

Response to *The London Health Inequalities Strategy*, the Mayor's draft strategy

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Health and Public Services Committee Members

The Health and Public Services Committee can identify and investigate any health and public services issues that are of concern to London as a whole. Recent investigations include young Londoners' sexual health, alcohol misuse amongst young Londoners and the Mayor's strategy to tackle violence against women.

Further information about the Committee can be found at:
http://www.london.gov.uk/assembly/scrutiny/health_ps.jsp

The Membership of the Committee is as follows:

James Cleverly	Conservative, Chair of the Health and Public Services Committee
Navin Shah	Labour, Deputy Chair of the Health and Public Services Committee
Richard Barnbrook	BNP
Richard Barnes	Conservative
Andrew Boff	Conservative
Nicky Gavron	Labour

Assembly Secretariat contacts

Sarah Hurcombe, Assistant Scrutiny Manager
020 7983 6542 sarah.hurcombe@london.gov.uk

Lisa Moore, Media Officer
020 7983 4228 lisa.moore@london.gov.uk

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Introduction

The Health and Public Services Committee welcomes the opportunity to respond to the Mayor's draft strategy on tackling health inequalities in the capital: *The London Health Inequalities Strategy*.ⁱ

On 12 November 2009 the Committee held a public meeting to discuss the Mayor's draft strategy with Pamela Chesters, the Mayor's Adviser on Health and Youth Opportunities, and representatives of London Councils, the London Voluntary Service Council and the Regional Public Health Group. The Committee previously met with Pamela Chesters on 22 July 2009, not long after she began in her post. The transcripts of both meetings are available online.ⁱⁱ In addition, the Committee wrote to the Greater London Authority functional bodies for their initial response to the draft strategy.

The GLA Act 2007 gave the Mayor of London a statutory responsibility to lead on the development of a health inequality strategy for London. The previous administration released its Assembly draft in January 2008 and the Health and Public Services Committee responded to it in March 2008.ⁱⁱⁱ

| The Committee was disappointed that it took over a year from Boris [that](#) Johnson's election to release the next draft of the strategy, despite being informed that it would not be substantially altered from the previous draft and therefore did not require another separate Assembly consultation period.^{iv}

The Committee welcomes the Mayor's commitment to tackling health inequalities in London. The Committee's response to the strategy aims to assist the Mayor to clarify and develop his post-consultation "detailed delivery plan"^v in order to maximise its impact and effectiveness. We make recommendations for improvement regarding the focus of strategy and how the strategy will be implemented.

Focus of the strategy

What are health inequalities?

In his strategy the Mayor says health inequalities are the “differences in levels of health between people” such as their “well-being, how long they live and how well they are”.^{vi} Health inequalities are often measured by differences in average life expectancies or infant mortality rates.

Underlying reasons for health inequalities are complex. A person’s health is not just affected by access to NHS or social care services but also the ‘wider determinants of health’ and individual behaviour. The ‘wider determinants of health’ are things like where a person lives, their social and economic background, income, employment and education.^{vii} Individual behaviour covers things like diet, exercise, smoking, and alcohol and drug use. The strategy recognises that lifestyle and behaviour are often influenced by the ‘wider determinants of health’.^{viii}

Enough focus on the ‘wider determinants’ of health?

Whilst the strategy states that action on health inequalities must focus on the wider determinants of health such as income and employment^{ix} it also includes measures focused on encouraging changes in individual behaviour. In comparison to the previous administration’s version of the strategy the current version gives a more prominent role to individual behaviour.

The Mayor believes that with the right skills and information Londoners can and will take more control over and responsibility for their own and others’ health.^x At the end of the strategy he issues a “Big 10” challenge to Londoners on how they can contribute to the delivery of the strategy.^{xi} These include things like eating well and moderately, regular physical activity and that prevention is better than cure. The strategy does not make clear what the Mayor can do to encourage Londoners to take on the “Big 10 Challenges.”

London partners cautioned against shifting the approach too far into the area of individual action, away from tackling the wider determinants of health or group behaviour.^{xii}

“We do really think that it is those wider determinants of health that we need to focus on in relation to income and equality and housing that are the things that really are the determinants of a person’s health. That does need big strategic intervention by the public sector that has control over what standard of housing people are living in and improving the standard of housing and income inequality.”^{xiii} – Peter Lewis, London Voluntary Service Council

As there is little the Mayor can do to direct individual behaviour the Committee recommends the strategy delivery plans are clearly focused on action to tackle the wider determinants of health within the GLA family’s remit.

“My vision is clear”^{xiv}

The Mayor aims to provide a clear vision for how to tackle health inequalities in London. The strategy aims to provide a “comprehensive programme of action”^{xv} that will establish London as an international leader in reducing health inequalities. It aims to be a number of things at once, including:^{xvi}

- Being both short as well as long-term, looking 20 years ahead alongside the London Plan;
- Being universal and targeted;
- Adding value to existing work whilst creating new knowledge and understanding and sharing learning; and
- Influencing local and national organisations and policy.

The draft strategy highlights a large amount of measures without indicating what are priorities and what measures are likely to become commitments in the final strategy. To illustrate, under the 5 “objectives” there are 30 “actions”, which are then followed by 45 “possible initiatives”. In addition, good practice examples are highlighted throughout the text.

London Councils told the Committee that a clearer indication of the Mayor’s priorities in this area would help to get local leaders behind the strategy.^{xvii} The Committee is concerned that partners, using the strategy as their guide, may find it difficult to determine their own commitments in tackling health inequalities when they are unsure what the Mayor and the GLA family will be doing because of the large number of possible actions highlighted.

Adding to the potential confusion, the strategy includes a chapter focused on how the GLA group will address inequalities in access to health and social care. The NHS *Healthcare for London Framework* aims to tackle inequalities in access to NHS services and work to take this forward is ongoing.^{xviii} Whilst the Committee generally welcomes the proposals highlighted by the Mayor to improve access to health and social care it does have the effect of confusing the Mayor’s vision on action to tackle the wider determinants of health.

The Mayor’s vision is at risk of being muddled unless he clearly sets out his priorities for tackling health inequalities in London and the initiatives he will take forward to help achieve these priorities. To avoid duplication of other work in the field the Mayor’s priorities should be primarily focused on action by the GLA group.

Recommendation 1

The Mayor’s delivery plan should clearly set out his priorities for tackling health inequalities in London with particular emphasis on action by the GLA group to tackle the wider determinants of health.

Implementation

No budget has been allocated to tackling health inequalities and no costings are included in the draft strategy. Talking to the Committee in July 2009 Pamela Chesters indicated that most work would be delivered by partners from their own budgets.^{xxix} She recognised that there is “a danger with all strategies that lots of warm words are spoken and the actual impact on the ground is relatively modest”.^{xxx}

With no budget the following three levers are identified through the strategy as ways in which the Mayor can make a difference to work to tackle health inequalities in London:

- High profile platform to raise awareness of health inequalities;
- Integration with other Mayoral strategies; and
- Partnership working with London stakeholders such as boroughs, the NHS and the voluntary sector.

As discussed below, the Committee believes what the Mayor needs to set out more clearly what he plans to do in these three areas.

High profile platform

The strategy states one of the Mayor’s levers in this area is to provide a strong sense of purpose and ambition that will inspire and lead key partners.^{xxxi} Talking to the Committee in July 2009 Pamela Chesters felt that her fundamental challenge as Mayoral adviser was ensuring that the issue of health inequalities became a high profile and lively debate, across the GLA and amongst London partners. She felt she could achieve this as part of the launch of the strategy.^{xxii}

However, the September launch of the draft strategy consisted of a press release but no Mayoral press conference.^{xxiii} This is in contrast to the promotion of two non-statutory Mayoral strategies, *Time for Action*^{xxiv} and *The Way Forward*.^{xxv} Some guests told the Committee in November that the current debate around the strategy was not high profile or lively enough:

“There was so much anticipation around the strategy coming out. The momentum, from speaking to colleagues, might have been lost and we have got to fire it up again. That is a concern” – Lorna Campbell, London Councils

The Regional Public Health Group told the Committee that as an elected politician the Mayor’s unique contribution to work on health inequalities was having a dialogue with Londoners that the NHS could not achieve.^{xxvi}

“I think, if you view this strategy through time, you have got a body and the Mayor, whoever it is in 10 years’ or 15 years’ time, still having an overview, still in dialogue, still challenging the NHS, still challenging through London. That is, for me, the value of the strategy.”^{xxvii} – Paul Plant, Regional Public Health Group

The Committee welcomes the Mayor’s commitment to making health inequalities a high profile and lively debate amongst local London partners but is concerned at the limited evidence of his success in achieving this so

far. The Committee agrees the Mayor has a unique role in raising awareness amongst local politicians of the impact of the wider determinants of health and how local authorities and their partners can work towards reducing health inequalities. The Mayor, in partnership with local leaders, should be aiming to establish London as a beacon of good practice for the rest of the country and raise the profile of work to tackle health inequalities.

Recommendation 2

The Mayor must raise the profile of work to tackle health inequalities amongst London partners. As part of the strategy's delivery plan we will expect details of a marketing plan and timetable for delivery.

Integration with other strategies and role of GLA group in delivery

In his *Foreword* to the strategy the Mayor states that the positive impact of his other strategies on improving Londoners' health is "one of the golden threads" of his thinking.^{xxviii} Pamela Chesters has committed herself and the Mayor to ensuring that work to tackle health inequalities is integrated with other Mayoral strategies.^{xxix}

"We need the Mayor to keep championing the cause, we need the Mayor to ensure that this becomes part and parcel of how we do business at the GLA within the GLA plans."^{xxx} – Pamela Chesters, Mayor's Adviser on Health and Youth Opportunities

Several draft Mayoral strategies had already been released prior to the launch of the health inequalities strategy. Pamela Chesters told the Committee that integration would happen as part of the development of 'action plans' for each strategy, which will be produced following the public consultation periods.^{xxxi}

Throughout the health inequalities strategy reference is made to other Mayoral responsibilities and at the end of each of the Mayor's six objectives a long list of targets that the Mayor may set are listed. These include things relevant to the GLA family such as:

- An increase in 'active travel' (walking and cycling) by all Londoners;
- Maximising opportunities associated with the 2012 Olympic and Paralympic Games; and
- An increase in the number of employers supporting the London Living Wage.

However, as with the Mayor's approach to setting out his objectives, it is unclear which targets will actually be included in the 'action plans' of the other Mayoral strategies. Further complicating the picture, Pamela Chesters has indicated to the Committee that she does not believe it would be useful for the Mayor to develop a long list of "numerical quantitative measures" against which the strategy and partners will be measured.^{xxxii}

In contrast, London partners told the Committee that firm targets for the GLA and the functional bodies would be useful in ensuring the strategy is delivered and doesn't just remain "very nice and positive words"^{xxxiii}:

"we hope that the golden thread that the Mayor talked about could become a bit strong and be a golden rope with some of the other strategies in order to see this properly embedded, especially in the Economic Development Strategy around worklessness and seeing how the priorities in the Health Inequalities Strategy about getting people back into work and having a decent income are then taken forward by the London Development Agency (LDA). Some of those deliverables would be really appreciated."^{xxxiv} – Peter Lewis, London Voluntary Sector Council

Similarly, in its written response Transport for London told us that it believes that a regional strategy on health inequalities will add value by "providing the London wide goals and challenges, highlighting the outcomes sought and identifying measures that can achieve these outcomes"^{xxxv}.

The London Assembly Transport Committee has previously examined the Mayor's proposals for increased walking and cycling. It raised concerns at the adequacy of the detail of the Mayor's plans in this area as well as priority and funding following these plans.^{xxxvi}

Some London partners told the Committee that more use could be made of the 2012 Olympic and Paralympic Games brand and the possible health legacies around healthy living, physical activity and sport, particularly amongst young people.^{xxxvii} For example, focusing resources on boosting sports participation rates would bring both health and sports legacy benefits.

However, as highlighted previously by the London Assembly the evidence indicates that it will be 'very challenging' for London to deliver a lasting legacy in sports participation arising from the 2012 Olympic and Paralympic Games and it held concerns over the adequacy of existing plans for achieving this.^{xxxviii}

The Committee believes that by setting firm targets for the GLA and its functional bodies the Mayor will give a clear signal to London partners that he is serious about tackling health inequalities in London.

Recommendation 3

As part of the delivery plan the Mayor should set firm targets for the GLA and the functional bodies on how they will deliver action to tackle health inequalities. These could include targets for increasing sports participation and cycling and walking. The plan should clearly set out what the benefits to Londoners' health would be from meeting these targets.

Role of London Partners

The Mayor believes action to reduce health inequalities must be “delivered in collaboration with individuals, communities and organisations– not imposed on them”^{xxxix} and so does not set out in great detail the roles that each stakeholder will take in delivering the strategy. Key partners include the GLA group, regional partnerships, the NHS in London, boroughs and the Voluntary and Community Sector (VCS).^{xi}

The strategy recognises that the country has entered a recession and new money to tackle health inequalities is unlikely to be made available. Key partners are facing a reduction in their income and funding levels, whilst experiencing increased demand on their resources.^{xli} Experts told the Committee that under the auspices of the health inequalities strategy the Mayor could take a key role in breaking down the “silos”^{xlii} that exist between local organisations and encourage them to work together and use their finite resources more effectively in the changed economic climate:

“When the public finances drop off the cliff in 2011, we are talking about public organisations dropping their boundaries if we are going to respond appropriately across the piece and it is that agenda which I think the GLA and the Mayor and the political leadership can get us into...I think it is about political leadership and putting in some building blocks to enable that dialogue and to enable it to happen at the coalface, at the closest point to populations.”^{xliii} – Paul Plant, Regional Public Health Group

The Committee believes the Mayor’s role in bringing local partners together and breaking down organisational “silos” is one key way he can add value to work around tackling health inequalities and the key public health issues facing London. These include area investigated previously by the Committee such as young Londoners’ sexual health, alcohol misuse by young people and mental health.^{xliv}

Talking to the Committee in November Pamela Chesters did not provide any details on how the Mayor plans to break down organisational ‘silos’ or what incentives there were for partners to get behind the strategy.^{xlv} This lack of clarity is of concern and the Committee will expect clearer details in the delivery plan that will be developed following the period of public consultation.

Recommendation 4

The Mayor should provide clear details of how he will bring local partners together and break down organisational ‘silos’ as part of the strategy delivery plan. Incentives for partners working together should be more clearly identified by the Mayor.

London Health Commission

Transport for London identifies the London Health Commission (LHC)^{xlvi} as a key London partnership body which could take on a key co-ordinating role in this area.^{xlvii} It leads on a number of programmes focused on reducing health inequalities, some of which are funded by the London Development Agency. A small secretariat based in City Hall supports the LHC.

The strategy states the Mayor will use his membership on the LHC to ensure that its work programme reflects on how it could best support the implementation of the Mayor's strategy. It identifies the LHC as a key partner for developing performance indicators for the strategy, annual monitoring of progress against the strategy as well as leading on work around mental health such as implementing Mental Health First Aid Training throughout the GLA family.^{xlviii} The strategy is silent on where the resources for this work will come from.

Responding to the previous administration's draft strategy in October 2008 the LHC noted that the relationship between the LHC and the Mayor and GLA had been the subject of considerable discussion within the Commission. Commissioners agreed that the relationship needed better definition.^{xlix} The Committee will examine whether this issue has been resolved and request further information on how the LHC will be able to deliver the large workload identified in the strategy.

London boroughs

When the Committee examined the previous Mayor's draft of the strategy it noted that the role of London boroughs in delivering the strategy was underdeveloped.ⁱ The Committee welcomes the current version's recognition of the important relationship between the Mayor and local politicians. In the current draft the Mayor calls on local borough leaders to ensure that health inequalities are being given sufficient attention within their area, for example by ensuring there is member for health in their cabinet.ⁱⁱ

"I think I am encouraging, or suggesting through the Mayor, that we should be encouraging councils to be more ambitious and if they truly believe that they have a role in health"ⁱⁱⁱ – Pamela Chesters, Mayor's Adviser on Health and Youth Opportunities

Under the auspices of the London Congress and the City Charter^{liii} the Mayor and London borough leaders have committed themselves to working together to tackle health inequalities.^{liv} A paper presented by Pamela Chesters and Mike Freer from London Councils to the London Congress on the 3 September 2009 provides further details on how the Mayor and London boroughs plan to work together to tackle health inequalities. It indicates that their current focus is on how they can influence the NHS in London to improve access to health services.^{lv} The Committee believes it would be beneficial for them to set out more clearly what the Mayor and borough leaders can do themselves to tackle the wider determinants of health.

Voluntary and community sector

One of the key stakeholders being squeezed by the recession is the Voluntary and Community Sector (VCS).^{lvi} The recession is leading to increased demand on advice and counselling services in London^{lvii}. At the same time, funding for voluntary sector services is falling^{lviii}, and is likely to fall further, as NHS and local authority budgets are tightened.

In the strategy the Mayor pledges to “support the role of the VCS in reducing health inequalities and influence the provision of sustainable funding and resources for the sector”.^{lix}

The Committee was told that the move among public sector bodies, including the London Development Agency (LDA), towards bigger contracts will place increased pressure on small voluntary community groups as they will need to join together to bid for large contracts.^{lx}

The London Voluntary Service Council welcomed the focus in the strategy on empowering communities and individuals to be involved in designing the services they need to meet their needs.

“If people are involved in that way with proper dialogue in designing their services then the outcomes are far better because they feel they have control over their lives by influencing those services, so that is what we think is the core strength of this document, the focus on community empowerment to tackle the health inequalities.”^{lxi} – Peter Lewis, London Voluntary Service Council

The Committee welcomes the Mayor’s recognition of the important role the VCS plays in London in tackling health inequalities and empowering communities. The Committee believes the Mayor has a key role to play in lobbying London partners through London Funders^{lxii} to ensure their own commissioning systems support the role of the VCS in this area. At the same time it calls on the Mayor to ensure the GLA functional body’s funding arrangements take into account the capacity of smaller community groups to bid for this money.

Recommendation 5

The Committee recommends the GLA functional bodies’ review their funding arrangements to ensure they are in line with best practice for ensuring equitable access to funding for all, taking into account the capacity of smaller community groups to bid for funding on offer.

Conclusion

The Committee welcomes the Mayor's stated commitment to tackling health inequalities in London. The Committee calls on the Mayor to ensure the following issues are resolved when developing the detailed delivery plan that will follow the consultation period:

- Clearer identification of what actions will be Mayoral and GLA family priorities in tackling health inequalities and the wider determinants of health;
- Details of how the Mayor plans to make health inequalities a high profile and lively debate amongst local London partners;
- Firm targets for the GLA family on action to tackle health inequalities; and
- Clearer details on how the Mayor will encouraging local partners to break down their organisational silos and to achieve better value for money.

Appendix 1 – Recommendations

Recommendation 1

The Mayor's delivery plan should clearly set out his priorities for tackling health inequalities in London with particular emphasis on action by the GLA group to tackle the wider determinants of health.

Recommendation 2

The Mayor must raise the profile of work to tackle health inequalities amongst London partners. As part of the strategy's delivery plan we will expect details of a marketing plan and timetable for delivery.

Recommendation 3

As part of the delivery plan the Mayor should set firm targets for the GLA and the functional bodies on how they will deliver action to tackle health inequalities. These could include targets for increasing sports participation and cycling and walking. The plan should clearly set out what the benefits to Londoners' health would be from meeting these targets.

Recommendation 4

The Mayor should provide clear details of how he will bring local partners together and break down organisational 'silos' as part of the strategy delivery plan. Incentives for partners working together should be more clearly identified by the Mayor.

Recommendation 5

The Committee recommends the GLA functional bodies' review their funding arrangements to ensure they are in line with best practice for ensuring equitable access to funding for all, taking into account the capacity of smaller community groups to bid for funding on offer.

Appendix 2 – Principles of scrutiny

An aim for action

An Assembly scrutiny is not an end in itself. It aims for action to achieve improvement.

Independence

An Assembly scrutiny is conducted with objectivity; nothing should be done that could impair the independence of the process.

Holding the Mayor to account

The Assembly rigorously examines all aspects of the Mayor's strategies.

Inclusiveness

An Assembly scrutiny consults widely, having regard to issues of timeliness and cost.

Constructiveness

The Assembly conducts its scrutinies and investigations in a positive manner, recognising the need to work with stakeholders and the Mayor to achieve improvement.

Value for money

When conducting a scrutiny the Assembly is conscious of the need to spend public money effectively.

Appendix 3 - Orders and translations

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Endnotes

ⁱ The strategy is available at:

<http://www.london.gov.uk/mayor/priorities/health/docs/health-inequalities-strategy-draft-consult.pdf>

ⁱⁱ Available at:

http://www.london.gov.uk/assembly/health_ps/2009/jul22/minutes/transcript.pdf and
http://www.london.gov.uk/assembly/health_ps/2009/nov12/minutes/appendix_B_transcript.pdf

ⁱⁱⁱ The Committee's March 2008 response is available at:

<http://www.london.gov.uk/assembly/reports/health/health-inequalities-strategy.pdf>

^{iv} *Transcript of the Health and Public Services Committee*, 12 November 2009, p 9.

^v *The London Health Inequalities Strategy*, p 26.

^{vi} *The London Health Inequalities Strategy*, p 11.

^{vii} *The London Health Inequalities Strategy*, p 12.

^{viii} *The London Health Inequalities Strategy*, p 12.

^{ix} *The London Health Inequalities Strategy*, p 23.

^x *The London Health Inequalities Strategy*, p 12.

^{xi} *The London Health Inequalities Strategy*, p 99.

^{xii} *Transcript of the Health and Public Services Committee*, 12 November 2009, p 8.

^{xiii} *Transcript of the Health and Public Services Committee*, 12 November 2009, p 15.

^{xiv} *The London Health Inequalities Strategy*, p 7.

^{xv} *The London Health Inequalities Strategy*, p 11.

^{xvi} *The London Health Inequalities Strategy*, p 24.

^{xvii} *Transcript of the Health and Public Services Committee*, 12 November 2009, p 4.

^{xviii} Healthcare for London Framework, July 2007, available at:

<http://www.healthcareforlondon.nhs.uk/assets/Publications/A-Framework-for-Action/aFrameworkForAction.pdf>

^{xix} *Transcript of the Health and Public Services Committee*, 22 July 2009, pp 10-11.

^{xx} *Transcript of the Health and Public Services Committee*, 22 July 2009, p 12.

^{xxi} *The London Health Inequalities Strategy*, p11.

^{xxii} *Transcript of the Health and Public Services Committee*, 22 July 2009, p 4.

^{xxiii} Press Release, "Let's beat childhood obesity says Mayor", 24 September 2009:

http://www.london.gov.uk/view_press_release.jsp?releaseid=23782

^{xxiv} The Mayor launched *Time For Action* in Edmonton, alongside Deputy Commissioner of Metropolitan Police, Sir Paul Stephenson, Deputy Mayor for Policing, Kit Malthouse AM and London Council's Member for Children and Young People, Cllr James Kempton.

^{xxv} *The Way Forward* was launched at a high profile press conference at the Nia Project in Islington, joined by the Met Commissioner, Sir Paul Stephenson, Deputy Mayor for Policing, Kit Malthouse AM and Joy Ngozi Ezeilo, UN Special Rapporteur on Trafficking.

^{xxvi} *Transcript of the Health and Public Services Committee*, 12 November 2009, p 10.

^{xxvii} *Transcript of the Health and Public Services Committee*, 12 November 2009, p 17.

^{xxviii} Mayor's Foreword. *The London Health Inequalities Strategy*.

^{xxix} *Transcript of the Health and Public Services Committee*, 22 July 2009, pp 5-6.

^{xxx} *Transcript of the Health and Public Services Committee*, 12 November 2009, p 25.

^{xxxi} *Transcript of the Health and Public Services Committee*, 22 July 2009, p 5.

^{xxxii} Pamela Chesters, Mayor's Adviser on Health and Youth Opportunities, Health and Public Services Committee transcript, 12 November 2009, p 3.

^{xxxiii} *Transcript of the Health and Public Services Committee*, 12 November 2009, p 5.

^{xxxiv} *Transcript of the Health and Public Services Committee*, 12 November 2009, p 5.

^{xxxv} Written response from Peter Hendy, Commissioner, Transport for London, 25 November 2009.

^{xxxvi} The London Assembly Transport Committee's response to *Way to Go!*, the Mayor's 'direction of travel' document for transport, January 2009.

^{xxxvii} *Transcript of the Health and Public Services Committee*, 12 November 2009, p 22.

^{xxxviii} Economic Development, Culture, Sport and Tourism Committee, *Towards a Lasting Legacy: A 2012 Olympic and Paralympic Games Update*, July 2009, p 9.

^{xxxix} *The London Health Inequalities Strategy*, p 93.

^{xl} The definition of the voluntary and community sector (VCS) used by the Home Office is: "Registered charities, as well as non-charitable, non-profit organisations, associations and self-help groups and community groups. Must involve some aspect of voluntary activity,

though many are also professional organisations with paid staff, some of which are of considerable size. Community organisations tend to be focussed on particular localities or groups within the community; many are dependent entirely or almost entirely on voluntary activity.”

^{xli} *Dealing with the Downturn*, briefing paper by The NHS Confederation, June 2009 and *When it comes to the crunch*, The Audit Commission, August 2009.

^{xlii} *Transcript of the Health and Public Services Committee*, 12 November 2009, p 9.

^{xliii} *Transcript of the Health and Public Services Committee*, 12 November 2009, p 8.

^{xliv} <http://www.london.gov.uk/assembly/reports/health/sexual-health-220909.pdf>;
<http://www.london.gov.uk/assembly/reports/health/alcohol-misuse.pdf>;
<http://www.london.gov.uk/assembly/reports/health/mental-health.pdf>

^{xlv} *Transcript of the Health and Public Services Committee*, 12 November 2009, p 14.

^{xlvi} The London Health Commission is a partnership of organisations from sectors with influence on health and wellbeing across the city. Further details available here:
<http://www.london.gov.uk/lhc/>

^{xlvii} Written response from Peter Hendy, Commissioner, Transport for London, 25 November 2009.

^{xlviii} *The London Health Inequalities Strategy*, p 89.

^{xlix} London Health Commission’s response to the Assembly draft of the Mayor’s Health Inequalities Strategy, October 2008:

<http://www.london.gov.uk/mayor/priorities/health/docs/lhc-response.pdf>

ⁱ *Transcript of the Health and Public Services Committee*, 22 July 2009, p 2.

ⁱⁱ *The London Health Inequalities Strategy*, p 46.

ⁱⁱⁱ *Transcript of the Health and Public Services Committee*, 12 November 2009, p 12.

ⁱⁱⁱⁱ The City Charter is an agreement signed between London Councils and the Mayor of London which aims to reflect the aspirations of the Capital’s government at regional and local level. Under the City Charter the London Congress sets the joint priorities and objectives for its members. Membership consists of the Mayor of London and the Leaders of each London borough. Further details at:

<http://www.london.gov.uk/mayor/publications/2009/docs/london-city-charter.pdf>

^{lv} City Charter p 10 available at:

<http://www.london.gov.uk/mayor/publications/2009/docs/london-city-charter.pdf>

^{lv} Pamela Chesters, Mayor’s Adviser on Health and Youth Opportunities, and Mike Freer, London Councils, Paper to the London Congress, 3 September 2009, at page 5, available at: <http://www.london.gov.uk/mayor/publications/2009/docs/local-government/health.pdf>

^{lvi} *The Big Squeeze – we’re in it together*, 2009, London Voluntary Service Council, available at: <http://www.lvsc.org.uk/files/101297/FileName/BigSqueezeFinalReport.pdf>

^{lvii} *The Big Squeeze – we’re in it together*, 2009, LVSC

^{lviii} Charity Commission Economic Survey of Charities, published December 2008: 30% of charities surveyed stated that they had experienced a drop in income

^{lix} *The London Health Inequalities Strategy*, p 38.

^{lx} *Transcript of the Health and Public Services Committee*, 12 November 2009, p 16.

^{lxi} *Transcript of the Health and Public Services Committee*, 12 November 2009, p 8.

^{lxii} London Funders is the membership organisation of funders and investors in London’s VCS. Its mission is to strengthen and support funders to better meet the needs of Londoners. London Funders provides funders with an opportunity to share and learn from each other’s practice, and helps to forge productive relationships which contribute to the wider benefit and overall sustainability of London’s VCS.