



Healthier Communities Select Committee

Public Health Commissioned Services

Date: 9 January 2025

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Prevention, Inclusion & Public Health Commissioning Team, & Public Health Lewisham

Outline and recommendations

An update for the Healthier Communities Select Committee on Public Health commissioned services, specifically NHS Health Checks, weight management support, substance misuse support and sexual and reproductive health services.

Members of the Committee are asked to note the contents of the report.

1. Summary

- 1.1. Lewisham Council commissions a range of Public Health services that include a comprehensive selection of specialist services to improve health outcomes of Lewisham borough's diverse communities. These include clinical sexual and reproductive health (SRH) services, substance misuse support, weight management support and NHS Health Checks.

2. Recommendations

- 2.1. To note the contents of the report.

3. Policy Context

- 3.1 The updates within this report relate to the following priorities in the Council's new Corporate Strategy 2022-2026, namely:
 - Health & Wellbeing
 - Children & Young People.
 - Open Lewisham

4. Background

- 4.1. Local authorities have a statutory responsibility for public health services, along with new duties to improve and protect public health. The Health and Social Care Act abolished primary care trusts and transferred much of the responsibility for public health to local authorities from 1 April 2013.
- 4.2. Local authorities in England must take appropriate steps to improve the health of the

people who live in their areas. These may include:

- Researching health improvement, providing information and advice (e.g. giving information to the public about healthy eating and exercise)
- Providing facilities for prevention or treatment of illness (e.g. smoking cessation clinics)
- Providing financial incentives to encourage individuals to adopt healthier lifestyles (e.g. rewarding people who stop smoking during pregnancy)
- Helping residents minimise risks to health arising from their accommodation or environment.

4.3 The key mandated Public Health Functions of the Local Authorities include:

- Weighing and measuring children
- Health check assessment
- Conducting health checks
- Sexual and Reproductive Health services
- Public Health Advice Service
- Protecting the health of the local population

4.4 Alongside these mandated functions are a range of other discretionary public health services (e.g. tobacco control, weight management, behavioural and lifestyle campaigns). The commissioning of these services is guided by the:

- Public Health Outcomes Framework,
- Local Joint Strategic Needs Assessment (JSNA)
- Joint Health and Wellbeing Strategy.

4.5 The general duty to improve public health includes the provision of facilities for the prevention or treatment of illness. Legislative measures for local authorities' responsibilities for dental public health are covered separately.

5. Overview of Lewisham services

5.1. Sexual Health Services

5.1.1 Lambeth, Southwark and Lewisham (LSL) have had joint commissioning arrangements for Sexual and Reproductive health (SRH) services since April 2016. A specialist commissioning team, based at Lambeth Council, carries out a range of commissioning functions to improve sexual and reproductive health on behalf of the three boroughs, including an Integrated Sexual Health Tariff (ISHT)/Sexual Health Clinics and the E-Service, known as Sexual Health London (SHL) UK. In addition, work directly commissioned by Lewisham officers includes Community-led pre exposure prophylaxis for HIV (PrEP), local condom distribution and reproductive services in Primary Care settings.

5.1.2 The existing sexual health strategy is expiring at the end of this year and colleagues across Bromley, Bexley, Lambeth, Lewisham and Southwark will be publishing an updated strategy and associated and place-based action plans in the summer of 2025.

5.1.3 Online Sexual Health Interventions

5.1.4 The E-Service was commissioned in 2016 to improve access to services. It was a direct result of a growing need and demand for SRH clinical services which placed increasing financial pressures on local authority public health budgets, with individual

boroughs finding it increasingly difficult to meet the rising costs of provision.

- 5.1.5 The E-Service aimed to improve access and control costs across the system by:
- Providing an alternative, and cheaper, delivery platform for basic STI testing and screening, alongside a reduction in the overall number of face-to-face open access clinic sites, where activity was paid for through the ISHT.
 - A pathway for clinics to divert (“channel shift”) those with less complex sexual health needs to online services, to pharmacies or to GPs, as appropriate. This aimed to ensure specialist clinics could maintain capacity for responding to patients with more complex needs.
 - This was also part of the response to significant increase for Genitourinary Medicine across London, with attendances in Lewisham increasing 21% between 2014/15 and 2015/16, and large numbers of people being turned away as open access clinics exceeded capacity.
- 5.1.6 The E-service provides free and easy access to sexual health testing via the internet and local venues. The service is available to people aged 16 and over who are residents in most Boroughs of London. The service provides testing for a range of sexually transmitted infections including chlamydia, gonorrhoea, HIV, syphilis, hepatitis B and hepatitis C via samples collected at home.
- 5.1.7 Data on usage of the E-service is collected and reported monthly. The data show that the number of kits ordered over time (starting in 2016 when the service was launched) has increased steadily, year on year.
- 5.1.8 Ethnicity data show we have over representation of users reporting a Black Caribbean ethnicity compared with the general borough population and under representation of the E-service use from those who identify as Asian.
- 5.1.9 When looking at the users by age, the E-service is being used by our younger population aged between 20 and 39 years old. Those aged under 19 and over 40 are proportionately lower users of the service when compared to the borough population.
- 5.1.10 An online sexual health service is more popular for the young population groups, and particularly so for those with Black Caribbean ethnicity. The shift of this activity from face to face to online has allowed the sexual clinics to manage more complex sexual health cases, and flexing to meet unexpected high demand, i.e. Mpox vaccination.

5.1.11 Integrated Sexual Health/Sexual Health Clinics

- 5.1.12 Lewisham Council currently holds a contract for integrated sexual and reproductive health (SRH) services with Lewisham and Greenwich Trust to deliver a comprehensive set of SRH services. These include services for contraception, testing and treatment of sexually transmitted infections (STIs), including HIV testing and diagnosis. In 2020 routine access to PrEP for those assessed to be at risk of contracting HIV was launched in SRH clinics alongside a community pilot to increase PrEP uptake for underrepresented communities who are later referred into LGT clinical services.
- 5.1.13 The current service model was commissioned as a result of London-wide collaboration on the transformation and reconfiguration of sexual health services across the capital to support future affordability and sustainability of provision. It supports open access for sexual health across London through the use of ISHT and promotes the use of online services for asymptomatic STI testing activity in order to create additional capacity within clinics to focus on more complex demand.
- 5.1.14 Lewisham is part of the pan-London reciprocal agreements managed by the London Sexual Health Programme which enables Lewisham residents to access services at other hospital trusts through other borough’s contracts, and for residents of other boroughs to access services at Lewisham and Greenwich Trust through our contract.

This maximises patient choice and standardises the service and costs across London.

- 5.1.15 Sexual Health Clinics are more likely to be accessed by Women from White Ethnic Backgrounds and MSM cohorts from the same demographic. Officers have commissioned community services to engage with Black Heritage Communities. These services are delivered by the African Advocacy Foundation to raise awareness on PrEP and HIV and Caribbean and African Health Network (CAHN) as part of the Outreach service targeting Black heritage communities.

5.2 Weight Management Services

- 5.2.1 In 2016 Lewisham Council was awarded National Pilot status for a whole system approach to tackling obesity. A whole systems approach not only supports individual behaviour change, but also brings about healthy eating and increased physical activity indirectly by creating a less obesogenic environment in which people live.
- 5.2.2 Obesity is linked to many serious health risks in children and adults. Obese people are more likely to develop physical problems and more likely to develop psychological problems such as depression and low self-esteem. Obesity also doubles the risk of dying prematurely. To help support our communities to manage increasing levels of obesity, public health commission some weight management services.

5.2.3 Universal Weight Management Service – Slimming World

- 5.2.4 The Council currently commissions universal weight management as part of the obesity referral pathway, currently delivered by Slimming World. Those who live or have a GP in Lewisham, have a BMI of 30 or more (or 25 or more for those from a black African, black Caribbean and Asian heritage), have not been a paid member of Slimming World in the last 3 months, and have no history of eating disorders are eligible. A person can be referred by a GP, midwife, health professional or pharmacist or self-refer by calling 01773 546088.
- 5.2.5 This service comprises initial assessment by Slimming World, followed by twelve face to-face group sessions including a weekly weigh-in. Every member who elects to undertake group sessions is also eligible for access to the digital weight management programme.
- 5.2.6 This service provides flexible, and evidence-based support, to individuals to enable them to lose weight and to maintain their weight loss.
- 5.2.7 Slimming World deliver the service from a range of convenient and accessible locations, on different days of the week, and at different times of day (including early morning, evening and/or weekends) to ensure equality of provision to all eligible people in Lewisham.
- 5.2.8 The universal programme is overrepresented by from residents from White backgrounds, and predominantly women. Men and residents from diverse backgrounds are underrepresented. Due to the underrepresentation of Black Heritage Communities in Weight management services and poor health outcomes as a result of weight management, the Council commissions a targeted offer.

5.2.9 Culturally Tailored Weight Management Service – Up!Up!

- 5.2.10 The culturally tailored weight management service 'Up, Up!' was commissioned on the 1st August 2021, due to the underrepresentation of Black Heritage Communities in the Universal Weight Management programmes e.g. Slimming World and WW. Those who are interested can self-refer into the programme via this link:

- 5.2.11 Over the course of the programme, from January 2022, 642 participants have been referred with 567 participants starting the programme from April 2022. From 1st April 2023, 69% of referrals have been from healthcare providers. A total of 86% of participants are from the 40-60+ age range. It has been stated, people aged between 40-75 years, living in deprived areas from Black, Asian and Ethnic minorities, have a higher rate of having an excess weight problem. Having such a large proportion of participants from that age group will help tackle this problem for years to come.
- 5.2.11 As this was a pilot targeted for Black African and Black Caribbean residents, 52% came from a Black Caribbean background and 20% from Black African. 28% came from either Black British, Black mixed or other. Up!Up! continues to be very well received by its members with 97% of members stating that they are 'very likely' or 'likely' to recommend the programme to a family member or friend.

5.3 Substance Misuse Services

- 5.3.1 **Strategic Overview:** In December 2021 the Government released a new 10-year drugs strategy titled "From harm to hope: A 10-year drugs plan to cut crime and save lives". The strategy is built on the findings and recommendations of the recent review undertaken by Dame Carol Black. This strategy has 3 overarching aims:
- Break drug supply chains – by increasing the response to the supply of the most harmful drugs, attacking all stages of the supply chain, reducing the associated violence and exploitation, and protecting prisons from being academies of crime.
 - Deliver a world-class treatment and recovery system – by rebuilding drug treatment and recovery services, including for young people and offenders, with new commissioning standards to drive transparency and consistency.
 - Reduce the demand for recreational drugs – by strengthening the evidence for how best to deter the use of recreational drugs, ensuring adults change their behaviour or face consequence, and with universal and targeted activity to prevent young people starting to take drugs.
- 5.3.2 The Office of Health Improvement and Disparities (OHID) offered Lewisham a supplementary substance misuse and treatment recovery grant (SSMTRG) from 2022/23 to support improvements in the quality and capacity of drug and alcohol treatment, as part of a combating drugs partnership. This supplemental funding is confirmed until 2024/25.
- 5.3.3 There was a requirement from OHID (as part of a multiple government department initiative) for a strong multi-agency Combating Drugs Partnership for oversight of the strategy, with proactive oversight of the implementation of all three strategic priorities of the Drug Strategy. In December 2022 it was agreed that overall oversight would be incorporated within the work of the Safer Lewisham Partnership.
- 5.3.4 Whilst the national strategy has a broad partnership and whole system focus, the current delivery plans required by OHID have a narrower focus on the treatment system. Given the wider ambitions in Lewisham for the strategy, officers have begun the process of bringing partners together to develop a broader Tobacco, Drugs & Alcohol strategy.
- 5.3.5 Change, Grow, Live (CGL) run the main complex needs service in the borough which assesses and triages all those presenting with a substance misuse or alcohol need, including a range of specialist elements within the service designed to meet specific needs:
- Hospital Liaison Service.

- Criminal Justice Liaison.
- Mental Health Services (Dual Diagnosis & Psychological Support).
- Outreach Service and Homeless Support Service.
- Club Drug & Stimulant Support.
- Residential Rehabilitation and Inpatient Detoxification and Stabilisation
- Parents/Carers.
- Work with pregnant individuals in partnership with ante/post-natal services to ensure optimum care

5.3.6 Primary Care Recovery Service (PCRS) works in partnership with GPs and provides a number of interventions including:

- Advice, information, brief interventions and extended brief interventions to help prevent and minimise problematic substance misuse or dependency
- Sessions of structured brief advice on alcohol for adults who have been identified via screening as drinking a hazardous or harmful amount
- Extended brief intervention for adults who have not responded to structured brief advice or who may benefit from an extended brief intervention for other reasons

5.3.7 In-patient detoxification, residential rehabilitation, and high intensity structured day programmes (referred to as tier 4 treatment interventions) are an integral part of Lewisham's drug and alcohol treatment system and are specifically intended for service users with complex needs and vulnerabilities that are unable to achieve abstinence and recovery in the council's separately commissioned tier 3 adult drug and alcohol treatment system services (referred to above). Withdrawal/detoxification in an inpatient unit is primarily linked to complexity of drug and alcohol treatment need, chaotic presentation due to use or requirement for medical stabilisation to reduce and cease drug and / or alcohol use in an inpatient environment. Aftercare following an inpatient placement may involve transfer to a residential rehabilitation placement once drug and / or alcohol free or can involve transfer to community-based care through the tier 3 services.

5.4 Primary Care Interventions

5.4.1 Lewisham council currently contracts GPs and Pharmacies to deliver a number of local Public Health Services that form an integral part of the sexual health and substance misuse pathways.

5.4.2 The sexual health services currently provided in GP Practices are Long Acting Reversible Contraception (LARC), condom distribution, pregnancy and HIV Testing. Pharmacies provide a broader range of public health services including emergency hormonal contraception (EHC), substance misuse services such as opiate substitution therapies and needle exchange services, which are delivered in partnership with commissioned substance misuse providers.

5.4.3 **Needle Exchange:** Community based needle exchange and associated harm reduction initiatives are an important element of a wider approach aimed at reducing and preventing the spread of blood borne viruses and other drug related health issues and reducing drug related deaths. This scheme is particularly important as pharmacies often have contact with drug users who are not engaged with any other specialist services or generic health professionals.

5.4.4 Needle exchange services have a health remit in addition to social welfare role within the wider community, particularly in relation to those clients who are socially excluded.

5.4.5 When engaged in treatment, people use fewer illegal drugs, commit less crime, and

can improve their health and manage their lives better. It also benefits the community to:

- Reduce the health and social harms associated with injecting drug use
- Reduce the rate of sharing and other high risk injecting behaviours
- Reduce the rate of blood-borne infection and drug-related deaths
- Contribute to a reduction in discarded injecting equipment and paraphernalia and associated risks to public health.
- Facilitate access to specialist drug treatment services and generic health services to injecting drug users who may be socially excluded.

5.4.6 **Supervised Consumption:** Supervised Consumption has a crucial role in provision of holistic, integrated care to the local population, pharmacists provide supervision for patients being treated for opioid dependency, who are prescribed methadone or buprenorphine. Supervised consumption of opiates is a means of:

- Providing a safer period of titration
- Ensuring adherence to medication regime
- Minimising the risk of methadone/buprenorphine being taken by intoxicated patients
- Minimising the risk of medication being abused by the patient (eg taking larger doses than prescribed, injecting medications that are intended for oral use).
- Minimising the potential for diversion of medication to others
- Minimising the potential for abuse of medications by others (eg children)

5.4.7 **EHC:** Similarly, to several other London Boroughs, Lewisham has much higher rates of unplanned pregnancy and abortions (including repeat abortions) than the average for England and Wales. Lewisham has high levels of social deprivation which can negatively impact contraceptive knowledge, access to reproductive and sexual contraceptive services, EHC, Chlamydia screening and condoms.

5.4.8 Pharmacies remain a core part of an effective sexual health system and play a vital role in offering accessible SRH services. Pharmacies tend to have more consistent and longer opening hours, allow for relative anonymity, do not require appointments, and are usually more conveniently located than GP surgeries or SRH clinics. They are attractive to young people who may feel uncomfortable visiting their doctor or a SRH clinic for contraception and advice.

5.4.9 Attendance at pharmacies for EHC is a key opportunity for SRH intervention. EHC is often the last intervention to prevent unwanted pregnancy. However, the need for EHC indicates unmet contraceptive needs, which are best addressed by the health professional providing the EHC. This includes providing a full contraceptive assessment and greater access to various types of both planned and EHC.

5.4.10 Lewisham's rate of abortions (and repeat abortions) are higher than the National and London Averages, and across LSL rates of abortion are highest amongst Black Caribbean women, followed by Black African women, which suggests unmet contraceptive need. Officers are exploring innovative ways to engage those most impacted by health inequalities.

5.5 NHS Health Checks

5.5.1 Delivery of the statutory NHS Health Checks programme in Lewisham has been overseen by One Health Lewisham, a GP federation of 35 General Practices in

Lewisham which cares for more than 300,000 people.

5.5.2 The mandated function requires local authorities to provide a number of functions:

- For each eligible individual aged 40-74 to be offered an NHS Health Check once in every 5 years and for each individual to be recalled every 5 years if they remain eligible
- For the risk assessment to include specific tests and measurements
- To ensure the individual having their NHS Health Check is told their cardiovascular risk score, and other results are communicated to them
- For specific information and data to be recorded and, where the risk assessment is conducted outside the individual's GP practice, for that information to be forwarded to the individual's GP

5.5.3 The NHS Health Check programme aims to prevent cardiovascular disease, and associated conditions, through the early assessment, awareness and management of individual behavioural and physiological risk factors. In doing so it promotes the early identification of cardiovascular disease and the other associated conditions. It also supports individuals to manage and reduce behavioural risks and associated conditions through information and evidence-based risk reduction interventions.

5.5.4 A greater proportion of men receive a health check, and overrepresented from white populations.

5.6 Overview of Insight Lewisham service model

5.6.1 The Insight Lewisham Substance Misuse and Sexual Health Service is for young people aged 10-25 living, attending school, or registered with a GP in Lewisham, and their families. It is a single integrated service providing brief education and psychosocial interventions for sexual health and substance misuse, plus specialist structured support for substance misuse. The overarching aim of this provision is to increase access to health services and to reduce health inequalities amongst young people, particularly those considered most at-risk, vulnerable and/or under-represented.

5.6.2 The service aims to increase access to information, advice and support around substance misuse and sexual and reproductive health and relationships, and reduce the harm associated with drug and alcohol use and risky sexual behaviour. The overall outcomes expected from the service are:

- Reduced harm caused to young people partaking in risky sexual behaviours and substance misuse.
- Improved knowledge of issues and potential problems associated with drugs, alcohol, and risky sexual behaviours.
- Increased awareness of access to advice, information and services for sexual and reproductive health and substance misuse.
- Reduced health inequalities amongst young people, particularly those considered most at-risk, vulnerable and/or under-represented.
- Improved mental wellbeing in affected young people, by building resilience, coping strategies and decision-making skills, in partnership with other agencies.

5.6.3 The service is delivered across three service 'levels' as below:

- Universal and open-access services - Access for all young people to information, advice, and brief interventions including; education and harm reduction for substance misuse; C-Card; STI screening; and support to access specialist and clinical services. This will include a strong online presence for health promotion and information, including via social media and instant-messaging functions.
- Targeted outreach and co-location - Persistent and assertive engagement with

at-risk young people in locations where they are already based. Delivery of the full range of information, advice and brief interventions outlined above, but tailored to meet the needs young people that are at higher risk of experiencing or being affected by substance misuse or risky sexual behaviour. This is particularly focusing on the groups below and will include co-location with relevant partner agencies:

- Young people involved in the criminal justice system
- Young people that are involved in or at risk from criminal or sexual exploitation, and violent crime
- Young people with parents or carers that misuse substances
- Young people that are not in education, training, or employment, or in alternative education
- Young people known to Children's Social Care (including Family Thrive)
- Young people seen in A&E or hospital due to risky sexual behaviour and/or substance misuse
- Specialist support and case management for substance misuse – This provides longer-term structured support for young people affected by substance misuse to help them achieve abstinence, and will include a holistic assessment of need and risk, structured psychosocial interventions, pharmacological treatment for substance misuse in partnership with adult services and GPs, and support for young people to access wider provision to build up other life skills.

6 Financial implications

6.1 This paper is for information only. No implications.

7 Legal implications

7.1 This paper is for information only. No implications.

8 Risk implications

8.1 No risks identified.

9 Equalities implications

9.1 All public health commissioned services aim to reduce inequalities across population groups in the borough.

10 Climate change and environmental implications

10.1 None noted.

11 Crime and disorder implications

11.1 None noted.

12 Health and wellbeing implications

12.1 All public health commissioned services are designed to improve the health and wellbeing of the population of the borough.

13 Background papers

13.1 From Harm to Hope: [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK](#)

13.2 Lewisham Sexual Health strategy [Lewisham Council - Sexual and reproductive health strategy](#)

13.3 NHS Health Check [NHS Health Check - Commissioners and providers](#)

14 Report author and contact

14.1 Jason Browne, Public Health Commissioning Manager
Jason.browne@lewisham.gov.uk

14.2 Danny Waites, Public health commissioning manager, danny.waites@lewisham.gov.uk

14.3 Kerry Lonergan, Senior Consultant in Public Health, kerry.lonergan@lewisham.gov.uk