

GREATER LONDON AUTHORITY

REQUEST FOR MAYORAL DECISION – MD3326

London Health and Care Partnership

Executive summary:

Under the collective oversight of the London Health Board, the London Health and Care Partnership leads the delivery of the London Health and Care Vision, and the London Health Inequalities Strategy. It will play a key role in developing and delivering the London Health Mission. The GLA plays its role fully within this partnership, including contributing financially. This MD seeks approval for the GLA's contribution to a pooled Health and Care Partnership fund that pays for the partnership's London office, and associated partnership programmes. The MD also seeks approval for funding for the Race Equality Foundation report on structural racism and health inequalities.

Decision:

That the Mayor approves expenditure of:

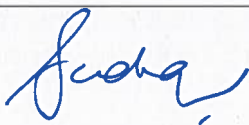
- £300,000 over two years (£150,000 in 2024-25 and £150,000 in 2025-26), as the GLA's contribution to the Health and Care Partnership's pooled fund for the partnership's London office; and the delivery of the London Health and Care Vision, and the London Health Mission
- £3,200 to fund the Race Equality Foundation to co-produce, with communities and other stakeholders, a set of London recommendations on structural racism and health inequalities.

Mayor of London

I confirm that I do not have any disclosable pecuniary interests in the proposed decision and take the decision in compliance with the Code of Conduct for elected Members of the Authority.

The above request has my approval.

Signature:



Date:

26/2/25

PART I – NON-CONFIDENTIAL FACTS AND ADVICE TO THE MAYOR

Decision required – supporting report

1. Introduction and background

- 1.1. Under the collective oversight of the London Health Board, the London Health and Care Partnership (made up of the GLA, the NHS, London Councils, London's Integrated Care Systems (ICSs), the Office for Health Improvement and Disparities and the UK Health Security Agency) leads the delivery of the London Health and Care Vision (the Vision). Developed and published in 2019, the Vision sets out the Health and Care Partnership's ambition for London to be the world's healthiest global city, and the best city in the world in which to receive treatment and care.
- 1.2. At its meeting on 9 September 2024, the London Partnership Board endorsed proposals to establish six London missions, including one specifically focused on health (London Health Mission). The emerging London Health Mission will reset the London Health and Care Partnership's strategic framework for joint work in London, developing priorities informed by the national government's health mission.
- 1.3. The overall long-term London Health Mission goal is to make London the healthiest global city. The aim is that, by 2035, we will have significantly improved outcomes in London's population health and reduced health inequalities, so that more Londoners are living healthier and longer lives in their communities.
- 1.4. This proposal sets out the GLA's initial financial contribution to the London Health and Care Partnership: £300,000 over two years (£150,000 in 2024-25; and £150,000 in 2025-26). NHS London, London Councils and London's ICSs will also make financial contributions to this work. This pooled funding covers the staff within the office of the London Health and Care Partnership who coordinate the partnership's work. It also funds a small number of partnership programmes that are agreed jointly by the leaders of the partnership (the Executive Director for Communities and Skills is the GLA's representative). Previous decisions approved the same level of expenditure for the pooled budget in 2020-21 (MD2704); 2021-22 (MD2704 and MD2799); and 2022-23 and 2023-24 (MD3012).
- 1.5. The Mayor's Health Inequalities Strategy includes activity to inform the evidence base on London's health inequalities. To complement the thematic review on structural racism, the Race Equality Foundation was commissioned – through a competitive process that took place in March 2024 – to co-produce, with communities and other stakeholders, a set of London recommendations. This was approved in ADD2692, with a budget of £20,000. In undertaking this co-production, an additional design working group was required, costing an extra £3,200. This decision form seeks approval for this additional funding.

2. Objectives and expected outcomes

- 2.1. The GLA's financial contribution to the London Health and Care Partnership will support the delivery of the Vision and the London Health Mission. Project work includes support for London-wide work on the prevention and early detection of cardiovascular disease (CVD); work to integrate physical activity into healthcare, to give Londoners the services and support they need to be active; and an exploration of innovative investment approaches to help deliver the Vision.
- 2.2. One of the Vision's priorities is tackling structural racism. The Race Equality Foundation undertook an additional design working group meeting in July 2024. This brought together London health and care partners, voluntary and community sector representatives, and people with lived experience, to review and finalise the co-produced recommendations. Using a co-production process is a key objective, modelling collaboration with communities as set out in the health and care strategic approach to tackling structural racism. The co-produced recommendations will focus on actions that can be

delivered in London with available London levers, across the statutory sector. The final report is due to be published in Spring 2025.

3. Equality comments

- 3.1. Under section 149 of the Equality Act 2010 (the 2010 Act), as a public authority, the GLA must comply with the public sector equality duty and in doing so must have due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited by or under the 2010 Act
 - advance equality of opportunity between people who share a relevant protected characteristic and those who do not
 - foster good relations between people who share a relevant protected characteristic and those who do not.
- 3.2. Protected characteristics under section 4 of the 2010 Act are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation and marriage and civil partnership.
- 3.3. Both the current Vision and the emerging London Health Mission have explicit aims to tackle health inequalities. This is central to the work of the health and care partnership.
- 3.4. The work programme to build the health inequalities evidence base is part of the London Health Inequalities Strategy. Structural racism as a driver of health inequalities is detailed in the Institute of Health Equity evidence review, [Structural Racism, Ethnicity and Health Inequalities in London](#) (October 2024).
- 3.5. The public sector equality duty applies to the exercise of all of the GLA's functions and to the extent that other Partnership members are public authorities, or carry out public functions, they will also be subject to the duty.

4. Other considerations

Key risks and issues

- 4.1. The key issue is identified in the table below:

Issue	Mitigation	RAG rating
Further work is needed to determine the specific focus and approach for the London Health Mission.	Ongoing work across the health and care partnership and beyond to agree this.	Green

Links to mayoral strategies and priorities

- 4.2. Tackling inequalities in partnership is a key programme approach for the 'reducing inequalities' mandate. All programmes detailed here will help to meet one or both of the mandate's key strategic objectives:
- Londoners live in a city that supports their mental and physical health
 - Londoners have access to a health and care system that supports them when they need it.
- 4.3. All programmes also support the implementation of the Mayor's Health Inequalities Strategy. For example, the health and care partnership's work on CVD aims to bridge health equity gaps, including

by co-producing culturally relevant communications campaigns for groups experiencing health inequalities. See also equality comments (section 3).

- 4.4. The work programme to build the health inequalities evidence base is part of the London Health Inequalities Strategy. The specific focus on structural racism as a driver of health inequalities is a key commitment of the London Health Inequalities Strategy (as published in the 2021-24 implementation plan) and part of the London Anti-Racism Collaboration for Health partnership programme.

Consultations and impact assessments

- 4.5. The London Health and Care Partnership's work on CVD has a community engagement working group, dedicated to ensuring that community voices inform all stages of its development and implementation.
- 4.6. The Race Equality Foundation's work uses co-production methods, including a design working group, a stakeholder survey and additional stakeholder workshops.
- 4.7. There are no known conflicts of interest to note for any of those involved in the drafting or clearance of this decision.

5. Financial comments

- 5.1. Approval is sought for the expenditure of:
- £300,000 over two financial years (£150,000 in 2024-25 and £150,000 in 2025-26) as the GLA's contribution to the Health and Care Partnership's pooled fund for the partnership's London office, and the delivery of the Vision and London Health Mission
 - £3,200 in 2024-25 to fund the Race Equality Foundation to co-produce, with communities and other stakeholders, a set of London recommendations on structural racism and health inequalities.
- 5.2. The £300,000 expenditure (£150,000 in 2024-25 and £150,000 in 2025-26) will be funded from the Health Partnerships programme budget, held within the Health and Wellbeing Unit.
- 5.3. The £3,200 expenditure in 2024-25 will be funded from the Health Inequalities Strategy and Implementation programme budget.
- 5.4. Funding for future financial years will be subject to the annual budget-setting process, and is subject to change. The expenditure of £150,000 in 2025-26 is within the agreed planned budget, and will be confirmed as part of the annual budget-setting process.
- 5.5. Contracts that commit the GLA in future years will be subject to appropriate break clauses.

6. Legal comments

- 6.1. The decisions requested of the Mayor fall within the general power of the GLA, exercisable by the Mayor on behalf of the GLA, in section 30(1) of the Greater London Authority Act 1999 (the GLA Act), to do anything that he considers will further any one or more of the GLA's principal purposes. These principal purposes include furthering the promotion of social development in Greater London.
- 6.2. Section 34 of the GLA Act (subsidiary powers of the GLA) allows the Mayor to do anything which is calculated to facilitate, or is conducive or incidental to, the exercise of any functions of the GLA exercisable by the Mayor, including the general power in section 30(1) of that Act.
- 6.3. In formulating the proposals in respect of which a decision is sought, the GLA has related statutory duties when exercising the power in section 30(1) of the GLA Act to:

- have due regard to the principle that there should be equality of opportunity for all people (section 33(1) of GLA Act)
- consider how the proposals are best calculated to promote improvements in the health of persons in Greater London and promote the reduction of health inequalities between persons living in Greater London (section 30(5) of the GLA Act)
- consult with such bodies or persons as may be considered appropriate in the particular case (section 32(1) of the GLA Act).

- 6.4. Section 31(3) of the GLA Act prohibits the GLA from incurring expenditure in providing any health services, in any case where the provision in question may be made by a London borough council, the Common Council or any other public body. Under section 31(5A) of the GLA Act, the GLA is permitted to incur expenditure to provide services or facilities for promoting improvements in, or protecting, public health.
- 6.5. In taking the decisions requested of him, the Mayor must comply with the Public Sector Equality Duty in section 149 of the Equality Act 2010. To this end, the Mayor should have particular regard to section 3 (above) of this report.
- 6.6. Paragraph 1.4, above, indicates that the contribution of £300,000 to the London Health and Care Partnership amounts to the provision of grant funding and not payment for services. Officers must ensure that the funding is distributed in accordance with the GLA's equalities policy and with the requirements of section 12 of the Authority's Contracts and Funding Code. Furthermore, officers must ensure that an appropriate funding agreement is put in place between, and executed by, the GLA and the recipient before any commitment to fund is made; and before any funding is paid to the recipient.
- 6.7. To the extent that any of the expenditure is used to procure services or supplies, officers should comply with the requirements of section 9 of the Code in consultation with TfL's procurement department. Officers must also ensure that appropriate contractual documentation is put in place and executed in relation to the work required in relation to the Race Equality Foundation and, more broadly, for any expenditure sought under this decision form.

7. Planned delivery approach and next steps

- 7.1. Subject to approval of this decision, the work will be carried out according to the timetable below:

Activity: Health and care partnership	Timeline
GLA Executive Director representation on the London Health and Leaders Group and the health mission	Ongoing
Financial contribution to Health and Care Partnership office 2024-25	February 2025
Financial contribution to Health and Care Partnership office 2025-26	May 2025
Development of strategic framework for health and care partnership work in London, including Mission deliverables and relevant Vision priorities	Summer 2025
Race Equality Foundation publish the co-produced recommendations	Spring 2025

Appendices and supporting papers:

None.

Public access to information

Information in this form (Part 1) is subject to the Freedom of Information Act 2000 (FoIA) and will be made available on the GLA website within one working day of approval.

If immediate publication risks compromising the implementation of the decision (for example, to complete a procurement process), it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary. **Note:** This form (Part 1) will be published either within one working day after it has been approved or on the defer date.

Part 1 – Deferral

Is the publication of Part 1 of this approval to be deferred? No

Part 2 – Sensitive information

Only the facts or advice that would be exempt from disclosure under the FoIA should be included in the separate Part 2 form, together with the legal rationale for non-publication.

Is there a part 2 form? No

ORIGINATING OFFICER DECLARATION:

Drafting officer to confirm the following (✓)

Drafting officer:

Charlotte Hall has drafted this report in accordance with GLA procedures and confirms the following:

✓

Sponsoring Director:

Tunde Olayinka has reviewed the request and is satisfied it is correct and consistent with the Mayor's plans and priorities.

✓

Mayoral Adviser:

Tom Coffey has been consulted about the proposal and agrees the recommendations.

✓

Advice:

The Finance and Legal teams have commented on this proposal.

✓

Mayoral Delivery Board

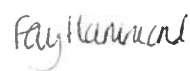
This decision was agreed by the Mayoral Delivery Board on 24 February 2025.

✓

CHIEF FINANCE OFFICER:

I confirm that financial and legal implications have been appropriately considered in the preparation of this report.

Signature:



Date:

24/02/2025

CHIEF OF STAFF:

I am satisfied that this is an appropriate request to be submitted to the Mayor.

Signature:



Date:

24/02/2025