

GREATER LONDON AUTHORITY

REQUEST FOR MAYORAL DECISION – MD2704

Title: Recovery Fund - Mental Health and Wellbeing and Healthy Food, Healthy Weight Missions

Executive Summary:

A budget repurposing process was undertaken in 2020, which allocated £6.6m from the overall GLA budget for 2020/21 into a flexible Recovery Fund to be deployed in the light of emerging priorities from the London COVID-19 Recovery Programme.

This decision form includes four proposals, that together will contribute to the two health missions of the London Recovery Board: Mental Health and Wellbeing, and Healthy Food, Healthy Weight.

Decision:

That the Mayor approves:


1. Expenditure of £150,000 as the GLA's contribution to a £1.195m Health and Care Partnership pooled fund to implement the London Health and Care Vision;
2. Expenditure of £100,000 on insights work, communication and engagement and gap analysis to inform the development of the 'mental health and wellbeing' and 'healthy food, healthy weight' missions;
3. Expenditure of £25,000 towards the Healthier Catering Commitment accreditation scheme; and
4. Expenditure of £45,000 to commission a consultant to assist in the GLA's response to the Public Health England report on disproportionate impacts of COVID-19.

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:

23/2/24

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

Decision required – supporting report

1. Introduction and background

The London Recovery Programme

- 1.1. The London Recovery Programme has been established in response to the impact of the COVID-19 pandemic, to address the following grand recovery challenge for London: to restore confidence in the city, minimise the impact of COVID-19 on communities and build back better the city's economy and society.
- 1.2. To this end, the Mayor of London, in partnership with London Councils, has brought together leaders from across London's government, business and civil society, as well as the health and education sectors, trade unions and the police, to oversee the long-term recovery effort as part of the London Recovery Board. The Board's remit is to plan and oversee the capital's wider long term economic and social recovery.
- 1.3. The London Recovery Taskforce has been established to carry out work on behalf of, and report to, the Board. The Taskforce coordinates a range of practical initiatives to help London's recovery from COVID-19.
- 1.4. The Taskforce has committed to taking a missions-based approach to the London Recovery Programme. This approach is based on the work of the Institute for Innovation and Public Purpose at University College London. Missions should be time-bound and specific. They should be designed to be bold, ambitious yet realistic enough so that they can gather wide support for delivery. The key is on fostering widespread collaboration across different sectors.
- 1.5. The London Recovery Board has agreed a total of nine recovery missions, two of which focus explicitly on health:
 - Mental Health & Wellbeing: by 2025 London will have a quarter of a million wellbeing ambassadors, supporting Londoners where they live, work and play; and
 - Healthy Food, Healthy Weight: by 2025 every Londoner lives in a healthy food neighbourhood.

The Recovery Fund

- 1.6. A GLA Mayor budget repurposing process was undertaken in summer 2020, which allocated £6.6m from the 2020/21 budget into a flexible Recovery Fund to be deployed in the light of emerging priorities from the London Recovery Programme. This was approved in MD2666.
- 1.7. As mentioned, the projects identified in this MD will be developed to mobilise two of those missions:
 - Mental Health and Wellbeing; and
 - Healthy Food, Healthy Weight.
- 1.8. This paper sets out four projects that will contribute to these missions. These provide initial discrete initiatives, that will complement wider work to achieve the two missions by 2025. Details are set out in the following two sections, according to the missions they support:
 - the London Health and Care Vision will support both missions;
 - the insights, communication and engagement, and gap analysis work will inform development of both missions;

- work to address the disproportionate impact of COVID-19 will inform both missions and the cross-cutting principle; and
- the Healthier Catering Commitment will contribute to the Healthy Food, Healthy Weight mission.

The London Health and Care Vision (£150,000)

- 1.9. This proposal represents the GLA's contribution to London's health and care partnership. The pooled partnership budget¹, of which the GLA contribution forms a part, is £1.195m (with other contributions from NHS London, London Councils, and the London Clinical Commissioning Groups (CCGs), including underspend from last year). It is a key priority for all partners and planned expenditure has been agreed jointly by the leaders of the partnership organisations (Mary Harpley, Chief Officer, is the GLA representative).
- 1.10. The focus of the proposal is on building capacity in neighbourhoods and communities to address London Recovery priorities, through the Vision signatory organisations – the GLA, NHS London, London Councils and Public Health England's London Region. Key areas of focus for this will be reducing childhood obesity and improving the wellbeing of young Londoners. As a collaborative partnership process, the final design of deliverables will be a collective decision, but we have been clear that initial action must focus on interventions that support the Recovery Programme's ambitions, which also reinforce the ambitions of the Vision. This will ensure comprehensive interlinks between the work of the London Health and Care Vision (see paragraph 1.11) and the health recovery missions (see paragraph 1.5).
- 1.11. The London Health and Care Vision was developed collaboratively over a long period with partners from the health and care system (NHS, London Councils, Public Health England) and was published in 2019. Since COVID-19 the London Health and Care Vision has been revisited and refined to reflect pandemic circumstances, and agreement has been reached that recovery work must be action-focused and reinforce existing priorities including the London Health and Care Vision and the London Health Inequalities Strategy and be 'efficient' (i.e., avoid reinventing the wheel, providing a 'single narrative' for the whole system). Specific project outputs are included at paragraph 2.1.

Development work to inform delivery of recovery missions – including Insights, communication, engagement and gap analysis (£100,000)

- 1.12. Given the significant pressures on the Health Team and our partners because of the continued and growing breadth of work generated by the pandemic, the London Recovery Board recently agreed to 'pause' the delivery of the Health Team's mission work, pivoting resource and capacity towards responding to the pandemic. However, in order that we have the intelligence to inform delivery plans when we can resume our work on missions, we need to have this insight and analysis ready to work from if we are able to regain pace. Therefore, we propose to commission this work from external consultants or specific expert delivery partners who are already engaged in aspects of the response work, working with GLA officers, including the use of GLA networks and platforms as appropriate.
- 1.13. Central to the missions-based approach is the involvement of a wide range of stakeholders in their development and implementation, including communities and the public, private and third sector. Such engagement work has begun across the London Recovery Programme with a period of public consultation in Summer 2020 to help determine the focus for recovery. The health team followed this with a period of partner and stakeholder engagement in the Autumn, including a series of workshops, to ensure a range of views were incorporated into the early development of the health missions.

¹ The Office for London Partnerships, at NHS London, manages a pooled budget on behalf of London's health and care partnership that funds a programme of work in support of its shared priorities.

1.14. The next stage for the health missions is to engage more deeply with partners, stakeholders and communities most affected by the pandemic. Key to this will be exploring the best ways to communicate and engage with these communities. Initial work will inform the best means of engaging, which might, for example, include focus groups, in depth community insights work and/or surveys. The aim will be to gather insights into what the missions' respective concepts – healthy food neighbourhoods and wellbeing ambassadors – mean to them, what is already happening locally and across London in different communities on which the missions can build, and where are the gaps which new projects linked to the missions could address. It is important to do this developmental work as soon as possible.

- On the *Mental Health and Wellbeing Mission*, Thrive LDN will be the main delivery partner for this stage of work. This builds on our longstanding relationship with Thrive LDN. They are a core expert delivery partner on the mental health and wellbeing mission working group. Being at the forefront of the public mental health response for the pandemic in London, they provide an important bridge between their work as part of the response effort to our recovery priorities. Thus, their intelligence and experience will be essential insight.
- On the *Healthy Food Healthy Weight Mission*, discussions are well underway with partners to identify and commission external consultants.

Responding to the disproportionate impact of COVID-19 (£45,000)

1.15. The Public Health England (PHE) report 'Beyond the Data: Understanding the impact of COVID-19 on Black, Asian and minority ethnic (BAME) Groups' gathered the views of over 4,000 groups and individuals about the experience of health and care services by BAME groups during COVID-19, building on the stark inequalities experienced by these communities through the pandemic. The report made seven key recommendations, and we are eager to ensure the GLA contributes to these comprehensively and robustly, ensuring that we lead by example and guide key London partners to play their part. Some of this will be built into core practice, and other proposals. This would focus on two of the PHE report recommendations:

- recommendation 3 – improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by BAME communities; and
- recommendation 5 – fund, develop and implement culturally competent COVID-19 education and prevention campaigns.

1.16. The Mayor's Six Tests (£20k) – the Mayor has established six tests that he expects to be met before offering his support to any major health and care transformation or reconfiguration programmes in London (funding for review of major NHS reconfiguration and transformation programmes against the Mayor's six tests was agreed in the following decision documents: DD2428; ADD2408; MD2688). The six tests are an important way in which the Mayor champions and challenges the NHS to consider health inequalities, bed capacity, financial sustainability, impact on adult social care, clinical support and patient and public engagement. We propose to commission an external review and refresh of the six tests in light of recent reports on the disproportionate impact of COVID-19 including 'Beyond the Data' and the Rapid Evidence Review: Inequalities in relation to COVID-19 and their effects on London (University of Manchester, 2020). This review and refresh will involve engaging with external experts and the community. The commissioning process for this work needs to begin before the Mayoral election as the six tests need to be refreshed ahead of their application to major NHS schemes anticipated in 2021/22. This will deliver on recommendation 3: 'Improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by BAME communities.'

1.17. Community health leaders' insight programme (£25k) – we will commission the delivery of a new programme to develop a new cohort of community based BAME voices and

representation, some with lived experience as health patients, or of discrimination, to strategically influence culturally competent health decision-making. Community health leaders would be supported to participate with civic bodies in committees and advisory groups across the public sector, coach and encourage participants to apply for schemes like the NHS NExT Director Scheme for example, and through the public appointments process. This programme will support our response to recommendation 3, as well as support wider efforts to increase the ethnic diversity of public involvement in health and care commissioning. This diverse group of Community health leaders will play a major role informing the development and delivery of the health missions as well as cross-cutting themes and influencing broader related work such as on Anchor Institutions; therefore, our work with partners to commission this work is being planned already to align with wider insights work proposed in this decision form.

Healthier Catering Commitment (£25,000)

- 1.18. The Healthier Catering Commitment (HCC), is an accreditation scheme for food outlets, administered by the Association of London Environmental Health Managers (ALEHM) and delivered by Environmental Health Officers and Public Health teams. The scheme targets incremental healthier changes to ingredients, cooking processes and portion sizes. It is delivered across 22 boroughs and over 1,000 takeaways in London are currently accredited out of a total of approximately 8,000. Since its launch in 2012, the scheme has been supported by the Mayor of London with the objective of tackling obesity and diet-related illnesses.
- 1.19. This funding will allow immediate, urgent delivery of expanded, enhanced phase of the HCC programme, a key component of the Healthy Food, Healthy Weight mission. This will include developing and delivering new training for an increased number of businesses and developing partnerships with food delivery platforms whose reach has expanded significantly during the COVID-19 pandemic, affording us a new way to have a positive health impact. This funding will also unlock £5,000 match funding by ALEHM, one of the delivery partners.
- 1.20. The funding will also enable us to build partnerships with wholesalers and cash-and-carry operators, and work to increase the number of boroughs delivering HCC. Increased uptake of the scheme will support more existing community assets, such as fast-food restaurants and cafes, to support not only London's economic recovery – but to support health and wellbeing through an improved food offer, often in some of London's most deprived neighbourhoods.
- 1.21. The GLA, ALEHM and local authorities have invested in the scheme's delivery and expansion as the proliferation of fast-food takeaways in London has created unhealthy food environments that widen health inequalities, which are likely to have been exacerbated during the Covid pandemic. The concentration of takeaways is twice as high in the most deprived parts of London where levels of child obesity are double and 25% of takeaways are located within a five-minute walk of a school. The accreditation's strategic importance and pan-London impact have been recognised by the scheme's inclusion in the GLA's London Child Obesity Taskforce's action plan and the new London Plan, which stipulates any new A5 takeaway outlets opening within 400m of schools are required to meet the scheme's criteria. The Healthy Food, Healthy Weight recovery mission seeks to create healthy food Neighbourhoods, starting with communities most impacted by the pandemic. A key element of these neighbourhoods will be improved accessibility of healthier food options on local high streets which can be achieved by providing HCC training to local food businesses.

Finance

- 1.22. Across the four proposals, the total funding requested and co-funding that will be secured is outlined in table 1 profiled across this and next financial year outlined in Table 2.

Table 1: Funding requests and co-funding to be secured

Recovery Fund bids	Recovery Fund request	Co-funding by external organisations
London Health and Care Vision – partnership contribution	£150,000	£1,045,000
Insights, communication and engagement, and gap analysis work to inform health recovery missions	£100,000	N/A
Healthier Catering Commitment	£25,000	£5,000 (tbc) from ALEHM + boroughs
Responding to Disproportionate Impact of COVID-19	£45,000	N/A
Total	£320,000	

Table 2: Profiling

	2020/2021	2021/2022
London Health and Care Vision	150,000	
Mission development – insights, communication and engagement, and gap analysis work	53,000	47,000
Healthier Catering Commitment	15,000	10,000
Disproportionate impact of COVID-19	25,000	20,000

2. Objectives and expected outcomes

London Health and Care Vision

- 2.1. This proposal represents the GLA's contribution to London's health and care partnership recovery work. Planned expenditure includes:
 - funding for mental health initiatives, such as Thrive LDN and Good Thinking specific COVID-19 response support including providing direct support to the Strategic Coordination Group²;
 - support for initiatives led by the newly established Health Equity Group, a sub-group of the London Health Board: capacity building within system partners and local government to reduce health inequalities; running a peer-to-peer support programme; developing world class scrutiny and health intelligence to inform decision-making; and working with anchor institutions³ to become exemplars; and
 - supporting development of the 'Health Deal' with partners from the health and care system to progress shared objectives to better enable greater partnership working – particularly between the NHS and local government – to underpin the delivery of the London Vision and to support health and social care integration across the capital.
- 2.2. Key areas of focus from within the London Health and Care Vision will be reducing childhood obesity, improving the wellbeing of young Londoners, and improving mental health and progress towards zero suicides
- 2.3. Mental health and wellbeing: two of the areas of focus in the London Vision relate explicitly to mental health and wellbeing. The mental health of Londoners is also a mayoral priority and is one of the five aims of the London Health Inequalities Strategy. The key ambition for that aim focusses on supporting children and young people's mental health through the delivery of youth mental health first aid across London education settings. The pandemic has only heightened concerns about the mental health and wellbeing of groups of Londoners including children and young people, as well as Black, Asian and minority ethnic communities, deaf and disabled Londoners, single parent families, older Londoners, LGBTQ+ and people with pre-

² <https://www.londoncouncils.gov.uk/members-area/civil-resilience-handbook-london-councillors/london-resilience>

³ Large non-profit orgs like hospitals, councils, universities etc

existing mental health conditions. Consequently, mental health and wellbeing of Londoners has been a key element of response work – with the public mental health function delivered via Thrive LDN with partnership resourcing and support, and it is also one of London's recovery missions.

- 2.4. **Child obesity:** while tackling child obesity has been a long-term priority for the Mayor, COVID-19 is further exacerbating the deep, ingrained health inequalities which, even before the pandemic, meant that by age 10–11 levels of child obesity are so variable across the city that they range from 17% in Twickenham Riverside (Richmond upon Thames) to 51.9% in Camberwell Green (Southwark). We now know that being obese or excessively overweight increases the risk of severe illness and death from COVID-19. This means that supporting families to maintain a healthy weight will be a protective factor for COVID-19 and building resilience.

Insights, communication and engagement and gap analysis work to support development of health missions

- 2.5. **Mental health and wellbeing:** some of the specific deliverables for the mental health and wellbeing mission development work might include (subject to stakeholder and partner engagement):
- identifying and developing targeted communications for population groups where evidence suggests they are likely to see the largest deterioration in mental health during lockdown; identifying and developing communications for non-mental health settings where we can create opportunities for mental health signposting; and
 - provision of support for mental health and wellbeing community peer support initiatives – expanding programmes or upskilling people.
- 2.6. These pieces of work will both provide at risk communities with support immediately, while forming the foundations of the mission, by gathering insights into the needs and what works for communities and building relationships. The insights will also be of value to the implementation of the London Health Inequalities Strategy, and the Mayor's health in all policies approach, and will be of value to other missions proposing to work with or support the communities this mission will target.
- 2.7. **Healthy Food, healthy Weight:** some of the specific deliverables for improving access to healthy food include:
- insight work into determining what the characteristics of a healthy food/weight neighbourhood are to Londoners, starting with those most impacted by COVID-19. The type of activity this may include is highlighted in the Mayor's Child Obesity Taskforce report, including food access and quality; water consumption; physical activity and play; changes to the way Londoners travel; attitudes to obesity and physical activity linked to environmental sustainability; advertising of high fat, salt, and/or sugar products; breastfeeding; and action linked to the environment in and around early years and school settings; and
 - along with seeking insights, we would want the work to rapidly undertake an analysis of existing projects and initiatives to learn from best practice and identify gaps in provision across the most deprived neighbourhoods. This would aim to deepen our understanding of what action can be taken by partners across the city to support the most deprived areas in becoming healthy food neighbourhoods while co-designing solutions with the local community.
- 2.8. These insights and co-designed solutions would therefore result in recommendations for action which could be embedded within existing mechanisms for change, including:
- Health and Wellbeing and Young People Recovery missions;

- Mayor's 'Health in all Policies' approach (i.e., planning, transport, environment, education);
- the Mayor's Healthy Early Years London and Healthy Schools London programmes;
- London's Child Obesity Taskforce action plan for 20/21;
- advocacy to Government and boroughs (see for example 'Our Streets, Our Journeys'⁴); and
- delivery plan for the Child Obesity Delivery Board, which brings together key health and care partners to deliver this priority within the London Health and Care vision.

Responding to the disproportionate impact of COVID-19

- 2.9. The review of the Mayor's six tests will deliver a refreshed framework that aligns with the findings and recommendations of the 'Beyond the Data' report and other reports on disproportional effect of COVID-19. This will enable the Mayor to champion and challenge the NHS with an increased focus on tackling inequalities.
- 2.10. The community health leaders' insight programme will build on previous and current evidenced based programmes (Well London, health masterclasses and network, Fast-Track Cities self-stigma training, Civic Futures) to deliver BAME community-based health leaders to take up places on health focused advisory groups and board level positions across the city. The programme will include training, peer networks, coaching and master class engagement with BAME health leaders. It will deliver a new cohort of community based BAME voices, some with lived experience of discrimination, to strategically influence culturally competent health decision making. By commencing this work this year, community health leaders will be able to influence the health and care system's engagement in Recovery.
- 2.11. These will be priorities of work for the Health Equity Group, and we will commission specific elements that respond to the emerging understanding of how the pandemic has affected London's inequality.

Healthier Catering Commitment

- 2.12. The link between socioeconomic inequalities and health outcomes means the disproportionate impact of COVID-19 on specific groups risks exacerbating the challenge of malnutrition, including obesity. As the food service sector reopens, takeaways are likely to face financial pressures, food safety challenges and different consumer demands, which are all factors that could result in risks to the availability of healthier choices.
- 2.13. This funding will increase the HCC scheme's presence and impact on the ground, targeting boroughs not currently delivering the scheme to address health inequalities at a critical time for London's recovery. It is a cross-cutting proposal that would support multiple recovery missions, from its being anchored in the Healthy Food, Healthy Weight mission, by improving access to healthy food, tackling obesity as one of the main COVID-19 risk factors, addressing unhealthy food environments and encouraging innovation on high streets (thus strengthening the High Streets for All mission) The expenditure will also secure co-funding from ALEHM.
- 2.14. Environmental Health Officers in each participating local authority will deliver the accreditation scheme, whilst ALEHM will provide a central coordinating role and develop training resources for officers and food businesses alike.

⁴ <https://www.youtube.com/watch?v=3IA1EUxde90>

3. Equality comments

Overarching

- 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 (EDI) strategy sets out how the Mayor will help address the inequalities, barriers and discrimination experienced by groups with protected characteristics as set out in the Equality Act 2010. In this strategy the Mayor of London has, for the first time, gone beyond these legal duties and 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 latest ONS data refresh⁵ (October 2020) confirms that, when adjusting for age, rates of death involving COVID-19 remains a greater risk for most ethnic minority groups, and most notably for people of Black African, Black Caribbean, Bangladeshi and Pakistani ethnic background.

London Health and Care Vision

- 3.4. The vision was produced collaboratively with health and care organisations and involved informal engagement with Londoners. The priority areas of focus were identified precisely to target areas where health inequalities exist, with an aim of contributing to the reduction of health inequality. The Mayor's Health Inequalities Strategy directly informed the development of the shared vision and underpinned the focus of the work.
- 3.5. The planned further implementation of the vision, informed by learning from COVID-19, and particularly taking account of the disproportionate impact on some communities, will complement the implementation of the Mayor's Health Inequalities Strategy and contribute to wider recovery plans.

Insights, engagement and gap work to support health missions' development

- 3.6. Part of the purpose of this work is to engage stakeholders and communities most affected by the pandemic, which include people with protected characteristics and those experiencing socio-economic deprivation. There has been considerable work already done by public health colleagues and Thrive LDN on who has been worst affected by the pandemic, which will help us to target our work.

Responding to the disproportionate impact of COVID-19

- 3.7. A key objective of the 'six tests refresh' is to strengthen equalities considerations within the Mayor's six tests framework, and to champion and challenge the NHS accordingly.
- 3.8. The PHE report 'Beyond the Data' recommended activity to improve BAME experience of services, the community health leaders programme will help address the under-representation

of BAME representatives on health advisory groups and boards as evidenced by the NHS 2020 analysis of Trust boards⁶.

- 3.9. The Rapid Evidence Review: Inequalities in relation to COVID-19 and their effects on London (University of Manchester, 2020) identified the impact of inadequate and poorly targeted communication on people with protected characteristics, exacerbating existing poor health and access to services, which this additional communications and translation activity will address.

Healthier Catering Commitment

- 3.10. The concentration of takeaways is twice as high in the most deprived parts of London where levels of child obesity are double and 25% of takeaways are located within a five-minute walk of a school. It cannot be right that London's communities experience significant differences in child health and wellbeing, and that some children from some backgrounds and neighbourhoods are at high risk of ill health.
- 3.11. The Healthier Catering Commitment accreditation scheme will continue to constructively challenge the spread of fast-food shops, tackle childhood obesity in line with the Mayor's manifesto commitment, and is a key component of the Healthy Food, Healthy Weight recovery mission, helping to create a healthier food environment that in turn will reduce health inequalities.
- 3.12. The scheme provides an opportunity to improve the physical health of young Londoners in deprived areas and help them to achieve and maintain a healthy weight, while specifically focussing on closing inequality gaps that exist between communities in London.
- 3.13. The scheme's strategic importance and pan-London impact have been recognised by the scheme's inclusion in the GLA's London Child Obesity Taskforce's action plan and the new GLA London Plan, which stipulates any new A5 takeaway outlets opening within 400m of schools are required to meet the scheme's criteria.

4. Other considerations

Key risks and issues

- 4.1. The following table sets out the key risks and issues for the projects presented in this decision.

Risk	Mitigating Action	Risk Rating - RAG: Red/Amber/Green
Overlap between the capacity building work of teams in the GLA.	Establish alignment and co-ordinate activity for engagement and commissioning. We will use the new coordinating mechanisms established to oversee the move to recovery missions, finding appropriate reporting methods to reduce overlap	G
Takeaways may be reluctant to join the HCC scheme at a time when they are facing financial pressures, food safety challenges and different consumer demands.	Delivery of free food hygiene training will be provided as an incentive for new businesses to sign up to the scheme.	A

⁶ <https://www.england.nhs.uk/wp-content/uploads/2020/01/wres-2019-data-report.pdf>

Safeguarding – many programmes work with delivery partners who work with vulnerable young people and adults – potential for safeguarding issues.	Ensure that in due diligence and organisational vetting there is sufficient consideration of safeguarding requirements. Follow advice from the GLA safeguarding lead on the correct protocols to follow.	A
Managing the scope of the six tests review and the scale and range of stakeholder expectations.	Ensure that stakeholders understand the nature of the Mayor's role and influence within the health sector, scope this project accordingly with clear parameters, and communicate this clearly with stakeholders.	A
Failure to appoint consultancy services with suitable skills and capacity to undertake the work required, for all relevant projects	Development of procurement plans for commissioning including advance notification and research into potential providers of suitable organisations.	A

Links to Mayoral strategies and priorities

- 4.2 The programmes set out in this report support several Mayor's strategies and programmes as set out below:
- The Mayor's strategy for social integration: loneliness is the breakdown of social integration. An in-depth understanding of loneliness will support the Mayor's vision to improve social integration by understanding how to build relationships between Londoners, especially across difference, and reduce loneliness and isolation among groups at risk.
 - Tackling inequalities through London's Recovery Programme, through missions.
 - The Mayor's strategy for equality, diversity and inclusion.
 - The Health Inequalities Strategy: refreshing the six tests framework will promote the implementation of the health inequalities strategy and will contribute towards the ambition to address London's stark health inequalities and reduce the number of years Londoners live in poor health. Increasing involvement of BAME health leaders and producing translated materials will encourage access to services, increasing cultural competence.
 - Mental health and wellbeing, child obesity and access to healthy food are all objectives in the Health Inequalities Strategy.
 - The Mayor's commitment to champion and challenge the NHS (MD2688).
 - The London Food Strategy and the Health Inequalities Strategy: The Healthier Catering Commitment will continue to support the role of food businesses in tackling obesity, particularly in the most deprived parts of London where the prevalence of takeaways is much higher, and children are twice as likely to be obese.
 - The London Health and Care Vision.

Consultations and impact assessments

- 4.2. Gathering views from Londoners (including through the Talk London tool) on what a healthy food neighbourhood means to them is the key objective of the healthy food/healthy weight

insights work. The findings will help inform the co-design and development of such neighbourhoods with local communities.

- 4.3. This review and refresh of the Mayor's six tests will involve engaging with external experts and the community.
- 4.4. The purpose of the missions' insight and engagement work is to consult more widely with stakeholder and communities on their development.

Conflicts of interest

- 4.5. There are no conflicts of interest to note for any of the officers involved in the drafting or clearance of this decision form.

5. Financial comments

- 5.1. Approval is sought for expenditure of £320,000 across the Mental Health and Wellbeing, and Healthy Food, Healthy Weight missions. The expenditure is profiled as follows:

Programme	2020/21	2021/22
London Health and Care Vision	£150,000	
Mission development – insights, communication and engagement, and gap analysis work	£53,000	£47,000
Healthier Catering Commitment	£15,000	£10,000
Disproportionate impact of COVID-19	£7,000	£38,000
Total	£225,000	£95,000

- 5.2. The profiled spend will be deliverable because the spend is proposed as external payments or commissions which the team will be able to manage with their existing capacity.
- 5.3. The expenditure will be funded from the 2020/21 'Recovery Fund' (approved by MD2666) and allocated to the Health Team.
- 5.4. The 2021/22 budget is indicative and subject to the GLA's annual budget setting process.

6. Legal comments

- 6.1. 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, conducive or incidental to the promotion of economic development and wealth creation, social development or the promotion of the improvement of the environment in Greater London; and in formulating the proposals in respect of which a decision is sought officers have complied with the Authority's related statutory duties to:
- pay due regard to the principle that there should be equality of opportunity for all people;
 - consider how the proposals will promote the improvement of health of persons, health inequalities between persons and to contribute towards the achievement of sustainable development in the United Kingdom; and
 - consult with appropriate bodies.
- 6.2. In taking the decisions requested, the Mayor must have due regard to the Public Sector Equality Duty; 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 foster good relations between persons who share a relevant protected characteristic and persons who do not share it (section 149 of the Equality Act 2010). To this end, Mayor should have particular regard to section 3 (above) of this report.

- 6.3. Officers must ensure any services required are procured by Transport for London Commercial who will determine the detail of the procurement strategy to be adopted in accordance 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 that any grant funding is distributed fairly, transparently, in accordance with the GLA's equalities and in manner which affords value for money 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 recipient before any commitment to fund is made.

7. Planned delivery approach and next steps

7.1. Timeline for London Health and Care Vision:

Activity	Timeline
Contribution to Health and Care Partnership	February 2021

7.2. Timeline for gathering missions' insights, engagement and gap analysis work:

Activity	
Prepare specifications for the health missions' insights, communication and engagement, and gap analysis work	February 2021
- Commission work - mental health and wellbeing - Commission work - healthy food	February 2021 March 2021
Complete insights, communication and engagement, and gap analysis work - Mental health and wellbeing - Healthy food	May – July 2021 July – August 2021

7.3. Timeline for Healthier Catering Commitment:

Activity	Timeline
Boosting current training offer to additional businesses so they can use HCC to boost economic recovery	March 2021
Engaging with delivery platforms to help inform healthy choices	April 2021
Building partnerships with wholesalers and cash-and-carry operators	June 2021
Working to increase number of boroughs delivering HCC	July 2021

7.4. Timeline for responding to the disproportionate impact of COVID-19:

Activity	Timeline
Detailed scope for: - Community health leaders - Mayor's six tests review	February 2021 March 2021
Procurement for: - Community health leaders' provider - Mayor's six tests provider	March 2021 April 2021
Review and refresh of six tests complete	June/July 2021

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

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

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:

Jazz Bhogal has drafted this report in accordance with GLA procedures and confirms the following: ✓

Sponsoring Director:

Sarah Mulley and Halima Khan have 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 15 February 2021.

EXECUTIVE DIRECTOR, RESOURCES:

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

Signature

D. Gane

Date

17 February 2021

CHIEF OF STAFF:

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

Signature

D. Bellamy

Date

17 February 2021

