

MAYOR OF LONDON

Dr Onkar Sahota AM
Chair of the Health Committee
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Date: 11 March 2021

Dear Onkar,

Thank you for your letter of 7 January highlighting the recommendations in the Health Committee's report, *Pathways to healthcare: GP experience, COVID-19 and BAME Londoners*, and in the accompanying briefings.

I am grateful for the work the Committee has undertaken on these important issues. This pandemic has presented unprecedented challenges and served to further highlight the stark health inequalities that we had already been working to reduce in our great city. The recovery presents real opportunities to learn from the experience and do things differently, and to bring health and wellbeing to the fore for all communities. We have convened the London Recovery Board, which has identified a grand challenge to restore confidence in the city, minimise the impact on communities and build back better the city's economy and society. Health is a cross-cutting principle throughout London's recovery, and two of the missions have a clear health focus – mental health and wellbeing, and healthy food and weight. The disproportionate impact of COVID-19 on some communities will continue to be a focus as we develop and implement our recovery plans.

I will address each of your recommendations in turn.

RECOMMENDATION: PATHWAYS TO CARE

- **The Mayor should explicitly put equitable healthcare access front and centre in the development of his health and wellbeing COVID-19 recovery plans. He should report on and demonstrably monitor BAME groups' access to, and experience of, healthcare services in London. The Committee asks the Mayor to provide a quarterly report for the next 18 months on the impact of the health equity group's work on this vital issue.**

Equitable healthcare access

London's recovery is led by the London Recovery Board, which I jointly chair with Cllr Georgia Gould, the Chair of London Councils. It brings together leaders from across London's government, business and civil society, as well as the health and education sectors, trade unions and the police, to oversee the long-term recovery effort. The Recovery Board has adopted a missions-based approach and has agreed nine initial recovery missions. These missions target a range of areas the Board agree are crucial for London's recovery. They focus on areas that depend on collaboration to create real change.

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The missions are supported by several cross-cutting principles, which will ensure that health and inequalities are central to them all. In fact, one of the explicit aims of the Recovery Board is to narrow social, economic and health inequalities.

The London Recovery missions focus on areas that all partners can collaborate on together. While access to healthcare services is not an explicit focus of the recovery missions, this does not mean that access is not a priority for the health and care partners who are actively involved in London's recovery. The NHS, Public Health England (PHE) and other partners have been striving – and will continue to strive – to ensure that equity of access is at the heart of care.

In June 2020, the London Health Board (LHB) established a London Health Equity Group (HEG). The aim is to support the city's continued response to COVID-19 and its recovery work, focusing on ensuring health inequalities do not widen. The HEG is prioritising delivery against *Beyond the Data's*¹ seven recommendations. The HEG is co-chaired by Professor Kevin Fenton (Regional Director, PHE London & Regional Director of Public Health, NHS London) and Will Tuckley (Chief Executive Tower Hamlets Council, CELC Lead Advisor for Health). The HEG is representative of health, social care, local government, academic, voluntary, and faith organisations, to ensure a pan-London approach where applicable, and input from relevant stakeholders. Professor Fenton, who is my Statutory Health Advisor, also sits on the London Recovery Board, providing that vital link from the HEG, and from PHE, directly into the recovery programme.

Access to healthcare is also considered in the first of my six tests for health and care service transformations and reconfigurations – 'health inequalities and the prevention of ill health'. I will continue to use this mechanism to assess how these major reconfigurations are considering access needs, and the experience of care for diverse populations, within their proposals and plans.

It is important to acknowledge that since the publication of the 'phase 3' letter² and the *Beyond the Data* report, London has been adversely affected by the second wave of the pandemic. This has required a concerted system-wide effort to respond to this wave, rather than focus on recovery from the first wave. Despite the continued pressures, we are ensuring that the principles of equality of access underpin the ongoing pandemic response. For example, I have called on the Government to regularly report on the update of vaccines across ethnic groups, and Professor Fenton has recently made a call to action to renew focus on the disproportionate impacts of the second wave and how it differs from the first³.

Monitoring BAME access and experience

As you are aware, I have no formal powers over either the commissioning or provision of health and care services in London. I have therefore asked NHS London to consider the Health Committee's report, and advise how high quality, culturally competent services can be delivered to meet the social, faith, cultural, and linguistic needs of patients, and further build trust in GP services.

I also understand that the HEG has been working closely with NHS London and Integrated Care Systems (ICSs) to support them in realising the recommendations of both the NHS 'phase 3' letter and *Beyond the Data*. Part of this support includes enhancing the way they collect and analyse data to inform system-wide actions for addressing health inequalities.

¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

² <https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/>

³ <https://publichealthmatters.blog.gov.uk/2021/02/03/tackling-londons-covid-19-health-inequalities/>

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Report on the impact of the HEG's work

I will ask Professor Fenton, as co-chair of the HEG, to include an overview of Black, Asian and minority ethnic (BAME) access and experience of healthcare services as part of their regular health inequality update to the LHB.

RECOMMENDATIONS: ACCOUNTABILITY AND TIMELINESS

- **There need to be clear lines of accountability for the delivery of all recommendations in PHE's report "Beyond the data: Understanding the impact of COVID-19 on BAME groups".² Adequate resource is also required to ensure delivery.**
- **Action on the recommendations needs to be urgently taken forward across coordinated across all levels: national, regional and local.**
- **The recommendations presented by PHE's report are not new. They represent known issues related to health inequalities, ethnicity, social class, age and gender. This time measurable action, not just words and reports, is required.**

I agree with the Committee that there need to be clear lines of accountability for the delivery of PHE's report and was pleased to see both the initial response and the October quarterly report from the Minister for Equalities, Kemi Badenoch MP. My team will continue to monitor this reporting process. Partners in London are also doing what they can to act on the *Beyond the Data* recommendations. Action at different levels is set out below.

National

In June 2020, the Minister for Equalities responded to the *Beyond the Data* report.⁴ In October 2020, the Minister for Equalities provided the first quarterly report to the Prime Minister and Health Secretary on progress to understand and tackle COVID-19 disparities experienced by individuals from BAME backgrounds.⁵ Annex 1 of the quarterly report includes a summary of some of the measures being taken to respond to the recommendations of the *Beyond the Data* report.⁶

I understand that the NHS has also appointed a new National Director of Health Inequalities providing a concerted effort on addressing disparities in outcomes. NHS London will be working with the national team to share and learn good practice to improve disparities at scale and pace for Londoners.

Regional

The HEG was set up as a sub-group of the LHB to support pan-London work on health inequalities. The shared ambitions of the group, which includes representation from health, social care, local government, academic, voluntary, and faith organisations, is that London has a gold standard response to addressing the disproportionate impact COVID-19 has had on BAME communities and the most disadvantaged Londoners, and in the medium and longer term tackling the wider health inequalities that exist.

As set out in its terms of reference, the role of the HEG includes providing leadership and coordination to ensure health equity is central to all London-level partnership transition and recovery strategies and the London Vision, putting in place enabling work identified by local

⁴ <https://www.gov.uk/government/news/next-steps-for-work-on-covid-19-disparities-announced>

⁵ <https://www.gov.uk/government/news/minister-for-equalities-sets-out-government-action-to-tackle-covid-disparities>

⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941554/First_Covid_Disparities_report_to_PM_Health_Secretary_Final_22-10-20_-_Updated_December_2020.pdf

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partnerships as helpful to their joint work and providing visible systems, leadership and advocacy on health equity issues for Londoners.

The HEG role also includes promoting and supporting collaboration and action at neighbourhood, borough and ICSs/Sustainability and Transformation Partnership (STP) level. My regional colleagues are also working with NHS organisations across London to deliver on eight actions highlighted in the NHS 'phase 3' letter. NHS London has created a health inequalities transformation fund for ICSs to systematically support communities to address two key clinical priorities: improving outcomes in diabetes and hypertension.

As you rightly say – health inequalities are not new. This is well recognised in the London Health Inequalities Strategy (HIS), which has continued to provide a framework for considering health inequalities through the pandemic and will continue to do so in the future. The HEG will also have oversight of any review of the HIS or related implementation plans.

You will also be aware of some of the work we have done in the Greater London Authority (GLA) to support the recommendations in *Beyond the Data*. These include commissioning a rapid review⁷ to improve our understanding of issues and priorities from a London perspective, and the series of community conversations held by my Deputy Mayor for Social Integration, Social Mobility and Community Engagement, Dr Debbie Weekes-Bernard. Findings from these roundtables contributed to the rapid review and helped shape activity. The following are a few of the immediate actions we are taking with partners to support the recommendations of the rapid review and the PHE report.

- During the summer, I worked closely with London Funders on a £42m Community Response Fund, to support charities and civil society organisations that provide vital services and support to Londoners. I am pleased to confirm that almost half of all the grants awarded went to BAME community-led organisations. I have also contributed £1.4m to Wave 4 of the London Community Response. Priority was given to organisations led by and for marginalised communities, and those most affected by the pandemic (particularly BAME; Deaf and Disabled; Lesbian, Gay, Bisexual and Transgender; and/or women's-led groups).
- My Community Engagement team has worked with PHE London to establish monthly briefing sessions for civil society to get updates on COVID-19 and public health issues. These sessions regularly attract over 150 attendees and, because of their popularity and impact, have been extended with supplementary briefings as needed to ensure timely information.
- In a recent letter to you, I shared information about how I am working closely with London Councils, the NHS, PHE, and local authorities on campaigns that address vaccine hesitancy and promote the uptake of the vaccine to at risk groups. Over the coming months, we will host a series of 'town hall' style meetings to share accurate information about vaccines from experts. We will focus on specific communities that we know may be more hesitant – including Black African, Black Caribbean, Pakistani, Bangladeshi, Indian, Romanian, Polish, Roma (various EU nationalities), Gypsy and Traveller communities, Portuguese, Brazilian, Italian and French. I am committed to working with partners, as we seek to tackle the vital issue of ensuring equity in vaccine uptake. We have a strong track record of working as a pan-London partnership on issues like this, including through the work of the Keep London Safe campaign that I was pleased my teams continue to support.

⁷ <https://data.london.gov.uk/dataset/rapid-evidence-review-inequalities-in-relation-to-covid-19-and-their-effects-on-london>

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Local

The HEG monitors delivery at a local level by reviewing activities undertaken by ICSs. Activities are assessed to establish their relevance to the recommendations and identify emerging issues. The HEG met in January to discuss progress on the ICSs' efforts to meet the recommendations of the *Beyond the Data* report, and the eight urgent actions proposed by Sir Simon Stevens as part of Phase 3 of the NHS' response to the pandemic.⁸

Early work entailed the collation of insights from the London ICSs' work across five domains – digital and intelligence, people, policy, programmes and places. Surveillance data is used to monitor changes in the region and determine areas that require further improvement, as well as emerging disparities that need targeted interventions.

To improve delivery and share learning, the HEG is supporting the development of a Health Equity Network in collaboration with PHE and NHS England and NHS London. As an initial step, they are collating information on active programmes to prevent hypertension in BAME and other high-risk groups. The HEG has also asked PHE London to gather information on key interventions designed to address health inequality in the second wave of the pandemic. PHE London's Health Equity and Strategy Team will work with ICSs to map and share this activity.

RECOMMENDATIONS: THE IMPORTANCE OF A COMMUNITY-LED APPROACH

- **The Mayor to advocate on behalf of London boroughs to ensure that local authorities are adequately financially resourced and have equal ability to implement necessary local measures across London, including:**
 - a) to deliver culturally competent messaging to communities and businesses;**
 - b) to implement local enforcement measures where necessary**

I agree that culturally competent messaging is vital and stands out as one of the key recommendations from Professor Fenton's report. This is something I am committed to myself and see as a foundation and the 'golden thread' running through all the communications work we do here at the GLA.

I remain deeply concerned that local government finances face a continued squeeze. For example, neither the 2020 or 2021 budgets have done anything to address cuts to local authority public health grants. This was an extremely disappointing outcome given the vital role public health teams have played in the response to the pandemic and the increased health inequality challenges that must be addressed in recovery. I continue to have concerns about what the abolition of PHE, and the creation of the National Institute for Health Protection (NIHP), will mean for London's vital work on health improvement and the implications for local government public health functions and resources. I have called on the Government to reverse the cuts to local authority public health grants and for confirmation of year-on-year uplifts in line with inflation and population growth. I have also asked to be involved in discussions about public health resourcing, and the role of my Statutory Health Advisor, as plans for the new NIHP are developed.

I also agree that we need to invest in our communities if we are serious about protecting them. We need long-term and sustainable investment to enable trust to be built over time in all parts of our community. Enforcement too, of course, remains an important tool, when used appropriately. That is why I support the approach that has been taken to the enforcement of public health rules, including face coverings, across London's transport network. The Metropolitan Police Service (the Met) continues to play a vital role in ensuring that Londoners take the right action to keep

⁸ <https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/>

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themselves and others safe, and I support their approach of applying the 4 E's approach of engaging, explaining, and encouraging – and only then enforcing. The Met has also issued refreshed instructions to officers to issue fines more quickly to anyone committing obvious, wilful and serious breaches. Local authorities are a key partner in enforcement across the capital and are working closely with the Met, however as you outline in the recommendation, proper resources are required at the front line.

Despite these challenges, boroughs continue to innovate and do all they can. I have been particularly impressed by the COVID Health Champions programme, spearheaded by Newham, which empowers local communities to share vital life-saving information and guidance. Supported by resources in a wide range of community languages, these schemes are now in place in a range of boroughs. I understand this programme will also be used to support local people to share COVID-19 vaccine advice and information to boost confidence in our diverse communities who may be more hesitant. It recognises the importance of peer-to-peer conversations, building capacity in communities, and empowering community leaders and others with accurate and timely information. I am pleased this has now been recognised by central government with the announcement of £23.75m funding for councils and voluntary groups. I hope this funding will help boroughs expand their COVID communications on the ground with at risk groups and support extra school programmes, helplines and phone calls. However, this funding must just be the beginning and as I say above, if the Government is serious about protecting all our communities this must be accompanied by long-term sustainable investment.

I am proud of our strong track record of working with partners in London to collaborate with and support boroughs in this important work. Our record includes the *Keep London Safe* testing campaign, and we continue to come together through the pan-London work we are now doing on vaccine hesitancy.

RECOMMENDATION: SUPPORTING LONDONERS' MENTAL HEALTH

- **The Mayor must advocate for those who will be unable to return to work due to their pre-existing health and mental health conditions, to ensure they are financially supported.**

I recognise the profound impact the pandemic has had on many Londoners. While it is true that we are all facing the same storm right now, the reality is we are not all in the same boat, and some communities and individuals have suffered more than others.

Many Londoners have suffered economic hardship – many have been furloughed, had hours reduced, or lost their jobs. This will include many Londoners with pre-existing physical and mental health conditions, who may find it more difficult to return to work, or find new work, or may find their health has been worsened by the pandemic and the stress it has caused.

For some Londoners, their pre-existing health condition increases their vulnerability to the more severe symptoms of COVID-19 – particularly concerning for those that are not able, encouraged or allowed to work from home. I was concerned that before shielding was reintroduced, people who are clinically extremely vulnerable to the virus who could not work from home were still expected to go to work. As a result, those recognised as being at high risk were being forced to choose between protecting their homes and livelihoods and protecting their own health and/or the health of their families. For many being put in this position would have had a negative impact on mental health.

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Concerns also remain about what happens when the furlough scheme comes to an end. We know it has been a lifeline for many, those who cannot work outside the home because they are shielding, and there remains considerable anxiety about this support package being wound down. It is vital that all Londoners are given the financial support they need to stay safe. All Londoners deserve to know they will be supported throughout this crisis.

At various points during this pandemic, I have called on the Government to provide better financial support for Londoners. This has included:

- keep the lifeline and make the £20-a-week increase to Universal Credit permanent after October, to avoid plunging 100,000 Londoners, including 30,000 children into poverty⁹;
- extend the increase to legacy benefits; doing this would take a further 15,000 Londoners out of poverty;
- maintain the furlough scheme at 80 per cent of people's wages for as long as needed;
- increase the grant for self-employed people to 80 per cent of average profits;
- provide proper financial support for those who need to self-isolate which meets the cost of living in London;
- remove the five-week wait for Universal Credit, increase the support available to people, and remove the benefit cap and the two-child limit which reduce the incomes of struggling families; and
- suspend the 'No Recourse to Public Funds' condition.

I will continue to advocate for the needs of Londoners as the pandemic continues.

- **The Mayor should ensure that mental health is at the heart of London's recovery. This includes working with mental health charities and organisations in the ongoing pandemic response and future recovery work and working with partners to ensure improved access to mental health pathways for both digital and face-to-face services.**

The pandemic has had and will continue to have, long-term and far-reaching impacts on Londoners' mental health and wellbeing.

Recognising early on the potential impact of the pandemic on mental health, I convened a meeting of London mental health leaders in April 2020 and set out a mental health action plan. The partnership Task and Finish Group took forward three action plan priorities which included: improving pathways and signposting to mental health support; mental health and wellbeing surveillance data to aid planning for response, transition and recovery; and supporting innovative new ways of.

Following public and partner consultations, Londoners identified mental health and wellbeing as a key priority for recovery, raising issues like social isolation during lockdown, the 'financial shock' of the pandemic and pressure on relationships. There was wide support for a mental health and wellbeing recovery mission, focusing on preventive action and building resilience amongst the most vulnerable groups. Mental health and wellbeing is therefore one of London's nine 'recovery missions': By 2025 London will have a quarter of a million wellbeing ambassadors, supporting Londoners where they live, work and play.

⁹ <https://www.london.gov.uk/press-releases/mayoral/londoners-will-be-plunged-into-poverty-without-gov>

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This mission will prioritise communities most affected by the pandemic, building their capacity and resilience in a culturally competent way. All of the other recovery missions will embed health and wellbeing into their work – as a cross-cutting principle, covering topics like financial hardship, strengthening communities, supporting young Londoners and healthy food.

RECOMMENDATION: PROTECTING LONDON'S HEALTH AND CARE WORKFORCE

- **The Mayor should inform the Committee of what steps he is taking to:**
 - a) **ensure the continual strategic oversight of London's health and social care workforce;**
 - b) **ensure that lessons learned from the first wave are implemented to address issues in the second wave of the pandemic;**
 - c) **ensure that key issues are identified and tackled as soon they arise in the second wave of the pandemic.**

I would like to thank you and the Committee for bringing together such a wealth of detailed information on health and care workforce issues. The report draws on a wide range of authoritative sources and I am pleased in particular that Dr Vin Diwakar and Professor Fenton, both members of the LHB, were able to give evidence.

The health and social care workforce remains a priority issue within the London Health and Care Devolution agreement and the London Health and Care Vision (for which the LHB provide oversight). Further, Sir David Sloman – who is also a member of the LHB – has also assured me that workforce is a top priority for him and his executive team.

In addition, I am pleased that Marie Gabriel, Independent Chair of North East London ICS, has joined the LHB and attended her first meeting in October 2020. Marie chairs the London People Board, which provides oversight of Londonwide NHS recruitment and retention including a focus on issues, challenges and opportunities facing BAME staff. Jazz Bhogal, Assistant Director for Health, Education and Youth, represents the GLA on the London People Board.

The five London ICSs and local councils, with the support of London partners including the Association of Directors of Adult Social Services (ADASS), are working closely with NHS colleagues to support the social care workforce and to develop joint working approaches. However, as you will be aware, the sector faces huge challenges that stem from this Government's failure to put social care on a sustainable footing.

The COVID-19 response is overseen by the Strategic Coordination Group (SCG), where I am represented by my Deputy Mayor, Joanne McCartney, who is the co-chair. Workforce issues are a priority and that group has overseen innovative joint working at all levels, including Londonwide solutions to procurement and distribution of PPE.

Sitting beneath the SCG is the Health and Care Strategy Group, which includes representatives from the NHS, including the London Ambulance Service, local government and social care, ADASS and public health, Healthwatch, and Health Education England. The SCG oversees joint working to tackle COVID-19, including workforce issues such as the impact of COVID-19 on staffing and service levels. The Health and Care Strategy Group enables the rapid identification and sharing of issues, as well as good practice and lessons from the first wave. The LHB also receives regular updates and provides oversight on the London health and care response to COVID-19.

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RECOMMENDATIONS: THE IMPORTANCE OF PUBLIC HEALTH

- **Given the vital need for both short, medium and long-term action to prevent the widening of inequalities, the Mayor should inform the Committee of the intended timelines for the delivery of a ‘health in all policies’ approach in London. This includes the development of metrics to track progress towards minimising the impacts of health inequalities in London.**

I agree that taking short, medium and long-term action to address London’s stark inequalities is of utmost importance. And in light of the pandemic’s profound impact on inequalities, this is becoming increasingly urgent.

The GLA already takes a health in all policies approach and we have ambitions to develop this further. The pandemic has shone a light on the inequalities that we know already existed – inequalities highlighted in my HIS. My HIS is very clear that health inequalities are caused by social, environmental and economic factors, which individuals have limited control over. We are now also seeing growing evidence of structural racism as a determinant of health. The impact of social determinants on health outcomes (including COVID-19) has been further highlighted by the more recent work of Professor Marmot, the reports by Professor Fenton, and reports internally commissioned by the GLA – such as the rapid review.

As discussed above, we continue work to tackle health inequalities, as outlined in the HIS, and have been adapting our work to ensure that we are being responsive to the needs which have arisen through the pandemic to date. Further, the role of the HEG has already been hugely significant and moving forward action across a range of partners.

Health is a priority of the Recovery Mission programme, and the inclusion of health and wellbeing as a cross-cutting principle ensure that health equity will run through the whole programme. To support this, we are seeking to build health-based metrics into each of the recovery missions. We, as individual Recovery Board members, are also taking the opportunity to reflect on what more we can do in our organisations and sectors to drive change, such as recognising the role NHS and other large organisations can play as anchor institutions in their communities.

While we continue to monitor the 14 population health indicators in the HIS, I intend for these to be reviewed later in the year, when we have a fuller understanding of the longer-term impacts of the pandemic on health inequalities and to ensure alignment of the HIS metrics with the recovery metrics. Further, the HEG has recently proposed a set of surveillance indicators for the monitoring and evaluation of health inequalities associated with the impact of COVID-19 across London – including metrics relating more directly to the health and healthcare response, such as testing and vaccination rates, as well as those more aligned to the recovery and the wider determinants of health and health inequalities. These are informed by and aligned with recent work of the Institute for Health Equity and the London Recovery programme. Monthly and annual updates will be provided to the HEG, depending on the reporting frequency of different indicators.

- **The Mayor should inform the Committee of ongoing plans to review housing policies, with particular respect to overcrowding and insecure housing, including his plans to embed the latest research and evidence emerging on best practice in planning and home creation for healthy homes.**

Overcrowding is a significant problem across London, particularly in rented accommodation. According to the English Housing Survey 2019, 15 per cent of households that live in social housing and 13 per cent of those in privately rented housing are overcrowded – compared to only

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2.7 per cent of households of homeowners¹⁰. In addition, one-fifth of private rented properties fail to meet the Government's Decent Homes standard. We also know that people from BAME groups are disproportionately represented in poor quality privately rented accommodation, and Black and Asian households are also disproportionately represented in overcrowded private rented housing¹¹.

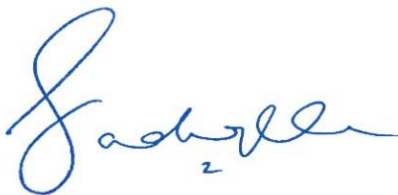
And while councils do have some powers to tackle overcrowding (e.g. through property licensing), in practice this can lead to vulnerable renters being evicted. The current measures do little to tackle the root problem – a shortage of affordable homes in London.

In November 2019, I launched my new £4bn Affordable Homes Programme for 2021-2026. This new funding package, together with the current programme, will result in the delivery of 82,000 new homes from 2021 onwards. Over half of the new programme will fund homes set at social rent levels. I want to ensure that these homes exhibit high-quality design that is socially and economically inclusive and environmentally sustainable, and that support Good Growth principles. The new *London Plan* and the *Good Quality Homes for all Londoners: London Plan Guidance* set out clear policies and guidance for high-quality design and standards in housing, which partners will be expected to adhere to in delivery of the Programme.

I continue to call on the Government for fundamental reform to make private renting more stable, secure and affordable for London's renters. This includes delivering on their commitment to end Section 21 'no fault' evictions and the introduction of open-ended tenancies, devolving powers to introduce rent control to City Hall, and an emergency package of fiscal measures to support renters whose income has been affected by the COVID-19 pandemic.

Again, I would like to thank you and the Health Committee for raising these important issues and I look forward to our ongoing collaboration on these areas.

Yours sincerely,



Sadiq Khan
Mayor of London

¹⁰ English Housing Survey 2019 <https://www.gov.uk/government/statistics/english-housing-survey-2019-to-2020-headline-report>

¹¹ English Housing Survey 2018 <https://www.gov.uk/government/statistics/english-housing-survey-2018-to-2019-headline-report> and Census 2011 <https://www.ons.gov.uk/census/2011census> .