

GREATER LONDON AUTHORITY

REQUEST FOR MAYORAL DECISION – MD3012

Title: GLA Contribution to Health and Care Partnership 2022-23 and 2023-24

Executive summary:

This MD seeks approval for expenditure related to the GLA's contribution to London's Health and Care Partnership. The pooled partnership budget for 2022-23, of which the GLA contribution forms a part, is £700k, with other contributions from the NHS in London, and London Councils. The money is then allocated to priority projects via a grant application process. The applications are assessed by a panel made up of the NHS, the Office for Health Improvement and Disparities, the GLA and London Councils.

Decision:

That the Mayor approves expenditure of £300,000 over two years (£150,000 in 2022-23; and, subject to annual approval of the GLA budget, £150,000 in 2023-24) as the GLA's contribution to the Health and Care Partnership pooled fund to implement the London Health and Care Vision, and the collective work in London to reduce 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:

17/8/22

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

Decision required – supporting report

1. Introduction and background

- 1.1. In October 2019 the London Health and Care Partnership – which included the GLA, together with Public Health England (PHE), the NHS and London Councils – published “Our Vision for London: The next steps on our journey to becoming the healthiest global city” (the Vision). The Vision focuses on 10 ambitions where partnership action is needed at a pan-London level to achieve change and four “enablers”: workforce recruitment and retention, digital innovation, maximising the contribution of health and care estates and health and care service integration.
- 1.2. The Vision was an agreement of a “coalition of the willing”, recognising that no single organisation can effectively address some issues in isolation. The priority aims are not prescriptive, but a set of challenges that organisations across the Health and Care Partnership can unite behind to achieve greater outcomes. The Vision includes 10 key priorities: childhood obesity, air quality, housing, violence reduction, end of life care, dementia, preventing HIV and STIs, progress towards zero suicide, tobacco control and mental health.
- 1.3. Since then, the impact of the COVID-19 pandemic, and changes in health and care services, mean the city faces new challenges – not least the widening in health inequalities and the need to “build back fairer”. Recognising this, the London Health Board and the London Health and Care Leaders’ Group requested that the Vision be refreshed. The Vision needs to work in alignment with other strategies – such as a renewed implementation plan for the Mayor’s Health Inequalities Strategy; the Recovery Board’s ‘missions’; and work to tackle health inequalities (including PHE’s “Beyond the Data” recommendations and the NHS’s “eight urgent actions”). The Vision also needs to align with renewed local and emerging integrated care system priorities.
- 1.4. This proposal represents the GLA’s contribution to the work of London’s Health and Care Partnership. The pooled partnership budget for 2022-23, of which the GLA contribution forms a part, is £700k (with other contributions from the NHS in London, and London Councils). It is a key priority for all partners, and planned expenditure is agreed jointly by the leaders of the partnership organisations (the Chief Officer is the GLA representative).
- 1.5. The focus of this funding is on building capacity in neighbourhoods and communities to address London Recovery priorities, through the Vision signatory organisations: the GLA, NHS London, London Councils and the Office for Health Improvement and Disparities (OHID) (formerly PHE – London region). Key areas of focus will be reducing childhood obesity, HIV, poor air quality, mental health problems, and health inequalities, and improving the wellbeing of young Londoners. But bids which support the wider health and care vision priorities set out above in paragraph 1.2 will also be welcomed. As a collaborative partnership process, the final design of deliverables will be a collective decision. However, we have been clear that initial action must focus on interventions that support the Recovery Programme’s ambitions, which also reinforce the ambitions of the Vision. This will ensure comprehensive interlinks between the work of the Vision and the GLA health recovery missions.
- 1.6. Expenditure will take the form of a grant award in line with relevant GLA procedures, including the GLA’s Contracts and Funding Code. Scrutiny and governance for the work sits under the remit of the London Health and Care Leaders’ Group, which reports to the London Health Board.

Approvals sought within this Mayoral Decision

- 1.7. The table below gives an indicative breakdown of activities for this programme, and the decisions being sought for proposed expenditure across two financial years. The GLA Mayoral Budget for 2023-24 has yet to be approved; therefore, the proposed expenditure in future years would not be committed until final budget approval is confirmed.

Deliverable	Funding – 2022-23	Funding – 2023-24
GLA contribution to the Health and Care Partnership funding for community priority projects.	£150,000	£150,000

- 1.8. This funding will contribute towards a bigger funding pot, to which London Health and Care Partnership organisations (the NHS in London and London Councils) also contribute. The money is then allocated to priority projects via a grant application process. The applications are assessed by a panel made up of the NHS, OHID (a non-contributing partner), the GLA and London Councils.
- 1.9. Grant applications are invited for projects that support delivery of the Mayor's Health Inequalities Strategy, the London Recovery Board's health missions, the Vision, or the work of the London Health Board.
- 1.10. In 2021-22 the following projects were funded:
- consistent key worker provision for people living with dementia – an ICS commissioning framework
 - improving access to sexual health information and services for migrant men who have sex with men (MSM) and racialised minority MSM in London
 - young carers in schools – Richmond Carers Centre
 - using child measurement to better support parents, children, and families with excess weight
 - air quality programme office
 - improving sexual and reproductive health for people with serious mental illness.
- 1.11. Previous approvals: MD2704 and MD2799 approved the same level of expenditure for the pooled partnership budget in 2020-21 and 2021-22 respectively.

2. Objectives and expected outcomes

- 2.1 The Vision was developed collaboratively over a long period with partners from the health and care system (NHS, London Councils, and PHE, now OHID), and published in 2019. Since COVID-19 the Vision has been revisited and refined to reflect learning from the pandemic. Agreement has been reached by the partners who contribute funding to the partnership funding pot that recovery work must be action-focused and reinforce existing priorities – including the Vision and the Health Inequalities Strategy – and be “efficient” (i.e., avoid reinventing the wheel, and provide a ‘single narrative’ for the whole system). This was approved by the senior leaders in the Health and Care Partnership.
- 2.2 The focus of the proposal is on building capacity in neighbourhoods and communities to address London Recovery Board's priorities, through the Vision signatory organisations – the GLA, NHS London, London Councils and OHID. This is an ongoing programme of work that uses the Vision and the Mayor's Health Inequalities Strategy as a framework for investment, while responding to the impact of the pandemic. As a collaborative partnership process the final design of deliverables will be a collective decision.
- 2.3 Grant applications will also be encouraged which support a wider range of priorities, set out in the Vision, including childhood obesity, air quality, housing, violence reduction, end of life care, dementia, preventing HIV and STIs, progress towards zero suicide, tobacco control and mental health.

3. Equality comments

- 3.1. Under section 149 of the Equality Act 2010, as a public authority, the GLA is subject to the public sector equality duty and must have due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation
 - 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 Equality Act are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage or civil partnership status (all except the last being “relevant” protected characteristics).
- 3.3. The priority areas of focus in the Vision were identified precisely to target areas where health inequalities exist, with an aim of contributing to the reduction of health inequality. The Mayor’s Health Inequalities Strategy directly informed the development of the shared vision and underpinned the focus of the work. The funded programmes support community-based interventions and are co-produced by local communities.
- 3.4. The planned further implementation of the Vision – informed by learning from COVID-19, and particularly taking account of the disproportionate impact on some communities – will complement the implementation of the Mayor’s Health Inequalities Strategy and continue to contribute to wider recovery plans.
- 3.5. The Vision has been produced collaboratively with health and care organisations and involved informal engagement with Londoners.
- 3.6. The planned further implementation of the Vision will complement the implementation of the Mayor’s Health Inequalities Strategy and contribute to wider recovery plans.

4. Other considerations

Key risks and issues

Risk	Mitigation	Rating
Failure to reach agreement between partners on allocation of budget within a wide list of priorities in the Vision.	Continue the existing discussion forums between senior leaders of partnership organisations. The Health and Care Partnership has been working together for several years, and relationships between organisations and senior leaders are mature. The response to the COVID-19 pandemic has further strengthened collaborative working and decisions have been taken, with unanimous agreement to date.	Green

Links to Mayoral Strategies and priorities

- 4.1 The work of the Health and Care Partnership supports several Mayoral strategies, joint initiatives and programmes, including:
- the London Health and Care Vision

- the Mayor's Health Inequalities Strategy
- the Mayor's strategy for equality, diversity and inclusion
- tackling inequalities through London's Recovery Programme, through missions
- the Mayor's strategy for social integration.
- violence reduction
- homeless health

Consultations and impact assessments

- 4.2 The Vision was produced collaboratively with health and care organisations and involved informal engagement with Londoners.
- 4.3 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 expenditure of £300,000 over two financial years (£150,000 in 2022-23 and £150,000 in 2023-24) as the GLA's contribution to the Health and Care Partnership pooled fund.
- 5.2 The £300,000 expenditure (£150,000 in 2022-23 and £150,000 in 2023-24) will be funded by the Health Partnerships programme budget held within the Health and Wellbeing Unit.
- 5.3 The expenditure detailed within this decision all sits within the 'Public Health and Health & Care Partnerships' foundation. Funding for future financial years will be subject to the annual budget setting process and is subject to change. Any contracts that commit the GLA in future years will be subject to suitable break clauses.

6. Legal comments

- 6.1 The foregoing sections of this report indicate that the decisions requested of the Mayor concern the exercise of the Authority's general powers and fall within the Authority's statutory power to do such things considered to further or which are facilitative of, conducive or incidental to the promotion of social development within Greater London and in formulating the proposals in respect of which a decision is sought officers have complied with the Authority's related statutory duties to:
- pay due regard to the principle that there should be equality of opportunity for all people
 - 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
 - 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.

- 6.3 This decision form seeks approval of £300,000 expenditure by way of a grant funding. Section 12 of the Contracts and Funding Code sets out the rules pursuant to which the Authority shall provide grant funding to third parties. In particular, section 12.3 of the Code explains that grant funding should generally be distributed on the basis of a transparent, competitive application process. To that end, the officers have explained at paragraph 1.8 above that the grant funding will be distributed via a grant application process and that applications will be assessed by a panel made up of NHS, OHID, GLA and London Councils. Officers are reminded to ensure that the grant application process comply with section 12 of the Code.
- 6.4 To the extent that any of the expenditure be used to procure services or supplies, officers are reminded to comply with the requirements of section 9 of the Code in consultation with Transport for London's procurement department.

7. Planned delivery approach and next steps

Activity	Timeline
Contribution to Health and Care Partnership 2022-23	August 2022
Contribution to Health and Care Partnership 2023-24	May 2023

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 either be published 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:

Sean Creamer 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.

✓

Corporate Investment Board

This decision was agreed by the Corporate Investment Board on 4 July 2022.

✓

EXECUTIVE DIRECTOR, RESOURCES:

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

Signature

D. Gane

Date: 16/8/22

CHIEF OF STAFF:

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

Signature

D. Bellamy

Date 15/8/22

