

The Mayor of London's Health Inequalities Strategy Integrated Impact Assessment – Project Specification

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The Mayor of London's Health Inequalities Strategy Integrated Impact Assessment – Project Specification

The GLA would like to commission an Integrated Impact Assessment (IIA) for the draft London Health Inequalities Strategy 2017-2021. The IIA must be delivered by 30.04.17.

1. Background to the Health Inequalities Strategy

The GLA Act 2007 requires the Mayor of London to produce a Health Inequalities Strategy (HIS). A new London health inequalities strategy is in development for 2017-21, with a planned publication date of October 2017.

The Mayor's overarching vision is for a healthier, fairer city for all Londoners, where nobody's health suffers because of who they are or where they live.

The proposed strategy sections are as follows:

1. Use City Hall's reach to address inequalities in the social and environmental causes of ill health. This part of the strategy will explicitly identify how City Hall's existing work and direct policy levers are addressing the underlying drivers of health inequalities through a "health equity in all policies" approach.

2. Empowering Londoners to build healthy communities. This part of the strategy will focus on London's vulnerable communities, neighbourhoods, clustering of unhealthy behaviours and social prescribing and will include HIV and TB.

3. Targeting shared specific priorities. The Health Inequalities Strategy Steering Group has recommended prioritising three topics:

- **Priority 1: Give all London's children a healthy, happy start to life** - This is directly aligned with the first Better Health for London ambition. Areas for action will focus specifically on reducing inequalities as well as on improving public health.
- **Priority 2: Reduce inequalities in mental health** - This aspect of the strategy is being developed within the London Health Board's Thrive programme and is aligned with the Better Health for London ambition to ensure the most mentally ill people lead longer lives.
- **Priority 3: Enable all Londoners to have a healthy lifestyle** - This is directly aligned with the Better Health for London ambitions to get London fitter, make work a healthy place to be, and help Londoners kick unhealthy habits.

2. The Health Inequalities Strategy Integrated Impact Assessment

The GLA must conduct an Integrated Impact Assessment for each of the Mayor's statutory strategies.

The GLA has a common approach to Integrated Impact Assessment. The IIA framework is a single, common set of IIA objectives to assess each Mayoral strategy. Appendix 1 sets out the full list of objectives.

For the Health Inequalities Strategy, the IIA will only assess the objectives from the IIA framework that are deemed to be appropriate and proportionate for this strategy. The assessment guide questions for the selected IIA objectives will be relevant and specific to the Health Inequalities Strategy.

The IIA for the Health Inequalities Strategy will therefore be a lighter touch document in comparison to the IIAs for other strategies (e.g. the Mayor's Transport Strategy and London Plan). This is to avoid duplication across the multiple IIAs and make best use of public fund.

The GLA team have prepared a draft scoping document which sets out which IIA objectives should be assessed by the HIS IIA. This is subject to further refinement with the selected supplier.

Evidence base

The appointed supplier will be given access to the evidence base collated by the strategy development team as well as the scoping document. This includes evidence about health inequalities in London drawn from a range of sources; information on effective and promising interventions; stakeholder mapping; and the national, regional and local policy context.

Key stages in the IIA process

Stage	Tasks	Responsible	Deadline
Screening	Identify type of IIA. Consult legal team and other IIA teams.	GLA strategy team	November
Scoping	Create framework and appraisal questions. IIA group to review evidence base and assess for priorities and missing evidence; prepare scoping document.	GLA strategy team and IIA project lead	November – December
	Assess and check scoping document and framework.	IIA project lead and Appointed supplier	early March 2017
Mobilisation	Initial meeting to discuss strategy.	IIA project lead and Appointed supplier	early March 2017
Consider alternative policy options as part of policy	Assess draft policies and test against the IIA framework. Evaluate the potential positive, negative or neutral impact of the priorities and proposed actions. Consider mitigation of adverse effects and maximising beneficial effects. Propose monitoring measures.	Appointed supplier	Mid March 2017
Write draft IIA	Draft IIA report circulated for comments.	Appointed supplier	Late March 2017
	Iterative review of draft IIA and draft strategy document.	Appointed supplier & HIS strategy lead	Late March 2017
Complete IIA	Produce near-final IIA report for Mayoral review alongside strategy.	Appointed supplier	Mid-April 2017
	Final revisions and sign-off meeting.	Appointed supplier/IIA	End April

Stage	Tasks	Responsible	Deadline
		group	
IIA Sign off	Agree final IIA report.	IIA group/HIS team	May 2017
	Write statement indicating how IIA has been taken on board in strategy.	IIA group	May 2017
Publish IIA report	Publish final IIA alongside draft strategy for consultation.	HIS project group; IIA group	June 2017

3. Scope of the Health Inequalities Strategy IIA

The IIA objectives which are in scope are set out in the HIS IIA scoping document.

The IIA objectives which are out of scope are those that will be assessed as part of the IIAs for other statutory strategies. This includes areas related to housing, culture, transport, planning, the environment and economic development. However, the Health Inequalities Strategy IIA will signpost and cross-reference these other impact assessments as appropriate.

The figure below illustrates that for the Health Inequalities Strategy, only those objectives related to health and health inequalities, and those objectives which are not assessed elsewhere, will be assessed by this IIA. The remaining objectives assessed through the IIAs of other strategies will feed into the HIS IIA as appropriate.

The principal spatial scope for the IIA will be the Greater London Authority area.

The Health Inequalities Strategy is for the period 2017-2021 and this is the timeframe for the IIA.

Significant effects identified in the IIA should be categorised as short, medium and long term.

4. Deliverables

The project deliverables are:

1. **Project mobilisation meeting.** Discuss and agree the project scope and the project plan.
2. **Draft IIA.** Appraise the potential positive and negative impacts of the Health Inequalities Strategy by assessing the strategy policies against the agreed set of objectives and prompt questions.
3. **Final IIA.** Finalise the IIA following review by the Health Inequalities Strategy IIA oversight group.
4. **IIA oversight group.** Attend Health Inequalities Strategy IIA oversight group meetings as appropriate and report regularly to the GLA project lead.

5. Budget

The maximum budget is **£25,000 excluding VAT**.

The GLA's preferred approach is to make stage payments on completion of key milestones.

6. Responses

Tendering will be a competitive process. Responses to this specification should include:

Approach

- Proposed methodology for undertaking the IIA.
- Project plan.
- Identify key risks and mitigation.

Personnel

- Brief CVs (max 2 pages per person) highlighting the relevant knowledge, experience and skills of the project team members including any sub-contractors.
- A named person responsible for management and day to day contact.

Pricing

- An overall price and price breakdown showing the number of days and day rates. All costs should be provided exclusive of VAT and indicate whether VAT will be chargeable.

Conflict of interest

- Identify any conflict of interest. Please declare any current involvement in the strategy development, and any current work acting on behalf of the GLA and or other clients with an interest in the area.

Submission of tenders

Tenderers are required to submit their quote and supporting information by email to Sharon.Irvine@london.gov.uk. **The deadline is midnight 7th March 2017.**

7. Evaluation

Tenders will be evaluated against the following criteria:

- **Quality of submission** and effectiveness in articulating how the deliverables will be achieved within the timescales via the proposed methodology. (30%)
- **Experience** – evidence of experience of personnel (20%) and successful delivery of similar projects (20%)
- **Price** – demonstrating good value for money. (30%)

8. Contract Management

The client will be the Greater London Authority. Your contact is Sharon Irvine, Policy and Projects Officer (Health), Greater London Authority, 020 7983 4643.

Suppliers should allow for two project management meetings (i.e. mobilisation meeting and draft IIA review meeting) to be included in the price.

A copy of the standard GLA Terms and Conditions is attached. The consultant may be privy to confidential or sensitive documents and views and will be required to sign a confidentiality agreement, to be drawn up by the GLA.

9. Timeline

- Monday 27th February – ITT published
- Tuesday 7th March (midnight) – Deadline for submissions
- Wednesday 8th March – Evaluation
- Thursday 9th March – Interview and award notification
- Friday 10th March – Project start date
- Monday 13th March – Mobilisation meeting (am)

10. Responsible procurement

Responsible procurement is an essential factor in all the Authority's contracts.

Appendix 1: GLA IIA framework objectives and examples of assessment guide questions from the London Plan

Topic	IIA objective	Assessment guide questions " <i>Will the strategy...?</i> "
Environment		
Air quality	To reduce emissions and concentrations of harmful atmospheric pollutants, particularly in areas of poorest air quality, and reduce exposure	<ul style="list-style-type: none"> • Reduce the number of people exposed to levels of NO₂ concentrations that exceed 40µg/m³? • Reduce inequalities in access to clean air across London, particularly for those: <ul style="list-style-type: none"> - who live in deprived areas? - who live, learn or work near busy roads? - who are more vulnerable because of their age or existing medical condition?
Economic		
Culture	To safeguard and enhance the Capital's rich cultural offer, infrastructure, heritage, natural environment and talent to benefit all Londoners while delivering new activities that strengthen London's global position	<ul style="list-style-type: none"> • Improve accessibility for all to cultural venues and participation by all in cultural activities? • Improve community led engagement in planning and development schemes for local areas?
Social		
Equality and Inclusion	To make London a fair and inclusive city where every person is able to participate , reducing inequality and disadvantage and addressing the diverse needs of the population	<ul style="list-style-type: none"> • Reduce poverty and social exclusion in those areas and communities most affected? • Reduce inequalities for those groups who experience more barriers to using public transport than others (e.g. those from lower socio-economic groups and deprived areas, some ethnic minorities, disabled people and older people)? • Promote a culture of equality, fairness and respect for people and the environment? • Promote equality for people with protected characteristics? • Promote adequate accessibility for those people who are older or disabled? • Provide opportunities for people to choose an active, fulfilling life?
Social Integration	To ensure London has socially integrated communities which are strong, resilient and free of prejudice	

	Topic	IIA objective	Assessment guide questions “Will the strategy...?”
			<ul style="list-style-type: none"> • Help reduce poverty and the impact of income inequality? • Provide opportunities that encourage interaction of different communities?
	Health and health Inequalities	To improve the mental and physical health and wellbeing of Londoners and to reduce health inequalities across the City and between communities	<ul style="list-style-type: none"> • Help to reduce health inequalities across the population? • Improve access to health services and facilities? • Improve differentials in life expectancy and healthy life expectancy across London? • Promote increases in physical activity among less active populations? • Support the physical and mental health and wellbeing of communities? • Will it support the provision of quality, affordable and healthy food?
	Accessibility	To maximise accessibility for all in and around London	<ul style="list-style-type: none"> • Improve accessibility to all public transport modes? • Improve legibility and ease of use of the built environment for people with sensory or cognitive impairments? • Increase accessibility to key services and facilities for all? • Increase Londoners access for recreation purposes?
	Housing Supply, Quality, Choice and Affordability	To provide a quantum, type, quality and tenure of housing (including specialist and affordable provision) to better meet demographic change and household demand	<ul style="list-style-type: none"> • Reduce homelessness and overcrowding? • Reduce the number of unfit homes? • Improve insulation and energy efficiency in housing to reduce fuel poverty and ill-health?
	Crime, safety and security	To contribute to safety and security and the perceptions of safety	<ul style="list-style-type: none"> • Create a travel environment that feels safe to all users during the day time and night time? • Improve perceptions of safety and fear of crime to help remove barriers to activities leading to reduced social isolation?
	Design	To create attractive, mixed use neighbourhoods, ensuring new buildings and spaces are appropriately designed that promote and enhance the existing sense of place and distinctiveness, reducing the need to travel by motorized transport.	<ul style="list-style-type: none"> • Create and maintain a safe and attractive public realm which encourages people to walk and cycle?

Appendix 2: GLA's legal duties

Under S309E of the Greater London Authority Act 1999 ("GLA Act", as amended) the Health Inequalities Strategy must contain the Mayor's proposals and policies for promoting the reduction of health inequalities between persons living in Greater London. The Act states that its proposals and policies are to be addressed to the mitigation of differences in general health determinants.

There is no legal requirement for the HIS IIA to have a Strategic Environmental Assessment (SEA)¹ or a (London Plan) Sustainability Appraisal (albeit sustainability and climate change are covered above). Neither is there a requirement for publication of a preliminary scoping document (e.g. as required by SEA).

Further detail on the GLA's legal duties under S309E and S41 of the GLA Act 1999 is provided in Appendix 2.1 and an outline of the GLA's additional duties is provided in Appendix 2.2.

Additional considerations

In some cases IIAs take account of additional matters beyond legal duties in the pursuit of robust policy development.

Appendix 2.1 – GLA's legal duties

In the legislative context –

- "Health inequalities" means inequalities in respect of life expectancy or general state of health which are wholly or partly a result of differences in respect of general health determinants (see below)
- The reference to health inequalities "between persons living in Greater London" is a reference to health inequalities between persons, or persons of different descriptions, living in, or in different parts of, Greater London.
- "General health determinants" are –
 - standards of housing, transport services or public safety,
 - employment prospects, earning capacity and any other matters that affect levels of prosperity,
 - the degree of ease or difficulty with which persons have access to public services,
 - the use, or level of use, of tobacco, alcohol or other substances, and any other matters of personal behaviour or lifestyle, that are or may be harmful to health,
 - and any other matters that are determinants of life expectancy or the state of health of persons generally, other than genetic or biological factors.

The GLA Act 1999 (as amended) states (s 309E) that the HIS must –

- identify any issues that appear to the Mayor to be major health issues where there are health inequalities between persons living in Greater London,
- identify those inequalities,

¹ The SEA Regulations (SI 2004/ 1633) only apply to the following which does not include health inequalities. A plan or programme which–

(a) is prepared for agriculture, forestry, fisheries, energy, industry, transport, waste management, water management, telecommunications, tourism, town and country planning or land use, and

(b) sets the framework for future development consent of projects listed in Annex I or II to Council Directive 85/337/EEC on the assessment of the effects of certain public and private projects on the environment, as amended by Council Directive 97/11/EC.

- specify priorities for reducing those inequalities,
- describe the role to be performed by any relevant body or person for the purpose of implementing the strategy. ("Relevant body" is widely defined².)

The GLA Act (s 41) states all strategies must pay regard to the following:

- the health of persons in Greater London
- health inequalities between persons living in Greater London
- the achievement of sustainable development³ in the UK
- climate change and the consequences of climate change;
- the GLA's principal purposes (s 30) of promoting wealth creation and economic development, environmental and social improvement;
- the resources available for implementation of the strategy;
- the need to ensure that the strategy is consistent with national policies [with the EU obligations of the United Kingdom].

In revising the HIS, the Mayor must have regard to any guidance given to him by the Secretary of State for Health about the matters which he is to take into account. The Secretary of State also has the power to direct changes to the HIS (or any part of it) if considered is inconsistent with any national policies of any description, and the inconsistency would have a detrimental effect on achieving any or all of the objectives of those policies.

Other legislation is relevant:

- The public sector equality duty under s 149 of the Equality Act 2011;
- The duty to consider the implications for crime and disorder under s 17 of the Crime and Disorder Act 1998

Appendix 2.2 - GLA's additional legal duties

These duties are additional to those under s 41 & 309E to 309 G.

Equality Act 2010

The Equalities Act 2010 defines the following as protected characteristics: age, disability gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

As a result of the public sector equality duty that stems from this Act, the GLA must pay regard to eliminating discrimination against or harassment and victimisation of these groups, advance equality of opportunity and foster good relations between those who share the characteristics and those who do not. This applies to all of the GLA's functions and therefore all of the statutory strategies.

² GLA (Mayor), a functional body (TfL, MOPAC, LFEPA/ LFC, LLDC and OPDC), any London borough council, and the City of London Corporation, the Mayor's Health Advisor, the Secretary of State for Health, that National Health Service Commissioning Board, any clinical commissioning group for an area wholly or partly in Greater London, any NHS Trust or NHS Foundation Trust any or all of whose hospitals, establishments or facilities are situated in Greater London and anybody or person not falling within any of the preceding paragraphs which appears to the Mayor to have responsibilities in relation to Greater London, or any part of Greater London, with respect to any of the matters that are general health determinants.

³ The GLA Act does not define sustainable development but the National Planning Policy Framework definition is that it must meet the economic, social and environmental needs of today without compromising those of the future.

Crime and Disorder Act

Section 17 of the Crime and Disorder Act requires the GLA to consider the effect of the exercise of its functions on crime and disorder in Greater London, and to do all that it reasonably can to prevent crime and disorder.

Additional considerations

In some cases IIAs take account of additional matters beyond legal duties in the pursuit of robust policy development.