Present: Councillors John Muldoon (Chair), Coral Howard (Vice Chair), Sue Hordijenko, Peter Bernards, Carl Handley, and Sakina Sheikh.

Apologies: Councillor Juliet Campbell.

Also Present: Danny Ruta (Director of Public Health), James Lee (SGM, Prevention, Inclusion and Public Health Commissioning), Helen Buttivant (Public Health Consultant), Joan Hutton (Head of Adult Social Care), Folake Segun (Director of Healthwatch Lewisham), Nigel Bowness (Healthwatch), Georgina Nunney (Principal Lawyer) and John Bardens (Scrutiny Manager).

1. Minutes of the meeting held on 27 June 2018

Resolved: the minutes were agreed with the following amendment:

Insert following paragraph at para 5.8:

A committee member raised concerns that there had not been a longer more extensive consultation process with service users and people in the area. The committee member put a motion to the committee that the proposal should be deferred until a more extensive consultation has been conducted. However, [existing text at para 5.8].

2. Declarations of interest

There were no declarations of interest.

3. Responses from Mayor and Cabinet

There were no responses.

4. Public health grant cuts consultation

Danny Ruta (Director of Public Health) and James Lee (SGM, Prevention, Inclusion and Public Health Commissioning) introduced the report. The following key points were noted:

4.1 Since 2013 central government has cut £3.1m from the Lewisham public health budget. Public health has invested £5m in wider public health services across the council. The council needs to make a further £642k of cuts from the public health budget for 2019/20.

4.2 The public health team have followed a prioritisation process to identify and order the cuts with the lowest impact. The proposals are subject to a 15-week
consultation. Five weeks of consultation has already been carried out with selected internal and external partners. Officers consulted local health partners who agreed that the proposals identified would have the lowest impact.

4.3 There will now be a 10-week consultation with the wider public and stakeholders. Officers stated that the consultation is about how to make the cuts and how to minimise the impact, not whether the make the cuts. The council doesn’t have a choice.

4.4 The consultation is not being held over a longer period of time because the council does not have a choice about the further cuts and they need to be made before contracts are renewed next year.

4.5 Officers intend to bring the outcome of the consultation back to the committee in December.

4.6 The committee asked to see a breakdown of the overall public health budget for context in December and suggested that further information on the spending on other services within the public health budget should be included in the consultation. The committee also said that the council should be clear about the context of the consultation so that people understand that the council does not have a choice about making these cuts. The committee suggested that the consultation should also include a question allowing respondents to make any other comments on the consultation proposals.

Resolved: The committee noted the consultation plans and agreed the process subject to the amendments discussed – providing further information about the overall public health budget; being clear about the context of the consultation; and including a question allowing people to make any other comments about the consultation.


Danny Ruta (Director of Public Health) and Helen Buttivant (Public Health Consultant) introduced the report. The following key points were noted:

5.1 Lewisham has delegated responsibility for commissioning sexual health services to Lambeth. Lambeth have the highest sexual health needs in the country and the best commissioners.

5.2 The previous 3-year Lambeth, Southwark and Lewisham (LSL) sexual health strategy has been successful in, among other things, reducing the number of STIs and reducing late diagnosis of HIV.

5.3 There are still however significant inequalities and sexual health services need to be more primary care focused with more services provided online and by post.
5.4 The new LSL sexual health strategy will cover 2018-23 and will be published at the end of the year.

5.5 The four strategic pillars of the refreshed strategy are: Health and fulfilling sexual relationships; Good reproductive health across the life course; High quality and innovative STI testing and treatment; and Living well with HIV.

5.6 Consultation so far has included evidence and data review, stakeholder engagement and feedback, co-creation workshops, and a collaborative strategy steering group.

5.7 The next steps are a six-week consultation from September to October 2018. This will include an online survey and engagement event.

5.8 The consultation results will be presented to the committee in January 2019.

5.9 Officers stated that further cuts to sexual health services should not have a negative impact on the strategy as savings and efficiencies have been made elsewhere, for example, with the Integrated Sexual Health Tariff.

Resolved: the committee noted the report.

6. Healthwatch annual report

Folake Segun (Director of Healthwatch Lewisham) introduced the report. The following key points were noted:

6.1 The Healthwatch annual report for 2017/18 provides a summary of the organisation’s work over the year and its impact and achievements.

6.2 Over the year Healthwatch engaged with more than 5,000 people, collecting 1,500 stories of their experiences, which it shared with health commissioners and providers in the borough. It also published 10 reports on different issues it engaged on.

6.3 Healthwatch runs a network of engagement hubs around the borough. It also provides NHS complaints advocacy and signposting and carries out “deep dives” into certain issues. It helped 127 people make a complaint and has helped people achieve positive outcomes.

6.4 It has established a new online feedback centre where people can rate the services they receive and comments can be passed directly to providers for quicker responses.

6.5 Healthwatch is funded through the council. It has a wide remit including seven statutory functions and a team of four staff and 28 volunteers. In a borough of
300,000 people, Healthwatch prioritises its work through regular engagement with the public about the big issues for them.

6.6 Following its work on young people engagement, Healthwatch Lewisham has been asked to run of workshop at the Healthwatch England annual conference.

6.7 Healthwatch promote their work and services through, among other things, leaflets and posters in GP surgeries and an email bulletin.

6.8 The committee commended Healthwatch’s annual report and the good practice it highlights.

Resolved: The committee agreed to refer the Healthwatch annual report to Mayor and Cabinet for its attention.

The committee commends Healthwatch Lewisham for producing an excellent annual report and for the many examples of good practice highlighted within. The committee would therefore like to bring the report and the work of Healthwatch Lewisham to the attention of Mayor and Cabinet for its consideration.

7. Information item: overview of the adult social care service

Resolved: the committee noted the report.

8. Information item: Latent Tuberculosis Infection Screening Programme

Resolved: the committee noted the report.

9. Select Committee work programme

John Bardens (Scrutiny Manager) introduced the work programme.

9.1 The Chair noted that the next meeting of the committee will start at 7pm.

Resolved: the Committee agreed the work programme.

10. Referrals

Resolved: The committee agreed to refer the report from item 6, Healthwatch annual report, to Mayor and Cabinet for its attention:

The committee commends Healthwatch Lewisham for producing an excellent annual report and for the many examples of good practice highlighted within. The committee would therefore like to bring the report and the work of Healthwatch Lewisham to the attention of Mayor and Cabinet for its consideration.

The meeting ended at 21.10pm