GREATER**LONDON**AUTHORITY

REQUEST FOR MAYORAL DECISION – MD2650

Title: Health Team Work Programme 2020/21

Executive Summary:

In response to the COVID-19 outbreak, the Health Team is reviewing its long-term programme in line with a wider review of the GLA 2020/21 budget. However, there are a small number of ongoing programmes that need to continue in parallel to this review. This MD seeks approvals necessary for elements of the GLA Health Team's work programme in 2020/21 to deliver immediate priorities with respect to the London Health Inequalities Strategy and to support the Mayor's leadership role in health and health inequalities, including the London Health and Care Devolution Agreement (2017) to which the Mayor is a signatory.

Decision:

That the Mayor approves:

Expenditure of up to £242,000 (including retrospective approval of £117,000 for London's Childhood Obesity Taskforce) to deliver the work set out in section 2 of this Mayoral Decision (the GLA Health Team's work programme for 2020/21).

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:

29 June 2020

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

Decision required – supporting report

1. Introduction and background

1.1 The GLA Health Team has developed a programme of work to lead and implement the Mayor's ten-year London Health Inequalities Strategy (HIS) 2018-28 (published October 2018) with relevant partners and stakeholders, and to support his leadership role as chair of the London Health Board. The vision and aims of this approach are:

- healthy children - every London child has a healthy start in life;
- healthy minds - all Londoners share in a city with the best mental health in the world;
- healthy places - all Londoners benefit from an environment and economy that promotes good mental and physical health;
- healthy communities - all of London's diverse communities are healthy and thriving;
- healthy living - the healthy choice is the easy choice for all Londoners; and
- supporting the Mayor's leadership role for health.

1.2 The Mayor is required to develop a health inequalities strategy for London under the Greater London Authority Act 1999. Londoners experience some of the widest health inequalities in England. This means that some Londoners are unnecessarily spending long periods of their lives in poor health or dying prematurely from potentially avoidable causes. Addressing health inequalities will ensure all Londoners benefit from good health and contribute to economic and social development, and will reduce avoidable demand on the health, social care and welfare systems.

1.3 The Health Team is supporting the Mayor to develop a comprehensive approach to health for all Londoners, which addresses the range of longer-term factors affecting health inequalities in London. Social, environmental and economic factors, known as the 'wider determinants of health' are a significant cause of health inequalities.

1.4 Health and social care services also play a key role in Londoners' health and health inequalities. The Health Team supports the Mayor's role to champion and challenge the health and social care system in London to effectively address health inequalities and respond to challenges and opportunities including prevention, workforce recruitment and retention, digital innovation, maximising the contribution of health and care estates, and health and care service integration.

1.5 In October 2019 the London health and care partnership, which includes the GLA alongside Public Health England (PHE), the NHS and London Councils, jointly published *Our Vision for London: The next steps on our journey to becoming the healthiest global city* ('the Vision'). The Vision sets out the next phase of joint working to improve health and care in London. It focuses on ten areas where partnership action is needed at a pan-London level. An implementation plan is in development, and work to deliver against the plan is directed by senior leaders from the partnership with strategic direction and political oversight provided by the London Health Board, chaired by the Mayor.

1.6 The COVID-19 pandemic has had a considerable impact on the Health Team's work programme, which is likely to continue through the year. As COVID-19 is primarily a public health issue, requiring partnership work across the health and care sector, and having a disproportionate impact along the themes of the Health Inequalities Strategy, much of the Health Team's work programme remains relevant. Within this framework we are ensuring our work is responsive to the pandemic and to the longer-term implications of the response and recovery. All work programmes have been reviewed, and continue to be reviewed, with this in mind.

Summary of approvals sought within this mayoral decision

1.7 The table below gives a breakdown of the decisions being sought for 2020/21 expenditure.

Workstream	**Approval to spend through this MD**
• London's Childhood Obesity Taskforce	£117,000
• Healthy London Workplaces	£55,000
• London Health and Care Devolution – Mental Health	£70,000
Total	£242,000

1.8 Expenditure will take the form of grant awards or contracts for services which will be procured depending on the nature of the work concerned and in line with relevant GLA procedures including the GLA's Contracts and Funding Code.

2. Objectives and expected outcomes

London's Childhood Obesity Taskforce

2.1 **Purpose:** London's Childhood Obesity Taskforce, established via MD2222, champions action across London to help children achieve and maintain a healthy weight. The Taskforce seeks to create environments that support children's health, changing how London's families approach diet and activity to reduce the risks of poor health in adulthood through overweight and obesity. The Taskforce recommendations for action were published in September 2019 in *Every Child a Healthy Weight: Ten Ambitions for London*.

2.2 **Ambition:** The Taskforce's goal is to halve the percentage of London's children who are overweight at the start of primary school and obese at the end of primary school, and to reduce the gap in childhood obesity rates between the richest and poorest areas in London, by 2030.

2.3 **Expenditure approvals already in place:** Receipt of £90,000 in 2018-19 from Guy's and St Thomas' Charity approved under cover of MD2222 for staffing costs and Taskforce programme activities.

2.4 The table below gives details of the retrospective decisions being sought for proposed 2020/21 expenditure.

Item	**Decision being sought for 2020/21 spend**
Fixed term staff expenditure within GLA Health Team (Grade 9 1.0 full-time equivalent, Grade 7 1.0 full-time equivalent). The Grade 7 post will support the COVID-19 response within the Health team. The Grade 9 post will continue to support the Health Team programmes and the Child Obesity Taskforce. This is a retrospective decision following the expenditure approval process being paused in March 2020 because of the COVID-19 pandemic and the need for the GLA to review its spend and reprioritise. Staff for this programme have been in post since 2018 and extensions of existing contracts and continuation of the programme have already been agreed by the Mayoral Health Advisor and Executive Directors for	Approval to spend £117,000

Communities & Skills prior such additional expenditure being incurred.	

2.5 Total expenditure approval requested under this section: £117,000

Healthy London Workplaces

2.6 **Purpose:** The London Healthy Workplace Award (LHWA), an accreditation scheme, helps London's employers to create healthier workplaces. In light of COVID-19, promotion of the Award and development work associated with it will be suspended – although Awards will still be issued where employers have proactively submitted an application. The LHWA programme will instead focus on providing employee wellbeing support to employers and employees, with a focus on mental wellbeing and targeting businesses and workers most likely to have their productivity and health affected at this time.

2.7 **Ambition:** With the promotion and delivery of the LHWA suspended, the focus of the programme will turn to ensuring London's workers and businesses have the best support possible to maintain their health and wellbeing, with a focus on small and medium-sized enterprises (SMEs) and the low-pay sector to support action on health inequalities.

2.8 **Expenditure approval already in place:** approved under cover of **MD2439** (March 2019) for expenditure of £165,000 in 2019/20 for Healthy London Workplaces.

2.9 The table below gives a breakdown of deliverables for this programme and the decisions being sought for proposed 2020/21 expenditure.

Deliverable	**Decision being sought for 2020/21 spend**
Expert Delivery Partner – this contract is being varied to respond to COVID-19 priorities. The programme will now focus on providing employee wellbeing support in prioritised workplaces over the next year. The contract will include three deliverables to support the response to COVID-19: employee wellbeing support, support and advice and to develop and update LHWA documentation for COVID-19. Transport for London (TfL) Commercial have been advising on such variations to the current contract. Further variations of this contract may be necessary as the year and events unfold. The GLA will continue to consult with TfL Commercial as required.	Approval to spend: £55,000

2.10 Total expenditure approval requested under this section: £55,000.

London Health and Care Devolution – Mental Health

2.11 **Purpose:** The GLA works with the NHS, local government, Public Health England and others to progress the Health and Care Vision for London (the Vision), enabled by the powers set out in the London Health and Care Devolution Agreement 2017, and reviewed in the light of COVID-19. In addition, the Mayor champions and challenges the NHS and the wider health and care system on behalf of Londoners, including considering changes that will be planned and made in response to the coronavirus pandemic.

2.12 **Ambition:** To make London the world's healthiest global city and the best global city in which to receive health and care services.

2.13 **Expenditure approval already in place:** approval for the GLA contribution to the London Estates Delivery Unit (based in the Housing and Land team and funded from Housing and Land budgets from 2019/20 onwards), under cover of **MD2439** (March 2019) for expenditure of £150,000 in 2020/21 and 2021/22).

2.14 The London Health Board continues to provide political oversight and strategic direction to the work of the health and care partnership. The Vision identified ten areas of focus for specific citywide action, with a continued focus on the underlying enabling areas of workforce, estates and digital capability. One of the commitments made under the Vision is to improve the emotional wellbeing of children and young Londoners.

2.15 Good Thinking is a pan-London digital mental health and wellbeing service developed by the NHS and local government and managed by Healthy London Partnership. The Mayor along with other partners committed to supporting and promoting Good Thinking in the London Vision and in the London Health Inequalities Strategy.

2.16 Use of Good Thinking digital service has greatly increased since the pandemic started. COVID-19 has caused a seismic shift to the way we use digital technology in health. Good Thinking has responded in an agile way to COVID-19 at pace by producing additional written advice, and relatable content in podcasts and blogs. There has been extensive promotion of Good Thinking across partners including the GLA and Mayor of London. The number of users went up 500% to 40,000 new users and 53,000 visits over a four-week period from the normal baseline. The number of apps being downloaded has also dramatically increased. At a time when economic uncertainty will be affecting many people, and we are seeing increasing inequalities, free digital mental health support is an important way of reducing inequalities by offering support that would otherwise have a cost attached. The free apps and self-assessments are the most used resources on Good Thinking.

2.17 Up to now, the service has been aimed at adults over the age of 18 (although it is freely accessible by people of any age). The Vision signalled the extension of the Good Thinking digital wellbeing service so that it meets the needs of young Londoners aged under 18, including insight work, resource development, and purchasing of validated apps so they are free to use by young people using the service. This is part of a wider contribution to the service by partners to ensure it meets the needs of Londoners arising from COVID-19.

2.18 The table below gives a breakdown of deliverables for this programme and the decisions being sought for proposed 2020/21 expenditure.

Deliverable 2020/21	**Decision being sought for 2020/21 spend**
Award a grant to Good Thinking to enable them to extend this London resource to a younger audience (13-18 year olds), based on insight work and providing free to use apps/services.	Approval to spend up to £70,000

2.19 Total expenditure approval requested under this section: £70,000.

3. Equality comments

3.1 Under Section 149 of the Equality Act 2010, as a public authority, the GLA must have 'due regard' of the need to:

- eliminate unlawful discrimination, harassment and victimisation; and
- advance equality of opportunity and foster good relations between people who have a protected characteristic and those who do not.

3.2 The Mayor's Equality, Diversity and Inclusion strategy sets out how the Mayor will help address the inequalities, barriers and discrimination experienced by groups protected by the Equality Act 2010. In this strategy the Mayor of London has, for the first time, has gone beyond these legal duties and it contributes towards addressing wider issues such as poverty and socio-economic inequality, as well as the challenges and disadvantage facing groups like young people in care, care leavers, single parents, migrants and refugees.

3.3 The GLA Health Team provide regular updates on their work for the Equality, Diversity and Inclusion action plan, and feed into the Mayor's Annual Equality Report (MAER). Publication of the MAER is a legal requirement and outlines the arrangements put in place by the GLA over the last financial year to demonstrate that due regard has been paid to the principle that there is equality of opportunity for all people in the exercise of the Mayor's general powers.

3.4 An Integrated Impact Assessment, which included an Equalities Impact Assessment within its scope, was conducted as part of the development of the Health Inequalities Strategy. This identified major positive and negative impacts of the programme for groups protected under the Equality Act 2010 and proposed ways to strengthen benefits and mitigate negative impacts, as well as identify issues concerning the four cross-cutting themes under the GLA Act 1999. The Health Inequalities Strategy was adopted in October 2018 (https://www.london.gov.uk/what-we-do/health/health-inequalities-strategy), and the integrated impact assessment was published at the same time (https://www.london.gov.uk/sites/default/files/the_mayor_of_londons_health_inequalities_strategy_iia_report_-_final_23.08.17_0.pdf).

3.5 The focus on inclusion health – focussing on the most vulnerable Londoners – and tackling stigma (such as in relation to HIV and mental ill health), will impact positively on health of those with protected characteristics.

3.6 At a London level, the Health and Care Vision makes reducing health inequalities one of its central aims. Senior leaders are overseeing the implementation of the partner organisations and strategic direction and political oversight provided by the London Health Board. A focus on reducing health inequalities will benefit people with protected characteristics, for example disabled people and minority ethnic communities, who often experience poorer access to and outcomes from health and care services.

3.7 A Health Inequalities Impact Assessment was carried out on the Healthy Workplace Charter (now HWA) programme in 2013. This looked at the likely potential impacts on those with protected characteristics and concluded that the programme has beneficial impacts. A focus on low paid sectors will also help to support those with protected characteristics.

3.8 The importance of support children and young people physical and mental health was highlighted in the Equality, Diversity and Inclusion strategy. The support being sought for Good Thinking outlined above speaks directly to this need.

4. Other considerations

Major risks and issues

4.1 Risk are assessed and managed on a programme basis. Cross-cutting and major risks are reported quarterly through the corporate performance management process. At the time of writing, the major risks are as follows:

Risk	Impact	Mitigation
Changes in third party funding and collaboration arrangements affect ability to deliver projects	Inability to deliver partnership programmes and reputational damage	Clarification of third party funding contributions, improved governance and active participation in partnership forums
Inability to recruit high-calibre candidates with relevant skills and expertise to vacant roles in the team	Inability to deliver work to a sufficiently high standard	Recruitment strategy, on-going team development, and focus on team delivery and reputation
The continued pressure on local government finances means that boroughs cannot plan services or invest in projects to support the HIS implementation	Local authorities unable to work with us on key health inequalities priorities	Continued advocacy and close working with partners to understand and mitigate challenges, and the identification of projects which support boroughs' work.
National policy developments cut across the aims of the health inequalities strategy	Inability to deliver key parts of the strategy that require national action	Close partnership working, and staying abreast of policy development
Impact of COVID-19 – social distancing may be a barrier to project delivery	Failure to deliver Mayoral commitments	Online service provision is being used wherever possible

Links to Mayoral strategies and priorities

4.2 The GLA health programme is directly related to delivery of the Mayor's Health Inequalities Strategy, a statutory duty under the GLA Act 1999.

4.3 In addition, elements of the health programme will support delivery of other statutory and non-statutory strategies and programmes, including: the London Plan, Transport, Economic Development, Environment, Housing, Culture, Sport, Social Integration, and Food.

Impact assessment and consultations

4.4 Impact Assessments have been conducted on the key elements of the programme, as detailed above.

4.5 Consultation with Londoners and stakeholders on the London Health Inequalities Strategy took place in 2017, and a comprehensive report to the Mayor has been compiled here: https://www.london.gov.uk/sites/default/files/the_mayor_of_londons_health_inequalities_strategy_iia_report_-_final_23.08.17_0.pdf.

4.6 A report was prepared and published in January 2020, providing an overview of activity in the first year of the Health Inequalities Strategy, available here: https://www.london.gov.uk/sites/default/files/his_annual_report_1819_final.pdf. The London Assembly's Health Committee scrutinised progress in a session on the 22nd January 2020. Among other activity to engage with partners on the Strategy, the Heath Team ran a series of five workshops during 2019/20, focused on each of the five themes of the Strategy.

4.7 Annual reports have been prepared for the London Healthy Workplace Award.

4.8 There are no known conflicts of interest to note for any of those involved in the drafting or clearance of this decision.

5. Financial comments

5.1 Approval is sought for expenditure of up to £242,000 on the Health Team's Work Programme for 2020/21 as detailed in section 1.7 of this decision.

5.2 The total cost will be funded from the GLA Health Team's budget for financial year 2020/21 as approved by MD2619.

6. Legal comments

6.1 Sections 1 to 4 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 which are facilitative of, conductive or incidental to the promotion of economic development and wealth creation, social development or the promotion of the improvement of the environment, all in Greater London and in formulating the proposals in respect of which a decision is sought officers have complied with the GLA's statutory duties to:

- pay due regard to the principle that there should be equality of opportunity for all people; and
- consult with appropriate bodies.

6.2 In taking the decisions requested, as noted in section 3 above, the Mayor must have due regard to the Public Sector Equality Duty under section 149 of the Equality Act 2010, namely the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010, and to advance equality of opportunity between persons who share a relevant protected characteristic (race, disability, gender, age, sexual orientation, religion or belief, pregnancy and maternity and gender reassignment) and persons who do not share it and to foster good relations between persons who share a relevant protected characteristic and persons who do not share it. To this end, the Mayor should have particular regard to section 3 (above) of this report.

6.3 Any services required must be procured by Transport for London Commercial who will determine the detail of the procurement strategy to be adopted in line with the GLA's Contracts and Funding Code. Officers must ensure that appropriate contract documentation is put in place and executed by the successful bidder(s) and the GLA before the commencement of the services.

6.4 Officers must ensure any grant funding being provided to third parties as set out in Section 2 and 3 are distributed fairly, transparently, in accordance with the GLA's equalities and in a manner which affords value for money and in accordance with the Contracts and Funding Code. Officers must ensure that an appropriate funding agreement is put in place between and executed by the GLA and the recipient before any commitment to fund is made.

6.5 Officers must ensure that they comply fully with all applicable GLA HR/Head of Paid Service protocols in respect of any staffing proposals, in particular the need to gain all necessary approvals for the creation of new posts.

6.6 Approval of £117,000 in respect of the London Childhood Obesity Taskforce is sought retrospectively, the reasons for which are set out in paragraph 2.4 of this report. Accordingly, the Mayor should take account of those reasons in considering whether to approve the recommendations of this report. Officers should be reminded of the importance of seeking approvals in advance.

7. Planned delivery approach and next step

7.1 A detailed business plan for the work of the Health Team will be developed, setting out the full range of programmes, policy and advocacy work the team plans to undertake in 2020/21 alongside a timeline for each specific deliverable. Highlights linked to the decisions in this MD are summarised below.

Milestones	**Date**	**Evidence**
Good Thinking		
Panel of young people (users) established and initial feedback obtained with series of meetings set up	6 July 2020	Terms of reference, minutes of initial meeting
Scope out alternatives to current self-assessment suitable for 13 – 16 year olds and produce options appraisal for decision by steering group/executive group around implementation	31 July 2020	Completed options appraisal and notes of steering group/executive group. Presence of self-assessment for 13 – 16 year olds on Good Thinking website
Initial outline design completed and ready for alpha testing	14 August 2020	Alpha prototype available online
Communications strategy drafted ready for go-live	14 August 2020	Completed communications strategy
Alpha testing complete, updated in response to feedback and beta version completed	6 September 2020	Beta prototype published

Supporting papers:

- The London Health Inequalities Strategy 2018-28: https://www.london.gov.uk/what-we-do/health/health-inequalities-strategy
- The London Health Inequalities Strategy Implementation Plan 2018-2020: https://www.london.gov.uk/sites/default/files/his_implementation_plan.pdf
- Health Inequalities Strategy Annual report 2018-19
- https://www.london.gov.uk/sites/default/files/his_annual_report_1819_final.pdf
- The Health Inequalities Strategy Consultation Integrated Impact Assessment: https://www.london.gov.uk/sites/default/files/the_mayor_of_londons_health_inequalities_strategy_iia_report_-_final_23.08.17_0.pdf
- London Health and Social Care Devolution Memorandum of Understanding: https://www.london.gov.uk/sites/default/files/nhs_hlp_memorandum_of_understanding_report_november_2017.pdf
- Our Vision for London: The next steps on our journey to becoming the healthiest global city (2019) https://www.london.gov.uk/sites/default/files/11448_hlp_london_vision_-_annual_report_2019_full_version.pdf

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: Sean Creamer has drafted this report in accordance with GLA procedures and confirms the following:	✓
Sponsoring Director: Sarah Mulley has reviewed the request and is satisfied it is correct and consistent with the Mayor's plans and priorities.	✓
Mayoral Adviser: 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 22 June 2020.

EXECUTIVE DIRECTOR, RESOURCES:

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

Signature **Date**

D. Gore 23 June 2020

CHIEF OF STAFF:

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

Signature **Date**

D. Bellamy 22 June 2020