

GREATER LONDON AUTHORITY ACT 2007

EXPLANATORY NOTES

COMMENTARY

Part 4: Health

The Health Adviser and the Deputy Health Advisers

Section 21: The Health Adviser and the Deputy Health Advisers

50. This section inserts into the GLA Act 1999 a new section 309A to provide for there to be a Health Adviser to the Authority. It will be the function of the Health Adviser to advise the Authority, the Mayor, any Assembly member and any functional body on major health issues, the performance of any person's health-related functions and the implementation of the provisions of the 1999 Act which impose duties relating to health inequalities between persons living in London.
51. This section also inserts into the GLA Act 1999 a new section 309B which provides for the current Regional Director of Public Health (RDPH) (for London) to be the Health Adviser. If the post of RDPH for London ceases to exist, the section provides for the Health Adviser to be the person in the post which corresponds, or most closely corresponds, to that of RDPH for London. If there is a question as to which of two or more persons is to be the Health Adviser, the Secretary of State may designate one of them to be the Health Adviser. If there ceases to be an RDPH or corresponding post, the Secretary of State is to appoint the Health Adviser from among persons within the civil service or NHS who hold senior posts in which they have strategic responsibilities for public health in Greater London. Following such an appointment, if the person ceases to hold such a post, he also ceases to be the Health Adviser.
52. This section also inserts into the GLA Act 1999 a new section 309C to make provision for there to be one or more Deputy Health Advisers. If there is a vacancy in the post of Health Adviser or if the Health Adviser is incapable of discharging his functions, one of the Deputy Health Advisers will be appointed to exercise the Health Adviser's functions. The Health Adviser's functions are exercisable by any Deputy Health Adviser to the extent that the Health Adviser authorises, and subject to any conditions.
53. This section also inserts into the GLA Act 1999 a new section 309D to provide for the Deputy RDPHs (for London) to be the Deputy Health Advisers to the Authority. If the post of Deputy RDPH for London ceases to exist, the Deputy Health Advisers are to be the persons in the posts which correspond, or most closely correspond, to that of Deputy RDPH. If there is a question as to which of two or more persons are to be the Deputy Health Advisers the Secretary of State may designate one or more to be the Deputy Health Advisers. If there ceases to be a Deputy RDPH or corresponding post, the Secretary of State is to appoint one or more Deputy Health Advisers from among persons within the civil service or NHS who hold senior posts in which they have strategic responsibilities for public health in Greater London. Following such an appointment, if the person ceases to hold such a post, he also ceases to be a Deputy Health Adviser.

Reduction of health inequalities

Section 22: The health inequalities strategy

54. **Section 22** inserts into the GLA Act 1999 a new section 309E that requires the Mayor to prepare and publish a health inequalities strategy containing proposals and policies for promoting the reduction of health inequalities between persons living in London. Those proposals and policies are to be addressed to mitigating differences in general health determinants (as defined). The strategy must identify issues that appear to the Mayor to be major health issues where there are health inequalities, identify those health inequalities, specify priorities for reducing them and describe the role of any relevant person or body in implementing the strategy. Relevant persons and bodies include the Authority, any functional body, any London borough council, the Common Council of the City of London, the Health Adviser, any Strategic Health Authority for London, Primary Care Trusts established for London, NHS Trusts and NHS Foundation Trusts with hospitals, establishments or facilities in London and other bodies and persons with responsibilities, in relation to London, with respect to general health determinants.
55. This section also inserts into the GLA Act 1999 section 309F which defines “health inequalities between persons living in Greater London” as health inequalities between persons living in or in different parts of London or between persons of different descriptions living in or in different parts of London. “Health inequalities” is defined as inequalities in respect of life expectancy or general state of health resulting from differences in general health determinants. General health determinants are matters such as standards of housing, transport services, public safety, employment prospects, earning capacity and other matters affecting levels of prosperity, degree of ease or difficulty of access to public services, the use or level of use of substances such as tobacco, other aspects of lifestyle or personal behaviour that are, or may be, harmful to health and other determinants except genetic or biological factors.
56. New section 309G specifies that in preparing or revising the health inequalities strategy the Mayor must have regard to any guidance given by the Secretary of State as to matters to be taken into account. The Mayor and Health Adviser must collaborate and co-operate in the preparation or revision of the strategy and in ascertaining the issues to be identified in it. The Mayor must also consult those relevant bodies that appear to him to be likely to be affected by the strategy. (The Mayor is not required to consult the Authority or any functional body under this provision, because he must consult them under section 42(1) of the GLA Act 1999.)
57. New section 309H empowers the Secretary of State to direct the Mayor to revise the health inequalities strategy where it is inconsistent with national policies and where that inconsistency would have a detrimental effect on achieving the objectives of those policies. Where such a direction is issued the Mayor must revise the strategy accordingly. The Secretary of State must consult the Mayor before giving a direction.

Section 23: The general power of the Authority: duty to have regard

58. Section 30 of the GLA Act 1999 requires the Authority to have regard to the effect which any proposed exercise of its general power will have on the health of persons in Greater London, and to exercise its general power in a way best calculated to promote improvements in the health of such persons. Section 23 amends section 30 to require the Authority also to have regard to the effect of any proposed exercise of its general power on health inequalities, and to exercise its powers in a way that is best calculated to promote the reduction of health inequalities between persons living in Greater London.

Section 24: General duties of the Mayor with respect to his strategies

59. Section 41 of the GLA Act 1999 requires the Mayor to have regard to the effect of his strategies or revisions to his strategies on the health of persons in London. It provides that when the Mayor prepares or revises his strategies he must include policies and

*These notes refer to the Greater London Authority Act 2007
(c.24) which received Royal Assent on 23 October 2007*

proposals best calculated to promote improvements in the health of such persons. In line with the general duty under section 30, section 24 amends section 41 of the 1999 Act to require the Mayor additionally to consider the effects of his strategies on health inequalities. It requires the Mayor, when preparing or revising his strategies, to include policies and proposals that are also best calculated to promote the reduction of health inequalities.