

DRAFT SAVINGS PROPOSAL

London Borough of Tower Hamlets
Medium Term Financial Strategy 2021-24

Proposal Title:	Mainstreaming Communities Driving Change		
Reference:	SAV / HAC 009 / 21-22	Savings Type:	Service transformation
Directorate:	Health, Adults & Community	Savings Service Area:	Public Health
Directorate Service:	Public Health	Strategic Priority Outcome:	9. The Council is open and transparent putting residents at the heart of everything we do
Lead Officer and Post:	Somen Banerjee, Director of Public Health	Lead Member and Portfolio:	Cllr Rachel Blake, Deputy Mayor and Cabinet Member for Adults, Health and Wellbeing

Financial Impact:	Current Budget 2020-21	Savings/Income 2021-22	Savings/Income 2022-23	Savings/Income 2023-24	Total Savings/Income
Budget (£000)	742	(371)	(371)	-	(742)

Staffing Impact (if applicable):	Current 2020-21	FTE Reductions 2021-22	FTE Reductions 2022-23	FTE Reductions 2023-24	Total FTE Reductions
Employees (FTE) or state N/A	N/A	N/A	N/A	N/A	N/A

Proposal Summary:

The Communities Driving Change (CDC) programme is commissioned on a locality level from four voluntary sector organisations or social enterprises to improve health and wellbeing in 12 localities in the borough. Over the past three years it has exemplified coproduction approaches, development of social capital and been genuinely resident driven change.

Participants have reported positive shifts in health and wellbeing based on validated measures from the Tower Hamlets Together I Statement frameworks. The evaluation concludes that the programme has effectively served to build shared understanding of 'place', 'safety' and 'belonging' in residents. Focus group work with residents around the next phase of CDC has identified four themes of focus – practical support, community involvement, information needs and self-development.

While CDC has delivered positive outcomes it is proposed not to recommission the programme when it ends in Oct 2021 and to focus on embedding the Communities Drive Change approach into our mainstream services to ensure the benefits of co-production with residents are delivered and that the Council continues to address the wider social determinants of health. The current contract value is 750k and the four contracts expire in October 2021.

- *Do other Services within the Council provide support for this client group and will these continue?*
The programme works around expressed needs of people in deprived neighbourhoods around community opportunities, cohesion, security, open space, children and young people, cleanliness and communications and it therefore links into a range of council services. The ambition is to extend this approach to other council programmes to seek to embed coproduction in targeted way to address health inequalities in a long term, scaled up way that is deeply based on a strong evidence based theory of change and a strong evaluation framework
- *Is there precedent for withdrawal of similar services in Tower Hamlets or elsewhere?*
These programmes have typically funded by time limited grants (external, internal) and this has been a disincentive for communities to engage
- *If so, how has the community adapted over the short and medium term?*
The time limited nature of grant funding has been problematic in the context of an approach to coproduction that needs time, trust and long term commitment as well as the space to learn and innovate
- *Have we learnt from/ adopted/ adapted best practice from these examples?*
The best practice and learning is that short term time limited external grant funding had limited long term impact and long term more secure approaches are needed
- *Is there voluntary sector or community capacity available or under development in Tower Hamlets to help former service users adapt?*
The Voluntary Sector Strategy is being reviewed

Risk and Mitigations:

What will the major risks on the project be?

Substantial disruption of resident led initiatives that have been developed or are in development with loss of social capital that will be difficult to recover

What are the possible mitigation strategies?

Option 2 – Framing substitutions from General Fund relating to community development as a better model

The risks may be reputational as if not framed in the right way the proposal may signal less commitment to coproduction and community development. Decommissioning the service may have significant risks as it would be likely to end resident driven programmes for which there is strong community ownership and penetration within community networks

Likely to end resident driven programmes.

Resources and Implementation:

Building the proposal will require time for the review and development of the new model. This could be a partnership between public health and SPP.

There will also need to be procurement resource (procurement, public health)

SAVINGS PROPOSAL – BUDGET EQUALITY ANALYSIS SCREENING TOOL

Trigger Questions	Yes / No	If Yes – please provide a brief summary of how this impacts on each protected characteristic as identified in the Equalities Act 2010. This will need to be expanded in a full Equality Analysis at full Business Case stage.
Does the change reduce resources available to address inequality?	Yes	The programme focusses on the most deprived neighbourhoods in the borough so by definition it will reduce available resources across all protected characteristics – particularly economic deprivation, ethnicity, disabilities, gender This applies potentially to option one but definitely to option two
Does the change reduce resources available to support vulnerable residents?	Yes	As above
Does the change involve direct impact on front line services?	No	This is a commissioned service
Changes to a Service		
Does the change alter who is eligible for the service?	No	Option 2 would end the programme
Does the change alter access to the service?	Yes	In the sense that there may be less or no resource to support resident driven initiatives through the CDC programme
Changes to Staffing		
Does the change involve a reduction in staff?	No	The change in staff will relate to the commissioned organisations
Does the change involve a redesign of the roles of staff?	No	

Summary:

To be completed at the end of completing the Screening Tool.

Based on the Screening Tool, will a full EA will be required?

Yes

Additional Information and Comments: