

GREATER LONDON AUTHORITY

REQUEST FOR MAYORAL DECISION – MD2222

Title: Funding for London's Childhood Obesity Taskforce

Executive Summary:

As part of Better Health for London, the Mayor's draft Health Inequalities Strategy, the Mayor is seeking to address health inequalities across the city by tackling childhood obesity. The Mayor will help to reduce childhood obesity through London's Childhood Obesity Taskforce (the 'Taskforce') and in partnership with stakeholders, including Guy's St Thomas's Charity (GSTC). This decision form seeks approval for Greater London Authority (GLA) receipt of income and expenditure in relation to the Taskforce.

Decision:

That the Mayor approves, in relation to London's Childhood Obesity Taskforce:

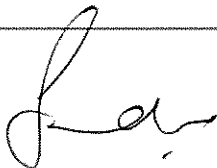
- The receipt of £90,000 from Guy's St Thomas's Charity;
- Expenditure of the same; and
- Expenditure of a further £180,000 in GLA funds.

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:

10/1/17

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

Decision required – supporting report

1. Introduction and background

- 1.1 As part of Better Health for London, the Mayor's draft Health Inequalities Strategy, the Mayor is seeking to address health inequalities across the city by tackling childhood obesity. The Mayor will help to reduce childhood obesity through London's Childhood Obesity Taskforce (the 'Taskforce') and in partnership with stakeholders, including Guy's St Thomas's Charity (GSTC). This decision form seeks approval for Greater London Authority (GLA) receipt of income and expenditure in relation to the Taskforce.

2. Objectives and expected outcomes

- 2.1. The Taskforce aims to deliver an overall reduction in childhood obesity – specifically reducing the inequalities that exist between the richest and poorest communities in London. London's children experience the worst rates for excess weight in the country, with 38% of children overweight or obese by the time they reach secondary school. The proportion of obese children in year six ranges from 3.7% in parts of Richmond to 35.2% in parts of Waltham Forest, reflecting the national fluctuation in England.

- 2.2. Within London, Barking and Dagenham, Newham and Southwark had the highest number of areas with a significantly higher percentage of obese children in year six than the rest of England, with only three London boroughs (City of London, Kingston and Richmond) with significantly lower rates of obese children in year six compared with the rest of England.

- 2.3. The activity of the Taskforce is likely to be focused on four key areas of delivery:

Early Years: examples of programme activity could include supporting parents through their first 1,000 days and supporting mothers to initiate and sustain breastfeeding as part of the Mayor's Healthy Early Years London programme.

Food environment: examples of programme activity could include a retail focused approach to developing a healthy food environment, ensuring London's demand for healthy, convenient and accessible food can be met, testing out whole systems approach to the food environment and implementing relevant aspects of London's health devolution package.

Physical activity: examples of programme activity include supporting Transport for London's 20 minutes per day physical activity target and increasing physical activity in schools through the Mayor's Healthy Schools London programme.

International and innovation: the aim is to tie together activity across London, ensuring activity is co-ordinated and focused on reducing inequality, celebrating success and highlighting impact across London, testing out whole-system approaches and creating an effective international peer support network with other cities such as Amsterdam and New York.

- 2.4 Outcomes from the Taskforce's activities are likely to be:

- Everyday decisions by business and public bodies supporting childhood obesity reduction;
- Healthier food orders are routinely made by takeaway businesses for their customers;
- Londoners make healthier choices in how they move around the city and in how they eat; and
- Breastfeeding is normalised in public spaces.

2.5 Impacts from the Taskforce’s activities could include:

- Reduced calorie consumption outside of the home and on high streets;
- More healthy food choices in London’s food market; and
- A reduction in childhood obesity across London and in the inequality that currently exists.

2.6 The signing of the MOU with GSTC, together with the GLA’s funding, will enable the Taskforce to exist, function professionally and discharge its duties effectively. The Taskforce and its staff will be hosted and employed by the GLA from its budget of £270,000 across the 2018/19 and 2019/20 financial years. The attached MOU contains further information.

3. Equality comments

3.1. The Taskforce is framed not only around reducing childhood obesity as a whole across the city but with a focus on closing the inequality within childhood obesity rates that exists.

3.2. Groups who the Taskforce would be looking to target include those from the most deprived backgrounds, where in London there is almost a 20% difference between most and least deprived children in year six. The boroughs with the highest rates include Barking & Dagenham, Southwark, Greenwich, Newham and Tower Hamlets.

3.3. We can also see that in London, Black ethnicity groups have the highest proportion of excess weight whereas those from Asian, Indian and Chinese groups have lower prevalence. However, in terms of *numbers* of children, the largest groups in London with excess weight are Black African and white British children. Across all ethnicities boys have higher rates of being overweight and obese than girls.

3.4. Fundamental to the remit of the Taskforce will be to understand better what is driving inequality across these groups and continue to refocus activity across the city to reduce the gap between them.

3.5. The GLA has given due regard to its duty in respect of section 149 of the Equality Act 2010.

4. Other considerations

a) Key risks and issues

A risk register is in place and will continue to evolve. Key risks and issues identified specifically with signing of this MOU include:

Risk	Issue created	Impact	Mitigating action
No reduction in childhood obesity and health inequality as outlined in the Health Inequalities Strategy	Reputational risk to the organisation	Rates of childhood obesity between the richest and poorest children in London continue to widen.	GLA officers to ensure that the Taskforce functions well by working with key stakeholders and, as part of that, that the MOU is fully implemented
Delays in signing the MOU	Delays in launching the Taskforce	Should the GLA delay in signing the MOU, it risks incurring programme delays which might lead of reputational damage with partners.	Ensure satisfactory confidence from internal and external GLA stakeholders that allows for signing of the MOU.

b) *Links to Mayoral strategies and priorities*

There are a variety of ways this decision form links to strategies and priorities:

Manifesto commitment to tackle childhood obesity:

"I will be a Mayor who takes action to improve public health and tackle health inequalities in London. The current Mayor has neglected this crucial area, despite the spreading of diseases that we once thought were eradicated here such as...the alarming growth in childhood obesity. I won't duck the difficult decisions necessary to improve the health of all Londoners."

"Develop a comprehensive public health strategy, focused around the promotion of active lifestyles...and tackling childhood obesity, including through challenging the spread of fast food shops in areas close to schools."

London's Healthy Inequalities Strategy:

- In the Health Inequalities Strategy consultation, Londoners called on the Mayor to take action on childhood obesity more than any other issue.
- A key objective of the Health Inequalities Strategy (objective 5.1) is that "childhood obesity falls and there is a reduction in the gap between the boroughs with the highest and lowest rates of child obesity" It is also the key objective the Healthy Habits chapter.
- In the Health Inequalities Strategy the Mayor also personally committed to:
 - "... show[ing] leadership on this issue by convening and leading London-wide action to reduce child obesity."
 - "...investigate[ing] the introduction of a policy in the new London Plan which seeks to limit the development of new hot food takeaways around schools
 - "...work[ing] with partners towards a reduction in childhood obesity rates and a reduction in the gap between the boroughs with the highest and lowest rates of child obesity."
 - "The Mayor will work in partnership across London to roll-out the priorities of his new London Food Strategy."

c) *Impact assessments and consultations.*

The Mayor's role on taking a leading and convening role, including the concept of London's Childhood Obesity Taskforce, has been extensively consulted on through the Better Health for London: London's draft Health Inequalities Strategy consultation which closed on 30 November 2017.

5. Financial comments

- 5.1 Approval is sought for the GLA to receive and spend £90,000 from Guy's St Thomas Charity (GSTC).
- 5.2 Approval is also sought for a further £180,000 in GLA expenditure over 2018-19 and 2019-20. The £180,000 comprises:
- Two years of a 0.5 FTE grade 10 which amounts to £66,000 and which is to be funded from existing health team budgets;
 - Two years of a 1.0 FTE grade 7 which amounts to £98,000 and which is to be funded from existing health team budgets; and
 - £16,000 to be spent on non-pay costs such as events, commissioning work and website development and which is to be funded from the Healthy Schools London budget.

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, the Mayor should have particular regard to section 3 (above) of this report.
- 6.3. Officers must ensure that they are content that the GLA can comply with any conditions to which the proposed GSTC funding is subject and in any event no reliance should be placed upon such funding until there is a legally binding commitment from GSTC to provide the same.
- 6.4. Officers must ensure that appropriate contract documentation is put in place before the commencement of any services in relation to the funding, particularly in relation all costs associated with running the Taskforce.

7. Planned delivery approach and next steps

Activity	Timeline
Announcement:	March 2018
Delivery Start Date:	First board meeting March 2018
Delivery End Date:	March 2020
Project Closure:	N/A

Appendices and supporting papers: MOU attached

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~~ YES

4 May 2018

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:

Matt Creamer has drafted this report in accordance with GLA procedures and confirms the following:

✓

Sponsoring Director:

Jeff Jacobs has reviewed the request and is satisfied it is correct and consistent with the Mayor's plans and priorities.

✓

Mayoral Adviser:

Nick Bowes 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 8 January 2018.

EXECUTIVE DIRECTOR, RESOURCES:

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

Signature M. J. Ollce

Date 8.1.18

CHIEF OF STAFF:

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

Signature D. Bellamy

Date 8/1/2018.