

GREATER LONDON AUTHORITY

REQUEST FOR DIRECTOR DECISION – DD1246

Title: Healthy Schools London Evaluation

Executive Summary:

The Healthy Schools London (HSL) programme, funded under MD1151, represents the Mayor's contribution to joined-up work across London's public health system to tackle obesity in the capital. It is a highly visible programme that demonstrates leadership from the Mayor on a key health issue and helps to ensure London's future population is fit to work by enabling and supporting schools to provide a healthy environment for their pupils.

The NIHR-CLAHRC North Thames (CLAHRC) is currently conducting a 5-year evaluation of obesity interventions and, as part of this, has offered to include the HSL programme in its list of evaluated programmes and the GLA has agreed to make a funding contribution to the CLAHRC overall evaluation. An evaluation of the HSL Programme will encourage increased uptake amongst London schools, provide expert input on improving the programme and deliver compelling evidence in the ongoing work to secure sustainable, external funding.

Decision:

The Director to approve:

1. The expenditure of up to £55,000 to Barts Health NHS Trust of the Royal London Hospital (the legal entity of the CLAHRC) over two years (£35,000 in 2014-15 and £20,000 2015-16); and
2. the provision of in kind support through GLA staff time as set out in the appendices, up to the value of £30,000 over a six year period from 2013-14 to 2018-19.

AUTHORISING DIRECTOR

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: Jeff Jacobs

Position: Head of Paid Service

Signature:



Date: 1 AUG 2014

PART I - NON-CONFIDENTIAL FACTS AND ADVICE

Decision required – supporting report

1. Introduction and background

Background on Healthy Schools London

The GLA's Healthy Schools London (HSL) £600,000 programme is currently approved through MD1151, with £200,000 per annum from 2013/14 through to 2015/16 and is part of a wider Obesity programme (totalling £870,000 over those three years).

The HSL programme is based on a proven methodology by which schools can become healthier places for children. Evaluation of similar programmes has shown improved food provision in schools, higher levels of PE participation and reduced absence rates. These outcomes contribute to improved attention and attendance, thus improving attainment.

However, the HSL programme has not yet been evaluated. A programme-specific evaluation is essential for obtaining ongoing, sustainable funding, such as sponsorship from the commercial sector or mainstreaming of the activity within the London boroughs as envisaged in MD1151. It will also improve uptake. Furthermore, the evaluation programme being carried out by the CLAHRC will be both an impact and process evaluation. This means that not only will it evidence impact, it will also analyse the programme and deliver guidance for improving delivery. Improving the HSL programme will further support uptake and attractiveness to potential funders.

The CLAHRC is undertaking a series of evaluations of several obesity interventions over the next five years, but the evaluation of HSL specifically will only last until 2016, in line with the GLA funding.

The evaluation report will be received immediately following the conclusion of the HSL-specific evaluation, i.e. early 2016. Because this would be too late to leverage it to seek future funding for the programme, the evaluators have agreed to provide an interim report in early 2015 for this purpose. The interim report is expected to contain the results of the quantitative survey, which would give the better indicator of the programme's impact. The qualitative work will follow during the 2015 calendar year. The evaluation report will be available to the public as part of the CLAHRC's overall 5 year evaluation of obesity interventions.

Explanation of NIHR-CLAHRCs

NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) are collaborative partnerships between a university and surrounding NHS organisations, focused on improving patient outcomes through the conduct and application of applied health research. They create and embed approaches to research and its dissemination that are specifically designed to take account of the way that health care is increasingly delivered across sectors and a wide geographical area.

Background on the Relationship between the GLA and the NIHR-CLAHRC North Thames

The GLA was approached by the CLAHRC as the CLAHRC was developing a multi-year evaluation of obesity interventions for research purposes and wanted to include the HSL programme, in addition to receiving grant funding for the overall project. The GLA funding (delineated in the Appendix) consists of:

- A financial commitment to the Children and Adolescents' health theme of the CLAHRC of £90,000 over a period of three years (2013/14-2015/16). £60,000 of this is to be contributed in cash. £30,000 is to be delivered in in-kind support to the CLAHRC. This includes the amounts in the current approval as well as £5,000 towards the evaluation, which was approved on the 4th October 2013 via a Delegated Authority Record.

- As part of this in-kind support, the GLA's Head of Health, Dr Helen Walters, will sit on the CLAHRC's Management Board, equating to £1,400 a year over 6 years – totalling £7,000.
- Also part of this in-kind support is a commitment to partnership working with colleagues in the CLAHRC with both sides working to ensure the evaluation is scientifically robust; supports the ongoing improvement of HSL delivery and engagement with stakeholders; and crucially understands obesity and children's health behaviours in the context of a complex system of wider determinants.
- The GLA will also provide officer-level project management support to the CLAHRC's HSL evaluation until 2016-17.

The World Health Organisation suggests that, investment in a programme evaluation should equal 10% of the total cost of the programme. At £90,000, the total cost of this evaluation is significantly larger than one-tenth the £600,000 IPB investment in HSL. This reflects the wider investment going into the programme, including additional GLA officer staff time and London-wide borough level investment.

2. Objectives and expected outcomes

- To assess the level of engagement with the HSL programme and any differential uptake by socio-economic factors.
- To explore the extent to which becoming a Healthy School is associated with changes in school-level policies, activities and programmes.
- To explore the facilitators and barriers to becoming a Healthy School, including costs.
- To explore whether Healthy School status is associated with changes in key indicators of health knowledge, attitudes and health behaviour.
- To assess the potential for the Healthy Schools London programme to influence the obesogenic environment, reduce health inequalities and levels of childhood obesity in London.
- To inform ongoing development of the HSL programme.

3. Equality comments

The HSL programme was originally commissioned following extensive stakeholder consultation, involving borough's public health and education teams; teachers, head teachers, GLA colleagues and national government. A Health Inequalities Impact Assessment has also already been completed for the HSL programme. The proposed evaluation is expected to predominantly measure the programme's impact on entire student bodies. Where individual data is collected, the evaluation will measure the HSL programme's impact on children and young people of different genders, ethnicities and disability.

4. Other considerations

The HSL programme provides a valuable engagement route into schools that offers the GLA opportunities to reinforce a wide range of school-based initiatives, such as supporting the outcomes of the GLA education inquiry, the work of the London Food Board, the Mayor's £7m sports investment and the youth elements of the culture programme. The Mayoral Advisor for Volunteering may be able to use the infrastructure for the schools community volunteering pilot. The HSL programme is a key component in the delivery of the Healthy Inequalities Strategy, and provides a significant delivery route for the work of the London Health Board and, potentially, the recommendations of the London Health Commission.

The HSL programme is seeking sustainable, external funding post 2015-16, which would allow the programme to continue without cost to the GLA. An evaluation would assist in gaining external funding by strengthening the case for investment and supporting uptake amongst London schools. A failure to gain

external funding would require the GLA to either continue funding the HSL programme or close a highly visible programme.

Risk Description and Potential Impact	Assessment	Mitigation / Risk Response
Reputational risk to the GLA and the Mayor arising from a failure to evidence positive impact of HSL programme.	Impact: High Likelihood: Low	The HSL programme is based on a proven methodology and evaluations of similar programmes have shown evidence of positive impact. The evaluation is also meant to explicitly guide process improvement and more effective delivery of HSL. Any shortcomings identified by the evaluation will lead to subsequent improvement.
The CLAHRC fails to deliver a robust evaluation that holds up to scrutiny.	Impact: High Likelihood: Low	The CLAHRC and the programme's key evaluation lead have a proven track record of success in health and physical activity interventions.

5. Financial comments

5.1 Approval is being sought for the entry into and execution of a grant agreement for up to £55,000 to Barts Health NHS Trust of the Royal London Hospital (the legal entity of the CLAHRC) over two years (£35,000 in 2014/15 and £20,000 2015/16), a contribution towards the costs of the Healthy Schools London Evaluation. The GLA have already contributed £5,000 towards the proposed evaluation, which was approved on the 4th October 2013 via a Delegated Authority Record; thus making the total GLA cash contribution towards the evaluation up to £60,000.

5.2 In addition to the GLA cash contribution, the GLA have also agreed to offer in-kind support in the form of GLA staff time. This has been estimated at approximately £30,000 over the duration of the project.

5.3 With regards to the proposed funding agreement of £55,000, this will be funded from the Obesity Programme budget as approved by MD1151. For information MD1151 approved a 3-year Obesity programme budget of £290,000 per year spanning from 2013-14 to 2015-16.

5.4 When the project was approved by the Investment and Performance Board on 17th January 2013, the £870,000 Obesity programme spend was envisaged to be as follows: staffing: £705,000, website development: £90,000, and Promotion and publicity: £75,000. Actual costs for these streams has been lower than anticipated which leaves headroom for the evaluation expenditure

5.5 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.

5.6 The Health Team within the Communities & Intelligence Directorate will be responsible for managing the GLA's activities relating to this project and ensuring all expenditure complies with the Authority's Financial Regulations, Contracts & Funding Code and Expenses & Benefits Framework.

6. Legal comments

6.1 Sections 1 to 4 of this report indicate that:

6.1.1 that the decision requested of the director (in accordance with the GLA's Contracts and Funding Code) fall within the GLA's statutory powers to do such things considered to further or which are facilitative of, conducive or incidental to the discharge of its general duties, in relation to the health of Londoners; and

6.1.2 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 person and to contribute towards the achievement of sustainable development in the United Kingdom; and
- Consult with appropriate bodies.

6.2 Section 1 above indicates that the contribution of £55,000 to Barts Health NHS Trust of the Royal London Hospital amounts to the provision of grant funding and not payment for services. Officers must ensure that funding is fairly distributed fairly, transparently, in accordance with the GLA's equalities and in a manner which affords value for money in accordance with the GLA's Contract and Funding Code.

Officers must ensure that an appropriate funding agreement is put in place between and executed by the GLA and the CLAHRC before any commitment to fund is made.

6.3 As per the GLA Code of Ethics, "staff who have an interest whether financial or otherwise, ... has any interest in any organisation which has any business dealings with the Authority, are required to disclose such interests immediately and ensure that the details are recorded in the Authority's Register of Interests." GLA officers involved in the in-kind support to CLAHRC and in particular on the Management Board, must ensure that they take appropriate action with regards to meetings and any future GLA decision involving the NIHR-CLAHRC North Thames and the Barts Health NHS Trust.

7. Planned delivery approach and next steps

While the CLAHRC's wider evaluation of obesity programmes will run through 2018/19, the HSL-specific evaluation will end in 2016 with the conclusion of the GLA's financial support.

Activity	Timeline
CLAHRC to procure External Delivery Lead	May 2014
Survey Design Completed	September 2014
Interim Report Completed	March 2015
Final Report Completed and Project Closure	January 2016

Appendices and supporting papers:

Healthy Schools Evaluation DAR.

Agreed Matched Funding with the CLAHRC:

In Kind/Cash	Description	Theme	Sum of 2013/14 (3 mos.)	Sum of 2014/15	Sum of 2015/16	Sum of 2016/17	Sum of 2017/18	Sum of 2018/19 (9 mos.)
Cash	Project Specific Support	Childrens' Health	-	£35,000	£20,000	--	--	--
	Cash Total		=	£35,000	£20,000	--	--	--
In Kind	Dr Helen Walters, Management Board	CORE	£350	£1,400	£1,400	£1,400	£1,400	£1,050
	GLA Staff Time	Childrens' Health	£2,500	£10,000	£10,000	£7,500	--	--
	Total		£2,850	£11,400	£1,400	£8,900	£1,400	£1,050

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

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:

David Beyt has drafted this report in accordance with GLA procedures and confirms that:

✓

Assistant Director/Head of Service:

Jeff Jacobs has reviewed the documentation and is satisfied for it to be referred to the Sponsoring Director for approval.

✓

Financial and Legal advice:

The Finance and Legal teams have commented on this proposal, and this decision reflects their comments.

✓

EXECUTIVE DIRECTOR, RESOURCES:

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

Signature

M. D. Allg

Date

28.7.14

