

DRAFT SAVINGS PROPOSAL

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

Proposal Title:	Adult healthy lives services locality based model		
Reference:	SAV / HAC 010 / 21-22	Savings Type:	Service transformation
Directorate:	Health, Adults & Community	Savings Service Area:	Public Health
Directorate Service:	Public Health	Strategic Priority Outcome:	3. People access joined-up services when they need them and feel healthier and more independent
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)	942	(70)	(72)	-	(142)

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 overall expenditure relating to vascular disease prevention programmes is 942k – this is in the context of a borough with amongst the highest levels of diabetes and premature mortality from vascular disease in London. This covers expenditure around addressing risk factors for vascular disease: smoking, poor diet, low physical activity and obesity (smoking cessation, healthy check and obesity services).

Adult healthy lifestyles are an area of considerable innovation nationally with the emergence of individualised self-care, digital approaches and social media enabled peer support. At the same time, these approaches will not suit everyone (both in terms of preference but also digital exclusion/poverty).

These services remain important. Whilst segments of the population have resources to support their health and wellbeing (e.g. stop smoking devices, weight management programmes, private gyms) there are others for whom this will be a challenge due to factors such as time, finance and motivation.

It is proposed to review public health provision of these services to ensure that they those benefiting from them are those who need them most (both in terms of risk and barriers to addressing them).

The vision is a coproduced, locality-based model that integrates more effectively with existing local assets and provides a more joined up local offer to residents (particularly those at highest risk of lifestyle risk factors conditions such as heart disease, diabetes, lung cancer, chronic lung conditions, musculoskeletal conditions and common mental health conditions)

This model would strengthen the role of community/primary care based workers (primary care teams, community navigators, social prescribers, care navigators) in promoting physical activity, healthy eating and positive mental health and also align better with a ‘Communities Driving Change’ approach.

It would also link closely with the healthy lifestyles offer of the information and advice services that is currently being commissioned
The programme will require developing a deeper insight into healthy lifestyles of those with the greatest vascular risk, new locality models of provision (including digital approaches) and better segmentation to tailor approaches to different population subgroups.

Examples of new approaches would include:

- Digital approaches to stopping smoking
- Digital health checks where this is the right approach for an individual
- Online groups to support weight management
- More resident driven activities involving those groups that are most sedentary (e.g. walking groups, badminton, swimming)
- Better promotion of local assets (through the Information and Advice portal/service)

It is proposed to recommission at a lower overall programme cost of £800k and for the use of the £142k saving to include General Fund programmes that link into this agenda (e.g. walking, cycling and leisure services). This proposal will therefore result in a General Fund saving within Culture & Leisure services (currently being confirmed with the Children & Culture Directorate).

Revised Provision:

Service Continuity: Following implementation of the saving, please describe how the Service taking the saving will continue:

- Does the saving lead to new models of service delivery? Yes
- What are the potential benefits of these models, aside from cost savings (e.g. client resilience, greater diversity of service offer, improved access via different channels) – greater diversity of provision based on expressed needs of high need population
- Will the Service continue to support the same client group? – to some extent, although greater targeting may impact on who uses these services
- Will the Service meet similar needs for other client groups? – potentially, through better targeting (e.g. men typically underutilise these services)

Risk and Mitigations:

What will the major risks on the project be?

Disruption of existing successful services (smoking cessation and health checks)

Unclear what the provider market will look like post COVID

What will their impact be on the project and Tower Hamlets Council?

May impact on outcomes initially

There may be delays if procurement is not successful

What are the possible mitigation strategies?

Supplier engagement

If unable to complete successful procurement, could negotiate with existing providers at lower cost

Quantify the risk if possible, i.e. if the risk materialises the saving will reduce by £x.

Risk likely to be short term and minimal

Resources and Implementation:

What are the resources needed to build up the proposal?

Existing public health resource

Is feasibility work required?

Yes – will need to do options review

What needs to happen for implementation? Timeline and activities required by month.

Sep 20 – Dec 20 – review of existing models

(need to develop timelines in light of existing contract breaks etc).

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	Potentially reduced resource as smoking cessation, poor diet, low physical activity linked to most protected characteristics
Does the change reduce resources available to support vulnerable residents?	Yes	As above
Does the change involve direct impact on front line services?	No	Impacts on frontline commissioned services (but not frontline council services)
Changes to a Service		
Does the change alter who is eligible for the service?	No	Not directly as not planning eligibility change
Does the change alter access to the service?	Yes	The purpose would be to promote access to those who need the services most
Changes to Staffing		
Does the change involve a reduction in staff?	No	
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: