

# GREATER LONDON AUTHORITY

## REQUEST FOR ASSISTANT DIRECTOR DECISION – ADD355

### Title: Health Team Programme Budget 15-16

#### Executive Summary:

The Health Team is requesting approval for expenditure on its programme budget for 2015/16 in line with the outline plans that were submitted during the business planning and prioritisation process in autumn 2014.

This decision requests approval for expenditure totalling £ 40,000 as outlined below.

#### Decision:

The Assistant Director approves:

- Expenditure of up to £40,000 on the Health Programme budget for 2015-16, specifically on the following work strands: Health Inequalities Strategy, Mental Health, Health & Urban Planning and other health team related initiatives.

#### 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:** Amanda Coyle

**Position:** Assistant Director of Health & Communities

**Signature:**



**Date:**

9 October 2015

## **PART I - NON-CONFIDENTIAL FACTS AND ADVICE**

### **Decision required – supporting report**

#### **1. Introduction and background**

1.1 The expenditure proposed in this decision was agreed in May 2015, specifically for the following strands of work:

- Health Inequalities Strategy (£13,500).
- Mental Health - especially of children leaving care (£4,500).
- Health and urban planning (£4,000).
- Team costs (£18,000).

#### **2. Objectives and expected outcomes**

##### Health Inequalities Strategy

2.1 The refreshed Delivery Plan of the Mayor's statutory Health Inequalities Strategy will be published in September 2015. The Delivery Plan commits to the annual publication of 12 indicators chosen to describe health inequalities across the life course. Funding will be required for the publication of infographics describing the 12 indicators. There will be an annual convention to examine in more detail one of these indicators. The event will bring together key stakeholders from Public Health England and other interested groups, with funding required for refreshments and meeting any accessibility requirements.

2.2 This work will bring London into conversation about health inequalities, raise awareness amongst organisations of their responsibilities with regard to health inequalities and start thinking about one area in detail.

2.3 The majority of this budget provision will be spent on the presentation of the health inequalities indicators in an accessible format. This is planned to be an animation acting as a portal to the detailed data on the GLA Data Store. There is a need to tie this, through £3,500 of the funding, to the PHE-London State of London report which will similarly use animation as a portal.

##### Mental Health

2.4 The Health Team wants to raise the issue of the poor mental health experienced by looked after children and care leavers. Mental ill health is 4 times the average in foster carer placements and 6 times the average in institutional placements. The team will use funding of up to £3,500 to bring together a wide range of providers -schools, fostering providers, virtual heads, CAMHS, etc- - to look at how we can reduce incidence rates, improve diagnosis rates, intervene earlier and improve long term outcomes. Because of the wide range of stakeholders in this complex area, a series of up to five workshops will be required. Funding of up to £1,000 is needed to pay for the catering costs of the launch event of the MIND essays on mental health "Getting ahead: Why Mental Health Matters".

2.5 This work will deliver increased awareness of, and inspire work to tackle, the increased mental ill health in children in and leaving the care system. It will also raise awareness of the importance of the role of the workplace in good mental health.

## Health and urban planning

- 2.6 Health Impact Assessment (HIA) is a key process for maximising the potential of urban planning developments to improve health and reduce health inequalities. Although it is a term that is often used, many people do not have the practical experience of how to commission or undertake a good HIA. The newly revised EU EIA Directive (2014/52/EU) 4 includes requirements to consider the direct and indirect significant effects of projects on 'population and human health'. Increased knowledge is needed amongst planners and public health specialists about how to commission and undertake high quality HIAs. This funding will be used to develop accredited training workshops, based on an accredited process from Public Health Wales and accredited by the University of Liverpool.
- 2.7 This work will result in between 30 and 50 planners / public health specialists having increased skills in HIA, and a better understanding of what is required within a good HIA. This should result in an increased quality of HIAs leading to planning decisions that better maximise the health enhancing potential of urban planning. It will enable the Mayor to fulfil the demand of the GLA Act to have regard for health and health inequalities in planning policy.

## Team costs

- 2.8 This covers a range of items, including;
- £1,000 – membership subscription of the Association of Directors of Public Health, enabling the GLA to take part in and contribute to the local government public health practice.
  - £1,200 – to fund two team away days. These will help the team and its work to continue to become more cohesive as new members join and programmes develop. In particular the team will be planning for the transition to a new mayoralty in May
  - £2,000 – for hospitality in meetings, necessary because of the large range of external stakeholders in the health team's work.
  - £9,000 – to fund work with the Mayor's health ambassadors especially in TB and HIV. This enables the Mayor to utilise his convening and awareness raising powers in important health issues.
  - £4,800 – to fund team development in areas necessary for team members' roles in the fast changing health area.

## **3. Equality comments**

- 3.1 All the work of the GLA Health Team is predicated around the need to address health inequalities, including leading the implementation of the Mayor's Health Inequalities Strategy. Health inequalities are experienced by Londoners with the protected characteristics of the Equalities Act and between other groups of Londoners.
- 3.2 The health team actively considers the impact of its work on health inequalities (including the protected characteristics) and works with a range of other teams within the GLA to help them do the same.

## **4. Other considerations**

### Health Inequalities Strategy

- 4.1 This enables the Mayor to fulfil his on-going statutory duty to publish and deliver a Health Inequalities Strategy. A risk register is in existence for this project.

### Mental Health – especially of children leaving care

- 4.2 Mental health issues are a priority area of the London Health Board. This work enables the Mayor to use his convening powers to highlight an issue of health inequalities in mental health. With the workplace mental health work it supplements the Mayor's major response to the London Health Commission around workplace health.

### Health and urban planning

- 4.3 The GLA Act requires the Mayor to have regard to the health impact of planning within the Greater London area; this work provides the opportunity for the GLA to play both a convening and an enabling role. This work enables the Mayor to fulfil the requirement of the GLA Act and The London Plan ensuring that effective HIAs are commissioned and undertaken and that sufficient emphasis is put on health and health inequalities in his strategic planning role.

### Team costs

- 4.4 The Mayor has appointed Emma Thompson as his TB ambassador. Her role is to support the Mayor both to raise awareness of TB, which is a particular issue in London, and tackle associated stigma. Funding will be used to make a short film about TB featuring Emma Thompson during her visit to the TB Find and Treat van. This will be used to generate media publicity on the day and will also be posted on the GLA and PHE website for ongoing raising awareness.

## **5. Financial comments**

- 3.3 The estimated cost of this programme of work is up to £40,000 and will be funded from the 2015-16 C&I Minor Programme budget (Health & Communities allocation). Any changes to this proposal, including budgetary implications will be subject to further approval via the Authority's decision-making process. All appropriate budget adjustments will be made.

## **6. Planned delivery approach and next steps**

- 3.4 Health Inequalities Strategy (£13,500)

<b>Activity – Indicators animation and publication</b>	<b>Timeline</b>
Procurement of contract [for externally delivered projects]	October 2016
Delivery Start Date	December 2016
Delivery End Date	February 2016
Project Closure	March 2016

- 3.5 Mental Health – esp of children leaving care (£4,500)

<b>Activity</b>	<b>Timeline</b>
Delivery Start Date [for project proposals]	15 January 16
Final evaluation start and finish (self)	Jan-Mar 16
Delivery End Date	15 March 16
Project Closure	15 March 16

- 3.6 Health and urban planning (£4,000)

<b>Activity</b>	<b>Timeline</b>
Procurement of contract	September '15
Delivery Start Date [for project proposals]	October/November '15
Final evaluation start and finish (self)	March '16
Delivery End Date	March '16
Project Closure:	March '16

### 3.7 Team costs (£18,000)

<b>Activity (for TB - £9,000)</b>	<b>Timeline</b>
Procurement of contract for TB film	December 2016
TB film made and published	January/February 2016
Delivery End Date [for project proposals]	November 2015 and March 2016
End of TB ambassador term	May 2016

### Appendices and supporting papers:

n/a

**Public access to information**

Information in this form (Part 1) is subject to the Freedom of Information Act 2000 (FOI Act) 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 approval or on the defer date.

**Part 1 Deferral:**

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

If YES, for what reason:

Until what date: (a date is required if deferring)

**Part 2 Confidentiality:** Only the facts or advice considered to be exempt from disclosure under the FOI Act should be 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:**

Helen Walters has drafted this report in accordance with GLA procedures and confirms that the Finance and Legal teams have commented on this proposal as required, and this decision reflects their comments.

✓

**HEAD OF GOVERNANCE AND RESILIENCE:**

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

**Signature:**



**Date:**

06.10.15