

REQUEST FOR ASSISTANT DIRECTOR DECISION – ADD2641

Title: Improving and reducing health inequalities project through combined authorities and the GLA

Executive Summary:

£1.3 million has been awarded by the Health Foundation to the West Midlands Combined Authority (WMCA) to oversee a three-year programme to support local governments (the GLA with seven combined authorities including the West Midlands) to be more effective in tackling health inequalities by making the most of their levers to take systemic action. This follows an earlier three-year programme (2019-2022) that was successfully led by the GLA. The WMCA programme set-up phase is underway and the delivery phase will start in June 2023.

This decision seeks approval for the GLA to receive and in due course, spend up to £50,000 in funding, in order to fund public health consultant capacity (1 day a week) to work on this project on behalf of the GLA.

Decision:

That the GLA Group Director of Public Health approves:

- i. The signing of the collaborative grant agreement with West Midlands Combined Authority and the Health Foundation on behalf of the GLA
- ii. For the GLA to receive up to £50,000 in funding from the 'improving and reducing health inequalities' project/combined authorities programme, in order to fund public health consultant capacity (1 day a week) to work on this project on behalf of the GLA.

AUTHORISING ASSISTANT DIRECTOR/HEAD OF UNIT


I have reviewed the request and am satisfied it is correct and consistent with the Mayor's plans and priorities.

It has my approval.

Name: Vicky Hobart

Position: GLA Group Director of Public Health

Signature:



Date:

24/04/2023

PART I - NON-CONFIDENTIAL FACTS AND ADVICE

Decision required – supporting report

1. Introduction and background

- 1.1. The programme builds on the previous Health Foundation funded three-year [Cities Health Inequalities project](https://www.health.org.uk/funding-and-partnerships/projects/the-cities-health-inequalities-project)¹ (2019-2022) which was led by the Greater London Authority (GLA) (MD2406) with involvement from the West Midlands Combined Authority (WMCA) and the Greater Manchester Health and Social Care Partnership. The project focused on identifying levers to take action on HI in these three locations. The final impact [report](https://www.health.org.uk/sites/default/files/2022-06/Tackling_Health_Inequalities_Report.pdf)² and [enquiry framework](https://www.health.org.uk/sites/default/files/2022-06/Appreciative_Enquiry_Framework.pdf)³ summarising the learning has been published.
- 1.2. The initial project stimulated a high level of interest across other Combined Authorities (CAs), which led to the formation of a consortium of senior leaders from seven CAs (WMCA, Greater Manchester (GM), Liverpool City Region (CR), North of Tyne, West Yorkshire, South Yorkshire and Tees Valley) and the GLA. The new programme aims to unlock the potential of this mutual interest to take action on HI and hopes to engage the further two CAs (Cambridgeshire and Peterborough and West of England) and any new ones (e.g. East Midlands and North East). The work will draw on the learning from the earlier project.
- 1.3. The WMCA will oversee the new three-year programme funded by the Health Foundation. They will host a central team to drive action across the consortia member authorities. They will do this by providing direct support, catalysing collective influence and adding capacity to the member authorities through consultancy activity. This will include working with regions to replicate successful practice through support with tools, resources and expertise e.g. offering masterclasses on agreed topics, webinars on emerging issues and case study development or focusing on joint targeted policy areas across members such as cost of living responses and longer-term approaches. There is additional funding for a learning partner to bring together and distil the key insights from the programme, and for data analysis.
- 1.4. WMCA would like to contribute salary funding to the GLA Group Public Health Unit for the technical expertise and contribution of one public health consultant, for one day a week of their time. In order for the WMCA to receive the project funding from the Health Foundation, the GLA needs to indicate its participation in the combined authorities programme via the collaborative grant agreement.

2. Objectives and expected outcomes

- 2.1 Along with supporting consortia member authorities to be more effective to improve health and take action to tackle health inequalities, the programme aims to:
 - grow the evidence base on how combined authorities and the GLA can add value
 - form a network of peer learning
 - increase understanding within combined authorities and the GLA of available levers
 - make tangible progress on specific activity to tackle health inequalities
 - strengthen collaborative arrangements between combined authorities and the GLA
 - sustain capacity to prioritise work on health inequalities.

¹ <https://www.health.org.uk/funding-and-partnerships/projects/the-cities-health-inequalities-project>

² https://www.health.org.uk/sites/default/files/2022-06/Tackling_Health_Inequalities_Report.pdf

³ https://www.health.org.uk/sites/default/files/2022-06/Appreciative_Enquiry_Framework.pdf

3. Equality comments

- 3.1 Under section 149 of the Equality Act 2010, the Mayor and GLA are subject to the public sector equality duty and must have due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation
 - advance equality of opportunity between people who share a relevant protected characteristic and those who do not
 - foster good relations between people who share a relevant protected characteristic and those who do not.
- 3.2 The “protected characteristics” are age, disability, gender re-assignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation and marriage/ civil partnership status. The duty involves having appropriate regard to these matters as they apply in the circumstances, including having regard to the need to: remove or minimise any disadvantage suffered by those who share or is connected to a protected; take steps to meet the different needs of such people; encourage them to participate in public life or in any other activity where their participation is disproportionately low. This can involve treating people with a protected characteristic more favourably than those without one. The aim of this programme is to support learning around how to reduce inequalities at regional level and regarding health inequalities in particular.
- 3.3 This project will be focused on addressing the wider determinants of health. It will reflect the Health Inequalities Strategy (HIS), which is designed to address systematic and unfair differences in mental and physical health between groups of people. His project recognises that different groups of Londoners experience specific inequalities and will focus on reaching the most vulnerable and marginalised. This includes socioeconomic inequalities, as well as inequalities experienced by those with single or multiple protected characteristics under the Equalities Act 2020. The ambition of this project, work on wider determinants of health and health inequalities, and the HIS in general is to improve health for all through an approach of proportionate universalism: universal approaches, with additional support in proportion to need.

4. Other considerations

- 4.1 This project is seen as part of the implementation of the Health Inequalities Strategy (MD2344), sharing practice and learning what works in collaboration with partners across the country operating in similar environments.
- 4.2 The main risk is that the project is currently in set-up phase, but will not be able to proceed with necessary core activity e.g. internal approvals to recruit and create posts, without the collaborative grant agreement being signed, and funding from the Health Foundation received. This will have a knock-on effect on the project’s milestones.
- 4.3 Any updates in risk or other changes to this ADD will be brought back to CIB as appropriate.
- 4.4 There are no conflicts of interest to declare from any of those involved in the drafting and clearance of this decision form.

5. Financial comments

- 5.1 The GLA Group Director of Public Health’s approval is being sought for the receipt of up to £50,000 in funding from the West Midlands Combined Authority (WMCA) having the responsibility for distributing the grant funding from The Health Foundation (THF)

- 5.2 £1.3 million has been awarded by the Health Foundation to the West Midlands Combined Authority to oversee the Combined Authorities Health Inequalities Programme of work with seven other combined authorities, and the GLA.
- 5.3 The funding of up to £50,000 is to fund public health consultant capacity (one day a week of one public health consultant) to work on this project on behalf of the GLA.

6. Planned delivery approach and next steps

- 6.1. The key stages of this project are as follows:

Activity	Timeline
Announcement	January 2023
Delivery Start Date	June 2023
Main milestones	Year 1 June 2024
Main milestones	Year 2 June 2025
Final evaluation start and finish	Ongoing via embedded learning partner
Delivery End Date	October 2025
Project Closure	October 2025

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

Part 1 - Deferral

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

Part 2 – Sensitive information

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

Is there a part 2 form – NO

ORIGINATING OFFICER DECLARATION:

Drafting officer to
confirm the
following (✓)

Drafting officer:

Bianca D'Souza has drafted this report in accordance with GLA procedures and confirms the following:

✓

Corporate Investment Board

A summary of this decision was reviewed by the Corporate Investment Board on 24 April 2023.

✓

ASSISTANT DIRECTOR OF FINANCIAL SERVICES:

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

Signature:

Anna Eastcott

Date:

25/04/2023