

GREATER LONDON AUTHORITY

REQUEST FOR ASSISTANT DIRECTOR DECISION – ADD2500

Title: Development of health recovery missions

Executive Summary:

This decision form seeks retrospective approval for the commissioning of the Association of Directors of Public Health London (ADPHL) to provide programme management and development support for the two health recovery missions and for the health team's response to COVID-19. It is proposed this commission be funded by repurposing budget previously identified for the London Child Obesity Taskforce.

This decision form also requests a related single source exemption from the GLA's Contracts and Funding Code.

Decision:

That the Assistant Director of Health, Education and Youth approves retrospectively:

1. Expenditure of up to £46,000 for the commissioning of the Association of Directors of Public Health London to support the development of the health recovery missions and the health team's COVID response; and
2. A related exemption from the requirement of the GLA's Contracts and Funding Code, to commission the above services without procuring competitively.

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: Jazz Bhogal

Position: Assistant Director – Health, Education and Youth

Signature:



Date:

17 February 2021

PART I - NON-CONFIDENTIAL FACTS AND ADVICE

Decision required – supporting report

1. Introduction and background

- 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 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.
 - Healthy Food, Healthy Weight - by 2025 every Londoner lives in a healthy food neighbourhood.
- 1.4 Due to the rapid escalation of the COVID-19 pandemic and the ongoing redeployment of health team resource to support the response, urgent additional resource was needed to support both the GLA's health team's response efforts and the development of the health recovery missions.
- 1.5 The Association of Directors of Public Health London (ADPHL) was identified as being uniquely placed to provide this urgent, expert support as it combines public health, emergency planning and programme development expertise with an understanding of the pan-London strategic context, as well as links with every London borough. Its members also have pan-London leadership roles in both child obesity and mental health, meaning that its wider work programme aligns with the recovery missions.
- 1.6 ADPHL has provided one of its key contractors to support response work and to develop and programme manage the health recovery missions, from August 2020 until the end of March 2021, at a cost of £46,000. This was judged to be value for money given that it was comparable to the cost of equivalent work commissioned by the health team from other suppliers in recent months and years.
- 1.7 This decision form also requests a related exemption from the requirement of the GLA's Contracts and Funding Code, to commission the above services without procuring competitively. This is on the basis of the urgent and unforeseen nature of the COVID-19 pandemic and the resultant need for immediate support from an organisation able to begin meaningful work at short notice with no need for induction or training. ADPHL was judged to be the only organisation with both the expertise, skills and relationships (as set out in para 1.5), the knowledge of GLA systems and processes, and pre-existing, effective working relationships with senior unit officers. This decision form seeks retrospective permission because of the very challenging context at the time at which the work needed to be commissioned and in the subsequent period. Officers had to make an immediate, urgent, pragmatic local decision to secure additional support in the face of overwhelming and unprecedented pressures as the second wave of COVID-19 escalated rapidly, at the same time as the recovery programme was also gathering pace. These pressures are ongoing.
- 1.8 Retrospective permission is sought to use funding provisionally identified for the London Child Obesity Taskforce (COTF) in MD2688 for this work, funding which was subject to further delegated approval in that MD. This funding has been unused because the work of the Child Obesity Taskforce has by necessity been paused due to a reduction to health team and partner capacity in the face of

COVID-19 response work, and because prolonged school closures have made schools-related projects untenable this year.

- 1.9 Furthermore, there are strong links between the Child Obesity Taskforce objectives and the two health recovery missions, especially the Healthy Food, Healthy Weight mission. As the missions develop, work is ongoing to ensure alignment, including exploring the potential for taskforce projects to test and act as examples of aspects of a healthy food neighbourhood, and drawing on the varied expertise of taskforce members to inform the London recovery programme.
- 1.10 It should be noted that the GLA has an existing Memorandum of Understanding with ADPHL to support a health inequalities project led by three regions in partnership – London, the West Midlands and Greater Manchester. This was approved under MD2406 and is unrelated to this new commission.

2. Objectives and expected outcomes

For the health team's response work:

- 2.1 Review of health team's response work since the start of the pandemic - to make a record of what happened and capture learning.

For the two health recovery missions:

- 2.2 Development and early design of the health recovery missions' respective concepts - healthy food neighbourhoods and wellbeing ambassadors – to provide the basis for a series of stakeholder workshops in November 2020 at which concepts were tested and refined further.
- 2.3 Proposals and agreement for health and care partnership oversight of the health recovery missions, to ensure alignment with the London Health and Care Vision.
- 2.4 Development of initial high-level action plans for both missions - including rationale, principles, objectives and outcomes – for submission to the London Recovery Board.
- 2.5 Development of proposals for more detailed stakeholder engagement on missions, to ensure wide input and insights that reflect Londoners needs.
- 2.6 Support relationship management with mission leads, including regular briefings, to enable leads both to direct the missions' overall development and to feed into the wider recovery programme.
- 2.7 Overall programme management and co-ordination including establishing mission teams and programme plans.

3. Equality comments

- 3.1 Under Section 149 of the Equality Act 2010, as a public authority, the GLA and its subsidiary companies 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 Narrowing social, economic and health inequalities is a key outcome of the London Recovery programme. Recognising and addressing structural inequalities, promoting a fairer, more inclusive London and focusing on supporting the most vulnerable is a key cross cutting principle for recovery. Integrating these principles and outcomes into the development of the health recovery missions from the outset is a key part of this role.

- 3.3 This work aligns with the Mayor's Equality, Diversity & Inclusion Strategy, particularly in relation to the objectives to make London a safe and healthy city. Objective 33 in the EDI Strategy is "to lead, and help coordinate, work to understand and address health inequalities and support at-risk communities to increase their health skills, knowledge and confidence".

4. Other considerations

Risks and issues

- 4.1 There are ongoing capacity challenges within the health team and health and care system partners to support recovery work given pressures of ongoing COVID-19 response work. Commissioning additional support from ADPH will offset this issue to some extent. Work is ongoing to prioritise the health team's work portfolio to ensure adequate resource to support the recovery programme, alongside the development of mission action plans that reflect the current level of resource and capacity across the health and care system.

Links to Mayoral strategies and priorities

- 4.2 The health missions' focus - mental health and wellbeing, tackling child obesity and access to healthy food - are all objectives in the London Health Inequalities Strategy (HIS), which sets out plans to tackle unfair differences in health to make London a healthier, fairer city. Health inequalities are inexplicably linked to other types of inequality. This is because they are most often a direct result of inequalities in other areas of life, i.e. socioeconomic differences. The Strategy outlines key actions to address the socio-economic causes of poor health (social determinants).
- 4.3 The healthy food, healthy weight mission also supports the work of the London Food Strategy and the Child Obesity Taskforce.

Consultations and impact assessments

- 4.4 The development of the health missions was, and continues to be, informed by stakeholder engagement. This includes an initial public engagement process across the recovery missions over summer 2020 and a series of stakeholder workshops focused on the health missions to seek advice and input on the development of the action plans.

Health and safeguarding

- 4.5 The purpose of the health missions is to improve health outcomes and reduce health inequalities – and they will focus particularly on those most affected by the pandemic.

5. Financial comments

- 5.1 Approval is sought for expenditure of up to £46,000 for the commissioning of the Association of Directors of Public Health London to support the development of the health recovery missions, and the health team's response to COVID.
- 5.2 The expenditure will be funded by repurposing budget previously allocated to the 2020-21 'London Child Obesity Taskforce' programme, held within the Health Team.

6. Legal comments

- 6.1 Sections 1 to 2 of this report indicate that the decisions requested of the Assistant Director 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 GLA’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 Assistant Director 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 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, the Mayor should have particular regard to Section 3 (above) of this report.

6.3 Section 4.1 of the Contracts and Funding Code (the ‘Code’) requires the GLA to seek a call-off from a suitable framework, where possible, or if not, undertake a formal tender process which will be managed by TfL in respect of the services. However, the Assistant Director may approve an exemption from this requirement under section 5 of the Code upon certain specified grounds. Officers have indicated at paragraph 1.7 of this report that the ground of urgency applies due to the urgent challenges faced by COVID-19 and that the proposed contracts affords value for money. On this basis the Assistant Director may approve the proposed exemption if satisfied with the content of this report.

6.4 This approval is sought retrospectively, the reasons for which are set out at paragraph 1.7 of this report. Accordingly, the Assistant Director should take account of those reasons in considering whether to approve the recommendations of this report.

6.5 Officers must ensure appropriate contract documentation is put in place between the GLA and ADPHL.

7. Planned delivery approach and next steps

Activity	Timeline
Development of stakeholder engagement plan	March 2021
Review of health team COVID-19 response completed	March 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

If YES, for what reason:

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:

Charlotte Hall has drafted this report in accordance with GLA procedures and confirms the following:

✓

Corporate Investment Board

This decision was agreed by the Corporate Investment Board on 15 February 2021.

ASSISTANT DIRECTOR OF FINANCIAL SERVICES:

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

Signature

Anna Eastcott

Date

16 February 2021