GREATER LONDON AUTHORITY

REQUEST FOR ASSISTANT DIRECTOR DECISION - ADD310

Title: External 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. The programme incentivises London schools to adopt a whole-school approach to improving health and provides them with a framework for their activity with pupils, staff and the wider community. Since the programme first launched in April 2013, it has gained investment from 29 boroughs and more than 60% of London schools. Due to its success, though, the programme's delivery has surpassed the capacity of the existing HSL delivery team. For this reason, the health team is seeking to allocate £26,000 of the programme's existing budget to procure external consultancy to:

- Support verification of HSL Gold and Silver award applications
- Support delivery of trainings and capacity building amongst schools and HSL borough leads.
- Support overall delivery of the HSL programme.

Decision:

That the Assistant Director approves expenditure of up to £26,000 from the 2015-16 programme budget for the Healthy Schools London Programme to procure external support for the programme delivery to March 2016.

AUTHORISING ASSISTANT DIRECTOR/HEAD OF UNIT:

Amardo Cople

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 Covie

Position: Assistant Director of Health &

Communities

Signature:

ate: 21 May 2015

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 theirs 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). 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), 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, more than 60% of London schools have engaged with it, over 500 schools have earned a Bronze Award and more than 100 schools have earned a Silver.
- 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 expert delivery support. Up to £26,000 would be used to procure external delivery support.

2. Objectives and expected outcomes

- 2.1 The objectives of the programme are as follows:
 - Improved ability to deliver HSL programme across London
 - Increase in the number of London schools earning HSL Bronze, Silver and Gold awards
 - Increase in the number of trainings offered to build capacity amongst London schools and HSL Borough Leads
 - Improved health behaviours amongst pupils attending schools engaged in the HSL programme

¹ 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/m2). 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
Failure to continue delivering the HSL programme To date, more than 60% of London schools have engaged with it and over 500 schools have earned an HSL award. The programme has become so successful that it has surpassed the existing core team's delivery capacity. Without further delivery support, the GLA will be unable to meet current and future needs for delivery, particularly the verification of HSL awards. This will result in schools failing to receive awards for the work they submit.	Impact: High Likelihood: High	Reallocation of underspend from existing programme budget in order to procure expert support to increase team's delivery capacity.
Reduction in quality and rigour of the programme negatively impacting ongoing HSL evaluation Without increased capacity, the current team will not be able to devote sufficient time to existing applications and overall programme delivery. This will have a negative impact on the programme's clinical efficacy, which could potential	Impact: Medium Likelihood: Medium	Reallocation of underspend from existing programme budget in order to procure expert support to increase team's delivery capacity.

result in a poor outcome to the		
programme's ongoing evaluation.		

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, headteachers, 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 The proposed expenditure of up to £26,000 on the procurement of external support to deliver the Healthy Schools London Programme during the 2015-16 financial- year will be funded from the Obesity Programme budget held within the Health & Communities Unit.
- Any changes to this proposal, including budgetary implications will be subject to further approval via the Authority's decision-making process. All appropriate budget adjustments will be made.
- 5.3 The Health Team within the Communities & Intelligence Directorate will be responsible for managing the proposed contract and ensuring that all expenditure adheres to the Authority's Financial Regulations, Contracts & Funding Code and Expenses & Benefits Framework.

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:

Activity	Timeline
Tender published	May 2015
Closing date for tender response	June 2015
Shortlisting and interviews	July 2015
Appointment	July 2015
Delivery begins	July 2015
Delivery end	March 2016

Appendices and supporting papers: None

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 <u>or</u> 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 (\checkmark)

Drafting officer:

David Beyt has drafted this report in accordance with GLA procedures and confirms that the <u>Finance and Legal</u> teams have commented on this proposal as required, and this decision reflects their comments.

√

HEAD OF GOVERNANCE AND RESILIENCE:

Mi-1 6

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

Signature:

Date:

71-05.15

