

# GREATER LONDON AUTHORITY

## REQUEST FOR ASSISTANT DIRECTOR DECISION – ADD2041

### Title: Quality Assurance and delivery support for Healthy Schools London

#### Executive Summary:

Healthy Schools London is an awards scheme funded by the Mayor of London that supports and recognises school achievements in pupil health and wellbeing. (MD1551 and MD1151). This ADD seeks to allocate £25k of the £100k provided by Danone in sponsorship of the Healthy Schools London programme by procuring a specialist provider to support the HSL team with establishing a new Quality Assurance process and supporting London Boroughs to set up local Quality Assurance processes in line with the Healthy Schools London quality assurance criteria.

Since its inception, the HSL programme has gained investment from 29 boroughs and more than three-quarters of London schools. Due to its success, though, the programme's delivery has surpassed the capacity of the existing HSL delivery team. The HSL Team are now in the process of handing over the assessment of Silver and Gold Awards to Borough Leads which requires establishing a HSL Quality Assurance process that Boroughs must meet. This ADD seeks to allocate £25,000 of the £100k Danone sponsorship monies to support the HSL programme by procuring external consultancy to:

- Support the HSL Team in establishing a Quality Assurance Process with criteria that Boroughs must meet in order to approve HSL applications
- Support for Boroughs in setting up local Quality Assurance processes in line with the Healthy Schools London quality assurance criteria – written guidance accompanied by training
- Development of monitoring and evaluation tools that will help schools produce data to demonstrate their outcomes
- Support overall delivery of the HSL programme.

#### Decision:

That the Assistant Director approves expenditure of up to £25,000 from Danone sponsorship (£100k) to procure external support to establish a Quality Assurance process for Healthy Schools London and support Boroughs to set up local quality assurance that meets HSL requirements during the 2016-17 financial year and beyond.

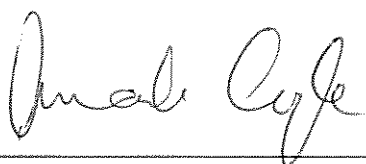
#### AUTHORISING ASSISTANT DIRECTOR/HEAD OF UNIT:

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, Health and Communities

**Signature:**



**Date:** 17 OCT 2016

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

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

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

- 1.1 Children in London are more likely to be overweight or obese than their peers in the rest of England, and are growing up in a city where it is literally the norm to be overweight (more than half of adult Londoners are overweight).<sup>1</sup> Around 4,000 Londoners die each year as a result of being overweight or obese. This has implications across the life course. Obesity takes people out of the labour market, with significant costs from loss of productivity from sickness, absence and early disability. It is estimated that 26,500 Londoners claim disability living allowance as a result of obesity and diet related health issues. The cost of obesity to London's economy is around £2 billion annually. This is on top of £2.3 billion in annual costs to the NHS in London.
- 1.2 The Mayor's Healthy Schools London programme, part of the wider GLA Obesity Programme (funded under MD 1151 and MD 1551), represents a London-wide initiative to addressing obesity before many of these costs are incurred, through prevention and early intervention. Originally launched in April 2013, the programme has since gained the support of 29 boroughs, which have invested staff and money into the borough-level delivery of the programme. Additionally, 77 % of London schools have engaged with it (1789 schools), 955 schools have earned a Bronze Award, 331 schools have earned a Silver and 65 a Gold.
- 1.3 The Mayor's HSL programme consists of a core, GLA-based delivery team co-ordinating and supporting the work of borough level leads. This programme structure offers an economy of scale by co-ordinating initiatives between boroughs, facilitating cross pollination of local learning and providing increased visibility. The core GLA team is also responsible for the review of schools' Silver and Gold award submissions and the distribution of HSL Awards. However, due to the programme's success amongst London schools, the delivery of these responsibilities has surpassed the capacity of the current GLA delivery team. For this reason, the GLA Health Team is seeking to procure additional delivery support in the form of trainings to schools and borough leads.
- 1.4 The HSL programme has been given £100k over 2 years – 2015/16 and 2016/17 by Danone to work with HSL in relation to their Eat Like a Champ programme. This ADD is to allocate up to £25,000 of this sponsorship money to support the HSL programme by procuring an external agency to further support HSL delivery.

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

- 2.1 A specialist provider to procure external consultancy to:
- Support verification Award applications
  - Support delivery of trainings and capacity building amongst schools and HSL borough leads.
  - Support establishment of Quality Assurance process
  - Support overall delivery of the HSL programme.

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<sup>1</sup> Overweight and obesity are determined by Body Mass Index, which is a measurement of a person's weight in kilograms divided by the square of his height in meters (kg/m<sup>2</sup>). Per the World Health Organisation, overweight is defined amongst adults as a BMI greater than or equal to 25 while obesity is defined as a BMI greater than or equal to 30.

Because children's body composition varies as they age and varies between boys and girls, a child's weight status is determined using an age- and sex-specific percentile for BMI rather than the BMI categories used for adults. Per the National Child Measurement Programme:

- Overweight is defined as a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex in the 1990 reference population.
- Obesity is defined as a BMI at or above the 95th percentile for children of the same age and sex in the 1990 reference population.

### 3. Equality comments

- 3.1 A Health Inequalities Impact Assessment (HIIA) was conducted in March of 2013, prior to HSL's launch, to consider the impact of the programme on disadvantaged groups, who already suffer poorer health. The HIIA informed delivery of the HSL programme in order to minimise the risk of any potential negative impacts on disadvantaged groups.
- 3.2 More recently, a health inequalities mapping and participation analysis was conducted by the GLA Health Team to determine if the programme was having a positive effect on health inequalities. The analysis determined that London schools which have achieved the HSL Bronze award have a higher proportion of deprived pupils compared to schools which are not involved with the programme.
- 3.3 On average, schools that have achieved the Healthy Schools London Bronze award have 26% more pupils who are eligible for free school meals, looked after or are children of service personnel.

### 4. Other considerations

#### a) Key Risks and Issues

Risk description and potential impact	Assessment	Mitigation / Risk Response
<p><b>Failure to continue delivering the HSL programme</b></p> <p>A large percentage of awards applications that come into the HSL delivery team are rejected for failing to meet the necessary standards for an award, and many of these are not seen to be in a state suitable for initial submission. Responding to these requires direct work with individual schools and is very time intensive. Often it entails going through several iterations with each school and creates a substantial burden for the programme's officers. The cumulative effect is a substantial obstacle for overall programme delivery.</p>	<p>Impact: High</p> <p>Likelihood: High</p>	<p>This ADD represents a mitigation response to this risk via reallocation of LHIB underspend to procure trainings to borough leads and schools.</p> <p>Delivering trainings in the boroughs will improve the general quality of school submissions, thus reducing the number of resubmissions and direct individual work needing to be done with schools. This will reduce the work burden on the delivery team and ensure they are able to meet the growing demands of the programme.</p> <p>By improving the efficiency of programme delivery, these trainings will ensure the continued success of Healthy Schools.</p>
<p><b>Reduction in quality and rigour of the programme negatively impacting ongoing HSL evaluation</b></p> <p>Without improved efficiency in programme delivery, the current team will not be able to devote</p>	<p>Impact: High</p> <p>Likelihood: Medium</p>	<p>This ADD represents a mitigation response to this risk</p> <p>Trainings in the boroughs will not only skill schools and borough leads up on the awards process and the requirements of the applications, they will also educate and signpost schools to evidence-based</p>

sufficient time to the quality of incoming applications and overall programme delivery. This will have a negative impact on the programme's clinical efficacy, which could potential result in a poor outcome to the programme's ongoing evaluation.		interventions and assessment tools. This will improve the effectiveness of health interventions delivered in schools and improve the efficacy of the programme as it is evaluated.
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## **b) Links to Mayoral Strategies and Priorities**

The HSL Programme supports the delivery of the Mayor's Health Inequalities Strategy as well as the response to the London Health Commission and the work of the London Health Board, which maintains mental health and adolescent resilience as one of its priorities. The HSL programme also has the potential to support delivery of a variety of Mayoral priorities related to the London Flagship Food Boroughs, London Schools' Gold Club, sport, culture, TfL, planning and volunteering teams.

## **c) Impact Assessments and Consultations**

As mentioned in section 3 'Equality Comments' the HSL programme has undergone a Health Inequalities Impact Assessment and a health inequalities mapping and participation analysis to ensure the programme does not negatively impact already disadvantaged groups. Additionally, the HSL programme was developed with extensive stakeholder consultation, involving boroughs' public health and education teams; teachers, head teachers, GLA colleagues and national government. This consultation work shaped the delivery model and helped to establish the necessary delivery networks. Stakeholder consultation continues to be an integral part of the programme's delivery.

## **5. Financial comments**

- 5.1 Approval is being sought for the GLA to contribute up to £25,000 to procure external support to establish a Quality Assurance process for Healthy Schools London (Funded under MD1551 and MD1151) and support Boroughs to set up local quality assurance that meets HSL requirements during the 2016-17 financial year.
- 5.2 This cost will be funded from the Danone sponsorship, (£100k total commitment over two years 2015/16 and 2016/17) provided by Danone in sponsorship of the Healthy Schools London. Agreement has been received from Danone to support this expenditure in 2016-17.

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

Delivery support for the HSL programme will be delivered via external, expert support procured in line with GLA HR procedures. The anticipated timeline is as follows:

<b>Activity</b>	<b>Timeline</b>
Tender published	October 2016
Closing date for tender response	November 2016
Shortlisting and interviews	November 2016
Appointment	December 2016
Delivery begins	Jan 2017
Delivery end	March 2017

## **Appendices and supporting papers:**

Emails confirming approval from NHS London to carry forward underspend from the closed LHIB.

**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**

**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:**

Alison Stafford 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.

✓

**Corporate Investment Board:**

Corporate Investment Board reviewed this proposal on 10 October 2016.

✓

**HEAD OF FINANCE AND GOVERNANCE:**

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

**Signature:**



**Date:**

17.10.16

