

Health Committee – 12 January 2015**Transcript of Item 3: The Mayor's Response
to the London Health Commission Report *Better Health for London***

Dr Onkar Sahota AM (Chair): That brings us to today's main item. Mr Mayor, I welcome you to the Health Committee and also Amanda Coyle, Assistant Director of Health and Communities at the GLA.

Boris Johnson (Mayor of London): Thank you.

Dr Onkar Sahota AM (Chair): We had invited Lord [Ara] Darzi [Chair, London Health Commission] also, Mr Mayor, and he has not turned up. I hope you guys have not fallen out on this smoking issue!

Boris Johnson (Mayor of London): No, not at all. Ara Darzi and I have a very good working relationship and indeed a very good relationship generally. Ara is a very busy man. I am sorry he has not been able to join us today, but he has a lot to do.

Dr Onkar Sahota AM (Chair): This afternoon we want to explore the response to the London Health Commission and of course there is no one better than you to give us that response because you are the Mayor of London. There are five areas we want to explore briefly. Each Assembly Member will have around ten minutes to talk to you and to question you. They may intercept in some areas they want to cover, but hopefully we will get about ten minutes per Assembly Member to explore the areas they want to explore.

I particularly want to start by looking at Section 5 [of *Better Health for London*], which is 'Making it happen'. You can have all the good recommendations you want to, but I want to see how you want to make the things that Lord Darzi has recommended with his Health Commission happen. One of the things he recommended was that the Mayor should chair a board or bring the stakeholders together to push forward this agenda. I wonder where we got with that recommendation.

Boris Johnson (Mayor of London): The first thing to say, Onkar, is that obviously I am very grateful to Ara Darzi and to everybody who took part in the report. It was a very good piece of work and you will remember we had an event here in City Hall where a very wide range of healthcare professionals supported what had been said.

The second point, which I made at the time, is that obviously the role of the mayoralty, as everybody appreciates, is still - alas - very limited insofar as healthcare provision is concerned. We have very few - virtually no - statutory powers and no budget whatever to speak of and so the role for me is limited. Many of Ara Darzi's 64 recommendations obviously do not fall within scope or purview of any GLA body to deliver. They are to be done overwhelmingly by the health service concerting its operations better, working better with social services, better primary care and all that kind of thing. They are very important, very worthy objectives and ones that we certainly endorse, but not ones that we can deliver.

Where the mayoralty can be more useful is in a more evangelical approach in public healthcare in trying to lead the debate and in trying to encourage healthy living. We can have a role of bringing people together and trying to get things done. This whole conversation happens in advance of my formal response to the Darzi Report, but it is certainly the case - and I think Amanda [Coyle] will confirm - that we are going to go ahead with a revamped London Health Board (LHB), which I will try to use to help to move this process along.

Dr Onkar Sahota AM (Chair): You point to the dilemmas you have, or the mayoralty has, in that it has no powers and no money but yet, to drive all those things, we also recognise there is a need for strategic leadership. We have often spoken about this at the Assembly and it is in one of the recommendations of the Health Commission that there is a lack of leadership in London. Where does that leadership sit, Mr Mayor, in your thinking?

Boris Johnson (Mayor of London): One of the functions of the mayoralty is to try to seize leadership or to assert leadership where it is lacking and where it is necessary. One of the questions that we will face and that we are still thinking about exactly how to answer is whether London should have an additional London Health Commissioner. Is that the right way forward? If so, what would that person do?

Let us analogise with, say, the Commissioner for Transport and the Commissioner of Police of the Metropolis. It is very clear what those two gentlemen do. It is very clear what their budgets are. It is very clear what their statutory responsibilities are. It is very clear where they sit within the general hierarchy of authority of policing and transportation in this country. They are extremely powerful individuals with their own bailiwicks and their own roles.

It is clear to me that, if you called someone the 'London Health Commissioner', it would be false to suggest that any such individual had a comparable role. That simply would not be the case. It would be, again, more of an exhortatory, evangelical kind of role. It would be a role of bringing people together. Would it nonetheless be valuable or would it simply duplicate what is already being done, say, by my Health Adviser, Yvonne Doyle, or indeed would it simply be duplicating what the Mayor ought to be doing in having that role of bringing people together?

The difficulty we face is, in the absence of significant or any public health budgets for London and in the absence of any real statutory power, I am still thinking about the real wisdom of creating a new character or a new individual who would, as I say, have this slightly floaty and slightly ambiguous role insofar as the delivery of health in London is concerned.

As you and I have agreed and you have campaigned on - and I support what you have said - City Hall should have a role in trying to promote health in London and in particular preventative healthcare. If you look at what has happened in the last few years, I think I am right in saying, that life expectancy in London has greatly increased by about 18 months for both men and women since I have been elected. An interesting figure since I have a statutory responsibility for health inequalities is that the gap between the richest and the poorest in the increase in that life expectancy has been narrowing. Actually, the lower income groups are seeing an increase in life expectancy at a faster rate than the higher income groups, which is not something that you would necessarily have expected. We are seeing a small reduction in child obesity, I believe, though there is clearly a long way to go. Those are the kinds of outcomes that a passionate mayoral-led public health campaign can achieve.

Dr Onkar Sahota AM (Chair): I just wanted to explore a little bit further. We know that the status quo is not right and there is a recommendation on this lack of strategic leadership right across London. That has come from King's Fund.

Kit Malthouse AM: Do we know it is not right?

Andrew Boff AM (Deputy Chair): We do not necessarily know that it is not right, actually.

Dr Onkar Sahota AM (Chair): Hang on, Andrew. You will have your turn.

Andrew Boff AM (Deputy Chair): Yes, but do not use 'we', Onkar, when you mean 'I'.

Dr Onkar Sahota AM (Chair): OK, then. The King's Fund report by Professor Chris Ham [Chief Executive, The King's Fund] and also the report of the London Health Commission talked about a lack of strategic leadership. I can quote the verse if you want me to, but there is even a section in the London Health Commission report about this lack of leadership in London as there is fragmentation.

I want to understand. The status quo is not working. Given that we recognise this and there is something out there, another model, which is better being proposed here, I want to know where on that spectrum you sit, Mr Mayor.

Boris Johnson (Mayor of London): I am in favour of more responsibility being given to this body over healthcare and a more strategic role being given to this body over healthcare, but it makes absolutely no sense to do that unless there is some reform so as to give the GLA either budgets or statutory powers. Currently, we have neither. We have no bite. We have no purchase. I can sit there in meetings with senior London healthcare providers and I can browbeat, but you have to appreciate that the position is very different from that of my role as the Chair of Transport for London (TfL) or my role as the equivalent of the Police and Crime Commissioner for London.

Dr Onkar Sahota AM (Chair): Would you campaign for that bite? Would you go to the Secretary of State for Health [Jeremy Hunt] and say, "We need this bite in London?" Would you campaign for that bite?

Boris Johnson (Mayor of London): What was a great shame was that both under the last Labour Government and under the Coalition Government we were unable to secure a very modest slice of public health funding. That would be common ground amongst everybody in the Assembly and in the GLA. It is an obvious way forward. It is the next step. It is something that Ara [Darzi] and his team recommend, I believe. The game is not up there, Onkar. We want that. We are going to campaign for it. That would be the first step.

It would be quite a big thing suddenly to say that the Mayor was going to recreate National Health Service (NHS) London and that suddenly the GLA was going to be NHS London and responsible for everything: reconfiguration, funding, the whole lot. That would be a very big step. I am not aware of the views of the Assembly Members on that, but it is certainly not something that Ara Darzi recommends.

Dr Onkar Sahota AM (Chair): Lord Darzi did recommend the public health funds coming into the mayoralty.

Boris Johnson (Mayor of London): There, he is right, yes. Just so that you know the full sorry history of this, this is something that we almost got. It was then taken out in a kind of quango cull. We were then told by a wonderful guy from Public Health England (PHE), Duncan Selbie [Chief Executive, PHE], who sat here and assured us we were going to get the budgets. That then vanished again. It is extremely frustrating.

I can only say that if I had to diagnose - to use an appropriate verb - or to psychoanalyse the problem, Whitehall generally and Ministers generally look at the mayoralty and see its immense ability to set the agenda on all sorts of issues, whether on transport or home affairs or policing and crime or whatever, and they wonder why they should give us yet another way of effectively doing a large part of what they were elected to do? That is, I am afraid, a reasonable point of view for a Government Minister to hold and that is basically, Onkar, what we are coming up against.

Dr Onkar Sahota AM (Chair): Yes. It does not matter what the title is and whether you call it a Health Commissioner or whatever. Do you think this person who has the role to look at it strategically should be politically accountable to the people of London?

Boris Johnson (Mayor of London): Yes. In an ideal world, this person would have a budget, would have a role that was publicly intelligible and would be able to lead a conversation about healthcare in London. To create such a character without any kind of funding at all and without any particularly defined role or purpose would cause a bureaucratic ontological explosion of the kind we do not wish to see.

We have Yvonne [Doyle]. We have excellent advice from Ruth Carnall [Member, LHB] and others. We have healthcare experts popping out all over the place. What we do not have in City Hall is the statutory functional responsibility that we have over housing, policing and transport. That is the issue. If they would give us the budgets to campaign on public health and to lead on public health, then we would be at the races. However, at the moment we are knocking our heads against a brick wall.

Dr Onkar Sahota AM (Chair): I agree with your take on that, Mr Mayor.

Kit Malthouse AM: There is one area where I was just interested to know whether you were happy about your powers and that is in emergency response. Obviously with the Ebola outbreak, your ability to corral the health facilities to do what needed to be done basically would have been done on co-operation, really. They just decided to co-operate as part of a general emergency response. Would you like to have the power, for instance, to have a testing facility at Heathrow? I gather the testing has to be done at Porton Down for Ebola.

Boris Johnson (Mayor of London): What I can certainly say, Kit, is that the mayoralty and the GLA generally have played quite a role in bringing together all the services responsible for coping with Ebola and we have had several meetings of the equivalent of the Cobra [Government emergency response meetings], 'Anaconda' or whatever we call it in City Hall – 'Python'? 'Anaconda' has convened several times and we have brought together the NHS, the London Ambulance Service (LAS), the police and everybody who might be involved in trying to cope with Ebola.

We have not thought of having a separate screening service at the airports for the reason that right from the beginning the advice we have been getting from Yvonne [Doyle] and others has been that screening at airports is not necessarily failsafe and it might not necessarily be a good use of money.

Kit Malthouse AM: I guess my question was more whether you are happy that the current response is done on the basis of civilised, British, co-operation rather than you actually just compelling people to attend and to devote resources in a particular area? I assume that on Ebola when 'Anaconda' met, there was a consensus about what needed to be done. However, if there were a situation that was maybe a little more urgent and there was no consensus or indeed there was some kind of budgetary dispute, are you happy that you would have the wherewithal to sort that out?

Boris Johnson (Mayor of London): Just to answer that with reference to another urgent problem that we face and that I think maybe Assembly Members are also interested in, which are the problems that the LAS faces --

Kit Malthouse AM: I was about to ask about that, yes.

Boris Johnson (Mayor of London): -- actually, I have found that when bringing together the LAS, the police, fire and TfL, as we have done several times now for long discussions and conversations, there is a huge willingness to concert their activities anyway. I have found that there is absolutely no proprietorial behaviour or dog-in-the-manger-ishness between these organisations. They absolutely row together and they work very hard to help the LAS without quarrelling over budgets. Clearly, if a lot of police cars have to pick up patients, there may be budgetary implications, but a lot of it can be done without any kind of budgetary implications.

For instance, one of the things we concluded from a recent meeting was that it would be a good thing if all TfL staff in Underground stations, without in any way becoming complacent, should think twice before necessarily calling an ambulance. The instinct is always to call that ambulance and to be absolutely sure. That is a very sensible thing --

Kit Malthouse AM: Do you think the head of the LAS should report to you as does the head of the fire service, the police and all the rest of it, notwithstanding the fact that we are all very polite about it and all get on and it works?

Boris Johnson (Mayor of London): Kit, not formally but to a degree in the sense that I obviously represent Londoners and the interests of Londoners, Ann Radmore [Chief Executive, LAS] does give an account of how she thinks things are going and has been doing so regularly since the crisis in the LAS began. That does not mean that I am her boss. That is not how it works. However, obviously, there is a sense in which quite properly she feels that I would be one of the people to whom she would want to give an account of what was going on.

Amanda Coyle (Assistant Director, Health and Communities, GLA): It is probably also fair to say that a large proportion of the LAS is actually about passenger transportation as distinct from blue-light response and that is the reason the NHS directly commissions from the LAS. There is more of a synergy with the LAS and with the health service as distinct from the blue-light services that the Mayor is responsible for.

Andrew Dismore AM: You have probably picked up something I was going to say because I can see the superficial attraction of what Kit [Malthouse AM] is arguing about and the LAS being an emergency service. However, one of the problems we have is the fragmentation at the moment between NHS accident and emergency departments (A&Es) and social services in the councils, which we obviously want to do something about. My party does, anyway. If you create an extra gap between the LAS and the A&Es, that again is one of those things where people can play games with targets and so there is a risk there.

At the moment, there is a completely separate NHS for Scotland, for Wales and for Northern Ireland. Is there a case for much stronger devolution of health services to London as a whole?

Boris Johnson (Mayor of London): That is an argument that you may well support within the Labour Party, though I am not aware that that is Labour Party policy, but it is certainly not something that Ara [Darzi] supported in his report. The thing he wanted to focus on was the role of the mayoralty in leading and the role of a new Health Commissioner and a role in public health. As far as I am aware, he did not really say that it was time to carve out London from the NHS and create a --

Andrew Dismore AM: I know you cannot do it entirely, the same as you cannot in Scotland where we saw with the Ebola case in Scotland that ended up being treated at the Royal Free Hospital in London.

Boris Johnson (Mayor of London): Of course.

Andrew Dismore AM: You cannot do that entirely.

I am not saying it is a policy issue. I am posing it for a discussion. The Health Commission work was done before this whole issue of devolution was back very firmly on the political agenda and no doubt you will be arguing - and I am sure we will be arguing - for more devolution for London in all sorts of areas as part of this wider devolution debate that is now kicking off.

Boris Johnson (Mayor of London): I am totally with you there. It may be that that is one of the ways forward. If London is to have more fiscal devolution, it may be that as part of that package we could argue for a slice to go towards public health. That is obviously possible. Clearly, there is a wide range of objectives we have to satisfy. One of the frustrations at the moment is that it is absurd that London should have to go begging for penny-packets of funding for public health from the Department of Health, just as it is absurd that every four years we have to go begging for new housing cash. We should have a reliable stream of funding for this city.

Andrew Boff AM (Deputy Chair): How much of the public health budgets from the boroughs would you want to take for the support of a London Health Commissioner?

Boris Johnson (Mayor of London): It is very important to stress that the overwhelming bulk of the work and the overwhelming bulk of the funding would continue to go to the boroughs and that is absolutely clear.

Andrew Boff AM (Deputy Chair): But less?

Boris Johnson (Mayor of London): The original proposal that was thrown out was a top-slicing arrangement, which obviously was not particularly popular with the boroughs. You could imagine some additional funding.

It is not as though this is a problem that is going away. We are making very small progress on obesity. We still have huge problems of public health in London. I still think it is a shame that as a city we do not respond to the public health issues that we face with the kind of unity that you see in New York and the kind of coherence that you see in New York. There were some measures that were taken by [former New York] Mayor Bloomberg that I would not necessarily go along with. Banning smoking in very big open spaces seems to me to be excessive. I thought that the plan for not having sugary drinks more than a certain size was, again, pretty draconian. However, there are things that a city can be doing.

So much of public health is about explanation and about leadership and about trying to get the message across. If you do not have the budgets and if you do not have any kind of obvious role in that accepted by the health authorities, unless the stakeholders recognise that you are a player at the table, you are not going to be able to get your message across in the same way.

Andrew Boff AM (Deputy Chair): If you are going to have public health funds used for the bureaucracy of the London Health Commissioner, it inevitably is going to be taken from the public health funds that are currently available to the boroughs.

Boris Johnson (Mayor of London): As I said, I am not convinced that that is the case. That was the original proposal. That was thrown out. We were then offered some more money by Duncan Selbie and that was then whisked off the table. I do not know whether that was going to be borough money or whether it was going to be additional. I cannot remember.

Amanda Coyle (Assistant Director, Health and Communities, GLA): It was PHE money.

Boris Johnson (Mayor of London): I suppose you might say that conceived as a whole, the Treasury would imagine London getting only such-and-such a wedge of public health money and therefore any money for this place would be deducted from the boroughs. I am not certain that is necessarily the case. I can imagine that additional funds might be made available.

Andrew Boff AM (Deputy Chair): Can we just go back to the fundamentals on the report? I want to know exactly what the report really is. Is it a menu or is it a programme or is it just a pulling-together of strands of information – an academic's work?

Boris Johnson (Mayor of London): Formally, my answer to that has to wait a bit because I am giving my full response to the Darzi Report in a few weeks. However, my view is that it is broadly very good and that it should be seen as an agenda or a 'programme' to use your word. It should be seen as 'a suite of recommendations' is the happy phrase that Amanda has suggested and most of them we can support. Some of them we cannot, but most of them we can support. However, this is the point. Very few of them can we actually deliver from this place. That is the issue.

I have to say, though, that it will be influential with the healthcare system. Simon Stevens [Chief Executive, NHS England] and others have responded very positively to it. It has had a very good reception generally from healthcare in this city and I hope very much that people will act on the kinds of things that it is saying.

Andrew Boff AM (Deputy Chair): You will be preparing a response on how you see that programme being carried out?

Boris Johnson (Mayor of London): Yes. Basically speaking, from recommendation 1 to 64, you will get an account of how we think these proposals should be developed, though there may be some large blanks. Frankly, recommendations 17 to 31, for instance, are pretty much about how the NHS should be run and what should happen there. That is not something that, after all, we can comment on. It would be pretentious to discuss that.

All the suggestions about maximising London's success as a centre for medical technology, the academic health science centres, MedCity and all that we are certainly taking forward very vigorously. You will be hearing of some more stuff – and we may discuss it in the budget preparations – about what we want to do with NHS land and NHS property and how to speed up the transfer of NHS property so that we can bring it forward for housing where that is possible. All those things will be amongst the response to the report.

Andrew Boff AM (Deputy Chair): You will be seeking, presumably, to get some kind of buy-in from other agencies in London in order to deliver this. As you have quite rightly pointed out, you do not control all the levers. In fact, you do not control virtually any of the levers, but you do have that power of influence. What will you then be doing to get that buy-in from other agencies that can deliver on these items?

Boris Johnson (Mayor of London): In addition to reconvening a new LHB, we have written to all the key players in London to ask for their response to the report and how to take it forward: Simon Stevens; Duncan [Selbie] who I have already mentioned; the Chair of London Councils Jules Pipe; Stuart Etherington from London United and so on and so forth. We will be getting their views about how to take it all forward.

Andrew Boff AM (Deputy Chair): Presumably, one of the functions of the London Health Commissioner, whoever that is, would be to carry out those portions that you feel that you can have some control over.

Boris Johnson (Mayor of London): If such a character is necessary, yes.

Andrew Boff AM (Deputy Chair): You are still agnostic on whether or not you need such a person?

Boris Johnson (Mayor of London): We are thinking about it.

Andrew Boff AM (Deputy Chair): Yes, OK. Perhaps it is unfair of me to ask what kind of quantum of funding one would look for in such a centralised function.

Boris Johnson (Mayor of London): We were promised £10 million. It was just £10 million we were promised. £20 million would be a good number.

Andrew Boff AM (Deputy Chair): £20 million? That is fine. I am just wondering how much the boroughs will have to fork out for this great person.

Boris Johnson (Mayor of London): As I say, you are placing too negative a construction on this from the point of view of the boroughs and actually --

Andrew Boff AM (Deputy Chair): No, Mr Mayor, I am just hoping that -- the money has to come from somewhere.

Boris Johnson (Mayor of London): Of course it has, but I remember conversations with borough leaders in the LHB when they were very supportive or at least publicly.

Andrew Boff AM (Deputy Chair): Did they know it was £20 million?

Boris Johnson (Mayor of London): It was not at that stage but --

Amanda Coyle (Assistant Director, Health and Communities, GLA): The initial proposal for the London Health Improvement Board was 3% plus an additional 3% for pan-London programmes.

Boris Johnson (Mayor of London): How much did that come to?

Amanda Coyle (Assistant Director, Health and Communities, GLA): It was a pot of approximately £15 million.

Andrew Boff AM (Deputy Chair): £15 million? OK.

Amanda Coyle (Assistant Director, Health and Communities, GLA): That was the initial proposal.

Boris Johnson (Mayor of London): Within the overall NHS budget, Andrew, that is a not a colossal sum of money to lead on healthcare and public health improvement in London.

Andrew Boff AM (Deputy Chair): Do you think that the centralised nature of the NHS, as it was, worked so well that we should return to it?

Boris Johnson (Mayor of London): Again, I can comment only very generally. The NHS needs firm strategic leadership and Simon Stevens is certainly providing that. Sometimes it is necessary to grasp the nettle and make reforms and amalgamations that are initially quite difficult and controversial. Look at what happened with stroke and cardiac care. If I am right in saying, it was very successful. There were some serious attempts to break down barriers and break down silos and they seem to have produced much better results for patients. Strong strategic direction can be a good thing and I am very confident with the current leadership of the NHS that that is what we have.

Andrew Boff AM (Deputy Chair): Thank you, Mr Mayor.

Andrew Dismore AM: Following on from that and what you have just said, we have A&Es in crisis all over the capital. We have the LAS failing to meet its attendance time, it is only at 48%, and in crisis. We have local doctors who simply cannot cope with the demand. How can you possibly say that? We are making this all very important, but do you not think people might be forgiven for thinking that you are a bit like Nero fiddling while Rome burns with the NHS.

Boris Johnson (Mayor of London): I know that Labour is determined to weaponise the NHS. I know those are your instructions and that is what is coming in on your pager now --

Andrew Dismore AM: We do not have pagers anymore.

Boris Johnson (Mayor of London): -- saying, "Do not forget to weaponise the NHS".

There is, as you know, a big challenge in London. There has been a massive increase in population. There is a big increase in demand. To take the point that we have already raised, the LAS and A&E, we do have huge pressures on both those services. Obviously, I am speaking very generally. This is not my responsibility and this is not a service we deliver and so I must enter that caveat.

However, it is my impression and certainly the advice I am getting is that we need to redouble our efforts not just to help the LAS in any way that we can but also to try to get over positive messages to the public about how they also can help to relieve the pressure. Obviously, you have to be very careful about how we phrase this because we do not want to seem in any way that we are discouraging people from seeking medical treatment when they absolutely need it, but somehow or other - getting back to the point about strategic leadership that Andrew [Boff AM] raised - we need to look at the system of primary care in this country in such a way as to relieve the pressure on the A&Es. My impression is that --

Andrew Dismore AM: I think everybody agrees with that.

Boris Johnson (Mayor of London): I am delighted.

Andrew Dismore AM: Sitting around here, we do. I will come back to that in a minute. Just on this point about the LAS being bailed out by police and fire and so on, when I talk to senior police officers, they complain to me bitterly about the amount of time their officers are spending dealing with health issues which really are the LAS's responsibility and how that impacts on what they can do in terms of combatting crime and providing public reassurance. It is not really an answer, is it?

Boris Johnson (Mayor of London): There is no question that there are all sorts of ways in which the demands of healthcare are having an impact on the police and indeed on other services like housing.

For instance, if you look at the problem of homelessness, we have had huge success with our No Second Night Out policies in London and we are helping people as much as we can, but there is no question in my mind that the homelessness problem is being aggravated by problems in the mental health provision in London. What we need, actually, are mental healthcare professionals to supplement the work of local authority housing teams and local authority outreach teams because the kinds of people they are meeting have serious mental health problems. Similarly, with the police, they are dealing very often with people whose criminality is driven by their very clear mental health needs. If we had better mental healthcare provision in London, I am sure that - as you rightly say, Andrew - the burden on the police would be alleviated. That is one of the points that we have been making continually.

Andrew Dismore AM: Going back to primary care, one of the recommendations is the need to modernise and bring up to scratch London GP's facilities. The price tag put on that is £1 billion. Have you spoken to Jeremy Hunt [Secretary of State for Health] about the £1 billion price tag in the report to try to deal with GP premises and getting that sorted out?

Boris Johnson (Mayor of London): We have raised all the issues in the report. However, you will appreciate, Andrew, that this is not an area over which we have direct delivery powers. Obviously, as I said, in the strategic leadership within NHS England, I am absolutely confident we have the right people doing the job now. We have some fantastic people. It is not going to be easy to sort out. The menu of choices that is being offered is fundamentally right. The basic idea of trying to do more to do public health initiatives of one kind or another is totally right. Trying to treat patients as close as possible to their homes is absolutely right, too. If we can keep pressure off our hospitals and our A&Es, it will be all to the good.

Andrew Dismore AM: You have mentioned NHS land and the need to use redundant NHS land for housing.

Boris Johnson (Mayor of London): Yes.

Andrew Dismore AM: Have you argued with the Department of Health not only that that has to be done but that we should have set aside keyworker housing on these developments for paramedics and nurses so that they can afford to live in London at rents that are affordable within their means and not within your definition of 'affordable', which may well be beyond the means of many nurses and paramedics?

Boris Johnson (Mayor of London): What we have certainly argued with NHS England and with the Treasury is that if you want to be able to provide the kind of housing that nurses and healthcare professionals need, then you need more housing altogether. Whether you need it absolutely on that site is another matter, but you need a huge amount more housing and the best thing you could possibly do is to allow some of these sites that are redundant and not going anywhere to come forward.

As you know, the difficulty has been that the Treasury conceives of NHS land in London as a national asset. In their budget lines this cannot be disposed of for the benefit of London. The money has to go back into the NHS as a whole. This is totally stymying our ability at the moment to get that land away and get it developed. What we tried for was a sort of Domesday Book of NHS land, take it --

Andrew Dismore AM: It can be done. When we built the new Edgware Hospital, the package I helped put together was to use redundant land on that site to build the new hospital. That works.

Boris Johnson (Mayor of London): You can do it with individual sites.

Andrew Dismore AM: The main point I am putting to you is the need to make sure that we build homes that nurses and paramedics and the lower-paid people within the NHS can afford to live in. The problem is that under your definition of 'affordable', they are beyond the means, unless you have social rented housing at social rents, of those people.

The point I am making to you is whether you will be arguing with the NHS that when land is released for development, it can be released so that the keyworkers whom we need to keep our health service going can actually afford to live in it and to retain those workers within London and not have them emigrating to Australia, which seems to be what is happening.

Boris Johnson (Mayor of London): We have built a record number of low-cost homes and we are going to continue to do so. There are large numbers of homes still being built for social rent. In many cases, those

homes are occupied by people whose entire rent is covered by the taxpayer, as you know. We are determined to provide a very wide range of affordable housing and --

Andrew Dismore AM: That will not be the case for nurses and paramedics, will it?

Dr Onkar Sahota AM (Chair): I do not want this to be a debate on housing policy here. Let us focus on the health --

Boris Johnson (Mayor of London): This is what is called 'weaponising' the NHS. That is the objective here.

We are determined to build as many homes for all Londoners as we can and that includes, obviously, healthcare professionals.

Andrew Dismore AM: Going back to the report, what is the timeframe for implementing it and what is the most important key milestone for you? What is the first one?

Boris Johnson (Mayor of London): There is no particular timeframe, as far as I am aware, for getting this done. It is a big programme and a suite of recommendations. I would be happy if it all could be done within three or five years or that sort of timescale.

Andrew Dismore AM: Who is going to manage progress? Who is going to hold people to account?

Boris Johnson (Mayor of London): I imagine that when the Conservative Member of Parliament is returned for Hendon, wherever you are standing for, you will still be around here in this place, Andrew, to monitor it in the next few years.

Amanda Coyle (Assistant Director, Health and Communities, GLA): There is actually a programme that we are pulling together with all the other parties who are cited in the report to collate all of the actions of those parties that are cited and be able to track out over the short, medium and longer-term which of these actions they will be taking forward.

Andrew Dismore AM: So we are looking at three to five years?

Amanda Coyle (Assistant Director, Health and Communities, GLA): Yes.

Fiona Twycross AM: I understand you are currently working on a new Health Inequalities Strategy. I just wanted to ask how you see the social as well as physical determinants being targeted to reduce health inequalities and what elements of the report you saw as particularly key in reducing these inequalities.

Boris Johnson (Mayor of London): I agree with you, Fiona, that the social determinants are key. It is about education, about income, about lifestyle choices and about what sort of lives people are leading. We have tried to be as ambitious as possible. Extending the London Living Wage has been a good thing and a positive step. The campaigns to help schools to tackle obesity are going in the right direction. We have the Healthy Schools London initiative, on which we spent £200,000. We have 125,000 employees now accredited to the Healthy Workplace Charter. Expanding cycling massively, as we have done over the last few years, and education programmes that we are involved in are some of the ways that we are trying to influence outcomes in London that help people to help themselves. In the end, so much of health improvements are going to be driven by people making the right choices about their lives and a lot of that is going to be to do with education and encouragement. Certainly we in City Hall think we have a big role there and we have been very active.

Fiona Twycross AM: Thank you. Obviously, there is a balance to be struck between encouraging healthier choices and forcing people to live healthier lives. I just wondered whether you were likely to take up any of the more directive elements of the report. I know you spoke out against smoke-free parks, but how much do you feel that kind of element is going to be key? There is only so far you can go with encouraging healthy lifestyles and, particularly where it relates to children, actually an element of pushing policy in the direction of ensuring that things happen is quite key.

Boris Johnson (Mayor of London): Absolutely.

Fiona Twycross AM: For example, would you be supportive of the banning of fast-food shops near schools, for example, something that also was manageable.

Boris Johnson (Mayor of London): Yes. There you can make some progress. What we have done there is that we have a 'takeaways toolkit' that boroughs have. There is something in the Further Alterations to the London Plan to give boroughs greater flexibility to turn down applications for fast-food outlets. I certainly would support that. It is crazy that you have fried chicken stuff right by a school.

I would also personally like to see much more signage about the calorific intake of those types of things. That seems to be something that is not too bullying and is not too nannying. It is not taking something away. It is not particularly hitting people on lower incomes. However, if they see how many calories are in a portion of chips and a hamburger or whatever, it is going to make people think. We are interested in that and we will be responding on that.

I just want to say something about some of the other measures like the smoking ban, 'sin taxes' and minimum alcohol pricing. On the smoking ban, you heard me say quite a lot about that in my initial response to Ara's [Darzi] report.

On 'sin taxes' and minimum alcohol pricing, we risk falling foul of the very problem that you identify. You would be hitting hardest people on the lowest incomes. Such taxes would inevitably be regressive. They would form a higher proportion of the income of people on the lower socioeconomic scale and it would be very tough for people. You would basically be whacking people who are innocently buying alcohol, who are not excess drinkers, who are not problem drinkers and who suddenly find the price of their booze is going up in a way that they cannot afford but somebody else can. You would need to think about the consequences of that.

Fiona Twycross AM: With sugary drinks, we heard quite strong evidence when we were discussing approaches to addressing diabetes about the benefits that a 'sugar tax' or 'sugary drinks tax' could bring in terms of diabetes, which is clearly one of the greatest public health risks we have. There is a point at which, if you are encouraging people to take healthier choices through a 'sin tax', if you want to call it that, you are not just protecting them but you are actually helping them longer term. That was something that we did hear about at the Committee before.

I just want to ask about the Ultra-Low Emissions Zone (ULEZ) and why, with the evidence Lord Darzi presents in the report, you are not advancing the timing of the ULEZ?

Boris Johnson (Mayor of London): OK. Just on 'sin taxes', I hear what you say. I know the debate carries on. A fiscal measure like that would require a Parliamentary approach. It would be difficult for us to impose it unilaterally in London, although obviously one day, perhaps.

On the ULEZ, this is very difficult. I know that people want us to go faster and faster. The reason for the timetable is just that you cannot be too bullying and you cannot be too unfair on people who buy one type of

vehicle in good faith, again, particularly hardworking people on modest incomes who may need their vehicle for their line of work, absolutely. To suddenly get told by me that it only has a limited lifespan is deeply unfair. It is painful. You have to be very careful before you enact such measures. You have to make sure that there really are the alternative vehicles that will be economical for them to buy. Therefore, on accelerating the ULEZ, I understand the environmental considerations, but the social impact of accelerating the ULEZ would be adverse.

Fiona Twycross AM: OK. Briefly because I know Kit [Malthouse AM] has some questions as well, I wondered if you had received a response from TfL to report. I am a big fan of walking as very beneficial for the health --

Boris Johnson (Mayor of London): I can give you a statistic.

Fiona Twycross AM: Yes, but can I just finish the question? Is TfL open to spending a large part of its advertising budget on supporting walking alternatives? If I think about the Olympics, we were handed out these walking maps and it actually meant that for the first time quite a lot of people suddenly saw the different routes and the different alternatives of walking. I thought the map was very good and I actually kept copies of it to give out to visitors. Is TfL open to spending 20% of its budget on walking --

Boris Johnson (Mayor of London): Twenty per cent?

Fiona Twycross AM: The advertising budget, not 20% of its budget. Sorry, the advertising budget. Yes, 20% of the entire budget!

Boris Johnson (Mayor of London): Yes, I think that would be paradoxical.

Fiona Twycross AM: Yes, that might be excessively painful.

Boris Johnson (Mayor of London): Yes. The statistic that I am sure you know already is that if all the journeys that could reasonably be done by foot or by bike - and it is a pretty limited number - were done, then 60% of Londoners would fulfil their need for physical activity through that alone. It is the daily walk to work or doing 10,000 steps a day. That would save 60,000 life years and £2.2 billion a year.

At TfL, we are definitely keen on encouraging walking just because of the incredible pressure we have on our networks. We put in the whole Legible London scheme. Kulveer Ranger [former Mayor's Transport Adviser], you may remember, pioneered the great 2011 Year of Walking in 'legs-11'. 2011 was the Year of Walking -- followed by the Year of Breathing!

Fiona Twycross AM: I do not remember that at all, actually.

Boris Johnson (Mayor of London): You do not remember that?

Kit Malthouse AM: He famously attended a conference on walking which he flew to.

Boris Johnson (Mayor of London): Kulveer [Ranger], who is a great man and who did a lot of good, pioneered the --

Kit Malthouse AM: Left foot, right foot, left foot, right foot --

Boris Johnson (Mayor of London): -- Year of Walking and very sensible it was because, as you rightly say, Fiona, it takes the pressure off the network and it increases health. Legible London [pedestrian signage system] we are putting in and we are supporting a huge number of walking initiatives, including a Strategic Walking Network.

Kit Malthouse AM: A what? That is called a 'pavement', isn't it?

Boris Johnson (Mayor of London): I kid you not. It is seven walking routes across London, including a 40-mile stretch along the River Thames which was completed in 2012.

Fiona Twycross AM: I am delighted you are taking this seriously.

Boris Johnson (Mayor of London): I am taking it seriously because it ticks two massive boxes at once, both health and alleviating pressure on transport. I do not know what proportion of the advertising budget is spent on walking, but I remember when Legible London came up. It was a big expense and there was a lot of pressure to axe it back in 2008/09. I resisted that, as I seem to remember, because we wanted to champion walking.

Fiona Twycross AM: Thank you.

Kit Malthouse AM: We do of course have a lot of 'sin tax' in this country already.

Kit Malthouse AM: £2 of every bottle of wine or something is tax, 45 pence of every pint is tax and £7 of every bottle of whisky is tax. We do already have a very significant 'sin tax'. Anyway, I did not want to ask about that.

Two things quickly from me. I am very pleased to see, obviously, recommendations 32 to 39, which are all about leveraging the health service for scientific discovery and advancement for greater economic gain.

Boris Johnson (Mayor of London): Yes. I should pay tribute to your role there, Kit, as Deputy Mayor for Business and Enterprise --

Kit Malthouse AM: I have to confess. I should declare an interest. They did interview me for the report and, with my MedCity hat on, I did stress the importance of all of this.

A couple of things, though. One is slightly more visibility about how we can crack open the NHS for more clinical trials. I think it was the Prime Minister who said that every patient should be a research patient in the health service. Obviously, it is a great advantage that we have this 'living laboratory' in the health service. How do you think you as the Mayor can crack that open?

The second thing was that I just wondered if you could update us on your conversations on the proposed International Dementia Research Institute. I do not know if you have raised it as part of your budget submissions or Autumn Statement submissions?

Boris Johnson (Mayor of London): Yes. On whether all patients are, as it were, guinea pigs, I am totally in favour of that. I do not have an answer off the top of my head except obviously that we would encourage that. If I am asked to urge all Londoners to allow their results to be used for research purposes, then I would be very happy to do so. I see no reason at all why people should not allow it. It is one of the great joys of the NHS and the beauties of it. We have this incredible bank of information, as you know, which gives us this potentially colossal strength in health research.

On the dementia centre, this is something that the Prime Minister is certainly determined to bring about and I am a keen supporter. I do not think that we have yet seen the funding for it, though.

Amanda Coyle (Assistant Director, Health and Communities, GLA): The Mayor's Office had conversations with George Osborne [Chancellor of the Exchequer] particularly about the funding for this institute and actually it ties back in with the Prime Minister's Challenge on Dementia. We are still awaiting feedback from the Government on this.

Boris Johnson (Mayor of London): It is one of those things where they have run it up the flagpole and that is great. We need just to see how it is going to work and where it would work and then to get the funding.

Kit Malthouse AM: OK. The other thing I just wanted to ask about was that I did not see any mention in the report about dentistry specifically. I wondered if you thought that was an omission or if it is generally tied up with public health?

Boris Johnson (Mayor of London): That is a jolly good point.

Kit Malthouse AM: Dentistry is a system that functions relatively well. It is largely, if not entirely, provided by the private sector. However, there are some dental variations, not least different parts of London that have different dental outcomes, and there are particular communities in London that suffer very badly from a dentistry point of view. I wondered if you felt that there should be a bit more emphasis on dentistry, particularly at a younger age.

Boris Johnson (Mayor of London): Yes. Dentistry was particularly taken up in the 'childhood' section of the report. That is where you will find it.

Kit Malthouse AM: All right. I could not see a recommendation on dentistry.

Boris Johnson (Mayor of London): Your point, as usual, is well made.

Amanda Coyle (Assistant Director, Health and Communities, GLA): There is not a specific reference to dentistry, but both dentistry and pharmacy were included as part of the wider review in relation to childhood health. Although there are no specific recommendations relating to dentistry, when we were looking at the health outcomes and the variations of care associated with children, it was one of the key things that we covered.

Kit Malthouse AM: Is its omission from the Commission's report because the general assessment was that the dentistry system in London is working well and therefore does not need any interference?

Boris Johnson (Mayor of London): My impression is that people's teeth are much better than when I was a nipper, but I do not know. You have me there, Kit.

Amanda Coyle (Assistant Director, Health and Communities, GLA): Specifically, yes, on childhood health, it related back to some of the health prevention issues in terms of --

Boris Johnson (Mayor of London): Not having so many fizzy drinks.

Amanda Coyle (Assistant Director, Health and Communities, GLA): -- exactly, children's diets.

Dr Onkar Sahota AM (Chair): Of course the success of dentistry is to keep people away from dentists!

Boris Johnson (Mayor of London): You are absolutely right, Onkar. You are absolutely right.

Amanda Coyle (Assistant Director, Health and Communities, GLA): Certainly some of the conversation was in and around the prevention of childhood cavities and the detrimental health effects of bad dental hygiene. I do know as part of the wider group it was discussed, but it was not felt to be a particularly strong issue here in London.

Dr Onkar Sahota AM (Chair): One of the objectives of this Commission was to make sure we received fair funding for London and for the NHS. I wonder how far you will now be able to progress those discussions on the basis of the findings of this report.

Boris Johnson (Mayor of London): In general, this report is a very useful toolkit and a very useful piece of ammunition in the discussion about healthcare funding for London.

There is one particular way that it is absolutely vital that we stick up for London. It is not just in general funding for primary care, hospital services and so on. It is in insisting that London gets a very fair slice of the Higher Education Funding Council for England funding that is necessary to support the research and the London medical student economy. That is of critical importance. London is going gangbusters now as a centre of academic health science and we have the best teaching hospitals in the world, but you need to have the funding for the students who attend those hospitals and it is vital that we stick up for that as well.

Andrew Boff AM (Deputy Chair): On that fair funding issue, have you had an opportunity to congratulate Jeremy Hunt [Secretary of State for Health] on ring-fencing the NHS budget in England rather than what has been done in Labour-run Wales where they have cut the NHS budget? Have you had an opportunity to congratulate him on his foresight?

Boris Johnson (Mayor of London): As I say, I am confident that the NHS is now in Jeremy's hands. He has the right strategic direction and vision. He has done absolutely the right thing and I am also --

Dr Onkar Sahota AM (Chair): Of course, you will have noted that in real terms NHS funding has not gone up since 2010 and NHS funding for primary care has gone down from 8% to 6% in the last four years.

Andrew Boff AM (Deputy Chair): Just do not get sick in Cardiff --

Boris Johnson (Mayor of London): I noted, as Andrew rightly says, the chilling example of what can happen if Labour is in charge and we have that evidence from Wales.

Dr Onkar Sahota AM (Chair): OK, Mr Mayor. Thank you very much for your time.

Boris Johnson (Mayor of London): Thank you very much.

Dr Onkar Sahota AM (Chair): We will note the answers given by Amanda [Coyle] and you. Thank you both of you for coming this afternoon.