

GREATER LONDON AUTHORITY

REQUEST FOR MAYORAL DECISION – MD2688

Title: Health Team Work Programme 2020/21

Executive Summary:

This MD seeks approval of expenditure on the GLA Health Team's work programme in 2020/21 to deliver elements of the London Health Inequalities Strategy and to support the Mayor's leadership role in health and health inequalities, including the [London Health and Care Devolution Agreement \(2017\)](#) and the London Health and Care Vision, to which the Mayor is a signatory. All work programmes have been reviewed to take account of the impacts of the Covid-19 pandemic.

In some areas, where further work is required to develop the delivery mechanism for a given project/initiative, the Mayor is asked to approve the spending envelope with approval of detailed expenditure proposals via Director or Assistant Director decision forms, supported by a delegation of authority for the Executive Director to approve expenditure where greater than £150,000.

Decision:

That the Mayor approves:

1. expenditure of up to £529,000 to deliver the work set out in section 2 of this MD of the Health Team's work programme for 2020/21;
2. a delegation to the Executive Director, Communities and Skills to approve, within this envelope, detailed expenditure proposals for projects of a value greater than £150,000 (through Director Decision Forms), noting in total £268,000 of the above amount will be subject to further approval by officers (including through Assistant Director Decisions and Delegated Authority Records, as relevant);
3. the receipt of a revenue grant of £43,000 from the Old Oak and Park Royal Development Corporation to the GLA, under section 121 of the GLA Act 1999 and authorises officers to make arrangements under which the grant is to be applied toward expenditure incurred for the purposes of, or in connection with, the discharge of the functions of the GLA to which the grant is made; and
4. exemptions from the requirement in the GLA's Contracts and Funding Code to procure competitively so as to: (i) commission the extension of King's Fund review of Integrated Care Systems plans against the six tests as described in paragraph 2.13; and (ii) vary an existing contract to support a VCSE network for social prescribing as described in paragraph 2.7.

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:

23/9/20

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

Decision required – supporting report

1. Introduction and background

- 1.1 The GLA Health Team has a programme of work to lead and implement the Mayor's ten-year London Health Inequalities Strategy (HIS) 2018-28 with relevant partners and stakeholders, and to support his leadership role as chair of the London Health Board. The aims of this approach are:
- healthy children - every London child has a healthy start in life;
 - healthy minds - all Londoners share in a city with the best mental health in the world;
 - healthy places - all Londoners benefit from an environment and economy that promotes good mental and physical health;
 - healthy communities - all of London's diverse communities are healthy and thriving;
 - healthy living - the healthy choice is the easy choice for all Londoners; and
 - supporting the Mayor's leadership role for health.
- 1.2 The Mayor is required to develop a health inequalities strategy for London under the Greater London Authority Act 1999. Londoners experience some of the widest health inequalities in England. This means that some Londoners are unnecessarily spending long periods of their lives in poor health or dying prematurely from potentially avoidable causes. Addressing health inequalities will ensure all Londoners benefit from good health and contribute to economic and social development, and will reduce avoidable demand on the health, social care and welfare systems.
- 1.3 The Health Team is supporting the Mayor to develop a comprehensive approach to health and wellbeing for all Londoners, which addresses the range of longer-term factors affecting health inequalities in London. Social, environmental and economic factors, known as the 'wider determinants of health' are a significant cause of health inequalities.
- 1.4 Health and social care services also play a key role in Londoners' health and health inequalities. The Health Team supports the Mayor's role to champion and challenge the health and social care system in London to effectively address health inequalities and respond to challenges and opportunities including prevention, workforce recruitment and retention, digital innovation, maximising the contribution of health and care estates, and health and care service integration.
- 1.5 In October 2019 the London health and care partnership, which includes the GLA alongside Public Health England (PHE), the NHS and London Councils, jointly published *Our Vision for London: The next steps on our journey to becoming the healthiest global city* ('the Vision'). The Vision sets out the next phase of joint working to improve health and care in London. It focuses on ten areas where partnership action is needed at a pan-London level. An implementation plan is in development, and work to deliver against the plan is directed by senior leaders from the partnership with strategic direction and political oversight provided by the London Health Board, chaired by the Mayor.
- 1.6 The Covid-19 pandemic has had a considerable impact on the Health Team's work programme, which is likely to continue through the rest of the year and beyond. Covid-19 requires a public health response, and partnership working across the health and care sector. It has had a disproportionate impact consistent with the themes of the Health Inequalities Strategy, which means that much of the Health Team's work programme remains highly relevant. All work programmes have been reviewed, and continue to be reviewed, to take account of the impacts of the pandemic. Further proposals will be developed in line with London's emerging recovery priorities and brought forward for approval in due course.

Summary of approvals sought within this Mayoral decision

- 1.7 The table below gives a breakdown of the proposed 2020/21 expenditure by workstream.

Portfolio	Approval to spend directly through this MD	Spend subject to further, delegated approval
Healthy children	£0	£154,000
Healthy communities	£53,000	£72,000
Supporting the Mayor's leadership role for health	£208,000	£42,000
Total	£261,000	£268,000

- 1.8 Expenditure will take the form of grant awards or payment for services procured, depending on the nature of the work concerned and in line with relevant GLA procedures, including the GLA's Contracts and Funding Code.

2. Objectives and expected outcomes

Healthy children: every London child has a healthy start in life

- 2.1 The Mayor wants the best outcomes for children and families, which he supports this both directly and indirectly through London's early years settings and schools, to provide children with environments that help them to play, eat, socialise and develop well. This is essential both for long-term health and to enable children to achieve their full potential. He wants to help more children achieve a healthy weight, and to reduce childhood obesity particularly in deprived communities.
- 2.2 This aim is articulated in four main programmes that address the range of dimensions in the Mayor's vision for children in London. These are well-established programmes that have all been subject to prior approvals, which have continuous improvement processes built into their design. The programmes are:
- Healthy Early Years London – aims to support London's 13,000 early years childcare settings to boost the health, wellbeing and development of under-fives as they grow, play and learn, targeting settings that serve the most vulnerable communities;
 - Healthy Schools London – aims to ensure that school age children continue to develop in healthy environments. Each HSL school has committed to prioritising healthy eating; physical activity; personal, social, health and economic education; and emotional health and wellbeing;
 - London's Childhood Obesity Taskforce – champions action across London to help children achieve and maintain a healthy weight. The Taskforce recommendations for action were published in September 2019 in *Every Child a Healthy Weight: Ten Ambitions for London* and the Taskforce have subsequently outlined an action plan to deliver this; and
 - Healthy Minds for Children – aims to ensure that children's mental health is supported and protected; to help all of London's children and young people have the support they need to grow into healthy, resilient adults.
- 2.3 **Expenditure approvals already in place:** there is a total of £387,000 in approvals already in place spanning multiple years, predominantly for projects that have altered or been paused by the impact of the pandemic. These decisions include DD2158, DD2432, MD2222, MD2439, MD2650, and ADD2406. These programmes are not included in the table below as no further decisions are required for this work.

- 2.4 The table below gives a breakdown of deliverables for this programme and the decisions being sought for 2020/21 expenditure.

Programme areas - 2020/21	Approval to spend directly through this MD	Spend subject to further, delegated approval
Healthy Early Years London	N/A	£38,000
Healthy Schools London	N/A	£53,000
London's Childhood Obesity Taskforce	N/A	£46,000
Healthy Minds for Children	N/A	£17,000
Total	£0	£154,000

Healthy communities: London's diverse communities are healthy and thriving

- 2.5 The Mayor wants more Londoners to feel part of a strong and supportive community. This includes supporting opportunities for social integration, and ensuring people feel safe and able to participate. He wants Londoners to be empowered and enabled to act on the things that affect their own and their communities' health and wellbeing. This will mainly be through improving opportunities for community-based social prescribing and supporting those at risk of infections, such as TB, HIV and Hepatitis C, both in terms of prevention, and addressing stigma and discrimination. The Healthy Communities aim includes:
- Social Prescribing – the Mayor has committed to supporting the roll out of social prescribing, ensuring it becomes a routine part of community support across London. Social prescribing is a means of referring to (for example, by a GP) or improving access to a range of social support and activities delivered in the community (often by the voluntary and community sector) to the end of improving people's health and wellbeing;
 - Dementia Friendly London – taking action for London to be a dementia friendly city so there are more chances for all Londoners to take part in community life;
 - Inclusion Health – to engage with and empower some of London's most vulnerable and excluded populations and to understand, promote and share what works in developing healthy and resilient communities. To promote effective community-led approaches to tackle health inequalities in London; and
 - HIV/Hepatitis C – people and communities are supported to tackle HIV, Hep C, tuberculosis and other infectious diseases and address the stigma around them.
- 2.6 Expenditure approvals already in place: DD2419 (December 2019) gives approval for expenditure of up to £50,000 to establish a voluntary, community and social enterprise (VCSE) social prescribing network and to develop associated materials to support the VCSE to participate in the development and delivery of social prescribing. This was agreed for 2019/20 then moved forward in Q3. These programmes are not included in the table below as no further decisions are required for this work.
- 2.7 The table below gives a breakdown of deliverables for this programme and the decisions being sought for 2020/21 expenditure.

Deliverable	Decision being sought for 2020/21 spend
Social Prescribing Vary an existing contract to provide additional support to the VCSE network for social prescribing .	Approval to spend £8,000
Inclusion Health	Approval to spend £8,000

Additional resource to develop a communities of practice project, building on the masterclasses delivered in 2019/20, and agreed in MD2439. This will build a multi-disciplinary and cross-sectoral network to benefit communities within London by supporting the understanding and mainstreaming of community development approaches to health and wellbeing. It will also gather information on how Covid-19 is affecting work with communities, including challenges, new opportunities and models emerging.	
Inclusion Health Funding for Homeless Health: for a piece of work to review the need and options for local authority risk sharing arrangements, aiming to reduce discharge to the street and support the development of step-down provision. The scope for this review is being jointly designed with London Councils, with the intention that they secure and host a consultant with housing expertise to: <ul style="list-style-type: none"> - scope out the relevant housing status categories - identify and outline where risk sharing options may/may not be suitable, using existing examples - work with a small number of geographical groupings of boroughs, or an Integrated Care System (ICS)/sub-regional area to develop these further - provide housing expertise to health/housing discussions on developing integrated provision and pathways to reduce discharge to the street, and escalation to hospital with small groupings of boroughs/sub-regional ICS areas. 	Approval to spend £37,000
Total	£53,000

Programme areas- 2020/21	Approval to spend directly through this MD	Spend subject to further, delegated approval
Social Prescribing	£8,000	£61,000
Inclusion Health	£45,000	N/A
HIV Fast Track Cities	N/A	£11,000
Total	£53,000	£72,000

- 2.8 The request for delegated approval on Social Prescribing will cover work towards the implementation of 'Next Steps for Social Prescribing', as relevant in the Covid-19 recovery context. Key areas for the GLA include: 'Supporting the VCSE sector' and 'Leadership for London'. Further work on 'Supporting the VCSE sector' might include building on the new VCSE network for social prescribing, exploring what further support and resource might be required to enable the VCSE to thrive as an equal partner to NHS and local authorities. Further work on 'Leadership for London' would mean progressing the recommendations of recent reports on culture and social welfare legal advice as they relate to social prescribing, working with partners and across the GLA.
- 2.9 We are requesting an exemption from the requirement of the GLA's Contracts and Funding Code ('Code') in relation to Social Prescribing as the work proposed is a continuation of existing work which cannot be separated from the new work. The current contract with London Plus funds a network coordinator, who coordinates closer working with London NHS partners and the VCSE, along with support for GLA services to better harness the opportunities created by social prescribing. Demand for the coordinator's involvement has been greater than initially anticipated, requiring an increase in hours. Covid-19 has put huge additional pressure on the VCSE sector delivering social prescribing initiatives, especially for those groups most adversely affected such as BAME groups. Increasing the capacity for this role will continue to support the VCSE to deliver and improve collaboration, partnership working and sharing learning across the VCSE and NHS sectors. London Plus have already

established the VCSE social prescribing network, and are the main organisation in the city to support civil society to engage in this type of work.

- 2.10 The request for delegation on HIV Fast Track Cities will fund the London Joint Working Group to continue work on Hepatitis C elimination in London until December 2020, covering salaries to support the Hepatitis C London Elimination Steering Group and to develop work plans under the five opportunity areas in the route map.

Supporting the Mayor's leadership role for health

- 2.11 There are a number of work strands that the Health Team deliver or coordinate to support the Mayor's leadership role for health:
- Health in All Policies (Public Health Specialists): embedding specialist public health skills and advice to ensure that GLA Group's wider work contributes towards improving the health of Londoners and reducing health inequalities, into topic areas such as violence reduction, planning, and the environment;
 - London Health and Care Partnership: The GLA participates in work with the NHS, local government and other partners to progress the Health and Care Vision for London, enabled by the powers set out in the 2017 London Health and Care Devolution Agreement;
 - Mayor's six tests: To determine the extent to which major health and care transformation and reconfiguration proposals meet the Mayor's six tests, which represent Londoners interests in changes to and provision of health services. (Refer also to DD2428 and ADD2408 for further detail); and
 - Health Inequalities Strategy mobilisation: mobilising and supporting partners across London to engage with and work with the GLA to address health inequalities, through the implementation of the London Health Inequalities Strategy.
- 2.12 Expenditure approvals already in place: DD2428 (Dec 2019) gives approval for expenditure of up to £50,000 for analysis of London's Sustainability and Transformation Partnership plans. ADD2408 gives approval for expenditure of up to £20,000 to assess major hospital reconfiguration proposals against the Mayor's six tests. These items are not included in the table below as no further decisions are required for this work.
- 2.13 The table below gives a breakdown of deliverables for this programme and the decisions being sought for proposed 2020/21 expenditure.

Deliverable	Decision being sought for 2020/21 spend
Mayor's six tests Systematic, objective and independent assessments of up to three individual major hospital reconfiguration proposals against the Mayor's six tests. Funding will be used to procure external analytical support.	Approval to spend up to £60,000
Mayor's six tests Augment the existing approved resource for the King's Fund review of Integrated Care Systems/Sustainability and Transformation Partnerships against the six tests (see DD2428). The full report from the original project was delayed due to Covid-19. This additional work will consider implications from new changes arising from pandemic plans and incorporate and repurpose the original planned project output.	Approval to spend up to £15,000

<p>Public Health Specialists Embed specialist public health skills and advice to ensure that GLA's work contributes towards improving the health of Londoners and reducing health inequalities. This includes developing of Mayoral strategies and policies, delivering aims of the health inequalities strategy and the London Health and Care Vision, and developing public health practice and management action across the GLA group. Specifically 0.4 FTE providing specialist public health advice and support to, and funded by, Old Oak and Park Royal Development Corporation (OPDC).</p>	<p>Approval to receive income from Old Oak and Park Royal Development Corporation up to £43,000</p>
<p>Health Inequalities Strategy mobilisation HIS programme resource to implement the plan and enhance partnership working. Spend will cover venue hire, document design and printing, and travel.</p>	<p>Approval to spend £10,000</p>
<p>Health Inequalities Strategy mobilisation Funding to commission an external contractor(s) to undertake a programme of work to further develop the health in all policies approach across the GLA Group. The aim is to optimise the impact of the London Mayor's powers and influence on the health and wellbeing of Londoners through building on, enhancing and extending a health and wellbeing in all policies approach.</p> <p>Likely objectives are to:</p> <ul style="list-style-type: none"> • Review the extent to which the current GLA strategies and policies incorporate a health and wellbeing in all policies approach, identifying achievements and examples of good practice; • Assess the impact and benefits of this work on ways of working across the GLA and on the health and wellbeing of Londoners; • Identify gaps and opportunities to build on what has already been achieved in order to strengthen and extend the health and wellbeing in all policies approach across the GLA; and • Identify specific recommendations to mitigate the impact of Covid-19 on the wider health and wellbeing of Londoners. 	<p>Approval to spend £35,000</p>
<p>Health Inequalities Strategy mobilisation Funding to commission an external contractor(s) to undertake engagement and research to improve understanding and accelerate activity towards tackling health inequalities through London's 'anchor institutions' (those rooted in local places that hold significant wealth as employers, purchasers of goods and services, holders of land, property and investment assets). This would draw on existing research on anchor institutions, primarily focussed on the NHS, and work with stakeholders to develop a more nuanced view on what is appropriate for a wider range of organisations within the London context (i.e. a capital city with a dense and diverse population).</p>	<p>Approval to spend £25,000</p>
<p>Health Inequalities Strategy mobilisation Work with the VCSE sector to support their delivery of community-based support for Londoners' mental health. Building on the work of the mental health task and finish group, we propose to undertake a period of engagement with the VCSE, to explore how they</p>	<p>Approval to spend £20,000</p>

responded during the initial stages of the crisis, how they worked with statutory health and care providers, what challenges they faced and what lesson they learnt. This will be written up into a series of case studies to share examples of innovative and collaborative practice between the VCSE and other organisations, which can be built upon in the recovery. It will also allow us to explore further opportunities to improve the partnership on mental health. This resource will be spent primarily on the engagement and development of case studies.

Programme areas- 2020/21	Decision being sought for 2020/21 spend	Spend subject to further, delegated approval
NHS Liaison	£75,000	£0
Public Health Specialists	£43,000	£0
Health Inequalities Strategy mobilisation	£90,000	£42,000
Total	£208,000	£42,000

- 2.14 The request for delegated approval on Health Inequalities Strategy mobilisation will cover other projects not listed above but relating directly to implementation of the Health Inequalities Strategy and the Health Equity recovery mission. The missions are being finalised and work will be informed by these, along with the work programme of the newly established Health Equity Group.
- 2.15 For the Mayor's six tests work, as detailed in the table at 2.13 above, the request for an exemption from the requirement of the Code is made as the King's Fund has had previous involvement in the current project, which cannot be separated from the new work (section 10 of the Code). This piece of work builds sequentially on the previous work the King's Fund has undertaken, and offers continuity to the way the Health Team develops the Mayor's health leadership role. Based on our knowledge of the health sector market, we believe the King's Fund is the only organisation with the necessary reputation, specialist skills and experience needed to provide to undertake this additional research. The previous work and this piece on Sustainability and Transformation Partnerships are so linked, and the King's Fund's expertise so distinct, that we need the same organisation to undertake both pieces of work.

3. Equality comments

- 3.1 Under Section 149 of the Equality Act 2010, as a public authority, the GLA must have 'due regard' of the need to:
- eliminate unlawful discrimination, harassment and victimisation; and
 - advance equality of opportunity and foster good relations between people who have a protected characteristic and those who do not.
- 3.2 The Mayor's Equality, Diversity and Inclusion (EDI) strategy sets out how the Mayor will help address the inequalities, barriers and discrimination experienced by groups protected by the Equality Act 2010. In this strategy the Mayor of London has, for the first time, gone beyond these legal duties and contributes towards addressing wider issues such as poverty and socio-economic inequality, as well as the challenges and disadvantage facing groups like young people in care, care leavers, single parents, migrants and refugees.
- 3.3 An Integrated Impact Assessment, which included an Equalities Impact Assessment within its scope, was conducted as part of the development of the Health Inequalities Strategy. This identified the

major positive and negative impacts of the strategy's implementation for groups protected under the Equality Act 2010 and proposed ways to strengthen benefits and mitigate negative impacts, as well as identify issues concerning the four cross-cutting themes under the GLA Act 1999. The most impactful policies and proposals were considered to fall into four groups: mental health, economic wellbeing, health choices and employing individuals, and a community focussed approach. The focus on inclusion health – focussing on the most vulnerable Londoners – and tackling stigma (such as in relation to HIV and mental ill health), will impact positively on health of those with protected characteristics, especially disability, race, and sexual orientation. The integrated impact assessment is available here: https://www.london.gov.uk/sites/default/files/the_mayor_of_londons_health_inequalities_strategy_ia_report_-_final_23.08.17_0.pdf

The London Health Inequalities Strategy was adopted in October 2018:

<https://www.london.gov.uk/what-we-do/health/health-inequalities-strategy>

Responses to the findings of the Integrated Impact Assessment are set out in the London Health Inequalities Strategy consultation report to the Mayor:

https://www.london.gov.uk/sites/default/files/his_consultation_response.pdf

- 3.4 At a London level, the Health and Care Vision makes reducing health inequalities one of its central aims. Senior leaders are overseeing the Vision's implementation on behalf of the partner organisations and strategic direction and political oversight is provided by the London Health Board. A focus on reducing health inequalities will benefit people with protected characteristics, for example disabled people and minority ethnic communities, who often experience poorer access to and outcomes from health and care services. An implementation plan is being developed by the partners responsible for the Vision which will focus on tackling health inequalities.
- 3.5 Healthy Early Years London is a universal programme – ensuring standards are high and consistent across all settings in London – but also targeted proportionately – aiming to reduce inequalities by securing involvement within more deprived communities. The one-year evaluation of the programme found that at a macro level, HEYL has done very well in reaching the more deprived communities. Within boroughs, however, there is clearly an ongoing challenge in reaching and recruiting more settings in the more deprived communities, and reaching the most deprived children and families, especially if parents/carers are out of work. Borough leads are very focused on this issue, and given more time and resource, would be able to reach out to recruit and influence more settings in deprived areas. Therefore, this remains a priority for HEYL.
- 3.6 Evaluation of Healthy Schools London (September 2016) has shown that schools in areas with low socio-economic status (SES) are more likely to be enrolled in the programme than schools in high SES areas.
- 3.7 A Health Inequalities Impact Assessment was carried out on the Healthy Workplace Charter (now LHWA) programme in 2013. This looked at the likely potential impacts on those with protected characteristics and concluded that the programme has beneficial impacts. A focus on low paid sectors will also help to support those with protected characteristics.
- 3.8 The mental health programme delivered through Thrive LDN has taken a proportionate universalism approach to all activity, by addressing the whole population and providing bespoke support for individuals, communities and groups who need it. Thrive LDN is committed to widening participation and reach across London to give everyone the equal opportunity to good mental health and wellbeing. In particular, the Right to Thrive workstream focuses on those at higher risk of unfair treatment based on their identity, beliefs or social class. The aim is to improve opportunities across London for marginalised and intersectional communities in London.
- 3.9 The six tests programme includes a focus on reducing health inequalities, with the first test specifically aiming to ensure that proposals consider the potential impact on inequalities, do not widen the inequality gap, and where possible reduce inequalities. The assessments will enable the Mayor to champion and challenge the NHS accordingly. In addition to aligning with the Mayor's Health

Inequalities Strategy it is well aligned to 'Inclusion London', his Equality, Diversity & Inclusion Strategy, particularly in relation to the objectives to make London a safe and healthy city. Objective 33 in the Mayor's Equality, Diversity and Inclusion (EDI) strategy is "to lead, and help coordinate, work to understand and address health inequalities and support at-risk communities to increase their health skills, knowledge and confidence". The Mayor's six tests are an important tool for the Mayor to use to lead and coordinate action to reduce health inequalities.

4. Other considerations

Major risks and issues

- 4.1 Risk are assessed and managed on a programme basis. Cross-cutting and major risks are reported quarterly through the corporate performance management process. At the time of writing, the major risks are as follows:

Risk	Mitigation
As we move from pandemic response to transition and into recovery, capacity in the team and the wider health & care partnership could be too stretched to deliver required level of service.	<ul style="list-style-type: none"> • Bringing new capacity into the team in the form of public health registrars and consultants to support the team in their already larger work programme. • Regular meetings between the Mayor, NHS and PHE to discuss the progression of the disease and likelihood of second peak. • Strengthened position of the health and care partnership needs additional focus, and we will plan our approaches accordingly.
Team may be unable to prepare a three-year Health Inequalities Strategy implementation plan given staff resource has been allocated to other urgent matters & emerging priorities.	<ul style="list-style-type: none"> • Comprehensive engagement process with a broad range of stakeholders through workshops • Ensure the focus of the new Health Equity Group builds on the Health Inequalities Strategy framework. • Bringing additional capacity into the team for business processes, allowing others to focus on strategy development.
Team could be drawn into response work that it is not best placed to deliver on top of its strategy and project roles.	<ul style="list-style-type: none"> • Maintaining and developing partnership working with health and care partners, through the Leaders' Group, public health systems leadership group, London Health Board and Transition Management Group infrastructure. • Identifying the top priorities for health and health inequalities following Covid-19 through commissioned review of its impact on London's health inequalities and the health and care system. • Working to embed healthy equity in the work of the transition and recovery workstreams as they emerge, to ensure partner efforts and resources are aligned, e.g. through proposed establishment of health equity sub-group.

The full impacts of the pandemic are still to be understood, including the impacts of lockdown on partners, settings and communities – especially over winter.	<ul style="list-style-type: none"> • Close partnership working and clear communications with partners across the health and care system. • Maintain effective working relationships with boroughs and settings to best understand the implications of restrictions implemented to reduce Covid-19 spread, and collaborating closely with relevant GLA teams.
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Links to Mayoral strategies and priorities

- 4.2 The GLA health programme is directly related to delivery of the Mayor's Health Inequalities Strategy, a statutory duty under the GLA Act 1999.
- 4.3 In addition, elements of the health programme will support delivery of other statutory and non-statutory strategies and programmes, including: the London Plan, Transport, Economic Development, Environment, Housing, Culture, Sport, Social Integration, and Food.

Impact assessment and consultations

- 4.4 Impact assessments have been conducted on the key elements of the programme, as detailed above. Consultation with Londoners and stakeholders on the London Health Inequalities Strategy took place in 2017, and a comprehensive report to the Mayor has been compiled here: https://www.london.gov.uk/sites/default/files/the_mayor_of_londons_health_inequalities_strategy_ia_report_-_final_23.08.17_0.pdf.
- 4.5 A report was prepared and published in January 2020, providing an overview of activity in the first year of the Health Inequalities Strategy, available here: https://www.london.gov.uk/sites/default/files/his_annual_report_1819_final.pdf. The London Assembly's Health Committee scrutinised progress in a session on the 22nd January 2020. Among other activity to engage with partners on the Strategy, the Health Team ran a series of five workshops during 2019/20, focused on each of the five themes of the Strategy.
- 4.6 Annual reports have been prepared for Healthy Early Years London, Healthy Schools London and the London Healthy Workplace Award.
- 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 being sought for expenditure of up to £529,000 on the Health Team's Work Programme for 2020-21. This expenditure is detailed in the below table.

Workstream	Approval within Current Decision £	Expenditure subject to further Decision £	Total Expenditure £
Healthy children	N/A	£154,000	£154,000
Healthy communities	£53,000	£72,000	£125,000
Mayor's leadership role for health	£208,000	£42,000	£250,000

TOTAL	£261,000	£268,000	£529,000
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- 5.2 The total cost for the 2020-21 work programme is £529,000. Of this amount, £486,000 will be funded from the Health Team's Programme budget for 2020-21; £43,000 will be funded from external income to be received from the Old Oak and Park Royal Development (towards the Public Health Specialists Programme).

6. Legal comments

- 6.1 Sections 1 to 2 of this report indicate that the decisions requested of the Mayor concern the exercise of the GLA's general powers, falling within the GLA's statutory powers to do such things considered to further or which are facilitative of, conducive or incidental to the promotion of economic development and wealth creation, social development or the promotion of the improvement of the environment 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:
- 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; and
 - 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 (race, disability, gender, age, sexual orientation, religion or belief, pregnancy and maternity and gender reassignment) 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 Any services required must be procured by Transport for London (TfL) Commercial who will determine the detail of the procurement strategy to be adopted in line with the GLA's Contracts and Funding Code ('the Code'). Officers must ensure that appropriate contract documentation is put in place and executed by the successful bidder(s) and the GLA before the commencement of the services.
- 6.4 Officers must ensure any grant funding being provided to third parties as set out in section 2 is distributed fairly, transparently, in accordance with the GLA's equalities and in a manner which affords value for money and in accordance with the Code. 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.
- 6.5 Section 121 of the GLA Act 1999 provides that Old Oak Park Royal Development Corporation may, with the consent of the Mayor, pay a grant towards meeting the revenue expenditure incurred or to be incurred by the GLA for the purposes of, or in connection with, the discharge of its functions. Officers must ensure an appropriate funding letter is put in place between OPDC and GLA before any commitment to fund is made.
- 6.6 Section 9 of Part C of Code requires the GLA to seek a call-off from a suitable framework, where possible, or if not, undertake a formal tender process which will be managed by TfL in respect of the services. However, the Mayor may approve an exemption from this requirement under section 10 of the Code upon certain specified grounds. One of those grounds is that the approval of the exemption on the ground of previous involvement in a specific current project or continuation of existing work

that cannot be separated from the project/work. Officers have indicated at paragraph 2.9 and 2.15 of this report that this ground applies in relation to the Social Prescribing and Mayor's Six Tests, and the proposed contracts afford value money.

- 6.7 On this basis the Mayor may approve the proposed exemptions if satisfied with the content of this report.

7. Planned delivery approach and next steps

- 7.1 A detailed business plan for the work of the Health Team will be developed, setting out the full range of programmes, policy and advocacy work the team plans to undertake in 2020/21 alongside a timeline for each specific deliverable.

Supporting papers:

- The London Health Inequalities Strategy 2018-28: <https://www.london.gov.uk/what-we-do/health/health-inequalities-strategy>
- The London Health Inequalities Strategy Implementation Plan 2018-2020: https://www.london.gov.uk/sites/default/files/his_implementation_plan.pdf
- Health Inequalities Strategy Annual report 2018-19
- https://www.london.gov.uk/sites/default/files/his_annual_report_1819_final.pdf
- The Health Inequalities Strategy Consultation Integrated Impact Assessment: https://www.london.gov.uk/sites/default/files/the_mayor_of_londons_health_inequalities_strategy_ia_report_-_final_23.08.17_0.pdf
- London Health and Social Care Devolution Memorandum of Understanding: https://www.london.gov.uk/sites/default/files/nhs_hlp_memorandum_of_understanding_report_november_2017.pdf
- Our Vision for London: The next steps on our journey to becoming the healthiest global city (2019) https://www.london.gov.uk/sites/default/files/11448_hlp_london_vision_-_annual_report_2019_full_version.pdf

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 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:

Matt Clark has drafted this report in accordance with GLA procedures and confirms the following: ✓

Sponsoring Director:

Sarah Mulley 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 21 September 2020.

EXECUTIVE DIRECTOR, RESOURCES:

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

Signature

D. Gane

Date

22 September 2020

CHIEF OF STAFF:

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

Signature

D. Bellamy

Date

21 September 2020