

GREATER LONDON AUTHORITY

REQUEST FOR MAYORAL DECISION – MD3228

Title: Health Inequalities Strategy delivery - Grant funding to voluntary, community and social enterprise sector to 2024-25 and extension of building the evidence funding

Executive Summary:

This Mayoral Decision (MD) seeks the approval of expenditure of £110,000 to continue the following projects, to support the implementation of the London Health Inequalities Strategy:

- one-year extensions of the grant funding for two projects: one led by London Plus and the other by Volunteering Matters. Both projects focus on supporting London's voluntary, community and social enterprise sector in tackling health inequalities. Previous funding for these projects was agreed in DD2419, MD2688, MD2799 and MD2906. The grants will include a GLA termination for convenience right
- an additional £40,000 to support University College London Consultants to progress its evidence review on structural racism and health inequalities. This is part of the Building the Evidence for Health Inequalities programme, previous funding for which was agreed in MD2906, MD3031 and ADD2647.

Decision:

That the Mayor approves total expenditure of £110,000 in 2023-24 and 2024-25, broken down as follows:

- up to £40,000 in grant funding in 2024-25, to continue supporting London Plus to provide a London voluntary, community and social enterprise, and health, network
- up to £30,000 in grant funding in 2024-25 to Volunteering Matters, to continue supporting the London Health Inequalities & Community Development Network
- up to £40,000 in 2023-24 to continue supporting University College London Consultants to progress work on its evidence review on structural racism and 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:

26/2/24

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

Decision required – supporting report

1. Introduction and background

- 1.1. The Mayor's London Health Inequalities Strategy (HIS) sets out the ambition for London to be a healthier, fairer city, with all Londoners having the best opportunities to live a long life in good health. Working with various organisations that are tackling the causes of health inequalities, we want to create a city where nobody's health suffers because of who they are or where they live.

Voluntary, community and social enterprise sector health inequalities projects

- 1.2. The latest HIS implementation plan (published in December 2021) sets out the vital role of London's voluntary, community and social enterprise (VCSE) sector in tackling health inequalities; and the importance of partnership working to deliver the HIS. It reflects on the experience of the COVID-19 pandemic, which highlighted the need for collaboration between London's statutory health and care system, and London's VCSE sector, to tackle health inequalities.
- 1.3. This is recognised in recent changes in the health and care system. London's five integrated care systems (ICSs) now have a specific legal duty, under the Health and Care Act 2022, to put the voices of people and communities at the centre of decision-making and governance. This duty provides a platform for collaborative, meaningful partnerships that start with people, and focus on what really matters to London's communities.
- 1.4. The GLA, and London's health and care partners, are committed to putting the voices of London's diverse communities at the centre of health inequalities work. Examples of relevant developments and partnerships include the development of VCSE alliances in each ICS; the Community Champions programme (which evolved from the COVID-19 vaccination programme) and the London Health Equity Community Forum (see 1.18)
- 1.5. As part of implementing the HIS, the GLA Health Inequalities team has a programme of work that seeks to enable, empower and support London's VCSE sector to play its vital role in tackling health inequalities. This includes supporting the sector's engagement with statutory health and care organisations. Such work is covered by two projects: the London VCSE and health network, coordinated by London Plus; and the London Health Inequalities & Community Development Network, coordinated by Volunteering Matters. These are detailed at paragraphs 1.6-1.15, below.

London VCSE and health network – coordinated by London Plus

- 1.6. In 2019-20 the GLA grant-funded London Plus's project (following a competitive application process) to organise and facilitate a VCSE network, linked to the HIS commitment to social prescribing. Over time, the focus of the network has broadened to supporting, enabling and advocating for the VCSE sector's role in health and care. The network promotes the sector's unique role in reaching the whole community, including those for whom statutory services and support are less accessible.
- 1.7. The network is open to all VCSE organisations; and actively encourages engagement with organisations working with more deprived communities, and with Black, Asian and ethnic minority-led organisations. It works with the NHS and other statutory commissioners to demonstrate the impact and value of the VCSE as a key delivery partner. It seeks to improve access to the key tools, information and opportunities that support the VCSE to deliver. This includes support around networking and developing constructive relationships, building an effective workforce (including volunteers), leadership development, information about changes in health and care policy, and potential funding opportunities. It also provides a valued forum for sharing good practice and ways of working.
- 1.8. Outcomes of the network include:

- improved relationships between VCSE and health and care partners
- an increased awareness amongst VCSE partners of policy developments
- increased opportunities for engagement, partnership working, and funding from health and care partners.

1.9. Impacts to date include:

- increased awareness amongst statutory partners of the VCSE sector's role, impact and value in health and care
- increased awareness of funding opportunities
- strengthened relationships between statutory-sector organisations (including the GLA and the NHS) and VCSE organisations, with improved routes to feed in diverse community perspectives – leading to increased influence in decision-making
- better-informed and better-connected VCSE organisations that are up to date with the latest policy developments and opportunities; and can organise and orientate themselves accordingly.

1.10. Total expenditure between 2019-20 and 2023-24 totalled £134,000. In November 2019 the Executive Director, Communities and Intelligence, approved (under DD2419) expenditure in 2019-20 for the establishment of the network. Under MD2688, the Mayor approved the increase of that expenditure in 2020-21. Under MD2799 the Mayor approved a further increase in 2021-22. Under MD2906 the Mayor approved expenditure in 2021-22, 2022-23 and 2023-24.

London Health Inequalities & Community Development Network – coordinated by Volunteering Matters

1.11. In 2022 the GLA grant-funded Volunteering Matters' project (following a competitive application process) to organise and facilitate the London Health Inequalities & Community Development Network. Their grant agreement expires on the 31st March 2024.

1.12. The network was set up in 2022 and enables continuous learning, collaboration and promotion of community-development approaches to tackling health inequalities. Membership was initially based around graduates of the previous GLA-funded 'community development for health masterclasses' programme. It has since been expanded to include a wider range of people working in community development and health roles from across London's VCSE sector and statutory organisations.

1.13. Volunteering Matters coordinates and facilitates the network, with activity directed by a volunteer planning group comprising graduates from the original masterclasses. The network has two aims:

- to build the capability and capacity of community-development practitioners to engage with partners in the health and care sector who aspire to embed community co-design and co-production principles into their work
- to provide a networking space to share best practice; identify policy issues emerging from communities; and connect other organisations to build community campaigns and find community-based solutions to problems.

1.14. In terms of outputs, the network has hosted four events, with a fifth planned for early March 2024. The events are the main focal point of the network's activity. They bring together those with community development roles from across the VCSE sector and statutory organisations, to focus on community-development approaches to a specific health equity topic.

1.15. Impacts to date include the following:

- Increased capacity and capability of community groups to engage effectively with health and care system partners. This has led to improved relationships; and increased understanding of the role and value of community voices and co-design principles in how services and strategies are developed and delivered.
 - Increased understanding of shared challenges, good practice and overcoming barriers. This has been achieved through a community of practice for people working in community-development roles. The sessions have increased participants' capability and confidence in working more effectively with the health and care sector, on behalf of their communities.
 - Widened access and removed barriers to engagement for volunteer-led planning groups, through a recognition policy that values the time and expertise they contribute.
- 1.16. Expenditure over 2022-23 and 2023-24 was £38,000. Under MD2906, the Mayor approved expenditure in 2021-22, 2022-23 and 2023-24; this covered expenditure on the network and on the new Community Development for Health Learning programme (commissioned separately).
- 1.17. The GLA provision of grant funding for the above projects ensures that VCSE organisations have a leadership role in the projects. Both projects have built up networks of engaged and committed people; and their activities are valued by participants and network members. Outcomes and impact have been captured through the following methods:
- London Plus: Regular grant monitoring meetings and an annual report. The network also encourages feedback and suggestions from its members. The gathered reflections from these reports have informed proposals for the 2024-25 grant extension.
 - Volunteering Matters: An impact report on the work conducted from 2022 to 2024 is currently being drafted, for submission in March 2024. The impact report evaluates network events. The early findings from the impact report have informed proposals for the 2024-25 grant extension.
- 1.18. The GLA Health Inequalities team is seeking to assist London Plus and Volunteering Matters to position their projects for maximum influence within the emerging health and care landscape (signalled in the introduction) and within the London Health and Care Partnership's governance structures. Specifically, it is intended to align these projects with the new London Health Equity Community Forum, which reports into the London Health Equity Group (HEG). The HEG is co-chaired by the Mayor's Statutory Health Adviser, and brings together London's health and care leaders (including VCSE partners) to strengthen health equity approaches and activity to tackle health inequalities. It is accountable to the London Health Board, which is chaired by the Mayor. The HEG's terms of reference make an explicit commitment to embed the voice of lived experience and communities in its membership. The HEG strives to set a gold standard for community engagement and participation in strategic activity; and authentically embed community needs and lived-experience voices into all dimensions of its work. The Community Forum will influence and challenge the HEG, and ensure that its work is taken forward with meaningful involvement from VCSE partners. Work is continuing in 2024 to develop the Community Forum; it is anticipated that, in time, it will have a role in informing a wider range of VCSE health equity projects in London, including the two set out above. The process will be co-produced by VCSE groups and statutory-sector partners including the GLA. The funding sought in this decision will enable the continued operation of the two projects whilst the Community Forum is set up.

Building the evidence for health inequalities

- 1.19. This work programme aligns with the Mayor's leadership-for-health role; and comprises activity to support pan-London activity to tackle health inequalities, including through supporting, mobilising and empowering a wider range of partners to act.

- 1.20. The requested expenditure is part of a work programme to support the development of the evidence base for health inequalities in London, in the context of London priorities. In 2022 the GLA provided a grant to the University College London (UCL) for the Institute of Health Equity (IHE), led by Professor Sir Michael Marmot, to support the IHE's work to develop the evidence for action on health inequalities. The IHE is made up of leading experts in health inequalities who have done extensive work at city, national and international levels. The Building the Evidence for Health Inequalities programme supports collaboration with the IHE, whose members were keen to apply their extensive expertise and evidence-based frameworks to London. The IHE is developing a series of evidence reviews, focused on "what works", to make a difference to health inequalities in London.
- 1.21. The original grant agreement was for £100,000, approved by the Mayor under MD2906 (£75,000 HIS data and measurement) and MD3031 (£25,000). The funding was increased in 2023 by £20,000 (approved under ADD2647). The GLA has also facilitated a further £10,000 contribution from the Office for Health Disparities (London), subsequently increased to £15,000 (approved under ADD2692).
- 1.22. The resource requested in this decision (£40,000) recognises the changing scope and the complexity of the evidence reviews from that originally anticipated, as set out at 1.23, below. This includes retrospective approval for a payment of £10,000. This has already been made as an advance payment, enabling the IHE to continue the additional work required without delay. It is not yet confirmed whether arrangements in this regard will be with UCL or its advisory arm, UCL Consultants Limited; and what the basis of that arrangement will be. Officers will, however, seek advice in this regard to ensure that appropriate arrangements are put in place, in accordance with the Contracts and Funding Code. Accordingly, the remaining £30,000 expenditure is planned for 2023-24, but may not take place until 2024-25.
- 1.23. The evidence review on structural racism and health inequalities, the final review in the series, has required a different approach from the others – including the establishment of a high-level advisory group; a different understanding of, and approach to, evidence; and the need to work with and learn from affected communities. Linked to the latter, parallel funding was approved under ADD2692 to commission an organisation, with suitable race equity expertise and networks, to undertake a co-production process with communities and statutory partners to develop a set of recommendations for London, informed by the evidence review.

2. Objectives and expected outcomes

- 2.1. Recent developments in London's health equity policy landscape – including changes in ICSs (see introduction above) and the development of the HEG Community Forum (see paragraph 1.18) – provide opportunities for further strengthening of the GLA's VCSE and health equity programme, including these projects. This MD seeks resource to continue the important work of these two GLA-funded VCSE projects. This includes maintaining their momentum and engaged networks; and ensuring that the expertise and experience they bring informs the continuing development of work in this space.

Voluntary, community and social enterprise sector health inequalities projects

- 2.2. A co-production approach is being used to develop the HEG Community Forum. This gives VCSE partners (including those involved in these projects) genuine influence and the ability to shape the work according to their insight expertise and community perspectives. This will continue over the next few months. It is therefore not currently possible to identify the implications for these two projects, but they are key contributors to this process.
- 2.3. It is anticipated that both projects will evolve in the light of the co-production process. This decision proposes to increase and extend the current grant funding by one year, from April 2024 to March 2025, with the same objectives and outcomes as set out in the existing grant agreements (see

paragraphs 1.6 to 1.15). The extended grant agreements will include a GLA termination for convenience right as the proposed extension period extends beyond the GLA elections in May 2024. Once the outputs of the co-production process are known, the objectives, milestones, impact and monitoring framework will be revised accordingly.

- 2.4. By providing VCSE partner organisations with continuity of funding for these projects during this transitional period, the following objectives are being achieved:
 - a growing role for the VCSE sector and community voices in service design, strategy writing and decision making in the health and care sector
 - the continued prioritisation and value of these projects and pan-London relationships with strategic health and care partners
 - maintaining relationships, networks and spaces during the development of the Health Equity Community Forum.
- 2.5. Further to the activities and impacts described at paragraphs 1.6 to 1.15, above, outcomes from this funding include:
 - a strengthened VCSE sector and network of community development practitioners that have trust and faith in the way the GLA and its strategic partners operate with respect to their jointly agreed ambitions (as outlined in section 1)
 - the transition to a refreshed set of working arrangements and networks, to be defined by the new HEG Community Forum
 - the continued development and growth of both the VCSE network and the community development practitioners in London's health and care sector.

Building the evidence for health inequalities

- 2.6. The objective of this work is to improve the health inequalities evidence base for London – to support actors across the city to understand and take effective action to address them. This decision relates specifically to the evidence review focusing on structural racism as a determinant of health, and the need to have a better understanding in London of what we can do to make a difference to Londoners lives, and address ethnicity-related health inequalities.
- 2.7. Outputs of the Building the Evidence programme are four IHE-published reports on London health inequalities covering, respectively, housing, cost of living, skills and structural racism.

3. Equality comments

- 3.1. This work is explicitly focused on tackling health inequalities. Reducing inequalities in health and promoting health equity underpins the work of the GLA Health and Wellbeing team. Health inequalities are differences in health that are unnecessary, avoidable, unjust and unfair. They often exist between groups of people with protected characteristics, and who experience poverty and socioeconomic deprivation.
- 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. The above work programme aligns with the Mayor's EDI strategy objectives (2022). In particular, objective 12 commits to addressing the reasons for health inequalities that cause some groups to experience poorer physical and mental health outcomes; and objective 14 commits to ensuring London's diverse communities have the knowledge, networks, and volunteering opportunities they need to thrive.

- 3.3. The VCSE organisations that are engaged in the two programmes accurately represent their respective communities. However not all groups under the Equality Act 2010 are fully represented by VCSE organisations in the two programmes; efforts will be made to widen their reach. Specifically, the London Health Inequalities & Community Development Network has taken time to build up its network and reach and is still on its journey to becoming a wide-reaching strategic network forum that reflects every corner and community in London. The Network is reflecting on how its approach can be more strategic and depending on the outcome of the HEG Community Forum refresh, it would be an ambition of the Network to achieve this aim.
- 3.4. Both VCSE projects are focused on health inequalities. Both seek to improve representation in their networks and their work. This focus will continue, and is reflected in the grant agreements. Examples include the following:
- London Plus’s VCSE and health network project has a specific aim to expand its reach to involve more organisations that work with deprived communities for whom support is least accessible, and those led by those with protected characteristics, including Black, Asian and ethnic minority communities, and people with disabilities.
 - The London Health Inequalities & Community Development Network supports community development practitioners to work with the wider health and care sector, with a focus on finding local, community-based solutions to problems, ensuring their voices are embedded in the design and decision-making process. The focus of each network event is chosen by a cross-sector group community development practitioners. Events have included: “Spotlight: Environmental Inequality – Tackling climate inequalities affecting the health and wellbeing of London’s Black & Brown men”; and “Grassroots Up! Collaboration in our Capital’s Communities and Solidarity on Solitude – Community Action in Tackling Youth Loneliness”.
- 3.5. The work programme to build the health inequalities evidence base is part of the HIS, and aligns with EDI objective 12. The specific focus on structural racism as a driver of health inequalities is a key commitment of the London HIS (published in the 2021–24 implementation plan) and aligns with the Building a Fairer City work programme. In June 2021, an equalities sub-group of the London Recovery Board (LRB) was formed to focus on the structural inequalities that caused certain communities to experience disproportionate impacts of the COVID-19 pandemic; and on new inequalities that have arisen because of the crisis. Building a Fairer City, the LRB’s structural inequalities action plan for London, was published in May 2022. Under the priority area of building equity in public services, there is a specific action on tackling structural racism, which the evidence review will directly inform. Further, as cited above, a linked piece of work has recently been commissioned to ensure that the voice, experience and expertise of communities who experience structural racism informs the recommendations that come from this research.

4. Other considerations

Key risks and issues

- 4.1. Risks are assessed and managed on a programme basis. Cross-cutting and major risks are reported quarterly through the GLA’s corporate performance management process. The major risks with the project extensions (as of the time of writing) are summarised below:

Risk	Mitigation
<i>VCSE and health inequalities projects</i>	
Challenges in maintaining personal and organisational	We are seeking to retain the current providers, London Plus and Volunteering Matters, for one year (with a six-month

relationships through an uncertain period.	break clause), to maintain relationships and continuity of work until a clearer strategic direction is agreed and established.
The Health Inequalities and Community Development Network relies on the volunteers of the planning group.	The procurement of an external support agency specialising in volunteer management has supported the network to establish itself; and enabled the volunteers to attend the Planning Group. Retaining this agency can help mitigate future risks associated with managing volunteers. The establishment of a recognition payment policy to volunteers of the Planning Group has further supported sustainable buy-in and engagement. To maintain future momentum of the Network, preserving this recognition policy is recommended. The Planning Group will also be seeking new members, to increase sustainability of the volunteer group.
The Health Equity Community Forum co-production process does not offer a clear vision or clear ways of working, due to mismanaged expectations and insufficient partner engagement.	Shared Intelligence has been commissioned to facilitate discussions, and run a co-produced workshop to bring together representatives from the sectors, to reflect on the London's VCSE and health infrastructure, existing projects, and opportunities, and develop an ambition for how the Community Forum can work – and how existing assets, if relevant, dock into that. The use of co-production and co-design principles throughout this process will ensure strong buy-in from key partners and shared ownership of future structures.
Mayoral/GLA priorities develop or change, and present a different vision for engaging communities; and resources for this type of work are reallocated at their request.	A GLA termination for convenience right will be embedded in the respective agreements, allowing flexibility to terminate this work, should the GLA wish to do so.
<i>Building the evidence for health inequalities</i>	
Concerns are raised about the quality of research.	It has been agreed that there will be an academic peer review to provide guidance and ensure the quality of the work on this complex area.
Feedback from the Advisory Board and others asks for further work from IHE.	The GLA and senior members of the Advisory Board will continue to meet with IHE, and discuss feedback implications and options.
Communities do not feel their voice is represented in the work.	While there have been opportunities for community input into this work, through the Advisory Board and dedicated engagement events, much more could have been done. To ensure that community voices are heard in future stages, a parallel piece of work has been commissioned to co-produce a set of recommendations with race equity, community and statutory partners.
Challenges in disseminating the report's findings and recommendations.	Advice and support will be sought from the London Anti-Racism Collaboration for Health (a space that brings together committed anti-racism stakeholders from across the health and care system) and the Health Equity Group (who have had an ongoing role in the Building the Evidence programme).

- 4.2. Regarding the two VCSE projects, there are risks associated with *not* extending the funding, in terms of impact on the VCSE and on the London health equity programme. These include the following:
- Reduced opportunities to collaborate with, and learn from, VCSE partners: Losing these opportunities for VCSE engagement risks the sector being less able to engage with the GLA and London partners on health equity work. Losing this valuable input will impact the quality of our work programmes; and diminish our ability to reach and respond to the communities that we most want to support and work with, to address health inequalities. This will likely lead to worse outcomes for communities.
 - Reputational risk associated with ending projects that have been developed with, and delivered by, VCSE partners without a new approach having been co-produced. A hard cut-off, and resulting gap, would lead to delay, uncertainty, and a reduced ability for the GLA to be involved in, and shape, next steps. This risk applies to both VCSE partners, and health and care partners.
 - Implications of lost funding for VCSE partners: If 2024-25 funding is not confirmed soon, the current staff may move on and organisations may prioritise other activity for next year, resulting in delivery delays.
 - Losing trust and momentum with VCSE and community partners. Additionally, should we want to re-establish, at a later date and within the short to medium term, these networks and relationships, it may prove challenging to do so, owing to a lack of poor faith and distrust.

Links to Mayoral strategies and priorities

- 4.3. This work is also linked to the Building a Fairer City work programme on the London Partnership Board – in particular the actions focused on increasing civic society strength in London.

Impact assessment and consultations

- 4.4. As one of the core statutory strategies for the GLA, as per the GLA Act 1999, the HIS was subject to extensive consultation to inform its development in 2017 and 2018. Further, as a statutory strategy, health and equality impact assessments were undertaken during its development.
- 4.5. There are no known conflicts of interest to note for any of those involved in the drafting or clearance of this decision. The action will be to activate one-year extensions to existing grant-funding arrangements contracts, in anticipation of potential further changes after this period resulting for example, from the Health Equity Community Forum renewal process. Any new approach after this period will require a new tender/funding application process (as applicable).

Subsidy control

- 4.6. The aims and objectives of the above-mentioned grants align with the Mayor's statutory London HIS; and are focussed on addressing the continuing health inequalities seen in London.
- 4.7. Volunteering Matters was awarded its grant based on a competitive selection and interview process, where their project proposals scored highest. In the context that a competitive award process has already been undertaken for this grant award, with the establishment of key relationships and momentum, and with the considerable uncertainty over the next year, it is justifiable that the current grant award is extended for one year rather than re-tendered at this stage. Should there be appetite to continue this project after this one-year period, for the medium/long term, a new tender/application process would be considered.
- 4.8. London Plus was awarded its grant based on a competitive selection and interview process, where their project proposals scored highest. London Plus has a unique role in London, working as a pan-London organisation across its voluntary and community sectors and existing London borough

infrastructure organisations (councils for voluntary services and volunteer centres). For the purposes of managing relationships and partnerships over the next year of considerable uncertainty, it is justifiable to extend this grant award by one year. Should there be appetite to continue this project after this one-year period, for the medium/long term, a new tender/application process would be considered.

- 4.9. The benefits of the programmes have been outlined above. No negative effects have been identified in either competition or investment within the UK, or international trade or investment.

5. Financial comments

- 5.1. Approval is sought for the expenditure of £110,000 in 2023-34 and 2024-25 from the Health Inequalities Strategy (HIS) Implementation programme budget, broken down as follows:
- up to £40,000 in grant funding in 2024-25, to continue supporting London Plus to provide a London voluntary, community and social enterprise, and health, network
 - up to £30,000 in grant funding in 2024-25 to Volunteering Matters, to continue supporting the London Health Inequalities & Community Development Network
 - up to £40,000 in 2023-24 to continue supporting University College London Consultants to progress work on its evidence review on structural racism and health inequalities.
- 5.2. There is sufficient funding in the 2023-24 Health Inequalities Strategy (HIS) Implementation programme budget to cover the expenditure of £40,000.
- 5.3. Funding for future financial years will be subject to the annual budget-setting process and is subject to change. The expenditure of £70,000 from the Health Inequalities Strategy (HIS) Implementation programme budget in 2024-25 financial year is assumed to be affordable and can only be confirmed when the budget is formally approved in March 2024.
- 5.4. Any contracts that commit the GLA in future years are subject to appropriate break clauses.
- 5.5. The award of funding to delivery partners will be subject to satisfactory due diligence.

6. Legal comments

- 6.1. The foregoing sections of this report indicate that:
- the decisions requested of the Mayor concern the exercise of the GLA's general powers, falling within the GLA's statutory powers to do such things considered to further, or that are facilitative of, or conducive or incidental to, the promotion of the improvement of the environment in Greater London in a manner which promotes the improvement of health of persons, and address health inequalities
 - 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, addresses 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 (“the Act”); and to advance equality of opportunity, and foster good relations, between persons who share a relevant protected characteristic (as defined by the Act) and persons who do not (section 149 of the Act). To this end, the Mayor should have particular regard to section 3 (above) of this report.
- 6.3. If the Mayor makes the decisions sought, officers must ensure that to the extent that expenditure concerns the:
- award of grant funding: it is distributed fairly, transparently, in manner that affords value for money and in accordance with the requirements of the GLA’s Contracts and Funding Code; and grant-funding agreements are put in place (or varied as applicable) between, and executed by, the GLA and recipients before any commitment to fund is made
 - purchase of services: they are procured in accordance with the GLA’s Contracts and Funding Code; and contracts are put in place between and executed by the GLA and contractors before commencement of such services.
- 6.4. As the proposals in respect of which decisions are sought involve the making of commitments that extend beyond current approved budgets and the current Mayoral term, the terms of all agreements entered into in respect of the expenditure do not have the effect of fettering the discretion of the GLA to amend such future budgets and/or any successor administration, considering in particular the London elections taking place in May 2024. Accordingly, officers must ensure that all agreements that involve making such commitments include a GLA right to terminate at any point for convenience (at no cost to the GLA) and all such agreements are managed in such a manner, and any deliverables, milestones and/or output requirements are structured so as to mitigate risks of the GLA incurring abortive expenditure (which might be reasonably be taken to fetter, practically, the exercise of such discretion).
- 6.5. Officers have confirmed, at paragraph 4.9, above, that the proposed award of grant does not have a negative effect on either competition or investment within the United Kingdom or international trade or investment.

7. Planned delivery approach and next steps

- 7.1. A high-level overview of activity over the next year across the three projects is set out in the table below:

Activity	Timeline
<i>VCSE and health inequalities projects</i>	
Development of grant agreement specifications	March 2024
Signing of grant agreements by GLA and providers	March 2024
Delivery start date	April 2024
Regular grant management meetings	Monthly
Six-month review with option to enact the grant break clause	September 2024
Impact/evaluation report	February 2025
Delivery end date	March 2025
Project closure	March 2025
<i>Building the evidence for health inequalities</i>	
Full draft provided (for peer and other reviews)	February 2024
Final report	Summer 2024

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 be published either within one working day after it has been approved or on the defer date.

Part 1 – Deferral

Is the publication of Part 1 of this approval to be deferred? NO

Part 2 – Sensitive information

Only the facts or advice that would be exempt from disclosure under the FoIA should be included in the separate Part 2 form, together with the legal rationale for non-publication.

Is there a part 2 form – NO

ORIGINATING OFFICER DECLARATION:

Drafting officer to confirm the following (✓)

Drafting officer:

Gus Wilson has drafted this report in accordance with GLA procedures and confirms the following:

✓

Sponsoring Director:

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

✓

Mayoral Adviser:

Dr Tom Coffey has been consulted about the proposal and 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 19 February 2024.

✓

INTERIM CHIEF FINANCE OFFICER:

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

Signature:

Date:

21/02/2024

CHIEF OF STAFF:

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

Signature:

Date:

19/02/2024

