

Public Document Pack

Public Health Working Group Agenda

Tuesday, 13 January 2015

7.00 pm

Committee Room 4 - Civic Suite

Lewisham Town Hall

London SE6 4RU

For more information contact: Charlotte Dale (Tel: 020 8314 9534 Email: charlotte.dale@lewisham.gov.uk)

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

Part 1

Item		Pages
1.	Minutes of the meeting held on 15 December 2014	1 - 5
2.	Declarations of interest	6 - 8
3.	Public Health Working Group - draft report and recommendations	9 - 10
4.	Items to be referred to Mayor and Cabinet	

Members of the public are welcome to attend committee meetings. However, occasionally, committees may have to consider some business in private. Copies of agendas, minutes and reports are available on request in Braille, in large print, on audio tape, on computer disk or in other languages.

Public Health Working Group Members

Members of the Working Group, listed below, are summoned to attend the meeting to be held on Tuesday, 13 January 2015.

Barry Quirk, Chief Executive
5 January 2015

Councillor Stella Jeffrey (Chair)	
Councillor Ami Ibitson	
Councillor David Michael	
Councillor John Muldoon	
Councillor Jacq Paschoud	
Councillor James-J Walsh	
Councillor John Coughlin	
Councillor Gareth Siddorn (ex-Officio)	
Councillor Alan Hall (ex-Officio)	

MINUTES OF THE PUBLIC HEALTH WORKING GROUP

Monday, 15 December 2014 at 6.30 pm

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

APOLOGIES: Councillor Ami Ibitson

ALSO PRESENT: David Austin (Head of Corporate Resources), Rachel Braverman (Co-Chief Executive, Lewisham Citizens Advice Bureau), Aileen Buckton (Executive Director for Community Services), Charlotte Dale (Interim Overview and Scrutiny Manager), Ruth Hutt (Public Health Consultant), James Lee (Service Manager, Inclusion and Prevention), Robert Mellors (Finance Manager, Community Services and Adult Social Care), Barrie Neal (Head of Corporate Policy and Governance), Georgina Nunney (Principal Lawyer), Shola Ojo (Principal Accountant, Budget Strategy) and Dr Danny Ruta (Director of Public Health)

1. Election of Chair

- 1.1 **RESOLVED:** That Councillor Stella Jeffrey be elected as Chair of the working group.

2. Declarations of Interest

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

Cllr Muldoon: Elected governor of the SLAM NHS Foundation Trust.
Cllr Hall: Elected governor of King's College NHS Foundation Trust

3. Public Health Report

- 3.1 Aileen Buckton introduced the report, covering:

- How the budget was currently structured.
- The split between mandatory and discretionary public health services.
- The upcoming restructure and the harmonisation in terms and conditions between local authority staff and staff who transferred to the local authority when public health responsibilities were transferred.
- The savings proposals – decommissioning some services and spending the savings in areas of budget reductions where the reductions could result in a negative public health outcome.
- The previous use of public health money to retain free swimming for the over 60s and young people.

- 3.2 The working group discussed the public health budget and the proposed savings and Aileen Buckton commented that the first set of proposals (A6 -

£1.5m) would have a minimal impact on outcomes; and whilst the second set of proposals (A8 - £1.154m) 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.

- 3.3 One of the aims of the working group was, in relation to the savings being proposed, to consider any alternative services that exist or would be put in place to replace reduced or stopped services. The working group considered the table in the report that listed the risks and mitigation associated with each element of the savings proposals. In response to questions from Members 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.
- 3.4 In response to a question from Cllr Walsh about measuring the impact of public health services (and cuts to them), Danny Ruta spoke about 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 brought by the services being stopped or reduced 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. However, the assumption was that the new areas of spend would produce the same level, or increased, public health benefits and that there was every indication that using the money to reduce the level of required cuts next year would produce increased public health benefits.

- 3.5 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, scrutiny of the options for spending any savings made could not yet take place. It was noted that the Lewisham Future Programme Board had agreed that the savings resulting from the public health 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.
- 3.6 The Chair suggested that Supporting People might be one area where public health savings could be spent for a positive public health outcome. Officers agreed and suggested that specific areas such in housing and environmental services might also be appropriate for public health funding. Danny Ruta 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. David Austin reported that, in addition to using the funding to mitigate 2016/17 savings proposals, the savings could also be used, if appropriate, to assist with any 2015/16 savings proposals that were not delivered. The working group noted that one of its recommendations might be to suggest further scrutiny once the options for spending the savings had been developed.
- 3.7 The working group considered the structure chart for the public health team, noting that consultants in public health were the same as public health consultants. It was noted that the Director of Public Health worked for 2.5 days a week and line managed 13 people, something that would change post restructure (t effective from April 2015). It was noted that a number of senior public health officers did not have line management responsibilities but were specialists managing specialist programmes of work. It was further noted that, in line with other London boroughs, the Director of Public Health was line managed by the Executive Director for Community Services but had a 'dotted line' to the Chief Executive and Mayor in view of his advisory responsibilities.
- 3.8 Ruth Hutt informed Members 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 Clinical Commissioning Group to address this within the existing budget. A further issue was trying to improve and re-design local sexual health clinics whilst central Genito-Urinary Medicine (GUM) services (that were proportionately more expensive) were taking a lot of the available budget by re-charging the borough for dealing with Lewisham patients. However officers were trying to drive down costs at a London level.
- 3.9 Rachel Braverman addressed the working group, making 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. Cllr Muldoon endorsed her comments and spoke of the importance of maintaining effective advice services, especially in light of proposed cuts to the money advice service. Aileen Buckton 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 (CAB) 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.

3.10 It was suggested that a one off transitional fund might help advice organisations manage the reduction in funding and identify alternative sources of funding. Cllr Millbank, Danny Ruta and Aileen Buckton provided information on previous instances of one off funding being found to fund transitional arrangements.

3.11 The meeting became inquorate 10 minutes before business was concluded but continued informally.

3.12 **RESOLVED:** It was agreed that the following information would be supplied to the working group for inclusion in its final report:

- Detailed information on the public health budget; its constraints and flexibilities in terms of funding positive public health outcomes; and the requirement to submit an annual statement to Public Health England demonstrating that public health outcomes have been met.
- A copy of the latest annual statement and annual public health report.
- Finance information quantifying the headroom and tolerances within the public health budget to ensure that mandatory health protection activity in response to emergencies could always be carried out.
- Information on actual spend to date in terms of the public health budget.
- Information on the level of funding provided by Lewisham to the advice sector compared to other London boroughs.
- Information on how people will get advice, including specialist debt advice, from April 2015.
- Results of the consultation with the Lewisham Clinical Commissioning Group on the savings proposals.

4. Items to be referred to Mayor and Cabinet

4.1 None.

The meeting ended at 8.05 pm

Chair:

Date:

Agenda Item 2

Committee	Public Health Working Group	Item No.	2
Title	Declarations of Interest		
Wards			
Contributors	Chief Executive		
Class	Part 1	Date	13 January 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 member's 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 no 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)

Agenda Item 3

Public Health Working Group			
Title	Draft report and recommendations	Item No.	3
Contributors	Interim Overview and Scrutiny Manager		
Class	Part 1	Date	13 January 2015

1. Purpose of paper

- 1.1 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.
- 1.2 The draft final report attached at Appendix 1 presents the evidence received by the working group. Members of the working group are asked to agree the report and suggest recommendations for submission to Mayor and Cabinet, via the Public Accounts Select Committee.

2. Recommendations

- 2.1 Members of the working group are asked to:
 - Agree the draft report
 - Consider any recommendations the report should make
 - Note that the final report, including the recommendations agreed at this meeting, will be presented to the Public Accounts Select Committee on 5 February 2015.

3. The report and recommendations

- 3.1 The draft report attached at **Appendix 1** (to follow) presents the written and verbal evidence received by the working group.
- 3.2 At the meeting held on 15 December 2014, the working group requested that further information be provided to them on the public health budget; on the level of funding provided by Lewisham to the advice sector; on how residents will get advice, including specialist debt advice, from April 2015; and on the results of the consultation with the Lewisham Clinical Commissioning Group on the public health savings proposals. This information will be provided prior to, or at, the working group meeting on 13 January 2015 and incorporated into the draft report prior to its submission to the Public Accounts Select Committee on 5 February 2015. The Chair's introduction and executive

summary will also be inserted prior to the report's submission to the Public Accounts Select Committee, once the working group's recommendations have been agreed.

4. Legal implications

- 4.1 The report will be submitted to the Public Accounts Select Committee on 5 February 2015 and forwarded on to Mayor and Cabinet on 11 February 2015. Mayor and Cabinet holds the decision making powers in respect of this matter.

5. Financial implications

- 5.1 There are no direct financial implications arising out of this report. However, the financial implications of any specific recommendations will need to be considered in due course.

6. Equalities implications

- 6.1 There are no direct equalities implications arising this report. However, the equalities implications of any specific recommendations will need to be considered in due course. The Council works to eliminate unlawful discrimination and harassment, promote equality of opportunity and good relations between different groups in the community and to recognise and to take account of people's differences.

For more information on this report please contact Charlotte Dale, Interim Overview and Scrutiny Manger, on 020 8314 9534.