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Dr Danny Ruta
Director of Public Health
London Borough of Lewisham
By e-mail

Dear Danny

**Lewisham CCG Response to Lewisham Public Health Savings Proposals
2015/16**

Thank you for providing us with the opportunity and supporting information on which to comment on your proposed savings to public health programmes.

In reviewing the savings proposals we have considered their impact on our plans and against a number of overarching criteria:

- Commissioning that is population-based
- Equitable access
- Tackling health inequalities
- The aims or goals of our joint commissioning intentions
- Stronger communities for adult integrated care and for children and young people

Each of the proposals is considered in the pages that follow. Additionally we would like to highlight the following

- Given the importance of health improvement and prevention, and its prominence in our local Health and Wellbeing Strategy and nationally in the NHS 'Five Year Forward View', we are concerned that money is being taken away from the current public health budget priorities without a comprehensive assessment of the implications on health outcomes and inequalities.
- In reviewing the proposals our response on their impact is necessarily restricted by the absence of details from the council of how monies will be reinvested.

- Overall we would expect that the savings proposals are accompanied by redesign of services so that they will achieve positive health impacts, and that any changes are monitored accordingly to ensure that the expected benefits are realised.
- The need for voluntary organisations that previously accessed public health grants to be supported to access the council's mainstream grant programme
- The criteria that you will use to identify substantial development or variation in service should be made available as soon as possible
- Assessments of equalities implications should be carried out and made available at the outset of the savings programme
- The areas of greatest concern are proposals that have negative impacts on smoking reduction and health inequalities.

We recognise the need to achieve greater efficiencies and budget savings in order to make the best use of limited public funding and that this requires difficult choices and decisions. We look forward to receiving further details on your impact assessments of your proposals, the new alternative spending priorities and also how your plans will be implemented so that they support the improvement in health outcomes for our local population.

Yours sincerely



Martin Wilkinson
Chief Officer

cc

Dr Marc Rowland, Chair, Lewisham CCG
Tony Read, Chief Finance Officer, Lewisham CCG

Public Health Savings Proposals

Public Health Programme Area	Total Budget	Total Saving	Proposals	Service re-design where applicable	Risk & Mitigation	CCG Response
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>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 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.</p> <p>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 provide quality SRE</p>	<p>As the lead commissioner the CCG will advise the council as its agent in the proposed contract renegotiation with LGT. Public Health will be fully involved in the appropriate contracting forum.</p> <p>Further detail is required about how sexual health services will be delivered through a neighbourhood model.</p> <p>The CCG would seek assurance that the health improvement package will be taken up by schools if the SRE funding is reduced. Where some services have been provided on</p>

						<p>a limited pilot basis we support the move to enable a wider population coverage</p> <p>Where incentive funding is withdrawn from GP practices we need to take into account the total impact from all the proposed changes</p> <p>The CCG Medicines Management team can provide professional advice in the further development of pharmacy needs assessment</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 	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</p>	<p>We agree with the highlighted risks concerning the pre-diabetes intervention. This may have an impact on the CCG's plans for long-term conditions, for risk stratification and around variation in primary care.</p> <p>The removal of the</p>

			health checks		effectiveness of resources and may identify more people at risk earlier	<p>Health Checks facilitator post and reduction of GP advisor time may mean that the focus is on maintenance rather than the continuing development of the programme</p> <p>We support the continuing integration of the pharmacy into the neighbourhood resources to deliver the health checks programme.</p> <p>Further detail is required about how health checks will be delivered through a neighbourhood model to achieve efficiency and effectiveness.</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>	We acknowledge that this service has not been proven to be a cost effective intervention.
Public Health	£79,200	£19,200	Decommissioning diabetes and cancer GP champion		These posts will be commissioned by the CCG in	We will adopt responsibility for the

Advice to CCG			posts.		future	Diabetes and cancer GP champion posts from April 2015
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) 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>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>	<p>This area is a Health & Wellbeing Board priority.</p> <p>As with the reduced SRE funding, we would seek assurance that the health improvement package will be taken up by schools, and where some services have been provided on a limited pilot basis we support the move to enable a wider population coverage.</p> <p>The reduction in funding for the community nutritionist and withdrawal of clinical support may mean that the focus is on maintenance rather than the continuing development of the programme.</p> <p>This is an area that should be part of a</p>

						whole programme approach to neighbourhood development.
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.	This may represent a missed developmental opportunity to improve dental health particularly for children and young people
Mental Health	£93,400	£59,200	<ol style="list-style-type: none"> 1. Withdraw funding for clinical input to Sydenham Gardens 2. Reduce funding available for mental health promotion and wellbeing initiatives (including training) 		<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>	We recognise the potential benefits of pooling resources with other neighbourhoods but need to highlight the potential difficulties inherent in working across multiple organisations and sectors that may make this difficult to achieve
Health Improvement Training	£88,000	£58,000	<ol style="list-style-type: none"> 1. Decommission Health Promotion library service 		The risk is reduced capacity to develop a workforce	This area has a potential impact on achievement of the 'Every Contact

			2. Limit health improvement training offer to those areas which support mandatory public health services.		across partner organisations which contributes to public health outcomes. Mitigation includes working with CEL to develop new models of delivery for essential public health training.	Counts' strategy. This will need to be mitigated further through additional development via HESL resourcing, development of neighbourhood teams, and SEL Workforce Supporting Strategy
Health inequalities	£1,460,019	£581,500	<ol style="list-style-type: none"> 1. Reconfiguring LRMN Health Access services to deliver efficiencies (£21,500) 2. Remove separate public health funding stream to VAL (£28,000) 3. Decommissioning FORVIL Vietnamese Health Project (£29,000) 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 and working with the Trust to reorganise how that services can be delivered more cost 	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 partnership working with Registered Social Landlords as well as any local regeneration projects in each of these	<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> <p>Voluntary organisations will have an opportunity to continue some of this work</p>	<p>We support the neighbourhood model as an integral part of the integration programme. But investment and implementation requirements should be defined that support the development of the four hub approach, in particular how they will address health inequalities where services are decommissioned, such as the money advice service which can be an important enabling factor in supporting health improvement.</p> <p>We support changes to</p>

			<p>effectively by linking the delivery of the programme into community based neighbourhood model (£270k)</p> <ol style="list-style-type: none"> 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) 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. 	neighbourhoods.	in a different way through the grant aid programme.	<p>a whole neighbourhood approach away from specific groups, and building community capacity to tackle inequalities; again, this may require further resources to ensure continuing support to vulnerable population groups</p> <p>Where there are proposed changes to the LGT contract these must be assessed for their impact and likely success for linking to the neighbourhood model</p> <p>We recognise the mitigation in respect of the 'warm homes' funding but seek assurance that this will be strong enough.</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 	There are proposals to re-configure the stop smoking service as part of the neighbourhood developments described under 'health inequalities'	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 –	Both the local and SEL JSNAs identify the impact of smoking on mortality rates, inequalities and QALYs. The CCG has identified

			3. Decommission work to stop illegal sales	above.	<p>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>	<p>smoking quitters as of one its local quality premium outcomes. This is therefore an area of considerable importance for local population health and the CCG.</p> <p>As with other aspects of the LGT contract, the CCG will advise the council as its lead commissioner in the proposed contract renegotiation. Public Health will be fully involved in the appropriate contracting forum.</p> <p>Further detail is required about how efficiencies in the stop smoking service will be achieved without reducing its effectiveness</p>
Maternal and child health	£187,677	£68,400	1. Reducing sessional funding commitment for Designated Consultant for Child Death Review		There may be less opportunity to learn from	Recognising that change to the sessional commitments of the

			<p>2. Reduce capacity for child death review process by reducing sessional commitment of child death liaison nurse.</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>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 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. 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>	<p>child death liaison nurse will not prevent its delivery of the main purpose of the role, there may be an impact on support for bereaved families which may need to be provided or commissioned differently.</p> <p>We have significant concerns about the reduction in support to breastfeeding cafés and peer support and the possible impact on our UNICEF status. This is an identified priority for the CCG and for SEL.</p> <p>While the peer support proposal is actually a reduction in the supporting infrastructure so should not have an impact, the support for the cafés could. But if this can be maintained for a further 6 months and alternative can be put in place this may avoid a negative impact.</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.			We would seek assurance that any revised structures or functions can deliver our agreed memorandum of understanding (MOU) of PH support to the CCG, for instance by freeing up time for PH consultants and intelligence support, and working with us around the commissioning cycle. A clear, agreed workplan will be essential to realise delivery of this services.
2014/2015 Uplift (uncommitted)		£547,000				
TOTAL	£14,995,000	£2,653,800				