt. We want to see progress in relation to those two areas in particular.

You asked for a third one and the third one is in answer to a question that Dr Sahota [AM] asked on mental health amongst young people. You will be aware that we have no control over the time lag between a young

person seeing a GP and being seen by the Child and Adolescent Mental Health Service (CAMHS). That is not within our gift. What we can do, though, is to train up first aid mental health experts in schools. That is a way of making sure it can be identified earlier. The good news is that the Government wants some of London to be trailblazers in relation to some of the work it is doing around mental health for young people. We are optimistic that that will lead to us raising our game there. We hope to add value there.

Your first question was on cause and effect: what things can we point to and be held to account for? It is difficult because there are a number of different things in the pies, but those three ones are probably the ones we think are the most pressing and the ones where we can add value.

Tony Devenish AM: I will leave it there. Thank you.

Leonie Cooper AM: Thank you very much, Chairman. I want to come back to the subject of air quality and also the issue - a bit - of targets. You have done more than almost any other politician in the country, Mr Mayor, to get air quality onto the agenda for Londoners and also nationally. You have done that by regularly discussing air quality, despite everything else that has been going on in London, and also by releasing so much detail. It is great to see that is covered in the Strategy. We have already seen the T-Charge. We have the ULEZ coming in from April next year [2019] and then expanding in 2021.

I just wondered about the target in the Implementation Plan for London to have the best air quality of any major city by 2050. In June [2018], you held a big session on National Air Quality Day talking about taking action much sooner. That seems like a date a long way away. Could we not bring that date forward? Also, should we not have some interims after the 2021 expansion of the ULEZ? We are going to be on a journey towards that. 2050 is a long way off.

Sadiq Khan (Mayor of London): Absolutely. The Prevention Partnership that Professor Doyle chairs will on a regular basis be monitoring, reviewing and reporting back on the progress made. You will be aware because your constituency has benefitted from the Low Emission Bus Zone in Putney High Street. We have already seen improvements across London in relation to those schools that have had air quality audits and those schools are getting support to improve the air quality, and also in relation to those parts of London which have the worst air getting Low Emission Bus Zones. You will also be aware that from April next year [2019] we will have the ULEZ in central London. Therefore, we are hoping to see incremental improvements over the course of the next few months and years, let alone by 2050. Rest assured that Professor Doyle will be reviewing this and reporting back on this regularly.

It is worth saying that we are doing ground-breaking work in relation to auditing nurseries and also looking at the quality of air indoors. You will know that most of us who are indoors breathe the air comes from outside. Question: can we have filtration processes that improve the quality of the air indoors as well as improving the air outdoors, which improves the air indoors? We are doing some work around that as well.

I want you to be reassured that we are not going to wait until 2050 for me to celebrate the successes as the Mayor over the last 30-odd years. Professor Doyle will tell you some of the things we are going to do before then.

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): I certainly hope not because I will be very old by 2050. This is where the population indicator is close to what we look at each year. We are looking at the proportion of illness caused by particular parts of air quality and we measure this rate. We measure it regularly and so we can say that. We are also going beyond that and looking at where there are legal exceedances. That is really what we would want to be accounting for regularly.

Just going back to the previous point about where the numbers are, some of the targets are very good on numbers. They will tell us that we want to do in 1,300 schools by such-and-such a time. However, for air quality, because it is a big process of changing over the traffic and the fleet and everything else that contributes, it is much better to measure the population indicator on that to account for it adequately.

Leonie Cooper AM: It is just that I am aware of the impact. The Mayor has just mentioned Putney High Street and the change in the number of exceedances, which a couple of years ago was 1,600. It is down to a much lower level. We did not even break the law in Putney High Street, which normally we do by 2 or 3 January, until almost April this year. It is quite a dramatic improvement and so I would quite like to see a target earlier than 2050, but I do understand where you are coming from.

You were talking about the schools and there has been targeted work around that. We have also had the Mayor's Air Quality Fund and we have the next tranche coming out. Could you tell us a bit more about targeting towards the more deprived communities? That is another really good way, as well as doing the air quality checks around schools in deprived neighbourhoods.

Sadiq Khan (Mayor of London): Before I do, it is just worth reminding ourselves that only half of the nitrogen oxide (NOx) and particulate matter comes from transport. The other half comes from things outside our control. It is worth just bearing that in mind. It goes back to a question - a good question - asked by Assembly Member Devenish about how we can attribute successes to City Hall versus local authority or central Government and all the rest of it. We are lobbying the Government for more of these powers and resources as well.

In relation to the next tranche of the Mayor's Air Quality Fund, we are trying to make sure we help those schools access the funds to improve the air around schools. You will be aware that councils have the responsibility for some of the LIP funds and money is devolved to them. We are hoping schools will work with their local councils to get some of the money from around there.

In relation to other things we are supporting, greening and urban greening in particular is really important. We have released a new tranche of money for tree planting and you will have seen the fantastic week we had in July around National Park City Week as well.

Separately, not linked with this direct pot of money, is the work we are doing around fuel poverty. I know you have been lobbying as Chair of your Committee about the importance of fuel poverty. The good news is that we are going to carry on working in relation to making sure homes are energy-efficient. That is really important. We are carrying on some of the work we are doing around old boilers as well.

Leonie Cooper AM: Thanks very much for that, Mr Mayor, and that is all welcome. I just thought I would quickly ask at the end about the Government's Clean Air Fund. Is there any progress at all? Most of the roads in London should be included in that fund with the extra Vehicle Excise Duty (VED). We all pay VED. Is there any chance of us getting hold of any of that money?

Sadiq Khan (Mayor of London): First, it is worth giving credit to Michael Gove [MP, Secretary of State for Environment, Food and Rural Affairs] for attending the summit we held in London. The Secretary of State heard about the summit and asked to be invited, which was refreshing. He listened and he engaged as well. What he has agreed to do is to be, if you like, our advocate inside Cabinet to lobby the Treasury, the Department for Transport and others for some of the things that we need to have. One is, for example, that we need to make sure that London can access the Clean Air Fund. We contribute towards it via the VED

contributions but we cannot access it. Also, 40% of the most polluted roads in the country are in London. There are other examples of Government policies that are anti-London and so we are hoping that Michael Gove explains to colleagues within Cabinet why it is important for some of these policies to help London rather than having London be neglected by central Government policy.

Leonie Cooper AM: We as an Assembly will have to cross our fingers and hope that some of that money is able to come towards us because we need that support for the work that you are doing. Thank you, Chairman.

Shaun Bailey AM: Good afternoon. I would like to go back and focus a little bit on mental health. Much of this conversation has talked about targeting. What specific, targeted support are we giving groups in London that suffer higher levels of mental health? I am thinking of the lesbian, gay, bisexual and trans (LGBT) community and the BAME community. What specific pieces of work are being looked at to support those communities?

Sadiq Khan (Mayor of London): That is a good question. You will be aware that a disproportionate number in those communities suffer [from poor] mental health. I will let Yvonne and Tom give you some examples of the targeted money. This is over and above the Thrive London work we are doing and the mental health work we are doing. There is work around rough sleepers and young people. I will let Tom and Yvonne deal with that.

Dr Tom Coffey OBE (Senior Mayoral Health Advisor): If I may start first of all with rough sleepers, what we do know is that a high proportion of people who are sleeping rough have either a drug or alcohol problem or a significant mental health issue. There has been funding allocated from the Mayor to fund workers with mental health qualifications to specifically work with rough sleepers to see if we can address not only their housing issues but also their mental health issues. Often, without addressing both, you get a vicious cycle of a person being given accommodation but then unfortunately collapsing back into the lifestyle that made them homeless in the first place. That is trying to have that much more holistic approach to rough sleeping and the medical problems aligned to it.

Secondly, when the police find out when they are involved in dealing with a member of the public who has potentially committed an offence that often the person they are dealing has a probable and obvious mental health problem, they often only have the opportunity just to take them to a police cell. In fact, now, we are funding workers to work with the police at their key hours, which is usually from the afternoon to midnight, so that the police can call out a mental health professional to work with them on a person who in fact probably has a significant mental health problem, more than an issue regarding committing a crime which requires taking them to a police force. Then they can work with that individual to take them to either a place of safety or one of the Psychiatric Decision Units or to see a mental health professional. There are two targeted areas: rough sleepers and people whom the police are apprehending in the community.

Sadiq Khan (Mayor of London): One more example, Assembly Member Bailey, is the Young Londoners Fund. We have targeted some of the Young Londoners Fund towards Young London Inspired. Professor Doyle alluded to this. The idea is to increase volunteering and social action opportunities for those young Londoners who are at risk of developing mental health problems. One thing I have already alluded to is in relation to the work we are doing in schools and speeding up referrals to see somebody at CAMHS if there is a CAMHS waiting time.

Shaun Bailey AM: They are all welcome examples and I commend you, truly I do, but the Strategy itself does not make it clear how particular groups, particularly the ones I mentioned that have really high instances of poor mental health, will be targeted. Where will they find the work? Where is the workstream? Where is the

money-stream? It would be much more helpful if it was clearer about those things because it leads to the obvious question: what does success look like and how do we measure it? For particular groups - again, LGBT groups, BAME groups - their access to mental health workers is slim to say the least and so we need to understand what is impactful so that we can do more of it.

Dr Tom Coffey OBE (Senior Mayoral Health Advisor): Can I mention the work of Thrive? Yvonne will mention Black Thrive, which is particularly focusing on the black community in London. We are also aware that there a number of communities where the stigma of mental illness is much higher. The work that we want to do with the Thrive workstream is to say, "How can we work through all communities?" Often, the first thing one has to accept is that, "Yes, I am unwell. I have a significant mental health problem. I need to admit it and seek help". What we find is that when we look at people unfortunately committing suicide - and there will be 12 Londoners this week who will probably commit suicide - what we find is that they did not want to tell someone about how they felt. It might have been stigma or access to services. We would hope that Thrive and especially Black Thrive will work in our communities to reduce the stigma and to allow people to have rapid access to services which can help.

Shaun Bailey AM: I understand that. I just would like a little bit more focus on how we measure that success and how we know what we want to replicate and what we want to put down because it does not work.

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): The Implementation Plan will look at the indicators that we have, some of which are closely related to mental health. For instance, for those in employment with long-term conditions, the commonest reason for people falling out of employment is because of mental health problems. We would want to see various programmes that are focused on better work and better quality of work and the City of London is working with us on that.

I am very keen on the work we are doing with schools because 70% of mental illness is beginning to manifest before the child leaves second-level schools. We know that BAME and - not the same thing - more deprived communities both suffer disproportionately here. One of the issues we found from our learning from HIV is that people have difficulties dealing with the stigma of some of these conditions, and some communities do not recognise mental illness the way it is recognised, say, within the mainstream of the NHS.

Shaun Bailey AM: I see that, but my real disappointment with this part of the Strategy is that there is no clear line of what we are doing for vulnerable groups. There is no metric around what we are looking at because what is very interesting is how we replicate the good work. What is good work? What does that look like?

Dr Tom Coffey OBE (Senior Mayoral Health Advisor): Can I try to answer? If I just look at metric 6, which looks at excess mortality amongst adults with a serious mental illness per 100,000, what we are saying here is that in London there are 327 people per 100,000 with a serious mental illness who die more than they should compared to the rest of London. That is your health inequalities stat. We want to see and we are going to measure the number of people with a serious mental illness who die per 100,000 and reduce that number from what it is now, which is 327 greater per 100,000. That is our indicator. That looks at both physical illness and mental illness. A person with a serious mental illness - let us say schizophrenia - in fact is just as likely to die more frequently from cardiovascular illness than from suicide. We are measuring it.

Shaun Bailey AM: I see that is correct, but that still does not look at what we are talking about: particular highly vulnerable groups. What you are talking about is our general population and of course we welcome supporting everybody's health, but I want to know what we are going to do specifically for those groups. I maintain that it is not in here and I get that you cannot answer that, but somebody needs to put it in here

because, of your 300,000 people whom you just talked about, a disproportionate amount of those people will be LGBT, will be black, will be from the Traveller community. Unless we do something specifically for those communities, those communities will just suffer disproportionately even more. I just need to see some indicators of what we are going to do, when, what the metrics are and how.

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): That is absolutely reasonable and we will take a note of that to see if the data exist in that way. Sometimes it is just not available, but definitely.

To answer your question about how we share practice, we mentioned earlier that we have just got a very good suicide audit. The suicide audit gives us examples from practically every borough in London about good practice and much of that is aimed at specific groups where an intervention made a difference. We are sharing that across.

Shaun Bailey AM: Thank you. That is enough for me, Chairman. Thank you.

Unmesh Desai AM: Good afternoon, Mr Mayor. Looking very specifically at the issue of knife crime, what are you doing to improve collaboration between the MPS and the NHS in this area?

Sadiq Khan (Mayor of London): Thank you for your question. I have said for some time now that the issue of knife crime is not going to be solved by the police or the criminal justice system by themselves. You are right. There needs to be collaboration not just between the NHS and the MPS but other partners and the MPS as well: schools, social services, probation, youth services, community and voluntary groups, parents, civic groups as well.

In relation to just the NHS, a number of things have taken place now from the NHS, which we welcome. They are involved in early years. They are involved in therapeutic services. They are involved in Crime Reduction Partnerships. They are involved on the London Health Board. They are playing an active role in relation to all the policies that we are embarking on in relation to the Knife Crime Action Plan.

You will have heard the phrase which has become the zeitgeist now, 'public health approach'. The idea of a public health approach means, basically, addressing the issue specifically, trying to stop it spreading - really important - and then looking at the root causes. The NHS clearly has a role to play here as well. We have engaged an experienced Director of Public Health to help us in relation to a public health approach.

You will also be aware - because you have lobbied for this - of the increased investment we have given to major trauma centres and some of the A&E departments now for groups like Redthread and St Giles [Trust]. These are youth workers who are in the NHS area and they can speak to a young person who may have been the victim of life crime. It is a teachable moment to prevent them, if they are involved in a gang, for example, escalating and also to offer mentoring and support.

As part of our community engagement in City Hall, we are working closely with not just the Mayor's Office for Policing and Crime (MOPAC) but health, education and youth services as well across London. That collaborative approach is really important.

Unmesh Desai AM: You talk about public health and I will just say that I totally endorse that approach. It is the right approach, but do you think you need to do more to sell it to Londoners? What does it actually mean in practice?

Sadiq Khan (Mayor of London): The issue is not so much selling it to Londoners. The issue is making sure we have the levers. I have written recently to the Home Secretary not simply asking for more resources but saying that some of the public duty levers that exist in Wales and Scotland do not exist in London. I cannot 'force' - in inverted commas - a local authority or somebody in a council or the NHS to do things. It is by persuasion and bringing them together. With finite resources, often, one of our partners may not deal with this issue as a priority and so we will wait to hear from the Home Secretary.

However, we have to do more to persuade Londoners that they have a role to play in stopping young people thinking it is OK to pick up a knife or a young person thinking it is good to belong to a criminal gang or a young person thinking a knife makes them safer rather than less dangerous. There is a whole host of things that we have to be doing and we are doing.

Unmesh Desai AM: You mentioned MOPAC. What are you doing to maximise the impact of the preventative work of MOPAC? They do a lot of it.

Sadiq Khan (Mayor of London): It is really important, the preventative side of the equation. You will be aware that one of the reasons why I announced a new pot of money, the Young Londoners Fund of £45 million, was to give young people constructive things to do in the context of, over the last eight years, youth centres closing down and many of the preventative services closing down. We have invested an additional £8 million on Sport Unites and also significant sums of money around youth workers in A&Es and all the other things that we are doing.

We need to make sure we remember the second part of "Tough on crime, tough on the causes of crime". This is not excusing criminality; I am just making the point that lots of young people now, who previously had constructive things to do, have not. We have to invest in them rather than afterwards once a crime has been committed and picking up the pieces.

Dr Tom Coffey OBE (Senior Mayoral Health Advisor): Also, there is some evidence to show that young people who get involved in serious crime are much more likely to have a diagnosis of attention deficit hyperactivity disorder (ADHD) or autism spectrum disorder (ASD) and often they are from a cohort in the community that does not necessarily access mental health services to get that treated. We often get young men with undiagnosed ASD or ADHD who have been excluded from school and then end up eventually in another cohort of young people in a similar situation and then go on to get involved in serious crime. There is a role for the health service to be much more proactive in identifying young men particularly with ASD and ADHD in a school-based environment, keeping them in school and treating that condition rather than letting it go untreated and then eventually have it arise in significant behavioural problems later.

Unmesh Desai AM: My final question, Mr Mayor: you talked about youth services and, inevitably, the cuts to the youth services and children's mental health services. How has this affected the work of the MPS?

Sadiq Khan (Mayor of London): It has had an impact because, historically, the police should be the last port of call and now they are the first port of call. The number of 999 calls to do with somebody with mental health problems is huge. Also, one borough did a case review of every single one of their cases where somebody had suffered a violent incident and every single one of those young people had been excluded from school. Therefore, it is all linked in relation to the police picking up the pieces.

That is why I make the point: the police by themselves cannot solve the knife crime crisis there is in London. That is why we need a holistic approach and a public health approach. I will not apologise for lobbying for more resources. I appreciate that some editors who are responsible for the cuts may not like it, but I will not

apologise for being an advocate for more resources in our city and making the point that those cuts should be reversed.

Unmesh Desai AM: Thank you.

Tony Arbour AM (Chairman): Thank you very much.

Tom Copley AM: Thank you, Chairman. Mr Mayor, you and all the Members here of course are aware of the crucial link between housing and health. Your Strategy states that 8% of London households are overcrowded. What assessment have you made of the impact of overcrowding on health and what are you doing to tackle the issue?

Sadiq Khan (Mayor of London): I will let Tom [Coffey] and Yvonne deal with the issue of the link. There is a clear link and they can explain the clinical link between overcrowded housing and health inequalities. You will be aware from your experience as a councillor and an Assembly Member of the concerns young people have about not having somewhere to play, sharing a bedroom, not being able to invite mates around and where they do homework, but there is a link between overcrowded homes and poor health.

When you say 8%, that reflects 250,000 households. If you assume for argument's sake that there are four people in a household, that is 1 million Londoners. Therefore, there is a huge impact around it --

Tom Copley AM: And 22% of children.

Sadiq Khan (Mayor of London): Absolutely right. We cannot ever forget that. There are a number of things that we are doing in this area. One is we want to make sure that the Housing Strategy regularly looks at the figures in relation to overcrowding. On an annual basis we will be seeing what the position is in London in relation to overcrowding and whether our policies are making a difference, positive or negative.

The draft London Plan now puts a requirement on councils to provide guidance to developers in relation to the mix of family homes. Building family homes on market value will not necessarily address the issue of overcrowding. Why? Currently, only a third of family homes have children living there; the remainder have adults as the kids have left home. They are homes that have been bought as investments and let to young professionals or have people living there other than those with children. Therefore, we need to make sure there are more affordable or low-rent family homes. We are hoping that the draft London Plan with the guidance will encourage developers to build the right sorts of homes. Also, we need to make sure there are more smaller homes that are built so that adults who are living with their mums and dads can move out of those homes and live in smaller properties as well.

I want Yvonne and Tom [Coffey] to talk about the links between overcrowded housing and poor health.

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): Yes. The issue of child poverty and housing is related as well because quite a lot of the children who are in poverty are living in rented accommodation. The indoor quality of some of that housing is very poor and that has a direct relationship to health, including their mental health. If that is in an environment that is adverse or they are suffering other things like domestic violence, we then get the kinds of problems we may be seeing later on that we have been describing with the gangs. There are very direct links here.

The other issue for us is the change in the migration around London because of the cost of housing. Now we see outer boroughs in London receiving significant need and poverty and different population mixes that they

have not been used to. This provides a huge challenge to us. We work with local government anyway and very closely with Directors of Public Health to ascertain how those needs are best met, but it is absolutely crucial that the support for families and the housing infrastructure and the plans at city level actually work to make this better because we certainly do have a problem.

Tom Copley AM: I am glad you mentioned mental health as well because of course we all know that if you have mould on the walls, it is going to have an impact on children growing up with asthma, breathing difficulties and things like that, but also the impact on mental health, for example, if you are living in very tiny accommodation and the impact that can have on mental health or, indeed, in the private rented sector perhaps, being forced to share a flat with people you do not like can have a huge impact on people. I have had that experience and perhaps other people have had that experience with me. I do not know.

Just to come back very quickly to you, Mr Mayor, on the size of properties, I know this is an area that you do not have control over specifically permitted development rights - office to residential - are leading to these very small rabbit-hutch homes, some of which are smaller than a Travelodge hotel room. I know that you have been lobbying the Government to get rid of those permitted development rights anyway, but at the very least will you make the health case to the Government that, if they are going to keep permitted development, where prior notification is given, it should be a condition that they should meet the minimum space standards?

Sadiq Khan (Mayor of London): Absolutely. We have been lobbying - unsuccessfully, so far - in relation to the spread of permitted development, at the very least supporting councils around article 4 [of the Town and Country Planning (General Permitted Development) Order 1995] to get some protection. Some of the quality of some of these homes is shocking. You are right: there should be a minimum standard. The design guide we help councils with has that. However, around permitted development, you will be aware that there is this loophole which allows somebody - and they make huge money out of doing this - to turn office buildings into residential buildings that are complete unsuitable and not of a spec that any of us would want to live in.

Tom Copley AM: Thank you.

Dr Tom Coffey OBE (Senior Mayoral Health Advisor): One of the stark stats is that meningitis is 10 times more common in overcrowded housing for children than in the rest of the population.

Tom Copley AM: That is an astonishing statistic, yes. Thank you.

Andrew Boff AM: Mr Mayor, with regards to overcrowding, is there a metric in your Health Strategy to address overcrowding?

Sadiq Khan (Mayor of London): There are policies in the draft London Plan. Around the Implementation Plan, give me just one moment. In the Implementation Plan, do you mean?

Andrew Boff AM: In the Implementation Plan, is there a metric on overcrowding?

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): No, there is not --

Andrew Boff AM: No, there is not. Thank you very much.

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): -- because it is not one of the areas that we are specifically measuring. However, we do look at overcrowding in other ways.

Andrew Boff AM: Thank you very much. There is no metric for seeing how we are doing. Mr Mayor, what is in your Strategy to protect adult males, who are the most likely to be victims of violent crime?

Sadiq Khan (Mayor of London): In the Health Inequalities Strategy?

Andrew Boff AM: Yes. What is in the Strategy?

Sadiq Khan (Mayor of London): There are a lot of policies in the Police and Crime Plan in relation to stopping adults being victims of crime.

Andrew Boff AM: You do mention explicitly within the Health Inequalities Strategy violence against women and girls and violence against children, but you do not seem to mention violence against young men, who are the most likely to suffer violence against them.

Sadiq Khan (Mayor of London): There are policies in there in relation to alcohol abuse. Assembly Member Kurten referenced the binge drinking and Professor Doyle talked about the consequences of binge drinking, which are around antisocial behaviour. Much of the time it can express itself in violence against men, which is one of the things that you are talking about. There are also policies in there in relation to knife crime. Again, the victims tend to be young men as well. I will let Professor Doyle deal with some more examples --

Andrew Boff AM: I am talking about the prevalence of violence against young men. It just does not explicitly get a mention, whereas violence against women, girls and children does get a mention.

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): Yes. There are data about this. I am sorry. I am just trying to understand the question. You would like to have data on violence against young men from knife crime in the Strategy? Is that the question?

Andrew Boff AM: It is violence against men. According to the Crime Survey for England and Wales, 2.1% of males compared with 1.3% of females have suffered from violent crime. If you look at that group of 16 to 24-year-olds, they are much more likely to be victims of violent crime, 4.1%, than those in older age groups, but there is no specific metric and there is no specific mention in the Health Inequalities Strategy of what is a disproportionate likelihood that those people will suffer from violent crime.

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): We are looking at how we can express the data about violent crime, particularly knife crime but other crime as well, as we go forward. It is not developed in a --

Andrew Boff AM: It is not there, is it? I like using explanations, but it is not actually in the Health Inequalities Strategy?

Professor Yvonne Doyle CB (Statutory Health Advisor to the Mayor): We are not trying to be unfair. We just want to make sure we start with measures that are reliable. This is important in relation to your last question as well because the point about the Health Inequalities Strategy and policies here is that on overcrowding, for instance, we will be working closely with the Housing Strategy to understand what that is telling us.

Andrew Boff AM: With respect, they are not there. We know those suffering with hepatitis C are a significant population and yet there is no plan for action. We know that the mental health [issues] of BAME, LGBT, Deaf people and disabled are significant, but there is no mention in the Strategy. We know that violence against young men is particularly significant and yet there is no mention in the Strategy. Is it not about time we went for yet another rewrite of this Strategy to try to mention the people who need to be mentioned? That is all I have to say. It is not really a question. It is just a cry of desperation, Chairman.

Sadiq Khan (Mayor of London): Chairman, that may be a speech for the hustings rather than today. I wish him more luck with the hustings than today.

Tony Arbour AM (Chairman): I shall issue a formal warning later that this is not to be a substitute for hustings, but it is all good entertainment.

Fiona Twycross AM: We have gone through most of the meeting without talking about Brexit and so my question brings us back to the main issue facing the country overall. My question is really around what you will do to support the health services to make London more attractive for the recruitment and retention of health and social care workers, given the fact that we have an aging population and have had - and are likely to have further - reductions in access to European Union (EU) labour, which we rely on quite heavily in London.

Sadiq Khan (Mayor of London): Chairman, I hope that the work the Assembly Member is doing with the London Resilience Forum on preparations for a no-deal Brexit will help to answer that question for me but let me tell you where we are.

We have asked for some independent analysis to be done of Brexit, which should worry all of us. There are, roughly speaking, 19,000 EU citizens who work in the NHS. They are Londoners, by the way. There are 13% of our social care workforce who are EU citizens. They are Londoners, by the way. I am very worried about not only what will happen if they decide to return to their - in inverted commas - 'country of origin', bearing in mind the hostile environment coming from this Government's policies, but also the fact that in London we currently have - and it is worth reminding ourselves of this - a vacancy rate of, roughly speaking, 15% of nursing positions. That is why you should be really worried about what happens post-Brexit and also what is happening now in our city as a consequence of Brexit. Doctors in London were surveyed and 86% of them are worried about what will happen to the NHS post-Brexit. That is why I have asked the London Resilience Forum to do some work in relation to us preparing for what happens when - and if - Brexit happens. You will have seen the coverage recently about concerns about a shortage of medicines and about all sorts of other issues there could be in relation to Brexit. We are worried.

The London Devolution Board is doing some work around estates, the workforce, prevention and digital, and I am also hoping that the online portal we are working on will give some comfort to those Londoners who are EU citizens about what their rights are in relation to the settled status scheme that the Government is going to announce very shortly, but it is a source of worry.

As a specific example, though, I have recently been involved with an initiative called the CapitalNurse campaign. This is a great initiative from the NHS and the Royal College of Nursing, encouraging people to apply to be nurses in London and encouraging Londoners to train to be nurses. This is to make sure that we do not have a situation where the combination of EU citizens leaving and EU citizens not coming and also Londoners not wanting to be nurses and join the NHS leads to a real problem in the future.

Fiona Twycross AM: Thank you. One of the issues I just want to highlight with you recently came up over the summer in some of the newspaper reports about a report by the Department of Health to the Migration Advisory Committee that warned that a decrease of EU workers in the social care sector would potentially lead to an increase in women staying at home to care for relatives.

I just wanted to ask you whether you had any thoughts about what the Government could do to avoid this because, clearly, it is unfair that women would pick up the slack for the Government if it was unable to resolve this issue in the context of adult social care and Brexit.

Sadiq Khan (Mayor of London): You will be aware of the in-work poverty there is, people who are working and are in poverty. Often, it is important for somebody's self-worth and dignity to fulfil their potential to go and work. The idea that they could be going backwards as a consequence of policies from politicians is heart-breaking. You will also be aware of the phrase used about the 'sandwich generation', those people looking after their children and also their parents. That is a phrase we used previously in relation to healthy life expectancy and it is a big source of concern.

My worry is that, as a consequence of these policies, not only does it lead to the individual who is having to stay at home to provide adult social care not fulfilling their potential, but it leads to huge damage to our economy in London as well. That is not a primary concern. The primary concern is the individual. That is one of the reasons why you would hope the Government would be thinking through the consequences of policies that are fixated by ideology and dogma rather than what is in the best needs of our city and our country.

Fiona Twycross AM: Thank you.

Joanne McCartney AM: Yes, Mr Mayor, I wanted to turn to social prescribing, if I may. Your Strategy makes it clear - and I am quoting from the Strategy - that its success depends on "a strong local community and voluntary sector". What are you aiming to do to support the community and voluntary sector, particularly in areas where it is at its weakest and is probably most needed?

Sadiq Khan (Mayor of London): We have done some good work on the London Health Board on this, but I want Tom [Coffey] to give you an example of the work in Tower Hamlets that will just show you the difference we can make and what difference good leadership from a council with the local NHS can make as well.

Dr Tom Coffey OBE (Senior Mayoral Health Advisor): Tower Hamlets was one of the first boroughs in London which really piloted social prescribing a couple of years ago. It worked out that the Clinical Commissioning Group (CCG) invested about £1 a patient and so about £300,000 to cover every single general practice in Tower Hamlets so that every single GP and nurse within that practice can have a system to prescribe social prescribing to the patient in front of them. That money then paid for a number of what was called 'navigators', whom the patient would go and see to talk through their issues. The local authority also then made sure that it could support the voluntary sector because what it recognised was that, by investing in social prescribing and making sure the most vulnerable had a level of input that would keep them at home and keep them out of social care and out of hospital, that is an investment worth making if you can get the CCG and the local authority working together.

The voluntary sector often has the volunteers who are trying to come into the system and we in the GLA can assist in directing volunteers into the system. In the GLA we can also work with the wider London structures. The Mayor and I recently met the Bishop of London, who committed to trying to use her powers to co-ordinate the offerings throughout the Church of England in London to have a directory of services that we could refer into which are often untapped. There is a whole array of services out there with minimal

investment which can have a dramatic benefit using the GLA almost as a vehicle to driving all of these partners forward.

Sadiq Khan (Mayor of London): The other potential, which I will ask Professor Doyle to talk about, is the issue around social impact and commissioning. Can the NHS help voluntary and community groups get some of the resources they need in this area?

Joanne McCartney AM: I have read about that. I am very short on time, but I am very interested to hear that and I hope the GLA will be urging other local councils to develop that.

My other question was going to be about a social prescribing register. Will you try to work with, as you said, the Bishop of London and local councils to establish a social prescribing register so that GPs know the organisations that are out there that can help?

Sadiq Khan (Mayor of London): It does not work otherwise. That is really important. Part of the vision for social prescribing is this database so that somebody knows where to signpost people. It has to be reliable and accurate so that a GP can have confidence signposting somebody away.

Joanne McCartney AM: We are going to work on that. Thank you.

Susan Hall AM: Thank you. Mr Mayor, I am beating the same drum here. Female Genital Mutilation (FGM) is a real health inequality, 50% of all cases are in London. Girls being butchered has got to be dealt with and you should be taking a loud and clear steer on this. It does not feature even once in this Strategy. Why does it not feature at all?

Sadiq Khan (Mayor of London): Can I just say, Chairman? The previous question from a Conservative Member criticised me for having too much focus on violence against women and girls and not enough in relation to men. That was the concern. The Assembly Member was concerned --

Susan Hall AM: No, if you could just answer my question, Mr Mayor, please?

Sadiq Khan (Mayor of London): -- that men were suffering disproportionately. On the one hand, I am being criticised for having too much focus on violence against women and girls. On the other hand, I am being criticised for having not enough focus on violence against women and girls.

Susan Hall AM: Mr Mayor, my time is running out. Could you answer my question?

Sadiq Khan (Mayor of London): I am unclear. What is the criticism?

Tony Arbour AM (Chairman): I take that criticism on, but this is one of those rare occasions when you have been asked a straight question. Why have you not done something? Perhaps you would like to answer that.

Sadiq Khan (Mayor of London): Yes, of course, Chairman. The policy we have in relation to violence against women and girls is quite explicit about some of the things we are doing around FGM. If it is the Assembly Member's wish for a Health Inequalities Strategy to be a compilation of all the various strategies I have, it would be a very dense document. What we have tried to do with the Health Inequalities Strategy is to focus on the issues that we talked about during the course of this afternoon, to focus on the issues we talked about with the advisors to the Health Committee and to address some of the points made.

I will tell you this, Chairman. I would have more sympathy for the contributions from the Conservative Group if they had bothered to respond to the consultation. They could not even be bothered to respond.

Tony Arbour AM (Chairman): Mr Mayor, I do strive to be objective. This was a question from a Member. To simply say that it is a Conservative Member or a Labour Member, suggesting that they are running some sort of separate agenda, is not an appropriate way of dealing with that. No doubt the Member will think of another way of asking the question on another occasion.

Andrew Boff AM: Chairman, I was referred to earlier by the Mayor. I specifically did not criticise the inclusion of violence against women and girls in the Strategy. What I criticised was the exclusion of violence against young men. That is a completely different thing and you misrepresented my view.

Tony Arbour AM (Chairman): OK, you have made your point, Assembly Member Boff. The final question is from Assembly Member Eshalomi.

Florence Eshalomi AM: Thank you, Mr Mayor. Colleagues have already touched on the issue of mental health in young people and especially the mental health of young offenders and people in the criminal justice system. One of the things I wanted to look at is the fantastic work of Thrive and definitely Black Thrive, which is a big issue in the two constituencies I represent.

Just to ask a simple question, in terms of the number of people whom we have seen unfortunately lose their lives whilst going through police custody and the issues of mental health associated with that and then the other issue of ex-offenders in the probation system caught up with mental health, will you consider lobbying Ministers to make sure that you get control of mental health services for ex-offenders as part of the probation service coming under your remit?

Sadiq Khan (Mayor of London): Thank you for the question. We have had good conversations with the Ministry of Justice around devolution of this area. As you will be aware, the probation services in London are in crisis, caused mainly by them being privatised by this Government against advice --

Florence Eshalomi AM: Exactly.

Sadiq Khan (Mayor of London): -- a few years ago and the community rehabilitation companies (CRCs) are having real problems. One of things we have been talking to the Government about is how we can assist them, bearing in mind we know London better than civil servants in Whitehall.

One of the reasons why you asked your question I suspect is that you will be aware that a significant number of those who are in prison or young offender institutions (YOIs) have complex mental health issues. Dr Coffey alluded to those who come into contact with the police on the section 136 pathway where people in the past have ended up in police cells rather than in hospitals elsewhere when they need assistance. We want to work in this area and I am keen to work in this area. Therefore, when I meet with the Justice Secretary next, I will make this point that not just the Mayor but the Assembly also agrees and we have the expertise to do some work in relation to this area.

Just to give you one piece of good news, this year, when it came to funding the MPS, £3.3 million of the funding we gave them is being used for the various Basic Command Units across London to have mental health support to help the police do their job. As you know, there are too many people with mental health issues coming into contact with the criminal justice system.

Florence Eshalomi AM: Just on that, it is not just the stigma of people who have mental ill-health and not wanting to seek help. The flipside of that is the reality and the fact that a number of people do not have adequate mental health training. Is there anything more that you think you can do to work with different partners and groups to improve that mental health training?

Sadiq Khan (Mayor of London): Absolutely. Tom will give you some examples of the work they are doing. Just so you know, I have had first aid mental health training and I would encourage everyone. We will try to make sure that on every floor in City Hall somebody has mental health first aid training. We have to lead by example. The Lord Mayor of the City of London, Charles Bowman, deserves huge credit for the work he is doing in relation to reducing the stigma in the City. It is really important that we reduce the stigma. There are two million Londoners with adverse mental health and we need to make sure they realise they are not by themselves. We are doing lots of work, which Tom will talk about just briefly.

Dr Tom Coffey OBE (Senior Mayoral Health Advisor): For mental health first aid training, very much the philosophy behind it is that if you are in a building like this, on every single floor you would probably have someone who is St John's first aid ambulance trained. If someone falls over and hurts themselves, that person will be called. In fact, in most places of work and most places in society, people get ill much more because of mental health issues, and so mental health first aid training is meant to give people the skills to deal with a mental health crisis in their community or in their workplace and, principally, the police force. How can we make sure that people throughout London who are dealing with the public all the time have the appropriate skills to identify a mental health crisis and to know what to do? Too often people will respond by either taking them to a police cell or taking them to a place which is not good for their mental health. That is why Sadiq [Khan] has put mental health first aid training as one of his priorities for his Health Inequalities Strategy.

Sadiq Khan (Mayor of London): We are going to roll them out in schools as well across London.

Florence Eshalomi AM: That is fantastic. Thank you. Thank you, Chairman.

Tony Arbour AM (Chairman): Thank you very much. We have now reached the end of this session. Thank you so much, Mr Mayor and colleagues, for attending.