

## LEWISHAM FUTURE PROGRAMME – SAVINGS REPORT APPENDICES – SEPTEMBER 2015

### APPENDIX 1 – SAVINGS PROPOSALS FOR SCRUTINY, SECTION A

#### Contents page

#### Section A: Smarter and Deeper Integration of Social Care and Health

A11: Managing and improving transition planning	31
A12: Reducing costs of staff management, assessment and care planning	35
A13: Alternative Delivery Models for the provision of care and support services	39
A14: Achieving best value in the provision of care packages	43
A15: New delivery models for extra care and day services – Provision of Contracts	47
A16: Public Health	51
Including: Prescribed Medication	
Dental Public Health	
Health Protection	
Obesity/Physical Activity	
Health Inequalities	
Workforce Development	
Redesign Through Collaboration	
A17: Sexual Health Transformation	59



<b>1. Savings proposal</b>	
<b>Proposal title:</b>	Managing and improving transition planning
<b>Reference:</b>	A11
<b>LFP work strand:</b>	Adult Social Care (incl. Public Health)
<b>Directorate:</b>	Adult and Community Services
<b>Head of Service:</b>	Joan Hutton
<b>Service/Team area:</b>	Adults with Learning Disabilities
<b>Cabinet portfolio:</b>	Health, Wellbeing and Older People
<b>Scrutiny Ctte(s):</b>	Healthier Communities

<b>2. Decision Route</b>			
<b>Saving proposed:</b>	<b>Key Decision Yes/No</b>	<b>Public Consultation Yes/No</b>	<b>Staff Consultation Yes/No</b>
a) Transition planning	Yes	No	No

<b>3. Description of service area and proposal</b>
<b>Description of the service area (functions and activities) being reviewed:</b>
<p>A number of young adults aged 18 with disabilities will transfer to adult social care so that their eligible needs can continue to be met. Most of the young people who come through this transition process continue into tertiary education. At present there are no college facilities in Lewisham where specialist educational requirements can be met. Therefore many of these young people attend out of borough college facilities and are residents of those colleges for the majority of the year. The residential costs for these placements are extremely high and tend to be ongoing as people remain out of borough. These costs further increase when the young person comes home during college breaks as additional packages of care need to be provided whilst they are living in their parents' or carers' homes.</p>
<b>Saving proposal</b>
<p>CYP Directorate has been working with providers to develop local college opportunities for young people with complex needs. In September 2016 provision for these young people will be available at the House on the Hill. In parallel the Council is developing supported living schemes to support these young students to remain within the borough.</p> <p>This local college provision, alongside the development of supported living arrangements, will reduce the need for high cost out of borough placements and reduce the associated transport and supplemented packages of care during the college holiday periods. Young adults will be able to attend college in the borough and either be supported to continue to live at home with their family or in supported living schemes within the borough.</p> <p>Adult Social Care will also be working with CYP to further develop local education offers for young people with challenging behaviour which will enable more young people to stay in the borough.</p>

#### 4. Impact and risks of proposal

##### Outline impact to service users, partners, other Council services and staff:

The impact on young people should be positive; they will stay within the borough and be near family, friends and local groups with whom they are familiar. The new supported living schemes will enable young people to gain independent living skills in their own homes.

##### Outline risks associated with proposal and mitigating actions:

There is a risk of a lack of suitable accommodation for young people with disabilities within the borough. In mitigation, existing housing provision can be reconfigured to support young people without a physical disability. Where people have a significant physical disability, officers from ASC will work with housing colleagues to consider medium term options.

CYP and ASC will work with the young person, their parents and carers at an early stage in the transition process and will ensure that the requirements of a young person's Health, Education and Care plan can be met by provision within the borough thus reducing the need for reliance on colleges out of borough.

#### 5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
	1,000	0	1,000
Saving proposed:	2016/17 £'000	2017/18 £'000	Total £'000
a) Transition	200	300	500
<b>Total</b>	<b>200</b>	<b>300</b>	<b>500</b>
<b>% of Net Budget</b>	<b>20%</b>	<b>30%</b>	<b>50%</b>
Does proposal impact on:	General Fund	DSG	HRA
Yes / No	Yes	No	No
If impact on DSG or HRA describe:			

#### 6. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
<b>2</b>	<b>8</b>	1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
<b>Positive</b>	<b>Positive</b>	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
<b>High</b>	<b>High</b>	

6. Impact on Corporate priorities		
		10. Inspiring efficiency, effectiveness and equity

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	M	Pregnancy / Maternity:	L
Gender:	M	Marriage & Civil Partnerships:	L
Age:	H	Sexual orientation:	L
Disability:	H	Gender reassignment:	L
Religion / Belief:	L	Overall:	M
For any High impact service equality areas please explain why and what mitigations are proposed:			
<p>The nature of these proposals are targeted at younger people with disabilities. However, the equalities impact is a positive one rather than detrimental and therefore no specific mitigation will be required.</p>			
Is a full service equalities impact assessment required: Yes / No			No

9. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

10. Legal implications
State any specific legal implications relating to this proposal:
<p>The Children and families Act became law on the 1 September 2014. The new law makes it clear that children and young people with special educational needs and disabilities ( SEND) should be supported on a consistent basis across Education, Health and Social Care from 0-25 years of age. Education Health and Care plans need to consider the needs of younger people in receipt of education. How those needs are met can be highly flexible.</p>

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	Activity
August 2015	Proposals prepared ( <b>this template and supporting papers – e.g. draft public consultation</b> )
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September

**11. Summary timetable**

October 2015	Consultations ongoing
November 2015	Consultations ongoing and ( <b>full decision</b> ) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	
April 2016	
May 2016	
June 2016	
July 2016	Savings implemented for new academic year

<b>1. Savings proposal</b>	
<b>Proposal title:</b>	Reducing costs of staff management, assessment and care planning
<b>Reference:</b>	A12
<b>LFP work strand:</b>	Adult Social Care (incl. Public Health)
<b>Directorate:</b>	Adult and Community Services
<b>Head of Service:</b>	Joan Hutton
<b>Service/Team area:</b>	Adult Social Care
<b>Cabinet portfolio:</b>	Health, Wellbeing and Older People
<b>Scrutiny Ctte(s):</b>	Healthier Communities

<b>2. Decision Route</b>			
<b>Saving proposed:</b>	<b>Key Decision Yes/No</b>	<b>Public Consultation Yes/No</b>	<b>Staff Consultation Yes/No</b>
a) Assessment and care management staffing	Yes	No	Yes

### **3. Description of service area and proposal**

#### **Description of the service area (functions and activities) being reviewed:**

The Adult Integrated Care Programme seeks to achieve a viable and sustainable 'One Lewisham Health and Social Care System' which includes giving residents access to high quality, cost-effective pro-active care, when it is needed.

In redesigning the services which identify and determine the support and care required by service users, the Council is working with health and care partners to further align and integrate adult social care with those services in the health sector which focus on similar cohorts of people. This includes looking at potential joint management, integrated staffing, alignment of processes and systems, and establishing a range of coherent and co-ordinated services that maximise efficiencies and eradicate duplication. All partners in the programme recognise the need to achieve savings as part of this work.

These services currently include those that cover prevention and early intervention services, enhanced care and support services, and the assessment and care management that is provided by neighbourhood community teams.

#### **Saving proposal**

In collaboration with health partners and following audits of current service provision and its effectiveness, the Council is developing detailed plans for the remodelling of services across the health and care system. This will be achieved by amalgamating similar roles and establishing joint posts which are able to work across organisations. This will include those staff employed by the Council who work to support admission avoidance, hospital discharge and those staff within the neighbourhood community teams. The remodelling will also be used as an opportunity to embed further the mental health teams with the current neighbourhood teams.

#### 4. Impact and risks of proposal

##### Outline impact to service users, partners, other Council services and staff:

Improving access, reducing duplication and improving outcomes for those most at risk will benefit residents. However, the changes to staffing structures and levels through the integration and reconfiguration of services could potentially impact negatively on staff who may not be successful in obtaining a post in any new service model.

##### Outline risks associated with proposal and mitigating actions:

Although some staff will continue to work within the new model, we anticipate a reduction in both management and operational staff. We will try to mitigate against this and limit the number of potential redundancies by ensuring no posts are permanently recruited to within the current teams until decisions on the new delivery models have been made.

The key stakeholders, Lewisham Clinical Commissioning Group, South London and Maudsley Mental Health Trust and the Lewisham and Greenwich Healthcare Trust and the Council are required to agree how resources are utilised and ensure that their respective organisational and shared priorities are met. The Adult Integrated Care Programme supported by four workstreams has been established as the forum to agree how any risks or adverse impacts on individual organisation's priorities or resources can be minimised.

#### 5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
	17,221	(7,846)	9,375
Saving proposed:	2016/17 £'000	2017/18 £'000	Total £'000
a) staffing	500	200	700
<b>Total</b>	500	200	700
<b>% of Net Budget</b>	5%	2%	7%
Does proposal impact on: Yes / No	General Fund	DSG	HRA
	Yes	No	No
<b>If impact on DSG or HRA describe:</b>			

#### 6. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
<b>8</b>	<b>10</b>	<ol style="list-style-type: none"> <li>1. Community leadership and empowerment</li> <li>2. Young people's achievement and involvement</li> <li>3. Clean, green and liveable</li> <li>4. Safety, security and a visible presence</li> <li>5. Strengthening the local economy</li> <li>6. Decent homes for all</li> <li>7. Protection of children</li> <li>8. Caring for adults and the older</li> </ol>
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
<b>Neutral</b>	<b>Neutral</b>	
Level of impact on main priority –	Level of impact on second priority –	



6. Impact on Corporate priorities		
High / Medium / Low	High / Medium / Low	people
<b>High</b>	<b>High</b>	9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:		Pregnancy / Maternity:	
Gender:	Low	Marriage & Civil Partnerships:	
Age:	Low	Sexual orientation:	
Disability:	Low	Gender reassignment:	
Religion / Belief:		Overall:	
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No			Yes as part of service remodelling

9. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					Yes but not yet known at what level or numbers
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2					
Scale 3 – 5					
Sc 6 – SO2					
PO1 – PO5					
PO6 – PO8					
SMG 1 – 3					
JNC					
Total					
Gender	Female	Male			
Ethnicity	BME	White	Other	Not Known	
Disability	Yes	No			

## 9. Human Resources impact

Sexual orientation	Straight / Heterosex.	Gay / Lesbian	Bisexual	Not disclosed

## 10. Legal implications

State any specific legal implications relating to this proposal:

The Care Act 2014 sets in legislation the duty of the local authority to promote integration of care and support with health services. *“The Local Authority must exercise its functions under this part of the act, with a view to ensuring the integration of care and support provision with health provision and health-related provision”*

In delivering this part of the act, integration and partnership between social care and health are stressed as an important element in meeting prevention outcomes: *‘The flexible use of resources should be encouraged if it improves outcomes. Coherent and integrated services are essential, not optional. Through shared involvement in activities such as supporting reablement, discharge pathways, falls prevention, nutritional advice and using community resources to prevent isolation, adult social care services and the NHS will become more closely linked. The workforce will be employed in different types of organisations, some working across traditional health and social care boundaries to deliver more integrated services. This new model of integrated care is aimed to meet the needs of the growing number of people with long-term conditions, such as dementia in the older population, and to reduce the pressure on more expensive acute healthcare services. The hope is that integrated care through service redesign and new skill mix will enable adult social care and the NHS to achieve gains in productivity. Improved relations and interaction between the two sectors [health and social care] ‘could ultimately contribute to broader cooperation, more imaginative efficiencies, and more significant savings on both sides’* (Department for Health, 2014).

## 11. Summary timetable

Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:

Month	Activity
August 2015	Proposals prepared ( <b>this template and supporting papers – e.g. draft public consultation</b> )
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and ( <b>full decision</b> ) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented

<b>1. Savings proposal</b>	
<b>Proposal title:</b>	Alternative Delivery Models for the provision of care and support services, including mental health
<b>Reference:</b>	A13
<b>LFP work strand:</b>	Adult Social Care (incl. Public Health)
<b>Directorate:</b>	Adult and Community Services
<b>Head of Service:</b>	Joan Hutton
<b>Service/Team area:</b>	Adult Social Care
<b>Cabinet portfolio:</b>	Health, Wellbeing and Older People
<b>Scrutiny Ctte(s):</b>	Healthier Communities

<b>2. Decision Route</b>			
<b>Saving proposed:</b>	<b>Key Decision Yes/No</b>	<b>Public Consultation Yes/No</b>	<b>Staff Consultation Yes/No</b>
a) Integrated service models	Yes	Yes	Yes

<b>3. Description of service area and proposal</b>
<b>Description of the service area (functions and activities) being reviewed:</b>
<p>The Adult Integrated Care Programme seeks to achieve a viable and sustainable 'One Lewisham Health and Social Care System' which includes giving residents access to high quality, cost-effective pro-active care, when it is needed.</p> <p>In redesigning the services which identify and determine the support and care required by service users, the Council is working with health and care partners to further align and integrate adult social care with those services in the health sector which focus on similar cohorts of people. This includes looking at potential joint management, integrated staffing, alignment of processes and systems, and establishing a range of coherent and co-ordinated services that maximise efficiencies and eradicate duplication. All partners in the programme recognise the need to achieve savings as part of this work.</p> <p>These services currently include those that cover prevention and early intervention services, enhanced care and support services.</p>
<b>Saving proposal</b>
<p>Further work will take place during 15/16 and 16/17 to develop detailed plans for a more radical redesign of services across the system. From these plans, the Council will look to secure further savings from the redesign of its current service provision. The services that will be considered as part of the remodelling include those that support people to avoid unnecessary hospital admission, those that support hospital discharge and those that support people with long term care and health needs. Services for development will include Linkline and enablement services which are provided directly by the Council.</p>

#### 4. Impact and risks of proposal

##### Outline impact to service users, partners, other Council services and staff:

The Council and health partners are committed to the redesign of health and care services to improve user experience and to maximise people's independence and reduce their reliance on long term care. This work forms part of the Adult Integrated Care Programme and Better Care Fund proposals.

##### Outline risks associated with proposal and mitigating actions:

Co-production with stakeholders, including service users and staff, is a key design principle of the programme and their involvement in the redesign of health and care services is crucial to ensure the full benefits are realised.

The transformation of health and care in Lewisham requires money to be moved around the health and social care system to develop further services within the community that will prevent hospital admissions and support hospital discharge and maintain people to live independently in their own homes .

The key stakeholders, Lewisham Clinical Commissioning Group, South London and Maudsley Mental Health Trust and the Lewisham and Greenwich Healthcare Trust and the Council are required to agree how resources are utilised and ensure that their respective organisational and shared priorities are met. The Adult Integrated Care Programme supported by four workstreams has been established as the forum to agree how any risks or adverse impacts on individual organisation's priorities or resources can be minimised.

#### 5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
	17,221	(7,846)	9,375
Saving proposed:	2016/17 £'000	2017/18 £'000	Total £'000
a) integrated service models	1,100	700	1,800
<b>Total</b>	<b>1,100</b>	<b>700</b>	<b>1,800</b>
<b>% of Net Budget</b>	<b>12%</b>	<b>7%</b>	<b>19%</b>
Does proposal impact on: Yes / No	General Fund	DSG	HRA
	Yes	No	No
If impact on DSG or HRA describe:			

#### 6. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
<b>8</b>	<b>10</b>	1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
<b>Positive</b>	<b>Positive</b>	

6. Impact on Corporate priorities		
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
<b>High</b>	<b>High</b>	

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:		Pregnancy / Maternity:	
Gender:		Marriage & Civil Partnerships:	
Age:	High positive	Sexual orientation:	
Disability:	High positive	Gender reassignment:	
Religion / Belief:		Overall:	High
For any High impact service equality areas please explain why and what mitigations are proposed:			
Is a full service equalities impact assessment required: Yes / No			Yes as part of service remodelling

9. Human Resources impact					
Will this saving proposal have an impact on employees: Yes / No					No
Workforce profile:					
Posts	Headcount in post	FTE in post	Establishment posts	Vacant	
				Agency / Interim cover	Not covered
Scale 1 – 2					
Scale 3 – 5					
Sc 6 – SO2					
PO1 – PO5					
PO6 – PO8					
SMG 1 – 3					
JNC					
Total					
Gender	Female	Male			
Ethnicity	BME	White	Other	Not Known	

### 9. Human Resources impact

Disability	Yes	No			
Sexual orientation	Straight / Heterosex.	Gay / Lesbian	Bisexual	Not disclosed	

### 10. Legal implications

State any specific legal implications relating to this proposal:

The Care Act 2014 sets in legislation the duty of the local authority to promote integration of care and support with health services. *“The Local Authority must exercise its functions under this part of the act, with a view to ensuring the integration of care and support provision with health provision and health-related provision”*

In delivering this part of the act, integration and partnership between social care and health are stressed as an important element in meeting prevention outcomes: *‘The flexible use of resources should be encouraged if it improves outcomes. Coherent and integrated services are essential, not optional. Through shared involvement in activities such as supporting reablement, discharge pathways, falls prevention, nutritional advice and using community resources to prevent isolation, adult social care services and the NHS will become more closely linked. The workforce will be employed in different types of organisations, some working across traditional health and social care boundaries to deliver more integrated services. This new model of integrated care is aimed to meet the needs of the growing number of people with long-term conditions, such as dementia in the older population, and to reduce the pressure on more expensive acute healthcare services. The hope is that integrated care through service redesign and new skill mix will enable adult social care and the NHS to achieve gains in productivity. Improved relations and interaction between the two sectors [health and social care] ‘could ultimately contribute to broader cooperation, more imaginative efficiencies, and more significant savings on both sides’* (Department for Health, 2014).

### 11. Summary timetable

Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:

Month	Activity
August 2015	Proposals prepared ( <b>this template and supporting papers – e.g. draft public consultation</b> )
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and ( <b>full decision</b> ) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented

<b>1. Savings proposal</b>	
<b>Proposal title:</b>	Managing the demand for formal social care and achieving best value in the provision of care packages
<b>Reference:</b>	A14
<b>LFP work strand:</b>	Adult Social Care (incl. Public Health)
<b>Directorate:</b>	Adult and Community Services
<b>Head of Service:</b>	Joan Hutton
<b>Service/Team area:</b>	All adult social care areas
<b>Cabinet portfolio:</b>	Health, Wellbeing and Older People
<b>Scrutiny Ctte(s):</b>	Healthier Communities

<b>2. Decision Route</b>			
<b>Saving proposed:</b>	<b>Key Decision Yes/No</b>	<b>Public Consultation Yes/No</b>	<b>Staff Consultation Yes/No</b>
a) Achieving best value in care packages	No	No	No

<b>3. Description of service area and proposal</b>
<b>Description of the service area (functions and activities) being reviewed:</b>
Approximately 87% of the Adult Social Care budget is spent on packages of care to support people to remain living at home and on placements in residential and nursing homes, both in and out of the borough.
<b>Saving proposal</b>
In accordance with the Care Act 2014 and the Council's political priority to strengthen community resilience, adult social care will continue with its approach to assessment and support planning. This encourages people to utilise their existing resources by linking them to the support available within their own families and communities, thus reducing the need for formal social care services.
The demand for services will continue to be managed more effectively by supporting people who meet the eligibility criteria to be as independent as possible with minimal interference from, or reliance on, the Council. Support for these residents will be focused on the provision of assistance at the time of crisis and by offering help in a way that reduces the need for the person to require long term support.

<b>4. Impact and risks of proposal</b>
<b>Outline impact to service users, partners, other Council services and staff:</b>
Achievement of this proposal requires a different approach and relationship with residents so they do not rely on the Council for the provision of all support to meet their needs. It also requires a different approach from practitioners who undertake the assessment and support planning function to ensure they consider an individual's own resources before determining the package of care.

#### 4. Impact and risks of proposal

##### Outline risks associated with proposal and mitigating actions:

In accordance with the Care Act, training has been provided to practitioners to help them identify the potential risks to an individual in relation to their care and support needs and to determine what services are required to respond promptly and appropriately to those needs. This includes assisting people to access and utilise opportunities and support within their own families and communities.

#### 5. Financial information

<b>Controllable budget:</b>	<b>Spend £'000</b>	<b>Income £'000</b>	<b>Net Budget £'000</b>
	74,536	(17,750)	56,786
<b>Saving proposed:</b>	<b>2016/17 £'000</b>	<b>2017/18 £'000</b>	<b>Total £'000</b>
a)	600	500	1,100
<b>Total</b>	600	500	1,100
<b>% of Net Budget</b>	1%	1%	2%
<b>Does proposal impact on: Yes / No</b>	<b>General Fund</b>	<b>DSG</b>	<b>HRA</b>
	Yes		
<b>If impact on DSG or HRA describe:</b>			

#### 6. Impact on Corporate priorities

<b>Main priority</b>	<b>Second priority</b>	<b>Corporate priorities</b> 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
<b>8</b>	<b>10</b>	
<b>Impact on main priority – Positive / Neutral / Negative</b>	<b>Impact on second priority – Positive / Neutral / Negative</b>	
<b>Neutral</b>	<b>Positive</b>	
<b>Level of impact on main priority – High / Medium / Low</b>	<b>Level of impact on second priority – High / Medium / Low</b>	
<b>Medium</b>	<b>Low</b>	

#### 7. Ward impact

<b>Geographical impact by ward:</b>	<b>No specific impact / Specific impact in one or more</b>
	<b>No specific impact</b>
	<b>If impacting one or more wards specifically – which?</b>

#### 8. Service equalities impact

<b>Expected impact on service equalities for users – High / Medium / Low or N/A</b>			
<b>Ethnicity:</b>	Low	<b>Pregnancy / Maternity:</b>	Low
<b>Gender:</b>	Low	<b>Marriage &amp; Civil</b>	Low



**8. Service equalities impact**

		<b>Partnerships:</b>	
<b>Age:</b>	High	<b>Sexual orientation:</b>	Low
<b>Disability:</b>	High	<b>Gender reassignment:</b>	Low
<b>Religion / Belief:</b>	Low	<b>Overall:</b>	Medium

**For any High impact service equality areas please explain why and what mitigations are proposed:**

Most people in receipt of care and support from adult social care will have a disability or a frailty that relates to older age or disability. However, the assessment and care planning process will ensure that eligible needs continue to be met, although not necessarily from Council resources.

**Is a full service equalities impact assessment required: Yes / No** No

**9. Human Resources impact**

**Will this saving proposal have an impact on employees: Yes / No** No

**10. Legal implications**

**State any specific legal implications relating to this proposal:**

When deciding how best to meet an individual’s care needs, the Council is entitled to take into account its own resources as well as the client’s stated preferences. In planning to meet an individual’s needs, the Council may consider the most cost effective way in which this can be done and can take into account the individual’s resources and contributions. This may include considering their family and support networks, their welfare benefits and the community resources available.

**11. Summary timetable**

**Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:**

Month	Activity
August 2015	Proposals prepared ( <b>this template and supporting papers – e.g. draft public consultation</b> )
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	
November 2015	Reports returned to Scrutiny for review
December 2015	M&C for decision on 9 December
January 2016	work ongoing
February 2016	work ongoing and budget set 24 February
March 2016	Savings implemented



<b>1. Savings proposal</b>	
<b>Proposal title:</b>	New delivery models for extra care – Provision of Contracts
<b>Reference:</b>	A15
<b>LFP work strand:</b>	Adult Social Care (incl. Public Health)
<b>Directorate:</b>	Adult and Community Services
<b>Head of Service:</b>	Dee Carlin
<b>Service/Team area:</b>	All adult social care service areas
<b>Cabinet portfolio:</b>	Health, Wellbeing and Older People
<b>Scrutiny Ctte(s):</b>	Healthier Communities

<b>2. Decision Route</b>			
<b>Saving proposed:</b>	<b>Key Decision Yes/No</b>	<b>Public Consultation Yes/No</b>	<b>Staff Consultation Yes/No</b>
a) Extra Care	Yes	Yes	No

<b>3. Description of service area and proposal</b>
<b>Description of the service area (functions and activities) being reviewed:</b>
<p>The Council holds a number of contracts for extra care which will end in 2017. This gives the Council an opportunity to review the terms and conditions of those contracts. During this review, officers will establish whether those contracts are still required and, if so, revise the service specifications to better meet current needs and demands. This work will support the planned redesign of supported living.</p>
<b>Saving proposal</b>
<p>The savings proposed will be achieved by</p> <ol style="list-style-type: none"> <li>1. The renegotiation of existing contacts and the development of new extra care schemes to better meet local demand and need.</li> </ol> <p>Support for people who have developed dementia and who are no longer able to live independently in their own homes is currently reliant on placements within residential and nursing home settings. The new extra care housing facilities that are being built within the borough will be used as an opportunity to develop specialist dementia support which will be a more cost effective alternative to residential care.</p> <p>In addition, extra care staff will be required to support people with a different range of needs, other than solely focusing on schemes that relate to older people. This will mean that younger adults with long term conditions will be able to remain living within the borough. Extra care providers will also deliver sustainable day time activities to meet the requirements of families who support their relative at home.</p> <p>The new service specifications will ensure that the Council:</p> <ol style="list-style-type: none"> <li>a) no longer pays charges relating to voids within existing extra care schemes;</li> <li>b) further consolidates the redesign of building based day services, in particular,</li> </ol>

### 3. Description of service area and proposal

- capitalising on the new and existing extra care locations;
- c) as part of new extra care commissioning, seeks an alternative local offer for younger adults with significant physical support needs and for those older people who have developed dementia, to replace the need for costly out of borough residential or nursing services;
- d) obtains further efficiencies in relation to costs of transport; and
- e) financial impact of voids in extra care will be the responsibility of the housing and care partner, and not the Council.

### 4. Impact and risks of proposal

#### Outline impact to service users, partners, other Council services and staff:

Extra care - the new service delivery model aims to improve outcomes for services users. An increase in local provision will ensure services users remain connected with their families and local communities, instead of having to move to out of borough placements.

Existing services, including those that provide other health and care support to these users, will be able to better integrate with locally provided extra care and day services. More local provision of this kind should improve the use of staff time as they will not have to travel out of borough to review or support service users.

#### Outline risks associated with proposal and mitigating actions:

- a) Loss of income to providers who hold voids will be mitigated by offering void flats to neighbouring councils.
- b) CQC or Fire/ Health and Safety implications of co-locating people with high physical support needs will be considered during the design and development of the specification and build. There may be specific grant conditions which predicate against the consideration of Extra Care schemes for younger adults which will be mitigated by officers from housing and social care working together to identify the best scheme to fit the brief.

### 5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
	7,311	(1,438)	5,873
Saving proposed:	2016/17 £'000	2017/18 £'000	Total £'000
a) Extra Care	100	900	1,000
<b>Total</b>	100	900	1,000
<b>% of Net Budget</b>	2%	15%	17%
Does proposal impact on: Yes / No	General Fund	DSG	HRA
	Yes	No	No
If impact on DSG or HRA describe:			

### 6. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
		1. Community leadership and empowerment

6. Impact on Corporate priorities		
<b>8</b>	<b>10</b>	2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
<b>Positive</b>	<b>Positive</b>	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
<b>High</b>	<b>High</b>	

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	H	Pregnancy / Maternity:	L
Gender:	M	Marriage & Civil Partnerships:	L
Age:	H	Sexual orientation:	L
Disability:	H	Gender reassignment:	L
Religion / Belief:	L	Overall:	H
For any High impact service equality areas please explain why and what mitigations are proposed:			
<p>The use of extra care for younger people with physical disabilities will have a positive impact on those people but could potentially have a negative impact on older adults as the extra care that would otherwise be available for them may be reduced. Officers will, however, ensure that extra care developments meet the required demands for older people, particular those with dementia.</p>			
Is a full service equalities impact assessment required: Yes / No			Yes

9. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

10. Legal implications
State any specific legal implications relating to this proposal:
<p>The majority of these proposals relate to service contracts that are being re-commissioned for 2017 and which are currently in the early stages of development.</p> <p>The Care Act has clarified that people placed into supported living schemes, including people placed in extra care schemes remain ordinarily resident with the placing</p>

## 10. Legal implications

authority.

## 11. Summary timetable

Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:

Month	Activity
August 2015	Proposals prepared
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and ( <b>full decision</b> ) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	
February 2016	
March 2016	
April 2016	Extra Care specifications completed and negotiations with existing ECH provider(s) begin
May 2016	
June 2016	ECH procurement process begins
July 2016	
August 2016	
September 2016	
October 2016	Recommendation for ECH to Mayor and Cabinet
March 2017	New ECH contracts in place

1. Savings proposal	
Proposal title:	Public Health (not including sexual health, drugs & alcohol)
Reference:	A16
LFP work strand:	Adult Social Care (incl. Public Health)
Directorate:	Community Services
Head of Service:	Danny Ruta
Service/Team area:	Public Health
Cabinet portfolio:	Health, Wellbeing and Older People
Scrutiny Ctte(s):	Healthier Communities

2. Decision Route			
Saving proposed:	Key Decision Yes/No	Public Consultation Yes/No	Staff Consultation Yes/No
a) Prescribed medication	No	No	No
b) Dental Public health	No	No	No
c) Health Protection	No	No	No
d) Obesity/Physical Activity	No	No	No
e) Health Inequalities	No	No	No
f) Workforce development	No	No	No
g) Redesign through collaboration	Yes	No	No

3. Description of service area and proposal
<b>Description of the service area (functions and activities) being reviewed:</b>
<p>This is one of three Public Health related proposals. The other two are for Sexual Health and Drugs &amp; Alcohol, which are reviewed in separate proformas – A17 and K4. Public health areas, such as smoking and tobacco control are not included in this review as there were significant savings achieved in 2015/16.</p> <p><b>Prescribed medication associated with commissioned services</b> Local authorities are responsible with medication costs associated with public health commissioned services. In Lewisham, the services which this applies to are Substance Misuse, Stop Smoking Service and Sexual Health Services. Payments are paid to a range of providers including, Lewisham and Greenwich Trust, GPs and pharmacies.</p> <p><b>Dental public health</b> This programme budget was reduced in 15/16. Most aspects of dental public health, previously commissioned at local level, are now commissioned by Public Health England or NHS England. The only element currently funded is a contribution to the Lambeth Southwark and Lewisham dental infection control nurse. The post-holder manages a programme of training and audit to ensure the best possible levels of infection control in primary care dentistry (delivered in local dental surgeries) in Lewisham. This programme is unique in the UK, given the high sero-prevalence of HIV and other blood-borne viruses locally (especially HIV and Hepatitis B). There has been a clear impact in terms of improved infection control practice. The nurse is also important in managing any major incident involving the transmission or possible</p>

### 3. Description of service area and proposal

transmission of a blood borne virus to dental patients. Such incidents (called lookbacks) can involve the need to assess risk, trace, test and counsel large numbers of patients at risk. In recent years, the largest look-back in the history of the NHS up to that point, was carried out in Lewisham. In such incidents, the dental infection control nurse assists in the assessment of risk of individual patients.

#### **Health Protection**

Immunisation is a proven tool for controlling and eliminating life-threatening infectious diseases. It is one of the most cost-effective health investments, with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations. Recorded uptake of indicator vaccines has been below target, and as a result, significant numbers of children in Lewisham are not protected against potentially serious infections. Due to the low uptake of MMR vaccine, there was an outbreak of measles in Lewisham in 2008 with a total of 275 confirmed or suspected cases.

NHS England now has the lead responsibility for commissioning of immunisation. Lewisham retained a Clinical Immunisation Co-ordinator to lead the development and implementation of the strategy to maximize the uptake in Lewisham of all vaccines included in the national immunisation programme, due to the low uptake of immunisation which has been a problem in Lewisham for some time. Since the development of an action plan to improve uptake of vaccine locally, there has been consistent improvement in uptake in Lewisham, which has gone from being one of the boroughs with the worst levels of uptake to being above average, sometimes well above the average uptake for London as a whole. Since the changes in commissioning responsibilities, other boroughs (most of which have lost dedicated immunisation programme management resources) and London as a whole have had declining levels of vaccine uptake, but Lewisham with its dedicated immunisation programme manager has continued to improve.

#### **Obesity/Physical Activity**

Obesity now ranks alongside smoking as the main causes of premature mortality and health inequalities in the UK and in Lewisham. Interventions to tackle obesity in adults and children are a local priority of the H&WB Strategy and the C&YP Plan. They are delivered through a co-ordinated, evidence based healthy weight strategy that incorporates a wide range of actions on prevention and early intervention to self management and self care.

The interventions on obesity and physical activity support the delivery of the mandatory National Child Measurement programme and the NHS Checks programme.

In 2015/16 £147,000 was taken as savings from the obesity and physical activity budget.

#### **Health Inequalities**

The Community Health Improvement Service undertakes community development for health function. The work, undertaken by Health Improvement Officers, involves developing partnerships and networks in the community in order to create opportunities for health improvement that health trainers and other health improvement practitioners can utilise in order to reach communities who do not often access health services and interventions



### 3. Description of service area and proposal

Public health has funded a part time health and housing advisor to assess medical eligibility for housing (which is in addition to another post). This post has been vacant for sometime. A review of the post was proposed but has not been implemented. It is unusual for public health to fund such posts.

#### **Workforce development**

The PH training programme is aligned with the Lewisham Health and Wellbeing Strategy priorities, national health improvement priorities and mandatory LA programmes, e.g. NHS Health Checks. Participants include front line workers and volunteers from a variety of backgrounds including Lewisham Council employees, Primary Care, community and voluntary organisations. £40k savings were taken from the programme in 2015/16.

#### **Redesign through working with CCG/ other partners**

Currently Lewisham Council commissions public health services separately from key providers. Through the transformation of primary care and the whole system there is an opportunity in the future to embed some public health practice into mainstream services.

### Saving proposal

Prescribed medication costs will be reduced as payment will only be made for those associated with PH commissioned services. Over the past two years, since the transfer of Public Health to Lewisham Council, expenditure on medication has been disaggregated from Clinical Commissioning Group payments to GPs, hence the higher costs in previous years.

#### **Dental public health (£20k)**

Cease Lewisham's contribution to Lambeth, Southwark and Lewisham infection control nurse.

#### **Health Protection (£23k)**

Cease funding the secondment of The Clinical Immunisation Co-ordinator

#### **Obesity/Physical Activity (£232k)**

To reduce funding three physical activity initiatives that support residents to be more active. These include:

- Cease the free swimming programme for children under 16 and adults over 60
- Cease the cycling in schools programme.
- Reduce Physical activity sessions to support the NHS Health check programme

The free swimming programme offers the opportunity for eligible residents to swim for free at any of the Lewisham pools at designated times – for children this means they can only attend public and general swimming sessions that fall outside school hours or fall on weekends and school holidays, for adults the offer of free swimming is available during all public and general swimming sessions. The limitations on times and the difficulty accessing this information means that the initiative is underutilized, particularly by children. The payment for the initiative is by block contract and is not dependent on activity. This initiative is one of the mayoral commitments: to promote healthy lifestyles by continuing to provide free swimming and gym access for under 16s and over 60s.

Adults over 60 may be able to access swimming at a discounted price through the

### 3. Description of service area and proposal

subsidised Be Active scheme (subject to any changes and renegotiation of contractual arrangements with leisure providers).

The cycling in schools programme provides offers cycling proficiency/road safety training to school age children in 40 schools.

#### Health Inequalities

##### (A) Community Health Improvement (£70k)

Reduce value of Lewisham and Greenwich NHS Trust Community Health Improvement Service contract through a reduction in community development/health improvement functions. This follows changes to the service specification in 2015/16 to better integrate the team with Community Connexions services and streamline the functions of the team.

##### (B) Health and Housing (£30k)

Cease funding the part time Housing and Health post. This post is currently vacant.

#### Workforce development (£25k)

Cease Public Health funding to wider workforce development which contributes to public health outcomes. Workforce development costs will need to be absorbed by providers.

#### Service redesign through working with CCG/ other partners (£580k)

Savings will be achieved through bundling services through co commissioning of GPs e.g. health checks, smoking and including key functions within contracts with key providers e.g. smoking advisors for pregnant women to be mainstreamed into Maternity services

### 4. Impact and risks of proposal

#### Outline impact to service users, partners, other Council services and staff:

##### Prescribed Medication

No risk

##### Dental public health

Since this service was established, responsibilities on the issue of dental infection control have changed. To meet the registration requirements of the Care Quality Commission all dental practices have to be able to demonstrate that they meet the relevant infection control requirements. NHS England is now the commissioner for primary care dentistry and the responsibility of the commissioning organisation to assure itself of appropriate infection control now rests with NHS England, and this is no longer a responsibility of the local health care commissioner. In addition, it is important to remember that no other area of the country has a local dental infection control service. The responsibility for managing a large lookback would no longer be a local one. Public Health England and NHS England now have this responsibility

##### Obesity/physical activity:

Adults over 60 will be able to access swimming at a discounted price through the subsidised Be Active scheme.

The cycling in schools programme is accessed by approximately 1877 children per

#### 4. Impact and risks of proposal

year across 40 schools.

##### **Health inequalities**

The impact may be that of reduced community development capacity within the Community Health Improvement Service team and less outreach opportunities to 'hard to reach' groups.

##### **Workforce Development**

There is a risk that delivery of public health outcomes delivered by the wider workforce (including NHS, voluntary & community sector organisations) is reduced, and this development is not supported within partner organisations.

#### **Outline risks associated with proposal and mitigating actions:**

The implications for life expectancy and quality of life for Lewisham residents over the medium (3-10 years) and long term (10-20 years) are significant.

The impact, particularly on preventative lifestyle interventions are not **currently** resourced from any other public sector budgets. It is possible however that the impacts described above could be mitigated by the council mobilising its resources to prevent ill health, promote healthy lifestyles and make healthy choices easier for Lewisham residents. It could achieve this by :

- striving to make every contact across all council services and council commissioned services a health improving contact;
- using all available policy and planning powers to create the healthiest possible environment.
- to iterate transformative change through a process of continuous quality improvement;
- to re-commission services where the evidence suggests new approaches are not delivering desired outcomes.

**Dental public health:** Members of the Health Protection Committee will consider how they and the Health and Well-Being Board can be assured of continuing high standards of infection control in dentistry. The Public Health team for Lambeth and Southwark (host of the service) has already been advised of this proposed saving. NHS England will also need to be advised.

##### **Health protection**

The main risk is that the improvement in uptake of vaccine in Lewisham will cease, and that uptake might even decline. Without mitigating actions, there is a significant risk of this happening.

Mitigating actions: Recently, a Lewisham Immunisation Action Plan has been agreed with NHS England. This clearly specifies the responsibilities of all parties involved, and for the first time there is agreement as to NHS England's action at local level to improve uptake of vaccine, focussing in particular on immunisation provided by GP practices as part of primary care commissioning. This is a change in NHS England activity. In addition, Lewisham CCG is developing neighbourhood primary care networks and new population commissioning mechanisms which should be able to address the need for continued improvements in immunisation uptake. The impact of these is likely to be in the medium to longer term, and hence the proposal to delay this saving until 2017/2018.

#### 4. Impact and risks of proposal

##### Obesity/Physical Activity:

The risks identified include:

Likely to reduce the likelihood of participation in physical activity and contribute to an increase in the prevalence of obesity.

In 2013 91 children were injured on roads in the borough. Only 7 were cyclists. Without the training that is currently offered, this number could be significantly higher. Low numbers of children in Lewisham are able to swim 25 metres (national guidance), compared with the England average. In the last five years it is known that one child death was caused by the inability to swim a short distance.

Some adults will be able to access swimming through the subsidised Be-active scheme.

Possible mitigation for cycling in schools might include asking schools to pay for training (there is unlikely to be a good take up), or parents may be asked to pay for training (likely to increase health inequalities).

Those who have had health checks will continue to be able to access a range of activities including healthy walks and leisure centre provision. Those who are overweight or obese will be also be entitled to access the Exercise on Referral scheme.

##### Health Inequalities

Currently Community Development Workers and Community Facilitators are employed, in each of the four neighbourhoods. Reconfiguring the work, particularly of the Community Development workers, which currently focus on secondary prevention to encompass primary prevention may mitigate the possible impact of reduction in capacity

##### Workforce development

In the future funding for training for NHS staff may be accessed through Community Education Provider Networks. Public Health is liaising with the CCG and local CEPN to ensure that this included public health programmes. There will be more explicit training requirements in the contracts with providers including the delivery of mandatory training and funding of training. Public health staff will continue to provide a small limited training programme and some specialist providers will provide training to others as part of their contract terms.

#### 5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
	5,922	(5,922)	0
Saving proposed:	2016/17 £'000	2017/18 £'000	Total £'000
a) Prescribed medication	130		130
b) Dental Public Health	20		20
c) Health protection		23	23
d) Obesity/Physical Activity	232		232
e) Health Inequalities	100		100

<b>5. Financial information</b>			
f) Workforce development	25		25
g) Redesign through working with CCG & other partners		580	580
<b>Total</b>	<b>507</b>	<b>603</b>	<b>1110</b>
<b>% of Net Budget</b>	<b>9%</b>	<b>10%</b>	<b>19%</b>
<b>Does proposal impact on: Yes / No</b>	<b>General Fund</b>	<b>DSG</b>	<b>HRA</b>
	Yes		
<b>If impact on DSG or HRA describe:</b>			

<b>6. Impact on Corporate priorities</b>		
<b>Main priority</b>	<b>Second priority</b>	<b>Corporate priorities</b> 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
<b>9</b>	<b>1</b>	
<b>Impact on main priority – Positive / Neutral / Negative</b>	<b>Impact on second priority – Positive / Neutral / Negative</b>	
<b>Negative</b>	<b>Negative</b>	
<b>Level of impact on main priority – High / Medium / Low</b>	<b>Level of impact on second priority – High / Medium / Low</b>	
<b>Medium</b>	<b>High</b>	

<b>7. Ward impact</b>	
<b>Geographical impact by ward:</b>	<b>No specific impact / Specific impact in one or more</b>
	<b>No specific impact</b>
	<b>If impacting one or more wards specifically – which?</b>

<b>8. Service equalities impact</b>			
<b>Expected impact on service equalities for users – High / Medium / Low or N/A</b>			
<b>Ethnicity:</b>	medium	<b>Pregnancy / Maternity:</b>	low
<b>Gender:</b>	medium	<b>Marriage &amp; Civil Partnerships:</b>	low
<b>Age:</b>	medium	<b>Sexual orientation:</b>	low
<b>Disability:</b>	medium	<b>Gender reassignment:</b>	low
<b>Religion / Belief:</b>	low	<b>Overall:</b>	Medium/low
<b>For any High impact service equality areas please explain why and what mitigations are proposed:</b>			
<b>Is a full service equalities impact assessment required: Yes / No</b>			No

## 9. Human Resources impact

Will this saving proposal have an impact on employees: Yes / No

No

## 10. Legal implications

State any specific legal implications relating to this proposal:

There are no specific legal implications arising from these proposals.

## 11. Summary timetable

Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:

Month	Activity
August 2015	Proposals prepared ( <b>this template and supporting papers – e.g. draft public consultation</b> ) Consultation with Lewisham Clinical Commissioning Group
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and ( <b>full decision</b> ) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	Savings implemented

<b>1. Savings proposal</b>	
<b>Proposal title:</b>	Sexual Health Transformation
<b>Reference:</b>	A17
<b>LFP work strand:</b>	Adult Social Care (incl. Public Health)
<b>Directorate:</b>	Community Services
<b>Head of Service:</b>	Danny Ruta
<b>Service/Team area:</b>	Sexual Health
<b>Cabinet portfolio:</b>	Health, Wellbeing and Older People
<b>Scrutiny Ctte(s):</b>	Healthier Communities

<b>2. Decision Route</b>			
<b>Saving proposed:</b>	<b>Key Decision Yes/No</b>	<b>Public Consultation Yes/No</b>	<b>Staff Consultation Yes/No</b>
a) Sexual Health Transformation	Yes	Technical yes	No

### **3. Description of service area and proposal**

#### **Description of the service area (functions and activities) being reviewed:**

Sexual health services expenditure accounts for around 35% of the Public Health Grant. This includes sexual health (STI) and contraception clinics; long acting reversible contraception (LARC), HIV tests, pregnancy tests and condoms provided by GPs; emergency contraception, condom distribution provided by pharmacies; sexual health promotion services for HIV prevention, sexual health awareness targeted at young people, Black African and Caribbean communities and men who have sex with men. There is also a small element of online testing for STIs.

Services are open access and free at the point of delivery. This is enshrined in legislation. Due to the increase in the local population, an increase in the average number of sexual partners and decrease in the age at first sexual experience demand for these services has grown year on year, and is projected to continue to do so. Most women will access contraception services during their reproductive years, so these services need to be available to 50% of the population for this purpose. Every £1 spent on contraception gives a return of £11 making it one of the most cost effective public health interventions.

Clinic services also have an important role to play in the detection of child sexual exploitation, and identifying vulnerable young people and particularly women who may be in coercive or abusive relationships.

In 2015/16 £340k was taken as a saving from the sexual health budget. This was taken mainly from Sexual Health Promotion and HIV prevention services.

#### **Saving proposal**

A Sexual Health Transformation Programme has been developed across 22 London Boroughs to address the increase in specialist GUM provision. A clinical model is now being developed which is likely to see highly specialist sexual health service focused on fewer sites with longer opening hours. There are 3 key components to the model:

### 3. Description of service area and proposal

1. An online “front door” is proposed for all sexual health services across London, enabling people to get advice, online tests and be sign posted to appropriate services.
2. A centralised partner notification function for London to trace and treat partners of individuals diagnosed with an STI.
3. A rationalisation of very specialised clinic sites, with better gate keeping, and triage and self sampling available at point of entry in clinics.

It is anticipated that these services will become operational in April 2017.

In parallel to this, local services have been reviewed and commissioning plans being developed to:

- Increase the sexual health “offer” in pharmacies to include a range of contraception, STI testing and condom distribution;
- Develop and 3 borough sexual health promotion programme aimed at young people, Black communities and men who have sex with men;
- Switch on “online testing” currently being trialled in Lambeth and Southwark;
- Development of plans to re-specify and if necessary re-procure integrated sexual health and contraceptive services across Lewisham.

Savings are likely to be achieved through

- “channel switch” – i.e. diverting people from clinics to digital/online services which can be provided at less cost, including self sampling and home testing for STIs & automated results management through secure online message or SMS;
- Appropriate targeting of testing at most at risk communities through a comprehensive health promotion outreach programme procured across 3 boroughs (Lewisham, Lambeth and Southwark);
- Economies of scale realised through the delivery of a London wide sexual health website, and partner notification service for sexual partners of individuals diagnosed with an STI.

Due to the complexity of managing the system wide changes across so many different councils and the resource to deliver the reprocurement it is unlikely savings can be realised prior to full implementation in 2017-18.

The year on year rises in the demand led sexual health activity across London and in our local residents means that any year efficiencies will at best achieve a break even position due to the lack of commissioning control over providers outside of Lewisham.

Currently the majority of Lewisham residents access GUM services in central London.

### 4. Impact and risks of proposal

#### Outline impact to service users, partners, other Council services and staff:

Service users will be able to access services closer to home through use of digital technology and increase in pharmacy provision. However, there will be less highly specialised consultant led NHS STI clinics. Provision will be better matched to need, so service users can be seen and treated in the most efficient service which can meet their needs. For example, there will be an increase in nurse led provision and the only



#### 4. Impact and risks of proposal

people who have a diagnosed problem will be referred to consultant led care.

Local services may need to be able to cope with increased demand, in the short term and support patients to switch to alternative routes of care such as online testing. This has proved challenging to achieve in the past.

#### Outline risks associated with proposal and mitigating actions:

GUM services generate significant income to NHS Trusts and there is a risk that local authorities will not be able to implement the changes on account of lack of control of the whole system.

A comprehensive communication and consultation plan has been developed for the London Sexual Health Transformation Programme. This includes all major stakeholders, lobby groups and NHS Trusts. Meetings have already taken place with all providers to explore procurement options.

It is recommended that Sexual Health Budgets for 16/17 remain unchanged as the redesign of these services will take at least a year to implement, Savings have therefore been proposed for 2017/18 to allow for the development work required to deliver the 2017/18 transformation programme. Beyond 2017/18 it is anticipated that further savings may be realised from sexual health services.

#### 5. Financial information

Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
	6,508	(6,508)	0
Saving proposed:	2016/17 £'000	2017/18 £'000	Total £'000
a) Sexual Health Transformation		500	500
<b>Total</b>	0	500	500
<b>% of Net Budget</b>	0%	8%	8%
<b>Does proposal impact on: Yes / No</b>	<b>General Fund</b>	<b>DSG</b>	<b>HRA</b>
	Yes		
<b>If impact on DSG or HRA describe:</b>			

#### 6. Impact on Corporate priorities

Main priority	Second priority	Corporate priorities
<b>9</b>		1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children
<b>Impact on main priority – Positive / Neutral / Negative</b>	<b>Impact on second priority – Positive / Neutral / Negative</b>	
<b>Positive</b>		
<b>Level of impact on</b>	<b>Level of impact on</b>	

6. Impact on Corporate priorities		
main priority – High / Medium / Low	second priority – High / Medium / Low	8. Caring for adults and the older people
<b>Medium</b>		9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No specific impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	High	Pregnancy / Maternity:	Medium
Gender:	High	Marriage & Civil Partnerships:	Low
Age:	High	Sexual orientation:	High
Disability:	Low	Gender reassignment:	Low
Religion / Belief:	Low	Overall:	
For any High impact service equality areas please explain why and what mitigations are proposed:			
<p>As with all public health programmes, the sexual health strategy is focused on reducing health inequalities. As above, the groups who will be particularly affected by the transformation will be young people and women who are the main users of contraceptive services and men who have sex with men and Black African and Black Caribbean population with the highest levels of HIV and other sexually transmitted infections.</p>			
Is a full service equalities impact assessment required: Yes / No			

9. Human Resources impact	
Will this saving proposal have an impact on employees: Yes / No	No

10. Legal implications
State any specific legal implications relating to this proposal:
There are no specific legal implications arising from these proposals

11. Summary timetable	
Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:	
Month	Activity
August 2015	Proposals prepared ( <b>this template and supporting papers – e.g. draft public consultation</b> ) Consultation with Lewisham Clinical Commissioning Group
September 2015	Proposals submitted to Scrutiny committees leading to M&C

<b>11. Summary timetable</b>	
	on 30 September
<b>October 2015</b>	Consultations ongoing
<b>November 2015</b>	Consultations ongoing and ( <b>full decision</b> ) reports returned to Scrutiny for review
<b>December 2015</b>	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
<b>January 2016</b>	Transition work ongoing
<b>February 2016</b>	Transition work ongoing and budget set 24 February

