

GREATER LONDON AUTHORITY

REQUEST FOR MAYORAL DECISION – MD2115

Title: Health Team work programme 2017-18

Executive Summary:

This MD seeks approval for delivery of the Health Team's annual work programme for 2017-18, and for two longer-term programmes, the Healthy Young London programme and the London Healthy Workplace Charter, both for 2017-18 to 2019-20; and for associated expenditure.

Decision:

That the Mayor:

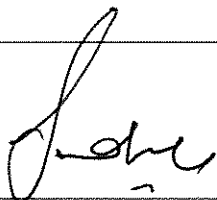
1. approves expenditure of up to £497,000 to deliver the Health Team's annual work programme in 2017-18, as detailed in Table 1;
2. approves expenditure of up to £1.263m spread over the financial years 2017-18, 2018-19 and 2019-20 to deliver the Healthy Young London programme, as detailed in Table 2;
3. approves expenditure of up to £555,000 over the financial years 2017-18, 2018-19 and 2019-20 to deliver the London Healthy Workplace Charter, as detailed in Table 2.

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:

18/11/17

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

Decision required – supporting report

1 Introduction and background

1.1 Overview

- 1.1.1 The Health Team is undertaking a number of activities to develop the Mayor's Health Inequalities Strategy; to enable him to act effectively in his role as Chair of the London Health Board; and to support the NHS and boroughs to improve the mental and physical health of all Londoners and promote their social wellbeing.
- 1.1.2 The Health Team's programme has five aims aligned to the anticipated aims of the forthcoming Health Inequalities Strategy which is due for consultation commencing in summer 2017. They are to ensure that:
 - a. All Londoners benefit from a society, environment and economy that promotes good mental and physical health;
 - b. Londoners have improved mental health;
 - c. Every London child has a healthy start to life;
 - d. The healthy choice is the easy choice for all Londoners;
 - e. London's diverse communities are healthy and resilient.
- 1.1.3 The proposed programme includes funding for the London Health Board that has already been approved under MD 1455; and it extends funding for the London Healthy Workplace Charter agreed under MD 1495, the Healthy Schools London Programme agreed under MD 1151 and MD 1551, the Healthy Early Years pilot agreed under DD 2023 and the London Health and Care Devolution programme agreed under MD 1619.

1.2 Evidence

- 1.2.1 London has among the widest health inequalities in England with a difference in healthy life expectancy across the city of more than 15 years for men and almost 19 years for women. This means that Londoners in some parts of the city are spending long periods in ill-health as well as dying early from preventable diseases.
- 1.2.2 Most studies suggest that health care accounts for less than half of differences in people's overall health. Social, environmental and economic factors, known as 'the wider determinants' are understood to have a larger influence overall, and the team programme is based on a comprehensive approach which addresses this range of factors over the full length of the Mayoral term.
 - Mental health: The social and economic costs of mental ill health to London are significant. 1 in 4 people experience mental ill health at any given time. The cost of not acting early to prevent or provide people with appropriate care for mental ill health impacts across the entire public and is significantly damaging to London's economy. An economic analysis by the Greater London Authority in 2014 (London mental health: the invisible cost of mental health) showed that the financial cost of mental ill health to London amounts to over £26 billion each year, including the quality of life reductions, public expenditure, economic costs related to informal caring, crime, as well as output losses due to worklessness, sickness absence and reduced productivity. Research from the Time to Change campaign which aims to reduce stigma of mental ill-health has shown that since 2008/9 attitudes towards mental health in the London area are less positive than in other areas of the country, but have also improved more quickly during the period Time to Change has been active, suggesting that action can be effective in tackling mental health stigma.

- 1.2.3 Children: A full and detailed epidemiological review of the health needs of London's children has been carried out by the GLA in partnership with key stakeholders. The learning environment is a captive setting for children and young people, families and staff and international evidence shows that focusing on this environment is an effective way to change attitudes and behaviours. However, evidence also shows that simply focusing in on one aspect of what contributes to a healthy lifestyle, such as nutrition or physical activity, can have a limited effect. A 'whole systems, whole settings' approach is required, including interventions across a spectrum including healthy eating and food, physical activity and active travel, and emotional wellbeing and resilience. The programme has been developed based on this evidence.
- 1.2.4 Healthy choices and healthy work: If you are in employment you can expect to live for longer, have better general well-being and be in better physical and mental health. Research into thousands of small geographical communities across England has shown that for every 10 per cent increase in employment deprivation (those involuntarily unemployed), life expectancy reduces by almost a year. In other words the communities with the highest rate of involuntary unemployment have a life expectancy that is almost nine years lower than areas with the lowest rate. There are also clear business benefits of a healthy workforce: happy workers are 12% more productive on average with unhappy workers being 10% less productive; and physically active workers take 27% fewer sick days than their non-physically active colleagues.

1.3 Links to Mayoral policies and strategies

- 1.3.1 The programme is directly related to delivery of the Mayor's Health Inequalities Strategy, a statutory duty under the GLA Act 1999.
- 1.3.2 It is directly linked to the delivery of the Mayor's policy commitments to:
- Champion and scrutinise London's NHS;
 - Get to grips with health inequality in London;
 - Promote active lifestyles, support those who want to shake off lifestyle risks and tackle childhood obesity;
 - Renew focus on HIV prevention;
 - Break down the stigma of mental illness and coordinate efforts to reduce the number of people who take their own lives.
- 1.3.3 In addition, elements of the health programme will support delivery of other statutory and non-statutory strategies and programmes, including:
- The Mayor's Transport Strategy;
 - The Economic Development Strategy;
 - The Environment Strategy;
 - The Housing Strategy;
 - The London Plan;
 - The Food Strategy;
 - The Sport programme.

2 Objectives and expected outcomes

2.1 Key deliverables

2.1.1 The outputs for the programme will be:

- System leadership
 - Memorandum of Understanding for devolution of health and care powers to the London system, and development of associated governance models
 - Four meetings of the London Health Board and annual conference and report
 - Development of an Mayoral position on NHS Sustainability and Transformation Plans

- All Londoners benefit from a society, environment and economy that promotes good mental and physical health
 - Publication of a new health inequalities strategy for London
 - Expert public health input to the Mayor's Transport Strategy, London Plan and Air Quality Implementation Group
- That Londoners have improved mental health
 - Campaigns to reduce the stigma associated with mental ill health and increase awareness about mental health
 - A significant scoping exercise to identify collaborative action where there is a case for delivery at a citywide geography
 - Mental health literacy training
- Every London child has a healthy start to life
 - Development and further roll-out of the schools component of the Healthy Young London awards scheme, as year one of a programme to reach 80% of London schools and accredit 1,000 by 2020
 - Pilot, evaluation and full launch of a new early years component of the Healthy Young London awards scheme, as year one of a programme aiming to reach 40% of London's early years settings by 2020
- The healthy choice is the easy choice for all Londoners
 - Further development and roll-out of the London Healthy Workplace Charter as year one of a programme aiming to reach 750,000 Londoners by 2020
 - Support for an annual campaign to reduce harmful binge drinking
- London's diverse communities are healthy and resilient
 - A scoping exercise to understand how best the GLA can support good health through community based approaches

2.2 Outcomes

2.2.1 The programme is designed to contribute to improvements in the following key outcomes:

- Healthy life expectancy;
- Child obesity;
- Wellbeing.

Table 1: annual work programme

Activity	Overall cost in 17-18 (£000)	Indicative cost in 18-19 (£000)	Indicative cost in 19-20 (£000)
<p>System leadership: NHS Liaison</p> <p>The NHS liaison programme provides regular monitoring of NHS plans and announcements, analyses NHS plans, briefs the Mayor's office on key forthcoming health policy issues, and coordinates a programme of meetings and events which ensure the Mayor can advocate for the best outcomes for Londoners. The programme will be guided by the findings of an independent report on NHS plans, which was commissioned from the King's Fund in 2017.</p> <p><u>Decision required</u></p> <ul style="list-style-type: none"> • To authorise expenditure of up to £33,000 for this function in 2017-18. 	33	100	100

<p>System leadership: London Health Board The London Health Board secretariat supports the four annual Board meetings and delivers an annual partnership event and report to disseminate and build on key achievements and mark progress towards delivery of the ten Better Health for London ambitions. In 2017-18 it will also support establishment of the Thrive London mental health programme.</p> <p><u>Expenditure of £50,000 has already been agreed under MD 1455.</u></p>	50	50	50
<p>System leadership: London Health and Care Devolution Programme The London Health and Care Devolution Programme is a partnership working together to develop devolved delivery arrangements following the intended MOU with Government to devolve responsibilities. Subject to partner approval processes, the GLA's contribution of £150,000 will be pooled with contributions from London Councils, NHS England, London CCGs and PHE London and will be part of a wider collaborative funding for pan-London health and care.</p> <p><u>Decision required:</u></p> <ul style="list-style-type: none"> to authorise a contribution of up to £150,000 to the devolution programme. 	150	150	150
<p>System leadership; healthy communities: Health Inequalities Strategy development and delivery The London Health Inequalities Strategy is due for consultation commencing in summer 2017, and will provide the strategic framework for the team's ongoing work programme for the remainder of the Mayoral term. Funding in 2017-18 is earmarked for strategy development and consultation costs, with £50,000 set aside for consultation-related activities including evidence review and design and development to create strategy drafts (£10,000), engagement events (£15,000), analysis of consultation responses (£15,000) and awareness-raising activity related to proposed strategy priorities (£10,000).</p> <p>A further £20,000 has been set aside for a scoping exercise to understand how best the GLA can support community development approaches to health. Planned growth in 2018-19 and beyond is intended to support this work and external income may be sought to supplement Mayoral investment.</p> <p><u>Decision required:</u></p> <ul style="list-style-type: none"> To authorise expenditure of up to £70,000 on development of the health inequalities strategy. 	70	270	370
<p>Society, environment, economy: Health in all policies The health in all policies programme provides specialist public health expertise to key Mayoral programmes including the Mayor's Transport Strategy and Transport for London's Health Action Plan, and the London Plan, as well as specialist support for cross-cutting work to support other teams to understand the health inequalities</p>	86	86	86

<p>impact of their work .</p> <p><u>Decision required:</u></p> <ul style="list-style-type: none"> to authorise up to £86,000 investment in specialist staffing to support consideration of health equity in the Mayor's statutory strategies. 			
<p>Mental health</p> <p>The Thrive London mental health programme is led through the London Health Board and will deliver campaign activity to reduce the stigma associated with mental ill-health and to improve awareness of mental health issues among Londoners. It will also provide a focal point for London-wide activity which improves mental health outcomes, such as a coordinated vision to reduce suicides. Early consultation on the programme will be launched in summer 2017.</p> <p>The GLA's mental health investment of £80,000 plus staff time in 2017-18 will go towards support in kind for the programme, mental health literacy training (£20,000), support for mental health in SMEs (£30,000) and recruitment of community mental health champions linked to the national Time to Change campaign (£30,000). Additional external income may be sought to supplement Mayoral investment.</p> <p><u>Decision required:</u></p> <ul style="list-style-type: none"> to authorise expenditure of up to £80,000 to support the Thrive London mental health programme. 	80	350	350
<p>Healthy choices: drugs, alcohol and tobacco</p> <p>Funding is allocated to deliver policy expertise on drugs, alcohol and tobacco and for the GLA's contribution to the 2017 successor to the London Ambulance Service's Eat, Drink and Be Safe campaign aiming to reduce the impact of harmful binge drinking on Londoners and on emergency services.</p> <p><u>Decision required:</u></p> <ul style="list-style-type: none"> to authorise expenditure of up to £28,000 	28	28	28
TOTAL	497	1034	1134

Table 2: longer-term programmes

The Healthy Young London and Healthy Workplace Charter programmes are long-term programmes and require investment over three years. This is because:

- These programmes have been designed to be delivered over multiple years, with development phases during year one (ie Healthy Young London early years pilot, branding and website development and Healthy Workplace Charter rescoping for low pay sectors) and full implementation planned for later years in order to achieve ambitions by 2020;
- The success of the programmes is dependent on partnership with the NHS, London boroughs, businesses, schools and early years' settings. These programmes leverage considerable system wide investment and partners need to plan ahead and will be unable to confirm their involvement and investment for future years without a corresponding commitment from the GLA beyond the current financial year.

Activity	Cost in 17-18 (£000)	Cost in 18-19 (£000)	Cost in 19-20 (£000)
<p>Healthy start: Healthy Young London</p> <p>Healthy Young London is a comprehensive new Mayor of London programme and awards scheme for schools and early years' settings. It will follow London's children through their learning environments as they grow up. Healthy Young London will be open to all of London's 13,000+ nurseries, playgroups, children centres, crèche, and childminders and all 2,500 primary, secondary and special schools. It will improve the health and wellbeing of London's children and to reduce health inequalities by creating environments which support a healthy start to life in everything children do.</p> <p>It will combine a new Healthy Early Years programme with the existing successful Healthy Schools London to create a single brand identity of Healthy Young London. By 2020, the programme will reach 80% of schools and 40% of early years' settings. Additional external income may be sought to supplement Mayoral investment.</p> <p><u>Decision required:</u></p> <ul style="list-style-type: none"> • to authorise expenditure of up to £328,000 in 2017-18, £445,000 in 2018-19 and £490,000 in 2019-20 to deliver the programme. • to authorise the allocation of a one-off £79,920 external investment from the London Health Improvement Board including contributions towards programme start-up costs including branding, web and app development. This is additional to the investment of £40,080 from the same source agreed under DD2023. 	328	445	490
<p>Healthy choices: London Healthy Workplace Charter</p> <p>The Mayors London Healthy Workplace Charter (LHWC) is a voluntary employer accreditation process that supports and rewards employers for investing in workplace health and wellbeing, providing a series of standards for workplaces to meet in order to guide them into creating a healthier workplace. The programme aims to reach 750,000 employees by 2020. Additional external income may be sought to supplement Mayoral investment.</p>	130	175	250

Decision required:			
<ul style="list-style-type: none"> to authorise expenditure of up to £130,000 in 2017-18, £175,000 in 2018-19 and £250,000 in 2019-20 			
TOTAL	458	620	740

3 Equality comments

- 3.1 An Integrated Impact Assessment, which includes Equalities Impact Assessment within its scope, is being conducted as part of the development of the Health Inequalities Strategy. This will identify major positive and negative impacts of the programme for groups protected under the Equality Act 2010 and propose ways to strengthen benefits and mitigate negative impacts, as well as identify issues concerning the four cross-cutting themes under the GLA Act 1999.
- 3.2 Impact assessments have also been carried out on the other main elements of the programme, including:
- 3.3 Healthy Young London: The new Healthy Young London programme is a universal offer, but aims to target those areas of London with high levels of child poverty and ingrained health inequalities. Evaluation of Healthy Schools London (September 2016) has shown that schools in areas with low socio-economic status (SES) are more likely to be enrolled in the programme than schools in high SES areas. The prospective health and health inequalities impact assessment of the early years elements of the programme suggests that it should have a positive effect on health inequalities. However, careful consideration needs to be given to the support available, to settings and childminders who participate in the early years programme. Take up of the programme will need to be monitored to ensure it is being taken up equitably across London, in particular in areas with a higher level of deprivation or where more of the population is from an ethnic minority group.
- 3.4 Healthy Workplace Charter: In London in 2015 the employment rate for the white ethnicity group was 78.3 per cent compared with 65.1 per cent for all ethnic minorities. The employment rate for disabled people was 50.1 per cent, compared with 77.4 per cent for non-disabled people. These groups are also likely to experience poorer health and shorter life expectancy, resulting in significant, unacceptable health inequalities between Londoners. 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. A focus on the low paid sectors will also help to support those with protected characteristics. Successful delivery of the outcomes would depend on increased promotional activities, including through the Mayor's proposed business compact.
- 3.5 Thrive London mental health programme: The Thrive London programme is still in development, so an equalities impact assessment has not yet been conducted, but is based on a principle of proportionate universalism, meaning that it will seek to improve the mental health of the whole population, while recognising that some people have greater needs and need proportionately greater support. Development of the programme has included extensive engagement with a wide range of organisations representing groups with protected characteristics and people who have experienced mental health problems.

4. Other considerations

Major risks and issues

Risk assessments have been conducted for each element of the programme. The biggest cross-cutting risks identified are as follows.

Risk	Mitigation
Failure to secure wide partner buy-in and commitments to maximise the reach and impact of the Health Inequalities Strategy	<ul style="list-style-type: none"> • Partnership approach to priority setting and clearance of priorities through the London Health Board • Full consultation with Londoners and other stakeholders over three months, followed by ongoing engagement for implementation
Uncertainty in local government funding leading to disinvestment at borough level undermining delivery of Mayoral programmes	<ul style="list-style-type: none"> • Close partnership working with boroughs • Streamlining programme requirements • Ensuring borough engagement with health inequalities strategy and programmes as priorities within the consultation • Comprehensive evaluation to demonstrate impact and make the case for ongoing investment

Links to Mayoral strategies and priorities

The health team programme is designed to fulfil of the Mayor's manifesto commitments to be a champion for health in the city and to improve public health, and to meet statutory duties to develop a health inequalities strategy.

Impact Assessments and consultations

Impact Assessments have been conducted on the key elements of the programme, as detailed above. Consultation with Londoners and stakeholders on the Health Inequalities Strategy will take place in summer 2017.

5. Financial comments

5.1 Approval is being sought for the following:

- 5.1.1 Expenditure of up to £497,000 for the Health Team's annual work programmes;
- 5.1.2 Expenditure of up to £1.263m on the Healthy Young London Programme, with costs incurred over 3 financial years in 2017-18 (£328k), 2018-19 (£445k), and 2019-20 (£490k); and
- 5.1.3 Expenditure of up to £555,000 for delivery of the London Healthy Charter Programme, with costs incurred over 3 financial years in 2017-18 (£130k), 2018-19 (£175k), and 2019-20 (£250k).

5.2 The 2017-18 costs will be funded from the Health's Team budget for 2017-18 which is held within the Health and Communities Unit. Future years' budgets are indicative and still subject to the GLA's annual budget setting process.

6. Legal comments

6.1 The foregoing sections of this report indicate that:

- 6.1.1 the decisions requested of the Mayor concern the exercise of the GLA's general powers under section 30 of the GLA Act 1999 and the duty to prepare a health inequality strategy under section 41. As such the proposed activities fall within the statutory powers of the GLA to do such things as

may be considered to further, and or be facilitative of or conducive or incidental to the discharge of the GLA's principal purposes, in particular in manner which promotes the improvement of health of persons in Greater London; and

6.1.2 in formulating the proposals in respect of which a decision is sought officers will or have complied with the GLA's related statutory duties to:

- (a) pay due regard to the principle that there should be equality of opportunity for all people;
- (b) 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
- (c) 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 Should the Mayor be minded to make the decisions sought Officers must ensure that:

6.3.1 any services required for delivery of the project is procured by Transport for London Procurement who will determine the detail of the procurement strategy to be adopted in accordance with the GLA's Contracts and Funding Code and appropriate contract documentation is put in place and executed by the successful bidder(s) and the GLA before the commencement of the services; and

6.3.2 to the extent that it is proposed that any expenditure takes the form of grant funding, such funding is disbursed in a fair and transparent manner in accordance with the requirements of the GLA's Contracts and Funding Code and appropriate funding agreements are put in place and executed by the proposed recipients and the GLA before any commitment is made to the award of such funding; and

6.3.3 they do not place any reliance upon any sponsorship or other third party funding before a legally binding commitment is in place for the provision of the same.

7. Planned delivery approach and next steps

Activity	Timeline
Launch of independent report on NHS plans	Q1
Launch of Thrive London	Q1
Launch of Healthy Young London early years pilot	Q1
Appointment of Healthy Workplace Charter delivery partner	Q1
Launch of consultation on Health Inequalities Strategy	Q2
Public health campaign	Q2
Launch of final Health Inequalities Strategy	Q3/4
Launch of full Healthy Young London programme	Q4

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:

Emily Humphreys 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:

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 May 2017.

EXECUTIVE DIRECTOR, RESOURCES:

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

Signature

Date

Tom MIDDLETON on BEHALF OF MARTIN CLARKE

15.05.17

CHIEF OF STAFF:

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

Signature

Date

D. Bellamy

15/5/2017

