

MAYOR AND CABINET		
Report Title	Public Health Savings Consultation	
Key decision	Yes	Item No.
Ward	All	
Contributors	Executive Director for Community Services, Executive Director for Children and Young People, Executive Director for Resources and Regeneration, Head of Law	
Class	Part 1 (open)	Date: 13 July 2016

1. Summary and Purpose of the Report

The purpose of the report is to seek Mayor & Cabinet approval to consult on a range of activity to realise the savings agreed by Mayor & Cabinet on September 30th 2015, and to balance the reduction to the Public Health grant announced in the 2015 spending review.

2. Structure of the Report

2.1 The report is structured as follows:

Section 3 sets out the recommendations

Section 4 sets out the policy context

Section 5 sets out the background

Section 6 sets out the consultation areas:

6.1 preventative health services

6.2 health visiting and school nursing

6.3 sexual health services

6.4 substance misuse

Section 7 sets out procurement arrangements

Section 8 sets out the financial implications

Section 9 sets out the legal implications

Section 10 sets out the crime and disorder implications

Section 11 sets out the equalities implications

Section 12 sets out the environmental implications

Appendix 1 Lewisham's 9 health and wellbeing priorities

Appendix 2 2016-17 allocation of the Public Health grant

Appendix 3 the Public Health Outcomes Framework

Appendix 4 Public Health England's grant reduction letter to local authorities

Appendix 5 Substance misuse Joint Strategic Needs Assessment (JSNA)

3. Recommendations

3.1 The Mayor is recommended to approve:

- 3.1.1 The consultation activity for preventative health services outlined below following consideration by Healthier Communities Select Committee on 28 June 2016.
- 3.1.2 The consultation activity for health visiting and school nursing services outlined below following consideration by Healthier Communities Select Committee on 28 June 2016.
- 3.1.3 The consultation activity for sexual health services outlined below following consideration by Healthier Communities Select Committee on 28 June 2016.
- 3.1.4 The procurement activity for substance misuse services outlined below as following consideration by Healthier Communities Select Committee on 28 June 2016.

4. Policy Context

- 4.1 The services within this paper meet the two key principles of the Lewisham's Sustainable Community Strategy 2008-2020:
- Reducing inequality – narrowing the gap in outcomes for citizens
 - Delivering together efficiently, effectively and equitably – ensuring that all citizens have appropriate access to and choice of high-quality local services
- 4.2 These services also contribute to the following priority outcomes:
- Safer – where people feel safe and live free from crime, antisocial behaviour and abuse
 - Empowered and responsible – where people are actively involved in their local area and contribute to supportive communities
 - Healthy, active and enjoyable – where people can actively participate in maintaining and improving their health and well-being
- 4.3 The services in this report support the council's corporate priorities of:
- Community Leadership and empowerment- developing opportunities for the active participation and engagement of people in the life of the community
 - Caring for adults and older people- working with health services to support older people and adults in need of care
 - Active, healthy citizens- leisure, sporting, learning and creative activities for everyone

- 4.4 The Health and Well Being Strategy 2012/22 has been developed by Lewisham's Health and Wellbeing Board (HWB) and sets out the improvements and changes that the board, in partnership with others, will focus on to achieve the board's vision of achieving a healthier and happier future for all. Sexual health, preventing the uptake of smoking among children and young people and reducing the numbers of people smoking, reducing alcohol harm and promoting healthy weight are all priorities identified in the Health and Well Being Strategy.
- 4.5 Sexual Health is an important public health priority at both a national and local level. Lewisham continues to experience high demand and need for sexual health services reflected as high rates of teenage pregnancy, abortion and sexually transmitted infections.
- 4.6 Although smoking prevalence has reduced there are higher rates of smoking in Lewisham than London and England. More than 1 in 5 of the adult Lewisham population are smokers and 1 in 4 people in routine and manual occupations still smoke. There are currently about 50,000 adult smokers in Lewisham with a high proportion who are heavily dependent, such as pregnant women, people with long term conditions and people with mental health problems. Smoking is a contributory factor to the main causes of death in Lewisham and it is the single largest factor associated with health inequalities. Smoking is responsible for half the difference in life expectancy between Lewisham's richest and poorest residents. Forty eight percent of Lewisham school children said they lived in a household with a smoker¹ and Lewisham's asthma admission rates for children are significantly higher than England.
- 4.7 Lewisham has a higher proportion of smoking related hospital admissions and early deaths due to smoking. Babies and children exposed to a smoky atmosphere are more likely to need hospital care in the first year of life. Passive smoking can put children at an increased risk of sudden infant death syndrome (SIDS), developing asthma or having asthma attacks when the condition is already present, middle ear infection, and coughs and colds. In households where mothers smoke, for example, young children have a 72% increased risk of respiratory illnesses.
- 4.8 The estimated local societal cost of smoking for Lewisham is £73.4m each year, and passive smoking costs a further £1m annually, including £9m on healthcare and £4m on social care directly attributable to smoking.
- 4.9 Lewisham's Children and Young People's Strategic Partnership vision is: "Together with families, we will improve the lives and life chances of the children and young people in Lewisham". This is achieved through a focus

¹ School Health Education Unit survey

upon closing the gaps in outcomes achieved by our children and young people and agreement to ensure that children's and families' needs are prevented from escalating and are instead lowered. The ideal is for all children and young people to require only universal services and where further support is needed this should be identified and provided as early as possible.

4.10 The National Drug Strategy 2010 puts a key focus on recovery. Whilst recognising that recovering from dependent substance misuse is an individual person-centred journey, there are high aspirations for increasing recovery outcomes. Drug and alcohol recovery systems are increasingly being geared towards the achievement of the following outcomes:

- Freedom from dependence on drugs or alcohol
- Prevention of drug related deaths and blood borne viruses
- A reduction in crime and re-offending
- Sustained employment
- The ability to access and sustain suitable accommodation
- Improvement in mental and physical health and wellbeing
- Improved relationships with family members, partners and friends
- The capacity to be an effective and caring parent

4.11 The National Alcohol Strategy sets a range of outcomes intended to:

- Ensure everyone is aware of the risks of excessive alcohol consumption and can make informed choices about responsible drinking; and
- Recognise that some people will need support to change their behaviour and ensuring that this is available, particularly for the most vulnerable in our communities.

4.12 There are an estimated 43,432 high risk & increasing risk drinkers in Lewisham.

The rate of hospital admissions for alcohol related harm is higher in Lewisham than

England and increasing at a faster rate.

4.13 Reported obesity rates among adults in Lewisham show a steady upward trend with 60% of adults with excess weight (obese and overweight) in 2014. This equates to 53,000 people with a BMI above 30 (obese) and 137,500 people with a BMI above 25 (excess weight). Estimated prevalence of morbid obesity (BMI above 40) is 2.5% (5000 people). Nationally obesity is projected to increase from 29% in 2015 to 32% in 2020 and 41% in 2035, with prevalence projected to rise most markedly from the lowest income groups. If current trends continue 72% of the adult population would be predicted to be overweight or obese by 2035.

- 4.14 In Lewisham childhood obesity rates remain significantly higher than the England rate with a quarter of children in Reception (age 4-5) and over a third of children in Year 6 (age 10-11) being overweight or obese. Maternal obesity is a risk factor for childhood obesity and nearly half of women are overweight or obese at their booking appointment. It is estimated that there are over 8,500 children at risk of obesity in Lewisham with over 900 children identified each year through the National Child Measurement programme.
- 4.15 Obesity prevalence is associated with socioeconomic status with a higher level of obesity found among more deprived groups.

5. Background

- 5.1 The Health and Social Care Act (2012) transferred the bulk of public health functions to local authorities. The Council is responsible for delivering public health outcomes through commissioning and building partnerships within the borough, region and city.
- 5.2 In September 2015 Mayor & Cabinet approved £2m of savings by 17/18. In the Spending Review and Autumn Statement 2015 the government announced cuts to public health services. For Lewisham this has resulted in a grant reduction of £2.7m by 2017/18. The Council therefore needs to save £4.7m by 1 April 2017.
- 5.3 At its meeting on 26 November 2014, Council agreed to set up a time limited Public Health Working Group to operate until the end of February 2015 to consider the proposals to change public health services being proposed as part of the Council's budget process for 2015/16. This was intended to make a contribution to the Council's debate about the future of public health services in Lewisham and reported in February 2015
- 5.4 This report describes the consultation activity needed to achieve the necessary level of savings.

6. Consultation areas

6.1 Preventative health services

- 6.1.1 The Council currently commissions a range of preventative health services to support behaviour change in residents at high risk of ill health and reduce health inequalities, including smoking, eating, physical activity and wellbeing. These are delivered in partnership with local healthcare and voluntary sector providers, and have a total value of £2.1m. These services are in addition to broader policies which promote health such as those relating to the environment and the regulation of supply.

- The Lewisham Stop Smoking service is an addiction treatment service, which assists dependent smokers to quit and is delivered by Lewisham and Greenwich Healthcare Trust for £461,000 per annum with a further £240,000 of medication costs. Last year 1297 people quit smoking through a combination of a specialist team and primary care provision through GPs and pharmacies. The primary role of the Stop Smoking Service is to deliver high quality, evidence-based stop smoking interventions to dependent smokers living in Lewisham. This includes a more intensive service for highly dependent smokers provided through group and one to one sessions, and support for moderately dependent smokers through GPs & pharmacies including a hub based model in each neighbourhood. This service is primarily targeted at heavily dependent smokers, including pregnant smokers, smokers with mental health problems and smokers with long term conditions. This service has recently been redesigned due to a 30% reduction in funding from the Council in 2015/16.

- The Community Health Improvement Service is delivered by Lewisham and Greenwich Trust for £571,518 per annum to provide a range of health promotion activities targeted at those with poorer health outcomes. It provides behaviour change and healthy lifestyle support through: a lifestyle hub delivering motivational interventions and referrals to 950 people identified as at risk following an NHS Health check; Health Trainers providing one to one and group motivational interviewing and lifestyle coach support to 300 people (over 80% of those supported by the service sustain behavioural change after 24 weeks) and the Healthy Walks programme, which trains walk leaders, develops, promotes and ensures regular health walks to increase participation and uptake of physical activity (200 new walkers per annum and just under 600 regular walkers). It also engages, develops and empowers communities through community development for health improvement and neighbourhood based activities including outreach, participatory budgeting/small grants, networks, negotiating and developing referral pathways into preventative lifestyle activities and interventions, and linking providers of preventative initiatives with community groups (reaching at least 500 people per year).

- The £400,000 per annum NHS Health Check programme is commissioned to identify 40-74 year olds with a high risk of developing cardiovascular and other conditions. This includes direct commissioning of health checks provided by GPs, pharmacies and To Health (outreach); a call/recall system (every 5 years) and IT. This is a mandatory programme, assessing risk and facilitating early intervention. More than 6,000 Health checks were conducted in Lewisham last year.

- The Breastfeeding Network project manages the community breastfeeding groups and provision of a breastfeeding peer support service for £48,895 per annum. This includes training 24 new breastfeeding peer supporters and

providing on-going supervision to all active volunteer peer supporters (around 30). The peer supporters support mothers attending the community breastfeeding groups and on the postnatal ward (total 1200 hours of volunteer time per annum). The community breastfeeding groups support 900 new women a year.

- MyTime Active deliver a children's weight management programme (MEND) for £230,000 per annum. The service delivers a range of age-specific evidence-based family interventions for 375 overweight and obese children. The service includes specialist support (dietician, psychologist and physical activity specialist) for obese children with co-morbidities or with complex needs (180 children per annum). The service also delivers a range of bespoke workforce training sessions (100 staff per annum). The children's weight management service supports the mandatory National Child Measurement Programme which identifies that Lewisham has consistently high prevalence of childhood obesity.
- Weightwatchers deliver 795 adult weight management interventions at a cost of £42,930 per annum or £54 per person. This entitles individuals that are overweight or obese (BMI of 28 or more) to attend 12 weeks of Weight Watchers meetings and access 16 weeks online support free of charge. The service has shown successful outcomes with 54% of clients completing the programme and 91% successfully losing weight.

6.1.2 **Proposal:** The Council will consult on delivering savings of £800k, which will be achieved through a combination of re-commissioning, redesign and potential termination of some services across the areas outlined below. These proposals have been drawn up with an emphasis on effectiveness in terms of outcome and increased alignment between services and pathways to reduce costs.

1) Savings from the Stop Smoking Service:

The Council will be consulting on re-design and potential re-commissioning incorporating different delivery models including a greater use of digital and telephone support for less heavily dependent smokers; face to face support from specialists for heavily dependent smokers such as pregnant women, smokers with mental health problems and/or long term conditions and more efficient and effective prescribing of stop smoking medication. The number of smokers able to access the service is likely to reduce.

2) Savings from the Community Health Improvement Service (CHIS):

To deliver this saving the Council will be consulting on a significant reduction including potential reconfiguration or removal of the services currently delivered by CHIS:

Removal of the health trainer programme could be mitigated by the new community nutrition and physical activity service delivered by GCDAs and commercial weight management (e.g. weightwatchers vouchers).

Delivering the community development element differently, for example by re-focusing the council and local voluntary sector's community development resource across all four neighbourhoods.

An alternative referral model for NHS Health checks, for example through redesign of the lifestyle hub function or potentially through re-commissioning the NHS Healthchecks programme

Priority will be given to supporting emerging neighbourhood delivery models and alignment with wellbeing community development programmes such as Well London, which is an external funding stream.

3) Savings from the children's weight management service:

The Council will consult on integrating through investment into a new contract for school nursing. This would require serving notice on the existing service.

The Council will also consult on potential removal of the specialist element of the service: in this scenario children with complex needs would be offered the core programme in the same way as other children. The service will provide a limited range of age-specific targeted programmes with focus on children under the age of 12 with a reach reduced to under 200 families.

4) Savings from the breastfeeding support service

To deliver this saving the Council will consult on incorporating this service within a new contract for health visiting. This would require serving notice on the existing service.

5) Savings from the NHS Healthchecks programme

The Council will consult on redesign and potential re-commissioning of the programme, including different delivery models for follow-up for those identified as at risk following an NHS Health check. We are aiming for a better integrated pathway, targeting of at risk populations and more effective follow-up for those identified as at risk.

6.1.3 Consultation Plan: The Council will consult with the public, service users and stakeholders from July to September on the options and priorities outlined above.

The Council will conduct online engagement through Uengage with the public and users of the different services. We propose to outline the financial challenge and need to reconfigure services differently and ask a number of questions in order to:

- a) Identify service areas which are considered priorities
- b) Obtain views on different ways in which services could be accessed with less or no funding for that area
- c) Obtain views on how the council could facilitate this

The Council will consult with fellow health commissioners on each proposal area for savings. We propose to outline the financial challenge and ask:

- 1) What impact the proposals might have on the ability of partners to commission and deliver services
- 2) Are there any commissioning plans, service reconfigurations in partner organisations which may impact on the ability of the council to deliver the savings proposed
- 3) Are there any further mitigating actions which partners could suggest which may support the Council to minimise any adverse impact of the proposals without incurring additional costs.

The Council will consult healthcare partners and expert stakeholders through Uengage and an engagement event to allow them to consider-

- 1) What health impact will proposals have on residents and how might these be mitigated
- 2) What impact proposals will have on partners
- 3) What alternative models or proposals might allow the Council to deliver the required savings with a lesser impact

The Council proposes to work with Healthwatch Lewisham and consult existing neighbourhood health forums and other relevant organisations with a health interest.

6.1.4 Timetable

Preventative health services timetable
Consultation plans to healthier communities select committee 28/6/16
Consultation approval at Mayor & Cabinet 13/7/16
Approved further consultation starts w/b 18/7/16

Consultation outcome to healthier select 13/9/16
Mayor & Cabinet for approval to procure 28/9/16
Issue tender documentation 14/10/16
Tender evaluation w/b 21/11/16
Award Mayor & Cabinet (contracts) 7/12/16
Potential overview and scrutiny 21/12/16
Mobilisation (and any TUPE) for service start 1/4/17

6.2 Health visiting and school nursing

6.2.1 Over the last six months, Lewisham's Children and Young People joint commissioning team, in common with many other local authorities, has begun to review the services and pathways between some of the core universal and targeted services for children and families. In particular, the focus has been on a review of public health nursing functions (health visiting and school nursing) and how these align with children's centres.

6.2.2 Overview of Current Services:

- **Health visiting** - provides public health services for children aged 0 to 5, including a universal health review service in line with the Healthy Child Programme for children aged up to 2 ½ years, alongside targeted work for vulnerable families. The service costs £7.35m per annum and is provided by LGT.
- **School nursing** - provides support to school age children including specific support for children with particular health conditions and 1:1 support including safeguarding and early help. The service is also responsible for the delivery of the National Child Measurement Programme. The total cost of the service is £1.75m per annum and is provided by LGT.
- In addition, our **children's centres** provide universal and targeted services for children and families covering health and general welfare via a range of community and school based buildings. These are delivered across 16 sites in a mixed provider model and contracts cost £1.8m per annum.

6.2.3 There are already some strong links between the three services through informal co- location and, in some areas, joint delivery of children's centre services and health visiting.

6.2.4 The following factors have prompted a review of services:

- The annual spending review announcements on the public health grant mean the council will have a reduction in income of £2.7m by 17/18; Mayor and

Cabinet approved £2m of savings by 17/18. Assuming pro-rating of savings, CYP will need to save £2m from health visiting and school nursing services.

- Levels of need are rising due to a sustained rise in birth rates (now c. 5,000 per year) and an increase in the number of children and families identified as vulnerable. Currently there are 2,000 children on our health visiting targeted caseload and 400 children subject to child protection plans in Lewisham.
- The Council's current contracts for school nursing, health visiting and children's centres are all due for recommissioning in April 2017.

6.2.5 There are also key opportunities for change:

- **Changes to commissioning and statutory arrangements for health visiting** – from 1st October 2015 responsibility for commissioning health visiting services passed from CCGs to local authorities. The transfer was made on a 'lift and shift' basis with local authorities mandated to deliver the five health child programme reviews. From April 2017, this mandate will be lifted (unless new legislation is passed) enabling authorities to review the effectiveness of current pathways and to specify a service which is relevant for their local populations.
- **Redesign of our early help offer** – the local authority is currently reviewing its early help pathway in line with the recommendations made by Ofsted. This includes recommissioning family support services and moving towards a single point of access model for social care referrals to allow better co-ordination of the pathways for parents requiring additional support. There is an opportunity to consider how public health and children's centre services fit within this model.
- **Our Healthier South East London** – Lewisham CCG are currently reviewing the way in which they provide services to identify opportunities to deliver more health services in community settings via neighbourhood care network models. The Council has an opportunity to consider how children's centres might act as a core hub for the neighbourhood care network model.

6.2.6 Between January 2016 and June 2016 an initial review of existing health visiting and school nursing services was carried out by a project team comprising officers from CYP commissioning, Early Intervention and Public Health. The review aims were to get a clear understanding of the current service delivery models and costs including key pressures, impact and effectiveness of interventions. Officers also aimed to engage partners and service users in shaping a new model for more integrated services.

6.2.7 Between February and June 2016 the project team completed the following consultation exercises:-

- Engagement through meetings and two half-day workshops with service managers and staff from across current commissioned services on current models and opportunities for change.
- Activity Based Costing exercises across health visiting, school nursing and Children's Centres' staff
- Engagement with other London local authorities who are redesigning their health visiting and school nursing services, including visits with our existing provider to Hackney, meetings with several other London local authorities, and participation in two workshops on the future of 0 to 5 years' services organised by the London Councils.
- Engagement with key stakeholders (including members, schools, voluntary sector, LGT, and SLAM) through the CYP Strategic Partnership Board and the Joint Commissioning Group.

6.2.8 In addition, officers have undertaken direct service user consultation with parents and young people. This included a six-week online survey for parents and a six-week online survey for young people. Officers also interviewed parents in children's centres over two half days. The surveys and interviews asked questions about current services and expectations, priorities for what services should be delivering in future, and opportunities for change.

6.2.9 The surveys were distributed via health visitors and schools, as well as cascaded through local organisations such as Lewisham Youth Service; HealthWatch Lewisham; Young Mayor's and Advisors; Mummy's Gin Fund; and Voluntary Action Lewisham.

6.2.10 176 responses were received to the survey, 95% of which were from mums and 5% from dads; 13% had a child with special educational needs; 79% were white and 71% had a child aged five or younger. 19 mothers and 1 father took part in semi-structured interviews when officers attended children's centres.

6.2.11 ***Key findings from service mapping work***

All three of these core services form a critical part of our Early Help offer across the borough. Together they provide:

- Early identification of need in a range of settings: home (health visiting), community (children's centres) & school (school nursing)
- Targeted support for both children and parents, preventing poor outcomes in health and preventing the escalation of need to social care.

- The physical infrastructure for parents and children to meet and develop in a safe environment and spaces for professionals to come together to deliver services jointly.
- Universal health services – i.e. immunisations and targeted health interventions (i.e. disability care plans)
- Core safeguarding function for our most vulnerable young people.

The provision of all of these functions will continue to be a critical part of the Council’s early help offer locally in the future. However, there are some opportunities/requirements for change which will influence **HOW** these services are delivered in the future to maximise efficiency, reduce duplication and improve pathways.

6.2.12 Key findings from consultation work

- There was significant overlap between the role that parents felt health visiting and children’s centres should play, with the additional emphasis on the role of children’s centres in providing space for parents to meet.

Health visiting	Children’s centres
<ul style="list-style-type: none"> • Support for mother and baby, and the family • Ensure baby and mother are healthy • Reassurance • Morale and Emotional Support • Make referrals • Health Checks • Breastfeeding support and other evidence based advice 	<ul style="list-style-type: none"> • Pre-school activities • Parenting Advice • Support for breastfeeding and weaning • Place for carers and parents to meet, reduce isolation • Free Support • Warm and welcoming environment • Provide English support

- For school nursing, young people responding said that the key areas they wanted support on from a school nursing service were: sexual health, mental health and drugs and alcohol. For parents responding, there was a greater emphasis on the role of school nurses in supporting physical health and minor illness. Officers asked about the role of online services; whilst young people responding were positive about this, parents said they preferred a face to face service.
- Officers gave respondents an opportunity to tell officers about their priorities and opportunities for change. The majority of responses

focused on health visiting and children's centres which officers expect relates to the profile of respondents. The responses included:

- The important role of children's centres as multifunctional spaces for both the parents and child.
- Opportunities to deliver health visiting and children's centre services together. Examples of good practice like Bellingham Children's Centre were cited.
- Making the children's centre offer clearer to parents
- Improving consistency of messages to parents, particularly for the health visiting service
- Increasing the number of visits for parents who had less family or friend support in the early years.

6.2.13 Proposals

The following are areas identified from the work above as possible areas for redesign when services are recommissioned:

6.2.14 Health visiting

- Accelerating existing integration between health visiting and children's centres so that parents in need have a single integrated core offer.
- Delivering some universal health visiting reviews in groups from children's centres for parents who are able to access services in this way.
- Reducing duplication across services (maternity, health visiting and children's centres) so that families do not receive multiple visits across service pathways.
- Remodelling our health visitor clinics to ensure that supply matches demand and delivering more of these clinics from children's centres.
- By delivering services to the universal caseload in a more streamlined way, create the capacity for a greater role for health visiting in supporting the targeted caseload.

6.2.15 School Nursing

- Continue with a core school nursing service to deliver safeguarding, school entry health checks, screening, and the National Child Measurement Programme. Ensure that this service is integrated with specialist weight management support.

- Consider whether there is scope for commissioning an additional specialist support service for secondary schools to enable young people to have access to areas of unmet need including support and advice on sexual health, mental health, and drug and alcohol misuse.
- Consider the use of online channels for young people to access some support services.

6.2.16 ***Consultation Plan***

The consultation exercise to date has provided valuable insight into current services and opportunities for change and has enabled the project team to develop some high level options for change.

A second phase of consultation is now planned with providers, stakeholders and service users to inform the development of service specifications for the recommissioning of new services from April 2017.

The feedback from consultation so far has highlighted the importance of aligning services with children's centres. We will continue to explore this through further consultation and build this into the children's centre re-commissioning which runs to the same timescale as the health visiting and school nursing services.

6.2.17 **Proposed consultation areas**

The key focus for this phase will be based around the following questions:

- What a more integrated health visiting and children's centre offer might look like in practice
- Which services should be delivered jointly or co-located?
- How can the Council utilise groups effectively to deliver health visiting support?
- How can the Council reduce duplication across services and pathways?
- What is the role for children's centres within the neighbourhood care network model?
- What an effective single pathway for targeted 1:1 support for families should look like across children's centres and health visiting.

- How an integrated 1:1 support offer for children and young people could work in practice, including the role of online channels.

6.2.18 Consultation timetable

The proposed timescale for consultation activities in order to meet our April 2017 implementation date for new contracts is set out below:

<p>Second phase of consultation to inform proposals:</p> <ul style="list-style-type: none"> • CCG governing body, CCG membership forum (August) • GPs – four GP neighbourhood meetings (June and July) and online survey for GPs • Teachers - Primary and Secondary Heads strategic forums (June/July), teachers' working group, and online survey for teachers (July) • Meetings with children's centre providers, maternity service managers, and community children's services (LGT) (July) • Meeting with Healthwatch (July) • Further online surveys for parents, carers and young people (July/August) 	<p>June to August 2016</p>
<p>Development of final proposals and Equalities Analysis Assessment</p>	<p>July & August 2016</p>
<p>Report on consultation to healthier select committee</p>	<p>13th September 2016</p>
<p>Final savings and redesign proposals presented to Mayor and Cabinet</p>	<p>28th September 2016</p>
<p>Development of specifications and tender documentation for new service models:</p> <ul style="list-style-type: none"> • Workshops with key stakeholders and providers • Market testing • Developing tender documentation 	<p>September – October 2016</p>
<p>External tender process</p>	<p>October- December 2016</p>

Tender evaluation and contract award	December- January 2016
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6.3 Sexual Health

6.3.1 Sexual Health commissioning moved to Local Authorities in 2013/14 following the implementation of the Health and Social Care Act. Budgets for sexual health services, were amalgamated into the public health grant and were based on previous expenditure in PCTs.

6.3.2 Genitourinary Medicine Services (GUM) and Contraception and Sexual Health services (CaSH) are statutory services. They are “open access” which means that residents are entitled to use them in any part of the country without the need for a referral from GP or other clinician. This accessibility requirement impacts on the ability of all Councils to predict service demand and manage budgets.

6.3.3 In Lewisham sexual health services are provided through:

- 4 Contraception and Sexual Health (CaSH) clinics which offer a full range of contraception and sexually transmitted infection (STI) services (2 of which are targeted at under 25s) – (46,760 attendances in 2015/16)
- A specialist GUM clinic at the Waldron (5,176 attendances in 2015/16)
- A website www.checkyourself.org.uk offering chlamydia and gonorrhoea screening for 16-24 year olds (886 screens in 2015/16)
- GPs providing contraception, condoms, pregnancy testing, HIV testing and STI testing and treatment
- Pharmacies providing free emergency contraception and chlamydia and gonorrhoea screening.

6.3.4 Lewisham sexual health services are used by residents of neighbouring boroughs (with the exception of GP services which are limited to their registered patients), and Lewisham residents also access services in other boroughs.

6.3.5 Only the GUM elements of cross border flows are currently cross charged (online services are billed to the borough of residence). The CaSH contract is negotiated annually as a fixed contract value between Lewisham and Greenwich NHS Trust and the Council. The value of CaSH element of this

contract in 2016/17 will be £3.2m. The value of GUM across is likely to be £2.5M, but is dependent on activity levels. In 2015/16 The Lewisham and Greenwich NHS Trust GUM element was £0.5M.

6.3.6 Case for Change

6.3.7 In London there has been significant growth in GUM activity over the last 5 years. This has been driven by a young and increasingly diverse London population, with high rates of STIs and increased demand for services. Between 2014/15 and 15/16 Lewisham saw a 22% rise in GUM activity.

6.3.8 Due to the nature of the cross charging arrangements for GUM, individual boroughs are unable to manage demand and therefore costs of sexual health services independently of other London boroughs. Lewisham residents access specialist Sexual Health (GUM) services across London including in central London clinics at Guys and St Thomas's, Kings College Hospital and Chelsea and Westminster NHS FT as well as local provision provided by Lewisham and Greenwich NHS Trust.

6.3.9 The increase in demand for services combined with the reduction in the public health grant has led to collaboration across London on sexual health commissioning and the development of the London Sexual Health Transformation Programme. The programme sets out a case for change and a new model for sexual health services. An overview of these proposals was brought to Mayor and Cabinet (contracts) on 21 October 2015.

6.3.10 Proposals

6.3.11 The key components of the new London service model are:

- Increase existing online STI testing and sexual health information offer
- Increase in primary care pharmacy and GP sexual health service provision
- Reduction in the number of highly specialised services across London achieved through improving access to STI testing for patients without symptoms
- Use of Integrated Sexual Health Tariff to finance for sexual health services.

6.3.12 One of the mechanisms to deliver savings across the sexual health system in London is the introduction of an integrated sexual health tariff (ISHT). This changes the way local authorities pay for sexual health services. It will remove the fixed contract value arrangement for CaSH services and the NHS tariff for GUM, and replace it with a sexual health tariff which can be cross charged between boroughs. The integrated sexual health tariff reflects the actual costs of delivering the patient care rather than an estimated crude average cost. This is a fairer way of paying providers for the services they deliver.

6.3.13 An example of how this might work is as follows:

A 20 year old female would like a chlamydia and gonorrhoea STI screen:
Currently the cost of this would vary depending where she goes to be screened:

- In a Lewisham CaSH service this would cost around £67
- In a specialist GUM service e.g. Dean Street or Burrell Street this would cost £157
- Online through www.checkyourself.org this would cost around £16
- Under ISHT this would cost £48.57

In the first scenario Lewisham would be paying for the cost of the service regardless of whether the service user was a Lewisham resident. Under the ISHT (and the current GUM and online provision) her borough of residence would be charged for this service.

6.3.14 The 2015/16 projected spend for sexual health (GUM and CaSH) elements was £6.35M. The ISHT was modelled and showed an estimated charge for the same activity of £5.69M (10% reduction) in costs. Based on some projections and further refinement to the ISHT it has been estimated that this may save Lewisham Council £0.5M in 2017/18. A considerable amount of due diligence and further audit has been carried out to try and ensure that the financial risk to commissioners is minimal.

6.3.15 As part of the recommissioning of sexual health services across London there is broad agreement that this (IHST) will be the payment mechanism for sexual health services from 1st April 2017. This change should have no impact on service users or service delivery. The new arrangement will be built into contracts from the 1st April 2017. This decision was delegated to officers at 21 October 2015 Mayor and Cabinet (contracts).

6.3.16 Lewisham is part of the SE London Sub region for the London Sexual Health Transformation Programme. The Lambeth Sexual Health Commissioning Team are working with existing NHS providers on the redesign of clinical services. The next step of this process is procurement of sexual health services for the SE London sub region will be undertaken over the next 6 months.

6.3.17 **Consultation to date**

6.3.18 As part of the London Sexual Health Transformation Programme a number of consultation and engagement exercises have been undertaken. These include:

- A clinic user survey across 12 London GUM clinics including the central London clinics most frequently used by Lewisham residents (Feb 2015).

- Sexual Health clinician engagement events to inform the model of service provision
- A Clinical steering group to inform the development of the service specification, which includes expert clinical input from sexual health professional bodies.

6.3.19 There has been some local engagement on likely future service models including:

- Survey of Lewisham sexual health clinic users
- Public Health attending Lewisham and Greenwich NHS Trust Sexual Health Services staff meeting to discuss London Sexual Health Transformation Programme proposals
- Local SE London provider/ commissioner transformation meetings

6.3.20 **Planned Consultation**

6.3.21 The local proposals being consulted on are:

- Increased use of home testing/self-sampling for sexually transmitted infections through an online service
- Increased and more comprehensive offer of contraception and STI testing services offered by community pharmacies and GPs
- Service user and public views on the provision of specific services for young people (under 25).

6.3.22A 6 week public consultation on proposals for sexual health services redesign has recently concluded in Lambeth and one is currently underway in Southwark. A similar exercise is being planned for Lewisham. Activities include:

- online questionnaire
- public meetings
- service users meetings and surveys
- provider and network meetings.

6.3.23 Following this consultation, a report with options and recommendations for commissioning across SE London will be taken through the LSL Sexual Health Commissioning Board. Once the final service model is agreed across SE London, Lewisham will undertake a procurement exercise either in partnership with Lambeth and Southwark, or independently depending on the outcomes and recommendations of the final commissioning report.

6.3.24 The SE London service model will be subject to further consultation and engagement with local partners. This would include as a minimum, service users, providers, GPs and pharmacists and their representative organisations, Lewisham and other SE London CCGs.

6.3.25 The authority to award the contract for new GUM and CaSH services was delegated to the Director for Resources and Regeneration at the Mayor and Cabinet (Contracts) meeting of 21 October 2015.

6.3.26 Timetable

Sexual Health Consultation/Procurement Timetable
Consultation plans to healthier communities select committee 28/6/16
Consultation approval at Mayor & Cabinet 13/7/16
Approved further consultation starts w/b 18/7/16
Consultation outcome to healthier select 13/9/16
Mayor & Cabinet for approval to procure 28/9/16
Develop final specification and service model 14/10/16
Agree final specification and service model 21/11/16
Officer delegated Contract Award 7/12/16
Potential overview and scrutiny 21/12/16
Mobilisation (and any TUPE) for service start 1/4/17

6.4 Substance Misuse

6.4.1 Substance (drug and alcohol) misuse provision differs from other aspects of this paper in that it has been commissioned by the local authority since 2000 and did not form part of the Public Health transfer in 2012

6.4.2 The commissioning and procurement of these services has been undertaken several times during that period with Mayor and Cabinet agreeing the current contracting arrangements in 2009 and 2014

6.4.3 The Public Health grant contributes £4,402,100 to the overall treatment budget of £4,913,100 for 2016/17, with a further £511,000 coming from the Mayor's Office for Policing and Crime (MOPAC) in recognition of the links between substance misuse and crime. At the time of writing it is unclear whether MOPAC funding will be available from 2017/18. This report therefore outlines proposals for a £500,000 saving should MOPAC funding be retained, and a £1,011,000 saving should this cease.

6.4.4 The vast majority of the services are provided by charities who work with the council to align with the ambition of Public Health England (PHE) to reduce health inequalities and the Government's Drug and Alcohol Strategies to increase the number of individuals recovering from addiction. This partnership works to reduce drug and alcohol related offending as it is well demonstrated that cessation of drug use reduces re-offending significantly. This in turn will

have benefits to a range of wider services and will help reduce harm in local communities.

6.4.5 In order to develop savings proposals regarding these services officers have undertaken significant activity to ensure that the remaining resources are correctly targeted and dedicated to meeting agreed priorities.

6.4.6 This has included the development of a detailed Joint Strategic Needs Assessment (JSNA) to establish the overall trends in local and national data, as well as examining performance data which gives an up to date picture of the activity with the local services. The development of the JSNA also included consultation with local stakeholders as well as a range of service user feedback. The full substance misuse JSNA is attached as appendix 5.

6.4.7 The findings of this work formed the basis of further consultation with service users and a range of stakeholders including:

- Public Health England
- Lewisham Clinical Commissioning Group
- Police
- National Probation Service
- Community Rehabilitation Company
- Lewisham Service User Council
- LB Lewisham Departments – Customer Services/Children and Young People

6.4.8 **Proposal:**

In light of findings from the JSNA, current performance data and service user views officers are recommending two scenarios subject to available funding. Overall these scenarios are intended to protect resources within the core and complex treatment service and the primary care service for both drug and alcohol users. These core services form the backbone of treatment services and offer economies of scale as well as significant resource to provide crucial clinical governance infrastructure required for high risk treatment work and links to the broader health service. The broad assumption is that it would be more effective to bolster these services to mitigate for the loss of smaller services rather than apply salami slice reductions across all services. The details of the scenarios are explored below:

Scenario A – MOPAC funding retained:

- Reduced investment in YP services due to poor levels of engagement and value for money.
- Decommissioning the REaL service due to poor levels of engagement and the existence of a significant pattern of mutual aid provision in the borough

- Increase investment in the PCRS service to create a mutual aid coordination role
- Re-procurement of the core contract with increased investment to recognise the increased demands from 18 – 25 year olds and the need for outreach to minority communities. The service would retain an IOM element although this would be remodelled
- A reduction in the commissioning team and general staffing overheads

Scenario B – MOPAC funding withdrawn

- Reduced investment in YP services due to poor levels of engagement and value for money.
- Decommissioning the REaL service due to poor levels of engagement and the existence of a significant pattern of mutual aid provision in the borough
- Increase investment in the PCRS service to create a mutual aid coordination role
- Re-procurement of the core contract with decreased investment. The service would no longer contain an IOM element but retain the capability to support court issued treatment orders
- A reduction in the commissioning team and general staffing overheads
- A reduction in the funding available for residential rehabilitation

6.4.9 *Reduced investment in YP services due to poor levels of engagement and value for money (Scenario A and B)*

- Despite increased investment from April 2015 the Young Persons service has failed to attract significant numbers of YP into treatment with the latest performance figures confirming a long term picture highlighted in the needs assessment. Current data shows that there has been a sharp decline in young people accessing drug services nationally.
- The increase in the upper age limit to 25 has also had little effect with only 37 over 18s and 46 over 21 year olds accessing the service during 2015/16
- The majority of the clients who do access the service do so for cannabis and alcohol use and the issues are often 'broadly social' rather than linked to a physical addiction
- In order to mitigate the impact of this closure officers are recommending that £200,000 be ring-fenced for investment to enhance the specialism in a new specialist 1:1 support service for secondary school age children, to be commissioned jointly with CYP as outlined above. This would allow for greater integration of drug and alcohol treatment with other services such as sexual health in order to focus on a range of risk factors. The service will deliver a range of interventions from training to direct support and would include closer liaison with schools and other educational services.

- Due to changing nature of substance misuse for young people (New Psychoactive Substances, Club Drugs etc.) and the limited uptake of the current offer the new service will need to ensure that it is fully integrated with other service offers and develops modern and responsive engagement techniques e.g. phone apps, Whatsapp groups and video appointments. We must have a flexible community delivery model, able to deliver at a range of venues dependant on the need of the young person. This should include the YOS, schools, home and other community venues.
- A dedicated resource should be made available to particular priority groups such as the Youth Offending Service and Looked after Children with a focus on one to one psychosocial interventions
- Officers are recommending that investment in core contracts is increased to cope with any demand from the 18-25 who would become eligible for the service.

6.4.10 It is important to note that this recommendation is no reflection of the quality of the work of Lifeline, who have delivered excellent interventions since the start of the service, but mirrors national patterns of YP drug use and service engagement.

6.4.11 *Decommissioning the REaL service due to poor levels of engagement and the existence of a significant pattern of mutual aid provision in the borough (Scenario A and B):*

- The needs assessment is relatively silent on the impact of aftercare but the most recent performance data shows that despite increased investment from April 2015, only 156 clients had accessed the service during 2015/16 and at the end of April 2016 there were 54 clients actively engaged within the service, 41 for alcohol recovery and 13 for drug recovery. This is against the 2015/16 Key Performance Indicator of 350 new starts.
- Given the level of saving required the service is not considered to represent sufficient value for money.
- Officers are confident that the needs of those leaving treatment can effectively be met through the comprehensive network of mutual aid groups in the borough – see table below. Mutual aid is typically provided outside formal treatment agencies and is one of the most commonly travelled pathways to recovery. Mutual aid groups come in different types, with the most widely provided being based on 12-Step principles, for example Narcotics Anonymous and Cocaine Anonymous. Other forms include SMART Recovery and locally derived peer support networks.
- Officers are recommending increased resource be made available to the Primary Care Recovery Service (PCRS) in order to build capacity and create an environment where these mutual aid services can

flourish in line with the community development charter and workstreams.

Mutual Aid currently available in Lewisham

Monday:	NA	11am	New Direction 410 Lewisham high street SE13 6LJ
	NA	7pm	Deptford Salvation Army MaryAnn Gardens SE8 3DP
	AA	4.30pm	Goldsmith College Lewisham Way SE14 6NW
	AA	8pm	All Saints Community Centre 105 New Cross Road, SE14 5DJ
Tuesday:	AA	6pm	New Direction 410 Lewisham High St SE13 6LJ
	NA	1pm	PCRS Blenheim CDP 55 Dartmouth Road, SE23 3HN
	NA	6pm	PCRS Blenheim CDP (Women's Meeting) 55 Dartmouth Road, SE23 3HN
	AA	8pm	The Grove Centre 2 Jews Walk, SE26 6JL
	AL-NON	12pm	The Crypt, St Mary the Virgin Church 346 Lewisham High Street, SE13 6LE
Wednesday:	NA	11am	PCRS Blenheim CDP 55 Dartmouth Road, SE23 3HN
	NA	7.30pm	Forest Hill Methodist Church Normanton Street, SE23 2DS
	AA	8.15pm	Telegraph Hill Centre Kitto Rd SE14 5TY
	AA	12pm	The Crypt, St Mary the Virgin Church 346 Lewisham High St, SE13 6LE
Thursday	SMART	7.30 pm	'Friends & Families' New Directions 410 Lewisham High St, SE13 6LJ
	AA	8pm	Trinity United Reformed Church Stanstead Road, SE6 4XE
	AA	1pm	St Andrews United Reformed Church Wickham RD SE4 2SA
	AA	7.15pm	Armada Court Community Hall 21 McMillan St, SE8 3EZ
Friday	NA	6pm	New Direction 410 Lewisham high street SE13 6LJ
	AL-NON	8pm	Friends Meeting House 34 Sunderland Road, SE23 2QA
Saturday:	NA	6pm	New Direction 410 Lewisham High St SE13 6LJ
	AA	9.30pm	New Testament Church of God 141 Newland Park SE26 5PP
	AA	1pm	St Marys Community Centre 69 Brockley Rise SE23 1JN
	AA	7.45pm	St James Hatcham Church St James's, London, SE14 6AD
Sunday	CA	9am	PCRS Blenheim CDP 55 Dartmouth Road, SE23 3HN
	AA	6pm	St Saviours Church 175 Lewisham High St, London SE13 6AA
	AA	7.30pm	Kings Church Catford Hill, London SE6 4PS
	AA	11am	Armada Court Community Hall 21 McMillan St, SE8 3EZ

* This is not an exhaustive list – further work is required to fully understand the existing provision.

6.4.12 As with the YP service this recommendation should not be taken as comment on the quality of the work delivered by REaL but rather a reflection of the budgetary pressures facing the authority and the fact that the borough is fortunately very well serviced by mutual aid groups.

6.4.13 *Increase investment in the PCRS service to create a community development role.* These coordinators would be based within the existing hubs and work across all 4 neighbourhoods. Part of this work would be to coordinate community development across the borough. (*Scenario A and B*):

- NICE clearly recommends that the benefits of these groups can be further enhanced if keyworkers and other staff in services facilitate contact with them, for example by making an initial appointment, arranging transport or possibly accompanying patients to the first meeting and dealing with any subsequent concerns. These interventions can be of benefit to a wide range of people at different levels of the care and treatment system. As such officers are recommending increased investment in the PCRS to deliver this support.
- It is important that this coordination function focuses attention on the south of the borough where provision is currently limited.

6.4.14 *Re-procurement of the core contract with increased investment to recognise the increased demands from 18 – 25 year olds, the need for BME outreach and to increase the offer for women.* The re-tendering of the Core Adult Contract is necessary under procurement rules as it has not been tendered since 2010 and will be subject to a competitive tender during 2016/17 with the new contract in place by 1st April 2017. Given the complexity of the clients seen by the core service no reduction in service provision is recommended with key features such as:

- Hospital Liaison Service - due to increasing numbers of hospital related admissions, particularly due to alcohol misuse
- Outreach Team – increase investment to target hard to reach groups and improve Lewisham’s low penetration rate
- Dual Diagnosis – increase investment due to the increased complexities within this cohort.
- Harm reduction links to be maintained including BBV vaccination and testing, Needle exchange provisions and the continuation with the naloxone programme (Naloxone is a medication called an “opioid antagonist” used to counter the effects of opioid overdose, for example morphine and heroin overdose)
- Increased investment is recommended to deal with the 18-25 cohort currently seen within the YP service who may need to be absorbed into the core contract
- Increased investment would also be targeted at specific outreach projects to increase the number of BME residents accessing the service
- The service would be commissioned to increase the differential in the offer for women in response to service user feedback.

- The Integrated Offender Management (IOM) service would be retained and funded via MOPAC but would be remodelled to increase its effectiveness
- The homeless pathway post retained and links to housing providers prioritised
- The service will work with sexual health service providers to understand the impact legal highs and or club drugs have on sexual health and Men who have Sex with Men (MSM), as they are more likely to use recreation drugs and participate in poly-drug use, and not access mainstream treatment provisions.
- The service will ensure that it is informed on a range of developments including models for violence prevention. Evaluation has shown that using such models enhances the effectiveness of targeted policing and local authority effort.

6.4.15 Re-procurement of the core contract with decreased investment. The service would no longer contain an IOM element but retain the capability to support court issued treatment orders (Scenario B only)

- The service would be re-commissioned as above but with the removal of the majority of the IOM service
- This would mean no presence in police custody suites or prison settings and only a minimal resource available for assessing for/and delivering court treatment requirements.

6.4.16 A reduction in the commissioning team and general staffing overheads (Scenario A and B)

- Given the level of savings required it is important that the local authority commissioning function is considered as part of the savings proposals
- Posts that are currently being held vacant will be deleted and a wider restructure will deliver further efficiencies including greater joint work with other authorities

6.4.17 A reduction in the funding available for residential rehabilitation (Scenario B only)

- Should MOPAC funding be withdrawn it will be necessary to reduce the level of funding available for residential rehabilitation to create the resource required to maintain core services that would otherwise be lost
- It is anticipated that this loss of capacity could be absorbed through more effective use of community detoxification for alcohol clients but this would need to be closely monitored to ensure that those that needed residential treatment were still able to access it.

6.4.18 **Consultation Plan:** given the level of consultation already undertaken regarding these changes it is not proposed that further activity is specifically focused in this area. This is due to the following factors:

- Service users views have been sought using a range of means and proposals have been endorsed by the local Service User organisation
- All relevant stakeholders have been consulted and have endorsed the proposals
- Changes to provision for young people will be covered in the consultation activity regarding the new specialist 1:1 support service for secondary school age children outlined above
- Services delivered by GPs and Pharmacies will be unaffected
- Services delivered in partnership with GPs will be unaffected
- The main health interfaces within the core service will be either unaffected or strengthened
- Overall the changes are not considered to be a substantial variation

6.4.19 Timetable

Substance misuse services timetable	
Consultation plans to healthier communities select committee	28/6/16
Approval to tender at Mayor & Cabinet	13/7/16
Potential overview & scrutiny	26/7/16
Issue tender documentation	1/8/16
Tender evaluation w/b	24/10/16
Evaluation interviews w/b	7/11/16
Award Mayor & Cabinet (contracts)	7/12/16
Potential overview and scrutiny	21/12/16
Mobilisation (and any TUPE) for service start	1/4/17

7 Procurement Arrangements

7.1 The proposed activity on which the Council is consulting would necessitate a range of procurement activity.

7.2 Overall procurement summary timeline

	2015	2016								2017			
	Sept '15 to May '16	June	July	Aug	Sept	Oct	Nov	December	Jan	Feb	March	April 1st	
Substance misuse	Consultation to date	Approval	Further Consultation	Approval	Procurement	Approval	Award	Mobilisation				New services start	
Sexual Health													
health visiting and school nursing													
Preventative health services													

8. Financial Implications

- 8.1 The consultations outlined in this report are on activity to realise the savings agreed by Mayor & Cabinet on September 30th 2015 and to balance the reduction to the Public Health grant announced in the annual spending review. The proposals would achieve a balanced budget in 2017/18 but would leave an estimated overspend of £1.5m on Public Health budgets in 2016/17.

9. Legal Implications

- 9.1 The Health and Social Care Act 2012 (“the Act”) sets out the Council’s statutory responsibilities for public health services. The Act conferred new duties on the Council to improve public health. The Council has a duty to take such steps as it considers appropriate for improving the health of people in its area.
- 9.2 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the Regulations”), where the Council has under consideration any proposal for a substantial development of health services or substantial variation in the provision of such service the Council must undertake a formal consultation process, including, In Lewisham’s case, the Overview and Scrutiny Committee where the statutory scrutiny role for health functions lies. Any consultation carried out by the Council must be carried out at a formative stage, with sufficient reasons to allow intelligent consideration and response, adequate time to consider and respond and responses must be given conscientious consideration when making a decision.
- 9.3 Since the Council has been responsible for the exercise of certain public health duties, by virtue of s242 (1B) of the NHS Act 2006, as amended by the 2007 Local Government and Public Health Act, each relevant English body responsible for Health services must make arrangements with respect for those health services for which it is responsible, to ensure that users of those services, directly or through representatives, and whether by consultation or by being provided with information, or in other ways, are involved in:-
- 1.The planning and provision of those services
 - 2.The development and consideration of proposals for change in the way those services are provided and
 3. Decisions to be made affecting the operation of those services.

1 and 2 must be observed when there are proposals being made which would have an impact on the manner of service delivery to users of the service, or the range of health services available to those users

Guidance on the s242 duty sets out the principles of the involvement. This must be that it is clear, open and transparent, accessible, inclusive, responsive, sustainable, proactive and focussed on improvement

Different methods of involvement are suggested, depending upon the nature of the proposal and the community affected - so this may include focus groups, interviews, questionnaires, leaflets etc and formal consultation.

The Local Authority must correctly identify the people who should be involved as this is crucial to effective engagement.

All of the guidance makes it clear that the information and engagement dialogue is and should be ongoing.

- 9.4 In addition, the duty to consult the community may well arise separately from the " usual conduct " of any particular Local Authority, and its usual approach to service changes. The Health consultation duties do not add any extra issues to those which must already be considered in scoping an effective consultation strategy, which should be adequate in time and content and appropriate to the scale of the issue being considered. In Lewisham we also have a history of proper consultation when considering service changes, Recent caselaw also provides further guidance on the scope of lawful consultation and the requirements upon Local Authorities necessary to meet it.
- 9.5 The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 9.6 In summary, the Council must, in the exercise of its functions, have due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - advance equality of opportunity between people who share a protected characteristic and those who do not.
 - foster good relations between people who share a protected characteristic and those who do not.
 -
- 9.7 The duty continues to be a "have regard duty", and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

- 9.8 The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: <http://www.equalityhumanrights.com/legal-and-policy/equality-act/equality-act-codes-of-practice-and-technical-guidance/>
- 9.9 The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:
1. The essential guide to the public sector equality duty
 2. Meeting the equality duty in policy and decision-making
 3. Engagement and the equality duty
 4. Equality objectives and the equality duty
 5. Equality information and the equality duty
- 9.10 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: <http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/>

10. Crime and Disorder Act Implications

- 10.1 Section 17 of the Act of the Crime and Disorder Act recognises that there are key stakeholder groups who have responsibility for the provision of a wide and varied range of support services to and within the community. In carrying out these functions, section 17 places a duty on partners to do all they can to reasonably prevent crime and disorder in their area.
- 10.2 The purpose of section 17 is simple: the level of crime and its impact is influenced by the decisions and activities taken in the day-to-day of local bodies and organisations. The responsible authorities are required to provide a range of services in their community. Section 17 is aimed at giving the vital work of crime and disorder reduction a focus across the wide range of local services and putting it at the heart of local decision-making.

10.3 The Government's recent Modern Crime Strategy highlighted drugs and alcohol of 2 of the 6 major drivers of crime in Britain with the social and economic cost of drug use and supply to society is estimated to be £10.7billion of which about £6 billion is attributable to drug-related crime. 45% of acquisitive offences (c. 2 million offences) are thought to be committed by heroin and/or crack users. The delivery of efficient substance misuse services is key to fighting crime in the borough as services to treat addictions are widely recognised as the most effective route to tackling associated crime and disorder issues.

11. Equalities Implications and human rights

11.7 The consultations outlined in this report are designed to gather a wide range of views across the borough to inform the development of an Equalities Analysis Assessment of procurement proposals for delivery on April 1st 2017, which will be reported to Mayor & Cabinet on the 24th of September 2016.

12. Environmental Implications

12.1 There are no environmental implications.

13 Conclusion

13.1 This report lays out a range of consultation activity on proposals to realise the savings agreed by Mayor & Cabinet on September 30th 2015, and to balance the reduction to the Public Health grant announced in the 2015 spending review. The report seeks Mayor & Cabinet approval to conduct this consultation activity.

13.2 Consultation will be carried out in the different areas as laid out in section 6, and the outcomes will be reported to the Healthier Communities Select Committee on the 13th of September 2016 before proposals are taken to Mayor & Cabinet 24th September 2016.

Appendix 1: Lewisham's 9 health and wellbeing priorities

1. achieving a healthy weight
2. increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years
3. improving immunisation uptake
4. reducing alcohol harm
5. preventing the uptake of smoking among children and young people and reducing the numbers of people smoking
6. improving mental health and wellbeing
7. improving sexual health
8. delaying and reducing the need for long term care and support.
9. reducing the number of emergency admissions for people with long-term conditions.

Appendix 2: Allocation of the Public Health grant for 2016/17

PH service area	Includes	value	grant %
CHILDREN 5-19 PUBLIC HEALTH PROGRAMMES	mental health promotion, sexual health education	£40,000	0.2%
HEALTH PROTECTION	immunisation, child death review	£85,992	0.3%
SEXUAL HEALTH	local clinics, prescribing , GUM, sexual health promotion	£6,257,270	24.4%
SUBSTANCE MISUSE	core & YP treatment service, rehab, medication, GPs, aftercare	£4,402,000	17.2%
NHS HEALTH CHECK PROGRAMME	Healthchecks, health improvement training	£420,238	1.6%
OBESITY	nutrition, vitamin D, breastfeeding	£463,800	1.8%
PHYSICAL ACTIVITY	Physical activity programmes	£70,800	0.3%
OTHER PUBLIC HEALTH SERVICES	CHIS, Area programmes, administration	£739,408	2.9%
PRESCRIBING	smoking medication, LARC, GP substance use medication	£373,256	1.5%
MEASUREMENT PROGRAMME	health visiting & school nursing	£8,910,238	34.8%
PUBLIC HEALTH ADVICE	support to CCG	£60,000	0.2%
PUBLIC HEALTH STAFFING TEAM	staff	£1,097,740	4.3%
SMOKING AND TOBACCO	smoking service, tobacco control	£473,738	1.9%
total 16/17 allocated services spend		£23,394,480	91%
Corporate Reallocations			
	LEISURE	£400,000	
	CHILDREN'S CENTRE	£550,000	
	HOMELESSNESS	£245,000	
	VAWG	£400,000	
	FOOD & SAFETY	£187,000	
	ENVIRONMENTAL PROTECTION	£77,000	
	CAMHS	£313,000	
	BENEFITS ADVICE	£200,000	
	ADULT CARE: PREVENT ISOLATION	£750,000	
	NEW 16-17 REALLOCATION	£557,000	
Total 16/17 corporate reallocation		£3,679,000	14%
total allocated spend against PH grant		£27,073,480	106%

Appendix 3: Public Health Outcomes Framework 2016-19

VISION
To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest
Outcome measures
Outcome 1) Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life
Outcome 2) Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

Alignment across the Health and Care System

- * Indicator shared with the NHS Outcomes Framework
- ** Complementary to indicators in the NHS Outcomes Framework
- † Indicator shared with the Adult Social Care Outcomes Framework
- †† Complementary to indicators in the Adult Social Care Outcomes Framework

Public Health Outcomes Framework 2016–2019

At a glance

1 Improving the wider determinants of health
Objective
Improvements against wider factors which affect health and wellbeing and health inequalities
Indicators
1.01 Children in low income families
1.02 School readiness
1.03 Pupil absence
1.04 First time entrants to the youth justice system
1.05 16-18 year olds not in education, employment or training
1.06 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation* (ASCOF 1G and 1H) *(NHSOF 2.5i)
1.07 Proportion of people in prison aged 18 or over who have a mental illness
1.08 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services *(i-NHSOF 2.2) ††(ii-ASCOF 1E) *(iii-NHSOF 2.5i) †† (iii-ASCOF 1F)
1.09 Sickness absence rate
1.10 Killed and seriously injured casualties on England's roads
1.11 Domestic abuse
1.12 Violent crime (including sexual violence)
1.13 Levels of offending and re-offending
1.14 The percentage of the population affected by noise
1.15 Statutory homelessness
1.16 Utilisation of outdoor space for exercise / health reasons
1.17 Fuel poverty
1.18 Social isolation † (ASCOF 1f)

2 Health improvement
Objective
People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities
Indicators
2.01 Low birth weight of term babies
2.02 Breastfeeding
2.03 Smoking status at time of delivery
2.04 Under 18 conceptions
2.05 Child development at 2 – 2 ½ years
2.06 Child excess weight in 4-5 and 10-11 year olds
2.07 Hospital admissions caused by unintentional and deliberate injuries for children and young people under 25
2.08 Emotional well-being of looked after children
2.09 Smoking prevalence – 15 year olds
2.10 Self-harm
2.11 Diet
2.12 Excess weight in adults
2.13 Proportion of physically active and inactive adults
2.14 Smoking prevalence – adults (over 18s)
2.15 Drug and alcohol treatment completion and drug misuse deaths
2.16 Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison
2.17 Estimated diagnosis rate for people with diabetes mellitus
2.18 Alcohol-related admissions to hospital
2.19 Cancer diagnosed at stage 1 and 2*(NHSOF 1.4v 1.4vi)
2.20 National Screening Programmes
2.22 Take up of the NHS Health Check programme – by those eligible
2.23 Self-reported well-being
2.24 Injuries due to falls in people aged 65 and over

3 Health protection
Objective
The population's health is protected from major incidents and other threats, whilst reducing health inequalities
Indicators
3.01 Fraction of mortality attributable to particulate air pollution
3.02 Chlamydia diagnoses (15-24 year olds)
3.03 Population vaccination coverage
3.04 People presenting with HIV at a late stage of infection
3.05 Treatment completion for TB
3.06 Public sector organisations with board approved sustainable development management plan
3.08 Antimicrobial Resistance

4 Healthcare public health and preventing premature mortality
Objective
Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities
Indicators
4.01 Infant mortality* (NHSOF 1.6i)
4.02 Proportion of five year old children free from dental decay** (NHSOF 3.7i)
4.03 Mortality rate from causes considered preventable ** (NHSOF 1a)
4.04 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)* (NHSOF 1.1)
4.05 Under 75 mortality rate from cancer* (NHSOF 1.4)
4.06 Under 75 mortality rate from liver disease* (NHSOF 1.3)
4.07 Under 75 mortality rate from respiratory diseases* (NHSOF 1.2)
4.08 Mortality rate from a range of specified communicable diseases, including influenza
4.09 Excess under 75 mortality rate in adults with serious mental illness* (NHSOF 1.5i)
4.10 Suicide rate** (NHSOF 1.5ii)
4.11 Emergency readmissions within 30 days of discharge from hospital* (NHSOF 3b)
4.12 Preventable sight loss
4.13 Health-related quality of life for older people
4.14 Hip fractures in people aged 65 and over
4.15 Excess winter deaths
4.16 Estimated diagnosis rate for people with dementia † (NHSOF 2.6i)