Public Health Savings Proposals

1. Purpose of this report

1.1 In 15/16 and 16/17, the public health grant allocation from the Department of Health has been reduced. This has resulted in a loss of public health reserves to fund any additional pressures on the budget as well as reduced funding for 16/17. For Tower Hamlets this means that savings of £5m are needed in 16/17 to meet the public health grant allocation of £36.9m.

1.2 This paper sets out:

1. Why public health investment is needed
2. What the public health grant is for
3. Why the savings are needed
4. How savings proposals have been prioritised
5. What savings have been proposed and why
6. Potential risks and mitigations
7. Plans for consultation

2. Why is public health investment needed in Tower Hamlets?

2.1 Health is a foundation for wellbeing. The purpose of the public health grant is to help people live healthier lives.

2.2 The need for public health investment is particularly high in Tower Hamlet because, on average, the health of people in the borough is not as good as elsewhere.

2.3 For example, compared to London and England, Tower Hamlets has amongst the highest levels of early deaths from conditions such as cancer, heart disease, stroke, lung disease and liver disease.

2.4 This is because the prevalence of these conditions is closely linked to deprivation and Tower Hamlets has higher levels of deprivation than elsewhere.

2.5 In addition, health within the borough varies with deprivation. For example, life expectancy in the most deprived areas of the borough is 8.8 years lower for men and 3.9 years lower for women than in the least deprived areas.

2.6 This means that public health investment is needed across the borough but also needs to be targeted at population groups with particularly high health need.

3. What is the public health grant?

3.1 The ring-fenced public health grant is allocated to local authorities in England so that they can discharge their public health functions. The Department of Health states that the funds should be used to:

- significantly improve the health and wellbeing of local populations
- carry out the health protection and health improvement functions delegated from the Secretary of State
- reduce health inequalities across the life course, including within hard to reach groups
- ensure the provision of population healthcare advice

3.2 Whilst there is local discretion in how the grant is used based on local needs, there is a mandatory requirement that this should include investment in

- sexual health testing/treatment
- contraception
- health checks
- the local authority role in health protection
- public health advice
- the National Child Measurement Programme
- services for children aged 0-5 years (from Oct 15/16)

3.3 The expectation is that funds are used in year but funding can be carried over as part of the public health reserve. In using funding carried over, the grant conditions still need to be complied with.

4. What is the public health grant used for in Tower Hamlets?

4.1 Overall, the public health grant is used to invest in programmes to help people to

- promote their mental wellbeing
- build positive health habits into their daily life
- be free from behaviours harmful to health
- seek early help for health conditions
- live in environments that are safe and health promoting.

4.2 In 15/16, the public health grant allocation for Tower Hamlets was £39.9m. Table 1 summarises how this funding was allocated . The programmes are commissioned mainly through providers in the NHS or the voluntary sector or delivered directly by the council.

Table 1 Public Health Grant spend in Tower Hamlets linked to Public Health aspirations

	Public health aspirations	**Main areas of PH grant allocation (bold = high spend areas)**

Maternity and early years	More parents:
	• enjoying good health and wellbeing
	
	More 0-5 year olds:
	• laying foundations for lifelong physical and mental wellbeing
	  ○ early attachment
	  ○ healthy early nutrition
	  ○ development through play
	  ○ good oral health
	  ○ fully immunised
	• free from health harms
	  ○ impacts of tobacco, alcohol, drugs
	  ○ neglect or abuse
		Externally Commissioned:
		Family Nurse Partnership and Health Visiting (from October 2015 – £7.7m)
		Breast feeding (£471k)
		Parents and infant wellbeing (£160k)
		Active play (£54k)
		Healthy start vitamins (£44k)
		Fluoride varnish (£150k)
		
		Internal funding to directorates:
		Early years accreditation (£50k)

Childhood and adolescence	More children and adolescents:
	• practicing and embedding habits for lifelong physical and mental wellbeing
	  ○ foundations for mental wellbeing
	  ○ life skills for fulfilling relationships
	  ○ regular physical activity
	  ○ healthy eating
	  ○ good oral health
	• free from health harms
	  ○ tobacco, alcohol, drugs
	  ○ neglect or abuse
		Externally Commissioned:
		School nursing (£1.6m)
		Young People`s sexual health (£600k)
		Child and family weight management (£430k)
		Active Play (£64k)
		School Cycling (£80k)
		
		Internal funding to directorates:
		Free school meals (£2.8m)
		Healthy Lives – schools (£275k)
		Peer education – smoking (£71k)
		Substance misuse (£240k)
		Teenage pregnancy (£92k)
		Peer led SRE (£95k)
		Mindfulness in schools (£43k)

Adults	More adults:
	• living healthily
	  ○ maintaining mental wellbeing
	  ○ regular physical activity
	  ○ healthy eating
	  ○ good sexual wellbeing
	• free from health harms
	  ○ tobacco, alcohol, drugs, risky sex
	  ○ neglect or abuse
	• aware of and taking action on
	  ○ risk of health conditions
	  ○ symptoms of health conditions
		Externally Commissioned :
		Genitourinary medicine (£5.3m)
		Integrated sexual health (£1.4m)
		Weight management (£826k)
		Tobacco – specialist (£420k)
		Tobacco – universal (£440k)
		Sexual Health Promotion (£310)
		Health checks (£207k)
		Mental wellbeing awareness (£139k)
		Cancer early awareness (£96k)
		Domestic violence (£65k)
		
		Internal funding to directorates:
		Drugs and alcohol (£8.6m) (both commissioning and internal)

Environment and communities	More people:
	• living in healthy environments
	  ○ Safe and health enhancing
	  ○ Supporting physical activity, healthy eating
	• living in healthy communities
	  ○ Strong networks supporting healthy lives
	• accessing high quality services
	  ○ Integrated, prevention orientated, accessible, high quality
	
	• whose health is supported by good income, education, housing and employment
		Externally Commissioned :
		Health Trainers (£1.1m)
		Making every contact count (£30k)
		Food for health awards (£72k)
		Tobacco/alcohol enforcement (£263k)
		Can do community (£70k)
		Social isolation pilots (£120k)
		ESOL health literacy (£58k)
		Community gardeners (£50k)
		
		Internal funding to directorates:
		Healthy housing (£35k)
		Health outreach workers (£570k)

4.3 Further detail on these programmes is provided in the savings templates in Appendix A

5. Why savings are needed

5.1 The Department of Health allocates the public health grant to local authorities on an annual basis to fund the public health programmes described in the previous section.

5.2 In 15/16, the whole year allocation for the public health grant was £39.9m (this is composed of the allocation at the start of the year £32.2m and the whole year value of Health Visiting and Family Nurse Partnership of £7.7m for which the council became responsible in October 2015).

5.3 Since public health responsibilities were transferred to the Council in 2013, a Public Health Grant reserve has been maintained to ring fence resources and to apply them to manage the funding e.g. covering increased costs of acute sexual health services. However, in 15/16, the government also unexpectedly announced an in year reduction of £2.2m in the public health grant and the reserve was used to cover this to allow sufficient time to make cost reductions in a planned way. This meant the flexibility provided by a reserve was no longer available.

5.4 Furthermore, in February 2016, allocations for the Public Health Grant for 16/17 and 17/18 were announced as follows:

16/17 = £36.8m
17/18 = £36.0m

5.5 For 16/17, this represents a £3.1m reduction from the whole year allocation of 15/16.

5.6 The level of savings required for 16/17 are

- to meet the reduction in the 16/17 allocation (£3.1m)
- to address projected increased pressures on the public health budget (including rising costs of acute sexual health services and free school meals) that can no longer be accommodated through public health reserves due to the in year reduction of 15/16 (£1.9m)

5.7 The overall savings needed are therefore £5m for 16/17 (table 2).

Table 2 Summary of savings requirement on public health grant (based on medium term financial plan figures)

	Total (£m)
Allocation 15/16 (initial grant plus 0-5 year old funding* from October 2015)	**35,877***
Allocation 15/16 adjusted for full year effect of 0-5 funding	**39,921**
Allocation 16/17*	**36,883**
Savings	***- 2,312***
Employment Options Savings	***-212***
Remaining PH reserve for Free School Meal	***+ 447***
Growth provision for Free School Meals shortfall (one off)	***+ 445***
Available funding net of savings 16/17	***35,251***
Savings requirement	
Savings needed due to government grant reduction	***3,038***
Additional pressures	***1,967***
Total saving requirement	**5,005**

* Health Visiting and Family Nurse Partnership funding

6. Approach to making savings

6.1 The combination of projected cost pressures, national cuts and their late announcement provide a challenge to ensuring that the Public Health budget is balanced for 16/17 and that reductionsare applied in a way that pragmatically maintains coherence and stability for the public health function serving the population.

6.2 At the same time it provides an opportunity to radically review how the public health grant is used and drives innovation and creative and cost effective approaches whilst building on the existing foundations of provision.

6.3 Based on these considerations, the approach to making savings will have three phases.

- Initial review of public health investments has identified £2.3m savings that can be made taking into account part year effects based on an assumption that they can be agreed at the Cabinet on July 2016. The whole year effect of these savings is £3.5m.

- Further review will take place to identify how the remaining £2.7m savings can be made and these will be considered by the Mayor`s Advisory Board in May.

- Taking a longer term perspective, an in depth review of the public health budget will take place to establish a longer term commissioning strategy in the context of planned reductions in grant allocation expected over the next five years (to report in October 2016)

6.4 In prioritising the £2.3m savings proposed in this paper, the approach has been to identify those areas where public health investment has the greatest impact on population health and addressing health

inequalities, and those where the impacts are least, to ensure proposals for savings are based on a robust and consistent set of criteria.

6.5 To provide an evidence base for decisions, the following criteria have been considered:

- Purpose of the programme
- Key outputs from the service
- Health outcomes addressed
- Evidence base for this type of activity
- Evidence building potential
- Population reach
- Extent to which the service is addressing high need populations
- Current performance
- Opportunities to deliver at lower cost (value for money)
- 'Must do` (mandatory or political commitment)

6.6 These criteria have been applied to all public health initiative to inform decisions on:

- What to stop?
- What to reduce?
- What to deliver in a different way?

6.7 A priority based budgeting exercise has been undertaken to identify public health priorities that should be protected as far as possible and those areas where savings can be most safely applied.

7. Overview of proposed savings

7.1 The proposed overall savings to each high level programme are as follows.

Table 3 Proposed savings by programme (see templates for details)

	Base budget considered in phase one savings	16/17 Savings	%	Whole Year Effect in 17/18	%
Healthy Place	1,192,362	156,380	13	312,760	26
Healthy Early Years	8,500,856	176,393	2	707,129	8
Healthy childhood/adolescence	2634764	121696	5	183,230	7
Tobacco Cessation	1367940	405,000	30	512,000	37
Sexual health non acute GUM	3,079,529	419,336	14	764,336	25
Sexual health acute GUM	5,400,000	200,000	4	200,000	4
Long term conditions	1,281,457	296,258	23	448,515	34
Public health staff (outreach)	570,000	440,000	77	440,000	77
Reduction of non-recurrent funding (pilots)	337,292	132,412	39	132,412	39
Total	**24,364,200**	**2,347,475**	**10**	**3,500,382**	**14**

7.2 The details within each programme are set out in the savings templates (Appendix A). Each template sets out:

- Aspirations of the programme
- Current investment
- Proposals, implications and risk mitigations

7.3 Overall, the principle has to been to preserve investment in early years as far as possible as this is where the strongest evidence is around long term health impact.

7.4 The greatest levels of savings are from tobacco, sexual health, long term conditions and public health staffing (health outreach).

7.5 The rationale for tobacco savings relates to declining smoking prevalence reflected in declining footfall to services. In addition, when we compare our level of spend on these services to other boroughs with similar levels of need, we are spending more per head on smoking cessation services. The principle has been to make greater savings in universal services and seek to preserve targeted services as declines in smoking prevalence have been significantly lower in more deprived groups.

7.6 The rationale for sexual health savings is primarily duplication of provision between contraception and sexual health services (CASH) as well as the potential to address issues such as overcharging of acute GUM services by providers (addressed through London collaborative commissioning negotiating arrangements that Tower Hamlets is signed up to). The principle has been to preserve lower cost primary care and pharmacy services and reconfiguration of the model of provision to encourage people with lower needs to access these services.

7.7 The rationale for long term conditions savings relating to the Fit4Life adult obesity service is the evidence that compared to other boroughs with similar levels of need, we are spending significantly more per head on adult obesity services.

7.8 The rationale for the public health staffing savings is that the programme of health outreach workers proposed is not required at the level proposed. The initial proposal was 12 health outreach workers and initial piloting in Ideas Stores indicates that 4 would be adequate. Whilst the outreach workers do meet a need in this setting to provide health information to local people it is not considered that the workload would warrant continued expansion particularly in the context of similar programmes such as the health trainers programme. Three have been recruited so far so this proposal would not involve redundancies.

7.9 Public health have historically set aside non recurrent funding for pilots. There are a number of pilots that are due to end in 16/17 and the same level of non-recurrent funding can no longer be used due to the

significant cost pressures on the reduced public health grant. Since these programmes are one-off, time-limited pilots to test and learn from new approaches, they are not service cuts and hence are not included in the savings templates for consultation. The pilots are summarised in the table below. Lessons from these pilot projects will be applied to mainstream services going forward so that valuable findings are not lost.

Table 4 Funding for pilots ending in 16/17

Programme	Funding
Healthier fast food pilot	34,690
Loneliness: neighbourhood perspectives	35,141
Loneliness in Care Homes	27,049
Flourishing Minds	75,000
Digital Mental Health	33,000
Total	**204,880**

8. Risks and mitigations

8.1 The savings are premised on consultation in May/June to inform final proposals for sign off at the July cabinet - further delay would reduce savings that could be achieved in 16/17.

8.2 In general, it is expected that implementation of the proposed savings is achievable, although there will clearly be risks to service continuity and potential impact on viability of provider organisations through loss of income. These risks will be mitigated through discussion with providers (in some cases exploratory talks have started). In addition, provider organisations have been included in the consultation.

8.3 The saving of £200k proposed for acute GUM may be challenging as it requires robust negotiations through the London Sexual Health Collaborative on price with certain providers in London although initial indications suggest the saving is feasible.

8.4 Based on previous experience, it is anticipated that there will be some public and provider concern identified through the consultation. This risk is being mitigated by consultation with providers and user groups (see below) although initial discussions with providers have in some cases commenced.

8.5 The savings proformas in the appendix to this document include further information on impacts and risks.

9. Consultation

9.1 The timetable for implementation of the savings is as follows:

Action	Target Date
Mayors Advisory Board	19th April
Cabinet meeting	10th May
Commence stakeholder consultation	16th May
End of consultation	12th June
Mayors Advisory Board	14th June
Overview and Scrutiny Committee	20th June
CPAP	12th July
Cabinet	26th July
Issue letters to providers	8th August

9.2 The consultation process will include:

- Briefing for councillors to explain the context for the proposals, the service changes and how impacts will be mitigated to reduce the impact on health inequalities.

- Information to be available to the public on the Council website and the opportunity to respond via the website or in writing. Advert placed in East End Life to raise awareness of the consultation. We will also use the Twitter feed and Facebook page to promote the consultation.

- Focus groups of users from some of the key services affected - Health Trainers (Osmani Trust, Stifford Centre, Bromley by Bow Centre, Poplar and Limehouse Community Health Network), smoking cessation services (Stop Smoking Service at Barts Health, GP service users), sexual health services (TH Contraception and Sexual Health service, Step Forward, Positive East), 0-5 years and children`s public health services (Schools, Children`s Centre users, adult weight management services (Fit4Life users). Where there is an established user group - e.g. Maternity Services Liaison Committee – we will involve them.

- Partnership bodies such as the Children and Families Partnership Board, the CCG Children and Young People Partnership Board and Maternity Services Board, the Integrated Care Board.

- Focus groups for service providers to discuss service reductions and potential impacts in greater depth and to record feedback.

- Healthwatch to use their networks to increase awareness of the consultation and encourage feedback e.g. their Children and Young People Forum

- Overview and Scrutiny Committee (20th June meeting)

The feedback from the consultation will be reported back to MAB in June.

APPENDIX PUBLIC HEALTH SAVINGS – list of proposed savings

Full list of savings proposed for Public Health Services in 2016-17 and 2017-18					
Contract/Service Name	**Baseline contract value 2015/16 £**	**Savings Proposals 16-17 £**	**Budget in 16-17 £**	**% Reduction 16/17** (part year)	**% Reduction 17/18 (whole year)**
PH001 Healthy Place					
Health Trainers	1,099,602	110,000	989,602	10	20
Can Do Community	92,760	46,380	46380	50	100
PH002 Maternity & Early Years					
Breast Feeding Support	328,031	32,800	295,231	10	20
UNICEF Baby Friendly Accreditation	143,000	26,033	116,967	18	20
Locality Parent & Infant Wellbeing Coordinators	159,845	0	159,845	0	100
Healthy Start Vitamins	55,929	7,950	47,979	14	28
Health Visiting Reserve	399,751	69,610	330,141	17	100
Brushing for Life	60,000	40,000	20,000	67	67
PH003 Children`s Health					
Healthy Families	60,000	20,000	40,000	33	33
Active Cycling in Schools	80,162	40,162	40,000	50	100
Educational Psychology	40,000	40,000	0	100	100
Child & Family Weight management	430,683	21,534	409,149	5	10
PH004 Smoking Cessation					

Tobacco Cessation Specialist	226,800	5,000	221,800	2	4
Specialist Varenicline	45,000	15,000	30,000	33	33
Tobacco Cessation - BME	213,140	5,000	208,140	2	5
Tobacco Enforcement	263,000	163,000	100,000	62	62
Pharmacy Smoking Cessation	330,000	117,000	213,000	35	41
GP NIS Smoking	200,000	180,000	180,000	10	50
Peer Education (tobacco)	80,000	80,000	0	100	100
PH005 Sexual Health					
Integrated Sexual Health - Young People	601,000	15,000	586,000	2	2
Integrated Sexual Health - CASH	1,391,600	250,000	1,141,600	18	36
Enhanced Health Promotion High Risk Groups	169,557	6,000	163,557	4	4
Living Well with HIV	49,960	2,000	47,960	4	4
Health Promotion – Commercial Sex Workers	50,000	25,000	25,000	50	100
Health Promotion Undiagnosed HIV	39,960	3,000	36,960	8	8
NELNET	10,000	10,000	0	100	100
Peer Education (sexual health)	£178,336	108,336	70,000	61	100
GUM cost containment through the London Sexual Health Commissioning Collaborative		200,000			
PH006 Long Term Conditions					
Making Every Contact Count	10,000	10,000	0	100	100
Fit 4 Life Centre	331,960	51,225	280,236	15	31
Fit 4 Life Groups	269,809	41,638	227,988	15	631
Fit 4 Life AWM	208,312	32,150	176,023	15	31

EMIS Web	25,000	9,000	16,000	36	36
Cancer Public Engagement L1	26,489	13,245	13,244	50	100
Cancer Public Engagement L2	28,000	14,000	14,000	50	100
Bowel Cancer Screening Promotion in Primary Care	40,000	40,000	0	100	100
TB Outreach	85,000	85,000	0	100	100
PH007 Staff Team					
Health outreach team	570,000	440,000	130,000	77	77
TOTAL	**8,363,086**	**2,215,063**	**6,376,802**	**26**	**45**
Non-recurrent pilot programmes					
	Full pilot programme value	**Cost in 16-17 (part year)**	**Part year saving**	**% saving in 16/17**	**% saving in 17/18**
Healthier Fast Food	64,470	34690	29,780	46	100
Loneliness: Neighbourhood Perspectives	59,822	35141	24681	41	100
Loneliness in Care Homes	60,000	27049	32,951	55	100
Private rented Housing Pilot	35,000	0	35,000	100	100
Flourishing Minds	85,000	75,000	10,000	12	100
Digital Mental Health	33,000	33,000	0	0	100
Total	337,292	204,880	132,412	39	**100**

APPENDIX D Public Health savings proposals by programme

OPP TITLE:	**PH 001/2016-17 PUBLIC HEALTH GRANT - Healthy Communities Programme**					
DIRECTORATE	**ADULTS**					
SERVICE:	**PUBLIC HEALTH**					
Associate Director - Public Health	Esther Trenchard-Mabere		**THEME:**	Healthy & Supportive Community		
SAVINGS OPPORTUNITY	**BASE BUDGET £000**	**Savings 16/17 £000**	**Additional Savings 17/18 £000**	**Total Saving**	**Start before June 2014**	**Is an EA Req?**
Administrative Efficiencies	1,192,362	156,380	156,380	312,760		Yes
FTE Reductions						

DETAILS OF SAVINGS OPPORTUNITY

1. Background

The public health aspirations of the healthy communities and healthy environment programmes are that Tower Hamlets has:

- Strong networks and partnerships connecting people, shaping services and supporting healthier lives
- Community assets that are fully utilised to support health and wellbeing
- Services that are integrated by a shared commitment and approach to improving health and wellbeing
- Easy access to affordable healthy food
- Housing that is health enhancing and free from health harms
- Community assets and services promoting community cohesion and addressing abuse, violence, discrimination and the impacts of crime.

2. Current investment

The priority within this set of investments is services and initiatives supporting promotion of health and wellbeing that are produced together with local communities that build on community assets, that tackle environmental determinants of health and that have reach to the most deprived groups.

- Health Trainers - individual and group level support for residents to adopt healthier lives targeting deprived communities in greatest health need £1.1m
- Can Do Community - support to local people and groups wishing to deliver community led solutions and create healthier local environments £93k
- Food for Health – healthy food award scheme that helps improve the healthiness of the food offered by restaurants, cafes and shops £72k
- Buywell – programme aimed at improving the availability of good quality and affordable fruit and vegetables in convenience stores and markets in Tower Hamlets £49k
- Healthier fast food pilot £35k (non-recurrent - programme ending 16/17)
- Private rented housing pilot - EHO scheme £35k (non-recurrent - programme ending 16/17)
- Loneliness: neighbourhood perspectives £35k (non-recurrent - programme ending 16/17)
- Food growing network (a network of allotments and community growing sites that public health supports to promote healthier lives) £8.3k

3. Proposed budget reductions 16/17 and 17/18

- Health Trainers (£1.1m) reduced by £110k and further reduction £110k in 17/18

- Can Do community development (£93k) reduced by £46k and further £46k in 17/18

IMPLICATIONS

The physical, social and economic environments in which we live and work are important for health. Public health will continue to invest in activity that helps to make Tower Hamlets a healthier place, for example working with food retailers to deliver healthy food and continuing to support the Health trainer organisations to engage with local people on how they can maintain good health or access the right type of support when they need it.

Health Trainers (£1.1m) reduced by £110k and further reduction of £110k in 17/18

Health Trainers help people to maintain good health - e.g. helping people to eat healthier diets and increase their level of physical activity - together with assessment and signposting to other appropriate services. The Health Trainers provide a service to local residents who want to adopt healthier lives but who have little contact with services. Reduction in the service will mean a reduction in the numbers of people that can be helped by the service.

The implications are that the reduction of Health Trainer funding will result in the following reductions per year (full year effect):

- 1600 fewer new contacts with people out of a target 8,000 per year who are then given health promotion information/signposted to appropriate services
- 960 fewer people participating in healthy living group activities out of a target 4,400 in total
- 320 less people supported with a 1-1 intervention out of a target 1,600 in total.

Health Trainers currently significantly exceed the target numbers set out above so although there will be a reduction in the numbers engaged this should not have a damaging impact on the ability of residents to access the service. The service will continue to be monitored to ensure that it is targeted towards highest need groups within the population. Finally, synergies with the Health Outreach worker programme may also mitigate reductions in outputs.

Can Do community development reduced by £46k and further £46k in 17/18

This programme aims to provide support to local people and groups wishing to deliver community led activities to help overcome the barriers to healthy eating, active lives, mental wellbeing and creating healthy environments. The programme addresses these barriers through individual projects and also supports the development of local community leaders, as part of developing a social movement for better health in Tower Hamlets. The evidence for the sustainability of the projects and for significant health impacts is not fully evidenced and therefore it is proposed to discontinue the public health grant funding to the programme; the voluntary sector organisations that deliver the programme may seek alternative funding.

The implications are that the cessation of the Can Do programme will result in:

- 9 fewer community led projects successfully delivered
- Estimated reduction of 300 beneficiaries each year so the number would be reduced to 150 in 2016-17 and to zero in 2017-18

However, given the limited evidence of the impact of this programme, the proposal is that this is not the most effective use of public health funding when the overall budget is becoming more restricted.

The reductions in the Health Trainer and Can Do budgets are expected to have a half year effect in 2016-17 and a full year effect in 2017-18.

EQUALITIES SCREENING

TRIGGER QUESTIONS	YES/NO	IF YES - please provide further details on how this impacts on each equalities groups
Does the change affect who provides the service?	**Possible**	This is not anticipated, but it is possible current providers may decline to continue to provide Health Trainers on the proposed reduced contracts
Does the change reduce resources available to address inequality?	Yes	The projects are aimed at people less likely to already be using services and these are often those suffering from higher levels of deprivation and consequently poorer health outcomes. A reduction in service could therefore disproportionately affect these groups. The

		remaining services e.g. Health Trainers, will be supported to target work on the most vulnerable groups and individuals.
Does the change impact on local suppliers?	Yes	Can Do and Health Trainers are run by local providers so this will impact on their revenue streams.
Does the change impact on the Third Sector?	Yes	Can Do and Health Trainers are run by providers in the voluntary and not for profit sector so this will impact on their revenue streams.
Does the change reduce resources available to support vulnerable residents?	Yes	The projects are aimed at people less likely to already be in touch with services and these are often those suffering from higher levels of deprivation and consequently poorer health outcomes. A reduction in service could therefore disproportionately affect these groups. The remaining services e.g. Health Trainers, will be supported to target work on the most vulnerable groups and individuals.
CHANGES TO A SERVICE		
Does the change alter who is eligible for the service?	No	
Does the change alter access to the service?	Yes	The Can Do programme will stop and there will be a reduction in capacity for the Health Trainers so fewer sessions are likely to be run and with fewer people supported to make healthier choices.
Does the change involve revenue raising?	No	
Does the change involve a reduction or removal of income transfers to service users?	No	
Does the change affect who provides the service, i.e. outside organisations?	Possible	Current providers may decline to continue to provide Health Trainers with reduced budgets, in which case services would need to be reprocured
Does the change involve direct impact on front line services?	Yes	Health Trainers are the main primary prevention service for adults funded by public health, helping people to eat healthier diets and increase their level of physical activity, together with assessment and signposting to other appropriate services. Health Trainers, will be supported to target work on the most vulnerable groups and individuals.
CHANGES TO STAFFING		
Does the change involve a reduction in staff?	Yes	Providers of Health Trainers may deliver reduced service by reducing numbers of staff. Staff employed on Can Do, will no longer be working on this project and current providers may terminate their employment. In both case these are not directly employed by the council.

Does the change involve a redesign of the roles of staff?	No	

OPP TITLE:	PH 002/2016-17 PUBLIC HEALTH GRANT - Maternity & Early Years Programme					
DIRECTORATE	ADULTS					
SERVICE:	PUBLIC HEALTH					LEAD OFFICER: Simon Twite
Associate Director - Public health	Esther Trenchard-Mabere		THEME:	Healthy & Supportive Community		
SAVINGS OPPORTUNITY	BASE BUDGET £000	Savings 16/17 £000	Additional Savings 17/18 £000	Total Saving		Is an EA Req?
Administrative Efficiencies	8,720,856	176,393	533,109	707,129		Yes
FTE Reductions						

DETAILS OF SAVINGS OPPORTUNITY

1. Background

The public health aspirations for healthy early years are that 0-5 year olds have:

- Secure social and emotional attachment
- Good cognitive development
- Healthy eating habits
- Good oral health
- Good levels of social and physical activity and development
- Protection from infectious diseases
- Good health outcomes through early identification of need and access to early help
- Freedom from abuse or neglect
- Parents or carers with life skills for health and wellbeing through critical early years life stages e.g. pregnancy, infanthood, weaning, bonding, transitioning to school age

2. Current investment

Developing the foundations for health and wellbeing in early years is a particularly high priority due to the strong evidence that good health in early years has a lifelong impact. The total investment in this area each year is £8.7m covering the following:

- Health Visiting - a workforce of specialist community public health nurses who provide expert advice, support and interventions to families with children in the first years of life (£6.8m)
- Health Visiting Growth Fund (£400k) – additional funding to increase numbers of Health Visitors
- Children`s Centres (£1m) – public health elements of Children`s Centres
- Family Nurse Partnership - a licensed service of specially trained family nurses who provide extra support to vulnerable, first time mothers aged 19 years and under (£550k)
- Breast Feeding Support a borough-wide breastfeeding support service that complements the Royal London Hospital maternity service (£328k)
- Unicef Baby Friendly – a programme to maintain UNICEF Baby Friendly accreditation in hospital and community settings (£143k)
- Locality Parent and Infant Wellbeing Coordinators – supports a team of peer supporters / volunteers to provide support for local parents and carers during pregnancy and the first year of the baby's life (£160k)
- Healthy Start Vitamins - a programme to increase distribution and uptake of Healthy Start Vitamins for all pregnant women and children under 4 (£55k)
- Healthy Eating and Physical Activity – enables enable parents and carers to provide healthy food for their families and provides exploratory physical activity for their children (£54k)
- Healthy Early Years supports the accreditation of children`s centres as Healthy Early Years centres (£50k)
- Healthy Teeth in Schools – a fluoride varnish programme in schools to reduce tooth decay (£160k)
- Brushing for Life (£60k) – provides free toothbrushes and fluoride toothpaste for families with children in nurseries and children's centres

3. Proposed budget reductions 16/17 and 17/18

- Health Visiting Growth Funding (£400k) - reduce by £69.6k (16/17) and a further £330.1k (17/18)
- Breast Feeding Support (£328k) - reduce by £32.8k (16/17)and a further £32.8k (17/18
- Unicef Baby Friendly (£143k) - reduce by £26.0k (16-17) and a further £2.4k (17/18)
- Locality Parent /Infant Wellbeing Coordinators (£160k) - reduce by £160k in 17/18
- Healthy Start Vitamins (£55k) - reduce by £8.0k (16/17) and a further £8.0k (17/18)
- Brushing for Life(£60k) reduced by £40k from 16-17

IMPLICATIONS
(Summarise impact on services provided, service users and health outcomes. Outline any risks to achievement of the saving.)

The proposed savings are to a group of services commissioned by Public Health to ensure the health of expectant mothers and their infants is protected and improved in line with National Institute for Clinical Excellence (NICE) guidance. This highlights the importance of maternal and child nutrition and the positive impact of health and development reviews, health promotion, parenting support, screening and immunisation programmes upon the health of children and families as set out in the national Healthy Child Programme 0-5.

Health Visiting Growth Funding (£400k) - reduce by £69.6k and further £330,1k in 17/18

This is the funding allocated to increase the numbers of health visitors from its current baseline (£6.76m) towards target and in 16/17 most of it will be required to enable the smooth transition of the Health Visiting Team into the new service starting April 2016..

The implications of reducing the funding in 17/18 are that the Health Visitor workforce will not increase significantly above the current 83 qualified health visitors which have already been recruited. However, 83 qualified health visitors is a significant increase on the number that have been available in previous years and an improved service is anticipated from the new contract that started on 1st April 2016.

Breast Feeding Support (£328) - reduce by £32.8k in 16/17 and further £32.8k in 17/18

This service aims to increase the number of Tower Hamlets mothers who have a meaningful antenatal/postnatal contact with a member of the Tower Hamlets breastfeeding service or UNICEF Baby Friendly Coordinator at the Royal London Hospital or in community/home settings and to build the capacity of the breastfeeding volunteer peer support service. It is anticipated that staff numbers would reduce by approximately 2 whole time equivalent posts from the current 13 to 11 support workers.

The implications are that the number of mothers that can be supported with breast-feeding would be reduced by up to 660 in 2017-18 out of a total of 3,300 supported each year. Support will be targeted particularly on mothers in the most vulnerable groups in order to reduce the adverse health inequality impact.

UNICEF Baby Friendly (£143k) - reduce by £26.0k in 16/17 and further £2.4k in 17/18

The service supports UNICEF Baby Friendly Accreditation to ensure that hospital and community-based services such as primary care clinics provide an environment that actively supports and promotes breastfeeding. The proposed savings are to the training budget.

This service supports maternity services, health visitors and children`s centres to provide a baby friendly service that is accredited in line with the UNICEF standard and no significant impact is anticipated on the provision of this support.

Locality Parent/Infant Wellbeing Coordinators (£160k) - the programme will end in March 2017.

The aim of the services to train and support four locality networks of peer supporters (volunteers) to support the emotional health and wellbeing of parents/carers and their babies up to the first year of life. This is a pathfinder project running for 2 years; the contract end date is March 2017 meaning that

whilst this will be funded in 2015/16 – 2016/17 this will not continue into 2017-18.

The implications are that the pilot will not continue but the learning from the programme will feed into other volunteer projects and the pool of volunteer peer supporters that has been established will continue to have a positive impact within the community and be supported through the Health Visitor locality teams .

Healthy Start Vitamins (£55k) reduce by £8k in 16/17 and further £8k in 17/18

The aim of the service is to improve the nutritional status and in particular prevent Vitamin D deficiency in pregnant women and children under 4 years. Provision of the service through community pharmacies has not worked as well as hoped and review indicates that it could be delivered at lower cost in house.

The implications are therefore minimal as transferring the service in house will maintain the numbers reached at lower cost.

Brushing for Life (60k) reduced by £40k in 2016-17

Brushing for Life is a programme aimed at preventing tooth decay in children under five. Brushing for Life provides tubes of fluoride toothpaste and a child's toothbrush in a pack which also contains educational material for the child, parents and carers. Our priority is to maintain the Healthy Teeth in Schools programme (fluoride varnish), which has been achieving increasing coverage of the cohort in Reception and Year 1 and has a stronger evidence base.

The reduction to the Brushing for Life programme can be absorbed without a major impact on the outcomes as it is intended to secure the supplies at lower cost and there are also other funding streams that children's centres can access to purchase the supplies in some cases, so a very limited overall impact is anticipated.

EQUALITIES SCREENING		
TRIGGER QUESTIONS	**YES/NO**	IF YES - please provide further details on how this impacts on each equalities groups
Does the change affect who provides the service?	Yes	Healthy Start Vitamins - service brought in house and potentially delivered through Children`s Centres. There is potential for the service to be more responsive to community and locality needs as well as reducing the cost.
Does the change reduce resources available to address inequality?	Yes	There is a potential reduction in staff delivering support for key early year's primary prevention (such as increasing in breast feeding rates). There is also a reduced *future* staff capacity for universal support for expectant mothers and mothers of children aged 0-5 (Health Visiting) which may have a small impact on women of childbearing age and children aged 0-5. Targeted support to the more vulnerable families will be maintained or increased.
Does the change impact on local suppliers?	Yes	In some affected services shown above there is a need to reduce the contract value. The change is being phased over two years and we will seek to mitigate the impact where possible.
Does the change impact on the Third Sector?	No	The proposed savings have explicitly avoided impacting on the local voluntary sector.
Does the change reduce resources available to support vulnerable residents?	Yes	Loss of future staffing potential within the Health Visiting Service may impact on women of childbearing age and children aged 0-5 but an increase in the numbers of Health Visitors from the current position is still anticipated

CHANGES TO A SERVICE		
Does the change alter who is eligible for the service?	No	
Does the change alter access to the service?	Yes	Not substantially but where resources are reduced this may lead to a reduction in access.
Does the change involve revenue raising?	No	
Does the change involve a reduction or removal of income transfers to service users?	No	
Does the change affect who provides the service, i.e. outside organisations?	Yes	The proposed savings to the Universal Healthy Start Vitamins Scheme will affect who provides the service with the service being brought in house from the current provider (Barts Health).
Does the change involve direct impact on front line services?	Yes	Proposed savings to the UNICEF Baby Friendly/breast feeding support service will impact on front line services due to loss of capacity and training. Loss of funding will prevent the continuation of the Locality Parent & Infant Wellbeing pathfinder.
Does the change involve a reduction in staff?	Yes	The proposed savings to the breast feeding support service have the potential to lead to a staff reduction (or role redesign), although it is ultimately the responsibility of the provider (Barts Health) to decide how savings are made.
Does the change involve a redesign of the roles of staff?	Yes	The proposed savings to the breast feeding support service have the potential to lead to role redesign (or a staff reduction), although it is ultimately the responsibility of the service provider (Barts Health) to decide how to maintain service delivery within a reduced budget.

OPP TITLE:	PH 003/2016-17 PUBLIC HEALTH GRANT - Children`s Public Health Programme					
DIRECTORATE	ADULTS					
SERVICE:	PUBLIC HEALTH				LEAD OFFICER: Simon Twite	
Associate Director - Public Health	Esther Trenchard-Mabere		THEME:	Children`s Health		
SAVINGS OPPORTUNITY	BASE BUDGET £000	Savings 16/17 £000	Additional Savings 17/18 £000	Total Saving		Is an EA Req?
Administrative Efficiencies	2,634,764	121,696	61,534	183,230		Yes
FTE Reductions						

DETAILS OF SAVINGS OPPORTUNITY

1. Background

The public health aspirations for healthy children and adolescent are that they have:

- Good emotional health and foundations for lifelong mental wellbeing
- Sustainable habits building physical activity, healthy eating and good oral health into everyday life
- Freedom from behaviours harmful to health and resilience to adopting these in future life
- Good health outcomes through early identification of need and access to early help
- Freedom from abuse or neglect
- Life skills for health and wellbeing through critical life stages e.g. puberty, developing identity, starting relationships, transitioning to adulthood

2. Current investment

Childhood and adolescence is an important life stage for embedding lifelong habits. The school and family are critical settings for embedding lifelong habits for health and this explains the significant investments in public health interventions in these settings.

- School Health (School Nursing)- aims to ensure that school aged children and young people (5-19 years) are supported to live healthy lives and have the appropriate access to healthcare £1.6m
- Child and Family Weight Management 12 week multi component (healthy eating, physical activity and behaviour change) programmes aimed at children and families £431k
- Healthy Schools Team helping to ensure that school aged children and young people (aged 5-19 years) are supported to live healthy lives, integrating health and well-being within the ethos, culture, routine life and core business of the school/setting - £276kActive Cycling in Schools - Works with participating schools to create a 'whole school' cycling culture and to generate increases in regular cycling to school £80.2k
- Active Play 5-13 – provides an estate-based outreach programme of active play sessions to address low participation in active play £64.5kHealthy Families – works with schools, children`s centres and community centres to embed healthy eating and physical activity ideas into a range of parent initiatives and programmes through practical workshops and community activities - £60k
- Public Health Dietitian (Child) - helping to ensure that school aged children and young people (aged 5-19 years) are supported to live healthy lives- £60k
- Healthy Minds in Schools - a pilot programme of mindfulness delivered to teachers/teaching assistants and other relevant staff in order for teachers to be equipped to deliver sessions to students £43k Educational Psychology £40k – provides additional therapeutic support to school children and parents experiencing mental health or emotional difficulties.

3. Proposed budget reductions 16/17 and 17/18

- Child and Family Weight Management (£431k) reduce by £21.5k in 16/17 and further reduction £21.5k (17/18)
- Active Cycling in Schools - Bike It (£80.2k) reduce by £40.2k in 16/17 and further reduction £40k (17/18)

- Healthy Families (£60k) reduce by £20k from 16/17
- Educational Psychology (£40k) reduce by £40k from 16/17

IMPLICATIONS
(Summarise impact on services provided, service users and health outcomes. Outline any risks to achievement of the saving.)

The proposed savings are to services that are currently commissioned by Public Health to increase the opportunities for children and young people and their families to benefit from a healthier diet and/or physical activity, and in the case of the educational psychology service to provide additional counselling for vulnerable children where clinical level problems exist. Proposed savings are lower in this area as the investment in children`s and young people`s health is a high priority which we aim to protect as far as possible. Consequently several of the most high priority services are being maintained at current levels including the School Health Service, the Healthy Schools Team in the Council and the Active Play programme.

Child and Family Weight Management (£431k) reduce £21.5k and further reduction £21.5k (17/18)

The aim of this service is to improve the health and quality of life of overweight and obese children and their families by enabling them to make sustainable improvement to their diet. A number of efficiency savings have been identified in the service, e.g. in the referral process from schools, and the modest reduction proposed is not expected to have an impact on the numbers participating in this programme.

Active Cycling in Schools - Bike It (£80.2k) reduce by £40.2k and further reduction £40k (17/18)

The aim of this programme is to create a cycling culture across the whole school community that brings about increases in regular cycling to school. The programme is an addition to other cycling training provided within schools. The proposed savings will end the funding of this programme from 2016/17.

Tower Hamlets is the only London borough to fund the programme through the Public Health grant (funding usually coming from Transport for London - TfL). Alternative funding sources are being explored. Delivery to the end of the current academic year will be funded.

The implications are reduced capacity for cycling training in the borough although the core training in schools funded by TfL remains.

Healthy Families (£60k) reduce by £20k

The aim of this programme is to empower parents and carers of nursery and primary school aged children and children of all ages with special needs to make it easier for the family to eat healthier food, enjoy a more active lifestyle and maintain emotional and mental wellbeing. The programme integrates health issues into parenting programmes.

Implications of the reduction are minimal as the success of the programme means savings can be achieved through integrating the health component into other parent and family support programmes.

Educational Psychology (£40k) reduce by £40k

This service provides extra support for pupils in schools in excess of the core offer for families and children. The service is therapeutic rather than being preventative and does not fully meet the criteria for public health funding. Delivery will continue until end of academic year, active case load managed down and alternative funding sources are being identified by Educational Psychology Service

Implications for reduction are minimal as the case load is being absorbed into the core service and the availability of specialist support is not affected.

EQUALITIES SCREENING		
TRIGGER QUESTIONS	**YES/NO**	**IF YES - please provide further details on how this impacts on each equalities groups**
Does the change affect who provides the service?	No	
Does the change reduce resources available to address inequality?	Yes	There is a risk of reduction in resources available to address inequalities for vulnerable families and children through the potential reduction in staff delivering family support programmes. However, the health support will be integrated into other parent and family programmes.
Does the change impact on local suppliers?	No	
Does the change impact on the Third Sector?	Yes	Active Cycling in Schools is delivered by a national voluntary sector organisation (Sustrans). Alternative funding sources are being explored by Sustrans.
Does the change reduce resources available to support vulnerable residents?	Yes	Proposed savings to the Educational Psychology project will impact on vulnerable children but the impact will be mitigated by provision of care through the core educational psychology provision. The impact on the Healthy Families programme is reduced by the integration of health support into other parent and family programmes.
CHANGES TO A SERVICE		
Does the change alter who is eligible for the service?	No	
Does the change alter access to the service?	No	
Does the change involve revenue raising?	No	
Does the change involve a reduction or removal of income transfers to service users?	No	
Does the change affect who provides the service, i.e. outside organisations?	No	
Does the change involve direct impact on front line services?	Yes	The proposed savings to the Healthy Families programme could impact on front line services but the impact is mitigated as stated above.
CHANGES TO STAFFING		
Does the change involve a reduction in staff?	Yes	The proposed savings to the Healthy Families programme have the potential to lead to a staff reduction (or role redesign). This would be treated in accordance with the Councils corporate change management procedure.

Does the change involve a redesign of the roles of staff?	Yes	The proposed savings to the Healthy Families programme have the potential to lead to a role redesign (or staff reduction). This would be treated in accordance with the Councils corporate change management procedure.

OPP TITLE:	PH 004/2016-17 PUBLIC HEALTH GRANT - Smoking Cessation Programme					
DIRECTORATE	ADULTS					
SERVICE:	PUBLIC HEALTH				LEAD OFFICER: Jane Stephenson-Glynn	
Associate Director - Public Health	Chris Lovitt		THEME:	Healthy & Supportive Community		
SAVINGS OPPORTUNITY	BASE BUDGET £000	Savings 16/17 £000	Additional Savings 17/18 £000	Total Saving		Is an EA Req?
Administrative Efficiencies	1,367,940	405,000	107,000	512,000		Yes
FTE Reductions						

DETAILS OF SAVINGS OPPORTUNITY

1. Background

The public health aspiration is to continue to drive down the use of tobacco in the borough:

- Stopping people starting smoking
- Helping people quit smoking
- Protecting people from the harmful effects of second hand smoke

Stopping smoking is amongst the most important measures that an individual can take to improve their health. Within a year, an individual's chance of heart disease is halved and in five years the risk of lung cancer is halved. Tower Hamlets has amongst the highest level of premature death from smoking related diseases in the country and this is why offering universal smoking cessation services has been such a priority. Services support 1500-2000 to stop smoking each year in Tower Hamlets.

2. Current investment

- Smoking cessation services provided in pharmacies £330k
- Enforcement of no smoking legislation in pubs and restaurants and public areas £263k
- Specialised smoking cessation service - 1-1 and group intensive smoking cessation support for smokers with higher needs such as long term addiction, pregnant smokers, smokers with chest conditions £227k and Specialist service drug costs £45k
- Targeted smoking cessation for black and minority ethnic(BME) groups - 1-1 and group tobacco and smoking cessation support for tobacco chewers and smokers from BME groups £213k
- Smoking cessation in GP surgeries – support to quit smoking through GPs and GP practices £200k
- Peer education tobacco – educational programme for young people on the risks of smoking delivered in schools and youth centres £80k

3. Proposed budget reductions 16/17 and 17/18

- Smoking cessation in pharmacies (£330k) reduce by £117 in 16/17 and a further reduction of £17k (17/18)
- Tobacco control (£263k) – reduce by £163k
- Specialist smoking cessation service (£226k) reduce by £5k in 16/17 and further reduction £5k (17/18)
- Targeted smoking cessation (£213k) BME groups reduce by £5k in 16/17 and further reduction £5k (17/18)
- GP practice smoking cessation services (£200k) reduce by £20k in 16/17 and by a further £80k in 17/18
  Peer Education tobacco (£80k) reduce by £80k from 16/17

IMPLICATIONS
(Summarise impact on services provided, service users and health outcomes. Outline any risks to achievement of the saving.)

Tower Hamlets residents continue to have higher rates of smoking than the national or regional averages with smoking especially prevalent in particular demographic groups. Supporting people to stop smoking is

one of the most cost effective and health enhancing public health intervention that not only reduces mortality and morbidity but has a significant impact on reducing health inequalities.

As elsewhere, smoking prevalence has been falling steadily in Tower Hamlets over the past ten years. In 2005 prevalence was estimated at 29% and the most recent estimate is 10%. This fall is likely to have been driven by the smoking ban, e-cigarettes and changing societal attitudes. However, it is important to recognise that these falls have been less marked in more deprived groups and smoking therefore remains an important driver of heath inequalities. For these reasons, it has been the approach to reduce the provision of universal services (in line with the reduction in footfall) and to preserve the more specialised and targeted services.

Smoking cessation service in pharmacies (£330k) reduce by £117k and further reduction £17k (17/18)

We are proposing to make savings by reducing the length of the treatment programme provided by community pharmacies. Many smokers do not use the full amount of Nicotine Replacement Therapy (NRT) prescribed during a quit attempt either because four weeks combination supply is enough to last them six weeks, they quit but manage without using the full prescribed amount, or they chose to buy electronic cigarettes. This results in a surplus of NRT prescribed and therefore waste. The specialist services treatment programme will not be reduced for smokers who are more heavily addicted to nicotine e.g. smokers with mental illness. The varenicline treatment programme (an alternative nicotine substitute product) also remains the same. This means that the same number of smokers can be helped but at lower cost. We are exploring a payment mechanism that will ensure that pharmacies are only paid fees if there is a successful quit at the end of the programme.

Specialist smoking cessation service (£226k) reduce by £5k from 16/17 and further reduction £5k (17/18)
Specialised service drug costs (£45k) reduce by £15k from 16/17
Targeted smoking cessation (£213k) BME groups reduce by £5k and further reduction £5k (17/18)

The changes to the GP Network Improvement Service (NIS) will see an increased footfall, of approximately 2,000 smokers, into the specialist service stop smoking service and Black and Minority Ethnic (BME) tobacco project combined in 2016/17. 42% of these smokers will come from BME groups. As the service provides a more effective and specialised service than GPs can offer the quit rate will increase from 22% to over 50%. This will reduce the cost per quitter. In addition there will be a reduction in prescribing costs due to the following:

• Pick up of some prescribing costs for those patients supported by the specialist service or BME tobacco project within GP practice settings
• Reduction in specialist treatment programme of Nicotine Replacement Therapy (NRT) (with the exception of pregnant smokers)
• Increased use of electronic cigarettes leading to a reduction in smokers offered NRT and/or varenicline programmes

GP practice smoking cessation services (£200k) reduce by £20k in 16/17 and a further £80k in 17/18

As described above the smoking cessation support practice in GP practices in the borough will change so that smokers that need sustained support will be referred by GPs to the specialist services that will operate from the GP practices. This will reduce the cost per quitter and provide a higher quality level of support. The aim of the changed approach is to increase the number of smokers receiving support as some GP networks (not all) have not been very successful at providing support for smoking cessation.

Tobacco control – reduce by £163k from 16/17
The funding that is provided to the Council`s Environmental Health Consumer Team to undertake checks on illegal counterfeit cigarette sales, underage sales, smoke free premises and public vehicles, etc, can be reduced because the evidence is that there is generally a good level of compliance compared to three years ago. Some funding will still be available for these activities and appropriate checks on commercial premises will continue to be undertaken.

Peer Education tobacco (£80k) reduce by £80k
It is proposed to discontinue the peer education smoking cessation programme that is funded by Public Health as smoking awareness education is still provided through school PSHE activity, the School Health programme and the Council`s Healthy Schools Team.

Public Health is working with Youth Services through the Youth Service Review to develop a health-promoting youth service and mainstream this throughout the borough youth provision in order to maintain and improve the outputs of peer education programmes. Tobacco will be included as a key theme in this.

Impact on key local or national targets

The changes proposed are not anticipated to have a detrimental impact on local or national stop smoking targets and the effectiveness of the services are likely to increase as both the specialist and BME services have a higher successful quit rates compared to the previous configuration of services in Primary Care. It is also expected that there will be a Commissioning for Quality and Innovation (CQUIN) target for referrals implemented at the Royal London Hospital. CQUINS are additional targets that are set to provide incentives for services to undertake extra work to meet challenging targets. The CQUIN should significantly improve the identification and referral of smokers from the acute hospital and so increase the access and referrals of patients to cessation services. It is also proposed to allocate some of the additional funding allocated to the borough`s Vanguard service integration programme (a government initiative) to put a stronger focus on smoking cessation in the whole range of services delivered by the borough`s main acute services provider, Barts Health.

EQUALITIES SCREENING

TRIGGER QUESTIONS	YES/NO	IF YES - please provide further details on how this impacts on each equalities groups
Does the change affect who provides the service?	**Yes**	GP practices will no longer provide smoking cessation support but will instead refer patients to the specialist stop smoking service or BME stop tobacco project. Minimal impact on equalities groups is anticipated as the service will still be provided by the two aforementioned service sand also community pharmacists.
Does the change reduce resources available to address inequality?	No	
Does the change impact on local suppliers?	Yes	May reduce some staff hours - risks to provision for equalities groups minimal. Small risk to outreach provision for minority groups but will be mitigated by the specialist and BME services accessing these client groups through GP practices
Does the change impact on the Third Sector?	No	
Does the change reduce resources available to support vulnerable residents?	No	
CHANGES TO A SERVICE		
Does the change alter who is eligible for the service?	No	Services will remain open access to all residents but be better targeted.
Does the change alter access to the service?	Yes	Smoking cessation support will be refocused into specialist services. However all residents will still be able to access cessation support through the wide variety of easy to access community pharmacies, and some specialist clinics will be hosted at GP practices by the specialist service and BME stop tobacco project. Numbers of quits are likely to increase, rather than

		decrease, due to the specialist support producing a superior quit rate (i.e. more people quitting successfully) to primary care smoking cessation provision in GP practices.
Does the change involve revenue raising?	No	
Does the change involve a reduction or removal of income transfers to service users?	No	
Does the change affect who provides the service, i.e. outside organisations?	No	
Does the change involve direct impact on front line services?	Yes	Cessation services will now be provided by the specialist services in partnership with Primary care. However all residents will still be able to access cessation support through the wide variety of easy to access community pharmacies.
CHANGES TO STAFFING		
Does the change involve a reduction in staff?	No	
Does the change involve a redesign of the roles of staff?	No	

OPP TITLE:	PH 005/2016-17 PUBLIC HEALTH GRANT - Sexual Health Programme					
DIRECTORATE	ADULTS					
SERVICE:	PUBLIC HEALTH				LEAD OFFICER: Reha Begum	
Associate Director - Public Health	Chris Lovitt		THEME:	Healthy & Supportive Community		
SAVINGS OPPORTUNITY	BASE BUDGET £000	Savings 16/17 £000	Additional Savings 17/18 £000	Total Saving		Is an EA Req?
Cut in service duplication & move to more cost effective service provision	3,077,529	619,336	345,000	964,336		Yes
FTE Reductions						

DETAILS OF SAVINGS OPPORTUNITY

1. Background

The aspiration of the sexual health programme is to:

- Promote good sexual health in the population
- Promote safe sex practices
- Identify sexually transmitted infections and HIV in the population as early as possible
- Provide high quality access to contraception and widen access in primary care
- Improve access to online and other testing facilities e.g. community pharmacies, primary care and to target acute services at complex patients requiring treatment

2. Current investment

- Acute Genito-Urinary Medicine (GUM) Provision of contraceptive services, STI screening & treatment & psychosexual counselling, chlamydia screening £5.5m
- Integrated sexual health (Contraception and Sexual Health Services - CASH) Provision of contraceptive services STI screening & treatment, chlamydia screening co-ordination, psychosexual counselling and work with high need groups £1.4m
- Integrated sexual health young people - Provision of contraceptive services, STI screening & treatment, chlamydia screening co-ordination, SRE and targeted prevention work with young people £601k
- Sexual health services in general practice - Provision of contraceptive services, STI screening & uncomplicated treatment, chlamydia screening £280k
- Sexual health services in pharmacies Provision of Emergency Contraception, Chlamydia and Gonorrhoea screening & uncomplicated treatment, condom distribution - £190k
- Peer education sexual health – sex and relationship education programmes that are offered in schools and youth centres £178k
- Enhanced sexual health promotion in high risk groups - Targeted outreach, community mobilisation and resource development to support testing, treatment and behaviour change to reduce STIs, HIV transmission and increase sexual health £170k
- Commissioning support for sexual health – specialist commissioning support for GUM services £50k
- Sexual health promotion in commercial sex workers - through outreach, community mobilisation and health promotion to encourage street based commercial sex workers to test, treat and vaccinate to reduce sexually transmitted infections and blood bourne virusess £50k
- Living well with HIV - health promotions with people living with HIV to encourage treatment uptake, behaviour change and adoption of healthy lifestyles £50k
- Pan London sexual health -

London wide HIV prevention programme targeting MSM and people from African Communities £47k

- Health promotion in undiagnosed HIV - through outreach, community mobilisation and health promotion to encourage people from high need communities to test for HIV £40k
- London DPH programme - £22k
- North East London Sexual Health Network (NELNET) - provision of a clinical commissioners network for HIV and sexual health services across North East London £10k

3. Proposed budget reductions 16/17 and 17/18

- Acute GUM (£5.5m) reduce by £200k
- TH CASH (£1.4m) reduce by £250k in 16/17 and a further reduction of £250k in 17/18
- Integrated sexual health young people (£601k) reduce by £15k
- Peer education sexual health (£178k) reduce by £108k and further reduction of £70k in 17/18
- Enhanced sexual health promotion for high risk (£170k) reduce by £6k
- Sexual health promotion in commercial sex workers (£50k) reduce by £25k and further reduction of £25k 17/18
- Living well with HIV (£50k) reduce by £3k
- Health promotion in undiagnosed HIV (£40k) reduce by £3k
- North East London Sexual Health Network (NELNET) (£10k) reduce by £10k

IMPLICATIONS
(Summarise impact on services provided, service users and health outcomes. Outline any risks to achievement of the saving.)

Improving sexual health is a high priority for public health in Tower Hamlets and there is an ambition to shift the focus of the investment towards prevention rather than the treatment of infections. To that end there is a strong commitment to protecting the prevention services as far as possible. There is also commitment to ensuring that wherever possible services are provided at the appropriate level, for example, making better use of the primary care services that are provided rather than a continued increase in take up of high cost services in hospital-based clinics. Services such as the Young People`s Service and the prevention services working with the high risk groups are seen as important to maintain.

At the same time the cost of meeting the needs of local residents sexual health needs has significantly increased over the last two years. A major initiative is being made through the London and East London Sexual Health transformation programme to ease and reduce the cost of accessing services by greater use of technology, on line services, enhanced partner notification services and replace the current national payment structures for providers with a more appropriate integrated sexual health tariff. The transformation programmes will start to commission services in 2017 and 2018.

Acute GUM (£5.5m) reduce by £200k and in16/17

GUM services that can be accessed anywhere by Tower Hamlets residents are one of the major costs for the public health grant and in recent years the growth in expenditure has been very significant. There are a number of initiatives to control cost levels in this area and in the interim a reduced cost of £200k per year is anticipated.

The implications of this are that some users of acute sexual health services would be encouraged to attend at primary care settings and in borough acute services where the requirement is a straightforward contraception requirement, testing or simple treatment rather than a more acute need. This would result in a better use of the available resources without having an adverse impact on any sexual health service user.

TH CASH (£1.4m) reduce by £250k and further reduction of £250k in 17/18

In advance of the transformation programme we will work with the current providers of services to reduce duplication of services provided by the current configuration of sexual health services provided by the TH CASH service at Mile End Hospital and the Ambrose King Centre at the Royal London Hospital by co-locating the level 3 services (CASH and GUM) at Ambrose King. This will improve the efficiency of the services by reducing overheads, enabling less complex activity to be provided by community based services and encourage lower urgency resident access (e.g. supply of condoms only) to access services in a lower cost setting or change how services are provided to reduce the costs of delivery.

The implication would be a reduction in the duplication of services and the referral of users to more appropriate service levels. No significant impact on the accessibility of services is anticipated as needs can be met from other services such as those offered in primary care.

Integrated sexual health young people (£601k) reduce by £15k

The Young People Services provides a high quality, accessible, comprehensive contraception and sexual health service for young people aged 24 years and under with a particular focus on those aged 19 years and under. Clinic based clinical services and community outreach services offer information, advice and guidance, provision of contraception, diagnosis and treatment of sexually transmitted infections including partner notification as set out in this service specification and onward referral where appropriate.

This is a high priority service to maintain and the small reduction in the budget is likely to be achievable through reducing duplication of services between primary care and this service so there will be no or very limited impact on the numbers of young people supported.

Peer education sexual health (£178k) reduce by £108k and further reduction of £70k in 17/18

The aim of this programme is to work with adolescents and young adults in schools and community settings to deliver targeted Sex and Relationship Education. This is an important area of pastoral education but is also supported through other sources of funding such as school PHSE programmes. In addition it has frequently proved difficult to engage schools positively and the programme has struggled to reach the numbers anticipated.

The review of the Youth Service has highlighted this as an area that will be prioritised for development as part of a health-promoting Youth Service, including sexual health as one of its core themes

Enhanced sexual health promotion for high risk groups (£170k) reduce by £6k

This service provides enhanced sexual health promotion and HIV prevention, targeting high need communities in the London Borough of Tower Hamlets. This work is in addition and builds on the general population sexual health promotions undertaken by both public health and other providers. The small reduction in the budget can be absorbed without significant impact on the levels of engagement.

Sexual health promotion in commercial sex workers (£50k) reduce by £25k and further reduction of £25k 17/18

The commercial sex workers health promotion project targets street-based sex workers to encourage regular testing and take up of treatment services for sexually transmitted infections. However, the project has not engaged the numbers anticipated and will be brought in house and provided through a Drugs Intervention Programme (DIP) project that already works with this client group.

The implications are minimal as the service is failing to add value and there is duplication of services that will still be provided through the DIP project.

Living well with HIV (£50k) reduce by £3k

This project aims to improve the health and well-being of people with HIV using a peer led and peer-supported approach. A small reduction in the budget is proposed and this should be absorbed without significant impact on the numbers engaged.

Health promotion in undiagnosed HIV (£40k) reduce by £3k

The service delivers enhanced health promotions to reduce undiagnosed HIV, targeting high need communities in Tower Hamlets – men who have sex with men, some ethnic minority groups and at risk young people under age 35. A small reduction in the budget is proposed and this should be absorbed without significant impact on the numbers engaged.

North East London Sexual Health Network (NELNET) – (£10k) – reduce by £10k
This is a support group for clinical commissioners which will continue with other funding through the sexual health service providers.

Impact on key local or national targets

The changes proposed are not anticipated to have a detrimental impact on local or national sexual health indicators which include teenage pregnancy rates, chlamydia screening and late HIV diagnosis. Services will remain open access and access points have increased following the extension of sexual health services to nearly all community pharmacists for provision of Emergency Contraception, HIV testing and chlamydia and gonorrhoea screening. The savings proposed are based on increasing efficiency, reducing duplication and directing users to lower cost services where appropriate to their needs.

Health promotions and health improvement programmes targeted to the most at risk groups for sexual ill health will continue and work will continue to mainstream the promotion of good sexual health throughout the wider education, youth, and social care and NHS services.

EQUALITIES SCREENING		
TRIGGER QUESTIONS	**YES/NO**	**IF YES - please provide further details on how this impacts on each equalities groups**
Does the change affect who provides the service?	Yes	The commercial sex workers project will be brought in house from the current provider the Homerton Hospital and provided by the DIP team
Does the change reduce resources available to address inequality?	No	The services commissioned will continue to target resources at the most vulnerable. The reductions proposed are likely to be able to be met by reducing duplication of services and/ or increasing efficiency of provision and so are not expected to increase inequalities.
Does the change impact on local suppliers?	Yes	Current service providers are Barts Health, sub-contractors Step Forward, Positive East and the Homerton Hospital. The Council will work with the providers to manage the impact as sensitively as possible.
Does the change impact on the Third Sector?	Yes	Step Forward and Positive East are both Third Sector providers The Council will work with the voluntary sector providers to manage the impact as sensitively as possible.
Does the change reduce resources available to support vulnerable residents?	No	The services commissioned will continue to target resources at the most vulnerable. The reductions proposed are likely to be able to be met by reducing duplication of services and/ or increasing efficiency of provision and so are not expected to increase inequalities.
CHANGES TO A SERVICE		
Does the change alter who is eligible for the service?	No	Sexual health services will remain open access with a wide range of access points available throughout the borough and out of area.
Does the change alter access to the service?	No	Sexual health services will remain open access with a wide range of access points available throughout the borough and out of area.
Does the change involve revenue raising?	No	
Does the change involve a reduction or removal of income transfers to service users?	No	

Does the change affect who provides the service, i.e. outside organisations?	No	
Does the change involve direct impact on front line services?	Yes	It is likely that some low risk clients who currently access the hospital based services and outreach services will be re-prioritised to attend community based services.
CHANGES TO STAFFING		
Does the change involve a reduction in staff?	Yes	It is likely that that the budget reduction will require the providers to deliver a small reduction in staffing numbers by reducing duplication of services.
Does the change involve a redesign of the roles of staff?	Yes	It is likely that that the budget reduction will require the providers to redesign roles of staff.

OPP TITLE:	PH 006/2016-17 PUBLIC HEALTH GRANT - Long Term Conditions					
DIRECTORATE	ADULTS					
SERVICE:	PUBLIC HEALTH				LEAD OFFICER: Judith Shankleman/Luise Dawson	
Associate Director of Public Health	Abigail Knight		THEME:	Healthy & Supportive Community		
SAVINGS OPPORTUNITY	BASE BUDGET £000	Savings 16/17 £000	Additional Savings 17/18 £000	Total Saving		Is an EA Req?
Administrative Efficiencies	1,024,570	296,258	152,257	448,515		Yes
FTE Reductions						

DETAILS OF SAVINGS OPPORTUNITY

1. Background

The public health aspirations for the long term conditions programme are:

- Good emotional health and foundations for lifelong mental wellbeing
- Positive health habits built into daily life
- Freedom from behaviours harmful to health
- Good outcomes through early identification of need and access to early help to reduce or reverse progression of health conditions and maintain a good quality of life
- Freedom from abuse or neglect
- Dignity and a sense of control in the last years of life

2. Current investments

Tower Hamlets has amongst the highest levels of premature deaths from cardiovascular disease and cancer. This is linked to deprivation and high prevalence of behavioural risk factors (e.g. unhealthy diet, sedentary behaviour, smoking high alcohol use in those who drink). There is a strong evidence base for intervention to prevent disease or reduce progression (lifestyle change, cholesterol and blood pressure control) The priority in these programmes is to provide prevention and early identification services to those at highest risk of long term conditions (e.g. cardiovascular disease, diabetes and cancer)

- Fit4Life Centre (adult obesity) - takes all referrals, sets goals and signposts to 12 week Fit 4 Life programmes healthy eating, physical activity weight loss and behaviour management £332k
- Fit4Life Group (adult obesity) - 12 week multi component* groups for adults with (or at high risk of) type 2 diabetes and CVD and other long term conditions £270k
- Fit4Life Tier 3 (adult obesity) - specialist 12 week multi component*programme for adults with severe obesity and/or related conditions that require clinical management £208k
- Fit4Life Disability (adult obesity) - specialist 12 week multi component programme for adults with mental ill -health, physical and learning disabilities. £50k
- Health lives data support (EMIS Web) – data to support referrals into the Fit 4 Life programme £25k

- Health checks in primary care - national programme delivering the NHS Health Check for heart disease risks between the ages of 40 – 74yrs £207k
- Cancer public engagement – outreach project increase knowledge of common symptoms and the importance of early diagnosis £55k
- Bower cancer promotion in primary care - to improve public awareness and early presentation of cancer symptoms and to reduce delays in referral and diagnosis of cancer in the Tower Hamlets residents at highest risk of developing cancer and of late diagnosis £40k

- Making Every Contact Count (supporting frontline provider to promote healthy lives) £10k
- TB outreach - outreach activities targeting at-risk groups who have complex health and social needs £85k
- Loneliness in Neighbourhoods (pilot)- non-recurrent programme ending in 16/17 £60k
- Loneliness in Care Homes (pilot) – non-recurrent programme ending in 16-17 £60k
- Flourishing Minds (pilot) – non-recurrent programme ending in 16-17 £85k
- Digital Mental Health – non recurrent programme ending in 16-17 £33k

3. Proposed budget reductions for 16/17 and 17/18

- Overall funding to Fit4Life Centre, Group and Tier 3 (£810) reduced by £125k and further reduction of £125k in 17/18
- Health lives data support (EMIS Web) (£25k) reduced to £9k
- Cancer public engagement (£55k) reduced by £27k and further £28k in 17/18
- Bower cancer promotion in primary care £40k
- TB Outreach (£85k) reduced by £85k
- Making Every Contact Count (£10k) reduced by £10k

IMPLICATIONS
(Summarise impact on services provided, service users and health outcomes. Outline any risks to achievement of the saving.)

There is a commitment to maintaining services that help adults to manage their weight in order to avoid or reduce the risk of the serious health impacts from long term conditions. However, there is evidence that costs per head are significantly higher in Tower Hamlets than in other areas so it is prudent to look at how costs can be managed so that they are cost effective and proportionate.

An overall reduction of funding to Fit4Life Centre, Groups and Adult Weight Management (£810k funding total) reduced by £125k and further reduction of £125k in 17/18

Fit4Life Centre receives referrals for people eligible for adult weight management and obesity reduction programmes. They undertake an assessment and referral to the appropriate service within the borough, including the full range of activities that are provided in community settings such as healthy walks, exercise programmes in community centres, activities available in leisure centres and other physical exercise and nutritional support programmes. They also follow up people who have been through the Fit4Life programme to encourage maintenance and continued lifestyle change.
Fit4Life Groups is a 12 week structure lifestyle support programme for people who are obese and at high risk of developing long term conditions.
Fit4Life Adult Weight Management is a tier 3 service, designed to provide intensive lifestyle and psychological support over a 12 month period for people with a BMI>35. From April 2016 CCGs will be taking on commissioning responsibilities for bariatric surgery (surgery to reduce the size of the stomach with a band or by removing a section so that appetite is reduced) and are recommended to commission adult weight management services as part of an integrated adult obesity pathway.

The implications are:

15% reduced activity across all contracts in 16/17, equating to:

- Fit4Life Centre: 300 fewer assessments, and 33 fewer people setting an action plan(out of 2,000 assessments and 1,400 plans)
- Fit4Life Groups: 135 fewer people starting the programme (out of 900 starts)
- Adult weight management: 33 fewer people starting the programme (out of proposed 220 starts)

30% reduced activity across all contracts in 17/18, equating to:

- Fit4Life Centre: 600 fewer assessments, and 66 fewer people setting an action plan (out of 2,000 assessments and 1,400 plans)
- Fit4Life Groups: 270 fewer people starting the programme (out of 900 starts)
- Adult weight management: 66 fewer people starting the programme (out of proposed 220 starts)

We will work with the service providers for the Fit 4Life programme and with GPs to reduce the impact through more efficient administration and improved use of technology (the unit costs of the service are high compared to areas with similar need) and will ensure that the service to the most vulnerable users (those with the greatest imminent health risk) is not reduced or impacted.

Health lives data support (EMIS Web) (£25k) reduced to £9k

EMIS Web is the IT system used by GPs in the borough, and we have therefore purchased our own

licenses to simplify referral pathways into adult weight management services, and thereby improve referral rates. We are able to take out set up costs from the original budget.

There are no ongoing implications as the start-up costs have already been met.

Cancer public engagement reduced by £27k and further £27k in 17/18

Cancer Public Engagement is a grass roots health education programme with two voluntary sector partners. Local community groups are trained in the signs and symptoms of cancer to be alert to, with the intention that they will act as community champions to share this information within their local communities. This has shown to be effective at improving awareness of cancer signs and symptoms, and we are confident that there is a sufficient evidence base to use to apply for alternative sources of funding. LBTH staff will retain involvement by supporting these funding applications.

The implications are that there will be a potential impact on stage of diagnosis of some cancers in the borough, which itself has a significant impact on prognosis. We propose this is mitigated through supporting the organisations to secure other sources of funding that are currently available for work to improve the early detection of cancer such as from national cancer charities.

Bowel cancer promotion in primary care reduced by £40k in 16/17

GP Bowel Cancer NIS has been a programme through which we incentivise GP practices to contact patients to encourage uptake of the national bowel cancer screening programme. A local evaluation of this initiative has demonstrated that this has not had an impact on bowel cancer screening uptake. It is therefore not an effective use of public health funds given the restrictions on the overall budget. This remains, however, a priority area for Tower Hamlets as we have relatively low rates of screening uptake. We are working with NHS England – lead commissioners for national cancer screening programmes - to identify alternative interventions to increase screening uptake;

Making Every Contact Count (£10k) reduced by £10k in 16/17

Making Every Contact Count (MECC) – is a training programme for front line social care staff across adults and children`s services to encourage informed and appropriate conversations about healthy lifestyle changes and signposting into supporting services. This programme is being taken on by the Tower Hamlets Integrated Provider Partnership through the Vanguard programme which is funded separately. It will include funding for training programmes across these same staff groups, and wider staff groups within the partnership, ultimately achieving broader reach.

The implications are that this will embed Making Every Contact Count within frontline services more effectively through the Vanguard programme. We will ensure that learning from the LBTH programme is shared and built on.

TB Outreach (£85k) reduced by £85k

The CCG are the lead commissioners of the TB pathway. London-wide services include a peripatetic “find and treat” service and there are other existing services such as Tower Hamlets Street Outreach and Response Team. The implications of ending the public health funded service are therefore not anticipated to be very significant as the current service duplicates existing provision locally.

EQUALITIES SCREENING		
TRIGGER QUESTIONS	**YES/NO**	**IF YES - please provide further details on how this impacts on each equalities groups**
Does the change affect who provides the service?	Yes	Some contracts are being safely decommissioned. Some pilot projects will not be continued beyond the original end date.
Does the change reduce resources available to address inequality?	Yes	Reducing the contract size of Fit4Life contracts will reduce the number of people going through the service. This potentially has a greater impact on some equality groups, e.g. people with mental or physical disabilities.

Does the change impact on local suppliers?	Yes	Some small organisations are contracted and this will affect their income. There are plans to support the organisations to access other sources of funding.
Does the change impact on the Third Sector?	Yes	Some small organisations are contracted to deliver some services and the change will affect their income stream.
Does the change reduce resources available to support vulnerable residents?	Yes	Reducing the contract size of Fit4Life will reduce the number of people able to use the service. There are plans for the services to secure funding from other sources.
CHANGES TO A SERVICE		
Does the change alter who is eligible for the service?	No	
Does the change alter access to the service?	No	
Does the change involve revenue raising?	No	
Does the change involve a reduction or removal of income transfers to service users?	No	
Does the change affect who provides the service, i.e. outside organisations?	No	
Does the change involve direct impact on front line services?	No	
CHANGES TO STAFFING		
Does the change involve a reduction in staff?	No	
Does the change involve a redesign of the roles of staff?	No	

OPP TITLE:	PH 008/2016-17 PUBLIC HEALTH GRANT - PUBLIC HEALTH STAFF OUTREACH TEAM					
DIR: Adults Services					**REF: PH 009 2016-17**	
SERVICE:	**PUBLIC HEALTH STAFF (Health Outreach Worker Programme)**				**LEAD OFFICER: Somen Banerjee, DPH**	
Lead: Somen Banerjee, DPH	PUBLIC HEALTH		**THEMES:** Healthy & Supportive Community			
SAVINGS OPPORTUNITY	**BASE BUDGET £000**	**Net Savings 16/17 £000**	**Net Savings 17/18 £000**	**Total Saving**		**Is an EA Req?**
Administrative Efficiencies	570,000	440,000	0	440,000		Yes
FTE Reductions						

DETAILS OF SAVINGS OPPORTUNITY

1. Background

A sum of public health grant was allocated in 2014-15 to establish a pool of twelve public health outreach workers. Based in Ideas stores but working in other community settings the objectives of the programme are to

- Conduct individual health and wellbeing assessments
- Provide lifestyle advice and signpost to local services
- Provide health and care information and advice
- Gather and share insights on local services
- Implement a health programme in Ideas stores

2. Current investment

- £570k was allocated to this programme (12 outreach workers)
- 3 outreach workers have been recruited so far as the programme is being piloted in Whitechapel Idea Store

3. Proposed reduction in 16/17

- Health outreach worker programme (£570k) reduced by £440k in 16/17

IMPLICATIONS
(Summarise impact on services provided, service users and health outcomes. Outline any risks to achievement of the saving.)

<u>Health outreach worker programme (£570k) reduced by £440k in 16/17</u>

Three public health outreach works were recruited in 2014-15 and are now in post. It is proposed to recruit one further outreach workers making the total team of four outreach workers that will be deployed one in each of the four localities in the borough. The cost of the four workers team is £130,000 per year. This means that a saving of £440,000 in the budget can be realised by not recruiting further outreach workers. No recruitment has been carried out to any of the outreach worker posts that are being deleted through this saving and therefore no staff are affected by the change, which is, however a saving to the public health staff budget overall.
There are no implications for staff and it is considered that four health outreach workers are adequate to meet the objectives of the programme. Since the original funding proposal was agreed a mapping of the available health outreach staff has indicated that with the addition of one outreach worker per locality in addition to other existing services such as Health Trainers there is sufficient capacity.

EQUALITIES SCREENING

TRIGGER QUESTIONS	YES/NO	IF YES - please provide further details on how this impacts on each equalities groups
Does the change affect who provides the service?	No	
Does the change reduce resources available to address inequality?	Yes	There will be a smaller team of outreach workers than was proposed. However, public health continues to support a number of outreach programmes through Health Trainers and several other projects that will continue so the impact will not be significant.
Does the change impact on local suppliers?	No	
Does the change impact on the Third Sector?	No	
Does the change reduce resources available to support vulnerable residents?	No	
CHANGES TO A SERVICE		
Does the change alter who is eligible for the service?	No	
Does the change alter access to the service?	No	
Does the change involve revenue raising?	No	
Does the change involve a reduction or removal of income transfers to service users?	No	
Does the change affect who provides the service, i.e. outside organisations?	No	
Does the change involve direct impact on front line services?	No	
CHANGES TO STAFFING		
Does the change involve a reduction in staff?	Yes	It does not impact on current staff but does reduce the size of the staff team that would have been recruited if the full recruitment had gone ahead.
Does the change involve a redesign of the roles of staff?	No	