MAYOR AND CABINET		
Report Title	**Public Health savings**	
Key decision	**Yes**	**Item No.**
Ward	**All**	
Contributors	**Executive Director for Community Services**	
Class		**Date: 28/9/16**

1. **Summary and Purpose of the Report**

The purpose of the report is to appraise Mayor & Cabinet of the outcome of the consultation agreed by Mayor & Cabinet on the 13th of July for Staying Healthy, Sexual Health, Health Visiting and School Nursing services.

This report seeks approval for 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.

The activity outlined in this report delivers the required level of savings for Staying Healthy and Sexual Health services. The proposals for Health Visiting and School Nursing, in response to consultation, now deliver a reduced level of savings. This leaves the overall proposals delivering only £4,433,876 of the required £4,701,000 savings. Further proposals will be developed to deliver the remaining £267,124 saving.

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 preventative health (Staying Healthy) services
Section 7 health visiting and school nursing
Section 8 sexual health services
Section 9 sets out procurement arrangements
Section 10 sets out the financial implications
Section 11 sets out the legal implications
Section 12 sets out the crime and disorder implications
Section 13 sets out the equalities implications
Section 14 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 Equalities Analysis for Staying Healthy services
Appendix 6 Equalities Analysis for Health visiting and School Nursing
Appendix 7 Equalities Analysis for Sexual Health
Appendix 8 final stakeholder event summary
Appendix 9 Uengage health visiting and school nursing public responses
Appendix 10 Uengage health visiting and school nursing stakeholder responses
Appendix 11 Health Impact Assessment for Staying Healthy services
Appendix12 Lewisham Clinical Commissioning Group Letter and response from the Director of Public Health

3. Recommendations

3.1 Mayor and Cabinet is recommended to:

1) Review the comments from the Chief Officer of Lewisham Clinical Commissioning Group (Appendix 12), including his request to reflect on the £2m reduction in the Public Health budget agreed at Mayor & Cabinet in September 2015, and confirm that decision.
2) Note the consultation activity described in sections 6 to 8 of this report.
3) Approve the proposals in section 6 to deliver £800,000 savings from 'staying healthy' services for obesity & physical activity, health improvement, smoking and NHS Healthchecks.
4) Delegate authority to the Executive Director for Resources and Regeneration to approve the procurement process from Staying Healthy services.
5) Approve proposals for health visiting and school nursing services outlined in section 7 to deliver savings of £1,714,728.
6) Approve a competitive dialogue procurement process for tenders for Health Visiting and Children's Centres and a competitive tender process for School Nursing. The proposed timeline for this is outlined in 7.11.
7) Note the proposals for sexual health services outlined in section 8. Mayor and Cabinet (contracts) 21st October 2015 delegated authority to the Executive Director for Resources and Regeneration to approve the procurement process to deliver the proposals for savings of £500,000 from Sexual Health services. Sexual health for young people will be included in the specification for the teenage health and well-being service described in 7.5.2.

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 smoker[1] 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 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

[1] School Health Education Unit survey

where further support is needed this should be identified and provided as early as possible.

4.10 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.

4.11 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.

4.12 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 **I**n 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 contributed to the Council's debate about the future of public health services in Lewisham and reported in February 2015.

5.4 In order to deliver the savings as outlined above, officers have conducted extensive consultation on service redesign proposals leading to recommendations for Mayor & Cabinet as outlined in this report.

5.5 The activity outlined in this report delivers the required level of savings for Staying Healthy and Sexual Health services. The proposals for Health Visiting and School Nursing, in response to consultation, now deliver a reduced level of savings. This leaves the overall proposals delivering only £4,433,876 of the required £4,701,000

savings. Further proposals will be developed to deliver the remaining £267,124 saving.

5.6 The outcome of the consultation conducted and detailed service redesign recommendations are laid out below for:

- Staying Healthy services
- Health Visiting and School Nursing services
- Sexual Health services

6 Staying Healthy services

6.1 **Overview of current services:** The Council currently commissions a range of 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 £2.3m. These services are in addition to broader policies which promote health such as those relating to the environment and the regulation of supply.

6.1.1 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 (LGT) 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.

6.1.2 The Community Health Improvement Service is delivered by Lewisham and Greenwich Trust (LGT) for £571,518 per annum to provide a range of health promotion activities targeted at those with poorer health outcomes**.** In 2015/16 CHIS provided 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 250 people 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).

6.1.3 The £450,000 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. About 6,000 Health checks were conducted in Lewisham last year.

6.1.4 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.

6.1.5 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.

6.1.6 Weightwatchers deliver 795 adult weight management interventions at a cost of £42,930 per annum. 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.

6.2 **Consultation process:** The Council consulted the public, service users and stakeholders from July to September as agreed by Mayor & Cabinet on the 13th of July 2016 in the following ways:

- The Council conducted online engagement through Uengage with the public and users of the different services.
- The Council consulted with fellow health commissioners on each proposal area for savings. Officers attended the Clinical Commissioning Group's (CCG) clinical directors, governing body and membership forum. The CCG's feedback along with the subsequent response from Lewisham's Director of Public Health are attached to this report as Appendix 12.
- The Council consulted healthcare partners and expert stakeholders through Uengage, GP neighbourhood forums and an engagement event.
- The Council worked with Healthwatch Lewisham and consulted existing neighbourhood health forums.

6.3 **Consultation outcome and recommendations**: The outcome of the consultation process outlined above informed the health impact assessment (HIA) attached as

Appendix 11, And Equalities Analysis Assessment attached as Appendix 5. These informed the development of the final proposals below. Officers recommend delivery of the required savings of £800k through a combination of re-commissioning, redesign and decommissioning of 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.

6.4 **Savings from the Stop Smoking Service (£120,000)**

6.4.1 To deliver this saving the Council will negotiate with the current provider (LGT) to continue to deliver the service within a reduced cost envelope. This will include a reduction in the value of the block contract with LGT, a reduction in management costs, and in prescribing costs which will form approximately 50% of the saving. Should the Council be unable to deliver the required saving through this negotiation the service will be put out to tender with a reduced value.

6.4.2 The Council's consultation with stakeholders identified the Stop Smoking Service as a priority evidence-based service, with 53% of respondents to the online survey ranking the service as their highest priority. This is reflected in the relatively small disinvestment in the service.

6.4.3 The Council's public consultation showed the highest support for a mixed model of delivery incorporating face-to face and digital support (on-line and phone or text messaging (30%). There was also significant support for face-to-face (27%) and group (25%) support.

6.4.4 Consequently the council will focus the redesign on:

- a greater use of digital support for less heavily dependent smokers
- face to face support, including groups, from specialists for heavily dependent smokers such as pregnant women, smokers with mental health problems and/or long term medical conditions
- more efficient and effective prescribing of stop smoking medication

6.4.5 The Council's EAA (Appendix 5) shows that a reduction in service capacity could impact adversely on high-risk groups such as pregnant women, smokers with mental health problems and those with long-term medical conditions. This impact will be mitigated by the redesign's focus on ensuring face to face support for these groups is retained.

6.4.6 The greater quit-rate the specialist team achieve amongst men and black African communities through face-to-face support may mean a reduction in this element of the service adversely impacts on these groups. This will be mitigated by all patients entering the service having an initial face-to-face assessment to determine the appropriate channel for support. Male and black African smokers who fall under the heavily dependent category will be supported through face to face interventions rather than digital support.

6.5 Savings from the Community Health Improvement Service (CHIS): (£451,448)

6.5.1 To deliver this saving the Council will cease commissioning CHIS. The decision to decommission CHIS was taken following examination of impacts and mitigation, and given the level of savings required officers decided that reinvesting £120,000 meant that impacts could be mitigated more effectively than from savings elsewhere.

6.5.2 CHIS currently provides:

- the Lewisham Lifestyle Hub (LLH) which manages all referrals to lifestyle services and delivers motivational interventions to those identified as at risk following an NHS Health check. LLH had 957 referrals last year.
- Health Trainers providing one to one and group motivational interviewing and lifestyle coach support to 250 people
- 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
- 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)

6.5.3 **Lewisham Lifestyle Hub**

The HIA states that there is 'no peer-reviewed evidence identified in this HIA that examined the effectiveness of a hub model like LLH improving health outcomes. An external evaluation of the LLH noted that the motivational interviewing for those having an NHS Health Check was extremely valuable'. This element will form part of any future NHS Healthchecks delivery.

The EAA identifies that the LLH element of CHIS achieves good reach to BME groups, particularly Black African and Caribbean groups. As such the removal of the LLH has the potential to impact negatively on these groups. However the only referral pathway to LLH is the NHS Health check programme, and the reach of this programme will be retained. The overall impact of the change will be mitigated by proposed changes to NHS Health Checks delivery to include motivational interviewing and general advice about lifestyle behaviour change and onward referrals.

6.5.4 **Health trainers**

The HIA (Appendix 11) states that 'an evidence review for this component of CHIS was performed in November 2015. The review found that for health trainers, high grade evidence on their impact is in short supply, but available studies indicate that they may lead to short-term improvements in some health related behaviours. However, there is no evidence that they bring about sustained behaviour change, and wider community impacts remain unclear'.

The EAA (Appendix 5) states that 45% of the users of health trainers were Black African or black Caribbean and 75% of users were women, so these populations could potentially be disproportionately affected by the removal of the health trainer

programme as. Overall respondents to both the public and stakeholders' consultations felt the changes were likely to have a negative impact.

Removal of the health trainer programme will be mitigated by the community nutrition and physical activity service delivered by Greenwich Community Development Agency (GCDA), an additional investment of £15,000 to expand the existing weight management offer, and the new (National Diabetes Prevention Programme) service commissioned by NHS England for people identified with a high risk of developing diabetes. Black Caribbean and black African populations are at increased risk of diabetes and therefore are likely to be well represented in the new national diabetes prevention programme. The community development approach of the community nutrition and physical activity service will target black African and black Caribbean communities.

Consultation with professional stakeholders identified the importance of retaining a choice of provider; consequently the mitigating expansion of the existing weight management offer will include a choice of provider.

The demographic uptake of these services will be monitored to ensure proportionate representation of black African, black Caribbean communities and women.

6.5.5 **Community Development (CD)**

With reference to the latest CHIS Annual report and monitoring data the EAA was unable to readily assess the potential equalities impact of the CD work of CHIS, although historical and verbal reports confirm that the CD work of CHIS was very effective at reaching BME and more deprived communities. These groups could potentially be disproportionately affected by any reduction Overall respondents to both the public and stakeholders' consultations felt the changes were likely to have a negative impact.

The EAA states that the CD work of CHIS does not supply sufficient demographic data to assess the potential equalities impact, although overall respondents to both the public and stakeholders' consultations felt the changes were likely to have a negative impact.

The removal of the CD element of CHIS will be mitigated by the Council investing £70,000 to £100,000 to support grants in all 4 neighbourhoods for activities that promote healthy eating, increase physical activity, mental wellbeing, sexual health, and raise awareness of the risks of smoking and alcohol consumption. Community groups will be supported by GCDA in delivery of projects supported through the grants. The Council will address the lack of data on equalities impacts through ensuring its mitigating investment in grants requires sufficient data to assess these impacts in the future.

The Council's mitigating investment in grants will retain the Participatory Budgeting model that has also worked in the successful Well Bellingham initiative and will continue to target those groups with poorer health outcomes such as BME and people with disabilities. This will be linked with Community Connections and emerging neighbourhood care networks, and aligned with the community nutrition and physical activity pathways delivered by GCDA. This is also match funding for the

'Well Communities' Big Lottery bid, which could potentially bring in an additional £180k investment per year for 3 years to support community development and wellbeing.

6.5.6 **Healthy Walks**

The Healthy Walks programme was the 2nd most popular Staying Healthy service from the Uengage public survey. A number of passionate responses to the consultation emphasised the reach and value of the programme. The EAA states that the programme in Lewisham has been able to engage with a significantly higher percentage of participants with long term health conditions or disabilities, as well as with BME groups compared to other Walking for Health schemes nationally and those based in London. The programme will continue to be commissioned, and will continue to train walk leaders and develop, promote and ensure regular healthy walks in each of the four Neighbourhoods in order to help increase the participation and uptake of physical activity levels. It will be re-procured and aligned with other physical activity community development initiatives in the borough.

6.6 Savings from the children's weight management service (£100,00)

6.6.1 The Council will cease commissioning the provider of the existing service. This will be mitigated by investing £130,000 in the new contract for school nursing, to ensure weight management is a core function of the service.

6.6.2 The EAA identified potential negative equalities impacts of children with complex needs receiving the same offer as other children in the new service, which the Council will seek to mitigate through specifying strong pathways to other areas of the redesigned health visiting and school nursing services. The incorporation of the service into school nursing may help to mitigate this negative health impact by maintaining close links with children with complex needs to provide some additional support where required.

6.6.3 The EAA identified potential positive impact for age, the integration the service into school nursing may mean better follow up of those in overweight/obese groups requiring MEND since the National Child Measurement Programme (NCMP) takes place in schools. However, since there will be reduced capacity of the service to provide additional support to children, this may offset any new benefit for young people overall.

6.6.4 The professionals consultation of Staying Healthy services expressed concern of a potential equalities impact of any reduction in overall service capacity as a result of changes most notably that childhood obesity affects those of lower socio-economic status the most, and that any reduction in capacity of the service would increase health inequalities.

6.6.5 Close monitoring of service use and health outcome data following the introduction of the proposed changes, particularly to capture demographic data for service users will be vital to identify if any negative impacts are realised and to work to mitigate them when/if they arise.

6.6.7 Detailed plans and consultation for the redesign of school nursing services are contained in Section 7 of this report.

6.7 Savings from the breastfeeding support service (£49,000)

6.7.1 The Council will cease commissioning the provider of the existing service. This will be mitigated by ensuring breastfeeding peer support and support to existing groups is a specified function of the new health visiting service

6.7.2 The EAA identified that the existing service is under-utilised by younger mothers, so these changes present an opportunity for a positive equalities impact in that regard.

6.7.3 Detailed plans and consultation for the redesigned health visiting service are contained in Section 8 of this report.

6.8 Savings from the NHS Health Checks programme (£70,000)

6.8.1 The Council will recommission this mandatory programme as an integrated pathway, delivering savings through reducing interface costs as well as focusing on better targeting of high risk groups and follow-up referrals for those identified as at risk.

6.8.2 The new service will specify delivery across primary care to ensure coverage on a neighbourhood and population level and will seek to target those most at risk of developing cardiovascular disease (CVD)It will include specific interventions for those identified at greatest CVD risk.

6.8.3 Respondents to the public consultation identified NHS Health checks as their most preferred Staying Healthy service, with respondents to the professional consultation ranking it as their 2nd most preferred service.. Professionals did emphasise the potential benefits of early identification, and emphasised the importance of the usage of point of care blood testing to identify high risk individuals. Effective communication with GP practices was highlighted as a way to ensure best practice pathways are followed including clinical follow-up and referrals to lifestyle services for all individuals identified at high CVD risk

6.8.4 In line with the recent reconfiguration of GP practices into a federated organisation, the Council will seek to negotiate a single contract for delivering the whole NHS Health Check service pathway as an initial 18-21 month pilot. This will include provision of the service in community pharmacies as well as GP practices. Following feedback from professionals this will include point of care blood testing.

6.8.5 Following an evaluation of the pilot, the Council will reprocure using the learning from the pilot. The service will include a call and recall system. Using GP patient registers as a basis for the call and recall will enable better targeting of at-risk groups, as well as better alignment with GP clinical follow up. The pathway will also offer follow up brief advice and onward referrals.

6.8.6 If the Council is unable to agree a satisfactory price and model for the pilot, the Council will undertake a procurement exercise.

6.9 Savings Table

The table below outlines the Staying Healthy areas where savings are planned, and where the council continues to invest. Although savings have been delivered in all areas, the council retains significant investment in the mandatory NHS Healthchecks programme and in smoking cessation, as well as retaining investment in health improvement, obesity and physical activity:

STAYING HEALTHY SAVINGS AREAS	16-17 Budget	savings identified	17-18 budget or reinvestment
Obesity & Physical activity			
UNICEF BABY FRIENDLY	£1,000	£0	£1,000
IMPLEMENTATION OF UNIVERSAL VITAMIN D SCHEME	£20,300	£0	£20,300
BREASTFEEDING SUPPORT	£49,000	£49,000	£0
WEIGHT MANAGEMENT: ADULTS	£99,000	£0	£99,000
HEALTHIER CATERING COMMITMENTS	£12,000	£0	£12,000
HEALTH IMPROVEMENT TRAINING	£5,000	£5,000	£0
WEIGHT MANAGEMENT: CHILDREN	£235,100	£100,000	£135,100
SUBTOTAL	**£421,400**	**£154,000**	**£267,400**
Smoking			
STOP SMOKING SERVICE & PRESCRIBING	£698,494	£120,000	£578,494
TOBACCO CONTROL AND ILLEGAL SALES	£10,000	£5,000	£5,000
SUBTOTAL	**£708,494**	**£125,000**	**£583,494**
Health improvement			
WELL LONDON	£30,000	£0	£30,000
COMMUNITY PA & NUTRITION	£120,000	£0	£120,000
CHIS	£571,518	£451,448	£120,070
SUBTOTAL	**£721,518**	**£451,448**	**£270,070**
NHS Health Checks			
CALL/RECALL NHS HEALTH CHECKS	£34,000	£0	£34,000
NHS HEALTH CHECK PROVIDERS	£270,728	£50,000	£220,728
IT PROVIDERS	£63,000	£0	£63,000
NHS HEALTH CHECK CLINICAL RESOURCES	£82,000	£20,000	£62,000
SUBTOTALS	**£449,728**	**£70,000**	**£379,728**
TOTAL	**£2,301,140**	**£800,448**	**£1,500,692**

7 Health visiting and school nursing

7.1 Savings identified

The Council will deliver savings of £1.7m through a combination of re-commissioning and redesign of the health visiting service and the school aged nursing service. These proposals have been drawn up with an emphasis on effectiveness of outcomes, increased integration of services for children and young people, and a reduction in management and administration costs.

(i) **Savings from the school aged nursing service**
The proposed redesign will deliver savings of £510,915 (2017-18) and an additional £15,057 (2018-19 onwards).
(ii) **Savings from health visiting**
The proposed redesign will deliver savings of £1,203,813 (2017-18 onwards).

CHILDREN AND YOUNG PEOPLE'S SAVINGS	16-17 LA budget	Savings identified	17-18 LA budget
HEALTH VISITING SERVICE	£7,350,000	£1,203,813	£6,146,187
SCHOOL AGED NURSING SERVICE	£1,750,000	£510,915	£890,827*
TEENAGE HEALTH AND WELLBEING SERVICE	N/A	N/A	£348,258**
TOTAL	**£9,100,000**	**£1,714,728**	**£7,385,272**

* An additional £130,000 will be added to this budget to pay for the new integrated weight management service.
** There will be additional funding for this new service to finance substance misuse, sexual health and mental health support.

7.2 Overview of current services

7.2.1 Lewisham's Children and Young People joint commissioning team has undertaken a review of universal and targeted services and pathways for children, young people and their families. The focus of this review has been on public health nursing services (health visiting and school nursing) and how these services work with children's centres:

7.2.2 **Health visiting** - provides help and support for families with children aged 0 to 5 years on parenting, health and development issues. Health visitors offer five health and development reviews to every child aged up to 2½ years in line with the Healthy Child Programme. Additional targeted support is provided for vulnerable families.

The current service costs £7.35m per annum and is provided by LGT. The service is funded by the central government public health grant which has been cut. For this reason, the budget for this service will need to be reduced from 2017-18.

7.2.3 **School nursing -** provides advice and support for school aged children including specific support for children with chronic conditions and complex needs, safeguarding and immunisation. The service is also responsible for the delivery of a health screening service for primary school children which consists of a school entry health check, vision and hearing screening, and height and weight checks through the National Child Measurement Programme in Reception and Year 6.

The current service costs £1.75m per annum and is provided by LGT. The service is funded by the central government public health grant which has been cut. For this reason, the budget for this service will need to be reduced from 2017-18. An additional £229,000 is provided by NHS England for school-age immunisations and this funding will continue in 2017-18.

7.2.4 In addition, Lewisham's **children's centres** provide a wide range of activities and services for children and families to support the health and welfare of children, and to reduce inequalities in child development and school readiness. Services are for children and young people aged 0 to 19 years, with most services aimed at the early years (0 to 5 years). Children's centres are provided in 16 sites in Lewisham.

The current service costs £1.8m per annum and is commissioned from two area-based providers and five schools. Children's centres are funded by the local authority. The budget for children's centres was cut in 2011 and 2014, and further financial reductions to this service are not proposed.

7.3 **Background**

The following factors have prompted a review of services:

7.3.1 **Reductions in central government funding** of local authorities which mean the council needs to find £4.7m of savings from public health funded services by 2017-18.

7.3.2 **Changing demand for children's services in Lewisham** - there will be a slight decrease in the population of children aged 0-4 years in 2015 and 2016. Slight declines are also projected for 2017 and 2018.[2] However, there has been an increase in the number of children and families identified as vulnerable. Currently there are 2,000 children on the health visiting targeted caseload and 400 children subject to child protection plans in Lewisham.

7.3.3 **The Council's current contracts** - for school nursing, health visiting and children's centres end in March 2017, and therefore the procurement process needs to start in the autumn 2016 to ensure new contracts are in place for April 2017.

There are also key opportunities for change:

7.3.4 **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 reviews. From April 2017, this mandation 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.

[2] Lewisham Council Childcare Sufficiency Assessment. August 2016.

7.3.5 **Early help offer** - the Council has reviewed its early help pathway in response to recent recommendations made by Ofsted. A new Early Help strategy is being developed which will promote a single point of access for referrals for children and families, a new targeted family support service, and more joined up pathways for parents requiring additional support.

7.3.6 **Neighbourhood network model** – Lewisham CCG, with the local authority, is 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. This model brings together work already underway through the Sustainable Transformation Plan, One Public Estate, and the integration of adult social care and health. The Children and Young People's Strategic Partnership has been considering how this model would work for children, building on the children's centre model. This would ensure that where possible, services are co-located together and that access to other local services is clear to families, young people and professionals.

7.4 Phase 1 initial review and consultation: January to June 2016

7.4.1 To inform the recommissioning process, officers from CYP commissioning, Early Intervention and Public Health undertook an initial review of current services between January 2016 and June 2016. The aim of this review was to clarify 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 for children and young people.

Phase 1 methods

The following consultation activities were carried out in phase 1:

7.4.2 *Staff and stakeholder involvement*

- Engagement through meetings and three half-day workshops with service managers and staff from current services on models and opportunities for change.
- Engagement with key stakeholders (including Councillors, schools, voluntary sector, LGT, and SLAM) through the CYP Strategic Partnership Board and the Joint Commissioning Group.
- Activity Based Costing exercises for health visiting, school nursing and children's centres services.
- A public health led review of national evidence on the effectiveness of public health interventions.

7.4.3 *Service user involvement*

Direct service user consultation with parents and young people. This consisted of a six-week online survey for parents and a six-week online survey for young people and interviews with parents in children's centres. The surveys and interviews asked questions about current services and expectations for future services. The surveys were cascaded to service users via health visitors and schools, Lewisham Youth Service, HealthWatch Lewisham, Young Mayor's and Advisors, Mummy's Gin Fund, and Voluntary Action Lewisham.

7.4.4 *Learning from other local authorities*

Information exchange with neighbouring local authorities who are also redesigning their health visiting and school nursing services, including visits with our existing provider to Hackney, and participation in two workshops on the future of 0 to 5 years' services organised by the London Councils.

7.4.5 **Phase 1 key findings**

Service mapping - all three services provide valuable support and advice to parents and carers during the critical period of early child development. In addition, all three services provide families in need of extra support through targeted Early Help services. Together these services provide:

- A universal service – including screening, immunisations, expert advice on child health and development and parenting
- Early identification of need in a range of settings: home (health visiting), community (children's centres) & school (school nursing)
- Targeted support for families, preventing escalation of need to social care.
- Spaces for parents and children to meet and develop in a safe environment and spaces for professionals to come together to deliver services jointly.
- Support for children with chronic conditions and complex need and parenting interventions (i.e. disability care plans)
- A core safeguarding function for our most vulnerable young people.

7.4.6 *Activity based costing exercise* - we conducted an activity based costing exercise for each service to identify the proportion of time spent on different activities, and the cost of these activities. Key findings were:

- The health visiting service caseload is split roughly 82% on the universal caseload, and 18% on the targeted (vulnerable) caseload. 20% of service time is spent on the five health reviews.
- A very high proportion of the health visiting budget is spent on management and administrative functions (approximately 58% excluding safeguarding related activities and follow ups on assessment results).
- There are various levels of integration between health visiting and children's centres. Partnership working tends to be based on individual relationships rather than organisational relationships and defined shared pathways.
- Some baby clinics are not well attended, others are very full – remodelling of provision would be sensible.
- There are areas of duplication between services – health visiting, maternity and children's centres.
- A high proportion of school nursing time (43%) is spent on safeguarding, particularly attendance at case conferences. School nurses have become the default health professional involved in all case conferences, even when they do not know the child previously. Immunisations also consumes a large amount of school nursing time.
- Health promotion – including one to one support for young people accounts for just 5% of school nursing time. The availability of this service for young people varies from school to school.

7.4.7 *Feedback from service users, stakeholders and other local authorities* – the main areas of comment were as follows:

- Parents value the help they receive from all three services. 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.
- Parents felt there could be better use of children's centre buildings, to ensure that children's centres are in places where families want and need access to services.

- There is the potential for increased and more effective use of technology to support more efficient ways of working, and to increase access to services, particularly for young people.
- Young people report a wide range of needs for health and wellbeing support – primarily mental health, sexual health, and drugs and alcohol. There is a mismatch between demand for services and the ability of services to meet these needs. For example, there are long waiting times and high referral thresholds for CAMHS. There is lower than expected use of our young people's substance misuse service.
- New models are being developed in other local authority areas. All LAs are exploring ways of integrating services to make a more efficient use of funding, and a more joined up pathway for children and young people. Some LAs are decommissioning their children's centres and school nursing service.

7.5 New models

The consultation exercise in phase 1 provided valuable insight into current services and opportunities for change and enabled officers to design new models for school nursing and health visiting options for change. The focus of these models is on maximising outcomes, reducing efficiency and duplication of services, improving access to services, and creating more joined up support for children, young people and their families. This will enable the Council to generate cost savings from these services.

7.5.1 Health visiting – proposed model

	Current provision	Proposed changes
1.	Health visitors currently provide five mandatory health checks (reviews) for infants and toddlers. In Lewisham they provide two additional checks for some families at 3-4 months and 3.5 years. The government is consulting on changes to these mandatory health checks, which is likely to give Lewisham and other local authorities more flexibility to target additional checks at the most vulnerable families.	In future health visitors will provide checks during pregnancy only for women identified as vulnerable by maternity services. All other women will continue to have regular checks with GPs and midwives during their pregnancy. Health visitors will only offer additional checks at 3-4 months and 3½ years to families that are identified as vulnerable. *Rationale: eliminates duplication of services, while maintaining extra checks for vulnerable women, and is consistent with national guidance for a shared pathway with midwives and health visitors working together to deliver universal services and 'early intervention' for women and families. Few antenatal checks by health visitors are currently undertaken in Lewisham (only 13% of women).*[3]
2.	Health visitors carry out the five health checks (in pregnancy, new birth, 6-8 weeks, 7-11 months and 2-2½ years) in the family home, as well as in health	In future, vulnerable children will continue to have all their health checks in the home. For other children not assessed as vulnerable, two of these checks – the 7-11 month review and

[3] Health visiting and midwifery partnership – pregnancy and early weeks. Public Health England and the Department of Health.

	centres and children's centres.	the 2-2½ years review – will be delivered in children's centres and in groups. All other checks will continue to be done in the home. *Rationale: more efficient use of health visitor time, promotes social interaction between parents and children, maintains home checks for vulnerable children and families.*
3.	Health visitors currently run baby clinics in children's centres, GP practices and health centres. Parents can take their babies to these clinics for weighing and advice from a health visitor.	In future, we will reduce the overall number of clinics delivered with the aim of them all being done in children's centres if buildings are accessible and acceptable to parents. We will also consider a new model for baby clinics which integrates group based breast feeding support, health education and parental weighing while continuing to ensure one to one access to a Health Visitor for advice. *Rationale: clinics are popular with parents, but some are not well attended. Parents spend a lot of time in these clinics, and there is the scope to use them better for breastfeeding support, health promotion, and networking.*
4.	Health visitors currently support 3 out of the 6 'breast feeding groups' in Lewisham, by giving advice on feeding, weaning, as well as mother and baby's health. These groups, and the provision of the volunteer breastfeeding peer supporters, are coordinated by the Breast Feeding Network.	In future, health visitor support for these groups will continue. We will transfer management of these groups to the health visiting service, supported by maternity services. Funding of this service will come from the health visiting budget. *Rationale: creates a more integrated service, and protects this service from future cuts.*
5.	A significant amount of the health visiting budget is spent on management and administrative functions (approximately 58% excluding safeguarding related activities and follow ups on assessment results).	In future, we will support our provider to deliver administrative activities more efficiently (such as through better use of technology) which would mean we could reduce the budget for administration. *Rationale: the proportion of budget spent on admin is high and higher than many other health visiting services. Other services have reduced their admin spend by smarter use of systems.*

6.	The health visiting service currently provides community clinics to deliver vaccinations to high risk babies that have not received the vaccination immediately after birth.	In future, this service might be delivered by a different team. However, clinics will still be community based. *Rationale: community clinics have in the past not had clear lines of funding. Funds have now been identified to pay for this service, by aligning the clinics with other child immunisation services.*

7.5.2 **School nursing – proposed model**

	Current provision	**Proposed changes**
1.	School nurses currently offer a health assessment to all children when they enter primary school with separate checks for vision, hearing. Nurses also do height and weight checks (National Child Measurement Programme) for reception and year 6 children.	In future, school nurses will provide a combined assessment for reception children consisting of a: • school entry health assessment. • National Child Measurement Programme (height and weight checks for reception and year 6 children). • hearing and vision screening. *Rationale: creates a more efficient service, and is easier for schools to organise clinics.*
2.	The school nursing service currently plays an important role in safeguarding and child protection.	Protecting vulnerable children will continue to be a priority and school nurses will still attend statutory meetings to support children and families when this is needed. In future school nurses will: • attend all initial case conferences but will only attend follow up reviews if the child has a health issue; • request that more case conferences and reviews take place in schools and at more suitable times of day; • continue to undertake health assessments for all children and young people aged 5-19 years when they become looked after or under the protection of the local authority. *Rationale: in Lewisham school nurses are required to attend all case conferences, reviews and core group meetings. This is a burden on the service, reduces school nurse time for other important health activities, and is not consistent with national guidance*.
3.	An organisation called MyTime Active currently deliver a weight management programme for children in Lewisham. This is separate to the school nursing service.	In future, our school nursing service will deliver an integrated weight management programme so that children who are overweight have access to better support. *Rationale: creates a more seamless service for*

		children who are identified as overweight or obese.
4.	The school nursing service currently supports the health and emotional wellbeing of children and young people through school drop-ins, appointments and health promotion work. However, school nurses have limited capacity to do this work.	In future, we will redesign this element of the service to create a new 'teenage health service'. This will be a targeted service for young people who are particularly vulnerable, but all young people will be able to use it: • be accessible from a number of venues in the borough as well as from schools. • offer online advice and face to face support for emotional wellbeing, alcohol and drugs misuse, and sexual health. • signpost and refer young people to more specialist services when required. *Rationale: teenagers will have access to a holistic health and wellbeing service which addresses the key risk factors for ill health. The current school nursing service does not have the capacity to provide this support and only has reach into schools. Many vulnerable young people are not in school.*
5.	School nurses provide support to children with long term conditions and disabilities.	In future, school nurses will continue to provide some of this support. A dedicated nursing team, supported by the community paediatric team, will provide support for these children, for example by providing health assessments, helping develop individual care plans, and training school staff on how to look after children with long term conditions and disabilities in schools. *Rationale: we are redesigning our community nursing service and schools will in future have access to more expert help to support children with chronic conditions.*
6.	The school nursing service currently delivers immunisations to school age children.	Together with NHS England, we will continue to co-commission a school-based immunisation programme. However, we may deliver this through a different immunisation team not our school nursing service. *Rationale: new vaccines are added to the school-based immunisation programme each year and this places a burden on the school nursing service. Immunisation rates in Lewisham are not as high as they could be. We need to consider whether school nursing is best placed to provide this service.*

7.6 **Creating stronger links with children's centres – proposals**

7.6.1 Children's centres need to be recommissioned at the same time as health visiting and school nursing. This means there is an opportunity to ensure that proposals for new specifications for children's centres are aligned with proposals for health visiting and school nursing, and focus on increased integration of services for the benefit of families and children. The following initial proposals are being discussed with the current children's centre providers as well as the stakeholders engaged with through the health visitor and school aged nursing re-design:

7.6.2 Children's centres will have a clearer borough wide identity as "Children and Family Centres" which will provide a one stop shop for advice and support for families with young children.

7.6.3 All children's centres will have a consistent core menu of services and activities for families. There will be flexibility to add to this to meet local need.

7.6.4 Children's centres will be expected to provide increased support for families around employment, debt and employability skills.

7.6.5 Parenting skills programmes delivered by centres will need to be evidence-based, and better co-ordinated across the borough. These may be commissioned separately.

7.6.6 Better integration between the one to one family support work of children's centres, and the health visitor work with vulnerable families. This work may also be commissioned separately.

7.6.7 A hub and spoke model for children's centres will be retained and developed, with four area based hubs and outreach ('spoke') activities provided in schools, GP practices, community centres and libraries, building on some of the good examples that already exist, using locations that parents and families will use. This could mean not using some existing 'spokes', but developing new venues instead. Health visiting teams will be co-located with children's centres in area hubs as far as this is possible.

7.6.8 We will encourage increased integration between children's centres and other services working with families by:

- Ensuring that children's centres have a clear role in Lewisham's new Early Help strategy and Early Help pathway.
- Ensuring that there is a named senior health visitor and a named GP on children's centre management boards who will provide leadership for the closer integration of health visiting service with other services.
- Family Support will continue to be run from children's centres. However, it may be commissioned separately with the provider expected to demonstrate strong links to Lewisham's Troubled Families programme and to Health Visiting
- There will be joint referral pathways and multidisciplinary meetings with services to discuss families' needs for support and to agree intervention plans.

7.7 Phase 2 consultation on proposals: June to August 2016

7.7.1 Officers consulted on the proposals outlined above in a second phase from June to August 2016. The consultation consisted of:

- A meeting with the Young Mayor and advisors
- A workshop with commissioners and providers of sexual health, mental health and substance misuse services to shape the new Teenage Health Service
- Two workshops for children's centre providers and staff
- Presentations to each of the four GP neighbourhood forums
- Presentations to the CCG Membership Forum, the Clinical Directors' Senior Management Team, and a primary care workshop
- Presentations to the Primary Heads Forum and the Secondary Heads Forum
- Several meetings with the providers of current services and with maternity services

7.7.2 In addition, the Council ran two online U-engage consultations for five weeks from 18 July to 21 August 2016. The first survey was with the public and service users of the different services and asked for views on the proposed changes to services. The second survey was for health professionals and stakeholders and asked for views on the proposed changes, and the impact the proposals would be likely to have on service users and other professionals. Both consultations were promoted to professionals and service users through Healthwatch, youth services, children's centres, school nursing and health visiting, links on children's services pages and the main page of the Council website, the GP practice intranet, Lewisham life, and mailings to other health services and voluntary organisations. Officers also undertook visits to children's centres where they facilitated service user participation in the surveys.

7.8 Phase 2 consultation feedback

7.8.1 *Findings from meetings and workshops with stakeholders*
The main themes that emerged from discussions with GPs, headteachers and other stakeholders were:

- The need for more integrated services for families - GP practices, HV teams and children's centres, including co-location of services working with families where possible.
- GPs need more feedback from health visitors on the progress of families on targeted caseload.
- GPs value children's centres where they have good links but some GPs do not use the centres nor know where they are
- The NCMP (National Child Measurement Programme) could be delivered more efficiently with a different skill mix. Children should be weighed at 2 or 3 years as by reception age some children are already overweight.
- Experienced health visitors with strong relationships with GP practices are key to effective safeguarding.
- Some Lewisham families have high levels of need – the new model needs to have robust arrangements for safeguarding.
- There is concern about the potential risks of reducing funding for health visiting, and from changing the delivery of universal reviews. This may have an adverse effect on safeguarding and on the caseload of GPs. Universal reviews in the home are the mechanism for picking up "under the radar" problems.
- We need to be careful about changing the responsibilities of health visitors for universal provision. Some schools have very good relationships with health visitors and they would not want this to change
- There are opportunities with the redesign to strengthen public health outcomes – particularly around integrating weight management into health visiting and school nursing.

- Secondary schools felt that the school nursing service had improved in recent years and was more stable and responsive than in the past. Excellent examples were given of support for students, and some school nurses are greatly valued by their schools. However, it was felt that the quality of the service was variable with some school nurses not projecting a good image for health. It was felt that some school nurses were not able to respond to teenage mental health issues, and were not proactive in health promotion. Group-based work was sometimes poorly delivered.
- Links between GP practices and school nurses are weak. School nurses need to be part of the new neighbourhood model for general practice.
- There is strong interest in the proposed new Teenage Health and Wellbeing Service. This has the potential to offer more joined up care for risk behaviours that lead to ill health. The new service should be supported by good online resources.

7.8.2 *Formal response from NHS Lewisham*

The local authority received a formal response to the consultation from NHS Lewisham – the borough's Clinical Commissioning Group. The CCG response:

- Commended the approach undertaken by the local authority's CYP commissioning team to engage young people, parents and partners in shaping the new care models at an early stage.
- Supported the general direction of redesigning the advice, support and care provided by health visiting, school nursing and children's centres, as part of local Neighbourhood Care Networks.
- Understood the reasons for the proposals that Health Visitors will maintain focus more on the targeted caseload families, but registered some concerns about the proposals for the universal caseload and the resultant risks for the rest of the population and how these risks will be mitigated. The CCG also asked that the impact of these changes in the transitional period on maternity services be properly assessed and monitored.
- Welcomed the opportunity to contribute further to the re-specification of new services through the involvement of the lead CCG Clinical Director for this area of work.

7.8.3 Findings from the U-engage consultations

7.8.4 *Responses to the public consultation*

There were 306 responses from the public and service users to the children and young people's consultation. Of these, 72% said they were Lewisham residents.

7.8.5 *Health visiting and children's centres*

- 301 people answered at least one of the questions in this section.
- 67% of respondents were using or had ever used a health visiting service.
- 61% had or currently used a children's centre. Of these, the main reasons for using a children's centre were to access play, music or other activities (36%), or to access health services (23%).

In general, there were mixed responses to the health visiting proposals. More people opposed than supported the proposed changes to universal health checks and baby clinics. Some respondents felt that the proposals were positive, and would increase parental confidence and responsibility. Some pointed out the duplication of checks in different pathways. However, many service users and residents were concerned about the potential risks of making changes to universal health checks, such as delivering two of the checks through groups.

The proposal to reduce the budget for administration was supported by fifty nine percent of respondents.

Respondents did not want to see delivery sites for children's centres reduced, and did not agree that children's centres should be targeted more towards families with higher needs, implying that the universal services offered by children's centres is valued. There was support for co-location of children's centres with other health and education services (61% of respondents). Fifty two percent of respondents favoured integrating the family support service provided by children's centres with health visitor support for vulnerable families.

7.8.6 *School nursing*

- 259 people answered at least one of the questions in this section.
- 41% of respondents said that they or their children had ever used the school nursing service. 55% said that they or their children had not used the school nursing service. Respondents supported all proposals for changes to the school nursing service with 78% in favour of a. a combined health assessment for reception children, 83% in favour of weight management services to be integrated with school nursing service, 83% in support of a continuing role in protecting vulnerable children, 64% in support of a new teenage health service, and 55% supporting a dedicated nursing team, supported by community children's doctors, to provide support to children with long term conditions and disabilities

7.8.7 The table below provides a summary of responses to the public consultation. A full analysis, complete with feedback and comments, can be found in the Equalities Analysis Assessment in Appendix 6.

Table 1: Responses to the public consultation on changes to health visiting and school nursing Responses

Consultation area	Proposed change	% Strongly agree or agree	% Strongly disagree or disagree	% Neither agree nor disagree
Health visiting	Deliver 7-11 months and 2-2.5 year checks for families not identified as vulnerable in groups at Children's Centres (CC).	35.57 %	48.66%	15.44%
Health visiting	Reduce the overall number of baby clinics delivered with the aim of them all being done in Children's Centres. Introduce parental weighing of babies at clinics (whilst continuing to provide access to a Health Visitor for advice).	29.83%	56.27%	13.22%
Health visiting	Only provide checks during pregnancy for women identified as vulnerable by maternity services (other women will continue to have access to GPs and midwives for health checks during their pregnancy). Only offer additional checks at 3-4 months and 3.5 years to families that are identified as vulnerable.	37.96%	46.10%	13.56%

Consultation area	Proposed change	% Strongly agree or agree	% Strongly disagree or disagree	% Neither agree nor disagree
Health visiting	Transfer management of Lewisham's breastfeeding groups to the health visiting service (supported by maternity services).	33.33%	31.29%	26.87%
Health visiting	Reduce the budget for administration by developing new ways of delivering this support (such as better use of technology).	58.53%	20.40%	17.39%
Health visiting	Develop a local dedicated immunisation team that will be able to provide community clinics to deliver BCG vaccinations to babies who have not received this after birth	55.22%	18.51%	21.89%
Children's centres	Offer the same services at fewer or different locations (such as an area based 'hub' supported by smaller sites, including the use of schools and community settings).	32.63%	44.56%	19.65%
Children's centres	Offer the same services, but targeted towards families with higher needs.	30.88%	46.32%	20.70%
Children's centres	Co-locate children's centres with other health and education services.	61.06%	13.68%	22.11%
Children's centres	Integrate the one-to-one family support service provided by Children's Centres with our health visitor support for vulnerable families.	52.48%	14.54%	22.70%
School nursing	Provide a combined assessment for reception children consisting of a school entry health assessment, National Child Measurement Programme (weight checks for reception and also for year 6 children) & hearing and vision screening.	78.26%	5.14%	12.65%
School nursing	Develop closer links between our weight management programme and our school nursing service so that children who are overweight have access to better support.	83.33%	3.17%	10.32%

Consultation area	Proposed change	% Strongly agree or agree	% Strongly disagree or disagree	% Neither agree nor disagree
School nursing	Require school nurses to attend ICPC and first core group meetings (subsequent attendances will be assessed according to the health needs of the individual child). Require school nurses to physically locate safeguarding leads in the new redesigned Multi-Agency Safeguarding Hub (MASH).	83.06%	7.26%	6.45%
School nursing	Create a dedicated 'teenage health service' which will be accessible from a number of venues in the borough as well as from schools, be provided by a mixture of health and non-health staff, offer online advice and one to one support about health and emotional wellbeing and risk behaviours e.g. alcohol or drugs misuse & sexual health and signpost and refer young people to other local services.	63.71%	20.16%	12.50%
School nursing	Create a dedicated nursing team, supported by community children's doctors, to provide support to children with long term conditions and disabilities (and train school staff on how to look after these children in schools).	55.33%	24.59%	16.39%
School nursing	Continue to provide immunisations in schools, but deliver these via a different immunisation team.	35.08%	27.42%	33.87%

7.8.8 *Responses to the professional consultation*

There were 72 responses from professionals and stakeholders to the children and young people's consultation. Of these 35% identified themselves as health visitors, 15% as school nurses, 17% as GPs, and 28% as "other health professionals".

7.8.9 *Health visiting and children's centres*

- 70 people answered at least one of the questions in this section.
- 75% of respondents had ever referred or regularly referred parents to children's centres. The main reason for referral was for the family support service (21.11%); 16% of referrals to children's centres were for advice on childcare and early years education.

Professionals were asked whether the proposed changes to health visiting would have a positive, neutral or negative effect on service users and on other professionals. The majority of respondents felt that the changes to universal health checks and baby clinics would be negative for service users. The anticipated impact on other professionals was

thought to be mixed. There was wider support for the budget for administration to be reduced by developing new ways of delivering this support (53.03% thought a positive impact on professionals), and over half wanted a different immunisation team to health visiting to deliver community immunisation clinics.

Similar to the responses from service users, health professionals did not want to see delivery sites for children's centres reduced, and did not agree that children's centres should be targeted more towards families with higher needs. However, co-location of children's centres with other health and education services and integrating the family support service provided by children's centres with health visiting were proposals that were supported.

7.8.10 *School nursing*

- 63 people answered at least one of the questions in this section.

The proposed changes to school nursing were strongly supported with the proportion in favour of each proposal ranging from 44% to 72%, apart from the proposal on immunisations, which had 35% anticipating a positive impact on both service users, and 50% expecting a neutral impact

The table below provides a summary of responses to the public consultation. A full analysis, complete with feedback and comments, can be found in the Equalities Analysis Assessment in Appendix 1.

Table 2: Responses to the stakeholder/professional public consultation on changes to health visiting and school nursing

Consultation area	Proposed change	% believing the proposed change would have a positive or neutral effect on service users	% believing the proposed change would have a negative effect on service users	% believing the proposed change would have a positive or neutral effect on other professionals	% believing the proposed change would have a negative effect on other professionals
Health visiting	Deliver 7-11 months and 2-2.5 year checks for families not identified as vulnerable in groups at Children's Centres (CC).	42.65%	57.35%	55.07%	44.93%
Health visiting	Reduce the overall number of baby clinics delivered with the aim of them all being done in Children's Centres. Introduce parental weighing of babies at clinics (whilst continuing to provide access to a Health Visitor for advice).	40.31%	59.70%	43.48%	56.52%

Consultation area	Proposed change	% believing the proposed change would have a positive or neutral effect on service users	% believing the proposed change would have a negative effect on service users	% believing the proposed change would have a positive or neutral effect on other professionals	% believing the proposed change would have a negative effect on other professionals
Health visiting	Only provide checks during pregnancy for women identified as vulnerable by maternity services (other women will continue to have access to GPs and midwives for health checks during their pregnancy). Only offer additional checks at 3-4 months and 3.5 years to families that are identified as vulnerable.	39.39%	60.61%	50%	50%
Health visiting	Transfer management of Lewisham's breastfeeding groups to the health visiting service (supported by maternity services).	71.21%	28.79%	71.64%	28.36%
Health visiting	Reduce the budget for administration by developing new ways of delivering this support (such as better use of technology).	76.93%	23.08%	71.21%	28.79%
Health visiting	Develop a local dedicated immunisation team that will be able to provide community clinics to deliver BCG vaccinations to babies who have not received this after birth	89.24%	10.77%	92.54%	7.46%
School nursing	Provide a combined assessment for reception children consisting of a school entry health assessment, National Child Measurement Programme (weight checks for reception and also for year 6 children) & hearing and vision screening.	91.80%	8.20%	93.45%	6.56%

Consultation area	Proposed change	% believing the proposed change would have a positive or neutral effect on service users	% believing the proposed change would have a negative effect on service users	% believing the proposed change would have a positive or neutral effect on other professionals	% believing the proposed change would have a negative effect on other professionals
School nursing	Develop closer links between our weight management programme and our school nursing service so that children who are overweight have access to better support.	93.65%	6.35%	95.24%	4.76%
School nursing	Require school nurses to attend ICPC and first core group meetings (subsequent attendances will be assessed according to the health needs of the individual child). Require school nurses to physically locate safeguarding leads in the new redesigned Multi-Agency Safeguarding Hub (MASH).	85.25%	14.75%	82.54%	17.46%
School nursing	Create a dedicated 'teenage health service' which will be accessible from a number of venues in the borough as well as from schools, be provided by a mixture of health and non-health staff, offer online advice and one to one support about health and emotional wellbeing and risk behaviours e.g. alcohol or drugs misuse & sexual health and signpost and refer young people to other local services.	76.27%	23.73%	78.69%	21.31%
School nursing	Create a dedicated nursing team, supported by community children's doctors, to provide support to children with long term conditions and disabilities (and train school staff on how to look after these children in schools).	83.33%	16.67%	77.04%	22.95%

Consultation area	Proposed change	% believing the proposed change would have a positive or neutral effect on service users	% believing the proposed change would have a negative effect on service users	% believing the proposed change would have a positive or neutral effect on other professionals	% believing the proposed change would have a negative effect on other professionals
School nursing	Continue to provide immunisations in schools, but deliver these via a different immunisation team.	85%	15%	80.64%	19.35%

Consultation area	Proposed change	% Strongly agree or agree	% Strongly disagree or disagree	% Neither agree nor disagree
Children's centres	Offer the same services at fewer or different locations (such as an area based 'hub' supported by smaller sites, including the use of schools and community settings).	35.38%	49.23%	13.85%
Children's centres	Offer the same services, but targeted towards families with higher needs.	34.92%	50.79%	14.29%
Children's centres	Co-locate children's centres with other health and education services.	68.25%	9.52%	22.22%
Children's centres	Integrate the one-to-one family support service provided by Children's Centres with our health visitor support for vulnerable families.	57.58%	25.76%	15.15%

7.9 **Equalities Analysis Assessment (EAA).**

A full EAA was undertaken to determine whether the proposed changes to public health nursing services in Lewisham were likely to have a positive, neutral or negative impact on different protected characteristics within the local community and to identify mitigating actions to address any disproportionately negative outcomes.

The overall assessment of available data and research, plus the findings from the consultation exercise, found that the proposed changes did not discriminate, although they may have a greater impact on particular protected characteristics, such as age,

disability and ethnicity which will be addressed where possible in the development of detailed service specifications. As a result, no major amendments are required at this stage.

The EAA, including the Action Plan, will be reviewed regularly (every three months after the completion of the recommissioning process in April 2017) to ensure that equalities issues continue to be positively reflected in service delivery.

The full Equalities Impact Assessment can be found in Appendix 6.

7.10 **Mitigation of risks**

The consultation process has identified some risks, particularly around the proposed changes to health visiting. Commissioners will be taking the following actions in response to the risks identified:

7.10.1 *Further analysis and consideration of consultation comments:* the public, service users and stakeholders made many comments during the U-engage consultation – these offer valuable suggestions and insights into how services can be delivered in the future. The Young Mayors' advisors had useful insights into the planned new Teenage Health and Wellbeing Service.

7.10.2 *Health visitor antenatal check:* we will agree a work plan with Lewisham's maternity and health visiting services to develop a more integrated and collaborative approach to services, particularly around the antenatal pathway. Discussions have already begun with providers, and will continue with a focus on the potential benefits of more joined up approaches to antenatal and postnatal care. National guidance advises the commissioning of joined up services for parents during pregnancy and the early weeks of life. The current maternity service has skilled midwives for dealing with vulnerable women and who coordinate with health visitors during the antenatal pathway. This pathway will be protected and improved.

7.10.3 *Delivery of two of the five health checks in groups*: we will work closely with health visitors, children's centres and GPs on how this is developed. We will ensure that there is a pathway for identifying children initially seen in groups to a separate assessment and follow up with a health professional when this is required. We will require providers to develop digital/online information, advice and guidance to support this change.

7.10.4 *Changes to baby clinics:* we will conduct a review of the usage of baby clinics to better locate clinics to meet demand. We will work with health visitors, the Maternity Services Liaison Committee, and the Breast Feeding Network, in order to design a new model for baby clinics which provides more inclusive support on a range of issues, while maintaining one to one access to a health visitor.

7.10.5 *Children's centres*: we are not proposing to reduce the number of delivery sites for children's centres. However there is an opportunity to review which sites are best suited to become 'hubs', and to make use of the best locations for 'spokes' – which may not be those currently used. We will ensure that children's centres continue to provide a comprehensive universal service as well as targeted services for families with higher needs.

7.10.6 We will involve the CCG clinical director for children and young people in the development of the new service specifications for health visiting, school nursing and children's centres.

7.10.7 *School nursing and safeguarding:* we will continue discussions with senior staff in Children's Social Care and school nursing with a view to developing an effective and safe school nursing safeguarding service for children in need.

7.10.8 *School immunisations:* we will continue to commission school nursing to provide immunisations in schools in 2017-18. However, this will be reviewed after one year, and immunisations might in future be delivered by a separate immunisation team as they are in many London boroughs.

7.10.9 In addition, we plan further consultation on our proposals over the next few months, including the following activities:

- An additional survey for Headteachers and school nursing staff around the changes to school nursing and the design of the new teenage health service.
- Further engagement with key stakeholders and professionals in order to develop proposals, and assess the potential for unidentified risks.
- A focus group with the young service users' panel of the current substance misuse service to test our proposals for changes to school nursing.
- Establishing a user panel of young people to develop the new Teenage Health Service.

7.11 **Timetable for further consultation and the procurement process**

Activity	**Date**
Recommissioning proposals for children's centres presented to Children and Young People's Select Committee	14 September 2016
Further engagement of key stakeholders to develop proposals.	September 2016
Final savings and redesign proposals presented to Mayor and Cabinet	28 September 2016
Development of draft specifications and tender documentation for new service models	September 2016
External tender process: Competitive tender process for School Nursing and Teenage Health and Wellbeing Service.	October – November 2016
External tender process: Competitive dialogue procedure for health visiting and children's centres	October – December 2016
Tender evaluation and contract award: school nursing and Teenage Health and Wellbeing Service	December 2016 – January 2017
Tender evaluation and contract award: health visiting and children's centres	December 2016 – February 2017

8 Sexual Health

8.1 The sexual health elements of the consultation build on existing consultation and pre-consultation engagement that has been undertaken as part of the London Sexual Health Transformation Programme and SE London sexual health services transformation. The consultation also builds on the direction of service development outlined in the 2014 Lambeth, Southwark and Lewisham Sexual Health Strategy.

8.2 Whilst it is anticipated that there will be savings of £500,000 delivered through the proposals, the majority of this saving is through changes to the 'back office' payment systems rather than front line services. This saving will be from across the whole of sexual health system in London accessed by Lewisham residents rather than just local services.

8.3 Moving access to some sexual health services to online and pharmacy will also contribute to the £500,000.

8.4 Local sexual health proposals consulted on were:

- 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).

8.5 The sexual health service consultation included:

- Online survey for professionals
- Online survey for public
- Attendance by officers at 4 GP neighbourhood meetings
- Attendance by officers at Local Medical Committee meeting
- Attendance by officers at CCG membership forum
- Attendance by officers at Young Advisors meeting
- Attendance by officers CCG senior management team meeting
- Attendance by officers at Lewisham People's Day to discuss proposals and get feedback on existing services.

8.6 An equalities impact assessment (this differs from Lewisham's EAA template as it formed part of a joint approach with Southwark and Lambeth Councils) has been completed as summary of the findings is in the table below. Overall the impact of the changes proposed is expected to be positive as the changes are targeted at those groups with the greatest need for sexual health services. However, where there is insufficient information to assess the impact at present this will be collected in the future to enable an ongoing assessment of impact.

Protected Characteristics	Impact
age	Positive
disability	Positive
gender reassignment	Not known

pregnancy and maternity	Positive
race	Positive
religion or belief	Not known
sex	Positive
sexual orientation	Positive
marriage and civil partnership (only in respect of eliminating unlawful discrimination)	Not known

8.7 Professional online survey

8.7.1 In total 87 professionals completed the online survey in relation to sexual health.

8.7.2 Most of the feedback in relation to existing sexual health clinic provision was positive, however, long waits to be seen and clinics closing early was highlighted as feedback that professionals had received from patients. The importance of the additional level of anonymity the clinics provided was also mentioned. Around a third of GP respondents also highlighted the fact that they already did provide most sexual health services for their patients, only referring complex cases or difficult to treat infections.

8.7.3 Opening hours of clinics were highlighted by both the public and professionals as an issue. This was particularly a problem for working people.

"Too limiting as local sexual health service reduced opening times. patients don't want to take time off work for sexual health issues so need appointments outside of core hours."

8.8 Public online survey

8.8.1 195 people responded to the uengage survey in relation to sexual health services. Of these 50.2% had used any sexual services in the borough (including sexual health clinics, online screening, pharmacy or GP). Just over 6.7% identified as gay, lesbian or bisexual.

8.8.2 When asked to what extent they favoured a more comprehensive sexual health offer including STI testing and contraception in a variety of settings the survey showed, nearly 80% supporting this in GP practices, 67% supporting this in pharmacies and 56% supporting online provision (a further 19% were ambivalent). In the comments received from the public there was very strong support for home sampling/online testing.

"Home sampling is a great idea!"

8.8.3 A number of responses highlighted that this was a way to prevent people having to wait in clinics, which often closed early due to the volume of patients, and ensuring those that needed to be seen could get into clinics. A number of respondents also commented that they wanted to have more appointment based services (most sexual health services are currently "walk in and wait"), rather that rushing between clinics

trying to get seen, only to find they are closed. On the other hand, the additional anonymity of not having to be registered or make an appointment was felt to be important in encouraging vulnerable young people to access the service.

"It is simply not right that there are so few clinics in Lewisham given how large the borough is. If clinics advertise their closing time as 7pm that's the time the clinic should actually close - it's ridiculous that people at work might make their way to a clinic to find themselves turned away and told to try again during the following day time."

8.8.4 There appeared to be strong support from survey respondents for young people's specialist sexual health services. When asked whether there should be specialist services for young people 79% of respondents favoured an under 19s service. The percentage favouring under 25s and young people's provision within mainstream provision was also high, but slightly less - 75% of respondents favoured an under 25s service and 75% to have young people's provision as part of the mainstream offer, but overall there was strong support for a young people's services for sexual health.
The free text comments suggested that sex education and prevention of pregnancy and STIs should be a key focus for young people.

"There is a need to educate and create easy access to young people separate from general sexual health services and GPs. They are more likely to attend if services are separate."

Some respondents challenged the age cut off at 25 for young people's services (this age is used as this is the peak STI age range), and suggested it should be older or younger.

8.8.5 Feedback from the GP neighbourhoods and LMC was broadly supportive of the sexual health proposals, in particular the promotion of online/ home sampling for STIs and recognising that young people had specific needs which may be best met by specialist services. There was support for a neighbourhood model of delivery of sexual health services, in primary care although some caution regarding the capacity of GPs practices to cope with any increase in demand.

Prevention and sexual health promotion was highlighted frequently as a key component of sexual health service delivery.

8.8.6 The Young Mayor and Advisors highlighted the importance of discreet and confidential services to meet their needs, which were youth friendly. They raised concerns about being 'judged' in mainstream service provision. There was a high degree of enthusiasm for online/self sampling for STI testing, although for younger teenagers there were concerns about having packages sent to their home address. They felt this could be addressed through the "pick up a pack" model already used in sexual health services for self sampling, but extending it to other venues including youth setting, libraries and pharmacies. Prevention and sex and relationships education was also highlighted as a key area by the Young Advisors. There were concerns expressed that many young people in Lewisham were not getting access to sex and relationships education either because schools were not providing it or their parents did not allow them to participate.

8.9 Conclusions

8.9.1 Clinic services

The consultation responses generally support the proposed sexual health service model, particularly the use of online testing. The new service model seems to address many of the concerns regarding existing services. The main issues raised in relation to existing services were:

- Long waits
- Lack of appointments
- Limited opening hours for working people

Response:

The issues raised in relation to clinic capacity and waiting times should be improved by better streaming of patients through the sexual health services, matching need to service. This means clinics can be focused on those who need treatment or at risk groups and STI screening and basic contraception could be managed in a pharmacy or screened online do not need to access a clinic.

In the new service models appointments will be bookable as well as walk in (the local service has just introduced bookable appointments in response to patient feedback).

8.9.2 Young Peoples Services

There appears to be a high level of support from both the public and professionals for young people's sexual health services. It has been acknowledged that there is high level of need in this age group. However, there were some concerns that older women trying to access contraception may have difficulty if services were too focused on young people.

Response:

Further development work and coproduction is required to ascertain what exactly young people's sexual health services should look like and how it fits with the development of a broader health service for 11-19 year olds. As a result of the feedback from the consultation sexual health (including prevention and individual sex and relationships education support) will be included in the specification through a £150,000 investment in the teenage health and wellbeing service described in 7.5.2.

In relation to the concerns about access for over 25s, a bookable appointment service for long acting contraception is currently being developed for Lambeth Southwark and Lewisham. This will give women a much wider choice of venues and times to access contraception. High risk groups including BME groups, MSM and those with other vulnerabilities over 25 will continue to be prioritised in clinics whilst other groups will have better access through online service provision for STI testing.

8.9.3 Impact on Primary Care

Lewisham CCG and the LMC both raised some concerns that any changes may increase workload in primary care (GPs). However, some GPs responding to the onilen survey also noted that this could reduce workload by signposting patients to online STI testing.

Response

The increase in the pharmacy sexual health offer may in fact reduce some demand for uncomplicated contraception as this can be managed without a GP appointment. Services commissioned from GPs by NHS England including contraception, HIV testing and cervical screening are not in the scope of this work, however there is a commitment from officers to work with the CCG and NHS England to ensure these sexual health services work together to maintain and improve access.

8.9.4 **Achievement of Savings**

The £500,000 savings set against sexual health in 2017/18 will largely be achieved through service redesign moving uncomplicated contraception and STI testing online and into pharmacies, and through a new integrated sexual health tariff (ISHT) for financing sexual health services. It is not anticipated that this should lead to a deterioration in service, but rather an improvement in access but creating more opportunities to test for STIs and access contraception.

The ISHT has been modelled against last year's activity (2015/16) across the London sexual health system and showed an estimated 10% reduction in cost for the same activity. 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.

As part of the recommissioning of sexual health services across London there is broad agreement that this (ISHT) 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).

9 Procurement Arrangements

9.1 Mayor and Cabinet in September 2015 delegated authority to the Executive Director for Resources and Regeneration to approve the procurement activity to deliver the proposals for Sexual Health.

9.2 Mayor and Cabinet is requested to delegate authority to the Executive Director for Resources and Regeneration to approve the procurement activity to deliver the proposals for Staying Healthy services.

9.3 Mayor and Cabinet is requested to approve competitive tenders for the redesigned Health Visiting and School Nursing services.

10. Financial Implications

10.1 The activity outlined in this report delivers the required level of savings for Staying Healthy and Sexual Health services. The proposals for Health Visiting and School Nursing, in response to consultation, now deliver a reduced level of savings. This leaves the overall proposals delivering only £4,433,876 of the required £4,701,000 savings. Further proposals will be developed to deliver the remaining £267,124 saving.

10.2 As the savings proposal in this report detail activity for 01/04/17, they will not address the in-year pressure. A net overspend of 1m is projected in the Council's revenue monitoring of Public Health for 2016/17.

11. Legal Implications

Powers and duties

11.1 The Health and Social Care Act 2012 ("the Act") transferred the bulk of Public Health duties to Local Authorities. The Act sets out the Council's statutory responsibilities for public health services and the new duties being conferred upon them to improve public health. Broadly, the Council has a duty to take such steps as it considers appropriate for improving the health of people in its area.

11.2 The proposals contained within this report have been subject to consultation and will receive scrutiny by the Health Scrutiny Committee. They are also be subject to full Equalities Impact Assessments.

11.3 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, 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, with 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.

11. 4 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.

11. 5 Funding for public health services is received by the Council from the Department of Health. The budget used to deliver those services is aligned within the Council's financial framework, with the usual duties to produce a balanced budget using public funds.

Procurement

11.6 Where the value of a social/health service contract is in excess of £625,000, then under the Public Contract Regulations 2015 it is necessary to undertake an EU compliant tendering exercise. The tendering process, with outcomes, will be the subject of separate report to the Executive Director for Resources and Regeneration where authority to decide is delegated to her. If the competitive tendering exercise for health visiting and school nursing service is agreed the outcome of such exercise will be brought before the Mayor and Cabinet (Contracts) Committee for award and will be the subject of a full report.

Equalities Legislation

11.7 The Equality Act 2010 (the Act) introduced a public sector equality duty (the equality duty or the duty). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

11.8 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.

11.9 It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed at 11.8 above.

11.10 The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. The Mayor must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.

11.11 The Equality and Human Rights Commission has 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: https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-codes-practice

https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-technical-guidance

11.12 The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:

- The essential guide to the public sector equality duty
- Meeting the equality duty in policy and decision-making
- Engagement and the equality duty: A guide for public authorities
- Objectives and the equality duty. A guide for public authorities
- Equality Information and the Equality Duty: A Guide for Public Authorities

11.13 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: https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty-guidance#h1

12. Crime and Disorder Act Implications

12.1 There are no crime and disorder implications

13. Equalities Implications and human rights

13.1 The proposals in of this report cover a wide range of changes to existing services, which have been considered for equalities impacts as outlined against each proposal within sections 6-8.

13.2 The proposals and consultations outlined in this report informed details equalities analyses (EAAs) for all 3 areas covered in this report, and these are attached to this report as appendices 5-7.

14. Environmental Implications

14.1 There are no environmental implications.

15 Conclusion

15.1 This report lays out a range of 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 activity outlined in this report delivers the required level of savings for Staying Healthy and Sexual Health services. The proposals for Health Visiting and School Nursing, in response to consultation, now deliver a reduced level of savings. This leaves the overall proposals delivering only £4,433,876 of the required £4,701,000 savings. Further proposals will be developed to deliver the remaining £267,124 saving. The report seeks Mayor & Cabinet approval to conduct this activity.

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

Public Health Outcomes Framework 2016–2019
At a glance

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

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 2.5ii)*

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 1I)*

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 1.5iii)*

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)*