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Overview and Scrutiny Committee Agenda

Monday, 9 March 2015
7.30 pm
Committee Rooms 1 & 2
Civic Suite
Lewisham Town Hall
London SE6 4RU

For more information contact: Charlotte Dale (0208 314 9534)

This meeting is an open meeting and all items on the agenda may be audio recorded and/or filmed.

Part 1

Overview and Scrutiny Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Monday, 9 March 2015.

Barry Quirk, Chief Executive
Thursday, 26 February 2015

Councillor Alan Hall (Chair)	
Councillor Gareth Siddorn (Vice-Chair)	
Councillor Obajimi Adefiranye	
Councillor Abdeslam Amrani	
Councillor Chris Barnham	
Councillor Paul Bell	
Councillor Peter Bernards	
Councillor Andre Bourne	
Councillor David Britton	
Councillor Bill Brown	
Councillor Suzannah Clarke	
Councillor John Coughlin	
Councillor Liam Curran	
Councillor Brenda Dacres	
Councillor Amanda De Ryk	
Councillor Colin Elliott	
Councillor Carl Handley	
Councillor Maja Hilton	
Councillor Simon Hooks	
Councillor Ami Ibitson	
Councillor Mark Ingleby	

Councillor Stella Jeffrey	
Councillor Liz Johnston-Franklin	
Councillor Alicia Kennedy	
Councillor Roy Kennedy	
Councillor Helen Klier	
Councillor Jim Mallory	
Councillor David Michael	
Councillor Jamie Milne	
Councillor Hilary Moore	
Councillor Pauline Morrison	
Councillor John Muldoon	
Councillor Olurotimi Ogunbadewa	
Councillor Crada Onuegbu	
Councillor Jacq Paschoud	
Councillor John Paschoud	
Councillor Pat Raven	
Councillor Joan Reid	
Councillor Jonathan Slater	
Councillor Luke Sorba	
Councillor Eva Stamirowski	
Councillor Alan Till	
Councillor Paul Upex	
Councillor James-J Walsh	
Councillor Susan Wise	

MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE

Monday, 29 September 2014 at 7.00 pm

PRESENT: Councillors Alan Hall (Chair), Gareth Siddorn (Vice-Chair), Abdeslam Amrani, Chris Barnham, Paul Bell, Peter Bernards, Bill Brown, Suzannah Clarke, John Coughlin, Liam Curran, Brenda Dacres, Amanda De Ryk, Colin Elliott, Carl Handley, Maja Hilton, Simon Hooks, Ami Ibitson, Mark Ingleby, Stella Jeffrey, Liz Johnston-Franklin, Alicia Kennedy, Roy Kennedy, Jim Mallory, Jamie Milne, Pauline Morrison, John Muldoon, Olurotimi Ogunbadewa, Crada Onuegbu, Jacq Paschoud, John Paschoud, Pat Raven, Jonathan Slater, Eva Stamirowski, Paul Upex, James-J Walsh and Susan Wise

APOLOGIES: Councillors Obajimi Adefiranye, Andre Bourne, David Britton, Helen Klier, Hilary Moore, Joan Reid, Luke Sorba and Alan Till

ALSO PRESENT: Councillor Kevin Bonavia (Cabinet Member Resources), David Austin (Head of Corporate Resources), Duncan Dewhurst (Head of Service Change and Technology), Sam Kirk (Strategic Waste & Environment Manager), Simon Moss (Policy and Development Manager, Transport), Salena Mulhere (Overview and Scrutiny Manager), Barrie Neal (Head of Corporate Policy and Governance), Martin O'Brien (Sustainable Resources Group Manager) and Brian Regan (Planning Policy Manager)

1. Minutes of the meetings held on 26 February and 11 June 2014

1.1 The minutes were agreed as an accurate record of the meeting.

2. Declarations of Interest

2.1 The following non-prejudicial declarations of interest were declared:

Councillor Muldoon - Lead Governor of the SLAM NHS Foundation Trust.
Councillor Wise – Lewisham Homes Board Member
Councillor R Kennedy - Trustee of the Ackroyd Community Centre

3. Lewisham Future Programme

3.1 The Chair advised the committee that the timetable outlined at paragraph 4.1 of the report was the proposed timetable for scrutiny of the budget and that the suggested approach was outlined at section 5.3, which would provide flexibility. The Chair advised that all members were welcome to attend all select committee meetings and the appropriate cabinet members would be invited to the meetings. Because of potential overlap and the need for a strategic approach, the Chair advised that task and finish groups might be necessary to consider some areas in more detail.

3.2 The Chair invited David Austin to introduce the substantive report. In response to questions from the Committee David Austin advised that:

- The appropriate lead officers would be present at each select committee meeting.
- A response would be provided to Councillor Bell regarding an outstanding question relating to consultants and agency staff: a full report had been considered by the Safer Stronger Communities Select Committee in July 2014 and was available on the website.

3.3 **RESOLVED:** that the proposed timescale and approach to reviewing the Lewisham Future Programme proposals, to support the effective overall scrutiny of the budget process, be agreed.

4. London Infrastructure Plan 2050

4.1 The Chair advised the Committee that Brian Regan had led on pulling together the draft response and that the views of the Committee would be incorporated within the final response before it was considered by Mayor and Cabinet.

4.2 In response to questions from the Committee on Transport and Infrastructure, Simon Moss and Brian Regan advised:

- The Bakerloo Line extension was a priority for Lewisham and was something that had been lobbied for, for some time. Officers couldn't speak for other boroughs, but understood that Bromley Council were concerned about the loss of the Hayes line. There would be a public consultation which would reveal what Bromley Residents thought about the proposals.
- The future of the Catford Loop was uncertain and the case had been made to TFL when the route was refranchised that it needed to be improved.
- Bus provision across the borough was variable and officers had been working with TFL to raise the issue of bus access in parts of the south of the borough and felt that the Bakerloo line consultation should trigger a review of bus services across the borough.
- The Quietways model was favoured over the cycleway method as it enabled less confident riders to cycle.
- More about walking would be added to the final submission.
- Detail regarding the previous air track project would be sought and provided to the Chair of the Sustainable Development Select Committee.
- The Mayor had written to TFL to support the overground extension and the Bakerloo line extension.
- The business case to extend the DLR to Bromley was not strong but extending the overground to Bromley would be a better value option and would have synergies with the Bakerloo line extension.
- The Council responded to the silvertown tunnel consultation last year.

- The social and cultural infrastructure had not been considered within the plan and the information on governance and finance was not particularly detailed.

4.3 In response to questions from the Committee regarding Digital Connectivity, Energy, Water and Waste, Duncan Dewhurst, Sam Kirk and Martin O'Brien advised:

- There was no longer a central fund to pay for the use of solar panels but the feed in tariffs still existed but were much smaller than they used to be.
- The findings of the Housing Select Committee review into communal heating would be carefully considered.
- Alternative energy sources were being used on a small scale in the borough already including used cooking oil. Dog waste could also be incinerated to generate energy.
- Waste prevention was key part of waste management hence campaigns like "love food hate waste."

4.4 Members discussed the information provided at length and agreed a number of points they felt should be highlighted within the response.

4.5 **RESOLVED**: the following points should be included within the final Lewisham response to the consultation and the submission provided by Phoenix Housing should be appended to the Lewisham Submission:

1. The Committee recognised the importance of a key strategic document for the future London-wide infrastructure by holding a meeting solely to discuss this.

2. However, the Committee was concerned about the omission of any detailed mention of social infrastructure such as health, schools, and cultural facilities within the plan. The Committee believes that this is a serious omission which should be corrected if a strategic overview in relation to London's infrastructure and the successful development of London is to be taken forward.

3. Likewise, there is a lack of detail on housing provision. There should be a much clearer link made between this plan and the Mayor of London's, London Plan and London Housing strategy.

4. Effective housing delivery that is truly affordable for and accessible to London's workforce will be critical to London's long term success.

5. Finance and Governance are not adequately considered within this plan.

6. If we accept a 'London Infrastructure Delivery Board' (LIDB), clear public accountability is required.

7. For effective delivery the Board needs to include Local authority involvement at every level.

8. Whist the constitution of the Board is under consideration it will be important to ensure mechanisms are in place to link the LIDB with delivery partnerships such as the Homes for London Board, the London Enterprise Panel, the London Waste and Recycling Board the Green Infrastructure Task Force and Connectivity Advisory Group. Furthermore, it will also be important that the LIDB is able to take account of sub-regional issues and to influence action within sub regions. The LIDB should put in place mechanisms to ensure that its work can be informed by sub-regional borough partnerships.

9. Meaningful, detailed consultation with local people should take place at an early stage in the development of all infrastructure improvement projects outlined within the plan to ensure local engagement and understanding.

Transport

10. Effective transport links across London are essential. As London's population grows the strain on an already struggling transport infrastructure will be immense and it is important that all possible options to address the problem are properly considered for implementation.

11. The proposed Bakerloo Line Extension to Lewisham and on to Hayes in Bromley is very welcome as it will provide a much improved service and connectivity for people in Lewisham and is strongly supported by all members. The Committee feels it important that all neighbouring local authorities work closely together to support the proposal and to lobby for its delivery at the earliest opportunity: 2040 is not soon enough for this important improvement to be delivered.

12. The synergies between the various potential transport infrastructure projects impacting on Lewisham (the Bakerloo line extension, the overground and DLR extensions) should be emphasised and considered collectively: it should not be a decision of one or the other as it is important that transport infrastructure is improved across the region as comprehensively as possible.

13. A review of projects such as the Heathrow Airtrack, which would make use of former Eurostar infrastructure and provide connections from Lewisham to Heathrow within the hour, should be undertaken.

14. The Catford Loop line does not have sufficient frequency of trains, sufficient carriage length of trains and the rolling stock is poor even since the recent re-franchise of the route. The service should also run to Euston and St Pancras over the weekends, not just in the week as is currently the case. Plans to improve this well-used and key service should also be prioritised and this should happen in addition to the Bakerloo line extension, not instead of. The increased service and more carriages per train are necessary both now and to "future proof" the service as the population and demand increases.

15. Step free access to all stations needs to be a priority and brought forward in the plan period – waiting until 2050 for step free access is not acceptable.

16. The south of the borough is poorly served by bus routes in comparison to the rest of London. Downham and Whitefoot wards are particularly poorly served by bus routes and transport links to the rest of the borough and beyond is particularly poor. This problem needs to be addressed in the effective planning of bus routes and transport infrastructure to ensure residents are not further disadvantaged. We have received a representation from Phoenix Community Housing which is attached as an appendix.

17. Hybrid buses have an important role to play in tackling the causes of poor air quality across London. Relative to the rest of London, Lewisham is poorly served by Hybrid buses and the numbers of hybrid buses travelling on routes through the borough need to be increased.

18. Further detail about the "Dutch model" of cycle ways is necessary to enable an informed view to be taken as to the most appropriate approach to improve both cycle ways and cycling rates across the borough. The "Quietways" model is currently favoured in Lewisham – a clear position on the Council's approach to improving opportunity and safety for cyclists needs to be developed, and for this to happen more detailed information about the potential options needs to be provided.

Digital Connectivity

19. A world class city needs world class connectivity across the entire city for all residents, workers and visitors.

20. The Mayor of London should lobby for this as a priority and he should also provide financial support if necessary to ensure high speed access for Londoners. Free internet access should be provided on all railway services across London – this is technically possible and should be built into all franchise agreements in future.

21. Digital exclusion is a real for many Londoners and it is essential that everyone has ready access to digital services and information. Tackling exclusion specifically should be a priority and should be a core consideration as part of planning all new developments across London.

22. To support inclusion, access and choice; digital service providers and other core infrastructure providers need to work more closely together. Regulations should be changed to make it easier for people to challenge poor service or change provider.

23. If digital connectivity is to be truly considered as essential in modern life and treated by service providers and developers as "the 4th utility", then VAT could be charged as it is with other utilities to increase revenue for improved provision.

Water, Energy and Waste

24. The fact that demand for water in London is set to outstrip supply in less than 2 years is extremely concerning. The Mayor of London must do more to address this as an urgent priority, including ensuring that Thames Water are much more effective in dealing with leaks, through enforcement action if necessary. Currently, enough water to fill 27 Olympic sized pools is lost through leaks in London every day. Given the supply issues this is completely unacceptable.

25. Water metres in homes are being heavily promoted by companies such as Thames Water as a way to both increase awareness of, and encourage a reduction in, usage, but water metres also provide water companies with an opportunity to increase the revenue raised from customers. For customers to accept this approach as fair and recognise the benefits of careful water usage, Thames Water and other water providers need to be much more responsible and responsive to issues such as leaks, as well as actively prioritise investing in dealing with aged water and sewage infrastructure.

26. Fuel poverty needs to be addressed within plans to deal with London's energy infrastructure needs. This can be done in part by the provision of more grants and support made available to people on low incomes for measures such as home insulation, usage of solar power etc.

27. More should be done to encourage and support local energy production such as the locally successful scheme that has been developed which converts used cooking oil to diesel fuel. The development of more waste-to-energy plants such as SELCHP should be encouraged and supported.

28. The effective use of Combined Heat and Power (CHP) and district heating systems need further investigation to ensure that such schemes are properly designed and implemented to realise the desired benefits. There is evidence that these methods may not always be as successful in meeting their aims as would appear in the first instance. It is particularly concerning that the costs may be disproportionately passed on to people in social housing who may receive much higher bills than anticipated and not be able to pay. Our Housing Select Committee is undertaking a review of this area and will report their findings in due course, to inform the Lewisham Council's approach to this form of heating and energy distribution and we would be anxious to share this.

5. Referrals to Mayor and Cabinet

5.1 None.

The meeting ended at 8.35 pm

Chair:

Date:

Overview and Scrutiny Committee					
Title	Declaration of interests				
Contributor	Chief Executive			Item	2
Class	Part 1 (Open)	Date	9 March 2015		

Declaration of interests

Members are asked to declare any personal interest they have in any item on the agenda.

1. Personal interests

There are three types of personal interest referred to in the Council's Member Code of Conduct:

(1) Disclosable pecuniary interests
(2) Other registerable interests
(3) Non-registerable interests

2. Disclosable pecuniary interests are defined by regulation as:-

(a) Employment, trade, profession or vocation of a relevant person* for profit or gain

(b) Sponsorship –payment or provision of any other financial benefit (other than by the Council) within the 12 months prior to giving notice for inclusion in the register in respect of expenses incurred by you in carrying out duties as a member or towards your election expenses (including payment or financial benefit from a Trade Union).

(c) Undischarged contracts between a relevant person* (or a firm in which they are a partner or a body corporate in which they are a director, or in the securities of which they have a beneficial interest) and the Council for goods, services or works.

(d) Beneficial interests in land in the borough.

(e) Licence to occupy land in the borough for one month or more.

(f) Corporate tenancies – any tenancy, where to the member's knowledge, the Council is landlord and the tenant is a firm in which the relevant person* is a partner, a body corporate in which they are a director, or in the securities of which they have a beneficial interest.

(g) Beneficial interest in securities of a body where:

(a) that body to the member's knowledge has a place of business or land in the borough; and

(b) either

(i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or
(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person* has a beneficial interest exceeds 1/100 of the total issued share capital of that class.

*A relevant person is the member, their spouse or civil partner, or a person with whom they live as spouse or civil partner.

3. Other registerable interests

The Lewisham Member Code of Conduct requires members also to register the following interests:-

(a) Membership or position of control or management in a body to which you were appointed or nominated by the Council
(b) Any body exercising functions of a public nature or directed to charitable purposes, or whose principal purposes include the influence of public opinion or policy, including any political party
(c) Any person from whom you have received a gift or hospitality with an estimated value of at least £25

4. Non registerable interests

Occasions may arise when a matter under consideration would or would be likely to affect the wellbeing of a member, their family, friend or close associate more than it would affect the wellbeing of those in the local area generally, but which is not required to be registered in the Register of Members' Interests (for example a matter concerning the closure of a school at which a Member's child attends).

5. Declaration and Impact of interest on members' participation

(a) Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take not part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**

(b) Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the meeting at the earliest opportunity and in any event before

the matter is considered, but they may stay in the room, participate in consideration of the matter and vote on it unless paragraph (c) below applies.

(c) Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.

(d) If a non-registerable interest arises which affects the wellbeing of a member, their, family, friend or close associate more than it would affect those in the local area generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.

(e) Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

6. Sensitive information

There are special provisions relating to sensitive interests. These are interests the disclosure of which would be likely to expose the member to risk of violence or intimidation where the Monitoring Officer has agreed that such interest need not be registered. Members with such an interest are referred to the Code and advised to seek advice from the Monitoring Officer in advance.

7. Exempt categories

There are exemptions to these provisions allowing members to participate in decisions notwithstanding interests that would otherwise prevent them doing so. These include:-

(a) Housing – holding a tenancy or lease with the Council unless the matter relates to your particular tenancy or lease; (subject to arrears exception)
(b) School meals, school transport and travelling expenses; if you are a parent or guardian of a child in full time education, or a school governor unless the matter relates particularly to the school your child attends or of which you are a governor;
(c) Statutory sick pay; if you are in receipt
(d) Allowances, payment or indemnity for members
(e) Ceremonial honours for members
(f) Setting Council Tax or precept (subject to arrears exception)

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

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 health[1]:

    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 initiatives[2]. 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 strategy[2]. 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	419000	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 WTE[3]), 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	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)	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.	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. 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.
NHS Health checks	£551,300	£157,800	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	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'	Missed opportunity to prevent diabetes and for early diagnosis of diabetes. IT system not able to deliver requirements of the programme. Future plans to align commissioning of NHS Health Checks with Neighbourhoods will help to optimise the efficiency and

				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	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)		There is a risk of reduction of physical activity in schools. Mitigation includes Schools being encouraged to use their physical activity premium to continue programmes selected from a recommended menu of evidence based activities. The risk is a reduction in support to voluntary sector healthy eating and nutrition programmes. Mitigation includes organisations being encouraged to build delivery into their mainstream funding programme.
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	1. Withdraw funding for clinical input to Sydenham Gardens. 2. Reduce funding available for mental health promotion and wellbeing initiatives (including training).		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. The risk is a reduction in mental health awareness training across the borough. 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.
Health Improvement Training	£88,000	£58,000	1. Decommission Health Promotion library service. 2. Limit health improvement training offer to those areas which support mandatory public health services.		The risk is reduced capacity to develop a workforce across partner organisations which contributes to public health outcomes. Mitigation includes working with CEL to develop new models of delivery for essential public health training.
Health inequalities	£1,460,019	£581,500	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	The risk is reduced capacity across the system to tackle health inequalities, and a reduction in service for the most vulnerable. Mitigation includes working with the Adult integrated Care Programme

			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)	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.	to deliver a neighbourhood model for health inequalities work, and develop local capacity. It is anticipated that basing these services directly in the community and with greater integration will accommodate the funding reduction. Voluntary organisations will have an opportunity to continue some of this work in a different way through the grant aid programme.
smoking and tobacco control	£860,300	£348,500	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	There are proposals to re-configure the stop smoking service as part of the neighbourhood developments described under 'health inequalities' above.	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. 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

					programmes. 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.
Maternal and child health	£187,677	£68,400	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.		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. 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. 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. 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.

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.

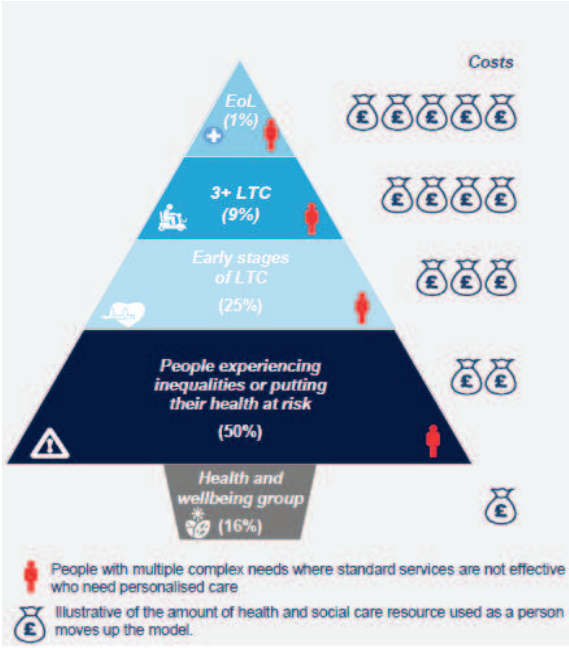
4. Contributing to the objectives of Lewisham's Sustainable Community Strategy to reduce inequality and informed by the Marmot Review[4], the strategy has identified nine priority areas for action over the next ten years.

    - 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%

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.

<u>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)</u>

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.

<u>Tobacco control and smoking cessation services</u>

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'.

<u>Alcohol and drug misuse services</u>

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 out performed 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.

<u>Increasing levels of physical activity in the local population</u>

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.

<u>Local initiatives to reduce excess deaths as a result of seasonal mortality</u>

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.

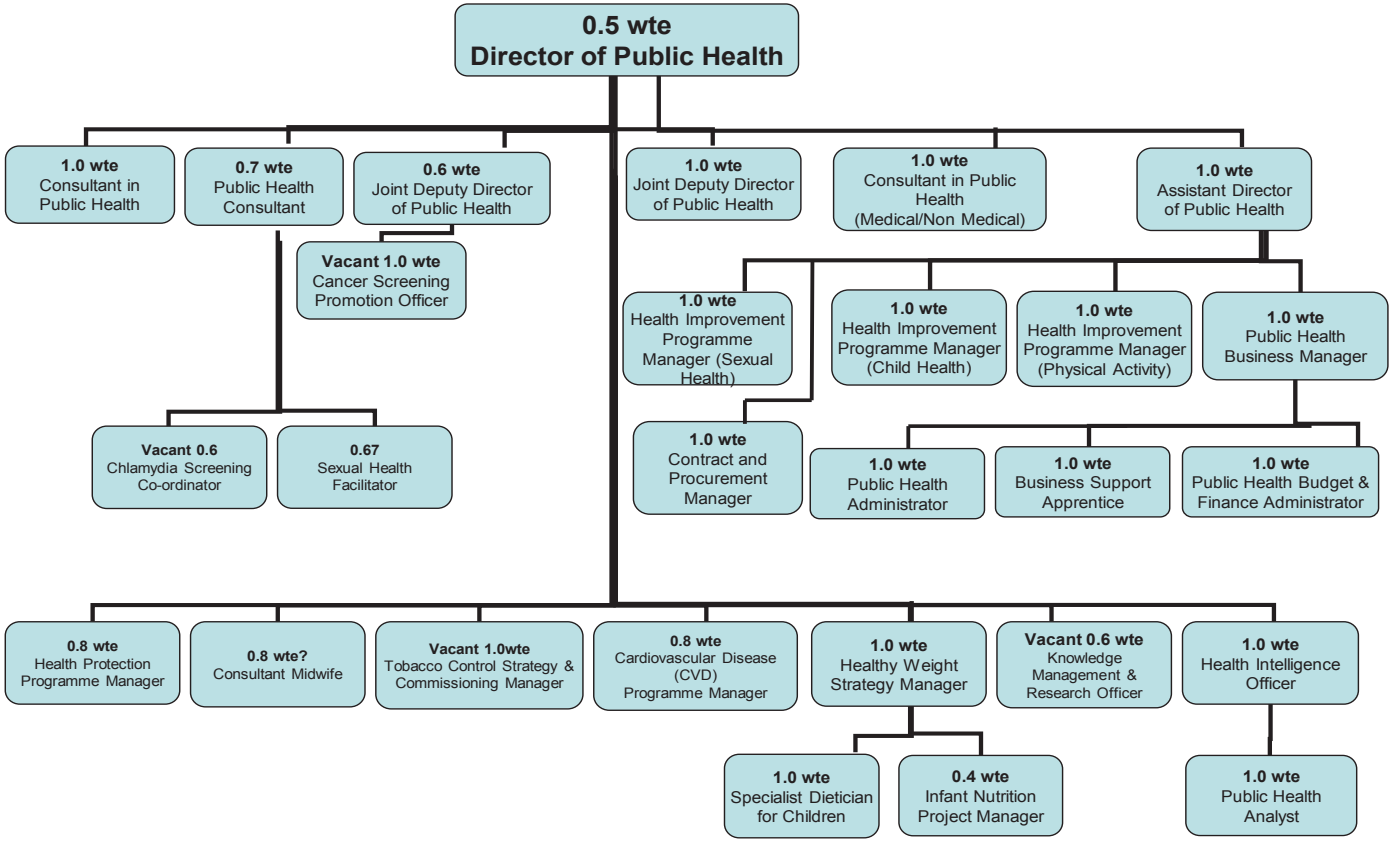
102. Since March 2013 Public Health worked in partnership with NHS Lewisham Clinical Commissioning Group and Diabetes UK and recruited and trained 15 volunteers from the community to be Diabetes Community Champions. Their role is to raise awareness of diabetes in their communities and help prevent people 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.

Appendix 1: Public Health Organisational Structure – October 2014



Appendix C

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.

MINUTES OF THE PUBLIC HEALTH WORKING GROUP

Tuesday, 13 January 2015 at 7.00 pm

PRESENT: Councillors Stella Jeffrey (Chair), David Michael, John Muldoon, Jacq Paschoud and James-J Walsh and Alan Hall

APOLOGIES: Councillor Ami Ibitson

ALSO PRESENT: David Austin (Head of Corporate Resources), Aileen Buckton (Executive Director for Community Services), Charlotte Dale (Interim Overview and Scrutiny Manager), Barrie Neal (Head of Corporate Policy and Governance), Georgina Nunney (Principal Lawyer), Shola Ojo (Principal Accountant, Budget Strategy), Dr Danny Ruta (Director of Public Health) (Public Health Lewisham) and Councillor Chris Best (Cabinet Member for Health, Wellbeing and Older People)

1. Minutes of the meeting held on 15 December 2014

1.1 **RESOLVED:** That the minutes of the meeting held on 15 December 2014 be agreed as a true record, subject to Councillor Muldoon's declaration of interest being amended from 'elected governor' to 'lead governor' of the SLAM NHS Foundation Trust.

2. Declarations of interest

2.1 Councillor Muldoon declared a non-pecuniary interest as the Lead Governor of the SLAM NHS Foundation Trust.

3. Public Health Working Group - draft report and recommendations

3.1 The results of the consultation with the Lewisham Clinical Commissioning Group were considered and discussed by the Working Group. In particular, the following points were noted:

- Efforts were being made to encourage more schools to take up external public health programmes.
- The Natural Childbirth Trust (NCT) issued licences to breastfeeding cafes in the borough, at a cost to the Council, which provided the users of the cafes with a level of assurance. However, there was no reason why breastfeeding cafes needed to be licensed in future, providing the crucial beneficial elements remained, such as facilitators having specific skills and training in breastfeeding and peer support. However, a six month extension to the breastfeeding support contracts to ensure UNICEF status was achieved might be worthwhile, although this would require £13k saving to be found elsewhere.
- Driving down the costs of central Genito-Urinary Medicine (GUM) services was being tackled on a London wide level. Improving local sexual health clinics was challenging, when GUM services (that were

proportionately more expensive than local services) were taking a lot of the available budget by re-charging the borough for dealing with Lewisham patients. However, officers were working hard to improve the quality of the local offer and the Healthier Communities Select Committee was due to consider the Sexual Health Strategy action plan at its meeting the following evening.

3.2 The Working Group discussed the Public Health budget and the following points were noted:

- A lot of public health activity was contract based and these contracts were paid at the end of the year, making spend to date seem relatively modest. In addition, sexual health spending was tariff based and it could take a number of months for the invoices to be received.
- All contracts were closely monitored to make sure that services were being delivered.
- The only anticipated underspend in the Public Health budget was the uplift in funding received from the Department of Health at the start of the year which was unexpected and uncommitted and was being held.
- It would be possible to profile the budget over the year but this would require a change to the Council's financial forecasting model.

3.3 The Working Group considered its final report and discussed the recommendations it would like to make.

3.4 **RESOLVED:** That the following recommendations be included in the Working Group's final report:

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.

4. Items to be referred to Mayor and Cabinet

4.1 The Working Group's report would be submitted to the Public Accounts Select Committee on 5 February 2015; and forwarded on to Mayor and Cabinet on 11 February 2015.

The meeting ended at 8.25 pm

Chair:

Date:

Overview and Scrutiny

Youth Service Working Group

January 2015

Membership of the Youth Service Working Group:

Councillor Liz Johnston-Franklin (Chair)
Councillor Alan Till (Vice Chair)
Councillor Paul Bell
Councillor David Britton
Councillor Brenda Dacres
Councillor Jim Mallory
Councillor Hilary Moore
Councillor Pauline Morrison
Councillor John Paschoud
Councillor Luke Sorba
Councillor Alan Hall (ex-officio)
Councillor Gareth Siddorn (ex-officio)

Contents

Chair's Introduction

Youth work is not just about playing table tennis and kicking a ball. Youth work aims for the social and personal development of young people. It achieves these outcomes through structured, non-formal educational activities that combine challenge and learning and enjoyment. It is a methodology that draws on behavioural and learning theory, psychology, art and creativity, sport and physical education and development and cultural and sociological theory. It is more than just a generic skill and while youth work embraces a specialist skill approach it is by no means rigid. It is about the face to face interaction, individual dialogue, group work and relationship building that focuses directly on the needs and interests of young people. In Lewisham we provide this in partnership with commissioned providers from the private, voluntary and independent sector.

Given the very high budget reductions that the authority is having to find we are now facing a proposal of a £1.4m reduction to the Youth Service delivery across the authority in 2015-16 with a remaining £1.7m being at risk for an even further reduction in future years. In essence we could be faced with no provision except the statutory minimum of providing a database of what activities are on offer for young people in the borough and the tracking of young people who are not in education, employment or training, known as NEET. With an estimated 20,355 children and young people aged between 0-18 living in poverty in Lewisham we cannot lose a vital provision. The Working Group does recognise that as an authority we need to continue to provide a vibrant and relevant service for our young people within these very tight financial parameters.

The Youth Service Working Group was set up to look at the 4 options presented by officers .We met 3 times with input from various senior officers to try to recommend what would be the best option for the youth service's future. Working Group members debated intensely about what would be the most suitable way forward and came to a conclusion that the recommendations would be to further explore all the options including that of a detailed business plan to mutualise the Youth Service but with a proviso not to exclude other options for the future of the Youth Service should the Employee Led Mutual not be viable. Members highlighted the levels of risk in going down the route of an Employee Led Mutual particularly in relation to asset lock, budget availability and pension costs and the importance of the governance model that includes representation from young people, youth work staff, the voluntary sector and the council. The issue of ensuring that the needs and aspirations of our young people and addressing disadvantage and inequality are built into the aims of a possible mutual were discussed at length in order that these objectives would continue throughout the existence of any possible mutual.

I would like to thank officers, Working Group members, the chair of Lewisham's Children & Young People's Forum and colleagues for their attendance, commitment and contributions in how we can continue to provide a Youth Service for our young people in these very difficult financial times.

Councillor Liz Johnston-Franklin
Chair of the Youth Service 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 the Youth Service that have been put forward as part of this programme, are significant, and it was agreed by Council that a working group should be set up to look at these proposals and their implications in more depth.

In terms of the Youth Service savings proposed for 2015/16, the Working Group welcomed the steps being taken by officers to mitigate some of the negative effects of the proposals, and in particular, ensure that alternative provision was provided where council provision was being removed. The Working Group was keen that the relevant ward members be kept updated on progress in terms of finding alternative providers for youth provision at Ladywell Youth Village and Rockbourne Youth Centre.

In terms of the Youth Service savings proposals relating to future years, the Working Group felt that a key outcome of their work should be making recommendations in relation to the development of a detailed plan to mutualise the Youth Service that the Mayor was being asked to authorise. In particular, the Working Group felt that staff and young people must be democratically represented in any mutual; that the plan should investigate achieving the necessary asset locks; and that risks relating to potential LGPS and redundancy liabilities, VAT and Corporation Tax liabilities and funding from the Council being viewed as state aid, should be thoroughly considered.

Recommendations

The Committee would like to make the following recommendations:

2015/16 Base Savings

1. Should the base savings be agreed by Mayor and Cabinet, the Working Group recommends that the ward members for Ladywell and Perry Vale be kept updated on progress in terms of finding alternative providers for youth provision at Ladywell Youth Village and Rockbourne Youth Centre.

2016/17 Onwards

2. Should Mayor and Cabinet agree that a detailed plan to mutualise the Youth Service be developed within the next financial year, the Working Group recommends that this plan includes a governance framework that aims to ensure that:

    - The local voluntary sector is involved and represented, possibly via the Voluntary Action Lewisham CYP Forum, in the governance arrangements of the ELM.
    - The governing body of the ELM is represented as a stakeholder in public services, possibly through representation on the CYP Strategic Partnership Board.
    - Staff, Young People and the Council are democratically represented in the ELM.

3. The plan should also cover:

    - Achieving the necessary asset locks.
    - Completing the business planning / preparation of a business case that will be required for a single tender action.
    - Ensuring that the ELM, throughout its existence, serves to meet the needs and aspirations of young people in the London Borough of Lewisham, in particular addressing disadvantage and inequality.

4. The following risks should be fully investigated:

    - Potential LGPS and redundancy liabilities.
    - The ELM's liability for VAT.
    - The ELM's liability for Corporation Tax.
    - Funding from the Council being viewed as state aid.

5. The Working Group notes that the development of a detailed plan to mutualise the Youth Service does not exclude other options for the future of the Youth Service being considered, should the ELM option not prove viable.

Purpose and structure of review

1. As part of the Council's 2015/16 Revenue Budget Savings, savings proposals relating to the Youth Service was put forward. The Revenue Budget Savings proposals 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 authorised officers to carry out consultation on base savings of £1.4m in relation to the current youth service, including:

    - A reduction to youth worker capacity and removal of Council staff from two youth sites
    - A reduction to commissioned provision
    - A reduction to management and business support staff and further efficiency savings
    - A reshaping of youth re-engagement services by re-specifying the specialist 1:1 service and funding it from other sources
    - Re-specifying the Not in Education, Employment or Training (NEET) Programme in accordance with Raising the Participation Age (RPA) and alternatively funding the programme.

2. The Mayor was also asked to consider options for the future of the Youth Service to allow planning to proceed into future years. The options included, but were not limited to: (a) the potential creation of an Employee Led Mutual (ELM) for the Youth Service, and (b) reducing the service to a statutory service only model.

3. The Overview & Scrutiny Business Panel requested that a working group on the Youth Service proposals be established to allow the broadest participation in consideration of the implications of the proposals.

4. At its meeting on 26 November 2014, Council agreed to set up a time limited Youth Service Working Group to operate until the end of February 2015 to consider the proposals with terms of reference as set out below.

Terms of reference

5. Scrutiny of the Youth Service falls within the remit of the Children and Young People Select Committee. The establishment of the Working Group did not remove this function from that Select Committee. The purpose of the Working Group was to assist with deliberations of the savings proposals and ensure that detailed analysis of the Council wide implications of the proposals were taken into account.

6. The terms of reference agreed for the Youth Service Working Group were:

    - Without prejudice to the remit of the Children and Young People Select Committee, to explore any proposals for the future of the Council's Youth Service to be considered in the course 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 10 members (11 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

7. The Working Group had three formal meetings to consider the following:

First meeting: 9 December 2014

(1) To receive a "scene-setting" report; agree the timetable for the Working Group; discuss the Youth Service savings proposal considered at Mayor and Cabinet on 12 November 2014; and discuss the related consultation process.

(2) To question officers on the information received.

Second meeting: 17 December 2014

(1) To receive a report providing more detailed information on:

The 2015/16 savings: The base savings of £1.4m including (a) information on the impact the reduction in commissioning funding will have on the organisations currently commissioned and the services they provide; (b) proposals for where young people will access youth provision as an alternative to Rockbourne and Ladywell including any proposed alternative provision from those sites; and (c) relevant attendance data for the youth service.

Options for the Youth Service for 2016-17 onwards: including information on:
- The advantages and disadvantages of ELMs.
- The different types of governance structures and funding agreements for ELMs and their particular advantages and disadvantages for all stakeholders including the Council and young people
- The potential savings and costs generated by an ELM to the Youth Service Controllable budget and other budgets
- The likely level of annual council funding for an ELM for the first three years
- The options for income generation under an ELM model and how such a model might become self-sustaining
- A timetable for, an outline of, the work that would be undertaken over the course of the next year to develop a plan for the potential mutualisation of the service, if this option was agreed.

(2) To question officers on the written report.

(3) To receive detailed financial and legal advice on the options available in relation to the potential employee mutualisation of the service, including Implications in relation to TUPE, pension and redundancy liabilities, the transfer of assets etc.

[The presentation from the Head of Law on some of the legal issues surrounding the options for the future of the Youth Service is attached at Appendix A].

Third meeting: 20 January 2015

(1) To receive and comment on the draft Mayor and Cabinet report (scheduled for the Mayor and Cabinet meeting on 11 February 2015), providing a full options appraisal and a summary of the youth service consultation results.

(2) To consider and agree a final report presenting all the evidence taken and to agree recommendations for submission to PAC on 5 February 2015 (and then to Mayor & Cabinet on 11 February 2015).

8. David French, the elected chair of Lewisham's Children & Young People's Forum, attended meetings of the Working Group and contributed to the discussions held.

Background information

9. At its second meeting on 17 December 2014, the working group received the following background papers:

- Various briefing papers on mutuals, including: Developing a mutual for local authority service delivery (Geldards law firm); The next stage for public service spin outs (Pioneers Post); and Information from the Cabinet Office
- Lewisham Youth Service Needs Analysis
- Commissioned Youth Provision 2014-15 – Area profiles (Youth Service)
- Commissioned Youth Provision 2014-15 – Specification (Youth Service).

10. Prior to its final meeting on 20 January 2015 the following background paper was provided to give the working group an understanding of the picture across London:

- A review of London Boroughs' Youth Provision

An update on youth service provision across London was also provided at this meeting, following a survey of the London boroughs undertaken by officers.

The context

The National and local policy context

National policy context

11. Section 507B Education Act 1996 imposes a duty on local authorities, so far as is reasonably practicable to promote the well-being of persons aged 13-19 (and of persons aged up to 25 with learning difficulties) by securing access for them to sufficient educational and recreational leisure-time activities and facilities. A local authority can fulfil this duty by providing activities and facilities, assisting others to do so, or by making other arrangements to facilitate access, which can include the provision of transport, financial assistance or information.

12. Section 68 of the Education and Skills Act 2008 places a duty on local authorities to make available to young people and relevant young adults for whom they are responsible such services as they consider appropriate to encourage, enable or assist them to engage and remain in education or training.

13. Positive for Youth was launched in December 2011 as a broad-ranging strategy detailing the Government's approach to youth provision. The strategy calls for 'a new partnership approach' in local areas – between businesses, charities, public services, the general public and young people – to provide more opportunities and better support to young people. The 2013/14 Youth service restructure was aligned to this strategy (see local policy context below).

14. Positive for Youth promotes early and positive support to reduce the chances of public funds being wasted in holding young people in expensive secure provision or managing the remedial effects of inadequate support and assistance as they reach young adulthood. The key strategic themes contained in Positive for Youth and Lewisham's Children and Young People's Plan are as follows:

    - Helping young people to succeed
    - Promoting youth voice
    - Early intervention
    - Supporting stronger local partnerships
    - Strengthening communities and the voluntary sector.

Local policy context

15. In 2013/2014, the Youth Service implemented a significant organisational restructure. The restructure released savings of £1.03m. These savings were achieved primarily by reducing staff headcount by 18.1 FTE, including a 72% reduction in management, removing youth work staff from two youth centres – Grove Park Youth Centre and Oakridge Youth Centre – and generally ensuring more efficient operations across the service.

16. The restructure created a leaner, more efficient service more capable of responding to young people's needs. It also introduced a significantly larger commissioning fund from which voluntary sector and other providers could bid to deliver youth

provision. In the first year post-restructure, the Service has been embedding performance management, income generation and contract management capabilities.

17. The Youth Service provides and facilitates access to a range of activities for young people through a combination of direct delivery, support to access delivery provided by other organisations, and commissioning and partnering with the private, voluntary and independent (PVI) sector. The activities are focused on developing young people's life skills, as agreed in the previous reorganisation of the service.

18. Provision includes positive activities for young people: offering them places to go and things to do, including social and cultural activities, sports and play, and early intervention services. The Youth Service also offers informal education, advice and guidance on career choices and healthier lifestyles, and information concerning the dangers of substance misuse.

19. The Service's specialist support for young people in relation to education, employment and training consists of 9 specialist one-to-one youth workers, each holding a maximum caseload of 15 cases at any one time, with an annual service reach of c.270 young people. Alongside a one-stop 'holistic support' shop, Baseline, in Lewisham town centre and a variety of commissioned providers, the Service provides one-to-one youth work and information, advice and guidance for the Borough's most vulnerable including support to young fathers, young women and those considering their sexuality. Additionally, there is a not in education, employment or training (NEET) Programme. As a part of the 2013/14 restructure this scheme changed to become a 12 week Government-recognised traineeship, in partnership with Bromley College. The programme runs 3 times a year in line with school terms.

20. All of these activities and support systems take place at 7 Council-run youth centres, 5 Council-run adventure playgrounds, via street based work, at Baseline and at a variety of non-council run venues across the Borough.

The Vision

21. The Working Group was informed that the 2013/14 restructure had established a vision for the Youth Service that was currently being embedded throughout the service.

The Youth Service maintains the following aims:

- To encourage the Council and other organisations to deliver a vibrant range of activities for all our young people to enjoy and benefit from, and to recognise that all activities for young people across Lewisham and London are an important part of our youth offer.
- To support young people in Lewisham in need of extra help, to achieve the skills they need to become happy, healthy and successful adults.

These aims bring about the following outcomes for young people:

- Improved life skills
- Increased involvement in education, employment or training
- Staying safe and well, and preventing needs from escalating.

22. The Working Group was informed that the Service's agreed aims and outcomes were not going to change and that the savings proposals put forward related to the model of delivery and how the vision could be achieved within the resources available, not changing the vision. It was suggested, however, that the reduced commissioning fund would require prioritisation to take place; and that this would be based on needs, but also on ensuring the right balance of provision in terms of activities, geography and timing; and taking into account other available provision.

Findings

A: The 2015-16 Base Savings Proposals

23. The current Youth Service budget is £3.46m and the Service employs approximately 85 people. The Working Group heard evidence that the 2015-16 base savings proposals would result in a saving of £1.4m and:

- A reduction in staffing (the deletion of two manager posts and one business officer post; and a reduction in frontline staff including the removal of youth service staff from 2 youth centres – the Ladywell Youth Village and Rockbourne Youth Centre) and a consequent reduction in street-based capacity (although the capability would be retained)
- A reduction in the commissioning fund of approximately 31%
- The generation of £100k income
- The bringing together of the NEET Traineeship and Specialist 1:1 service to form a re-engagement service.

24. Members were told that the general scope of the Service would remain intact with staffing levels reduced to the minimum level believed necessary to operate an ELM (see next section) in the future. The reduction in staff would be equivalent to 10.5 full time equivalents. The redundancy payments that the Council would be liable for would not exceed £154k but the precise figure for this one off payment would not be known until after the proposals had been implemented.

25. The following points were made to the Working Group in relation to the base savings proposals:

- The Service would be required to generate income by renting space to private and community sector users and bidding for relevant, available grants. Based on current projections and the retention of at least 5 youth centres and 5 adventure playgrounds, it was feasible that the Service would generate £100k by the end of 2015/2016[1].
- The recommendation as to which two centres would be offered to the voluntary sector or closed was based on factors including location; the potential for the private and voluntary sector to deliver provision from the sites; and the attractiveness of the remaining facilities to generate income.
- As such, it was proposed to close or find alternative providers for youth provision at Ladywell Youth Village and Rockbourne Youth Centre as both centres already had alternative non-Youth Service provision running from them. (Rockbourne offered short break provision on two weekday evenings and Saturdays, and Ladywell offered short break provision on Saturdays. Rockbourne also hosted a scout group, whilst Ladywell operated as an adult day care centre the majority of the time).

[1] Following the meeting, the Working Group was informed that the £100k would come almost entirely via space rental and was provided with the following breakdown based on contracts already agreed, expressed interest and estimates of new income: TNG: £30,000; Bellingham: £22,00; Riverside: £20,000; Honor Oak: £22,000; Woodpecker: £8,500; All APGs: £3,000.

- Officers were actively engaging with private and voluntary sector organisations and agencies to see how the sessions vacated by the youth service at Ladywell and Rockbourne might be filled.
- The savings proposals did not in any way relate to building costs. The possibility of reducing building costs via divestments was not being examined as officers did not want to jeopardise non-youth service provision at these sites. In particular, the short break provision at Rockbourne was considered very valuable and the building was one of only a few able to provide such provision. In addition, the Ladywell Village building was a Community Services Directorate asset and not a Children and Young People Directorate building.
- Officers were looking at changing the opening hours of the Ladywell adventure playground so that this provision could potentially fill the gap caused by the removal of youth service sessions from Ladywell village; and were consulting young people on this option.
- Alternatives for the Rockbourne youth service sessions were also being investigated and one organisation had already expressed an interest in taking over the slots.
- The Youth Service's street-based outreach capacity was currently comprised of 3.4 FTE Support Youth Workers. Under the proposals this capacity would be removed in its entirety. Because of current support staff vacancies the outreach service was only operating a limited street-based outreach capacity at the moment and used to inform young people of what the service offers and spur their participation at youth sites. Some of the loss of street-based capacity could be mitigated by the communications work of the Participation and Engagement Officer.
- During the 2013/14 Youth Service restructure, commissioning funds were doubled. A reduction of 31% would still enable the Service to commission an amount greater than what was available in 2012/13.
- Initial appraisal of the impact of services provided through the commissioning fund suggested that 11 or 12 projects were showing some degree of non-performance. However, making required savings by simply not commissioning these services next year would not be possible as a good mix of provision (by type and location) needed to be provided.

The new re-engagement service

26. The Working Group was informed that it was proposed to bring together, more strategically, three elements of the current service to form a youth re-engagement service:
    - Specialist 1:1 Service
    - The NEET Programme
    - NEET tracking services

27. **The Specialist 1:1 Service** is an outreach service operated out of Baseline in Lewisham Town Centre. The service works with young people and offers individual support to empower them to become resilient and support themselves through issues and to help them achieve positive life outcomes. The service also supports emergency situations, signposting to others and delivers holistic information, advice and guidance. Currently, the service

supports approximately 250 young people a year. The Working Group was informed that the proposal was to remove the Specialist Support Manager post, then consider the best means to continue delivery, probably re-commissioning the service with Targeted Family Support and funding it via the Troubled Families grant.

28. **The NEET Programme** currently operates out of The New Generation (TNG) and is a 12 week programme that runs 3 times a year with 16 young people on each programme. The Working Group was informed that the Specialist Group Work Coordinator post would be removed and programming costs further reduced. The reduced service would then be re-specified in accordance with Raising the Participation Age requirements and funded via alternative monies from schools, colleges and the Education Funding Agency.

29. The Council has a statutory responsibility to **monitor and track NEETs** and to support vulnerable NEETs. The Working Group was informed that this element of the Youth Service would remain intact, with only minor reductions to the communications budget.

30. The total cost of the re-engagement service would be £705k:

- £390k for specialist 1:1 support services
- £115k for NEET Programme
- £200k for tracking young people who are NEET.

Consultation

31. The Working Group was informed that consultation with young people on the savings proposals (both the base savings and the future savings – see next section) involved (a) providing a summary of the proposals; (b) having 'family meal' type events at youth clubs to explain the proposals; (c) consulting the young mayor and his advisers; and (d) using youth workers to explain the proposals to young people in detail and record feedback.

Recommendation 1: Should the base savings be agreed by Mayor and Cabinet, the Working Group recommends that the ward members for Ladywell and Perry Vale be kept updated on progress in terms of finding alternative providers for youth provision at Ladywell Youth Village and Rockbourne Youth Centre.

B: The savings proposals for 2016/17 onwards

32. Officers informed the Working Group that it was important strategically to set out an end option for the Youth Service as further Council funding reductions were required in subsequent years. Annual reductions to the Service would have a detrimental effect on young people, and the frontline staff who served them, making it difficult to involve young people in the face of diminishing provision and motivate and retain talented staff in the face of continuing requirements for redundancies. There were a number of options that could forestall these and other negative implications, although the Mayor had indicated that he did not wish to consult on the first:

1	**Reducing the service to providing the statutory minimum**
	• The Council would continue to fulfil its statutory obligation and make significant savings that would contribute to the broader £85m figure. • Youth Service staff and young people would not be subjected to destabilising year-on-year cuts to the Service. • All Council-run youth provision would end, and the Service would no longer commission the voluntary sector to run youth provision.
2	**Putting a Youth Service contract out to tender and commissioning from the private or voluntary sector**
	• A reduced version of the current capabilities and outcomes delivered by the Youth Service would remain in the Borough for at least the duration of a commissioned contract. • Market testing had suggested that providers were not interested in such a large scale contract – interest is confined to partnering with a future mutual or charity, not in bidding for a whole service contract. • Full cost recovery might reduce the savings generated.
3	**Dividing the youth centres and adventure playgrounds**, **incorporating each individually as a charity and trust, mutual and/or social enterprise and commissioning these separately**
	• Each independent youth site could avail itself of alternative funding (e.g. philanthropy, grants, corporate giving) to supplement council funding. • All economies of scale would be lost, and the sustainability prospects of individual sites could be put at risk. • Service delivery would potentially be piecemeal and disjointed.
4	**Retaining a full council-run service**
	• This wouldn't deliver any savings for 2015/16, necessitating savings in future years - this would reduce Council-run and commissioned youth provision. • This option would prevent the additional fundraising open only to

	non-council entities.
5	**Spinning out the Youth Service**, **establishing a young person and employee-led mutual (ELM), and legally incorporating the enterprise**
	• This would sustain the youth service with fewer resources but posed a number of risks (see below).

33. An officer appraisal of the options outlined above favoured the mutual option, although the Working Group was informed that the results of the consultation on the proposals could change the appraisal. It was also noted that, whilst the mutual was currently the preferred option, a full options appraisal would be presented to Mayor and Cabinet on 11 February 2015.

34. At its meeting on 17 December 2014, the Working Group received a presentation from officers from the Children and Young People Directorate which outlined the vision for the mutual. Members were informed that, as an ELM, the organisation would continue to uphold the Council's vision for youth provision, but would aim to go further – to create an organisational model that could deliver the Council's vision more effectively and at better value. It was argued that staff would be naturally empowered to own outcomes and deliver best value because they would have a tangible stake in a real social business. The ELM would be an organisation where:

- *Young people have a greater voice is designing the services they use.*
- *An entrepreneurial ethos underpins the organisation, with a culture where staff know what is expected of them and have the freedom to find the best ways to achieve success.*
- *The service-user is at the heart of the organisation and the organisation relies on the ingenuity of young people and staff.*
- *The "arc of mediocrity" is broken by giving staff the freedom to hone their strengths.*
- *Financial surpluses are sought and reinvested in the business to further the mission.*

35. The Working Group was informed that officers felt that the benefits of mutualising the Youth Service included:

- A greater opportunity for the involvement of young people by allowing them to become part owners of the ELM and have an elected place on its board.
- Greater flexibility to strategise, innovate and better meet the needs of end users and stakeholders.
- As an ELM, staff could access grant funding streams, sponsorships and income generation opportunities currently unavailable to local authorities (such as Children In Need funding).
- Maintaining a good level of youth provision in the Borough with reduced or potentially no funding from the Council.

- Influencing positively organisational behaviour, particularly with regard to creating a shared sentiment of staff ownership, minimising sick days and increasing influence over future decisions.
- Allowing staff to play to their strengths.
- Potential 'back office' savings such as ICT.
- Retaining a relationship with a staff group that maintains already-established relationships with young people and community members in the Borough.
- Reducing long-term liabilities to the Council.

Planning for a mutual

36. The Working Group was told that if the ELM option was agreed the Youth Service would immediately enter into the planning and scoping stages of creating an ELM. This would include financial and consultative support from the Cabinet Office Mutuals Support Programme. It was noted that some preparatory work on the ELM proposal had already been carried out (staff had attended Cabinet Office workshops and discussions with staff around the proposal had been held) but there remained a lot of business planning activity to take place if this proposal were to be taken forward. Some staff were cautiously excited about the prospect of a youth and employee led mutual, could see the potential it offered for carrying out work that was not possible at present, but were aware of the risks.

37. The Working Group heard that the Council would need to be clear in the funding agreement setting up the ELM what its core requirements were whilst it continued to provide funds (it was anticipated that funds would need to be provided for three years). However, officers argued that it would be important to secure for the ELM as much freedom as possible during and after the planning stages. Whilst the Council would need to be clear on its expectations over the three years it funded a mutual, the head of the mutual would need to be given the entrepreneurial freedom required to make it self-financing after those three years. At the meeting of the Working Group held on 17 December 2014, the Cabinet Member for Children and Young People commented that a key decision for the Council was whether or not it wanted a self-funding option. If it did, the requirements it could impose would be limited.

38. The Working Group was informed that any remaining staff at the point of transfer to an ELM would be transferred in accordance with TUPE to the ELM. Consideration would need to be given as to how liabilities for the Local Government Pension Scheme could be met. It is unlikely that the ELM would be able to meet these liabilities at the outset. In the two ELMs currently operating (see below), the relevant local authorities had kept the liabilities for transferred staff.

39. The Working Group heard that there were currently two youth service ELMs in operation in England – Epic CIC (formerly Kensington & Chelsea's Youth Service) and Knowsley Youth Mutual (formerly Knowsley's Youth Service). Should Lewisham's Youth Service mutualise, there would be lessons to learn from both organisations at they had gone through the process and were now

operating as independent entities. There would also be learning from other areas of the Council that had followed similar strategies, including Wide Horizons, Education Business Partnerships, Libraries and housing.

40. However, Members were also informed that the two ELMs in operation were still fairly new and it was unclear as to whether they would be able to become completely self-supporting organisations with no funding from "their" Council. Whilst it would be the intention that Lewisham's ELM would become self-supporting after 3 years, and that the Council could then realise full savings, there was a risk that it would not achieve that aim. In that case, a decision would need to be made as to whether the Council continued to support the ELM financially or not.

The legal context

41. The Head of Law gave a detailed presentation to the Working Group on the potential legal models for an ELM at its meeting held on 17 December 2014. This is attached at Appendix 1.

42. The following key points were made:

- The various mutual models could be differentiated from each other by considering (a) who controlled them; (b) what legal form they took; and (c) their status.
- The four key features of a mutual were a shared purpose, ownership by members, control by membership (one member, one vote) and stakeholder representation.
- Models for the delivery of mutual included:
  - Companies limited by shares – where members would own the company
  - Companies limited by guarantee - a common form for mutuals, members would not own the company
  - Community Interest Companies (CICs) – designed for social enterprises, organisation must meet the community interest test, seen as a 'badge of commendation'
  - Industrial and Provident Societies (IPSs) – very flexible with light touch regulation, which could take the form of a co-operative society or a community benefit society (which might help attract grant funding)
  - Unincorporated Associations – very flexible but very little protection (members would have personal liability).
- All of these models could have charitable status but any asset transfers to charities were usually irreversible.
- Having limited liability status was important.
- Asset locks could be applied to CICs and community benefit societies.
- Unless the Council retained the service a contract would need to be entered into following contract law.
- EU law should not be an issue as draft regulations exempting mutuals were likely to be in force by the time Lewisham's mutual was

established. The contract, under the Council's constitution, would be a Category A contract, but a single tender action might be possible.
- TUPE would apply to staff transferring to the mutual, staff would keep their terms and conditions and pensions would need to be fully funded at the point of transfer.

43. It was further noted that:

- A mutual would be managed in the same way as any other contract with monitoring, penalties for non-performance, default provisions and exit plans.
- A really clear specification might improve staff performance as everyone would know exactly what they needed to provide.
- Officers would advise against ring-fencing part of the mutual's budget for the voluntary and community sector (VCS) to allow the head of the mutual the entrepreneurial headroom to start an income generating business. That said, it was inconceivable that the mutual would not work solidly with the VCS and commission some provision through them, including specialist provision.

44. The following points were made by members of the Working Group in relation to the ELM option:

- There were lots of risks inherent in forming a mutual but officers were only tending to describe this option in positive terms.
- If the mutual option was to be explored further, a "pull-back" option should also be investigated.
- The impact on the 35 organisations currently commissioned to provide 37 youth projects needed to be considered.

Recommendations:
Should Mayor and Cabinet agree that a detailed plan to mutualise the Youth Service be developed within the next financial year, the Working Group recommends that this plan includes a governance framework that aims to ensure that:

- The local voluntary sector is involved and represented, possibly via the Voluntary Action Lewisham CYP Forum, in the governance arrangements of the ELM.
- The governing body of the ELM is represented as a stakeholder in public services, possibly through representation on the CYP Strategic Partnership Board.
- Staff, Young People and the Council are democratically represented in the ELM.

The plan should also cover:

- Achieving the necessary asset locks.
- Completing the business planning / preparation of a business case that

will be required for a single tender action.
- Ensuring that the ELM, throughout its existence, serves to meet the needs and aspirations of young people in the London Borough of Lewisham, in particular addressing disadvantage and inequality.

The following risks should be fully investigated:

- Potential LGPS and redundancy liabilities.
- The ELM's liability for VAT.
- The ELM's liability for Corporation Tax.
- Funding from the Council being viewed as state aid.

The Working Group notes that the development of a detailed plan to mutualise the Youth Service does not exclude other options for the future of the Youth Service being considered, should the ELM option not prove viable.

The draft Mayor and Cabinet report

45. At its meeting held on 17 December 2014, the Working Group discussed the tight timetable for commenting on the savings proposals before the Public Accounts Select Committee on 5 February. It was agreed that the draft Mayor and Cabinet report (scheduled for the Mayor and Cabinet meeting on 11 February 2015), providing a full options appraisal and a summary of the consultation results, would be provided to working group at its third meeting on 20 January 2015.

46. The Working Group discussed the draft report at its meeting on 20 December 2014 prior to making the recommendations contained in this report.

Appendices

Appendix A: Presentation by the Head of Law

Appendix A

Slide 1

Models for mutuals

Kath Nicholson

Slide 2

Confusion about types of employee led organisations

- Who controls?
- Legal form?
- Status?

Slide 3

Mutuals – key features

- Shared purpose - for either closed community or more altruistic
- Ownership – by members. Held in common. No-one entitled to share of assets
- Control – One member one vote. No majority shareholder
- Stakeholder representation –e.g. staff, users, external participants

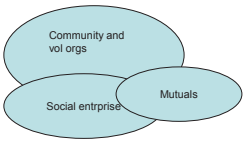
Slide 4

Social enterprise

- A type of venture, not a legal form for delivery vehicle
- Business/service
- Primarily social objectives
- Surpluses ploughed back in
- For community good not profit distribution

Slide 5

Overlap



Slide 6

Models for delivery of mutual

- Company ltd by shares/guarantee
- Community interest company
- IPS – Co-operative models
- Unincorporated associations
- May have charitable status

Slide 7

Choosing the right legal model

- Legal entity needed to hold manage and protect assets, enter contracts, leases etc
- Protection from individual liability for participants
- What degree of flexibility is needed in organisational structure?
- Credibility with well defined purpose and structure

Slide 8

Limited companies

- Corporate body, limited liability, can own assets, contract, borrow money etc in own right
- Types
  - **Cos ltd by guarantee**
  - **Cos ltd by shares**
- **Regulated by Cos House**

Slide 9

Companies limited by guarantee

- **Liability limited on dissolution to value of guarantee usually nominal up to £10**
- **Good for most non profit making activities**
- **Often charities**
- **No share capital**

Slide 10

Companies ltd by guarantee

- Protect members from personal liability
- Can make profit but must plough back…
- Company law regulatory framework
- Transparency – annual accounts, directors' report etc
- Common for mutuals so long as mutual principles in Articles of Association

Slide 11

Shares/guarantee?

Guarantors make company decisions but do not own it.

- Generally, companies limited by shares are owned by shareholders who receive dividends based on any profit. Liability limited to value of shareholding

Slide 12

Community interest companies

- CICs – 2005 – custom made for social enterprise
- Ltd by shares or guarantee
- If ltd by shares – dividend cap
- Bound to use resources, income, profits for good of community served
- "Community Interest Test" – would a reasonable person perceive its activities as in the interests of community
- Community must be sufficiently broad and the company not politically motivated

Slide 13

CICs

- "A badge of commendation"
- More regulation – Cos House and CIC Regulator
- Suitable for mutuals

Slide 14

CICs

- Established like any other company but with Community Interest Statement and must pass Community Interest Test on formation and throughout
- Asset lock – assets (and profits/income) can only be used for good of community so….

Slide 15

Asset lock

- Asset must stay in CIC, or
- Be used for community purposes for which CIC formed, or
- Transfer only if one of the following requirements is satisfied
  - Full consideration
  - To another asset locked body (e.g. CIC, charity) specified in Articles
  - To another asset locked body with consent of Regulator
  - Otherwise for the benefit of community

Slide 16

Industrial and Provident Societies

- IPS origins in co-op movement
- HAs
- Separate legal identity
- Ltd liability for participants
- 2 types
- Co-operative Society and Community Benefit Society

Slide 17

IPS

- Flexibility
- Members actively control org and agree its policies and make its decisions by OMOV.
- Shares - nominal value (£1)
- Members agree rules in constitution registered with FSA
- Duties and powers of board/members highly flexible and matter for IPS rules, so can be tailored
- Light touch regulation

Slide 18

Co-operative Society

- Formed for the benefit of its members rather than society at large
- Can distribute profits to members
- No asset lock
- May not be suitable for PSM.
- Could restrict membership to employees

Slide 19

Com Ben Society

- Pursues wider public good rather than members' interests
- Can't distribute profits to members
- Can't distribute assets to members on dissolution
- May qualify for "exempt" charitable status if meets criteria for charitable status
- Same tax benefits as charity without same regulatory scrutiny
- Can apply asset lock
- Can raise funds by issuing shares without FCA sponsor
- Insolvency procedures aimed at rescue available now

Slide 20

LLP

- LLP – Limited liability partnership – halfway house between incorporation and simple partnership.
- Corporate identity and ltd liability
- Advantages of Co with freedom to agree workings.
- Taxed as partnership
- Must be established to make profit
- Not usual for mutual but possible

Slide 21

Unincorporated association

- Most flexibility, least protection
- Simple, easy to set up
- No regulators
- Personal liability, no corporate status
- Not suitable where employees engaged or assets held or contracts entered into

Slide 22

Charitable status

- Must be established for public benefit;

and

- All purposes must be charitable

Slide 23

Charitable status

- Can be complex to set up
- Exempt from income and corporation tax, but not VAT
- Can hive off revenue making activities to non-charitable subsidiary
- Constraints on use of charitable funds and assets make earlier transfers virtually irreversible
- Effect on funding

Slide 24

Charitable purposes

- Relief of poverty
- Advancement of education, religion, health or saving of lives, citizenship or community development, arts, culture, heritage or science, amateur sport, human rights, conflict resolution or promotion of religious or racial harmony or equality/diversity

Slide 25

Charitable purpose

- Environmental protection or improvement
- Relief of those in need because of youth, ill health, age, disability, financial hardship or other disadvantage
- Advancement of animal welfare
- Promote efficiency of armed forces, police, fire, ambulance
- Other similar purposes

Slide 26

So what now?

- How to provide best possible YS with decreasing funds
- What sort of service do we want
- What are the delivery options, once that is agreed

Slide 27

Options

1) Do statutory minimum and none else
2) Do more than minimum - do all in house
3) Do some in house and some under 1 large contract
4) Do some in house and commission several contracts
5) Externalise all in one contract
6) Externalise all in several contracts
7) If 5 or 6, how to identify contractor

Slide 28

Some considerations

Best value duty – to ensure continuing improvement and economy, efficiency and effectiveness – can take into account social value considerations

Procurement process is usual method to demonstrate best value

Contract worth £1.6 million – procurement rules

Slide 29

EU law

- EU current position
- Part B – only requirements are non discriminatory terms and award notice
- EU directive changing soon to require everything to go out to tender in EU but…..
- Draft Directive carves out mutuals from requirement to advertise in Europe – not in force yet
- Draft Regulations to translate into domestic law for contracts < 3 years (Art/Reg 77) - not in force yet. Expected 2015
- EU requirements unlikely to present difficulty

Slide 30

Procurement

- Council's procedure rules
- Category A contract, over £500,000
- Public advert and competitive tender unless exemption applies
- Exemption applies only in exceptional or unforeseen circumstances approved by ED R&R, if

Slide 31

Procurement

- Nature of the market has been investigated and the departure is reasonable; or
- Extreme urgency; or
- Circs are otherwise genuinely exceptional
- And departure allowable in law.

Slide 32

The Question

- "Do these circumstances apply to justify the Council pursuing an exclusive deal without being satisfied on the basis of a normal tender process and evaluation?"
- If so, Council will need to be satisfied it has best value from any contractual arrangement

Slide 33

Powers

Section 1 Localism Act would allow local authority to establish mutual, provided properly applied

- specific outcomes to promote economic environmental and social wellbeing are identified
- not highly speculative
- not just about saving money.

Slide 34

Contract letting rules still apply

- Even to local authority established mutual
- Level playing field if tendered
- Separation of client and potential contractor role in letting contract to avoid conflict

Slide 35

TUPE

- Employees wholly or mainly engaged in transferring entity transfer to new contractor
- Terms and conditions intact
- Same or broadly similar pensions
- Heavy burden on contractor reflected in contract price
- Additional Council cost to fully fund pension liability at point of transfer

Slide 36

Assets

- Council assets may be made available to contractor usually on lease or licence tied to duration of contract
- If in competition, at market rent reflected in contract price

Slide 37

Some mutual issues

- National political commitment
- Assistance from Cab office etc re establishment
- May be highly motivated provider
- Experience of staff can be taken into account on award of contract
- Year on year reduction in price

Slide 38

Some mutual issues

- Clear specification for any contract
- Satisfied as to ability of a newly founded mutual without track record outside the public sector
- Do mutual managers have commercial acumen?
- Sufficient financial backing from start?
- Long term viability of mutual? May look to Council if in financial trouble
- Exit strategy at end or if fails?

Slide 39

Conclusion

- Establishment of a mutual by the Council is a legal possibility.
- The issue is, in letting a contract for YS, what is the best way to do that to achieve the best possible outcome for the youth of Lewisham?

MINUTES OF THE YOUTH SERVICE WORKING GROUP

Tuesday, 20 January 2015 at 7.00 pm

PRESENT: Councillors Liz Johnston-Franklin (Chair), Alan Till (Vice-Chair), Paul Bell, David Britton, Brenda Dacres, Jim Mallory, Hilary Moore, John Paschoud and Luke Sorba and Alan Hall

APOLOGIES: Councillors Pauline Morrison

ALSO PRESENT: David Austin (Head of Corporate Resources), David French (Chair, CYP Voluntary Sector Forum for Lewisham) (CYP Voluntary Sector Forum for Lewisham), Mervyn Kaye (Youth Services Manager), Councillor Joan Millbank (Cabinet Member Third Sector & Community), Councillor Jacq Paschoud, Frankie Sulke (Executive Director for Children and Young People), Warwick Tomsett (Head of Targeted Services and Joint Commissioning) and Charlotte Dale (Interim Overview and Scrutiny Manager)

1. Minutes of the meetings held on 9 and 17 December 2014

1.1 **RESOLVED:** That the minutes of the meetings held on 9 and 17 December be agreed as accurate records of the meetings, subject to the inclusion of Councillor Millbank's apologies in the minutes of the meeting held on 9 December.

2. Declarations of Interest

2.1 The following non-pecuniary declarations of interest were made:

Councillor Alan Till – Vice Chair of Rockbourne Youth Centre's Supporter Group.
Councillor Paul Bell – Lead for Unison on Co-Operatives, Mutuals and Social Enterprises.
Councillor Alan Hall – Chair of Lewisham Co-operative Party.
Councillor John Paschoud – Member of Sydenham and Forest Hill Youth Forum.
Councillor Mallory - Chair, Lee Green Lives, which hosts a youth club.
Councillor Johnston-Franklin – Ward Member for Ladywell where it is proposed to remove youth service provision from one site.
David French – Director of NCBI London, which provides young people with training and development to better understand and be in relationships with others.

3. Youth Service Working Group: Report and Recommendations

3.1 The Chair introduced the item and explained that the Working Group would first consider the additional information supplied by officers, including the draft Mayor and Cabinet report, before agreeing the recommendations it wished to make in relation to the savings proposals.

3.2 Frankie Sulke informed the Working Group that the Council was required to make immense savings, including an additional £45m by 2018, over and above the savings made so far and the savings proposed for 2015/16.

3.3 Warwick Tomsett introduced the draft Mayor & Cabinet report, highlighted the draft nature of the report and explained the consultation process. The Working Group discussed the options appraisal and it was noted that this section of the report would be expanded prior to submission to Mayor and Cabinet. It was noted that two of the options (A: Commissioning an alternative sole provider from the current market and D: Commissioning an Employee and Youth Led Mutual) were very similar. The main differences were:

- An ELM would potentially be able to operate on tapered funding before becoming self-sustaining after three years.
- An ELM would have the democratic involvement of staff and young people built into its structure.
- The clienting arrangements required for the mutual option were likely to be less onerous than those required for Option A and likely to reduce over time.

3.4 It was further noted that initial talks with the market, including TeachSport, Wide Horizons and Millwall had suggested a lack of interest in tendering for the whole contract, with organisations more interested in partnering a potential mutual.

3.5 The following points were made by Members of the Working Group:

- One of the risks of the mutual option was that the Council would be contracting with a new entity, one without a track record in providing commissioned services.
- If the mutual option was explored further, it would be essential to consider business planning, governance arrangements and legal models in detail.
- The costs of setting up a mutual needed to be quantified as, even with Cabinet Office support, the costs were likely to be fairly high and they might be disproportionate to the savings made.
- The following risks needed to be investigated and taken into consideration as part of the more detailed business planning: potential LGPS and redundancy liabilities; the ELM's liability for VAT and Corporation Tax; funding from the Council being potentially viewed as state aid.
- A mutual should be grass roots driven and not imposed top down.
- No public sector mutual delivering youth services had become self-sustaining yet.
- Retaining the Youth Service in house might be unsustainable as an option given the current climate.

3.6 In response, Officers reported that a lot more work was required before a decision could be taken on whether the ELM option was viable and whilst no option was perfect, it was officers' opinion that the ELM option was the

"least worst" option for the future of the Youth Service in terms of delivering savings and maintaining a level of provision.

3.7 David French suggested that formalised VCS involvement might reduce the risks associated with the mutual option. In response Mervyn Kaye reported that 25% of current VCS contracts funded by the Commissioning Fund were failing. However, it was inconceivable that the mutual would not work with the VCS and commission some provision through them, including specialist provision such as football training. At this point, however, it was not possible to confirm what sort of provision, or at what cost, this should be.

3.8 Mervyn Kaye was asked to outline his personal feelings about the option and he stated that, whilst in an ideal world he would probably like to remain a Council employee, in the current economic climate he felt that the ELM was the best option available as it would generate income, it would provide a better service and it would be created using a staff team who were great and dynamic.

3.9 Kath Nicholson explained the options that would be available to the Council should the ELM option be taken but then fail; and it was noted that when the contract came to an end, whatever the reason, the service would revert to the Council unless it wanted to re-let the service and the Council would need to agree on the budget available.

3.10 It was noted that the Council would have no control over the ELM once it ceased to provide funding but that its ethos was unlikely to change overnight and the Council was used to working with a number of organisations over which it had no direct control, relying on influence and negotiation. In addition, if the mutual was self-sustaining after three years the Council could decide to provide youth services in addition to those provided by the mutual if a budget was available to do this.

3.11 It was also noted that there would be resource implications in investigating more than one of the options in detail, but should it be agreed to investigate the ELM option in detail and it be found non-viable, the other options would still be on the table and able to be investigated further.

3.12 Councillor Maslin made the following points:

- There might be only a few public sector mutuals from which to learn lessons, but the Council was keen to do something new and innovate, not imitate.
- Being entrepreneurial requires a high tolerance for risk and an acceptance of the potential for failure.
- A radical option is required because in the current climate, if we don't do something, we might lose the service.
- A section 114 notice could be served not only if a balanced budget cannot be set, but also if the Council fails to take the necessary actions to achieve a long term balanced budget.

3.13 The Working Group discussed the recommendations it would like to make.

3.14 **RESOLVED:** That

(1) Officers be thanked for sharing the draft Mayor and Cabinet report.
(2) The Chair be thanked for her role in leading the Working Group.
(3) The following recommendations be included in the Working Group's final report:

2015/16 Base savings

1. Should the base savings be agreed by Mayor and Cabinet, the Working Group recommends that the ward members for Ladywell and Perry Vale be kept updated on progress in terms of finding alternative providers for youth provision at Ladywell Youth Village and Rockbourne Youth Centre.

2016/17 onwards

2. Should Mayor and Cabinet agree that a detailed plan to mutualise the Youth Service be developed within the next financial year, the Working Group recommends that this plan includes a governance framework that aims to ensure that:

- The local voluntary sector is involved and represented, possibly via the Voluntary Action Lewisham CYP Forum, in the governance arrangements of the ELM.
- The governing body of the ELM is represented as a stakeholder in public services, possibly through representation on the CYP Strategic Partnership Board.
- Staff, Young People and the Council are democratically represented in the ELM.

3. The plan should also cover:

- Achieving the necessary asset locks.
- Completing the business planning / preparation of a business case that will be required for a single tender action.
- Ensuring that the ELM, throughout its existence, serves to meet the needs and aspirations of young people in the London Borough of Lewisham, in particular addressing disadvantage and inequality.

4. The following risks should be fully investigated:

- Potential LGPS and redundancy liabilities.
- The ELM's liability for VAT.
- The ELM's liability for Corporation Tax.
- Funding from the Council being viewed as state aid.

5. The Working Group notes that the development of a detailed plan to mutualise the Youth Service does not exclude other options for the future of the Youth Service being considered, should the ELM option not prove viable.

4. Items to be referred to Mayor and Cabinet

4.1 The Working Group's report would be submitted to the Public Accounts Select Committee on 5 February 2015; and forwarded on to Mayor and Cabinet on 11 February 2015.

The meeting ended at 9.25 am

Chair:

Date:
