

GREATER LONDON AUTHORITY

REQUEST FOR ASSISTANT DIRECTOR DECISION – ADD377

Title: Provision of media & communications support for the London Healthy Workplace Charter (LHWC)

Executive Summary:

This decision seeks approval for expenditure of up to £40,000 to assist with increasing the effectiveness of engagement of the London Healthy Workplace Charter in order to achieve the Mayoral target of 250 employers accredited and 1000 signed up by March 2017.

Approval for the upscaling of the London Healthy Workplace Charter was given previously under MD1495.

Decision:

That the Assistant Director approves:

Expenditure of up to £40,000 for marketing activities between January and November 2016 to raise the profile of the London Healthy Workplace Charter amongst London's employers and enable them to take action. Specifically:

- Expenditure of up to £20,000 for the procurement and appointment of an external media consultancy to assist with increasing the effectiveness of engagement of the Charter amongst London's business community and to deliver some specific activities to support this
- Expenditure of up to £20,000 to fund other marketing activities recommended by the media consultancy and the GLA marketing team

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 Health and Communities

Signature:



Date: 15-1-2016.

PART I - NON-CONFIDENTIAL FACTS AND ADVICE

Decision required – supporting report

1. Introduction and background

- 1.1 The London Healthy Workplace Charter (LHWC) was launched in 2012 and is a structured framework designed to recognise and support business investment in staff health and wellbeing. Approval was given to upscale the programme under MD1495 which approved an investment of £250,000 in the programme over two years from 2015-2017.
- 1.2 The Charter is centrally coordinated by the GLA and delivered in collaboration with PHE England - London. Borough workplace health leads in 25 boroughs support organisations through the Charter journey and a team of expert volunteer verifiers take each organisation through the verification process.
- 1.3 The following targets were agreed by IPB:
 - 250 employers accredited against the Charter standards by March 2017.
 - 1000 employers signed up to the Charter by March 2017.
- 1.4 The LHWC is currently promoted via a number of means:
 - Workplace health leads' marketing activities in 25 London boroughs
 - The Charter advisory group's business contacts
 - Business contacts in internal GLA teams including EPBU, Team London
 - Employer champions
 - The Charter's business sponsors
 - Our own network of business contacts and business influencers
- 1.5 We now need to intensify and broaden our marketing activities in order to reach businesses that are outside our current network. We are particularly interested in businesses employing large numbers of low paid workers, in order to help address health inequalities issues. We are also interested in better targeting of SMEs, who have limited time and resource in comparison to larger organisations to commit to the Charter.
- 1.6 We are therefore proposing to spend up to £40,000 between January and November 2016 on the following activities:
 - Those recommended by the GLA press team – for example, using case studies to generate interest across regional news and looking to tie in any announcements on health from the Mayor to the Charter.
 - Those recommended through the GLA marketing team – for a concentrated piece of work targeting businesses through email and LinkedIn. There would be an associated cost.
 - Through external media consultancy support. They would:
 - review our current marketing activities and the programme's assets
 - make costed recommendations for effective and innovative solutions to engage with our audience
 - deliver some of these solutions directly
 - provide training to borough workplace health leads to enable them to fulfil their role in promoting the charter more effectively

The cost of this external media consultancy support would be up to £20,000 of the £40,000 total.

- Through innovative marketing solutions proposed by the media consultancy

2. Objectives and expected outcomes

- Increase brand recognition of the LHWC brand across London's businesses.
- Raise awareness across press including trade press of the LHWC.
- Ensure the LHWC is making the best use of its assets (including sponsors, workplace health leads, the Mayor)
- Increase the number of sign-ups and accreditations to meet IPB targets.

3. Equality comments

- 3.1 The LHWC is an important tool in delivery of the Mayor's Health Inequalities Strategy, specifically Objective 4: Health, work and wellbeing, which commits the Mayor to:
- "invest in health at work, promoting equalities and building both organisational and employee capacity for mental and physical well-being"
 - "promote effective ways to improve retention and in-work support for carers and people living with illness or impairments".
- 3.2 By definition, the LHWC is targeted at people in work. However, by promoting flexible, secure working conditions and good quality jobs, the Charter framework contributes to supporting more people to stay in, or return to, work (including carers and people with long-term health conditions i.e. disabled people).
- 3.3 A Health Inequalities Impact Assessment was carried out on the programme in 2013. This looked at the likely potential impacts on those with protected characteristics and concluded that the programme has beneficial impacts. However it recommended that a number of considerations need to be taken forward, including adequate resourcing of the programme in addition to putting monitoring and evaluation in place.
- 3.4 By focusing on low paid workers, this part of the project will disproportionately benefit BAME people, disabled people, lone parents (usually women), all of whom are named in the Act.

4. Other considerations

a) Risks

Risk description	Assessment	Mitigation / Risk response
PR support will not assist with accreditation/sign ups	Likelihood: Low Impact: Medium	Effective contract management and clear objective setting in specification.
Borough Workplace Leads not able to take up training offer due to capacity issues	Likelihood: Low Impact: Medium	We will consult the borough workplace health leads on their needs and wants before arranging the event and will timetable to suit their objectives and preferences as well as ours.

a) Links to Mayoral strategies and priorities

This work will contribute to the delivery of:

- The Mayor's statutory responsibility to have regard for health and health inequalities
- The Mayor's response to the London Health Commission
- Priorities in the 2020 vision document around health, economic development and transport.
- Support a range of priorities in relation to sustainable employment, food, schools, sport, volunteering and air quality through the encouragement of active travel.

b) Impact assessments and consultations

As stated above, a Health Inequalities Impact Assessment was carried out on the programme in 2013.

The development of the LHWC has been based on extensive stakeholder consultation, involving boroughs' public health and environmental health teams; employers and employer representative networks, expert advisors, the GLA and Public Health England. This has shaped the delivery model and helped to establish the necessary delivery networks. This stakeholder engagement will continue as an integral part of the programme throughout delivery.

5. Financial comments

- 5.1 Approval is being sought for the GLA to contribute £40,000 to assist with increasing the effectiveness of engagement of the London Healthy Workplace Charter in order to achieve the targets detailed within the main body of this report.
- 5.2 The cost of this project is to be funded from the existing London Healthy Workplace Charter budget of £125,000 (MD1495), which has been funded from the 2015-16 and 2016-17 Communities & Intelligence Directorate Minor Programme Budget within the Health and Communities Unit.
- 5.3 Any changes to this proposal, including budgetary implications will be subject to the Authority's decision-making process. All appropriate budget adjustments will be made.

6. Planned delivery approach and next steps

Activity	Timeline
Procurement of contract	January 2016
Announcement	January 2016
Delivery Start Date	February 2016
Final evaluation start and finish (self/external) [delete as applicable]:	October –November 2016
Delivery End Date [for project proposals]	31 November 2016
Project Closure: [for project proposals]	TBC

Appendices and supporting papers:

-Communications Plan 2015-17

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
to confirm the
following (✓)

Drafting officer:

Nathan Winch has drafted this report in accordance with GLA procedures and confirms that the Finance and Legal teams have commented on this proposal as required, and this decision reflects their comments.

✓

HEAD OF GOVERNANCE AND RESILIENCE:

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

Signature:



Date:

15-01-16

