

GREATER LONDON AUTHORITY

REQUEST FOR ASSISTANT DIRECTOR DECISION – ADD2082

Title: Integrated Impact Assessment - London's Health Inequalities Strategy

Executive Summary:

The Mayor has a statutory duty to develop a Health inequalities Strategy. As part of this, the GLA Act 2007, the Mayor is required to conduct an Integrated Impact Assessment.

Approval is sought to procure a consultant to undertake an Integrated Impact Assessment (IIA) to support the development of the Health Inequalities Strategy. This will increase the £15,000 budget initially approved in ADD 2060 by £10,000 in order to reflect a broader scope and attract a wider pool of bidders.

Decision:

That the Assistant Director of Health and Communities approves expenditure of £25,000, which is an additional £10,000 on the original ADD2060 approved, for the procurement of consultants to develop and deliver the integrated Impact Assessment of the Mayor of London's Health Inequalities Strategy.

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 and Communities

Signature:



Date:

27 Feb 2017.

PART I - NON-CONFIDENTIAL FACTS AND ADVICE

Decision required – supporting report

1. Introduction and background

1.1 The GLA Act 2007 requires the Mayor of London to produce a Health Inequalities Strategy. The Mayor has indicated that he would like the new London health inequalities strategy to be produced as soon as possible. The London Health Board has agreed to share responsibility for oversight of the strategy's governance. The Mayor and the London Health Board support the priorities outlined in section 1.2 below.

1.2 The Mayor's overarching vision is for a healthier, fairer city for all Londoners, where nobody's health suffers because of who they are or where they live. The proposed sections for the strategy are as follows:

- **Use City Hall's reach to address inequalities in the social and environmental causes of ill-health** - This part of the strategy will explicitly identify how City Hall's existing work and direct policy levers are addressing the underlying drivers of health inequalities through a "health equity in all policies" approach.
- **2. Empowering Londoners to build healthy communities** - This part of the strategy will focus on London's vulnerable communities, neighbourhoods, clustering of unhealthy behaviours and social prescribing and will include HIV and TB.
- **3. Targeting shared specific priorities**- The Health Inequalities Strategy Steering Group has recommended prioritising three topics:
 - Priority 1: Give all London's children a healthy, happy start to life** - This is directly aligned with the first Better Health for London ambition. Areas for action will focus specifically on reducing inequalities as well as on improving public health.
 - Priority 2: Reduce inequalities in mental health** - This aspect of the strategy is being developed within the London Health Board's Thrive programme and is aligned with the Better Health for London ambition to ensure the most mentally ill people lead longer lives.
 - Priority 3: Enable all Londoners to have a healthy lifestyle** - This is directly aligned with the Better Health for London ambitions to get London fitter, make work a healthy place to be, and help Londoners kick unhealthy habits.

The HIS is in development for 2017-21, with a planned publication date of October 2017.

1.3 The Mayor is required to undertake Integrated Impact Assessments with legal duties to consider the following if likely to be relevant to the scope of impacts of the strategy in question:

- Sustainability -Planning and Compulsory Purchase Act and Greater London Authority (GLA) Act 1999
- Health - GLA Act 1999
- Equalities - GLA Act 1999
- Community Safety -Section 17 of the Crime and Disorder Act (as amended by the Police and Criminal Justice Act 2006) and GLA Act 2007
- Environment -Environmental Assessment of Plans and Programmes (2004)
- Biodiversity -Appropriate Assessment (Habitats Regs applied to strategies Aug 2007)
- The Natural Environment and Rural Communities (NERC) Act – Section 40 (The Biodiversity Duty)
- Climate Change - GLA Act 2007
- Health inequalities - GLA Act 2007

1.4 The Health Inequalities Strategy IIA process will consist of:

- Screening – determining the type of IIA required
- Scoping – establishing the scope, framework and evidence base
- Considering alternative policy options as part of policy development
- Publishing an IIA report (alongside draft strategies)
- Conducting consultation on the IIA report (alongside draft strategies), followed by a post adoption statement if necessary
- Monitoring (alongside strategy implementation)

1.5 The project team has consulted TfL legal and has been advised that unlike many of the other strategies, the Health Inequalities Strategy is not required to include a Strategic Environmental Assessment or Sustainability Appraisal¹. There is no requirement for a scoping document to be published or sent for external consultation; however an internal scope will be produced by GLA officers.

Policies which are led by GLA policy teams other than the health team are outside the scope of the Health Inequalities Strategy IIA, since these policies will be assessed as part of the IIAs for other statutory strategies. However, the Health Inequalities Strategy IIA will signpost and cross-reference these other impact assessments as appropriate.

1.6 Approval is sought to appoint independent specialist consultants to undertake the IIA for the London Health Inequalities Strategy. The original budget stated in ADD 2060 was for £15,000. This is to be increased to £25,000 as the original tender process failed to secure the services of a consultant from the TfL framework. This higher sum reflects a new scope. The budget for the IIA will be met from the Statutory Strategies budget in the Governance Directorate.

2. Objectives and expected outcomes

2.1 We intend to procure a consultant to undertake the London Health Inequalities Strategy IIA development and assessment and produce the IIA report and statement.

2.2 Objective: the consultant will be expected to:

- Facilitate an internal IIA group which will have oversight of the process and will sign off the IIA.
- Assess the scoping document and assessment framework, devised by the IIA group, for use in testing the strategy against the IIA objectives.
- Write the IIA drafts and final version, supplying an appraisal of the potential positive and negative impacts of the Health Inequalities Strategy by assessing the policies against the set of objectives and prompt questions.

¹ The SEA Regulations (SI 2004/ 1633) only apply to the following which does not include health inequalities. A plan or programme which–

(a) is prepared for agriculture, forestry, fisheries, energy, industry, transport, waste management, water management, telecommunications, tourism, town and country planning or land use, and

(b) sets the framework for future development consent of projects listed in Annex I or II to Council Directive 85/337/EEC on the assessment of the effects of certain public and private projects on the environment, as amended by Council Directive 97/11/EC.

2.3 Outcome: We expect the consultants to produce a written review of the policy appraisal that will confirm a preferred approach and ensure that the strategy meets the IIA objectives.

3. Equality comments

3.1 The Integrated Impact Assessment includes an Equalities Impact Assessment which will evaluate the likely potential impacts, both positive and negative, of the Health Inequalities Strategy on those with protected characteristics (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

3.2 We strive to comply with GLA responsible procurement policy which includes a commitment to encouraging equality and diversity.

4. Other considerations

4.1 The public consultation on the draft Health Inequalities Strategy and draft IIA could lead to amendments to the strategy. If the amendments are extensive, this could require undertaking an additional project of up to a month's duration. .

b) links to Mayoral strategies and priorities

4.2 The IIA is a requirement for the preparation of the Health Inequalities Strategy.

4.3 An internal GLA steering group was set up with the purpose of developing a framework which is to be applied to the IIAs for each strategy. The framework includes a common set of IIA objectives to be used for the assessment stage of the IIAs for each strategy. The guide questions which sit underneath each of the IIA objectives will be relevant and specific for the individual strategies. The Mayor's Transport Strategy (MTS) has already been tested against the IIA objectives and the outcomes of this testing is being used to inform the process for the other strategies. The Scoping Report for the IIA for the London Plan will form the basis of the Scoping Report for the Health Inequalities Strategy. A group of topic experts will form an IIA group to oversee the IIA process.

5. Financial comments

5.1 Approval is being sought for expenditure of up to £25,000. ADD2060 previously approved expenditure of £15,000 which is yet to be utilised. This will be redirected to part fund this expenditure and the balance of £10,000 will be funded from the Governance Team's Statutory Strategies budget for 2016-17.

6. Legal Comments

Legal issues concerning the revision of the HIS are set out in Section 2 of the IIA Project Specification. Otherwise no particular legal implications arise at this stage.

7. Planned delivery approach and next steps

Activity	Timeline
Procurement of contract [for externally delivered projects]	February 2017
Announcement [if applicable]	N/A
Delivery Start Date [for project proposals]	Early March 2017
Main milestone - Assess existing evidence and conduct policy appraisal	Early March 2017
Main milestones - Draft IIA	Mid - end March 2017
Final evaluation start and finish (self/external) [delete as applicable]:	Early April 2017
Delivery End Date [for project proposals]	Early April 2017
Project Closure: [for project proposals]	April 2017

Appendices and supporting papers:

IIA Project specification

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:**

Sharon Irvine has drafted this report in accordance with GLA procedures and confirms that the Finance and –if relevant- Legal teams have commented on this proposal as required, and this decision reflects their comments.

Corporate Investment Board:

The Corporate Investment Board reviewed this proposal on 27 February 2017.

HEAD OF FINANCE AND GOVERNANCE:

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

Signature:



Date:

27.02.17