



Greater London Authority Act 1999

1999 CHAPTER 29

[^{F1}PART 5A

HEALTH

Textual Amendments

- F1** Pt. 5A inserted (E.W.) (21.1.2008) by [Greater London Authority Act 2007 \(c. 24\)](#), ss. **21(1)**, 59(7); S.I. 2008/113, art. 2(d)

The Health Adviser and the Deputy Health Advisers

309A The Health Adviser

- (1) There shall be an officer to be known as the Health Adviser to the Greater London Authority (“the Health Adviser”).
- (2) It shall be the function of the Health Adviser to provide any person falling within subsection (3) below with advice in relation to any of the following—
 - (a) anything that appears to the Health Adviser to be a major health issue,
 - (b) the performance of any person's functions under or by virtue of this Act, so far as relating to health,
 - (c) the implementation of the provisions of this Act which impose duties in relation to health inequalities between persons living in Greater London (see, in particular, sections 30, 41 and 309E to 309H).
- (3) The persons are—
 - (a) the Authority,
 - (b) the Mayor,
 - (c) any Assembly member,
 - (d) any functional body.

Status: Point in time view as at 01/04/2015.

Changes to legislation: Greater London Authority Act 1999, Part 5A is up to date with all changes known to be in force on or before 23 July 2024. There are changes that may be brought into force at a future date. Changes that have been made appear in the content and are referenced with annotations. (See end of Document for details)

- (4) The Health Adviser shall also have such other functions as may be conferred or imposed on him by or under this Act or any other Act (whenever passed).
- (5) Any function exercisable by the Health Adviser is also exercisable by a Deputy Health Adviser (see section 309C) if or to the extent that the Health Adviser so authorises, whether generally or specially, and subject to any conditions imposed by the Health Adviser.
- (6) Any authorisation under subsection (5) above—
 - (a) must be in writing, and
 - (b) may be varied or revoked, in writing, at any time by the Health Adviser.

309B The Health Adviser: identity and appointment

- (1) The person who is the Health Adviser at any time is to be the person who at that time is in the employment of the Civil Service of the State in the post of Regional Director of Public Health for London.
- (2) If there ceases to be a post in the Civil Service of the State known as Regional Director of Public Health for London, any reference in this section to that post is to be taken as a reference to that post in the Civil Service of the State which corresponds, or most closely corresponds, to that of Regional Director of Public Health for London.
- (3) If any question arises as to which one 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.
- (4) If there ceases to be any post in the Civil Service of the State which corresponds, or reasonably closely corresponds, to that of Regional Director of Public Health for London, subsection (5) below applies.
- (5) In any such case, the Health Adviser is to be such person as the Secretary of State may appoint from among persons who appear to him to meet the conditions in subsection (6) below.
- (6) The conditions are that the person—
 - (a) is in the employment of the Civil Service of the State or is employed in the National Health Service, and
 - (b) in either case, holds a senior post in which he has strategic responsibilities for public health throughout Greater London.
- (7) If at any time a person appointed under subsection (5) above ceases to hold the post mentioned in subsection (6)(b) above, then at that time he also ceases to be the Health Adviser.
- (8) Nothing in this section implies that a person who ceases to be the Health Adviser at any time may not again be the Health Adviser at any subsequent time.
- (9) The functions of the Health Adviser at any time are functions of his in the course of his employment at that time in the Civil Service of the State or, as the case may be, in the National Health Service.

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309C The Deputy Health Advisers

- (1) There shall also be one or more officers to be known as Deputy Health Advisers to the Greater London Authority (“Deputy Health Advisers”).
- (2) The Secretary of State is to appoint one of the Deputy Health Advisers to exercise the functions of the Health Adviser at any time when—
 - (a) there is a vacancy in the position of Health Adviser, or
 - (b) the person who is the Health Adviser is incapable of discharging the functions of Health Adviser.
- (3) Any of the Deputy Health Advisers may exercise functions of the Health Adviser at any time when he is authorised to do so by virtue of an authorisation given by the Health Adviser under subsection (5) of section 309A above.
- (4) Any exercise of a function by a Deputy Health Adviser by virtue only of such an authorisation must be in accordance with the authorisation and any conditions imposed by the Health Adviser under that subsection.
- (5) A Deputy Health Adviser shall also have such other functions as may be conferred or imposed on him by or under this Act or any other Act (whenever passed).

309D Deputy Health Advisers: identity and appointment

- (1) The persons who are Deputy Health Advisers at any time are to be the persons who at that time are in the employment of the Civil Service of the State in any of the posts of Deputy Regional Director of Public Health for London.
- (2) If there cease to be any posts in the Civil Service of the State known as Deputy Regional Director of Public Health for London, any reference in this section to those posts is to be taken as a reference to the post or posts in the Civil Service of the State which correspond, or most closely correspond, to the posts of Deputy Regional Director of Public Health for London.
- (3) If any question arises as to which of two or more persons are to be the Deputy Health Advisers, the Secretary of State may designate one or more of them to be the Deputy Health Advisers.
- (4) If there cease to be any posts in the Civil Service of the State which correspond, or reasonably closely correspond, to that of Deputy Regional Director of Public Health for London, subsection (5) below applies.
- (5) In any such case, the Deputy Health Advisers are to be such one or more persons as the Secretary of State may appoint from among persons who appear to him to meet the conditions in subsection (6) below.
- (6) The conditions are that the person is not the Health Adviser but—
 - (a) is in the employment of the Civil Service of the State or is employed in the National Health Service, and
 - (b) in either case, holds a senior post in which he has strategic responsibilities for public health throughout Greater London.
- (7) If at any time a person appointed under subsection (5) above ceases to hold the post mentioned in subsection (6)(b) above, then at that time he also ceases to be a Deputy Health Adviser.

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- (8) Nothing in this section implies that a person who ceases to be a Deputy Health Adviser at any time may not again be a Deputy Health Adviser at any subsequent time.
- (9) The functions of a Deputy Health Adviser at any time are functions of his in the course of his employment at that time in the Civil Service of the State or, as the case may be, in the National Health Service.]

[^{F2}The health inequalities strategy

Textual Amendments

F2 Ss. 309E-309H and cross-heading inserted (E.W.) (21.1.2008) by [Greater London Authority Act 2007](#) (c. 24), **ss. 22(1), 59(7)**; S.I. 2008/113, art. 2(d)

309E The Mayor's health inequalities strategy

- (1) The Mayor shall prepare and publish a document to be known as the “health inequalities strategy”.
- (2) The strategy shall contain the Mayor's proposals and policies for promoting the reduction of health inequalities between persons living in Greater London.
- (3) The proposals and policies are to be addressed to the mitigation of differences in general health determinants (see section 309F(5)).
- (4) The strategy must—
- (a) identify any issues that appear to the Mayor to be major health issues where there are health inequalities between persons living in Greater London,
 - (b) identify those inequalities,
 - (c) specify priorities for reducing those inequalities,
 - (d) describe the role to be performed by any relevant body or person for the purpose of implementing the strategy.
- (5) For the purposes of this section, each of the following are relevant bodies or persons—
- (a) the Authority,
 - (b) any functional body,
 - (c) any London borough council,
 - (d) the Common Council,
 - (e) the Health Adviser,
 - ^{F3}(f)
 - ^{F4}(g)
 - ^{F5}(ga) [the Secretary of State in relation to the exercise of functions under section 2A or 2B of, or paragraph 7C, 8 or 12 of Schedule 1 to, the National Health Service Act 2006,
 - (gb) the National Health Service Commissioning Board,
 - (gc) any clinical commissioning group (established under section 14D of the National Health Service Act 2006) for an area wholly or partly in Greater London,]

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- (h) any National Health Service trust any or all of whose hospitals, establishments or facilities are situated in Greater London (see section 25 of the National Health Service Act 2006),
 - (i) any NHS foundation trust any or all of whose hospitals, establishments or facilities are situated in Greater London (see Chapter 5 of Part 2 of the National Health Service Act 2006),
- and any body or person not falling within any of the preceding paragraphs which appears to the Mayor to have responsibilities in relation to Greater London, or any part of Greater London, with respect to any of the matters that are general health determinants.
- (6) Section 309F makes provision as to the meaning of “health inequalities between persons living in Greater London” for the purposes of this Act.
 - (7) Section 309G contains supplementary provision with respect to the preparation and revision of the strategy.
 - (8) Section 309H makes provision for directions by the Secretary of State.

Textual Amendments

- F3** S. 309E(5)(f) omitted (1.4.2013) by virtue of [Health and Social Care Act 2012 \(c. 7\)](#), s. 306(4), [Sch. 5 para. 94\(a\)](#); S.I. 2013/160, art. 2(2) (with arts. 7-9)
- F4** S. 309E(5)(g) omitted (1.4.2013) by virtue of [Health and Social Care Act 2012 \(c. 7\)](#), s. 306(4), [Sch. 5 para. 94\(b\)](#); S.I. 2013/160, art. 2(2) (with arts. 7-9)
- F5** Ss. 309E(5)(ga)-(gc) inserted (1.4.2013) by [Health and Social Care Act 2012 \(c. 7\)](#), s. 306(4), [Sch. 5 para. 94\(c\)](#); S.I. 2013/160, art. 2(2) (with arts. 7-9)

309F “Health inequalities between persons living in Greater London”

- (1) Any reference in this Act to health inequalities between persons living in Greater London is to be read in accordance with this section.
- (2) For that purpose—
 - (a) subsection (3) makes provision as to the meaning of “between persons living in Greater London”, and
 - (b) subsection (4), as read with subsection (5), makes provision as to the meaning of “health inequalities”.
- (3) Any reference to health inequalities “between persons living in Greater London” is a reference to health inequalities between persons, or persons of different descriptions, living in, or in different parts of, Greater London.
- (4) “Health inequalities” means inequalities in respect of life expectancy or general state of health which are wholly or partly a result of differences in respect of general health determinants (see subsection (5)).
- (5) “General health determinants” are—
 - (a) standards of housing, transport services or public safety,
 - (b) employment prospects, earning capacity and any other matters that affect levels of prosperity,
 - (c) the degree of ease or difficulty with which persons have access to public services,

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- (d) the use, or level of use, of tobacco, alcohol or other substances, and any other matters of personal behaviour or lifestyle, that are or may be harmful to health, and any other matters that are determinants of life expectancy or the state of health of persons generally, other than genetic or biological factors.

309G Preparation and revision of the strategy: procedural matters

- (1) In preparing or revising the health inequalities strategy the Mayor shall have regard to any guidance given to him by the Secretary of State about the matters which he is to take into account.
- (2) It shall be the duty of the Mayor and the Health Adviser to collaborate and co-operate with each other—
 - (a) generally, for the purposes of the preparation or any revision of the health inequalities strategy, and
 - (b) in particular, for the purpose of ascertaining the issues that are to be identified in the strategy pursuant to section 309E(4)(a) above.
- (3) For the purpose of discharging the duty imposed on each of them by subsection (2) above, the Mayor and the Health Adviser shall each provide to the other such information as may reasonably be required by the other.
- (4) In preparing or revising the strategy, the Mayor must consult such of the relevant bodies or persons (within the meaning given by section 309E(5) above), except the Authority and any functional body, as appear to him to be likely to be affected by the strategy.

This subsection is without prejudice to section 42(1) above (further duties of Mayor as to consultation).

- (5) The consultation required by subsection (4) above is consultation about—
 - (a) the matters to be included, and
 - (b) the issues to be taken into account.
- (6) Where the Mayor revises the health inequalities strategy, he shall publish it as revised.
- (7) References in this Act to the health inequalities strategy include a reference to the health inequalities strategy as revised, except where the context otherwise requires.

309H Directions by the Secretary of State

- (1) Where the Secretary of State considers that—
 - (a) the health inequalities strategy (or any part of it) is inconsistent with any national policies of any description, and
 - (b) the inconsistency would have a detrimental effect on achieving any or all of the objectives of those policies,
 he may direct the Mayor to make such revisions of the strategy in order to remove the inconsistency as may be specified in the direction.
- (2) Where the Secretary of State gives the Mayor a direction under subsection (1) above, the Mayor shall revise the health inequalities strategy in accordance with the direction.
- (3) The Secretary of State must consult the Mayor before giving him a direction under this section.

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- (4) Apart from subsection (1) (Mayor to have regard to guidance), nothing in section 309G above applies in relation to a revision of the health inequalities strategy in accordance with a direction under this section.]

Status:

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