

Financial Implications Outline

- How have the savings above been determined? Please provide a brief breakdown of the factors considered.
- Is any additional investment required in order to deliver the proposal?
- If relevant, how will additional income be generated and how has the amounts been determined?

This is an indicative figure. We are carrying out further financial analysis to support this, and also exploring if the core Council Fusion leisure services contract can be used to support extra activity in this area to mitigate reductions in activity in services where savings might be made. The indicative figure is based on a scenario where we would reduce activity (mitigated by targeting services) in GP provided health checks and GP delivered smoking cessation.

Delivery Confidence

At this stage, how confident are you that this option could be delivered and benefits realised as set out?
 (1 = not at all confident;
 5 = very confident)

3

Indicative timescale for implementation

Est. start date for consultation DD/MM/YY	01/12/2019	Est. completion date for implementation DD/MM/YY	01/04/2021
Is there an opportunity for implementation before April 2020? Y/N ; any constraints?	No, as there is a contract in place		

Implementation Details

- How will the proposal be implemented? Are any additional resources required?
- Please provide a brief timeline of the implementation phase.
- How will a successful implementation be measured? Which performance indicators are most relevant?

We will complete a review of where capacity can be reduced with the least impact on health inequalities. We will discuss alternative ways of funding the services with the Clinical Commissioning Group (CCG)

Impact / non-financial benefits and disbenefits

What is the likely impact on customers and how will negative impacts be mitigated or managed?

List both positive and negative impacts. Where possible link these to outcomes (please refer to relevant Borough Plan 2019-23 objectives and outcomes)

Positive Impacts

It is unlikely to have a positive impact, but we will aim to mitigate negative impacts. There are potential opportunities for better integration with NHS services

Negative Impacts

There is a likelihood that our lifestyles offer (e.g. smoking cessation, health checks will reduce in capacity) could be mitigated by better targeting of resources on those most at need to reduce health inequalities and developing our ability to use community based resources

What is the impact on businesses, members, staff, partners and other stakeholders and how will this be mitigated or managed? How has this been discussed / agreed with other parties affected?
List both positive and negative impacts.

Positive Impacts

Negative Impacts

The CCG/primary care may be negatively impacted as the people referred onto the programs have a risk of developing or have a number of long-term health conditions, these services are seen as part of NHS prevention and care pathways. The delivery of the NHS Long Term Plan also requires improvement in resident's health behaviours - smoking prevalence in patients registered with a Haringey GP is 21% the highest in London and significantly higher than both the London and England averages. Elected Members may be affected as the Borough Plan pledges to improve healthy life expectancy, achieving this requires early detection of all ill health and the addressing of unhealthy behaviours. Public Health England's (PHE) ambitions will be negatively impacted, the NHS Health Checks is a mandated service, not delivering the required number of checks could lead to challenges in terms of the public health grant received from Public Health England. Consultation will have to be undertaken with the Clinical Commissioning Group (CCG) and wider stakeholders, before any changes are made. Staff in commissioned services may be affected, so discussions with external providers will be required.

How does this option ensure the Council is able to meet statutory requirements?

The council will still be able to deliver some community NHS Health Checks, so will deliver on the statutory service requirement, but will not meet the target set.

Risks and Mitigation

What are the main risks associated with this option and how could they be mitigated?(Add rows if required)

Risk	Impact (H/M/L)	Probability (H/M/L)	Mitigation
Reputational risk with partners (especially NHS) of reducing investment	Medium	low	Work with partners to draw in investment from other sources and re-design pathways.
Failing to meet the Borough Plan pledge to reduce the healthy life expectancy gap and reduce health inequalities	high	low	Largest risks are around residents not stopping smoking, the Council communications team would need to ensure they are maximising national campaigns and the London on-line service
Reductions in smoking cessation or national Health Checks could bring into question from Public Health England how the Public Health Grant is being spent	high	high	As Public Health England collect data quarterly on the number of health checks and smoking cessation quits achieved, we will attempt not to reduce capacity for those most in need of the service.

Has the EqIA Screening Tool been completed for this proposal?	yes
<u>EqIA Screening Tool</u>	
Is a full EqIA required?	yes