

Items tabled at meeting 14.9.16 CYP Seled



**Lewisham
Clinical Commissioning Group**

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14 September 2016

Dear Danny

Re: Public Health Savings and Consultation for 2017/18

Thank you for seeking our views on the two Public Health consultations:

- Preventative and Sexual Health services
- Children's and Young people's services – including health visiting and school nursing

We do understand the significant financial pressures the Council is facing, including the reductions in the Public Health grant and consequently very difficult decisions have to be made to achieve the necessary level of savings of £4.7million by 1st April 2017. However this does not diminish our disappointment in the range and depth of Public health savings proposed for 2017/18. We would request that the Mayor and Cabinet reflect on their previous decision requiring a £2 million reduction to the public health budget in 2017/18 in the light of the subsequent, and further £2.7 million reduction in the Public Health grant. The combined impact, we suggest, has resulted in a disproportionate reduction for Public Health and, in particular, for Public Health's preventative service (a 40% cut).

As one of your key stakeholders, we would ask also for the CCG to have greater involvement at an earlier stage in determining disinvestment decisions and budget reductions in services across the Council, in order to better understand the level of public health budgets set in future years and the rationale of the Corporate Reallocation against the Public Health grants. We understand that a further saving of about £15m is required across the Council in the next three years 2017/18 to 2019/20, with an indicative reduction of £1.2 million against Public Health. A more inclusive approach would provide us with greater confidence that these budget reduction decisions are not compromising a fundamental aim of both the Council and the CCG to reduce inequalities in Lewisham, as set out in Lewisham's Sustainable Community Strategy 2008-2020.

Chair: Dr Marc Rowland

Chief Officer: Martin Wilkinson

We acknowledge that we have been engaged in these two Public Health consultations, which included the engagement of our Membership and joint work with our primary care commissioners to take this forward. Also we appreciate the additional information we have received summarising the findings from the public engagement exercise and the Equality Analysis Assessments. ~~The opportunity to participate in the stakeholders' event on the on 'Staying Healthy' services on the 1st of September 2016 and the further conversations with the Public Health team and our Governing Body members on September 8th have been most helpful to inform this response.~~

Preventative Health Services

Preventative work is a key aspect of our joint approach to achieving a viable and sustainable 'One Lewisham Health and Social Care System'. In this context we find it difficult to support the disproportionate reduction to Staying Healthy/preventative health services (£800,000 from an expenditure of £2,300,000 – a 40% reduction). Whilst we understand this came about because many of the other services are mandatory, for example sexual health and drugs and alcohol, we believe that many preventative interventions have a very strong evidence basis proving their positive impact on health and wellbeing and reducing inequalities for Lewisham people.

It is for this reason we believe that, in particular, we should be working together to protect and enhance the work to reduce smoking prevalence in Lewisham as a whole health and care system. The information provided within your Public Health Consultation documents is stark in identifying the significant role reducing smoking could have in Lewisham:

"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"

(Para 4.6 Public Health Savings - Mayor and Cabinet paper 28th September 2016)

We believe that the way forward is for a different approach to prevention which is financially sustainable. We would wish to explore with you, the public and other partners how preventative work could be done in more innovative ways in the future, building on some of the suggestions made at the 'Staying Healthy' Stakeholder Event (1st September), including:

- Making prevention 'everyone's business' – prevention and early action should be considered the responsibility of all statutory and non-statutory providers, our community groups and the public. This could require a Lewisham wide campaign, developing the skills of our workforce, securing preventative approaches within our contract and grants;
- Taking a more holistic approach to prevention – commission services to bring together physical and mental health which are person centred – 'every contact counts'
- Investing in small health focused grants for community groups to develop the capacity and

capability to embed preventative work in neighbourhoods - e.g. building on the successes in North Lewisham and in Bellingham - to encourage communities to look after themselves by supporting self-care and connecting people to community assets and resources.

We would hope that by taking a more innovative approach, the potential negative impact on groups of people with protected characteristics in Lewisham could be reduced by increasing the reach of preventative advice and support for early action, as highlighted in the Equality Analysis Assessment summarised below:

Staying Healthy	Equality Analysis Assessment - July 2016	
	Positive Impact	Negative Impact
Stop Smoking	Disability	Ethnicity/Race – Black African
Breastfeeding support service	Age – young mothers Ethnicity/Race – BME Group	NB negative effect on breast feeding education and awareness
NHS Health Check	Ethnicity/Race	None
Community Health Improvement Service	None	Age – those in the range of 40-74 Sex - females Ethnicity/Race – BME particularly Black African and Caribbean groups
Childrens Weight Management	None	Disability Ethnicity/Race – BME Sex – Females Age- young people

Sexual Health Services

In overall terms the CCG supports the proposals of the London's Health Transformation Programme and specifically the Lambeth, Southwark and Lewisham proposed re-design of local sexual health services, which has been informed by the feedback from the public engagement exercises already undertaken.

Although we are aware that discussions are taking place already with our local GP Federations and the LMC about increasing GP sexual health service provision, the CCG continues to have concerns that the implementation of this model of care may result in additional, unfunded workload for general practices and other local providers. The CCG would wish to seek further assurances that NHS providers will continue to be closely involved in the local implementation plan and their views considered.

In 2017/18, proportionately the Sexual Health budget is planned to be reduced less than the Preventative Health service budget. As I have mentioned already, we understand this is due to the statutory elements of Genitourinary Medicine Services (GUM) and Contraception and Sexual Health services. The CCG would wish to see the level of ambition, to undertake more radical transformational change in the way mandatory sexual health functions are provided across London, realised in 2018/19 and 2019/20, to enable a higher proportion of savings to be delivered, whilst still achieving good outcomes for Lewisham people.

Children and Young People's services

We commend the approach undertaken by the Children's and Young People's commissioning team to engage young people, parents and partners in shaping the new care model at an early stage. The general direction of travel to redesign and integrate the advice, support and care provided by Health Visiting, School Nursing and Children's Centres, as part of local Neighbourhood Care Networks, is supported by the CCG.

The CCG has highlighted previously some concerns about the potential negative impact on the rest of the population of the reduction in universal Health Visitors' home visits and the shift of this work to Children's Centres. It is welcomed, therefore, that the Equality Analysis Assessment acknowledges this concern and further work will be undertaken to explore options to mitigate these risks. Also we welcome the opportunity to contribute further to the re-specification of the frameworks for the recommissioning of a more integrated Health Visiting and Children's Centre service and the refocus of core and specialist School Nursing, working with Dr. Angelika Razzaque, the CCG Clinical Director lead in this area.

In conclusion thank you for seeking the CCG's views on the Public Health consultations.

Overall we support the proposals for Sexual Health Services and Children's and Young Peoples services, with a few reservations as highlighted above. We continue, however, to have significant concerns about the disproportionate reduction to the Public Health budget and the potential negative impact on our whole system focus on preventative advice and support and on inequalities and equalities in Lewisham. In particular regarding the Stop Smoking, which has a very strong evidence base, proven popularity with the public (the highest ranking on the online survey) and a demonstrated positive impact on high risk groups (EAA). We would want to continue to work closely with you and the public to develop innovative, whole system approaches to prevention, building on suggestions made at the 'Staying Healthy' Stakeholder Event (1st September 2016).



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Finally the CCG would ask for a more inclusive approach in determining disinvestment and investment decisions across the Council services in the future. The CCG being involved at an earlier stage would give us greater confidence that budget reduction decisions in future years are not compromising a fundamental aim of both the Council and the CCG in addressing equality and inequalities in Lewisham.

Yours sincerely

Martin Wilkinson
Chief Officer, Lewisham CCG

CC: Governing Body Members
Senior Management Team
James Lee
Jane Miller
Ruth Hutt
Warwick Tomsett

1917
1918
1919

The following table shows the results of the survey conducted in 1917, 1918, and 1919. The data is presented in a tabular format, with columns for the year and rows for the different categories of responses.

1917
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