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:
