

# The Mayor of London's health duties, partnerships and programmes

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## Overview

This briefing explains the Mayor's statutory health duties, his key partnership and advisory boards, the key commitments set out in the Health Inequalities Strategy, and progress made on these commitments.

It also provides an overview of key health-related programmes the Mayor operates as well as how the GLA collects and publishes data on health inequalities in London. This briefing also explains the role of the London Assembly's Health Committee in scrutinising the Mayor's work on health.

In addition, this briefing provides an overview of the Mayor's statutory powers relating to resilience and air quality.

## About the Research Unit

The London Assembly Research Unit provides an impartial research and information service. We undertake research and analysis on key issues in London to inform the Assembly's work.

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# 1 Introduction

The Mayor has no direct responsibility for health and care services in London. However, the Mayor does have some statutory duties relating to health, chief of these being to publish a Health Inequalities Strategy, setting out policies for reducing health inequalities in London.

The Mayor is also required to have the Regional Director of Public Health for London as a Statutory Health Adviser, as well as to have one or more Statutory Deputy Health Advisers.

The Mayor also chairs the non-statutory London Health Board and works in partnership with various health and care community organisations as well as local government on health initiatives.

Funding for the Mayor's health policies comes from GLA general funding, any available grants, and partnership with NHS bodies.

This briefing is focused on the Mayor's health duties, priorities and programmes, however, some of these are cross-cutting across the GLA Group. This is the term used to describe the core group of organisations overseen by the Mayor and the London Assembly. The GLA Group consists of the GLA and each of the five 'functional bodies'. These are:

- Transport for London (TfL)
- the London Fire Commissioner (LFC)
- the Mayor's Office for Policing and Crime (MOPAC)
- the London Legacy Development Corporation (LLDC)
- the Old Oak and Park Royal Development Corporation (OPDC).

## 2 The Mayor's advisers

### 2.1 Statutory Health Adviser to the GLA

The [GLA Act 2007](#) requires the Regional Director of Public Health for London to be the Mayor's health adviser (known as the Statutory Health Adviser).<sup>1</sup> As of December 2024, this post is held by [Professor Kevin Fenton](#).

The Regional Director role sits in the [Office of Health Improvement and Disparities \(OHID\)](#) within the Department of Health and Social Care.<sup>2</sup>

The Statutory Health Adviser must provide the GLA, the Mayor, any London Assembly Member, or any functional body, with advice relating to:

- anything that appears to the Health Adviser to be a major health issue
- the performance of the GLA, the Mayor, any Assembly Member, and any of the functional bodies, relating to health
- the implementation of the provisions of the GLA Acts in relation to health inequalities between persons living in London.<sup>3</sup>

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<sup>1</sup> GLA Act 1999, [section 309A](#) (as inserted by section 21 of the GLA Act 2007)

<sup>2</sup> OHID was formerly Public Health England (PHE), until PHE was dissolved, and its functions transferred to OHID in October 2021.

<sup>3</sup> GLA Act 1999, [section 309A](#) (as inserted by the GLA Act 2007)

## 2.2 Statutory Deputy Health Adviser

The GLA Act 2007 also provides that there must be one or more Deputy Health Advisers to the GLA, appointed by the Secretary of State.<sup>4</sup> The Statutory Deputy Adviser/s must be “in the employment of the Civil Service of the State in any of the posts of Deputy Regional Director of Public Health for London.”<sup>5</sup> As of October 2024, the Statutory Deputy Adviser position is held by the [GLA Director of Public Health, Vicky Hobart](#). Ms Hobart has been seconded to the GLA from OHID.

If the Statutory Health Adviser post is vacant, or if the Statutory Health Adviser is incapable of discharging their functions, one of the Statutory Deputy Health Advisers will be appointed to exercise the Statutory Health Adviser's functions. The Statutory Deputy Health Adviser, may also, at any time, undertake any of the functions of the Statutory Health Adviser, if authorised by them to do so.<sup>6</sup>

## 2.3 Mayor's appointed Health Adviser

The Mayor has established an unpaid, appointed Health Adviser position.<sup>7</sup> [Dr Tom Coffey OBE](#) was appointed to this position, with the title of Senior Advisor to the Mayor on Health Policy, upon its establishment in 2016. Dr Coffey's role includes working alongside the GLA's health policy team, offering insights to the Mayor on frontline NHS services, and leading on health and care devolution.<sup>8</sup>

## 2.4 Deputy Mayor for Children and Families

The Statutory Deputy Mayor, [Joanne McCartney AM](#), also has the portfolio of 'Deputy Mayor for Children and Families'. Her listed priorities include reducing inequalities for children and families and improving child health outcomes.<sup>9</sup>

## 2.5 GLA Group Public Health Unit and Public Health Forum

### GLA Group Public Health Unit

The [GLA Group Public Health Unit \(PHU\)](#) was established in April 2022 as a shared service providing specialist public health capacity to the GLA, TfL, LFC, MOPAC, Violence Reduction Unit (VRU), and OPDC.<sup>10 11</sup> The LLDC is an observer of the PHU. The GLA hosts the PHU on behalf of the GLA Group.

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<sup>4</sup> GLA Act 1999, [section 309C](#) (as inserted by the GLA Act 2007)

<sup>5</sup> GLA Act, [section 309D](#) (as inserted by the GLA Act 2007)

<sup>6</sup> GLA Act 1999, [section 309C](#) (as inserted by the GLA Act 2007)

<sup>7</sup> MD 2026, [Appointment of a Senior Adviser to the Mayor \(Health Policy\)](#), 13 September 2016

<sup>8</sup> Mayor of London, [Dr. Tom Coffey, OBE: Mayoral Health Adviser](#)

<sup>9</sup> Mayor of London, [Joanne McCartney](#)

<sup>10</sup> The Violence Reduction Unit (VRU) was set up by the Mayor in 2019. It aims to focus on early intervention and prevention, seeking to reduce all forms of violence using a public health approach. The VRU is a Mayor-led partnership body, rather than an integrated part of the MOPAC structure. However, the VRU's funding comes through MOPAC's budget; its permanent staff are employed by MOPAC; and MOPAC is legally accountable for its decisions and operations.

<sup>11</sup> Mayoral Decision, MD2940, [Establishment of a GLA Group Public Health Function](#), 16 March 2022

Its aims include ensuring that tackling health inequalities remains part of each GLA organisation's strategy and planning. It works alongside the GLA Health Children and Young Londoners Unit. It also works alongside local authority public health teams and regional and national teams in OHID, the UK Health Security Agency and the NHS.<sup>12</sup>

The PHU is led by Vicky Hobart, the GLA Group Director of Public Health and the Deputy Statutory Health Adviser. The PHU is separate from the Health and Wellbeing Team within the GLA, but their work has significant collaboration.

The GLA Act 1999 sets out that shared services arrangements must be approved by the Mayor following consultation with the London Assembly.<sup>13</sup> The consultation took place at a meeting of the Oversight Committee in February 2022.<sup>14</sup>

In 2024, the GLA Group Public Health Unit published its [Inaugural Annual Report 2022-24](#).<sup>15</sup>

## GLA Group Public Health Forum

The priorities of the PHU are guided by the GLA Group Public Health Forum (the Forum), which was also established in 2022.<sup>16</sup> The Forum meets quarterly and is co-chaired by the Statutory Health Adviser, Professor Kevin Fenton and the appointed Health Adviser, Dr Tom Coffey.

Its membership includes:

- senior representatives from MOPAC, VRU, TfL, OPDC and LFC
- GLA Executive Directors or their representatives
- GLA Group Director of Public Health
- GLA Assistant Director Health, Children and Young Londoners.

It also has observing members, consisting of the Chair of the London Assembly Health Committee, and representatives of LLDC, the Met Police, and the London Ambulance Service.<sup>17</sup>

In 2022, the Mayor explained that the Forum:

“brings together all of the GLA Group organisations to understand public health priorities in London and the roles the GLA Group can play in addressing these. It will support the Unit to prioritise risks and opportunities to improve health and tackle health inequalities in London.”<sup>18</sup>

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<sup>12</sup> Mayor of London, GLA Group Public Health Unit

<sup>13</sup> GLA Act 1999, [section 401A](#)

<sup>14</sup> London Assembly, [GLA Oversight Committee, Agenda and Minutes \(Item 8\)](#), 1 February 2022

<sup>15</sup> GLA, [GLA Group Public Health Unit – Inaugural Annual Report 2022-2024](#)

<sup>16</sup> Question to the Mayor, [GLA Group Public Health Unit](#), Reference: 2022/2478, 21 July 2022

<sup>17</sup> GLA Group Director of Public Health, [Creation of the GLA Group Public Health Unit](#), Report presented to the London Assembly Health Committee, Meeting Pack Appendix 2, 24 November 2022, p17

<sup>18</sup> Question to the Mayor, [GLA Group Public Health Unit](#), Reference: 2022/2478, 21 July 2022



## 3 Partnership working

### 3.1 London Health Board

The [London Health Board](#) (LHB) is a non-statutory group chaired by the Mayor. It aims to “drive improvements in London's health and health inequalities where political engagement at this level can uniquely make a difference.”<sup>19</sup> It was established in 2013.<sup>20</sup>

Its membership includes the Statutory Health Adviser, the Mayor's appointed Health Adviser, the Deputy Mayor for Children and Families, local health and care leaders, and representatives from some London boroughs and NHS organisations.

Its [terms of reference](#) sets out that its purpose is to:

- drive improvements in London's health, care and health inequalities where political engagement at this level can uniquely make a difference
- seek ways of giving additional impetus to progress the ambition to make London the healthiest global city
- make the case for investment, power and freedoms to enable the improvement of health and care services and the wider determinants of health in London
- consider ways of supporting and accelerating the transformation of health and care services in the capital
- champion public participation in health and an increase in choice and accountability in health and care services
- focus on making the NHS estate work to support health and care transformation and wider public goals
- work to improve accessibility of health and care services for Londoners; and provide challenge on the quality and accessibility of primary care.<sup>21</sup>

The LHB also oversees progress on the Mayor's Health Inequalities Strategy ([see section 4](#)) and the London Health and Care Vision ([see section 3.2](#)).

It meets up to four times a year. Its secretariat is provided and funded by the GLA.<sup>22</sup>

As of October 2024, its most recent meeting was in March 2024.<sup>23</sup> Items discussed included suicide prevention including the Mayor's #ZeroSuicideLDN campaign, the Met police's Right Care Right Person campaign, and progress on reducing health inequalities.<sup>24</sup>

### Health Equity Group

The Health Equity Group (HEG) is a sub-group of, and reports to, the LHB. It was established in 2020 and provides ‘cross partnership leadership’ on health inequalities.<sup>25</sup> It is co-chaired by the Statutory Health Adviser, Professor Kevin Fenton, and the London Councils Chief Executive health lead.<sup>26</sup>

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<sup>19</sup> Mayor of London, [London Health Board](#)

<sup>20</sup> Question to the Mayor, [London Health Board](#), Reference: 2013/3707, 23 October 2013

<sup>21</sup> London Health Board, [Terms of Reference](#), December 2018, p1

<sup>22</sup> London Health Board, [Terms of Reference](#), December 2018, p2

<sup>23</sup> A meeting was scheduled for July 2024 that was cancelled.

<sup>24</sup> London Health Board, [Agenda and draft minutes](#), 6 March 2024

<sup>25</sup> Questions to the Mayor, [London Health Equity Group](#), Reference 2020/4541, 8 January 2021

<sup>26</sup> GLA, [Progress report 2022: Health Inequalities Strategy](#), April 2023, section 1

In 2020, the Mayor described the role of the HEG as “providing leadership and co-ordination to ensure health equity is central to responding to Covid-19 in this phase of the pandemic and in recovery strategies.”<sup>27</sup>

In response to a Mayoral question in September 2020, the Mayor said the draft terms of reference for the HEG included:

“[providing] leadership and coordination to ensure health equity is central to all London level partnership transition and recovery strategies and the London Vision; [and overseeing] the refresh of the Health Inequalities Strategy implementation plan.”<sup>28</sup>

The [GLA's 2022 Progress report: Health Inequalities Strategy](#) states that the HEG was reviewed in late 2022/early 2023 to: “ensure that it was fit for purpose as the leadership group for tackling London's changing health equity challenges.”<sup>29</sup> As part of this review, the HEG was relaunched in April 2023. As of September 2024, the HEG's terms of reference have not been published.

In December 2024, the GLA Health team advised that that a decision will be made in due course as to how the HEG can best inform health equity aspects of London and national emerging health priorities and governance.

## Task and finish groups

The LHB has also set up task and finish sub-groups to consider specific health issues. For example, in 2023, the LHB set up a Cost-of-Living Task and Finish Group.<sup>30</sup> Its purpose was to review evidence and identify opportunities for action within the health care system, where “leadership from the LHB would be needed to ensure progress at pace”.<sup>31</sup> The Task and Finish Group met three times over a six month period in 2023 and presented a report with recommendations to the LHB in November 2023.

## 3.2 London Health and Care Vision

A significant part of the LHB's work involves oversight of the [Health and Care Vision for London](#). The Health and Care Vision, published in October 2019,<sup>32</sup> is the result of partnership working between the Mayor, London Councils, NHS London and OHID (which at the time the Vision was published was still Public Health England). This group is often known as the London Health and Care Partnership.<sup>33</sup>

The Vision sets out ten areas of focus for collaboration to improve the health and wellbeing of all Londoners. These are:

- reduce childhood obesity
- improve the emotional wellbeing of children and young Londoners

<sup>27</sup> Questions to the Mayor, [London Health Equity Group](#), Reference: 2020/4541, 8 January 2021

<sup>28</sup> Question to the Mayor, [Health Equity Working group](#), Reference: 2020/3223, 17 September 2020

<sup>29</sup> GLA, [Progress report 2022: Health Inequalities Strategy](#), April 2023, section 5

<sup>30</sup> London Health Board, [Minutes](#), 22 November 2023, p9

<sup>31</sup> London Health Board, [Meeting Appendices Pack – Final Draft Report of the Task and Finish Group](#), 23 November 2023, p23

<sup>32</sup> Mayor of London, [Our Vision for London](#), October 2019

<sup>33</sup> NHS England, [London Health and Care Partnership](#)

- improve mental health and progress towards zero suicides
- improve air quality
- reduce the prevalence and impact of violence
- improve the health of homeless people
- improve services and prevention for Human Immunodeficiency Virus (HIV) and other Sexually Transmitted Infections (STIs)
- support Londoners with dementia to live well
- improve care and support at the end of life.<sup>34</sup>

In 2023, four additional areas of focus were agreed for the Health and Care Vision. These are:

- supporting London's migrant population
- poverty and financial scrutiny
- London's housing and health, access to accommodation
- tackling structural racism.<sup>35</sup>

In response to a Mayoral Question in May 2023, the Mayor said the LHB was continuing to provide oversight of the priorities within the Health and Care Vision.<sup>36</sup>

### 3.3 London Partnership Board

The [London Partnership Board](#) is a group of leaders from government, local government, business and community organisations in London. It is co-chaired by the Mayor and the Chair of London Councils, Councillor Claire Holland. It was established in 2023 and evolved from the work of the London Recovery Board.

It is also London's Local Partnership Group for the [UK Shared Prosperity Fund](#) (UKSPF).<sup>37</sup>

A report to the London Partnership Board in September 2024 set out a plan for the Board to develop six London missions, focused on growth, housing delivery, energy and the environment, safety, opportunity and health. This is in response to the Government's [five delivery missions](#), which includes a mission to build an NHS fit for the future.<sup>38</sup>

The report also set out a plan for a 'mission board' for each of these missions to be established. The report states:

"Mission boards would be chaired by the relevant GLA Deputy Mayor and London Councils Executive Leads. They would meet between two and four times per year and have around 15 members, drawn from the Board alongside other relevant experts. Mission boards would be responsible for recommending the challenge and outcomes for each mission, overseeing progress towards achieving them, and co-

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<sup>34</sup> Mayor of London, [Our Vision for London](#), October 2019, p.14

<sup>35</sup> This information was provided by the GLA Health team.

<sup>36</sup> London Assembly, [Mayoral Question: London Health Board](#), 18 May 2023

<sup>37</sup> Each UKSPF lead authority must consult with a Local Partnership Group (LPG), of leading stakeholders commenting on investment plan strategic fit and deliverability. London's LPG is the [London Partnership Board](#).

<sup>38</sup> London Partnership Board, [Meeting paper: London's response to national missions, presented by Piali Das Gupta, London Councils and Richard Watts, GLA](#), 9 September 2024, pp 23-26

ordinating activity amongst relevant partners – as well as reporting on progress to the Board.”<sup>39</sup>

The London Partnership Board formally endorsed this approach.<sup>40</sup>

### 3.4 Mayor's Advisory Group on Child Healthy Weight

In 2018, the Mayor established the London Child Obesity Taskforce as part of his commitment to address child obesity. The Taskforce's members included representatives from what was then PHE, Guy's and St Thomas' Charity, the Association of Public Health Directors and the Association of London Directors of Children's Services.

The Child Obesity Taskforce published [Every Child A Healthy Weight - Ten Ambitions for London](#) in 2019.

In December 2022, the [Mayor's Advisory Group on Child Health Weight \(MAGCHW\)](#) was established to continue the work of the Child Obesity Taskforce. The purpose of MAGCHW is to provide the Mayor with expert advice on actions needed to support the health and weight of children in London. It is chaired by Dr Tom Coffey. Its ten members, including Dr Coffey, represent various organisations and community groups related to children's health.

In September 2022, MAGCHW published [Every child a healthy weight – still a critical priority for London](#).

MAGCHW's terms of reference and its meeting minutes have not been published.<sup>41</sup>

### 3.5 London Drugs Forum

The [London Drugs Forum](#) (LDF) is a multi-agency partnership of criminal justice and health organisations working on a co-ordinated approach to drug related harms and crimes. It is jointly chaired by the Deputy Mayor for Policing and Crime, Kaya Comer-Schwarz, and Dr Tom Coffey, the Mayor's appointed Health Adviser.

The LDF was established by the Mayor in 2022 to support London to achieve the ambitions of the [National Drugs Strategy](#). Its [terms of reference](#) state it will:

“provide a co-ordinated approach to address the complex relationship between drugs, crime and ASB [anti-social behaviour], health inequalities and deprivation and will provide strategic oversight of criminal enforcement of drug related crimes and delivery of drug treatment and recovery interventions.”<sup>42</sup>

The LDF's membership includes representatives from organisations including NHS England, OHID, the GLA Public Health Unit, London Councils, the Association of Directors of Public Health, and the Met police. It reports jointly to the [London Crime Reduction Board](#) (which is chaired by the Mayor) and the LHB.

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<sup>39</sup> London Partnership Board, [Meeting paper: London's response to national missions, presented by Piali Das Gupta, London Councils and Richard Watts, GLA](#), 9 September 2024, p 25

<sup>40</sup> London Partnership Board, [Draft meeting minutes](#), 9 September 2024, p.6

<sup>41</sup> As of December 2024, the GLA Health team has advised the Research Unit that further information on the future of this group is forthcoming.

<sup>42</sup> London Drugs Forum, [Terms of Reference](#),

The LDF meets every two months and will do so for the duration of the [Police and Crime Plan 2022 to 2025](#). Its minutes are published [here](#). As of October 2024, the most recent meeting for which minutes have been published is January 2024.

In response to a Mayoral Question seeking an update on the LDF in July 2024, the Mayor explained that the LDF:

“is supported by two sub-groups, one looking at increasing London’s continuity of care rate, and the other - the criminal justice pathway sub-group - seeking to align police and substance misuse treatment activities and to maximise offender engagement in treatment. Early indications are that London’s continuity of care rate has seen significant improvements. There have also been improvements to the partnership working between relevant MPS teams, local authorities, Government and substance misuse treatment partners.”<sup>43</sup>

## 3.6 Food initiatives

The GLA also manages several food-related programmes. The non-statutory [London Food Board](#) was established in 2004 to advise the Mayor and GLA on food matters affecting Londoners, and on the delivery of the [London Food Strategy](#). The Chair of the Board is Claire Pritchard, the Chief Executive of the Greenwich Cooperative Development Agency. Its membership includes representatives from various food-related organisations.

The London Food Strategy was published in 2018 and focuses on a number of priorities, including:

- reducing food insecurity
- restricting advertising of unhealthy food
- supporting community gardens and urban farming
- reducing childhood obesity.<sup>44</sup>

A key food initiative is the Mayor’s [Free School Meals](#) programme. The Mayor first established this programme for the 2023/24 academic year, funding free school meals for all students at state primary schools in London. In 2024, he announced the scheme would be extended for the 2024/25 academic year and pledged to run the scheme for the next four years.<sup>45</sup>

## 3.7 Partnership work on air quality

Under the Environment Act 1995, local authorities must have regard to the Government’s national air quality strategy when carrying out their functions.<sup>46</sup>

The Mayor of London is deemed the “appropriate authority” under the legislation, with a supervisory role over London boroughs in relation to air quality duties; in the rest of England and Wales this role is performed by the Secretary of State.<sup>47</sup> The legislation grants the

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<sup>43</sup> Questions to the Mayor, [London Drugs Forum](#), Reference: 2024/1292, 23 July 2024

<sup>44</sup> Mayor of London, [London Food Strategy](#), December 2018, pp.11-12

<sup>45</sup> Mayor of London, [Mayor to continue funding groundbreaking universal free school meals policy](#), 9 January 2024

<sup>46</sup> Environment Act 1995, [section 81A](#), as amended by the Environment Act 2021, Schedule 11

<sup>47</sup> Environment Act 1995, [section 85](#), as amended by the GLA Act 1999, section 367

Mayor significant powers to intervene in local action plans, including a power of direction over boroughs. The power of direction may be used, for instance, to ensure boroughs review local air quality, alter action plans, or implement specific measures to improve air quality.

In support of these powers, the Mayor has established a [London Local Air Quality Management \(LLAQM\) framework](#), to enable the coordinated discharge of responsibilities by the GLA and boroughs.<sup>48</sup> The LLAQM requires London boroughs to monitor, assess and take action to improve local air quality. Boroughs must declare an Air Quality Management Area where air quality is not at required standards. Boroughs must also have regard to the provisions of the [London Environment Strategy](#) when exercising LLAQM functions.

The Mayor may also use powers in other areas to pursue air quality objectives. For example, the Mayor has issued the [Air Quality Neutral London Plan Guidance](#) and [Air Quality Positive London Plan Guidance](#), which place air quality requirements on new developments in London.

## Partnership work with TfL on air quality

The Mayor delivers part of his work on air quality with TfL. For example, the Mayor has used his powers in relation to transport to establish road user charging schemes aimed at reducing vehicle emissions and improving air quality.

The Mayor's establishment and expansion of the Ultra-Low Emission Zone (ULEZ) is a key policy aimed at improving air quality. The ULEZ was first introduced in April 2019 covering the same area as the Congestion Charge.<sup>49</sup> In October 2021, the ULEZ was expanded to cover the area inside the North and South Circular Roads. It was expanded again in August 2023 to the Greater London boundary. Cars, vans and motorcycles that do not comply with the ULEZ emissions standards must pay £12.50 a day to drive within the ULEZ.

Upon the launch of the ULEZ in 2019, the Mayor said:

“Our toxic air is an invisible killer responsible for one of the biggest national health emergencies of our generation...the ULEZ is the centrepiece of our plans to clean up London's air.”<sup>50</sup>

The GLA and TfL run the Mayor's [Air Quality Fund](#), which launched in 2013. This provides London boroughs with funds to take action locally to improve air quality. In March 2024, the Mayor announced seventeen projects that would be supported by the fourth and most recent round of the Air Quality Fund.<sup>51</sup>

## 3.8 Partnership work on resilience

### Resilience duties

Under the [Civil Contingencies Act 2004](#), duties are placed on local authorities, emergency services and other agencies to put in place arrangements for preparing for emergencies, such as floods, pandemics, or terrorist attacks. Agencies are required to cooperate and share information with each other in assessing risk, preparing response plans and providing

<sup>48</sup> The LLAQM system was first established in 2015, and subsequently modified in 2019

<sup>49</sup> TfL, [World's first 24 hour Ultra Low Emission Zone](#), 8 April 2019

<sup>50</sup> TfL, [World's first 24 hour Ultra Low Emission Zone](#), 8 April 2019

<sup>51</sup> GLA, [Mayor's Air Quality Fund](#)



advice to the public.<sup>52</sup> Agencies must set up a local resilience forum to support this cooperation.

The GLA is a Category 1 responder<sup>53</sup>, as are the police; fire and rescue; health services; London boroughs; and the Environment Agency. Alongside a wider group of Category 2 responders, including transport and utility providers, these organisations form the [London Resilience Partnership \(LRP\)](#).

The London Resilience Forum (LRF) meets three times per year to set the overall strategy for the LRP. The Chair of the LRF is appointed by the Mayor.<sup>54</sup> In May 2024, the Mayor announced that David Bellamy, the Mayor's Chief of Staff, had been appointed as Chair of the LRF.<sup>55</sup> The United Kingdom Health Security Agency and NHS carry responsibilities for health and public health advice to the LRF.<sup>56</sup>

The London Resilience Group (LRG) supports the work of the GLA, the LRP and the LRF in delivering the requirements of the Civil Contingencies Act; and facilitates the coordination of partner agencies in response to large-scale incidents.

Until 2024, the LRG was hosted within LFB, with funding provided by the GLA. A process is currently under way for transferring the LRG into the GLA directly, and combining it with the GLA's existing City Operations Unit to form a London Resilience Unit.<sup>57</sup>

## City Resilience Strategy

In early 2020, the Mayor published London's first [City Resilience Strategy](#). The Strategy focused on the long-term resilience challenges facing London over the next 30 years. It set out a vision for how the GLA and partner agencies can work in partnership to build resilience against shocks and long-term stresses. It addressed risks such as extreme weather, infectious diseases and infrastructure failure, and also covers climate adaptation measures. An example of a project set out in the Strategy is a network of [cool spaces](#) established to protect against extreme heat.

The COVID-19 pandemic emerged soon after the publication of the Strategy, affecting resilience priorities and processes, and the capacity of partner agencies to focus on the full range of resilience objectives.

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<sup>52</sup> Civil Contingencies Act 2004, [section 2](#)

<sup>53</sup> Category 1 responders are organisations at the core of the response to most emergencies. Category 2 responders are organisations that less likely to be involved in the heart of planning work but will be heavily involved in incidents that affect their sector.

<sup>54</sup> This and other specific roles for the Mayor and GLA are set out in Cabinet Office guidance on emergency preparedness.

<sup>55</sup> Mayor of London, [Mayor announces key senior appointments](#), 10 May 2024

<sup>56</sup> The GLA Health team has advised that the GLA also sends a representative to the London Local Health Resilience Partnership.

<sup>57</sup> Mayor of London, [Mayoral Decision 3257 – Transfer of the London Resilience Group from the London Fire Commissioner to the GLA](#), 12 March 2024

## 4 London Health Inequalities Strategy

### 4.1 Statutory duty to publish a health inequalities strategy

The Mayor has a statutory duty to publish a health inequalities strategy for London.<sup>58</sup> The strategy must “contain the Mayor's proposals and policies for promoting the reduction of health inequalities between persons living in Greater London”.<sup>59</sup>

This is a distinct responsibility from the statutory requirement for all the Mayor's strategies to take into account “the health of persons in Greater London” and “health inequalities between persons living in Greater London”.<sup>60</sup>

The [London Health Inequalities Strategy](#) (HIS) was published in September 2018, alongside an Implementation Plan. An updated [Implementation Plan](#) was published in December 2021, which focuses on public health-related issues such as transport, air quality and mental health. The current Implementation Plan runs until 2024. The GLA Health team has advised the Research Unit that an updated Implementation Plan will be published.

The HIS set out five key themes:

1. Healthy children
2. Healthy minds
3. Healthy places
4. Healthy communities
5. Healthy living

### Required content in the strategy

The strategy is required to identify health inequalities, specify priorities for reducing them, and describe the role to be performed by any relevant body or person for the purpose of implementing the strategy.

The GLA Act defines health inequalities as inequalities in respect of life expectancy or general state of health which are wholly or partly a result of differences in general health determinants. The health determinants are listed as:

- standards of housing, transport services or public safety
- employment prospects, earning capacity and any other matters that affect levels of prosperity
- the degree of ease or difficulty with which persons have access to public services
- the use, or level of use, of tobacco, alcohol or other substances, and any other matters of personal behaviour or lifestyle, that are or may be harmful to health
- any other matters that are determinants of life expectancy or the state of health of persons generally, other than genetic or biological factors.<sup>61</sup>

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<sup>58</sup> This requirement was introduced by the GLA Act 2007, which inserted [sections 309E-309H](#) into the GLA Act 1999.

<sup>59</sup> GLA Act 1999, [section 309E\(2\)](#)

<sup>60</sup> GLA Act 1999, [section 41 \(4\)](#)

<sup>61</sup> GLA Act, [section 309F](#)

The strategy must “describe the role to be performed by any relevant body” to implement the strategy.<sup>62</sup> Relevant bodies include boroughs, functional bodies, Integrated Care Boards, NHS trusts, and NHS foundation trusts, and the Secretary of State (with regard to their duty to protect public health).<sup>63</sup>

## Consultation requirements

The Mayor must collaborate with the Statutory Health Adviser when producing the strategy.<sup>64</sup> The Secretary of State also has reserve powers to direct the Mayor to revise the strategy if it is inconsistent with national policies.<sup>65</sup>

The Mayor also publicly consulted on the draft HIS in 2017<sup>66</sup>, over a fifteen-week period between August and November 2017. The consultation included surveys, stakeholder meetings and consultation events.

The London Assembly has the power to reject the draft strategy if two-thirds of Members present and voting at a Plenary session, vote in favour.<sup>67</sup>

## 4.2 Statutory duty to consider health inequalities

The GLA Act 1999 requires the Mayor to take into account “the health of persons in Greater London” and “health inequalities between persons living in Greater London” in all of their statutory strategies.<sup>68</sup> As well as the HIS, the Mayor also has a statutory duty to produce strategies on transport, economic development, housing, environment, culture and spatial development (the London Plan).

The Mayor also has a statutory duty to consider health and health inequalities in all GLA policies. This is set out in the [National Health Service Act 2006](#), which states: “Each local authority must take such steps as it considers appropriate for improving the health of the people in its area.”<sup>69</sup>

## 4.3 Health in all policies approach

In practice, the Mayor meets this duty via his Health in all policies approach. The HIS states:

“The Mayor has made a commitment to a mental and physical ‘health in all policies’ approach, which means that the GLA will consider health and health inequalities in everything it does. This includes the development and implementation of statutory and other strategies.”<sup>70</sup>

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<sup>62</sup> GLA Act 1999, [section 309E](#) (4)(d)

<sup>63</sup> The Secretary of State's responsibilities are found in sections 2A and 2B of the [National Health Service Act 2006](#).

<sup>64</sup> GLA Act 1999, [section 309G](#)

<sup>65</sup> GLA Act 1999, [section 309H](#)

<sup>66</sup> The consultation report which includes information about how the consultation was conducted is no longer available on the GLA website. A copy of it was provided to the Research Unit in November 2024.

<sup>67</sup> GLA Act 1999, [section 42B](#)

<sup>68</sup> GLA Act 1999, [section 41\(4\)](#)

<sup>69</sup> National Health Service Act 2006, [section 2B \(1\)](#)

<sup>70</sup> Mayor of London, Health Inequalities Strategy, 2018, p31

The health in all policies approach is also a focus for the GLA Group PHU. In response to a Mayor's Question in 2021 about whether he would commit to a health in all policies approach for his second term, the Mayor responded:

"I have long been committed to a health in all policies approach. This is demonstrated by the successful implementation of this approach, which includes our continuing work to improve air quality, the high fat, salt, sugar advertising ban, establishing a prevention approach to violence reduction, and protecting the health of the homeless through our COVID-19 response.

"I remain fully committed to a health in all policies approach throughout my second term, particularly to address the health inequalities further exposed by the pandemic."<sup>71</sup>

The health in all policies approach is also a core focus of the GLA Group PHU.

## 4.4 The Mayor's statutory equality objectives

The [Equality Act 2010](#) requires the Mayor to set at least one equality objective every four years.<sup>72</sup> He has set 14 statutory equality objectives for the period 2022-2026.

The set of statutory equality objectives include two objectives related to health and health inequalities:

- improve Londoners' air quality and access to green space and lower the city's carbon emissions so that inequalities in exposure to harmful pollution and climate risks are reduced (objective four)
- to address the reasons for health inequalities that cause some groups to experience poorer physical and mental health outcomes (objective 12).<sup>73</sup>

For each equality objective, the Mayor has provided an explanation of the key actions he will take to achieve it. In relation to objective four, he has said he is delivering this via "implementing road user charging schemes, retrofitting London's polluting buildings; and investing in green infrastructure". In relation to objective 12, he has said he will deliver this via his work to achieve the ambitions of the HIS.

More information is in the Research Unit's paper on [the GLA's statutory equality obligations](#).

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<sup>71</sup> Questions to the Mayor, [Health in All Policies Approach](#), Reference:2021/1899, 30 May 2021

<sup>72</sup> [Equality Act 2010 \(Specific Duties and Public Authorities\) Regulations 2017](#), section 5

<sup>73</sup> Mayor of London, [Equality, diversity and inclusion objectives](#), accessed 8 October 2024

## 5 Implementation of the London Health Inequalities Strategy

The [current HIS](#) was published in September 2018 and is a 10-year strategy. A [Health Inequalities Strategy Implementation Plan 2018-2020](#) was also published in September 2018.

This was followed in December 2021 by an updated [Health Inequalities Strategy Implementation Plan 2021-2024](#), which sets out the Mayor's action plan for delivering and implementing the HIS up until May 2024.

The Mayor has also published several progress reports. The most recent of these, [Progress Report 2022](#), was published in April 2023. Links to all published reports relating to the HIS are in the [Appendix](#).

In September 2024, the Mayor was asked to provide an update on the development of a new implementation plan. He responded:

"My Health and Wellbeing team will be working on the new implementation plan over the next few months to reflect my and partners health inequalities priorities for the rest of this administration. We anticipate being able to share this towards the end of the year."<sup>74</sup>

As set out in [section 3.1](#), the LHB and HEG play a role in overseeing progress on the HIS.

### 5.1 Six key commitments in the Health Inequalities Strategy

At the core of the HIS are six key Mayoral commitments, grouped into five themes. Several of these commitments were not included in the original strategy, and were introduced by the Implementation Plan published in December 2021.<sup>75</sup>

The six key commitments are:

1. Healthy Children: to expand the School Superzones pilot programme across London with a target of 50 by 2024.
2. Healthy Minds: by 2025, London will have a quarter of a million wellbeing champions supporting Londoners where they live, work, learn and play.
3. Healthy Places (1): London will be a net zero carbon city by 2030 and will have the cleanest air of any major world city, meeting legal and health requirements by 2050. In the interim, we want to be on a path to zero pollution, meeting the World Health Organisation's (WHO) interim target for PM 2.5.
4. Healthy Places (2): to lead the campaign to make London a Living Wage City, targeting accreditation of an additional 1,600 employers, lifting at least 48,000 people onto the real living wage and putting £635m in Londoners' pay packets.

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<sup>74</sup> Questions to the Mayor, [Health Inequalities Strategy Implementation Plan](#), Reference:2024/2861, 17 September 2024

<sup>75</sup> Mayor of London, [Health Inequalities Strategy Implementation Plan 2021-24](#), December 2021

5. Healthy Communities: to support London action on tackling structural racism as a determinant of health – by organisations in their commitment to be anti-racist.
6. Healthy Living: by 2041 all Londoners will do at least the twenty minutes of active travel each day that they need to stay healthy.

## Healthy children

- **Key Mayoral commitment:** To expand the School Superzones pilot programme across London with a target of 50 by 2024.

A [School Superzone](#) involves the local authority designating a boundary around an existing or new primary or secondary school. This boundary is usually around 400 metres, or a five-minute walk. Superzones will normally focus on at least three issues to create healthier environments around schools, such as encouraging active travel, air quality and the food environment.<sup>76</sup> Superzones are usually targeted at the most deprived local areas.

The concept was initially piloted in 2018 and 2019, with 13 London boroughs taking part. The Mayor then expanded this programme to include funding for up to 50 grants of up to £30,000, available to local authorities in four funding rounds in 2022 and 2023. Round four of the funding was the last to close, having remained open until 24 March 2024.<sup>77</sup>

In response to a Mayoral Question in March 2022,<sup>78</sup> the Mayor confirmed that new Superzones will only need to address at least two of seven broad health determinants of active travel, air quality, food and drink environment, community safety, access to green space, planning and licensing, and tobacco and alcohol. In previous publications, it was stated that areas would “normally [be] focusing on a minimum of three issues”.<sup>79</sup>

The Mayor also said that the GLA was no longer stipulating that zones should be at least a 400 metre boundary around a school. Instead, “the exact geography will be defined by the borough following an assessment of the local context and health challenges relating to a specific school”. The Mayor cited feedback from schools, which highlighted the importance of flexibility in adapting Superzones, as a reason for this change.<sup>80</sup>

The latest HIS progress report, published in 2023, states that “by the end of March 2023, 53 School Superzones had been established across 20 boroughs.”<sup>81</sup> In response to a Mayoral Question in November 2022, the Mayor’s team said that grants of over £700,000 had so far been made.<sup>82</sup> The Mayor’s Health Adviser, Dr Tom Coffey, told the London Assembly’s Health Committee in March 2024 that there were now 86 Superzones in the city.<sup>83</sup>

The Green Dragon Primary School Brentford, in the Borough of Hounslow, is one example of a Superzone. The school received £28,700 of bid funding to improve air quality around the

<sup>76</sup> PHE, TCPA and London Councils, [School Superzones](#), September 2021

<sup>77</sup> Mayor of London, [School Superzones](#), February 2024

<sup>78</sup> Questions to the Mayor, [Question on School Superzones Local Flexibility](#), Reference:2022/1168, March 2022

<sup>79</sup> London Councils, the Mayor of London, PHE, and TCPA, [School Superzones](#), September 2021

<sup>80</sup> Questions to the Mayor, [School Superzones Local Flexibility](#), Reference:2022/1168, March 2022

<sup>81</sup> Mayor of London, [Progress report 2022: Health Inequalities Strategy](#), April 2023

<sup>82</sup> London Assembly, [Question on State of London’s Health](#), 17 November 2022

<sup>83</sup> London Assembly Health Committee, [Question and answer session with the GLA health team](#), 13 March 2024, p6



site. Measures included installing manual diffusion tubes to keep tabs on pollution levels, and encouraging active travel through new scooter storage and cycling vouchers.<sup>84</sup>

## Healthy minds

- **Key Mayoral commitment:** By 2025, London will have a quarter of a million wellbeing champions supporting Londoners where they live, work, learn and play.

The GLA website includes a page inviting Londoners to “sign up to become a champion for wellbeing in London”.<sup>85</sup> There is an online form for people to provide their name and email address and the webpage explains that people who sign up via the online form will receive emailed information and resources on health and wellbeing, including free online training modules.

In March 2022, the London Assembly Health Committee asked GLA representatives about the numbers and definition of wellbeing champions. Jazz Bhogal, Assistant Director of Health, Education and Youth at the GLA, told the Committee when asked for a definition “that more than 200,000 Londoners have completed suicide awareness training in the last two years”, and the challenge in creating champions lay in “how well connected [those people] are into some of the local opportunities to utilise that training”.<sup>86</sup> Dr Coffey went on to tell the Committee:

“[By 2025] we will have a definition and we will then be able to assess how people are meeting the definition and they will be added on to our target.”<sup>87</sup>

In October 2022, the Mayor approved expenditure for the Mental Health and Wellbeing Recovery Mission. The Mayoral Decision paper provided some information about the wellbeing champions programme, including the Mayor's aim to:

“build a London-wide infrastructure for wellbeing champions, enabling them to connect, access new opportunities, build and share knowledge, and catalyse widespread engagement across London; and, through this process, raise awareness of the role of the Mayor of London in supporting the programme.”<sup>88</sup>

The HIS Progress Report, published in April 2023, stated that:

“Since April 2021, over 143,000 Londoners have taken a more active role in supporting their own and others' wellbeing by participating in Mayoral funded mental health and wellbeing events, taking training, and engaging in community projects.”<sup>89</sup>

In March 2024, the Mayor's appointed Health Adviser, Dr Tom Coffey, told the Assembly Health Committee that there were now 220,000 mental health champions in London.<sup>90</sup>

<sup>84</sup> London Borough of Hounslow, [Brentford's Green Dragon Celebrates School Superzone Success](#), 15 June 2023

<sup>85</sup> GLA, [Good mental health and wellbeing starts with you](#)

<sup>86</sup> London Assembly Health Committee, [Transcript of Agenda Item 6 – Health Inequalities Strategy Implementation Plan 2021-2024](#), March 2022, p.36

<sup>87</sup> London Assembly Health Committee, [Transcript of Agenda Item 6 – Health Inequalities Strategy Implementation Plan 2021-2024](#) March 2022, p.37

<sup>88</sup> Mayor of London, Mayoral Decision 3026, [Mental Health Recovery Mission and Thrive LDN work programme](#), 14 October 2022

<sup>89</sup> Mayor of London, [Progress report 2022: Health Inequalities Strategy](#), April 2023

<sup>90</sup> London Assembly Health Committee, [Transcript: Question and answer session with the GLA health team](#), 13 March 2024, p3

However, it is unclear whether an exact definition of what constitutes a wellbeing or mental health champion has been published. When asked for a definition by the London Assembly's Health Committee in March 2024, Dr Coffey said:

"These are Londoners who've taken courses and done projects which are accredited and give them a degree of mental health expertise. Examples I would give, they might have done the zero-suicide course, they might have done mental health first aid training."<sup>91</sup>

At the March 2024 meeting, Emma Pawson, Head of Health and Wellbeing and Programme Director for Free School Meals, GLA, said "we try to make it as inclusive as possible...and a broad spectrum of support". She provided examples of support and training for wellbeing champions. She stated that over 4,000 young people in educational settings had received training and that over 380,000 people had taken suicide awareness training.<sup>92</sup>

## Healthy places (1)

- **Key Mayoral commitment:** London will be a net zero carbon city by 2030 and will have the cleanest air of any major world city, meeting legal and health requirements by 2050.  
In the interim, we want to be on a path to zero pollution, meeting the WHO's interim target for PM2.5 (10µg/m3) by 2030.

The HIS Progress Report focuses on the air quality aspect of the Healthy places commitment. It states:

"The ULEZ and the Mayor's other policies have reduced air pollution London-wide and helped to narrow the 'exposure gap' between the most and least deprived areas of the city, as well as between areas where Black, Asian and minoritised communities in London are most and least likely to live, which is helping to tackle health inequalities."<sup>93</sup>

At the time of the report, the [Ultra Low Emission Zone \(ULEZ\)](#) had been expanded up to but not including the North and South Circular roads. In August 2023, it was expanded to cover all London boroughs.<sup>94</sup>

The overarching air quality commitment in the HIS is for London to have the cleanest air of any major world city, meeting legal and health requirements by 2050. As an interim, it commits to meeting the World Health Organisation's (WHO) interim target for PM2.5 levels of 10 µg/m3 (micrograms by cubic metre) by 2030. PM2.5 is fine particulate matter found in the air as particles or liquid droplets that have a diameter less than 2.5 micrometres across. The HIS Progress Report points to evidence which suggests it is the air pollutant which has the greatest impact on human health.<sup>95</sup> Its causes include diesel combustion, road and agricultural dust, and industrial activity.

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<sup>91</sup> London Assembly Health Committee, [Transcript: Question and answer session with the GLA health team](#), 13 March 2024, pp7-8

<sup>92</sup> London Assembly Health Committee, [Transcript: Question and answer session with the GLA health team](#), 13 March 2024, p8

<sup>93</sup> Mayor of London, [Progress report 2022: Health Inequalities Strategy](#), April 2023, section 7

<sup>94</sup> GLA, [The Ultra Low Emission Zone \(ULEZ\) for London](#),

<sup>95</sup> Mayor of London, [PM2.5 in London: Roadmap to meeting World Health Organization guidelines by 2030](#), October 2019

Research conducted for the GLA by air quality and climate change emissions consultant, Aether, shows that progress has been made on reducing levels of air pollution in London, including progress on reducing levels of PM2.5.<sup>96</sup> However, data also shows that the whole population of London is forecast to remain exposed to nitrogen dioxide (NO2) and PM2.5 concentrations above the recommended WHO air quality guidelines in 2030, unless significant further action is taken.<sup>97</sup>

Vicky Hobart, GLA Group Director of Public Health and Deputy Statutory Health Adviser, told the Assembly's Health Committee in March 2024 that progress had been made on levels of nitrogen dioxide, but particulate matter remained "more challenging".<sup>98</sup>

See section 3.7 for more information about the Mayor's air quality powers.

## Healthy places (2)

- **Key Mayoral commitment:** To lead the campaign to make London a Living Wage City, targeting accreditation of an additional 1,600 employers, lifting at least 48,000 people onto the real living wage and putting £635m in Londoners' pay packets.

The [London Living Wage](#) is an hourly rate of pay, currently calculated to be £13.85 an hour for those aged 18 and above.<sup>99</sup> To meet the target of lifting at least 48,000 people onto the London Living Wage, the Mayor established the Making London a Living Wage City (MLLWC) programme in September 2021. This programme is being run by Citizens UK and Trust for London, in partnership with the Mayor.<sup>100</sup> Employers must choose to pay the London Living Wage.

The HIS Progress Report set out that the MLLWC Programme Steering Group established stretch targets to be met by May 2024. This included a target to lift 75,000 more Londoners onto the London Living Wage.

Figures released by the Living Wage Foundation in February 2024 state that over 140,000 employees are now working for 3,600 London Living Wage employers.<sup>101</sup>

## Healthy communities

- **Key Mayoral commitment:** To support London action on tackling structural racism as a determinant of health – by organisations in their commitment to be anti-racist.

This key commitment was included in the HIS after the publication of the Implementation Plan. The Healthy Communities commitment around structural racism states that "people from minoritised ethnic communities experience disproportionately worse health outcomes", and that the "COVID-19 pandemic and the Black Lives Matter movement in 2020 have

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<sup>96</sup> Aether, [Greater London Authority air quality exposure and inequalities study: Part 1 - London analysis](#), June 2023

<sup>97</sup> Aether, [Greater London Authority air quality exposure and inequalities study: Part 1 - London analysis](#), June 2023

<sup>98</sup> London Assembly Health Committee, [Question and answer session with the GLA health team](#), 13 March 2024, p9

<sup>99</sup> Mayor of London, [London Living Wage](#)

<sup>100</sup> Citizens UK, [Making London a Living Wage City](#)

<sup>101</sup> Mayor of London, [How the London Living Wage builds a fairer city](#), February 2024

driven awareness of the need for much more concerted action on [...] structural and institutional racism and discrimination which drives health inequalities.”<sup>102</sup>

The commitment states that a London Anti-Racism Practice Learning Hub will be developed. The hub is being designed and funded with partners including NHS London, Office for Health Inequalities and Disparities, and London Councils. The Race Equality Foundation has defined the overarching aim of the hub as “to contribute to improving health outcomes and health equity for Black, Asian and minoritised Londoners, by supporting organisations to be actively anti-racist.”<sup>103</sup>

Professor Kevin Fenton told the Assembly's Health Committee in March 2024 that the [London Anti-Racism Collaboration for Health \(LARCH\)](#) was launched in November 2023.<sup>104</sup> LARCH, which sits within the London Health and Care Partnership, has published a framework for tackling health inequalities through an anti-racist approach.<sup>105</sup> LARCH will work towards the delivery of the hub, with Professor Fenton telling the Committee that further work on the hub will commence at the start of the 2024/25 financial year.

## Healthy living

- **Key Mayoral commitment:** By 2041 all Londoners will do at least the twenty minutes of active travel each day that they need to stay healthy.

The Healthy Living commitment that by 2041 all Londoners will do at least the twenty minutes of active travel each day ties in with the Mayor's [Transport Strategy](#), which sets a target for 80 per cent of journeys to be made by walking, cycling and public transport by 2041.<sup>106</sup>

TfL's latest [Travel in London](#) report states that in 2022-23, 38 per cent of Londoners were doing at least 20 minutes of active travel per day.<sup>107</sup> This is still lower than pre-pandemic levels. Historically, this measure of active travel has been around 40 per cent.<sup>108</sup> There is a trend of consistent increases in walking-all-the-way journeys, from 0.66 trips per person per day on average in 2017-18 to 0.84 in 2022-23.<sup>109</sup>

TfL has also published, in July 2018, a [Walking Action Plan](#). The Walking Action Plan states TfL's vision is for London to be the world's most walkable city, where “walking is the most obvious, enjoyable and attractive means of travel for all short trips.”<sup>110</sup> The Plan sets a target to increase the number of walking trips by more than 1 million per day by 2024.<sup>111</sup>

TfL's [Leisure Walking Plan](#), published in November 2022, aims to enhance and expand leisure walking routes in London and better connect local communities with green spaces to make them more accessible.

<sup>102</sup> Mayor of London, [Progress report 2022: Health Inequalities Strategy](#), April 2023

<sup>103</sup> Race Equality Foundation, [Race Equality Foundation to lead design 'Anti-Racism Hub' for the GLA](#), May 2023

<sup>104</sup> London Assembly Health Committee, [Question and answer session with the GLA health team](#), 13 March 2024, p13

<sup>105</sup> LARCH, [A Strategic Framework to Tackling Ethnic Health Inequalities through an Anti-Racist approach](#), November 2023

<sup>106</sup> TfL, [The Mayor's Transport Strategy](#)

<sup>107</sup> TfL, [Travel in London 2023 Annual overview](#), December 2023

<sup>108</sup> TfL, [Travel in London 2023 Active travel trends](#), December 2023

<sup>109</sup> TfL, [Travel in London 2023 Active travel trends](#), December 2023

<sup>110</sup> TfL, [Walking Action Plan](#), July 2018, p11

<sup>111</sup> TfL, [Walking Action Plan](#), July 2018, p34

TfL also published a Cycling Action Plan in 2018, and an updated version, [Cycling Action Plan 2](#), in July 2023. Cycling Action Plan 2 sets a target for 1.6 million daily cycle journeys to be made by 2030. It states that increasing cycling levels will “help address many of the challenges we face including climate change, pollution, health and inactivity..”.<sup>112</sup>

## 6 Collection and publication of data on health inequalities

### London Datastore indicators

The GLA published a [dataset](#) of 14 population health indicators on the London Datastore in 2018 to sit alongside the HIS.

The indicators are:

1. healthy life expectancy at birth – male
2. healthy life expectancy at birth – female
3. children born with low birth weight
4. school readiness among children
5. excess weight in children at age 10-11 (year 6)
6. excess mortality in adults with serious mental illness
7. suicide
8. mortality caused by Particulate Matter (PM2.5)
9. employment
10. feeling of belonging to a community (provisional)
11. HIV late diagnosis
12. people diagnosed with TB
13. adults walking or cycling for two periods of ten minutes each day
14. smoking.

The dataset was last updated in October 2024.<sup>113</sup>

### Snapshot of Health Inequalities in London

The Health Equity Data Collaborative is a group of organisations, including the GLA, which facilitate data collaboration in London. The other organisations in the Collaborative are OHID, [Association of Directors of Public Health London](#), NHS England, and the [Institute of Health Equity](#).

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<sup>112</sup> TfL, [Cycling Action Plan 2](#), July 2023, p7

<sup>113</sup> GLA, [London Health Inequalities Strategy Indicators](#), hosted on the London Datastore, accessed 7 October 2024

In 2022, the Health Equity Data Collaborative published [Snapshot of Health Inequalities in London](#), a report providing a “high-level overview of major inequalities issues affecting Londoners”. The report states its intention to build on the HIS population health indicators.<sup>114</sup>

In July 2024, it published an [updated version](#) of the report.

The report includes data on the following.

- **Inequalities in health status** – including life expectancy at birth, healthy life expectancy, disability-free life expectancy, effects of the Covid-19 pandemic on health status, and health inequalities by ethnic group and deprivation.
- **Wider determinants** – including school readiness, income and employment, poverty, housing, green space, neighbourhood cohesion, unfair treatment due to a protected characteristic and climate risk.
- **Health behavioural risk factors** – including smoking prevalence, physical inactivity and drug and alcohol misuse.
- **Death and illness** – including causes of death, causes of illness, mental health, and infant mortality.
- **Healthcare inequalities** – including inequalities in cancer screening, diabetes care, and hypertension management and inequalities in vaccination take-up.<sup>115</sup>

Alongside the main updated snapshot report, the group has also published a series of supplementary data packs on climate and environment, children and young people, and poverty and cost of living.

The reports are intended to be used by services, organisations and policy makers across the health sector, NHS and local and regional government to

“support their work to address inequalities by helping:

- (1) Frame discussions with system partners
- (2) Engage communities
- (3) Identify data sources on a given topic
- (4) Advocate for the need for action to address health inequalities.”<sup>116</sup>

The Progress Report on the HIS, published in 2023, states that the key measure of the HIS is healthy life expectancy.<sup>117</sup>

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<sup>114</sup> GLA Health team, GLA City Intelligence Unit, OHID, Association of Directors of Public Health London, NHSE, Institute of Health Equity, [Snapshot of Health Inequalities in London](#), December 2022,

<sup>115</sup> GLA, OHID, Association of Directors of Public Health London, NHS England, Institute of Health Equity, [An update to the snapshot of health inequalities in London](#), July 2024, hosted on the London Datastore, accessed 7 October 2024

<sup>116</sup> London Datastore, [Snapshot of Health Inequalities in London](#), updated October 2024, accessed 7 October 2024

<sup>117</sup>



## 7 The Mayor's six tests

The Mayor's '[six tests](#)' were developed in 2017 following a [report](#) by the King's Fund and Nuffield Trust into London's five sustainability and transformation plans.<sup>118</sup> The six tests are six conditions that must be met before the Mayor will support any major health and care transformation or service reconfiguration in London, to ensure that the changes are in the best interests of Londoners.

The Mayor will apply his six tests to major service reconfiguration programmes – where significant changes are proposed and/or where large populations across multiple boroughs are likely to be affected.

The six tests consider issues around:

1. health and healthcare inequalities
2. hospital beds
3. financial investment and savings
4. social care impact
5. clinical support
6. patient and public engagement.

In 2022, the Mayor commissioned the Nuffield Trust to review the first of the six tests; health and healthcare inequalities. In November 2022, [Review of the Mayor of London's Health Inequalities Test](#) was published. Following this review, the Mayor revised this test as well as the hospital bed test and wrote to NHS England to advise of these changes.<sup>119</sup>

The Mayor publishes the letters that he writes to the NHS setting out his positions on proposals against his six tests assessment. Most recently, in July 2024, the Mayor [wrote](#) to NHS England setting out an assessment of the six tests on proposals for the future location of very specialist cancer treatment services for children.<sup>120</sup>

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<sup>118</sup> Mayor of London, [Champion, challenge and collaborate](#), accessed 7 October 2024

<sup>119</sup> Mayor of London, [Letter to NHS England, The Mayor's Six Tests: Revisions to the Health Inequalities and Beds Test](#), 4 November 2022

<sup>120</sup> Mayor of London, Letter to NHS England, [Mayor of London's six tests assessment on proposals for the future location of very specialist cancer treatment services for children living in south London and much of south east England](#), 31 July 2024

## 8 Journey towards health devolution

### 8.1 London health devolution agreement

In 2017, the Mayor signed a [Memorandum of Understanding](#) with central Government, London boroughs, NHS Improvement, what was then PHE, and other partners, securing a devolution deal for health and care across the city. The deal commits partners to working towards:

- improving the utilisation of the health service estate
- new payment mechanisms
- place-based approaches to provider regulation
- integration of health and care budgets
- city-level action on the wider determinants of health, including through the Work and Health programme.

The GLA published a [document](#) in November 2017 setting out its intentions under health devolution in London.<sup>121</sup> These included:

- establishing a London Estates Board, to involve local government and other bodies in strategic NHS estates decisions; this will also mean that proceeds from land sales can be reinvested in the healthcare system
- ensuring funds from the 'sugar levy' are used to tackle obesity in London
- greater local design of health-related employment support services
- a London Workforce Board, to coordinate training between health and social care staff, promoting more integrated roles to support an integrated model of care.

The [London Health and Care Partnership](#), which includes the GLA, has recently commissioned a review of the devolution agreement. As of October 2024, this rapid review does not appear to have been published.

### 8.2 Calls for further devolution

The London Assembly called for the creation of a London Health Commissioner, with a dedicated budget, in its 2015 report on devolution, [A New Agreement for London](#).<sup>102</sup> It repeated this call to the Levelling Up, Housing and Communities Committee's inquiry into devolution in 2019.<sup>103</sup>

It also argued that the London Ambulance Services should be looked at, stating:

"The establishment of this role [London Health Commissioner] could finally provide the impetus for a detailed discussion about the merits of integrating the London Ambulance Service (LAS) with the fire and police services, which the Mayor already manages, to create a modern and efficient first responder service. This type of

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<sup>121</sup> GLA, [Health and Care Devolution: What it Means for London](#), November 2017

strategic work would for the first time be done at City Hall, bringing greater transparency and accountability to long-term health care planning.”<sup>104</sup>

The Mayor has previously rejected calls for further devolution to London of any NHS services. In response to a Mayor's Question in 2021, he said:

“I remain unpersuaded...that devolving responsibility for NHS services to my office would be the right approach for London; instead, I will continue to champion, challenge and collaborate with the NHS to deliver the high-quality services Londoners deserve”.<sup>101</sup>

## 9 London Assembly scrutiny

### 9.1 London Assembly

The London Assembly is the scrutiny body for London, examining decisions and actions to ensure promises to Londoners are delivered.

As set out in section four, the Mayor must consult the Assembly before publishing or revising the HIS and the Assembly has the power to reject the strategy if two-thirds of Assembly Members vote to do so.<sup>122</sup>

### 9.2 Health Committee

The Assembly can appoint a Committee or sub-Committee to carry out its functions, including to investigate and prepare reports about any actions and decisions of the Mayor.<sup>123</sup> The [London Assembly Health Committee](#) has lead responsibility for scrutiny of health-related issues.

The Health Committee's Terms of Reference are:

“to examine and report on matters relating to health in London and to lead on scrutiny of the Mayor's Health Inequalities Strategy”.<sup>124</sup>

The Terms of Reference also set out that the Health Committee has lead responsibility for scrutiny of the LHB.

In recent years the Health Committee has carried out investigations and published letters and reports with recommendations to the Government and the Mayor on various health issues in London. These include gambling-related harms, eating disorders, trauma-informed approaches to youth violence, maternal health and care, the GLA Group Public Health Unit and the London Ambulance Service. Publications resulting from these investigations are published online under [London Assembly publications](#).

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<sup>122</sup> GLA Act 1999, [section 42B](#)

<sup>123</sup> GLA Act 1999, [section 55 and 59](#)

<sup>124</sup> London Assembly, [London Assembly – Membership of Committees/Panels and Terms of Reference 2024/25](#).

In 2023, the Committee also wrote to the Mayor with seven recommendations for the GLA Group PHU.<sup>125</sup>

### 9.3 Other Committee scrutiny of health issues

Although the Health Committee takes the lead role in scrutinising the Mayor's work on health, other Assembly Committees consider the health impacts of the work and policies they are scrutinising.

For example, the Housing Committee's [investigation into Temporary Accommodation](#) in 2023-24 considered the health impacts of living in Temporary Accommodation. The Committee's recommendations to the Mayor included a recommendation that he should:

“use his convening powers and responsibilities on health inequalities to ensure that people living in Temporary Accommodation are included in inclusion health plans, which are produced by health authorities to reduce healthcare inequalities and improve healthcare for inclusion health groups...”<sup>126</sup>

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<sup>125</sup> London Assembly, [Health Committee letter to the Mayor](#), 6 April 2023

<sup>126</sup> London Assembly Housing Committee, [London's Temporary Accommodation Emergency](#), March 2024, p12

# Appendix: List of Health Inequalities Strategy publications

## Current HIS

- [The London Health Inequalities Strategy](#), September 2018
- [Health Inequalities Strategy Implementation Plan 2021-24](#), December 2021

## Progress reports

- [Annual Report London Health Inequalities Strategy: Year 1 report: Oct 2018 to Oct 2019](#), October 2019
- [Progress Report: London Health Inequalities Strategy](#), August 2021
- [Progress Report 2022: Health Inequalities Strategy](#), April 2023

## Other publications

- [Health Inequalities Strategy Implementation Plan - Case Studies](#)
- [Snapshot of Health Inequalities in London](#), most recent data was released in December 2022

## Other formats and languages

If you, or someone you know needs this report in large print or braille, or a copy of the summary and main findings in another language, then please call us on: 020 7983 4100 or email [assembly.translations@london.gov.uk](mailto:assembly.translations@london.gov.uk)

### Chinese

如您需要这份文件的简介的翻译本，  
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Email 与我们联系。

### Vietnamese

Nếu ông (bà) muốn nội dung văn bản này được dịch sang tiếng Việt, xin vui lòng liên hệ với chúng tôi bằng điện thoại, thư hoặc thư điện tử theo địa chỉ ở trên.

### Greek

*Εάν επιθυμείτε περίληψη αυτού του κειμένου στην γλώσσα σας, παρακαλώ καλέστε τον αριθμό ή επικοινωνήστε μαζί μας στην ανωτέρω ταχυδρομική ή την ηλεκτρονική διεύθυνση.*

### Turkish

Bu belgenin kendi dilinize çevrilmiş bir özetini okumak isterseniz, lütfen yukarıdaki telefon numarasını arayın, veya posta ya da e-posta adresi aracılığıyla bizimle temasa geçin.

### Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸੰਖੇਪ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਲੈਣਾ ਚਾਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਜਾਂ ਉਪਰ ਦਿੱਤੇ ਡਾਕ ਜਾਂ ਈਮੇਲ ਪਤੇ 'ਤੇ ਸਾਨੂੰ ਸੰਪਰਕ ਕਰੋ।

### Hindi

यदि आपको इस दस्तावेज़ का सारांश अपनी भाषा में चाहिए तो उपर दिये हुए नंबर पर फोन करें या उपर दिये गये डाक पते या ई मेल पते पर हम से संपर्क करें।

### Bengali

আপনি যদি এই দলিলের একটা সারাংশ নিজের ভাষায় পেতে চান, তাহলে দয়া করে ফো করবেন অথবা উল্লিখিত ডাক ঠিকানায় বা ই-মেইল ঠিকানায় আমাদের সাথে যোগাযোগ করবেন।

### Urdu

اگر آپ کو اس دستاویز کا خلاصہ اپنی زبان میں درکار ہو تو، براہ کرم نمبر پر فون کریں یا منکورہ بالا ڈاک کے پتے یا ای میل پتے پر ہم سے رابطہ کریں۔

### Arabic

الحصول على ملخص لهذا المستند بلغة،  
فرجاء الاتصال برقم الهاتف أو الاتصال على  
العنوان البريدي أو عنوان البريد  
الإلكتروني أعلاه.

### Gujarati

જો તમારે આ દસ્તાવેજનો સાર તમારી ભાષામાં જોઈતો હોય તો ઉપર આપેલ નંબર પર ફોન કરો અથવા ઉપર આપેલ ટપાલ અથવા ઇ-મેઇલ સરનામા પર અમારો સંપર્ક કરો.



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