

# Public Health Savings Proposals 2015/16 Consultation with Health Commissioners

## Part 1 – About this Consultation

### Purpose of this Consultation

1. This consultation is about the proposal to make savings on some public health programmes following a review of all Public Health current expenditure.
2. £1.5M of initial savings were identified which could be made with minimal impact through more efficient use of resources and through using an inherited uplift to the public health grant. A further £1.15m has been identified which will require a more substantial reconfiguration of public health services but which nevertheless is anticipated to be achievable without impacting unduly on frontline public health delivery. This would however require a commitment from schools to both engage in health improvement programmes and contribute financially.

### Audience

3. This consultation is with Health Commissioners, namely the Lewisham Clinical Commissioning Group. A key partner in this consultation is the Clinical Commissioning Group. The following providers are affected by the proposals
  - Lewisham and Greenwich NHS Trust (LGT)
  - Voluntary Action Lewisham (VAL)
  - Lewisham Citizens Advice Bureau (CAB)
  - Sydenham Gardens
  - Federation of Vietnamese Refugees in Lewisham (FORVIL)
  - Lewisham Refugee and Migrant Network (LRMN)
  - Downham Nutrition Partnership (DNP)
  - 170 Community Project
  - GPs who will be directly affected by proposed savings

All providers have been made aware of these proposals (please see Impact on Providers in accompanying report).

### Progress to date

4. The savings proposals have had pre-scrutiny consideration by the following council select committees:

Date	Meeting	Partners present
2 October 2014	Children and Young Peoples Select Committee	
21 October 2014	Healthier Communities Select Committee	Lewisham CCG Lewisham & Greenwich NHS Trust Healthwatch South London and Maudsley NHS Trust
5 November 2014	Public Accounts Committee	

5. The savings proposals have also been discussed at partnership meetings with the CCG and Lewisham and Greenwich Trust, and several voluntary organisations.
6. In addition, Lewisham and Greenwich Trust were broadly informed of the proposed changes in the Commissioning Intentions letter, dated 30<sup>th</sup> September 2014, sent to the Trust by Lewisham Clinical Commissioning Group, regarding Sexual Health Services, Stop Smoking Services and the Community Health Improvement Service. It is not felt that the proposals themselves constitute a substantial variation in contract as they largely involve a re-organisation of service delivery as part of the newly developed neighbourhood working. The latter already involves Lewisham & Greenwich NHS Trust as well as primary care providers, adult social care and key voluntary sector organisations.
7. On Nov 12<sup>th</sup> the Mayor & Cabinet agreed that a period of consultation should be undertaken. The consultation will be considered by the Healthier Communities Select Committee and the Health and Wellbeing Board as well as a cross select committee Task & Finish Group. The final budget decisions will be recommended by Mayor & Cabinet in Feb 2015 and agreed subsequently as part of the budget for 15/16 by full council.

#### **How to Respond and Duration**

8. The CCG will receive this consultation document and covering letter by email at the beginning of the consultation period.
9. Organisations may submit their response by email to [pauline.richards@lewisham.gov.uk](mailto:pauline.richards@lewisham.gov.uk) by two weeks after receipt of email.
10. The consultation period reflects the fact this is a limited consultation and the information has been in the public domain for over a month already to enable partner organisations to familiarise themselves with the proposals before engaging in the consultation process. The CCG have already identified an intention to negotiate public health costs as part of their commissioning intention 2015/16.

#### **After the Consultation**

11. The Public Health Savings are part of an overall process to achieve savings of £85M. These proposals will need to be agreed by the Mayor and Cabinet and subsequently by full council in order to set the budget in February 2015 for the 2015/16 financial year.
12. The responses to the consultation will be reported to the Healthier Communities Select Committee and the Health & Wellbeing Board. Both the response to the consultation and subsequent responses by the Healthier Communities Select Committee and the Health & Wellbeing Board as well as proposals from the Task & Finish group will then be considered by Mayor & Cabinet.

## Part 2 - Background

13. Lewisham Council has to make savings of £85m over the next 3 years.
14. 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.
15. Where savings have been identified from the current public health budget these will be used to support public health outcomes in other areas of the council. The guiding principle for the re-investment will be to support areas where reductions in council spend will have an adverse impact on public health outcomes.
16. The Public Health programmes which transferred to Lewisham Council in April 2013 have all been reviewed. This 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 could have some negative impact unless the service delivery models were re-configured in some instances.
17. The savings achieved will then be reinvested into other areas of council spend where budget reductions may adversely impact on public health outcomes. Any re-allocation in other areas of council spend must have an equal or greater public health impact.
18. The mandatory public health services that were identified in the Department of Health policy paper: *Healthy Lives, Healthy People: update and way forward* are:
  - Appropriate access to sexual health services
  - Steps to be taken to protect the health of the population, in particular, giving the local authority a duty to ensure there are plans in place to protect the health of the population
  - Ensuring NHS commissioners receive the public health advice they need
  - The National Child Measurement Programme
  - NHS Health Check Assessment.

### The approach to the identified savings:

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- 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.

### **Part 3 – The Proposal**

19. 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.
20. Substance misuse services (which are funded from part of the ring fenced grant) have been reviewed separately and are accounted for in the crime reduction proposed savings.
21. The savings proposals are presented in table 1 below. Initially savings were presented in 2 separate templates for the Healthier Communities Select Committee, but for simplicity they are merged into one in the table below.
22. It is proposed that the London Borough of Lewisham, as the commissioner of these services, will 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.

### **Part 4 – Consultation Questions**

23. To support the decision making process partners and providers are being consulted specifically in relation to following questions:
  1. **What impact do the proposals have on the ability of partners to deliver their own health improvement activities?**
  2. **Are there any commissioning plans, service reconfigurations in partner organisations which may impact on the ability of the council to deliver the savings proposed?**
  3. **Are there any further mitigating actions which partners could suggest which may support the Council to minimise any adverse impact of the proposals without incurring additional costs.**

**Table 1 Public Health Savings Proposals**

Public Health Programme Area	Total Budget	Total Saving	Proposals	Service re-design where applicable	Risk & Mitigation
Sexual Health	£7,158,727	£321,600	<ol style="list-style-type: none"> <li>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).</li> <li>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)</li> <li>3. Remove incentive funding for chlamydia and gonorrhoea screening in GP practices (£26k)</li> </ol>	<p>These proposals do not rely on any major service re-design but in the medium term the development of a neighbourhood model of sexual health will lead to improved services.</p> <p>In the short to medium term the development of a neighbourhood model of sexual health provision will lead to improved services. This will be considered as part of a sub-regional review of provision in 15/16. A London-wide sexual health etc In the longer term a London wide sexual health transformation programme is being developed in</p>	<p>The risk would be that LGT cannot deliver the same level of service within reduced funding, and GPs disengage with sexual health. Mitigation includes work with primary care to deliver sexual health services in pharmacy to provide free training to GPs and practice nurses to maintain the current level of provision</p> <p>The second 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</p>

				partnership with 20 boroughs, which is expected to deliver greater benefit at reduced costs.	provide quality SRE
NHS Health checks	£551,300	£157,800	<ol style="list-style-type: none"> <li>1. Removing Health checks facilitator post</li> <li>2. Pre- diabetes intervention will not be rolled out</li> <li>3. Reduced budget for blood tests due to lower take up for health checks than previously assumed</li> <li>4. Reducing GP advisor time to the programme</li> <li>5. Reduction in funding available to support IT infrastructure for NHS health checks</li> </ol>	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' below.	<p>Missed opportunity to prevent diabetes and for early diagnosis of diabetes</p> <p>IT system not able to deliver requirements of the programme</p> <p>Future plans to align commissioning of NHS Health Checks with Neighbourhoods will help to optimise the efficiency and effectiveness of resources and may identify more people at risk earlier</p>
Health Protection	£35,300	£12,500	Stop sending the recall letter for childhood immunisations (as this is already done via GPs)		<p>Minimal as impact of letter on uptake appears to be low.</p> <p>Uptake of childhood immunisations continues to be monitored.</p>

Public Health Advice to CCG	£79,200	£19,200	Decommissioning diabetes and cancer GP champion posts.		These posts will be commissioned by the CCG in future
Obesity/ physical activity	£650,000	£173,400	<ol style="list-style-type: none"> <li>1. Decommission Hoops4health (£27,400)</li> <li>2. Changing delivery of Let's Get Moving GP &amp; Community physical activity training (£5,000)</li> <li>3. Decommissioning Physical Activity in Primary Schools (£50,000)</li> <li>4. Reduce funding for community development nutritionist (£30k)</li> <li>5. Remove funding for obesity/ healthy eating resources (£10K)</li> <li>6. Withdraw of funding for clinical support to Downham Nutritional Project (£9k)</li> <li>7. Efficiency savings from child weight management programmes. (£12k)</li> <li>8. Reduce physical activity for health checks programme (£20k)</li> </ol>		<p>There is a risk of reduction of physical activity in schools.</p> <p>Mitigation includes Schools being encouraged to use their physical activity premium to continue programmes selected from a recommended menu of evidence based activities.</p> <p>The risk is a reduction in support to voluntary sector healthy eating and nutrition programmes.</p> <p>Mitigation includes organisations being encouraged to build delivery into their mainstream funding programme.</p>
Dental public health	£64,500	£44,500	Release funding from dental public health programmes	Dental public health services commissioned	Sufficient resource retained to assure

				by NHS England	dental infection control function.
Mental Health	£93,400	£59,200	<ol style="list-style-type: none"> <li>1. Withdraw funding for clinical input to Sydenham Gardens</li>   <li>2. Reduce funding available for mental health promotion and wellbeing initiatives (including training)</li> </ol>		<p>The risk is that Sydenham Gardens is unable to sustain clinical input from grant funding, but it is agreed to direct them to alternative funding sources.</p> <p>The risk is a reduction in mental health awareness training across the borough.</p> <p>Mitigation includes pooling resources with neighbouring boroughs for delivery of training and work closely with voluntary sector and SLAM to deliver mental health awareness training and campaigns.</p>
Health Improvement Training	£88,000	£58,000	<ol style="list-style-type: none"> <li>1. Decommission Health Promotion library service</li>   <li>2. Limit health improvement training offer to those areas which support mandatory public health services.</li> </ol>		<p>The risk is reduced capacity to develop a workforce across partner organisations which contributes to</p>



					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	<ol style="list-style-type: none"> <li>1. Reconfiguring LRMN Health Access services to deliver efficiencies (£21,500)</li> <li>2. Remove separate public health funding stream to VAL (£28,000)</li> <li>3. Decommissioning FORVIL Vietnamese Health Project (£29,000)</li> <li>4. Reducing funding for Area Based Programmes (£40,000)</li> <li>5. Decommissioning CAB Money Advice in 12 GP surgeries (£148,000)</li> <li>6. Reduce the contract value for community health improvement service with LGT and working with the Trust to reorganise how that services can be delivered more cost effectively by linking the delivery of the programme into community based neighbourhood model (£270k)</li> <li>7. Further reduce funding for area based public health initiatives which are focused on geographical areas of poor health with in the borough. (£20k)</li> <li>8. Reduce funding for 'warm homes' (£25K)</li> <li>9. Grant money was given to 'Warm Homes' for year 2013/14. This was extended for a further year to enable more homes to be insulated. It is proposed that the grant be downsized.</li> </ol>	It is proposed to integrate a number of community based health improvement programmes, including those funded by the GLA (e.g. Bellingham 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	<p>The risk is reduced capacity across the system to tackle health inequalities, and a reduction in service for the most vulnerable.,</p> <p>Mitigation includes working with the Adult integrated Care Programme to deliver a neighbourhood model for health inequalities work, and develop local capacity.</p> <p>It is anticipated that basing these services directly in the community and with greater integration will accommodate the funding reduction.</p>

				partnership working with Registered Social Landlords as well as any local regeneration projects in each of these neighbourhoods.	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	<ol style="list-style-type: none"> <li>1. Reduce contract value for stop smoking service at LGT by £250k (30%)</li> <li>2. Stop most schools and young people's tobacco awareness programmes</li> <li>3. Decommission work to stop illegal sales</li> </ol>	There are proposals to re-configure the stop smoking service as part of the neighbourhood developments described under 'health inequalities' above.	<p>There is a risk of a reduction in number of people able to access stop smoking support and an increase in young people starting smoking if services are not –reconfigured appropriately.</p> <p>Mitigation includes optimising efficiencies in the delivery of the SSS and reducing the length of time smokers are supported from 12 to 6 weeks to release capacity. Schools will be able to fund some of the peer education non-</p>

					<p>smoking programmes as part of the menu of programmes.</p> <p>The restructuring of enforcement services is likely to allow tackling illegal sales of tobacco in a more integrated way with the same outcomes and prevent young people having access to illegal tobacco.</p>
Maternal and child health	£187,677	£68,400	<ol style="list-style-type: none"> <li>1. Reducing sessional funding commitment for Designated Consultant for Child Death Review</li> <li>2. Reduce capacity for child death review process by reducing sessional commitment of child death liaison nurse.</li> <li>3. Removal of budget for school nursing input into TNG</li> </ol>		<p>There may be less opportunity to learn from and improve services for families which have been bereaved, but this is not the purpose of the panel and there will be no impact on prevention of child deaths.</p> <p>The school nursing service received grant funding of £250k in 2014/15 which has not been reduced, and the</p>

			4. Reduce capacity/funding for breast feeding peer support programme & breast feeding cafes.		<p>service will be able to accommodate input into TNG.</p> <p>There is a risk that women will be less well supported to breast feed and Lewisham may not achieve UNICEF/WHO Baby Friendly status in 2015.</p> <p>Mitigation will include re-negotiating support through the maternity services contract, although this may not be achievable in time for 2015 contracts. Baby café licences may be re-negotiated.</p>
Department efficiencies		£262,200	To be identified through a staff restructure in 2015. At this point public health staff terms and conditions and pay scales are to be harmonised with council staff terms and conditions and pay scales.		
2014/2015 Uplift (uncommitted)		£547,000			
<b>TOTAL</b>	<b>£14,995,000</b>	<b>£2,653,800</b>			