

# GREATER LONDON AUTHORITY

## REQUEST FOR MAYORAL DECISION – MD3428

### Funding to support Thrive LDN as London's public mental health partnership

#### Executive summary:

This Mayoral Decision seeks approval for expenditure of:

- £600,000 (£300,000 in each of 2025-26 and 2026-27), to: support the core enabling functions of Thrive LDN as London's public mental health partnership; and progress Thrive LDN's mental health and wellbeing objectives in line with Mayoral mental health priorities.

This decision relates to:

- continuing mental health programmes started in 2017-18, including resource for Thrive LDN (Mayoral decisions (MDs) relating to spend in previous years are: MD2115, MD2265, MD2323, MD2439, MD2510, MD2631, MD2704, MD2852, MD3026, MD2930, MD3141 and MD3305).

#### Decision:

That the Mayor approves expenditure of:

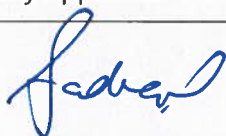
- up to £600,000 of grant funding to the Royal Free Hospital, so it can continue delivering the work of its public mental health partnership.

#### 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:

27/10/22



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

### **Decision required – supporting report**

#### **1. Introduction and background**

- 1.1. Health disparities are stark. Improvement in healthy life expectancy (HLE) at birth (the number of years a person can expect to live in good health, free from serious illness or disability) has stalled in London and nationally in recent years. (Though in 2021-23, HLE was higher for both males and females in London compared to the national average.) Between and within London boroughs, there are persistent and significant variations in HLE. Those in the boroughs with the best values experience 13 years more of good health than those living in boroughs with the worst values. People in more deprived areas spend more of their shorter lives in ill health than those in less deprived areas. Life expectancy minus HLE gives the number of years lived 'not in good health'. In 2021-23, London females had more than 20 years of life lived not in good health; and males had almost 16 years.
- 1.2. While the GLA aims to address these issues, many key policy levers lie with the national government. As such, progress depends on both local action and broader, national policy shifts. The Mayor will work across London to bring together key partners delivering for Londoners. He directly commissions key programmes to reduce the most acute gaps.
- 1.3. The statutory London Health Inequalities Strategy (HIS) published in 2018 sets out the Mayor's ambitions for London to be a healthier, fairer city, with all Londoners having the best opportunities to live a long life in good health. Mental health is one of five themes in the HIS and the Mayor wants to support Londoners' mental health and wellbeing. There is a strong positive link between mental health and healthy life expectancy: good mental health correlates with a longer and healthier life, while mental illness is linked to poorer physical health and a reduced lifespan. This connection is seen through increased rates of age-related diseases, higher suicide rates, and less healthy lifestyle choices among those with mental health conditions, but also through the protective effects of good mental wellbeing on physical health.
- 1.4. The Thrive LDN programme was launched in July 2017 by the Mayor of London, and London Health Board partners. It is a city-wide public mental health partnership, established to ensure all Londoners have an equal opportunity to good mental health and wellbeing, regardless of who they are and where they live. The Thrive LDN programme brings together organisations from across sectors to create an infrastructure for prevention, where public mental health is a collective responsibility and a common goal. The Royal Free Hospital's Thrive LDN activity delivers a wide range of programmes that support Londoners' mental health needs. That activity aligns with the strategic priorities of London's health and care partners – including the NHS, and the Office for Health Improvement and Disparities (OHID).
- 1.5. Section 12 of the GLA's Contracts and Funding Code (the Code) provides that decisions to award grant funding should generally be made based on the outcome of a transparent, competitive application process. In this case, the GLA proposes to fund the Royal Free Hospital directly, due to its unique role as the responsible body for London's public mental health partnership. Thrive LDN activity is also funded by partners across London, and external grant funding.
- 1.6. This MD concerns the continuation of mental health programmes started in 2017-18, including resource for Thrive LDN. Decisions relating to spending in previous years are: Mayoral Decision (MD) 2115, MD2265, MD2323, MD2439, MD2510, MD2631, MD2704, MD2852, MD3026, MD2930, MD3141 and MD3305.

#### **2. Objectives and expected outcomes**

- 2.1. This grant will fund the Royal Free Hospital's Thrive LDN activity with the following:



- £150,000 per year for two financial years (£300,000 in total), to deliver core enabling functions that support the outcomes-focused approach of London's Health and Care Partnership vision for a city that supports Londoners' mental health
  - £150,000 per year for two financial years (£300,000 in total), for additional activity to progress the achievement of mental health priorities in London.
- 2.2. The above activity aligns with the Mayor's mental health priorities for London. As the programme develops, activity and deliverables towards achieving these objectives will be refined and confirmed at key points in the delivery timeline. Monthly programme meetings will enable GLA oversight of delivery progress, tangible impact, and the activity's value for money.
- 2.3. The Thrive LDN programme's core enabling functions will deliver against the following objectives:
- the Royal Free Hospital will convene partners from across London's health and care system to support collaboration, and drive action and impact. This will include engagement with London's Health and Care Partnership, and the voluntary and community sector; and a commitment to embed evidence and lived experience
  - the Royal Free Hospital will produce key data analysis, research and insight to enable an evidence-led approach to supporting delivery of mental health priorities in London.
- 2.4. The Royal Free Hospital will provide resources and upskilling to London's communities, workforce and frontline staff. This supports the mental health and wellbeing of Londoners; and aligns with the ambitions of the Mayor's HIS.
- 2.5. The following Thrive LDN activity will be undertaken:
- the Royal Free Hospital (in liaison with GLA officers) will develop a detailed delivery plan covering key area, including:
    - work and health
    - suicide prevention
    - community resilience
    - research and insights
    - specific activities to support strategic outcomes, including those set out in the HIS IP
  - the Royal Free Hospital will convene specialist organisations to support delivery of mental health priorities in London that align with the Mayor's mental health objectives and outcomes. These may include organisations from the voluntary and community sector; and specialist organisations supporting communities that experience the greatest inequalities.

### **3. Equality comments**

- 3.1. Under section 149 of the Equality Act 2010 (the Equality Act), the Mayor and the GLA must comply with the public sector equality duty (PSED); and 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 Equality 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. The protected characteristics are: age; disability; gender reassignment; pregnancy and maternity; marriage and civil partnership (but only in respect of the requirements to have due regard to the need to eliminate discrimination); race (ethnic or national origins, colour or nationality); religion or belief (including lack of belief); sex; and sexual orientation. The GLA also considers wider structural inequalities in its decision-making, such as the experiences of carers, care-leavers, migrant Londoners and those facing socioeconomic disadvantage.
- 3.3. Considering the PSED is not a one-off task. The duty must be fulfilled before taking a decision, at the time of taking a decision, and after the decision has been taken, to ensure that equalities impacts are kept under ongoing review.
- 3.4. The projects listed in this MD help achieve a number of the Mayor's statutory equality objectives. Progress on delivery of these objectives is reported each year in the Mayor's Annual Equality Report.
- 3.5. These programmes will address inequalities faced by groups with protected characteristics, and wider groups facing structural inequality, in the following ways:
  - funding for Thrive LDN will deliver Thrive LDN's core enabling functions, including producing research and insights; engaging communities; and convening system partners. These will support Londoners from particular faith backgrounds; Londoners with disabilities; and boys, men, women and girls
  - all activities within the Thrive LDN work programme recognise the socio-economic and political factors that contribute to inequality, unfair outcomes and poor mental health. In response, they aim to drive action on equity; enable and sustain active participation of Londoners; and improve the factors shaping the conditions in which we live, work and grow
  - in 2022-23, an equality, diversity and inclusion (EDI) framework for Thrive LDN, and an accompanying Equality Impact Assessment template, were developed to:
    - more clearly demonstrate how Thrive LDN meets the requirements of the PSED.
    - align more explicitly with the Advancing Mental Health Equalities Strategy, and the Patient and Carer Race Equality Framework.
    - ensure Thrive LDN delivers accessible, inclusive and responsive activities to Londoners and their communities – including those from racialised and minority groups.

#### 4. Other considerations

##### Risks and issues

- 4.1. The following programme-level risks to delivery have been identified:

Risks	Mitigations
NHS and wider public sector reforms are shifting delivery to different levels of the system, and a new regional tier is being designed. This creates a risk that the Mayor of London has less influence; and that there is less focus on prevention. There is also a risk of less NHS investment available for prevention activity.	<ul style="list-style-type: none"> <li>• ongoing discussions at a senior level about regional structure, and exploring opportunities with devolution</li> <li>• strong working relationships in place across GLA senior leaders</li> <li>• active discussions on high-priority prevention activity that is joint-funded.</li> </ul>
Thrive LDN cannot achieve or demonstrate impact for Londoners against the mental health outcomes, due to uncertainty around	The GLA will work with the Royal Free Hospital (and other Thrive LDN partners) on a longer-term strategy to use resources effectively; and deliver a mental health work programme that supports progress and





the delivery programme at the time of the grant agreement, and reduced timelines.	impact aligned with the Mayor's mental health outcomes. Thrive LDN programme activity will include developing a robust monitoring and evaluation framework that is impact-focused and supports the programme management office's reporting function.
<b>Overall RAG rating after mitigations</b>	<b>Green</b>

### Cross-cutting priorities

#### *Health in All Policies (HiAP)*

- 4.2. The Mayor is committed to improving Londoners' physical and mental health; and reducing health inequalities. We know that most of the things that impact people's health are outside of healthcare services. These include the social, cultural, political, economic, commercial and environmental factors that form the building blocks of health (conditions in which people are born, grow, live, work and age).
- 4.3. Through his responsibilities for transport, housing and policing, among other policy areas, the Mayor can play an important part in improving these building blocks and positively impacting Londoners' health. These benefits can often be through win-win scenarios where non-health policies and programmes improve health, and vice versa, by improving Londoners' social, economic and environmental conditions.
- 4.4. HiAP is a collaborative approach to maximise health (physical and mental) and wellbeing considerations and co-benefits across GLA Group policies and programmes. HiAP programmes and policies:
  - consider major health opportunities and risks associated with, and the potential health impacts of, successful delivery
  - seek health benefits, synergies and co-benefits with other policy areas – or at least do no harm
  - clearly show, where possible, how they improve the health and wellbeing of Londoners and contribute to reducing health inequalities in London.

#### *Addressing structural inequalities*

- 4.5. This priority relates to recognising and addressing structural inequalities; and promoting a fairer, more inclusive London. This is underpinned by an understanding of how to fulfil the statutory PSED to a high standard; and working to decrease structural inequalities. The Mayor's Equality Objectives are refreshed every four years (the most recent objectives were published in 2022). They outline commitments across Mayoral policies and programmes to reduce inequalities. Every year, the Mayor also publishes equality reports to provide updates on work delivered to meet these objectives. The GLA uses equality impact assessments to measure the equalities impact of its policies and programmes.

#### Links to Mayoral strategies and priorities

- 4.6. Thrive LDN's work supports the Mayor's 10-year HIS 2018-28 (published October 2018) and the delivery of the HIS IP 2025-28.

#### Conflicts of interest

- 4.7. There are no conflicts of interest arising from those involved in the drafting and clearance of this MD. As and when individual conflicts of interest arise during the delivery of initiatives contained in this MD, they will be handled in line with the GLA policy on registering and declaring interests.

#### Subsidy control



- 4.8. The Thrive LDN programme, hosted by the Royal Free Hospital, is a London-wide mental health project. It is part of London's health and care infrastructure, with leadership from, and accountability to, the London Health Board. It also has its own independent advisory board, which has broad, cross-sectoral membership from across London. The Thrive LDN programme is uniquely placed, in its relationships across London's health and care infrastructure, to undertake the work; and achieve the aims and objectives set out above. The Royal Free Hospital is the only body currently hosting and resourced to support a pan-London programme of this nature. We do not believe there is any other organisation similarly well placed and able to undertake this work and meet the objectives set out.
- 4.9. Officers are seeking approval of a £600,000 grant to the Royal Free Hospital (£300,000 in 2025-26 and £300,000 in 2026-27). The grant will partially fund the Royal Free Hospital's own project, Thrive LDN. The beneficiaries of Thrive LDN are vulnerable Londoners who are affected by inequalities and may be affected by mental health problems. To that end, the funding of the Royal Free Hospital by the GLA may be viewed as grant funding rather than a contract.
- 4.10. This MD continues work that the Mayor of London has previously funded. We have identified the need to assist the Royal Free Hospital to maintain a pan-London mental health prevention programme. There is a specific and increasingly high priority need to provide dedicated/peer support to communities facing the greatest inequalities.
- 4.11. The Royal Free Hospital is the financial host for Thrive LDN, which is a project focused on preventing people's mental health escalating to the point where they need more acute treatment services. Via Thrive LDN, the Royal Free Hospital provides services such as training for members of communities to support peers at a local level and suicide prevention programmes amongst others which are described above. Thrive LDN also aims to alleviate the pressures felt by London's health and care services.
- 4.12. The Royal Free Hospital receives funding for Thrive LDN from not only the Mayor of London, but also the NHS, several London boroughs, and OHID London. Thrive LDN is not a core NHS service; without funding provided by the GLA, the Royal Free could not deliver Thrive LDN (including the planned activities and objectives as discussed above).
- 4.13. The funding will pay for specific and dedicated services and resources, as set out above, that are beyond any core service delivery, resources or staffing. The programmes to be delivered have been costed for the sum total being agreed through this MD. The Royal Free Hospital has an established level of expertise in this work area that is unmatched by any other organisation.
- 4.14. A similar project could not be delivered by a local borough, as the spatial level is sub- and pan-region. The Royal Free Hospital would not be able to deliver this service without the grant, as it is outside of the scope of the Royal Free Hospital's grant from NHS England.
- 4.15. The funding is not considered a subsidy for the purposes of the Subsidy Control Act 2022 (the "SC Act"), in line with the four-limbed test. The funding will not have, and is not capable of having, an effect on:
- competition or investment within the UK
  - trade between the UK and a country or territory outside the UK
  - investment between the UK and a country or territory outside the UK.
- 4.16. We have assessed that there is not a competitive market for this work and there is no risk of undercutting any other private sector body. The service recipients are people who are most affected by poverty and deprivation. Accordingly, they would be unable to afford to pay for a service at all. We would not expect to see any negative effects on domestic competition or investment, or international trade or investment. The policy objectives are local to London and focus on vulnerable Londoners who would otherwise be unable to access such services.



- 4.17. There is no other service model like Thrive LDN in the UK, and no mainstream funding is currently available to address this need.

## **5 Financial comments**

- 5.1. Approval is sought for expenditure of £600,000 (£300,000 in each of 2025-26 and 2026-2027) in grant funding to Thrive LDN, to continue delivering the work of its public mental health partnership; this is funded from the Thrive LDN programme budget. This work forms part of the proposed Reducing Inequalities programme, the delivery plan for which is not yet approved. This MD has been brought forward ahead of this to enable delivery by the Thrive LDN partnership and ensure no loss of momentum in the programme.
- 5.2. Funding for future years will be subject to the annual budget-setting process and is subject to change.
- 5.3. Any contracts that commit the GLA in future years will be subject to appropriate break clauses.

## **6 Legal comments**

### Power to undertake the requested decisions

- 6.1. The foregoing sections of this report indicate that the decisions requested of the Mayor concern the exercise of the GLA's general powers and fall within the GLA's statutory power to do such things considered to further or which are facilitative of, conducive or incidental to the promotion of social development and economic development and wealth creation in Greater London and in formulating the proposals in respect of which a decision is sought officers have complied with the GLA's related statutory duties to:
- a. pay due regard to the principle that there should be equality of opportunity for all people
  - b. consider how the proposals will promote the improvement of health of persons, health inequalities between persons and to contribute towards the achievement of sustainable development in the United Kingdom
  - c. consult with appropriate bodies.
- 6.2. In taking the decisions requested, the Mayor must have due regard to the Public Sector Equality Duty; namely the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010, and to advance equality of opportunity between persons who share a relevant protected characteristic (age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation) and persons who do not share it and foster good relations between persons who share a relevant protected characteristic and persons who do not share it (section 149 of the Equality Act 2010). To this end, the Mayor should have particular regard to section 3, above, of this report.

### Grant funding

- 6.3. The decision, above, seeks approval of up to £600,000 expenditure by way of grant funding to Royal Free Hospital in order for it to continue delivering the work of its public mental health partnership. The proposed grant of up to £600,000 to the Royal Free may be viewed as a conditional gift rather than a contract for services or supplies. Section 12 of the GLA's Contract and Funding Code ("Code") provides the requirements for the provision of grant funding by the GLA. Officers have set out at paragraphs 1.4 to 1.5, above, how they have met those requirements. Furthermore, officers are reminded to put in place an appropriate funding agreement between the GLA and Royal Free Hospital before any part of the funding is transferred to the said recipient.



### Subsidy control

- 6.4. The SC Act requires that grant funding be assessed in relation to its four-limbed test. Officers have made this assessment at paragraphs 4.9 to 4.18, of this report, and have concluded that the proposed funding does not amount to a subsidy for the purposes of the SC Act.

## **7 Planned delivery approach and next steps**

- 7.1. The Thrive LDN project will be delivered according to the following timetable:

<b>Activity</b>	<b>Timeline</b>
Development of Thrive LDN grant agreement specifications by GLA	September 2025
Grant agreement signed by Thrive LDN and GLA	October 2025
Kick-off meeting with partners to develop delivery plan	October 2025
Agree reporting and evaluation framework	October 2025
EDI framework and equality impact assessment completed	October 2025
Delivery commences	October 2025
Regular grant meetings	Monthly
Delivery end date	March 2027
Interim impact and evaluation report	April 2027
Final impact and evaluation report (combined with 2025-26)	April 2027





### 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:

Emma Pawson 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:

Dr Tom Coffey has been consulted about the proposal and he 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 8 September 2025.

✓

### CHIEF FINANCE OFFICER:

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

*Fay Hammond*

**Date:** 27 October 2025

**Signature:**

### CHIEF OF STAFF:

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

*D. Bellamy*

**Date:** 17 October 2025

**Signature:**

