

Public Health Working Group			
Report Title	Public Health Report		
Ward	All	Item No	03
Contributors	Executive Director for Community Services, Director of Public Health		
Class	Part 1	Date	15 December 2014

Reason for Urgency

The report has not been available for 5 clear working days before the meeting and the Chair is asked to accept it as an urgent item. The report was not available for despatch on Thursday 4 December because additional finance and performance information was required. The report cannot wait until the next meeting due to the short timescale for the Task and Finish Group.

1. Purpose

- 1.1 This paper has been written for the first meeting of the Lewisham All Select Committee Public Health Task Group meeting on 15th December 2014 to provide information on:
 - 1.2 The context of the public health service in Lewisham
 - The Council's Public Health responsibilities
 - a description of the public health functions against the PH budget
 - an overview of current staffing within the Lewisham Public Health service
 - Key impacts since the Public Health function moved into LBL in April 2013
 - 1.3 The savings proposals
 - The savings being proposed
 - Options for redirecting the savings made to other activities with a PH outcome

2. Background

- 2.1 The Council's public health responsibilities.
 - 2.1.1 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 1st April 2013 Lewisham Council assumed responsibility for the provision of most public

health functions (others are provided by Public Health England and NHS England).

- 2.1.2 The Health and Social Care Act 2012 placed 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).
- 2.1.3 In line with the Health and Social Care Act, the Council has three overarching responsibilities in relation to public health¹:
 - i) 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;
 - ii) To deliver the key public health outcomes in the National Public Health Outcomes Framework;
 - iii) 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 Health & Wellbeing Strategy for the borough
- 2.2 These overarching functions encompass the three domains of public health: service improvement; health protection; and health improvement.
- 2.3 Service Improvement
 - 2.3.1 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 DH 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.
 - 2.3.2 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.
- 2.4 Health protection
 - 2.4.1 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.
 - 2.4.2 The Council, through the DPH, has a duty to ensure plans are in place to protect the population including screening and immunisation. It provides

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

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.

2.5 Health Improvement

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

2.5.2 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)

2.5.3 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
- 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

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

- 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

3. Public health budget and expenditure

3.1 The public health budget is ring fenced until at least the end of 2015/2016. The following diagram 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 Advice	Public Health Advice to CCG	543,500	490,900
Promoting Healthy Weight & Obesity	Obesity: Adults	297,100	241,100
	Obesity: Children	504,100	490,275
Physical Activity	Physical Activity: Adults	370,000	355,000
	Physical Activity: Children	70,000	20,000
Substance Misuse	DAAT-Adults Substance Misuse Service	3,580,700	3,580,700
	DAAT-Alcohol Service	419,000	419,000
	DAAT-Young Persons Substance	232,000	232,000

	Misuse		
	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.

4. Current staffing structure and reporting arrangements

4.1 The current staff structure of the public health department, including vacant posts, is shown in Appendix 1. The total staff employed currently numbers 28 and equates 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.

4.2 The DPH is line managed by the Executive Director of Community Services and also provides public health advice to the Chief Executive and the Mayor. 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 is seconded half time to King's College London Department of Primary Care and Public Health Sciences and to the School of Medical Education.

- 4.3 In addition to the Director of Public Health (0.5 WTE), there are 3.3 WTE Consultants in Public Health³ 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. These Consultants in Public Health have responsibility for key portfolios (e.g. 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 CCG.
- 4.4 The reporting arrangements for public health in Lewisham reflect the most common arrangement across London boroughs. This has been done largely to reflect 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 council's role for liaison with health. Nationally, some local authorities have adopted alternative models, with the DPH reporting directly to the Chief Executive, or combining the DPH role 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).
- 4.5 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), whilst 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.
- 4.6 The role of the public health workforce within local government continues to evolve as councils' understanding of their new responsibilities matures and as they become more adept at weaving public health into the fabric of the full range of their activities and commissioned services that can impact on the health and wellbeing of their communities. Lewisham Council is no different, and the current staffing arrangement and functional responsibilities is being reviewed as part of the wider review of council arrangements.

³ 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; undertake appropriate annual professional appraisal in order to ensure revalidation and fitness to practise.

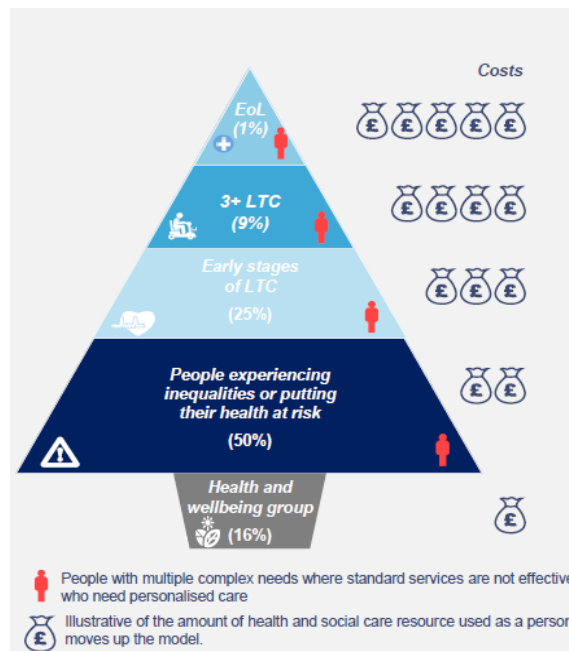
5. Key impacts since Public Health moved into LBL in April 2013

- 5.1. A dynamic Joint Strategic Needs Assessment, 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.
- 5.1.1 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.
- 5.1.2 Using the JSNA evidence and focusing on improving health, care and efficiency, the Health and Well Being Strategy was informed by the following considerations:
- 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;
 - listening to the voice of Lewisham people and local communities, the voluntary and community sector, about the issues that affect their health and wellbeing;
 - 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;
 - 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.
- 5.1.3 Contributing to the objectives of Lewisham’s Sustainable Community Strategy to reduce inequality and informed by the Marmot Review⁴, the strategy has identified nine priority areas for action over the next ten years. These are:
- Achieving a Healthy Weight
 - Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years
 - Improving Immunisation Uptake
 - 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

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

- Delaying and reducing the need for long term care and support
- Reducing the number of emergency admissions for people with long term conditions

5.1.4 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'.



5.1.5 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.

5.1.6 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

5.2 National Child Measurement Programme

5.2.1 Overview

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.

5.2.2 Performance

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.

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.

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.

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.)

5.2.3 Challenges

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.

5.3 NHS Health Check assessments

5.3.1 Overview

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%.

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.

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.

The London Borough of Lewisham NHS Health Check team won “Team of the Year” at the Heart UK national awards in November 2014.

5.3.2 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%

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	302	109

Service		
Weight Management services	539	347
Alcohol Services	27	23
Physical Activity	678	449

5.3.3 Challenges

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.

5.4 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)

5.4.1 Overview

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. 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.

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.

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.

5.4.2 Performance

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.

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.

5.4.3 Challenges

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.

5.5 Tobacco control and smoking cessation services

5.5.1 Overview

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.

5.5.2 Performance

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.

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.

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 .

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.

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.

5.4.3 Challenges

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'.

5.6 Alcohol and drug misuse services

5.6.1 Overview

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.

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.

The Director of Public Health has recently become a Responsible Authority for health, to help the licensing authority exercise its functions regarding licensing policy.

5.6.2 Performance

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.

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.

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%).

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.

5.6.3 Challenges

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

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.

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.

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

5.7.1 Overview

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:

- a) Universal Action Plans (promotion of healthy weight for all children) which are multi-component, involve partnership working and takes a life-course approach.
- b) A Delivery Plan for the local obesity care pathway for children and young people (targeted and specialist services).

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.

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:

1. Developing school based Healthy Child teams
2. Developing early intervention support for emotional health and well-being.
3. Support for children and young people with increased vulnerability around healthy lifestyle and ensuring access to health checks immunisations etc.
4. Increasing access to support (in school)
Increasing access to support (out of school)

5.7.2 Performance

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).

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.

5.7.3 Challenges

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.

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

5.8.1 Overview

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.

5.8.2 Performance

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.

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.

5.8.3 Challenges

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.

5.9 Locally-led nutrition initiatives

5.9.1 Overview

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.

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.

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.

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).

5.9.2 Performance

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.

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.

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.

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.

5.9.3 Challenges

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.

5.10 Increasing levels of physical activity in the local population

5.10.1 Overview

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.

The Council also provides free swimming to all residents under 16 and over 60 years of age.

5.10.2 Performance

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.

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.

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.

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.

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.

5.10.3 Challenges

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.

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

5.11.1 Overview

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.

5.11.2 Performance

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.

5.11.3 Challenges

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.

5.12 Public mental health services

5.12.1 Overview

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.

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).

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.

5.12.2 Performance

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.

5.12.3 Challenges

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.

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.

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

5.13.1 Overview

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.

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.

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.

5.13.2 Performance

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.

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.

407 front line workers across partner organisations have attended health improvement training courses since October 2013.

5.13.3 Challenges

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.

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

5.14.1 Overview

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.

5.14.2 Performance

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.

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.

Uptake of Flu vaccine increased in 2013/2104, and in some subgroups, uptake in Lewisham was amongst the best in SE London.

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.

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.

The coverage of the cervical screening programme in Lewisham improved in 2012-13, although Lewisham does not meet the national target of 80% coverage.

5.14.3 Challenges

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.

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

5.15.1 Overview

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.

Incidents and outbreaks are reported to or detected, and managed by the Health Protection Teams in Public Health England.

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.

5.15.2 Performance

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.

5.15.3 Challenges

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.

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.

5.16 Public health advice and support to clinical commissioners

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.

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.

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 .

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.

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.

6 The impact of the savings and re-investment proposals

- 6.1 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. 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.
- 6.2 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. 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.
- 6.3 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 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.

- 6.4 The savings achieved would then be re-invested into other areas of council spend which impact on public health outcomes. Any re-allocation in other areas of council spend must have an equal or greater public health impact. These areas have not yet been identified.
- 6.5 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.
- 6.6 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.
- 6.7 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.
- 6.8 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.

Table 1 – Savings Public Health Savings Proposals

Public Health Programme Area	Total Budget	Total Saving	Proposals	Service re-design where applicable	Risk & Mitigation
Sexual Health	£7,158,727	£321,600	<ol style="list-style-type: none"> 1. Re-negotiation of costs for sexually transmitted infection testing with LGT in 2015/16, including application of a standard 1.5% deflator to the contract value as an efficiency saving, and inclusion of laboratory costs in the overall contract (£275.6k). 2. Reduce sex and relationships (SRE) funding and develop a health improvement package that schools can purchase that includes SRE co-ordinated and supported by school nursing (£20k) 3. Remove incentive funding for chlamydia and gonorrhoea screening in GP practices (£26k) 	<p>In the short to medium term the development of a neighbourhood model of sexual health provision will lead to improved services. In the longer term a London wide sexual health transformation programme is being developed in partnership with 20 boroughs, which is expected to deliver greater benefit at reduced costs.</p>	<p>The risk would be that LGT cannot deliver the same level of service within reduced funding, and GPs disengage with sexual health. Mitigation includes work with primary care to deliver sexual health services in pharmacy & GP practices, and free training given to GPs and practice nurses.</p> <p>The risk is that SRE is not delivered in schools. Mitigation includes developing a health improvement package that schools can purchase that includes SRE, and work with school nursing to support schools to provide quality SRE</p>

NHS Health checks	£551,300	£157,800	<ol style="list-style-type: none"> 1. Removing Health checks facilitator post 2. Pre- diabetes intervention will not be rolled out 3. Reduced budget for blood tests due to lower take up for health checks than previously assumed 4. Reducing GP advisor time to the programme 5. Reduction in funding available to support IT infrastructure for NHS health checks 	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"> 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) 		<p>There is a risk of reduction of physical activity in schools.</p> <p>Mitigation includes</p>

			<ol style="list-style-type: none"> 4. Reduce funding for community development nutritionist (£30k) 5. Remove funding for obesity/ healthy eating resources (£10K) 6. Withdraw of funding for clinical support to Downham Nutritional Project (£9k) 7. Efficiency savings from child weight management programmes. (£12k) 8. Reduce physical activity for health checks programme (£20k) 		<p>Schools being encouraged to use their physical activity premium to continue programmes selected from a recommended menu of evidence based activities.</p> <p>The risk is a reduction in support to voluntary sector healthy eating and nutrition programmes.</p> <p>Mitigation includes organisations being encouraged to build delivery into their mainstream funding programme.</p>
Dental public health	£64,500	£44,500	Release funding from dental public health programmes	Dental public health services commissioned by NHS England	Sufficient resource retained to assure dental infection control function.
Mental Health	£93,400	£59,200	<ol style="list-style-type: none"> 1. Withdraw funding for clinical input to Sydenham Gardens 		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.

			2. Reduce funding available for mental health promotion and wellbeing initiatives (including training)		<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"> Decommission Health Promotion library service Limit health improvement training offer to those areas which support mandatory public health services. 		<p>The risk is reduced capacity to develop a workforce across partner organisations which contributes to public health outcomes.</p> <p>Mitigation includes working with CEL to develop new models of delivery for essential public health training.</p>
Health inequalities	£1,460,019	£581,500	<ol style="list-style-type: none"> Reconfiguring LRMN Health Access services to deliver efficiencies (£21,500) Remove separate public health funding stream to VAL (£28,000) 	It is proposed to integrate a number of community based health improvement	The risk is reduced capacity across the system to tackle health inequalities, and a

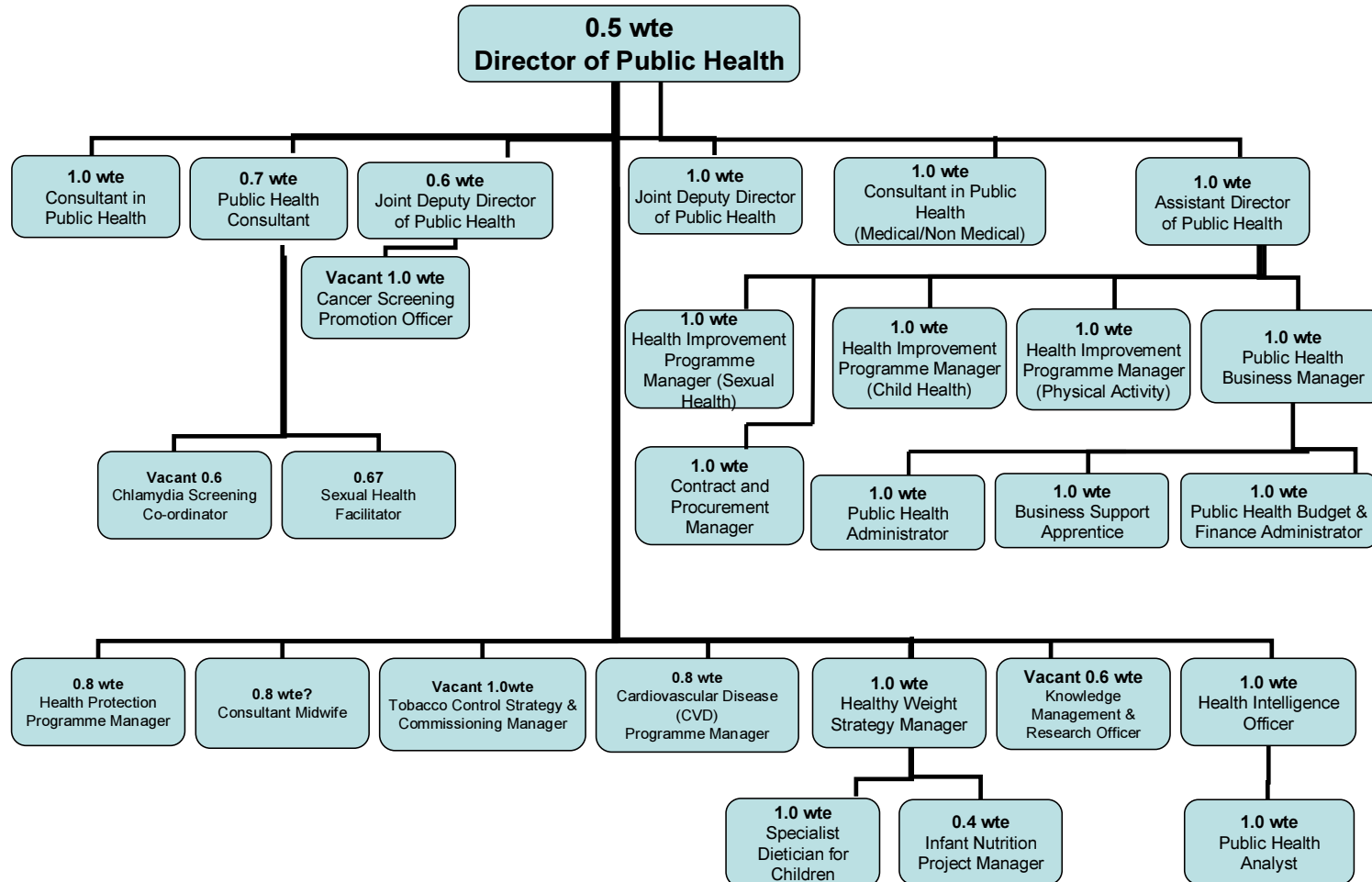
			<ol style="list-style-type: none"> 3. Decommissioning FORVIL Vietnamese Health Project (£29,000) 4. Reducing funding for Area Based Programmes (£40,000) 5. Decommissioning CAB Money Advice in 12 GP surgeries (£148,000) 6. Reduce the contract value for community health improvement service with LGT by limiting service to support mandatory Public health programmes such as NHS Health Checks only and reduce other health inequalities activity. (£270k) 7. Further reduce funding for area based public health initiatives which are focused on geographical areas of poor health with in the borough. (£20k) 8. Reduce funding for 'warm homes' (£25K) 	<p>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 partnership working with Registered Social Landlords as well as any local regeneration projects in each of these neighbourhoods.</p>	<p>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> <p>Voluntary organisations will have an opportunity to continue some of this work in a different way through the grant aid programme.</p>
smoking and tobacco control	£860,300	£348,500	<ol style="list-style-type: none"> 1. Reduce contract value for stop smoking service at LGT by £250k (30%) 2. Stop most schools and young people's tobacco awareness programmes 3. Decommission work to stop illegal sales 	<p>There are proposals to re-configure the stop smoking service as part of the neighbourhood developments</p>	<p>There is a risk of a reduction in number of people able to access stop smoking support and an increase in young people starting</p>

				described under 'health inequalities' above.	<p>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.</p> <p>Schools will be able to fund some of the peer education non-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"> 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. 		<p>There may be less opportunity to learn from and improve services for families</p>

			<p>3. Removal of budget for school nursing input into TNG</p> <p>4. Reduce capacity/funding for breast feeding peer support programme & breast feeding cafes.</p>	<p>which have been bereaved, but this is not the purpose of the panel and there will be no impact on prevention of child deaths.</p> <p>The school nursing service received grant funding of £250k in 2014/15 which has not been reduced, and the service will be able to accommodate input into TNG.</p> <p>There is a risk that women will be less well supported to breast feed and Lewisham may not achieve UNICEF/WHO Baby Friendly status in 2015.</p> <p>Mitigation will include re-negotiating support through the maternity services contract, although this may not be achievable in time for 2015 contracts. Baby café licences may be re-negotiated.</p>
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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			

Appendix 1: Public Health Organisational Structure – October 2014



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7. Financial implications

- 7.1 Although there are no direct financial implications arising from this report, the savings proposals discussed form part of the overall savings requirement of £85m over the next 3 years.

8. Legal implications

- 8.1 Following the implementation of the Health and Social Care Act 2012 the Council became responsible for the delivery of significant public health duties as set out in this report. As such the Councils' delivery of those services is subject to scrutiny in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

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