

GREATER LONDON AUTHORITY

REQUEST FOR MAYORAL DECISION – MD2143

Title: Consultation on the Mayor's London Health Inequalities Strategy

Executive Summary:

The Mayor is required to publish a London Health Inequalities Strategy and to keep that strategy under review.

It is proposed that the Mayor publishes and consults on the draft London Health Inequalities Strategy for a period of three months commencing on 23 August 2017.

Decision:

That the Mayor

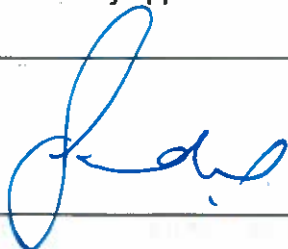
- (a) approves the draft London Health Inequalities Strategy document "Better Health for all Londoners" for the purpose of the formal statutory consultation with stakeholders and the public
- (b) notes the IIA which has been prepared in respect of the draft London Health Inequalities Strategy
- (c) approves the consultation period starting on 23 August for a period of three months

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:

23/8/17

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

Decision required – supporting report

1. Introduction and background

- 1.1 The Mayor has a statutory duty under the GLA Act 1999 to prepare or revise a Health Inequalities Strategy for London. It shall contain the Mayor's proposals and policies for promoting the reduction of health inequalities between persons living in Greater London. The proposals and policies are to be addressed to the mitigation of differences in general health determinants:
- Housing, transport and public safety
 - Employment prospects, earning capacity and anything else that affects prosperity
 - Access to public services
 - Lifestyle factors including tobacco and alcohol use
 - Anything else that determines health or life expectancy, except for genetic and biological factors.
- 1.2 The Mayor approved a £70,000 work programme to develop and consult on a new strategy as part of MD2115.
- 1.3 As with all the mayoral strategies, the Mayor must keep the Health Inequalities Strategy under review and make such revisions as he considers necessary. In doing so, the Mayor shall have regard to the effect that the strategy will have on various themes (health, health inequalities, sustainable development and climate change) as well as on the need to ensure consistency with national policies, the UK's EU obligations and such other international obligations the Mayor is notified of by the Secretary of State. The Health Inequalities Strategy must also be consistent with the Mayor's other strategies. Work has started on new versions of all of these strategies, including a new London Plan. It is also relevant that the Mayor has regard to the resources available to implement the strategy.
- 1.4 As part of the strategy development process, an Integrated Impact Assessment (IIA) has been carried out in respect of the draft London Health Inequalities Strategy and will be published for consultation at the same time as the draft strategy. The IIA collates and analyses findings from the following assessments in one overall integrated report in relation to the draft London Health Inequalities Strategy: A Social Impact Assessment, including, an Equalities Impact Assessment, and assessment of impacts on health and health inequalities, social integration, crime, safety and security, accessibility and housing; An assessment of Economic Impacts, including economic competitiveness and employment, education and skills, connectivity, infrastructure, sustainable land use and culture; and an assessment of Sustainable Development, including impacts on air quality, climate change adaptation and mitigation, energy uses, flood risk, waste, noise, water resources and natural capital and the natural environment.
- 1.5 The IIA aims to provide for a high level of protection of the environment, protected groups, human health, economy and community safety and security and to contribute to the integration of such considerations into the preparation and adoption of the London Health Inequalities Strategy. A Strategic Environmental Assessment is not required for the Strategy. The IIA also contains some early draft indicators against which the draft strategy could be monitored. These are exploratory at this stage and will be consulted on as part of the strategy consultation process. The consultation responses will be considered to inform the indicator set that will be used to monitor delivery of the final strategy.

2. Objectives and expected outcomes

- 2.1 Consulting on the draft London Health Inequalities Strategy will fulfil the Mayor's statutory

obligations as stipulated in the GLA Act. Following on from engagement activities conducted prior to, and during, the course of preparing the London Health Inequalities Strategy consultation, stakeholders and the public will be able to review the strategy aims and the Mayor's policies and proposals, and comment on the matters to be included and the issues to be considered in the final strategy. They will also be invited to support the strategy vision and make commitments to support it in their own work.

- 2.2 The draft final strategy for consultation and the final IIA are attached with this decision form. Minor typographical and design changes will be made to the draft strategy and the final IIA report prior to them being launched for consultation. These changes will have no impact on the content of the draft strategy and the final IIA.
- 2.3 Following the consultation, the responses received will be reviewed and considered and a final strategy will be prepared.

3. Equality comments

- 3.1 The consultation is on a draft London health inequalities strategy which is designed to address systematic and unfair differences in mental and physical health between groups of people. The consultation document details some of the specific inequalities experienced by different groups of Londoners, how their health is affected and how the Mayor proposes to address them within his powers. This includes socioeconomic inequalities, as well as inequalities experienced by those with single or multiple protected characteristics under the Equalities Act 2010. The ambition of the strategy is to improve health for all through an approach of proportionate universalism: universal approaches, with additional support in proportion to need.
- 3.2 Under s149 of the Equality Act 2010 (the Equality Act), as a public authority, the Mayor must have due regard to the need to eliminate unlawful discrimination, harassment and victimisation, and to advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. Protected characteristics under the Equality Act are age, disability, gender re-assignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage or civil partnership status (the duty in respect of this last characteristic is to eliminate unlawful discrimination only).
- 3.3 The executive summary of the draft London Health Inequalities Strategy will be available in an Easy Read format for people with learning disabilities. On request, consultation materials will also be made available in an appropriate format for blind and visually impaired people. In addition, people will be able to request paper copies of the consultation document and are also welcome to provide responses in writing to a freepost address. Requests for the documents to be made available in other formats and translated into other languages will be considered on a case by case basis.
- 3.4 An Equalities Impact Assessment in respect of the draft London Health Inequalities Strategy is included in the final IIA report, which will be published alongside the draft strategy.

4. Other considerations

a) Key risks and issues

Table 1

Risk	Impact/probability	Mitigation
Risk to delivery of ambitions because of	High/Low	Stakeholder involvement in strategy development process and shared oversight with

failure to engage partners		partners through the London Health Board.
Reputational risk from inadequate consideration of the priorities of Londoners and stakeholders	Moderate/moderate	Full three-month consultation, including engagement and insight activity with a range of audiences

b) Links to Mayoral strategies

4.1 The document being published is the consultation on one of the Mayor's seven statutory strategies. It also indicates the health inequalities impact of policies and proposals in other strategies and draft strategies, including the Mayor's Transport Strategy, the Police & Crime Plan and the London Environment Strategy, as well as the forthcoming Housing Strategy, Economic Development Strategy, Culture Strategy and London Plan. Due regard has been given to the need for alignment with the Mayor's other strategies and policies and members of the Corporate Investment Board (CIB) have had opportunities to review and discuss earlier drafts of the document. The draft strategy includes reference to existing Mayoral commitments made in the manifesto and to the consultation document *A City for All Londoners*.

c) Impact Assessments and consultations

4.2 Development of the draft London Health Inequalities Strategy aims has been overseen by a Steering Group chaired by Professor Yvonne Doyle, the Mayor's Health Adviser. The Steering Group has been accountable to the London Health Board. As London Regional Director for Public Health England, the Mayor's Adviser is a civil servant, and has taken responsibility for ensuring alignment with national policy. The London Health Board is a non-statutory partnership. It is chaired by the Mayor of London, and involves representatives of London's boroughs, NHS Trusts and Clinical Commissioning Groups, as well as Public Health England and NHS England.

4.3 The draft London Health Inequalities Strategy consultation document has been influenced by an Integrated Impact Assessment procured from Temple Group under ADD2060. A series of interim recommendations have been taken into consideration in development of the strategy consultation document. In particular, this includes high-level recommendations to:

- a) ensure that programmes should consider how to target groups and geographical areas in the greatest need
- b) identify various links between environmental, mental health, physical activity and culture programmes
- c) consider how to improve children's wellbeing in their communities

Temple Group's final IIA report will be published for consultation at the same time as the draft strategy. Any additional recommendations that are contained in the final IIA will be considered in the drafting of the final strategy.

4.4 In the course of developing the London Health Inequalities Strategy, the Mayor is required to consult certain groups and extend the consultation to the public. A consultation and engagement plan has been devised to ensure that the consultation meets legal requirements and provides for constructive responses from stakeholders and the public. Consultation will take place for a period of three months in order to allow adequate time for all interested stakeholders to respond. Allowance has been made for the summer holiday period and the lack of scheduling of local council meetings during that time. It is considered that in light of the ease with which consultation materials can be disseminated and responses received, the nature of the policies and proposals being consulted on, the size of the consultation materials and the time of year in which the consultation is being undertaken that 3 months is an appropriate consultation period.

4.5 This includes consultation with all GLA functional bodies, all London borough councils, the Common Council, NHS England, London Clinical Commissioning Groups, NHS Trusts and NHS Foundation

Trusts with hospitals and facilities located in Greater London, and the Statutory Health Adviser, currently Professor Yvonne Doyle. Professor Doyle, the Strategy Steering Group, the Chief Medical Officer, and the Permanent Secretary for the Department of Health have been consulted on the IIA.

- 4.6 Following the statutory consultation period, the responses to the consultation will be analysed and a report prepared for the Mayor, with recommendations for potential changes based on the responses. The Mayor will then submit the final proposed version of the revised London Health Inequalities Strategy to the London Assembly, which has the power to reject it (but not amend it) by a two-thirds majority of those voting. If not rejected, the Mayor will proceed to formally approve and publish the revised London Health Inequalities Strategy.
- 4.7 The final strategy will be accompanied by an indicator set and delivery plan. Both documents will be separate to the strategy itself.

5. Financial comments

- 5.1 There are no financial implications to this decision other than those already agreed under MD 2115.

6. Legal comments

- 6.1 Section 309E of the Greater London Authority Act ("GLA Act 1999") requires the Mayor to prepare and publish a document to be known as the "health inequalities strategy" to contain the Mayor's proposals and policies for promoting the reduction of health inequalities between persons living in Greater London. The proposals and policies are to be addressed to the mitigation of differences in general health determinants (which are set out in section 309F(5) of the GLA Act 1999). Section 309E (4) (a) – (d) provides that the strategy is required to:

- (a) Identify any issues that appear to the Mayor to be major health issues where there are health inequalities between persons living in Greater London.,
- (b) Identify those inequalities
- (c) Specify priorities for reducing those inequalities
- (d) Describe the role to be performed by any relevant body or person for the purpose of implementing the strategy

Section 41 of the GLA Act 1999 sets out the general duties of the Mayor in relation to his strategies.

- 6.2 Section 42 of the GLA Act 1999 sets out the bodies the Mayor must consult with in preparing or revising the strategy, and those he should consider consulting (those bodies as set out in section 32(3)). Section 309G (4) provides that the Mayor must also consult with additional bodies about the matters to be included and the issues to be taken into account. Section 4 C) of the report provides that the Mayor is proposing to consult with these bodies
- 6.3 Section 309A (2) (c) of the GLA Act 1999 provides that a function of the Health Advisor is to provide the Mayor with advice in relation to reviewing the health inequalities strategy under section 41 and section 309E (This can also be exercised by a Deputy Health Advisor pursuant to section 309A (5)). Section 309G (2) provides it shall be the duty of the Mayor and the Health Advisor to collaborate and co-operate with each generally for the purposes of the preparation or any revision of the health inequalities strategy and in particular for the purpose of ascertaining the issues that are to be identified in the strategy pursuant to section 309E (4) (a) as set out above. Paragraph 4 C) establishes that this statutory duty has been undertaken.
- 6.4 Section 309G (1) provides that in preparing or revising the strategy the Mayor shall have regard to any guidance given to him by the Secretary of State about the matters which is to take into account. Section 309H provides that where the Secretary of State considers that the health inequalities strategy (or any part of it) is inconsistent with any national policies of any description, and (b) the

inconsistency would have a detrimental effect of achieving any or all of the objectives of those policies, he may direct the Mayor to make such revisions of the strategy in order to remove the inconsistency as may be specified in the direction, and the Mayor is required to revise the strategy in accordance with any such direction. The Secretary of State must consult the Mayor before giving him a direction under this section.

- 6.5 In addition to an internal legal review, the draft London Health Inequalities Strategy, certain supporting documents, and the draft and final IIA reports have been reviewed by Counsel.
- 6.6 The requirement to produce an IIA derives from various pieces of legislation which either impose a duty on the Mayor in respect of a specific subject area, for example, equalities, or create an obligation to undertake a specific type of assessment of a plan or programme.

7. Planned delivery approach and next steps

Activity	Timeline
Publication of consultation document	August 2017
Publication of final IIA report	August 2017
Engagement with Londoners and stakeholders	August – November 2017
Review of consultation feedback	November-December 2017
Development of partnerships for strategy delivery	January 2018
Publication of final strategy and separate delivery plan	May 2018

Appendices and supporting papers:

- Better Health for All Londoners, the draft London Health Inequalities Strategy (confidential);
- Final Integrated Impact Assessment (IIA) report produced by the Temple Group, dated 16 August 2017.

Public access to information

Information in this form (Part 1) is subject to the Freedom of Information Act 2000 (FOI Act) 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 either be published within one working day after approval or on the defer date.

Part 1 Deferral:

Is the publication of Part 1 of this approval to be deferred? YES

Publication deferred until commencement of consultation.

Until what date: 23 August 2017

Part 2 Confidentiality: Only the facts or advice considered to be exempt from disclosure under the FOI Act should be 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:

Emily Humphreys has drafted this report in accordance with GLA procedures and confirms the following:

✓

Sponsoring Director:

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

✓

Mayoral Adviser:

Dr Nick Bowes has been consulted about the proposal and agrees the recommendations.

✓

Advice:

The Finance and Legal teams have commented on this proposal.

✓

Corporate Investment Board

This decision was agreed by the Corporate Investment Board on the 21 August 2017

EXECUTIVE DIRECTOR, RESOURCES:

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

Signature

[Handwritten Signature]
TOM MIDDLETON ON BEHALF OF MARTIN CLARKE

Date

21.08.17

CHIEF OF STAFF:

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

Signature

[Handwritten Signature]

Date

21 / 8 / 2017

