
Overview and Scrutiny

Public Health Working Group

January 2015

Membership of the Public Health Working Group

Councillor Stella Jeffrey (Chair)

Councillor Ami Ibitson

Councillor David Michael

Councillor John Muldoon

Councillor Jacq Paschoud

Councillor J J Walsh

Councillor Alan Hall (ex-officio)

Councillor Gareth Siddorn (ex-officio)

Contents

Chair's introduction	2
1. Executive summary	3
2. Recommendations	4
3. Purpose and structure of review	5
4. Context	7
5. Findings	13
6. Appendices	25

Chair's Introduction

The transfer of responsibility for public health to local councils in 2013 was an opportunity for all council services to work more closely to reduce the health inequalities which affect too many of our residents. The budget allocated to public health (around £20 million) is ring-fenced until 2016 and can only be spent on services which have clear public health outcomes. The allocation of public health funding to support free swimming for over 60s and under 16s began the process of using a less restrictive interpretation of how outcomes may be achieved and we look forward to further imaginative initiatives in the future.



The Working Group wanted to be sure that even before any reinvestment was considered that the proposed savings were fully scrutinised. In our two meetings we were able to benefit from the contributions of the Director of Public Health and his team, the Executive Director for Community Services and her staff, the Lewisham Clinical Commissioning Group who provided their comments on the proposed savings and mitigations and the Co-Chief Executive of Lewisham Citizens Advice Bureau and we appreciate the time they gave us.

We hope that the Health and Wellbeing Board, the Safer Stronger Select Committee and the Healthier Communities Select Committee will take note of the recommendations we make in relation to them.

Lewisham's motto, *Salus populi suprema lex*, could not be more appropriate, the health of the people is the highest law.

Councillor Stella Jeffrey
Chair of the Public Health Working Group

Executive summary

The Lewisham Future Programme is the Council's approach to making the transformational changes necessary to reposition itself strongly for the future, whilst living within the financial resources at its disposal. The savings proposals relating to public health that have been put forward as part of this programme, are cross-cutting and significant, and it was agreed by Council that a working group should be set up to look at these proposals in more depth.

The working group has examined the proposals in detail and the impact that they might have on service improvement; health protection; and health improvement.

In relation to this, the Working Group is particularly concerned that the achievement of UNICEF/WHO baby friendly status in 2015 might be put at risk by the renegotiation of contracts relating to breastfeeding cafes; and feels that the steps that will be taken to avoid this must be clearly set out. The impact of the reduction in funding on Voluntary and Community Sector (VCS) organisations also needs to be monitored.

It is clear that further scrutiny on the impact of the proposals is required, and in particular, on the options for reinvesting the savings made in other activities with positive public health outcomes. It is for this reason that many of the working group's recommendations involve suggestions for further member involvement.

Specifically, the working group expects the Healthier Communities Select Committee, which has the statutory responsibility under the Health & Social Care Act 2012 to consider significant changes in provision by relevant health bodies, including the Council itself in relation to public health services, to be kept abreast of any ongoing work in this area.

Recommendations

The Committee would like to make the following recommendations:

Public Health at Lewisham

1. The Working Group notes that the staffing arrangements in Public Health are due to be reviewed with a restructure effective from April 2015. The Working Group would like the Healthier Communities Select Committee to be updated on the new staffing structure once this is in place.

Mitigation

2. The Working Group supports the concerns raised by the Lewisham Clinical Commissioning Group that the achievement of UNICEF/WHO baby friendly status in 2015 might be put at risk by the renegotiation of contracts relating to breastfeeding cafes. Mayor and Cabinet should be provided with a list of the steps that will be taken by officers to ensure that this does not happen.
3. The integration of services via the neighbourhood model is crucial to achieving the required savings and further integration is clearly required. The Healthier Communities Select Committee should continue to receive updates on the integration programme including information on the savings being achieved via the programme.
4. The Health and Wellbeing Board will need to satisfy itself that the approach being taken in relation to the neighbourhood model involves a high degree of risk management and continuous review.
5. The impact of the reduction in funding on VCS organisations needs to be monitored and it is suggested that the Safer Stronger Select Committee reviews this at the end of September 2015.

Reinvesting savings

6. The Healthier Communities Select Committee should have the opportunity to comment on and scrutinise the proposed use of the savings resulting from the implementation of the 2015/16 public health savings proposals. A full breakdown of the use of the savings resulting from the proposals should be provided to the Healthier Communities Select Committee once this has been agreed.

Purpose and structure of review

1. As part of the Council's 2015/16 Revenue Budget Savings, two savings proposals relating to public health were put forward. These were considered by the Overview and Scrutiny Committee on 29 September 2014 and each of the Select Committees in October and early November, before being submitted to Mayor and Cabinet on 12 November 2014. The Mayor then authorised officers to carry out the required public/stakeholder/ staff consultation in relation to the proposals.
2. The Overview & Scrutiny Business Panel requested that a working group on public health be established, as the public health changes being proposed might have an impact across the whole council and the panel wanted the group to consider, in particular, whether any alternative application of public health funding would fulfil public health outcomes.
3. At its meeting on 26 November 2014, Council agreed to set up a time limited Public Health Working Group to operate until the end of February 2015 to consider the proposals to change public health services being proposed as part of the Council's budget process for 2015/16.

Terms of Reference

4. It is acknowledged that the Healthier Communities Select Committee has the statutory responsibility under the Health & Social Care Act 2012 in relation to significant changes in provision by relevant health bodies (including the Council itself in relation to public health services). It is also acknowledged that it is the Healthier Communities Select Committee which has the duty to review and scrutinise health service matters by virtue of regulations made under Section 244 NHS Act 2006. The establishment of the Public Health Working Group was not intended to detract from the statutory or other remit of the Healthier Communities Select Committee in any way. Rather it was intended to make a contribution to the Council's debate about the future of public health services in Lewisham.
5. The terms of reference agreed for the working group were:

"Without prejudice to the remit of the Healthier Communities Select Committee, to consider any proposals to change public health services being proposed as part of the Council's budget process for 2015/16. To make any comments it considers appropriate about those proposals to the Council's Public Accounts Committee (PAC) prior to any submissions PAC may decide to make to the Mayor in February 2015 in relation to budget proposals for 2015/16. The Working Group will consist of 6 members (7 if the councillor outside the majority party wishes to sit on the Group) and will cease to exist at the end of February 2015".

Scope

6. The working group had two formal meetings to consider the following:

First meeting (15 December 2014)

- (1) Receiving a written report providing information on:

The context:

- (i) The Council's public health responsibilities
- (ii) The nature of the ring-fenced budget
- (iii) How public health is structured at Lewisham in terms of staffing (structure and reporting lines) and governance (the role of the Healthier Communities Select Committee, the Health and Wellbeing Board etc.) and how this compares to other local authorities.

The proposals:

- (i) The savings being proposed (including any alternative services that exist/will be put in place to replace reduced or stopped services)
- (ii) Options for redirecting the savings made to other activities with a public health outcome.

- (2) Questioning officers on the written report.

Second meeting (13 January 2015)

To consider and agree a final report presenting all the evidence taken and to agree recommendations for submission to the Public Accounts Select Committee on 5 February 2015 (and on to Mayor & Cabinet on 11 February 2015).

- 7. Informal work took place between the two formal meetings to ensure that the working group collated all the evidence it needed for this report. The working group also received the results of the consultation with Lewisham Clinical Commissioning Group on the savings proposals, attached at Appendix C.

The context

The Council's public health responsibilities

8. The 2012 Health and Social Care Act provided the legal basis for the transfer of public health functions from the NHS to local authorities. On 1 April 2013 the Council assumed responsibility for the provision of most public health functions, with the remaining functions provided by Public Health England and NHS England.
9. The Health and Social Care Act 2012 places a duty on local authorities and their partner clinical commissioning groups to prepare and publish joint health and wellbeing strategies to meet needs identified in their joint strategic needs assessments (JSNAs).
10. In line with the Health and Social Care Act, the Council has three overarching responsibilities in relation to public health¹:
 - 1) To deliver its statutory duties to take such steps as it considers appropriate for improving the health of people in its area, and to plan for and respond to emergencies involving a risk to public health.
 - 2) To deliver the key public health outcomes in the National Public Health Outcomes Framework.
 - 3) To deliver a Joint Strategic Needs Assessment (providing officers and elected members with appropriate advice, based on a rigorous appreciation of patterns of local health need, what works and potential for improving health) and a Health & Wellbeing Strategy for the borough.
11. These overarching functions encompass the three domains of public health: service improvement; health protection; and health improvement.
12. The Council is mandated to provide public health commissioning advice based on quality population-level analysis of health data and needs assessment at no cost to the Lewisham Clinical Commissioning Group. Official Department of Health guidance on the proportion of time and resource spent by Local Authorities on public health commissioning advice for the CCG is around 40% of the specialist public health function.
13. The key elements of public health advice and support to clinical commissioners includes: assessing needs and strategic planning; reviewing service provision; deciding priorities; service re-design and planning; managing performance; supporting patient choice and seeking public and patient views; and maintaining workforce expertise.

¹ Public Health in Local Government: The new public health role of local authorities, DH 2012

Health protection

14. The Council, and the Director of Public Health (DPH) acting on its behalf, has a mandatory duty to protect the health of the population, both in terms of helping to prevent threats arising and in ensuring appropriate responses when things go wrong. The Council needs to have available the appropriate specialist health protection skills to carry out these functions.
15. The Council, through the DPH, has a duty to ensure plans are in place to protect the population including screening and immunisation. It provides assurance and challenge regarding the plans of NHS England, Public Health England and providers. The DPH needs to assure the council that the combined plans of all these organisations, when delivered in Lewisham, will deliver effective screening and immunisation programmes to the population. There are a large number of screening and immunisation programmes including: cervical, bowel and breast cancer screening; ante natal and neo-natal screening; abdominal aortic aneurysm screening; routine immunisation of children and influenza immunization; and diabetic retinopathy screening.

Health Improvement

16. The Council has specific responsibilities, supported by its ring fenced public health grant (see next section), for commissioning public health services and initiatives². Some of these functions are mandatory and the Council is obliged to deliver the defined function, others are discretionary and the Council can determine the level of provision, guided by the Public Health Outcomes Framework, the local joint strategic needs assessment and the joint health and wellbeing strategy². These responsibilities are:

Mandatory commissioning responsibilities:

- National Child Measurement Programme
- NHS Health Check assessments
- Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)

Locally determined commissioning responsibilities:

- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- Public health services for children and young people aged 5-19 (in longer term all public health services for children and young people)
- Interventions to tackle obesity such as community lifestyle and weight management services
- Locally-led nutrition initiatives
- Increasing levels of physical activity in the local population
- Public mental health services

² Public Health in Local Government: Commissioning responsibilities, DH 2012

- Dental public health services
- Accident injury prevention
- Local initiatives on workplace health
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- Population level interventions to reduce and prevent birth defects
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- Local authority role in dealing with health protection incidents, outbreaks and emergencies
- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks

17. Information on the impact of the Council's public health activity since responsibility moved to the local authority in April 2013 can be found at **Appendix A**.

The Public Health Budget

18. The public health budget is ring fenced until at least the end of 2015/2016. The Council is required to file annual accounts to Public Health England on how the Council's public health allocation is spent against pre-determined spending categories linked to public health outcomes and mandatory functions. A copy of the latest statement was provided to the working group following its meeting on 15 December 2014.

19. The following chart itemises budget allocations against each programme area:

Function		2014/15 Budget Allocation £	Spend Commitments 2014/15* £
Sexual Health	Sexual Health Services: STI Testing & Treatment	2,753,834	2,728,834
	Sexual Health Services: Contraception	3,902,467	3,933,027
	Sexual Health Services: Advice, Prevention & Promotion (including HIV prevention)	480,500	480,500
NHS Health Check Programme	NHS Health Check Programme	558,200	522,057
Health Protection	Health Protection	288,586	259,769
National Child Measurement Programme	School Nursing	1,600,000	1,600,000
Public Health	Public Health Advice to CCG	543,500	490,900

Advice			
Promoting Healthy Weight & Obesity	Obesity: Adults	297,100	241,100
	Obesity: Children	504,100	490,275
Physical Activity	Physical Activity: Adults	370,000	355,000
	Physical Activity: Children	70,000	20,000
Substance Misuse	DAAT-Adults Substance Misuse Service	3,580,700	3,580,700
	DAAT-Alcohol Service	419,000	419,000
	DAAT-Young Persons Substance Misuse	232,000	232,000
	DAAT-Drug Intervention Programme	369,000	369,000
	DAAT-Adult Rehab Placements	300,000	300,000
Smoking and Tobacco	Stop Smoking Service	706,811	670,711
	Smoking and Tobacco: Wider Tobacco Control, including prevention of uptake, tackling illegal sales and smoke free homes	226,000	116,000
Children 5-19 Public Health Programmes	Children 5-19 PH Programmes	150,700	120,878
Other Public Health Services	Other Public Health Services: Administration £104,200, Prescribing Costs £718,000,	822,200	822,200
	Other Public Health Services - Reducing Health Inequalities & Addressing Wider Determinants of Health: Area Based Initiatives - £90,000, Library Services - £15,375, Lewisham Refugee & Migrant Network - £21,500, Federation of Refugees from Vietnam in Lewisham - £29,000, Community Health Improvement Service - £1,065,941, North Lewisham Plan - £99,000; Warm Homes - £75,000; Health Assessments for Housing Eligibility - £28,000 Money Advice (Citizens Advice Bureau) - £148,000	1,571,816	1,559,816
		20,053,514	19,311,767

*The expenditure is less than the budget due to efficiency savings being implemented in some areas within year 2014/15.

Public Health at Lewisham

20. The current staffing structure of the Council's public health department, including vacant posts, is shown in Appendix B. The total staff employed currently is 28, equating to 24.4 whole time equivalents. The total staff budget is £1.475m, but because of staff vacancies and secondments forecast expenditure for 2014/15 is £1,300,278. At its meeting on 15 December 2014, the working group considered the structure chart for the public health department, noting that the DPH worked for 2.5 days a week and line managed 13 people, something that would change post a restructure effective from April 2015. A restructure was thought necessary as it was clear that the role of the public health workforce within local government was continuing to evolve as councils' understanding of their new responsibilities matured and as they become more adept at incorporating public health into the full range of their activities and commissioned services. Therefore the current staffing arrangement and functional responsibilities would be reviewed as part of a wider review of council arrangements.
21. In line with most other London boroughs, the DPH at Lewisham is line managed by the Executive Director for Community Services. He also has a 'dotted line' to the Chief Executive and Mayor in view of his advisory responsibilities. The reporting arrangements for public health in Lewisham reflect the most common arrangement across London boroughs. This in turn reflects the London-wide integration programme which is bringing synergies between acute health providers, community and primary care based services, adult social care and public health. It is usually the equivalent of the Community Services Directorate which carries the local authority role for liaison with health. However, nationally some local authorities have adopted alternative models, with the DPH reporting directly to the Chief Executive, or the DPH role being combined with other council responsibilities such as environmental health (e.g. Halton Borough Council), housing, and joint commissioning of health and social care services (e.g. West Sussex County Council).
22. In relation to the role that public health specialists play in discharging a council's public health responsibilities, a few London councils have moved towards a model in which public health professionals provide an 'expert-led' advisory service with public health commissioning undertaken elsewhere (e.g. Lambeth and Newham). However, the majority have maintained or are increasing the commissioning remit of their public health specialist workforce. In Lewisham public health strategic commissioning is discharged by the appropriate commissioning unit, but overseen by the public health service.
23. The DPH manages the public health department and has budget management responsibilities for the ring fenced grant with the exception of the drugs and alcohol budget, which is managed by the head of crime reduction and supporting people. The current DPH works for 2.5 days a week as he is seconded half time to King's College London Department of Primary Care and Public Health Sciences and to the School of Medical Education.

24. In addition to the DPH (0.5 WTE³), there are 3.3 WTE Consultants in Public Health in the Public Health Division Senior Management Team. The Faculty of Public Health previously recommended an average consultant in public health complement of 4.3 WTE for a population of 270,000, with greater capacity for populations with greater health need such as Lewisham's. It was noted by the Working Group that, to assure themselves of the continuing competence of their Consultants in Public Health, local authorities should ensure that they are registered with the GMC or the UK Public Health Register; undertake a continuing professional development programme that meets the requirements of the Faculty of Public Health; maintain a programme of personal professional development to ensure competence in professional delivery; and undertake appropriate annual professional appraisal in order to ensure revalidation and fitness to practise.
25. The Consultants in Public Health have responsibility for key portfolios including Children and Young People, Sexual Health, Health Protection, Tobacco Control, Mental Health, Cardiovascular Disease, Cancer and Health Intelligence. They have also been given a lead responsibility for liaising with the four Council Directorates (Resources and Regeneration, Customer Services, Children and Young People and Community Services), and for providing public health advice to the Lewisham Clinical Commissioning Group (CCG). The working group observed that a number of senior public health officers did not have line management responsibilities but were specialists managing specialist programmes of work.

Recommendation 1: The Working Group notes that the staffing arrangements in Public Health are due to be reviewed with a restructure effective from April 2015. The Working Group would like the Healthier Communities Select Committee to be updated on the new staffing structure once this is in place.

³ Whole Time Equivalent.

Findings

The Savings Proposals:

26. Lewisham Council has to make savings of £85m over the next 3 years. The public health budget is ring fenced until at least the end of 2015/2016. Where savings have been identified from the current ring fenced public health budget these will be used to support public health outcomes in other areas of the Council. The working group was informed that the guiding principle for the re-investment would be to support areas where reductions in council spend would have an adverse impact on public health outcomes.
27. The approach to identifying savings has been:
 - 1) To identify any duplication with aspects of other council roles which can therefore be combined or streamlined.
 - 2) To identify any service which should more appropriately be carried out by other health partners.
 - 3) To stop providing service level agreements or incentive payments to individual GP practices and develop those services more efficiently and equitably across the four GP neighbourhood clusters where appropriate.
 - 4) To gain greater efficiency through contract pricing where applicable.
 - 5) To integrate public health grants to the voluntary sector into the Council's mainstream grant aid programme.
28. The working group was informed that the Public Health programmes which transferred to Lewisham Council in April 2013 had all been reviewed. The review identified an initial £1.5M of savings which could be delivered largely through efficiencies and using the uplift applied to the public health budget in 2014/15. A further disinvestment of £1.15M was also identified, although it was acknowledged that this was likely to have some negative impact unless the service delivery models were re-configured; subsequent savings identified in provider overheads and on costs; and there was a commitment from schools to both engage in health improvement programmes and contribute financially.
29. At its meeting held on 15 December 2014, the working group was informed by the Executive Director for Community Services that the first set of proposals (£1.5m) would have a minimal impact on outcomes; and whilst the second set of proposals (£1.15m) might have a more significant impact, this would be mitigated by a reconfiguration of services at a neighbourhood level, in alignment with the development of integrated services.
30. The programmes where savings are proposed include the following:
 - Dental Public Health

- Health Inequalities
- Mental Health (adults and children)
- Health Protection
- Maternal and Child Health
- NHS Health Checks
- Obesity/Physical Activity
- Sexual Health
- Smoking and Tobacco Control
- Training and Education.

31. The savings proposals are presented in the table below. The working group noted that the Council, as the commissioner of these services, would work closely with the provider of services on planned service re-configuration, in order to mitigate the impact of any service changes, maximise the efficiency and effectiveness in service delivery and to optimise value for money.

Table 1 – Savings Public Health Savings Proposals

Public Health Programme Area	Total Budget	Total Saving	Proposals	Service re-design where applicable	Risk & Mitigation
Sexual Health	£7,158,727	£321,600	<ol style="list-style-type: none"> 1. Re-negotiation of costs for sexually transmitted infection testing with LGT in 2015/16, including application of a standard 1.5% deflator to the contract value as an efficiency saving, and inclusion of laboratory costs in the overall contract (£275.6k). 2. Reduce sex and relationships (SRE) funding and develop a health improvement package that schools can purchase that includes SRE co-ordinated and supported by school nursing (£20k) 3. Remove incentive funding for chlamydia and gonorrhoea screening in GP practices (£26k) 	<p>In the short to medium term the development of a neighbourhood model of sexual health provision will lead to improved services. In the longer term a London wide sexual health transformation programme is being developed in partnership with 20 boroughs, which is expected to deliver greater benefit at reduced costs.</p>	<p>The risk would be that LGT cannot deliver the same level of service within reduced funding, and GPs disengage with sexual health. Mitigation includes work with primary care to deliver sexual health services in pharmacy & GP practices, and free training given to GPs and practice nurses.</p> <p>The risk is that SRE is not delivered in schools. Mitigation includes developing a health improvement package that schools can purchase that includes SRE, and work with school nursing to support schools to provide quality SRE.</p>
NHS Health checks	£551,300	£157,800	<ol style="list-style-type: none"> 1. Removing Health checks facilitator post 2. Pre- diabetes intervention will not be rolled out 3. Reduced budget for blood tests due to lower take up for health checks than previously assumed 4. Reducing GP advisor time to the programme 5. Reduction in funding available to support IT infrastructure for NHS health checks 	<p>An essential component of the NHS Healthchecks programme is delivered through the Community Health Improvement Service. See proposed re-commissioning and service re-design under 'health inequalities'</p>	<p>Missed opportunity to prevent diabetes and for early diagnosis of diabetes.</p> <p>IT system not able to deliver requirements of the programme.</p> <p>Future plans to align commissioning of NHS Health Checks with Neighbourhoods will help to optimise the efficiency and</p>

				below.	effectiveness of resources and may identify more people at risk earlier.
Health Protection	£35,300	£12,500	Stop sending the recall letter for childhood immunisations (as this is already done via GPs)		Minimal as impact of letter on uptake appears to be low. Uptake of childhood immunisations continues to be monitored.
Public Health Advice to CCG	£79,200	£19,200	Decommissioning diabetes and cancer GP champion posts.		These posts will be commissioned by the CCG in future.
Obesity/ physical activity	£650,000	£173,400	<ol style="list-style-type: none"> 1. Decommission Hoops4health (£27,400) 2. Changing delivery of Let's Get Moving GP & Community physical activity training (£5,000) 3. Decommissioning Physical Activity in Primary Schools (£50,000) 4. Reduce funding for community development nutritionist (£30k) 5. Remove funding for obesity/ healthy eating resources (£10K) 6. Withdraw of funding for clinical support to Downham Nutritional Project (£9k) 7. Efficiency savings from child weight management programmes. (£12k) 8. Reduce physical activity for health checks programme (£20k) 		<p>There is a risk of reduction of physical activity in schools.</p> <p>Mitigation includes Schools being encouraged to use their physical activity premium to continue programmes selected from a recommended menu of evidence based activities.</p> <p>The risk is a reduction in support to voluntary sector healthy eating and nutrition programmes.</p> <p>Mitigation includes organisations being encouraged to build delivery into their mainstream funding programme.</p>
Dental public health	£64,500	£44,500	Release funding from dental public health programmes	Dental public health services commissioned by NHS England	Sufficient resource retained to assure dental infection control function.

Mental Health	£93,400	£59,200	<ol style="list-style-type: none"> 1. Withdraw funding for clinical input to Sydenham Gardens. 2. Reduce funding available for mental health promotion and wellbeing initiatives (including training). 		<p>The risk is that Sydenham Gardens is unable to sustain clinical input from grant funding, but it is agreed to direct them to alternative funding sources.</p> <p>The risk is a reduction in mental health awareness training across the borough.</p> <p>Mitigation includes pooling resources with neighbouring boroughs for delivery of training and work closely with voluntary sector and SLAM to deliver mental health awareness training and campaigns.</p>
Health Improvement Training	£88,000	£58,000	<ol style="list-style-type: none"> 1. Decommission Health Promotion library service. 2. Limit health improvement training offer to those areas which support mandatory public health services. 		<p>The risk is reduced capacity to develop a workforce across partner organisations which contributes to public health outcomes.</p> <p>Mitigation includes working with CEL to develop new models of delivery for essential public health training.</p>
Health inequalities	£1,460,019	£581,500	<ol style="list-style-type: none"> 1. Reconfiguring LRMN Health Access services to deliver efficiencies (£21,500) 2. Remove separate public health funding stream to VAL (£28,000) 3. Decommissioning FORVIL Vietnamese Health Project (£29,000) 	It is proposed to integrate a number of community based health improvement programmes, including those funded by the GLA (e.g. Bellingham	<p>The risk is reduced capacity across the system to tackle health inequalities, and a reduction in service for the most vulnerable.</p> <p>Mitigation includes working with the Adult integrated Care Programme</p>

			<ol style="list-style-type: none"> 4. Reducing funding for Area Based Programmes (£40,000) 5. Decommissioning CAB Money Advice in 12 GP surgeries (£148,000) 6. Reduce the contract value for community health improvement service with LGT by limiting service to support mandatory Public health programmes such as NHS Health Checks only and reduce other health inequalities activity. (£270k) 7. Further reduce funding for area based public health initiatives which are focused on geographical areas of poor health with in the borough. (£20k) 8. Reduce funding for 'warm homes' (£25K) 	<p>Well London) with the health and social care activities currently being developed in these neighbourhoods by the Community Connections team, District Nurses, Community Health Improvement Service, Social Workers and GPs. There is also a plan to develop a stronger partnership working with Registered Social Landlords as well as any local regeneration projects in each of these neighbourhoods.</p>	<p>to deliver a neighbourhood model for health inequalities work, and develop local capacity.</p> <p>It is anticipated that basing these services directly in the community and with greater integration will accommodate the funding reduction.</p> <p>Voluntary organisations will have an opportunity to continue some of this work in a different way through the grant aid programme.</p>
smoking and tobacco control	£860,300	£348,500	<ol style="list-style-type: none"> 1. Reduce contract value for stop smoking service at LGT by £250k (30%) 2. Stop most schools and young people's tobacco awareness programmes 3. Decommission work to stop illegal sales 	<p>There are proposals to re-configure the stop smoking service as part of the neighbourhood developments described under 'health inequalities' above.</p>	<p>There is a risk of a reduction in number of people able to access stop smoking support and an increase in young people starting smoking if services are not – reconfigured appropriately.</p> <p>Mitigation includes optimising efficiencies in the delivery of the SSS and reducing the length of time smokers are supported from 12 to 6 weeks to release capacity. Schools will be able to fund some of the peer education non-smoking programmes as part of the menu of</p>

					<p>programmes.</p> <p>The restructuring of enforcement services is likely to allow tackling illegal sales of tobacco in a more integrated way with the same outcomes and prevent young people having access to illegal tobacco.</p>
Maternal and child health	£187,677	£68,400	<ol style="list-style-type: none"> 1. Reducing sessional funding commitment for Designated Consultant for Child Death Review 2. Reduce capacity for child death review process by reducing sessional commitment of child death liaison nurse. 3. Removal of budget for school nursing input into TNG 4. Reduce capacity/funding for breast feeding peer support programme & breast feeding cafes. 		<p>There may be less opportunity to learn from and improve services for families which have been bereaved, but this is not the purpose of the panel and there will be no impact on prevention of child deaths.</p> <p>The school nursing service received grant funding of £250k in 2014/15 which has not been reduced, and the service will be able to accommodate input into TNG.</p> <p>There is a risk that women will be less well supported to breast feed and Lewisham may not achieve UNICEF/WHO Baby Friendly status in 2015.</p> <p>Mitigation will include re-negotiating support through the maternity services contract, although this may not be achievable in time for 2015 contracts. Baby café licences may be re-negotiated.</p>

Department efficiencies		£262,200	To be identified through a staff restructure in 2015. At this point public health staff terms and conditions and pay scales are to be harmonised with council staff terms and conditions and pay scales.		
2014/2015 Uplift (uncommitted)		£547,000			
TOTAL	£14,995,000	£2,653,800			

Mitigation

32. One of the aims of the working group in relation to the savings being proposed, was to consider any alternative services that existed or would be put in place to replace reduced or stopped services. The working group considered the table above and the column listing the risks and mitigation associated with each element of the savings proposals. In response to questions from Members of the group, the following points were noted:
- Savings proposals relating to breastfeeding services had the potential to affect the achievement of UNICEF/WHO baby friendly status in 2015, so steps would be taken to ensure the renegotiation of contracts relating to breastfeeding cafes would not jeopardise the Council's chances of achieving the status.
 - The new neighbourhood model was largely in place in terms of management infrastructure, although geographic co-location was still to be achieved. Further integration was also required in terms of integrating more services and extending networks (with mental health, the voluntary and community sector, pharmacies etc.). However, the Community Connections programme was now firmly established in the neighbourhoods.
 - South East London had chosen to retain infection control nurses rather than devolve the relevant budgets to NHS England and this had given the boroughs an advantage in terms of ensuring adequate health protection activity.
 - In terms of work with specific communities, such communities would now only receive specific targeted interventions if there was clinical need (e.g. if a particular illness was prevalent in a certain community); and that in terms of access to services, a broader picture would be considered and efforts made to ensure everyone had access to services.

Recommendation 2: The Working Group supports the concerns raised by the Lewisham Clinical Commissioning Group that the achievement of UNICEF/WHO baby friendly status in 2015 might be put at risk by the renegotiation of contracts relating to breastfeeding cafes. Mayor and Cabinet should be provided with a list of the steps that will be taken by officers to ensure that this does not happen.

Recommendation 3: The integration of services via the neighbourhood model is crucial to achieving the required savings and further integration is clearly required. The Healthier Communities Select Committee should continue to receive updates on the integration programme including information on the savings being achieved via the programme.

Recommendation 4: The Health and Wellbeing Board will need to satisfy itself that the approach being taken in relation to the neighbourhood model involves a high degree of risk management and continuous review.

33. The working group was reassured to hear that the impact of a cut in funding of 50% to the national HIV prevention programme in England would not be that significant in Lewisham as the borough had never relied on the national programme but had done a lot of locally based work. However, it was accepted that late diagnosis was an issue in the borough and officers were working with Lewisham CCG to address this within the existing budget. A further area for improvement was the local sexual health clinics. Financing improvement was difficult because central Genito-Urinary Medicine (GUM) services (that were more expensive than local services) were taking a lot of the available budget by re-charging the borough for working with Lewisham patients. However, officers were trying to drive down costs, working at a London level.
34. Rachel Braverman, the Co-Chief Executive of Lewisham Citizens Advice Bureau addressed the working group at its meeting on 15 December 2014. She made the point that advisory services had a huge impact and were income-generating and that, in short, cuts here would not deliver required savings. She also spoke of the links between debt and mental health and how good debt advice would reduce health expenditure. The Executive Director for Community Services made the following points in response:
- The importance of the advice sector was recognised, the borough funded the advice sector very heavily and the main grants programme had a specific strand relating to advice and information.
 - Lewisham Citizens Advice Bureau was providing advice in 12 GP surgeries and the intention was to provide access to advice for vulnerable people, via referrals, at every surgery via the neighbourhood model.
 - A health and social care information and advice website was being developed to ensure compliance with the Care Act and it was expected that the voluntary and community sector would contribute content to this.
 - Library staff would be providing non-specialist advice from next year.
 - Specialist debt advice would be commissioned.
35. The working group considered whether a one off transitional fund might help advice organisations manage the reduction in funding and identify alternative sources of funding.
36. At the meeting held on 13 January 2015, the Working Group was informed that the Grant Aid programme would not be administered until July 2015 and that organisations would be told by the end of March 2015 what the new level

of funding was and what the expectations attached to it were, so they had, in effect, three months of transitional funding.

Recommendation 5: The impact of the reduction in funding on VCS organisations needs to be monitored and it is suggested that the Safer Stronger Select Committee reviews this at the end of September 2015.

Measuring impact

37. The working group was keen to consider how the impact of services could be measured to help it assess the impact of the cuts and the impact that alternative service provision might have. The DPH outlined the difficulties in quantifying benefits and reported that academic research indicated that the most sensible way of measuring the success of services was probably to list the different types of benefits they brought in words (and numbers where possible), compare these to the costs and make a value judgement. It was noted that in the case of the savings proposals that had been put forward, officers had made a value judgement about the benefits provided by the services under consideration for savings, versus their costs. It was accepted that, ideally, the options for spending the money saved would be considered at the same time but it was noted that this would not be done until the summer of 2015. However, the assumption was that the new areas of spend would produce the same level, or increased, public health benefits and there was every indication that using the money to reduce the level of required cuts next year would produce increased public health benefits.

Reinvesting savings

38. One of the aims of the working group was to consider options for redirecting the savings that would result from the proposals to other activities with a public health outcome. However, as specific options would not be considered until the summer of 2015, scrutiny of the options for spending any savings made could not yet take place. The working group noted that the savings resulting from the proposals would be put towards next years' savings requirement and used to maintain activity in areas where cuts were proposed, where the activity had a positive public health outcome. It was further noted that, in addition to using the funding to mitigate 2016/17 savings proposals, the savings could be used, if appropriate, to assist with any 2015/16 savings proposals that were not delivered. However, any re-allocation in other areas of council spend must have an equal or greater public health impact.
39. The working group considered which areas of council spend might benefit from the re-allocation and the following areas were mentioned: Supporting People; housing and environmental services. The DPH commented that scrutiny could assist in the prioritisation process and in helping him come to an assessment about the cost effectiveness of budget spend for the annual submission to Public Health England.

Recommendation 6: The Healthier Communities Select Committee should have the opportunity to comment on and scrutinise the proposed use of the savings resulting from the implementation of the 2015/16 public health savings proposals. A full breakdown of the use of the savings resulting from the proposals should be provided to the Healthier Communities Select Committee once this has been agreed.

Appendices

Appendix A: The impact of public health activity

Appendix B: Current Public Health Structure Chart

Appendix C: Results of the Consultation with the Lewisham CCG

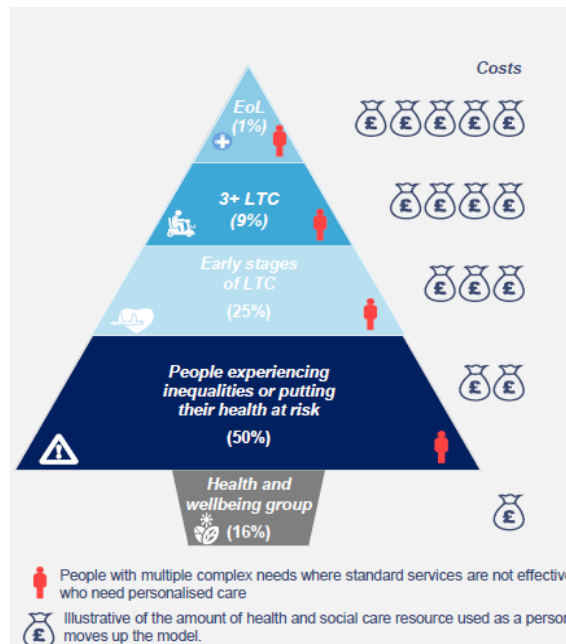
Appendix A: The impact of public health activity

1. A dynamic Joint Strategic Needs Assessment (JSNA), supported by a Public Health data portal, has been developed and is accessible online (www.lewishmjsna.org.uk). The Health and Well Being Board is established and a ten year Health and Well Being Strategy has been developed.
2. The activity of the Health and Wellbeing Board is focused on delivering the strategic vision for Lewisham as established in Shaping our Future – Lewisham’s Sustainable Community Strategy, and in Lewisham’s Health and Wellbeing Strategy. Lewisham’s Health and Wellbeing Strategy was published in 2013.
3. Using the JSNA evidence and focusing on improving health, care and efficiency, the Health and Well Being Strategy was informed by the following considerations:
 - 1) Analysis of those areas which collectively are able to make the biggest difference to health and wellbeing at all levels of our health and social care system, from empowering people to make healthy choices to prevent ill health, through early intervention to prevent deterioration in health and wellbeing, to targeted care and support, right through to complex care for people with long term health problems;
 - 2) listening to the voice of Lewisham people and local communities, the voluntary and community sector, about the issues that affect their health and wellbeing;
 - 3) Analysis and prioritisation of those areas and actions that will enable transformative system level change and integration across social care, primary and community care, and hospital care;
 - 4) Identification of those areas where early action now, for example by addressing the ‘causes of the causes’ of ill health and inequalities, particularly in the early years, or intervening to prevent dependency, will improve quality and length of life in the future, and reduce the need for additional health and social care interventions later on.
4. Contributing to the objectives of Lewisham’s Sustainable Community Strategy to reduce inequality and informed by the Marmot Review⁴, the strategy has identified nine priority areas for action over the next ten years.
 - Achieving a Healthy Weight
 - Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years
 - Improving Immunisation Uptake

⁴ Marmot et al, Fair Society, Fair Lives, Strategic Review of health Inequalities, 2010

- Reducing Alcohol Harm
- Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking
- Improving mental health and wellbeing
- Improving sexual health
- Delaying and reducing the need for long term care and support
- Reducing the number of emergency admissions for people with long term conditions

5. The diagram below illustrates the scale of the health improvement challenge. It is estimated that in South East London, only around 16% of the population are not adversely affected by inequalities and do not put their health at significant risk. This emphasizes the need to ensure that all organizations and partners across the borough take a holistic approach to promoting the health and wellbeing of their residents, clients, patients and their own staff, so that ‘every contact counts’.



6. In order to maximise the impact of public health in making every contact count and supporting the delivery of the health and wellbeing strategy priorities, effort and resources have been focused on delivering those public health functions which are mandatory or that have been identified as a priority in the strategy.

7. The following section describes the programmes, performance and challenges in relation to these key public health functions:

- National Child Measurement Programme
- NHS Health Checks assessments
- Comprehensive sexual health services
- Tobacco Control and smoking cessation services

- Alcohol and drug misuse services
- Public health services for children and young people aged 5-19
- Interventions to tackle obesity such as community lifestyle and weight management services
- Locally-led nutrition initiatives
- Increasing levels of physical activity in the local population
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- Public mental health services
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- Local authority role in dealing with health protection incidents, outbreaks and emergencies
- Public health advice and support to clinical commissioners

National Child Measurement Programme

8. The school nursing team of Lewisham and Greenwich NHS Trust (LGT) is commissioned to deliver the National Child Measurement Programme (NCMP). The National Child Measurement programme involves the annual height and weight measurement of all children in reception year and Year 6 in schools. The School Nursing Service has recently been expanded to enable it to increase its focus on health improvement including promoting healthy weight.
9. In 2012/13 over 6,000 children were measured (3,565 in Reception and 2,442 in Year 6). The participation rate in Lewisham of 92% (national target 85%) means that robust data are collected.
10. In Lewisham childhood obesity rates remain significantly higher than the England rate. In 2012/13 Lewisham remains in the top quintile of Local Authority obesity prevalence rates for Year 6. Reception year performance has improved and Lewisham is now in the second quintile. In 2012/13, 10.7% of Reception children were at risk of obesity and this rose to 23.3% in Year 6. The target set for the school year 2012/13 for obesity in Reception (12.2%) and Year 6 (24%) was achieved.
11. There is a small increase in obesity rates in both reception year and Year 6. This is similar to the national picture that shows that the proportion of children who were either overweight and obese or obese was higher for both Reception and Year 6 in 2013/14 compared to the previous year.
12. By deprivation: Results for Lewisham show obesity levels similar or lower to those seen in the most deprived decile. (The obesity prevalence among reception year children attending schools in areas in the most

deprived decile was 12.0% compared with 6.6% among those attending schools in areas in the least deprived decile and 24.7% compared to 13.1% in Year 6.)

13. The most significant challenges are to support families with young children and pregnant mothers to reduce their dietary intake of sugars, energy rich and processed foods in order to achieve a healthy weight for babies and children that will persist through the life course. This is especially challenging in the face of an obesogenic environment that normalises and encourages excessive consumption.

NHS Health Check assessments

14. This service aims to improve health outcomes and quality of life amongst Lewisham residents by identifying individuals at an earlier stage of vascular change, and to provide opportunities to empower them to substantially reduce their risk of cardiovascular morbidity or mortality. A NHS Health Check is offered to 20% of the eligible population every year as part of a 5 year rolling programme with an uptake level of 50-75%.
15. The 30 minute risk assessment involves a series of simple questions about lifestyle (smoking, alcohol, diet and physical activity) and family history, measuring blood pressure and cholesterol and recording weight, height and waist measurements in order to assess someone's risk of developing cardiovascular disease. This large programme is co-ordinated and commissioned by LBL Public Health and provided by GPs, pharmacists and an outreach team, currently based with the Community Health Improvement Service, within Lewisham and Greenwich Health Trust.
16. A new Lifestyle Referral Hub service has been launched offering a "one-stop shop" for people who have received a NHS Health Check, have been identified as at high risk, and are referred to local lifestyle services.
17. The London Borough of Lewisham NHS Health Check team won "Team of the Year" at the Heart UK national awards in November 2014.

Performance:

	2013/14	April- Sep 2014/15
Number of health checks offered	18,543 people	9,271 people
% eligible population	27%	N/A
Number of health checks received	7,075	3,128
% uptake	38%	N/A

% identified with high or very high risk	8%	7%
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18. Referrals to lifestyle services have steadily increased as a result of the establishment of the Lifestyle Hub, apart from smokers to the Stop smoking Service.

Referrals	2013/14	April – Sept 2014/15
Referral to Stop Smoking Service	302	109
Weight Management services	539	347
Alcohol Services	27	23
Physical Activity	678	449

19. The most significant challenge is to increase the proportion of those people identified as having a high (>20%) risk of a cardiovascular event in the next ten years who are successfully referred for treatment or public health intervention and whose risk is reduced. A recent audit showed that only 11% of those identified by the health checks programme as at high risk had received any further GP follow up. A further audit of community outreach Healthchecks found 21% of people were at very high risk of Diabetes.

Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)

20. Lewisham experiences very high levels of abortion, teenage pregnancy, HIV infection and chlamydia and gonorrhoea infection. Sexual health is worse in young people, men who have sex with men and in some BME groups.
21. Lewisham Council entered into a partnership agreement with Lambeth and Southwark Councils in April 2013 to oversee the commissioning of sexual health services across the 3 boroughs. This commissioning function is provided by Lambeth.
22. Sexual health services are delivered through specialist genito-urinary clinics (GUM), community contraception and sexual health clinics (provided by Lewisham and Greenwich NHS Trust), GPs, pharmacists, voluntary sector organisations and an online laboratory service.

23. In 2014 a new Lambeth, Southwark and Lewisham Sexual Health strategy (see appendix 2) was developed, following extensive stakeholder consultation and an updated public health needs assessment.
24. Lewisham had an increase in the teenage pregnancy in 2012 compared to the previous year. This was the worst rate in London and made it one of the few boroughs nationally not to see a sustained decrease in rates. Chlamydia screening rates have remained high (4th highest detection rate in London). Late diagnosis of HIV remains a problem in Lewisham with 47% of all diagnoses made “late” as defined in the public health outcomes indicators. Lewisham has the 3rd highest rate of repeat abortion in under 25 year olds in London with 36.9% of all abortions in this age group being repeats.
25. Lewisham services see around 30,000 people a year, and a further 8,000 patients choose to access services outside of the borough. Demand for sexual health services has been increasing across London, with many clinics often having to close early to manage demand for services.
26. Lewisham’s growing “young” population will further increase the demand for sexual health services. Currently around 44% of diagnosed STIs are in the under 25s. A critical challenge for the future will be to better support individuals to self manage their sexual health through prevention of poor sexual health and improving access to services by delivering care in alternative settings such as pharmacies, GP practices and online screening and using longer acting contraception methods which require fewer visits to clinics. There is also a challenge to meet the needs of those who may have difficulty accessing services due to cultural or language barriers, a lack of awareness about sexual health more broadly and available services. These are addressed in the LSL Sexual Strategy and will form the basis of the implementation plan and future commissioning intentions.

Tobacco control and smoking cessation services

27. Key elements of the Lewisham Smokefree Future Delivery plan are:
 - Preventing the uptake of smoking among young people through a peer education programme in schools with pupils from Year 8 and a targeted approach to reducing the supply of illegal and illicit tobacco.
 - Motivating and assisting smokers to quit through commissioning a Stop Smoking Service (people trying to stop smoking are 4 times more likely to succeed with treatment which combines behavioural support and medication than if they ‘go it alone’). This service currently costs £670,000, includes: targeting smokers most at risk from smoking for intensive and specialist support to stop (including one-to one and group support) ; recruiting smokers proactively into

the service; managing service level agreements with GP practices and pharmacies to provide services in primary care; training all stop smoking advisors to provide evidence-based interventions.

- Promoting smoke free environments, including homes and cars.
28. A dedicated enforcement post, with the support of a sniffer dog, has enabled increased focus on illegal and underage sales and large quantities of illegal tobacco seized, including the biggest UK local authority seizure.
 29. More than 2000 young people aged 12 to 13 were reached through a Tobacco Control Peer Education Programme to prevent the uptake of smoking by young people and 61 pupils (selected by their peers) trained as peer educators.
 30. The number of smoking quitters (1712) in 2013/14 was lower than previous years and not meeting the target of 1800, but the rate per 100,000 is higher than London and England. 461 smokers quit with the Stop Smoking Service from April to September 2014.
 31. The Stop Smoking Service is very successful in reaching heavily addicted smokers such as pregnant women and people with mental health problems, with an increasing number of smokers quitting from more deprived wards.
 32. A key achievement has been embedding very brief smoking interventions and the automatic referral of smokers to the Stop Smoking Service in all Lewisham Hospital services.
 33. The biggest challenge is to ensure that, as part of the integration of health and social care and the transformation of community based care through the development of new neighbourhood teams, supporting people to quit smoking becomes everybody's business as part of 'Every Contact Counts'.

Alcohol and drug misuse services

34. The council commissions a large integrated service which delivers interventions for adults aged 18 and over. It provides support, treatment and rehabilitation programmes that promote recovery and encourage individuals to maintain their recovery through engagement in positive activities such as employment and training.
35. The service provides: prescriptions for substitute medications such as Methadone; community alcohol detoxification; and manages the interface with all health services including GPs, hospitals, and pharmacies, and with the Criminal Justice System; interventions for young people aged 10-21, with much of the work carried out in satellite

sites around the borough including schools, colleges, youth centres, housing providers and clients' homes.

36. The Director of Public Health has recently become a Responsible Authority for health, to help the licensing authority exercise its functions regarding licensing policy.
37. Lewisham's Drug and Alcohol services performed well in 2013/14 and continue to do so this year. A benchmarking exercise for the first three quarters of 2013/14 showed the services outperformed comparator boroughs. Lewisham had the highest percentage of successful completions across all drug types. Successful completion means that clients have left treatment free from their drug(s) of dependency and have no requirement for any substitute prescribing. This is the main PHE performance indicator for treatment services. These results have been achieved despite lower investment per head.
38. Following the benchmarking period the services have continued to perform well with the latest performance figures showing that Lewisham continues to see growth in opiate users who successfully complete treatment and do not represent (9.9%) ahead of the national average (7.7%). Rates for non-opiate users have fallen slightly (47.8%), but remain ahead of national average (38.4%) and within top quartile.
39. There has been a rise in the number of dependent drinkers successfully completing treatment since 2013/14 (40.8%), ahead of the national average (39.53%).
40. More than 250 front line workers from a were trained to deliver identification and brief advice on alcohol and 8,152 people have been screened for alcohol risk through the health check programme, with 1,032 identified with excess alcohol intake.
41. Despite a generally positive picture drug and alcohol services continue to face challenges. An in-depth services review in 2014 highlighted a number of groups that do not access/benefit from services as well as others. These include individuals who:
 - have an alcohol problem
 - have a long term opiate addiction
 - do not wish to enter a large treatment service and would prefer to access service in primary care or other community settings
 - are under 25
 - are in contact the criminal justice system
42. It is also expected that demand for alcohol services will rise over the coming years as awareness regarding the harms caused by drinking increases and there is likely to be a need for greater focus of so called 'legal highs' that are increasingly used by young people.

43. The implementation of a new model of provision as part of a re-commissioning exercise will require careful management if the anticipated improvements in performance are to be achieved.

Public health services for children and young people aged 5-19

44. The Promoting Healthy Weight in Children and Families strategy encompasses prevention and treatment of overweight and obesity for children and families based on the triangle of need. To deliver the strategy there are two action plans:
- Universal Action Plans (promotion of healthy weight for all children) which are multi-component, involve partnership working and takes a life-course approach.
 - A Delivery Plan for the local obesity care pathway for children and young people (targeted and specialist services).
45. The London Borough of Lewisham and its partners were successful in bidding for £500,000 from the Big Lottery Fund to improve emotional wellbeing and increase resilience in 10-14 year olds as part of the Head Start programme.
46. The existing School Aged Nursing Service (SANS) in Lewisham is well-established, fully recruited and has a high level of advanced skills; many of the nurses are qualified Public Health Practitioners and hold additional qualifications in sexual and reproductive health allowing them to deliver on the following priorities:
- Developing school based Healthy Child teams
 - Developing early intervention support for emotional health and well-being.
 - Support for children and young people with increased vulnerability around healthy lifestyle and ensuring access to health checks immunisations etc.
 - Increasing access to support (in school)
 - Increasing access to support (out of school)
47. Performance in tackling childhood obesity is described elsewhere (see National Child Measurement Programme above and Interventions to tackle obesity such as community lifestyle and weight management services below).
48. Lewisham SANS has faced significant challenges since April 2013, particularly in relation to an increasing workload relating to Safeguarding and because of the introduction of a major new immunisation programme in schools.

49. The biggest challenge in addressing the public health needs of this age group is to develop a more holistic 'menu', of quality assured and evidence based public health interventions across a range of health issues including sex and relationships, healthy weight, physical activity, smoking and mental health that can be commissioned on behalf of schools and purchased by schools.

Interventions to tackle obesity such as community lifestyle and weight management services

50. An improved range of weight management programmes and support is now available for both children and adults. These include Weight Watchers, Shape-Up and dietetic support for adults and New Mum New You, Mend and Boost programmes for families. All services are accessible in a variety of venues across the borough.
51. Since the services have become fully operational 840 families have accessed the services. Nearly 300 families have completed the programmes, with positive outcomes on weight, physical activity and dietary behaviours. All services continue to offer on-going support for families for 12 months to help sustain lifestyle changes.
52. In 2013 there were over 1800 referrals to the adult weight management services with the majority of those completing the programmes achieving a weight loss, with 50% achieving at least a 5% weight loss.
53. The same challenges described under the National Child Measurement Programme above - namely to reduce their dietary intake of sugars, energy rich and processed foods in the face of an obesogenic environment that normalises and encourages excessive consumption - applies equally to all adults.

Locally-led nutrition initiatives

54. Increasing breastfeeding rates and the proportion exclusively breastfeeding at 6-8 weeks is a key priority for Lewisham, working towards achieving UNICEF Baby Friendly accreditation.
55. Universal Vitamin D provision for women and infants was launched in partnership with the Clinical Commissioning Group in November 2013 to help prevent the growing number of cases of vitamin D deficiency and rickets in children. The scheme enables all pregnant and postnatal women (for 12 months) and children under 4 to be eligible for Healthy Start vitamins. The vitamins are now easily accessible with over 60 distribution points including 46 community pharmacies, health centres and children's centres.
56. Since November 2013, a borough-wide cooking & eating programme, *Easy Quick & Tasty* (a 5 week cookery club) has been successfully running at different venues across Lewisham (total of 22 cookery clubs

to date), providing healthy eating recipes and knowledge when cooking on a budget for targeted families / individuals on low income and /or with poor cooking skills.

57. Lewisham recently adopted a Planning Policy on hot food take-away shops to prevent the establishment of new hot food takeaway shops, as part of the Development Management Local Plan. Lewisham is one of the local authorities with the most hot food take-aways per head of population (13th).
58. The stage two UNICEF Baby Friendly community award was achieved in February 2014 and the maternity award in August 2014. Both services are working towards the stage 3 assessment, planned for July 2015, achieving this will result in full accreditation.
59. Since the launch of the vitamin D scheme, over 6,700 bottles of women's tablets and nearly 11,500 bottles of children's drops have been issued. The scheme is reaching 20-30% of eligible women and 50% of infants.
60. The *Easy, Quick & Tasty* initiative has had a high response with over 80% beneficiaries completing the courses and with over 200 individuals taking part. Post course evaluation shows that 77% of participants have reported other changes to their lifestyle apart from diet as a result of coming to cookery clubs. Some participants have successfully completed accredited training and some are now employed in delivering some of the Easy Quick & Tasty cookery clubs.
61. The Planning Inspector, at a recent examination of the Lewisham Development Local Plan, found the policy 'sound'. The GLA wish to include this as a Case Study in their forthcoming Social Infrastructure Supplementary Planning Guidance for the London Plan.
62. The most significant challenges are in finding ways to deliver locally-led nutrition initiatives such as the baby friendly and the community cooking programmes to scale, so that they achieve a population level impact. The new planning policy will not reduce the number of existing unhealthy fast food take aways, and the challenge will be to encourage these existing outlets to adopt healthier catering commitments, and to encourage new, healthier retailers to enter the market.

Increasing levels of physical activity in the local population

63. Public Health commissions specific programmes to promote the increase of physical activity including: The Get Moving physical activity programme, part of the NHS Health Check, which provides free and discounted exercise sessions to people who are identified as inactive at their NHS Health Check; A Healthy Walks programme; a Let's Get Moving Physical Activity Pathway training programme; and a road safety/cycling training programme.

64. The Council also provides free swimming to all residents under 16 and over 60 years of age.
65. Four hundred and twenty people attended the Get Moving activity sessions between October 2013 – March 2014. From April – November 2014 there have been two Get Moving programmes and 274 participants have attended the activity sessions so date.
66. In 2013/14 the total numbers of those aged under 16 who accessed free swimming was 9,487. They made a total of 28,930 visits, an average of three visits per user per year. For the same period there were 2,293 people aged 60 and over who access free swimming. They made a total of 26,068 visits, an average of 11 visits per user per year.
67. In 2013 – 14 2,434 adults participated in regular walks (on average one walk per week). There were 237 new walkers recorded and 87% of those subsequently reported doing more physical activity.
68. In 2013 -14, 152 primary care staff were trained to deliver physical activity brief advice. From April – November 2014 225 staff received the motivational training. This included primary care staff and community groups in North Lewisham and Well London Bellingham.
69. The road safety/cycling training programme is being delivered to 40 schools and has booked 1877 primary school age children in years 5 and 6 to attend the training.
70. The challenge is to increase awareness of the benefits of physical activity and the independent risks of inactivity and the need to address this through incorporating increased physical activity in the daily routine. Promoting physical activity will also need to become everybody's business as part of every contact counts.

Local initiatives to reduce excess deaths as a result of seasonal mortality

71. Lewisham's Warm Homes Healthy People (WHHP) project is now in its 3rd year and continues to provide help to residents vulnerable to the effects of living in cold housing. In 2013/14 & 14/15 has been funded by Public Health, led by the Council's Sustainable Resources Group and delivered in partnership with a range of public, private and community sector organisations. The main focus of the project was to alleviate the negative impacts of cold weather, reduce hospital admissions and help the most vulnerable people in our borough stay warm and well and feel more comfortable in their homes over the coldest months of the year.
72. In 2013/14 495 Warm Homes referrals were received from 30 different organisations working with residents likely to be vulnerable to fuel poverty and cold weather. 437 vulnerable households received a home visit and winter warm pack. 4300 free measures were provided to

vulnerable households to keep warm and save money on their fuel bills. There were 710 onward referrals to other relevant related services. 89 vulnerable households received advice on switching energy tariff identifying savings of up to £17,800 a year¹ (combined total). 199 referrals were made to the Warm Homes Discount which represents £25,870 a year benefit for Lewisham residents. 16 vulnerable households received heating improvements and/or insulation, bringing in £10,500 external funding and training was provided for 160 front line professionals on fuel poverty and health awareness.

73. A key challenge will be in implementing 'Every Contact Counts' systematically across the whole system to ensure that front line workers identify people at risk and ensure they are referred to the Warm Homes service.

Public mental health services

74. Public Mental Health is defined by the Chief Medical Officer as describing the 3 overlapping areas of mental health promotion, mental illness prevention and treatment and rehabilitation.
75. The Public Mental Health budget is very small, and generally has funded mental health awareness training and courses for front line workers in any public facing public or voluntary sector organisation to support them to manage clients who present with symptoms of mental illness (Mental Health First Aid).
76. Historically this budget has also funded projects and voluntary sector organisations with mental health outcomes. Most recently, some of this funding has been used to provide match funding for the Big Lottery "HeadStart" programme which is designed to improve resilience and emotional wellbeing in 10-14 year olds.
77. The main public health outcome measure of public mental health is self reported wellbeing. Lewisham ranks 31 of 33 London Boroughs for self reported wellbeing. The proportion of people with a low satisfaction with their life score increased from 7.2% to 8.7% between 2011/12 and 2012/13. When compared to other boroughs with a similar level of deprivation overall Lewisham has a worse outcome for this indicator.
78. Demand for mental illness services is high. Supporting people with mental illness to recover and access employment and secure housing is an important part of recovery but challenging in the current economic climate. The welfare reforms implemented as part of the austerity measures in response to the economic crisis are thought to have had a detrimental effect on mental health.
79. Lewisham has got through to the second stage of the Big Lottery's HeadStart programme. It is anticipated that this programme will build

resilience in this population, but continuation and expansion of this will be dependent on being successful in the final stage of the process in 2015.

Behavioural and lifestyle campaigns to prevent cancer and long-term conditions

80. Public health has provided leadership and match funding to the Bellingham Well London Programme Phase 2, funded by the Big Lottery. It has effectively involved the community and enabled the delivery of lifestyle activities aimed at promoting healthy eating, physical activity and mental wellbeing.
81. The North Lewisham Health Improvement Programme (NLHIP) is a five-year plan that developed as part of the Health Inequalities Strategy for Lewisham, covering New Cross and Evelyn wards in the north of the Borough. The scope of the programme is wide-ranging and includes many inter-related projects and initiatives, such as community health projects; primary care interventions; health promotion initiatives; participatory budgeting and small grants to community groups; social marketing; needs assessments and health impact assessments.
82. The public health department delivers and commissions a programme of health improvement training to enhance the skills of those in Lewisham who have health promotion roles, whether paid or unpaid. The programme delivers across a range of topics selected to support delivery of the Health & Wellbeing Strategy.
83. Approximately 3,160 people participated in Bellingham Well London healthy lifestyle activities from April 2013 to April 2014. An external evaluation shows a 16% increase in respondents reporting that they do enough physical activity to keep fit, 13% reporting they feel very or quite happy with life in general, 14% increase in those that feel their eating habits are very or quite healthy. Bellingham has been cited by University of East London as one of the Well London areas that has demonstrated outstanding performance and has currently been named as one of three candidate areas for Phase 3 Well London scheduled to start in mid-2015.
84. The North Lewisham Health Improvement Programme has funded 53 community groups and 656 people accessed community health activities organised as a result of the Participatory Funding. 330 reported improved mental wellbeing, 129 reported eating more than 3 portions of fruit a day following attendance of healthy eating promotion activities compared with 175 participants reported eating less than 3 portions of fruit a day at the start and 219 participants reported that they had increased their levels of physical activity. In addition over 40 volunteers have been engaged. More than 400 people recently attended a community awareness event at Deptford Lounge including community lifestyle activities.

85. 407 front line workers across partner organisations have attended health improvement training courses since October 2013.
86. The main challenge is to ensure that these campaigns are successfully embedded within the new emerging neighbourhood teams and re-commissioning of the voluntary sector aligned to health and social care integration.

Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes

87. Over the past two years, the public health team has worked with the CCG, Lewisham & Greenwich Healthcare NHS Trust, NHS England, PHE and with local general practitioners, to increase the uptake of childhood and flu immunisations in Lewisham, and to maximise the uptake of the national cancer screening programmes for example for breast, cervical and bowel cancer screening. The public health team has also worked closely with the school nursing service to encourage schools to support the Human Papilloma Virus immunisation Programme to protect girls against cervical cancer.
88. Despite continuing support at local level, and some improvement in uptake of vaccines as a result, significant challenges remain. Although significant improvement in the uptake of the first dose of MMR has been achieved (Lewisham's performance increased by ten percentage points and the borough was identified as the most improved in London), this has been difficult to sustain. In addition, uptake of the second dose of MMR and the uptake of preschool booster remain at unacceptably low levels and amongst the worst in London.
89. After two very successful years in increasing and maintaining high levels of uptake of Human Papilloma Virus vaccine in schoolgirls, uptake of this vaccine has fallen backwards in the most recent school year; despite this fall, Lewisham remains in the top third of London Boroughs in relation to this vaccine.
90. Uptake of Flu vaccine increased in 2013/2104, and in some subgroups, uptake in Lewisham was amongst the best in SE London.
91. There has been little change in the coverage of breast screening in Lewisham over the past six years despite a range of initiatives to promote uptake. To support an increase in coverage of breast screening NHS England have negotiated with the screening provider the following: when a woman does not attend their appointment they will be sent another invitation with a timed appointment, reminder letters are sent to women and they will be sent a text of their appointment time.

92. The latest data for bowel screening uptake is for May 2014, uptake was 43.5% below that of the national target of 60%. To support an increase in uptake in bowel cancer screening the Health Promotion Specialist based at the screening centre held a range of promotion sessions in the community and attended the Lewisham GP Neighbourhood Forums to inform and promote bowel screening.
93. The coverage of the cervical screening programme in Lewisham improved in 2012-13, although Lewisham does not meet the national target of 80% coverage.
94. With the transfer of immunisation and screening responsibilities to NHS England, the challenge is to ensure effective partnership working and performance management, particularly in primary care where performance is variable, and to support the development of new co-commissioning arrangements between the CCG, NHS England and the council.

Local authority role in dealing with health protection incidents, outbreaks and emergencies

95. Local authorities have a new health protection duty to provide information and advice to certain persons and bodies, with a view to promoting the preparation of appropriate health protection arrangements. In practice this means that the DPH must ensure that NHS England (London) and PHE (London) have appropriate plans in place. NHS England will provide the assurance that NHS organisations have appropriate emergency plans in place. The assurance will be through the London Health Resilience Partnership. A Health Protection Committee, chaired by the DPH, reports to the Borough Resilience Forum and to the Health & Wellbeing Board.
96. Incidents and outbreaks are reported to or detected, and managed by the Health Protection Teams in Public Health England.
97. The Council's public health function includes an infection control nurse who: facilitates Health Protection Committee meetings including the production of an annual health protection report for the Health & Wellbeing Board; promotes good antibiotic prescribing and infection control in primary care as part of the department's support to the CCG; monitors MRSA bacteraemia and C. Difficile cases and investigates those that are community acquired, again as part of the support to the CCG.
98. Public Health has provided a lead role in ensuring that accurate and timely advice on Ebola has been communicated to all relevant partners in the borough, including GPs, schools and the Police.

99. Whilst health protection is an issue relevant to all working and living in the borough of Lewisham, issues such as TB and sexually transmitted infections disproportionately affect some local minority groups and higher rates of these infections exist in areas of higher deprivation.
100. Public Anxiety about Ebola has abated, but efforts to address such anxiety are likely to be necessary for some time. The rising incidence of community acquired C. Difficile infections is a challenge, as is the poor air quality in Lewisham.

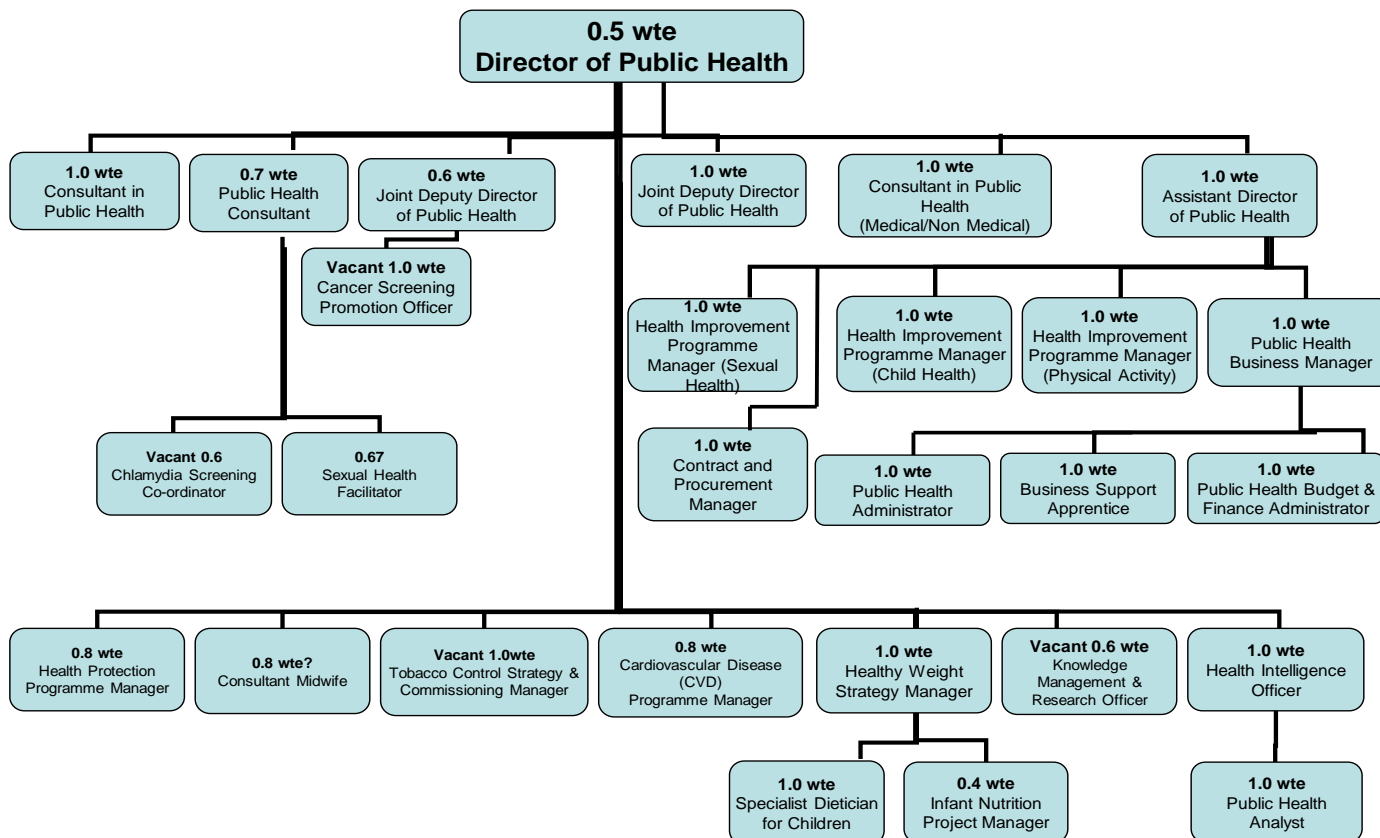
Public health advice and support to clinical commissioners

101. Public Health has worked in partnership with Lewisham CCG and trained seventy pharmacy counter assistants as part of the Healthy Living Pharmacy initiative. A total of 70 pharmacy staff across Lewisham have now qualified as healthy living champions and are able to assist the people of Lewisham with stopping smoking, accessing vitamin D and treatment for minor illness helping to relieve pressure on other local services.
102. Since March 2013 Public Health worked in partnership with NHS Lewisham Clinical Commissioning Group and Diabetes UK and recruited and trained 15 volunteers from the community to be Diabetes Community Champions. Their role is to raise awareness of diabetes in their communities and help prevent people developing the condition. To date the Diabetes Community Champions have organised a total of 16 diabetes awareness events in their communities. A diabetes JSNA has also been completed.
103. Through a bid led by a public health consultant, the CCG secured funding from Macmillan to fund a two year "An End of Life Transformation Programme" and has appointed a GP lead for cancer.
104. Neighbourhood Profiles of health need have been produced for the CCG Members Forum and will be used to inform the development of neighbourhood based primary care networks and integrated health and social care neighbourhood teams. In addition a borough wide needs analysis has informed the development of the CCG Commissioning Strategy 2013-2018.
105. The public health team also undertook an audit of childhood asthma admissions in Lewisham and made a number of recommendations for improvement in the pathway for the management of asthma in primary and secondary care.

Structure Chart

Appendix B

Appendix 1: Public Health Organisational Structure – October 2014



Results of the consultation with the Clinical Commissioning Group

- 1.1 The Working Group was updated on the response to the consultation with the LCCG on the public health savings proposals. The consultation was with Lewisham CCG and was not a public consultation. The CCG received the consultation document by email and was given 2 weeks to respond on the Public Health savings proposals.
- 1.2 The Working Group noted that the responses to the consultation were being reported to the Healthier Communities Select Committee which would oversee the consultation process, and to the Health & Wellbeing Board. Both the response to the consultation and subsequent responses by the Healthier Communities Select Committee and the Health & Wellbeing Board would then be considered by Mayor & Cabinet in February 2015.

Lewisham CCG Response with Commentary by the Director of Public Health

- 1.3 Lewisham CCG responded to the consultation on the Public Health savings proposals on 29th December 2014 (see Appendix 1). In doing so, the CCG considered the impact of the proposals on its own plans and against a number of overarching criteria:
- Commissioning that is population-based
 - Equitable access
 - Tackling health inequalities
 - The aims or goals of our joint commissioning intentions
 - Stronger communities for adult integrated care and for children and young people
- 1.4 The CCG highlighted a number of general issues and then commented specifically on each public health programme in relation to the savings proposals. Both the general and specific responses are reported below, with a commentary by the Director of Public Health on each response.

Highlighted Issues

- 1.5 The CCG responded - "Given the importance of health improvement and prevention, and its prominence in our local Health and Wellbeing Strategy and nationally in the NHS 'Five Year Forward View', we are concerned that money is being taken away from the current public health budget priorities without a comprehensive assessment of the implications on health outcomes and inequalities."

- 1.6 DPH commentary – the proposed disinvestments in current public health initiatives were prioritised for disinvestment on the basis that these initiatives would result in the least loss of public health benefit per pound spent when compared across all current public health investments. In this way the likelihood that re-investment in other areas of current council spend will result in equal or greater public health outcome and reduction in inequalities is maximised; however, it is acknowledged that a full and comprehensive assessment of the implications of this re-allocation of funds cannot be undertaken until the areas for investment have been identified.
- 1.7 The CCG responded – “In reviewing the proposals our response on their impact is necessarily restricted by the absence of details from the council of how monies will be reinvested.”
- 1.8 DPH commentary – this is covered in the above DPH response.
- 1.9 The CCG responded – “Overall we would expect that the savings proposals are accompanied by redesign of services so that they will achieve positive health impacts, and that any changes are monitored accordingly to ensure that the expected benefits are realised. “
- 1.10 DPH commentary – Much of the mitigation of potential negative impacts on public health outcomes arising from the proposed savings is predicated on successful re-design and re-configuration of commissioned services. The council public health department intends to monitor closely the changes and fully expects to be asked to provide regular update reports to the relevant scrutiny committees and the Health & Wellbeing Board.
- 1.11 The CCG responded – “The need for voluntary organisations that previously accessed public health grants to be supported to access the council’s mainstream grant programme.”
- 1.12 DPH commentary – the council has already ensured that those voluntary organisations that previously accessed public health grants can now access the council’s mainstream grant programme.
- 1.13 The CCG responded – “The criteria that you will use to identify substantial development or variation in service should be made available as soon as possible.”
- 1.14 DPH commentary – the council agrees with this response.
- 1.15 The CCG responded – “Assessments of equalities implications should be carried out and made available at the outset of the savings programme.”
- 1.16 DPH commentary – the council has already undertaken an initial equalities assessment and these are described in the savings

proposal; however, as has been acknowledged above a comprehensive assessment can only be carried out once the re-investment plans and the impact of service re-configurations are known.

- 1.17 The CCG responded – “The areas of greatest concern are proposals that have negative impacts on smoking reduction and health inequalities.”
- 1.18 DPH commentary – the DPH shares these concerns. Smoking is still the single largest cause of health inequalities within Lewisham and between Lewisham and the England average for premature mortality. The proposals as they stand look to re-configure how smoking services are organised. They will essentially be integrated into the neighbourhood model of working which should give a more comprehensive use of staff resources and reduce the current level of overhead costs. If however, these proposals were not successfully implemented then consideration would need to be given to re-instating this level of funding. The DPH will be monitoring the progress of these proposals and will be able to provide a further progress report. The illegal tobacco sales work has been supported by public health funding and consideration will need to be given by the new enforcement service as to how this work should be continued. Smoking cessation will continue to be a priority for public health and new funding sources will be pursued to test new initiatives.
- 1.19 Lewisham’s Community Outreach NHS Checks team, commissioned from the Lewisham & Greenwich Trust Community Health Improvement Service, won the Heart UK Team of the Year award in 2014. It is envisaged that these services will be reconfigured with less overheads as part of the neighbourhood working but again this needs to be monitored.
- 1.20 Area based health improvement programmes have been shown locally to improve health outcomes and have been identified as an example of best practice by the GLA Well London Programme. The council has successfully leveraged extra resources, including from the GLA, to extend the work that has been shown to be effective in Bellingham and North Lewisham to Lewisham Central and Downham.

Service specific responses

- 1.21 Sexual Health: the CCG responded – “As the lead commissioner the CCG will advise the council as its agent in the proposed contract renegotiation with LGT. Public Health will be fully involved in the appropriate contracting forum. Further detail is required about how sexual health services will be delivered through a neighbourhood model. The CCG would seek assurance that the health improvement package will be taken up by schools if the SRE funding is reduced. Where some services have been provided on a limited pilot basis we

support the move to enable a wider population coverage. Where incentive funding is withdrawn from GP practices we need to take into account the total impact from all the proposed changes. The CCG Medicines Management team can provide professional advice in the further development of pharmacy needs assessment .”

- 1.22 DPH commentary – the council acknowledges and appreciates the CCG’s role as lead commissioner with LGT, and its desire to involve public health fully in the contracting process. The CCG will be kept fully appraised of sexual health service re-configuration within the neighbourhood model as plans emerge. The council would welcome the CCG’s help and support to influence and persuade schools of the benefits of taking up the health improvement packages, in particular SRE. The council would also welcome the CCG’s support in jointly assessing the impact of any funding withdrawal from GP practices, and the continued support of the Medicines Management Team in the pharmacy needs assessment.
- 1.23 NHS Health Checks: the CCG responded – “We agree with the highlighted risks concerning the pre-diabetes intervention. This may have an impact on the CCG’s plans for long-term conditions, for risk stratification and around variation in primary care. The removal of the Health Checks facilitator post and reduction of GP advisor time may mean that the focus is on maintenance rather than the continuing development of the programme We support the continuing integration of the pharmacy into the neighbourhood resources to deliver the health checks programme. Further detail is required about how health checks will be delivered through a neighbourhood model to achieve efficiency and effectiveness.”
- 1.24 DPH commentary – the council would welcome the CCG’s financial support to invest in diabetes prevention alongside public health investment in the NHS Health Checks programme in line with NHS England’s recently published five year forward view operational plan for 2015-16. The CCG will be kept fully appraised of the NHS Health Checks service re-configuration within the neighbourhood model as plans emerge.
- 1.25 Health Protection: the CCG responded – “We acknowledge that this service has not been proven to be a cost effective intervention. “
- 1.26 DPH commentary – the council welcomes the CCG’s acknowledgement.
- 1.27 Public Health Advice to CCG: the CCG responded – “We will adopt responsibility for the Diabetes and cancer GP champion posts from April 2015.”
- 1.28 DPH commentary – the council welcomes the CCG’s adoption of this responsibility.

- 1.29 Obesity / Physical Activity: the CCG responded – “This area is a Health & Wellbeing Board priority. As with the reduced SRE funding, we would seek assurance that the health improvement package will be taken up by schools, and where some services have been provided on a limited pilot basis we support the move to enable a wider population coverage. The reduction in funding for the community nutritionist and withdrawal of clinical support may mean that the focus is on maintenance rather than the continuing development of the programme. This is an area that should be part of a whole programme approach to neighbourhood development. “
- 1.30 DPH commentary – please see 6.3.6 and 6.4.2 above.
- 1.31 Dental Public Health: the CCG responded – “This may represent a missed developmental opportunity to improve dental health particularly for children and young people.”
- 1.32 DPH commentary – the DPH shares this concern, but the reality is that this budget has not been spent for several years prior to the transfer of public health to the local authority, and there has been no expenditure in 2013-14 or 2014-15. The number of decayed, missing and filled teeth at the age of five is one of the few measures of children’s health on which Lewisham has done consistently well. The council will continue to monitor this performance indicator which is based on a national survey.
- 1.33 Mental Health: the CCG responded – “We recognise the potential benefits of pooling resources with other neighbourhoods but need to highlight the potential difficulties inherent in working across multiple organisations and sectors that may make this difficult to achieve.”
- 1.34 DPH commentary – the council also recognises the potential difficulties and challenges of working with other boroughs and organisations but also recognises the need to overcome these challenges.
- 1.35 Health Improvement Training: the CCG responded – “This area has a potential impact on achievement of the ‘Every Contact Counts’ strategy. This will need to be mitigated further through additional development via HESL resourcing, development of neighbourhood teams, and SEL Workforce Supporting Strategy.”
- 1.36 DPH commentary – the council welcomes these suggestions for further mitigation of potential impact on achieving ‘Every Contact Counts’ and would welcome the CCG’s support in leveraging resources from HESL and from the SEL workforce supporting strategy.
- 1.37 Health Inequalities: the CCG responded – “We support the neighbourhood model as an integral part of the integration programme. But investment and implementation requirements should be defined

that support the development of the four hub approach, in particular how they will address health inequalities where services are decommissioned, such as the money advice service which can be an important enabling factor in supporting health improvement. We support changes to a whole neighbourhood approach away from specific groups, and building community capacity to tackle inequalities; again, this may require further resources to ensure continuing support to vulnerable population groups. Where there are proposed changes to the LGT contract these must be assessed for their impact and likely success for linking to the neighbourhood model. We recognise the mitigation in respect of the 'warm homes' funding but seek assurance that this will be strong enough."

- 1.38 DPH commentary – please see 6.3.6, 6.3.8, 6.3.15, and 6.3.16 above.
- 1.39 Smoking & Tobacco Control: the CCG responded – “Both the local and SEL JSNAs identify the impact of smoking on mortality rates, inequalities and QALYs. The CCG has identified smoking quitters as one of its local quality premium outcomes. This is therefore an area of considerable importance for local population health and the CCG. As with other aspects of the LGT contract, the CCG will advise the council as its lead commissioner in the proposed contract renegotiation. Public Health will be fully involved in the appropriate contracting forum. Further detail is required about how efficiencies in the stop smoking service will be achieved without reducing its effectiveness.”
- 1.40 DPH commentary – please see 6.3.14 above.
- 1.41 Maternal & Child Health: the CCG responded – “Recognising that change to the sessional commitments of the child death liaison nurse will not prevent its delivery of the main purpose of the role, there may be an impact on support for bereaved families which may need to be provided or commissioned differently. We have significant concerns about the reduction in support to breastfeeding cafés and peer support and the possible impact on our UNICEF status. This is an identified priority for the CCG and for SEL. While the peer support proposal is actually a reduction in the supporting infrastructure so should not have an impact, the support for the cafés could. But if this can be maintained for a further 6 months and alternative can be put in place this may avoid a negative impact.”
- 1.42 DPH commentary – the council welcomes the CCG’s view that support for bereaved families may need to be provided or commissioned differently. The DPH also shares the CCG’s concerns that disinvestment in breastfeeding peer support and breast feeding cafes may jeopardise Lewisham’s final stage submission to achieve the highly prestigious UNICEF baby friendly status, after successfully completing stages one and two. The council may wish to consider extending funding for these initiatives for at least 6 months, but this

would mean that the level of anticipated savings would not be achieved in 2015-16.

- 1.43 Department Efficiencies: the CCG responded – “We would seek assurance that any revised structures or functions can deliver our agreed memorandum of understanding (MOU) of PH support to the CCG, for instance by freeing up time for PH consultants and intelligence support, and working with us around the commissioning cycle. A clear, agreed work plan will be essential to realise delivery of this service. “
- 1.44 DPH commentary – the council can provide reassurance that any revised structures or functions will be designed to deliver the council’s mandatory responsibilities to provide public health support to CCG commissioning. The council has already advertised for a public health intelligence officer at a higher grade and salary than the equivalent NHS grade and salary of the previous post holder. A clear work plan will be agreed with the CCG for 2015-16.