

Healthier Communities Select Committee		
Report Title	Public health grant cuts consultation	
Ward	All	Item No. 4
Contributors	Executive director for community services	
Class	Part 1	Date: 4/9/18

1. Summary and Purpose of the Report

The government will be making a further cut to the Public Health grant to local authorities for 2019/20. In Lewisham the grant is £24,325,000 for 2018/19 and the cut will be £642,000. The purpose of this report is to appraise the Healthier Communities Select Committee of work undertaken and consultation to date to identify proposals to balance this cut, and to describe the planned approach to further consultation on these proposals.

2. Recommendations

The Committee is recommended to review, note and comment upon the consultation to date, the proposals outlined and further plans for consultation.

3. Background

- 3.1 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.
- 3.2 In the Spending Review and Autumn Statement 2015 the government announced an in-year cut to the ring-fenced Public Health grant, with further cuts for each subsequent year to 2019/20. In Lewisham the grant is £24,325,000 for 2018/19 and the cut for 2019/20 will be £642,000. This will reduce the grant for 2019/20 to £23,683,000 and take the total cuts to date to £3,985,000.

4. Proposal Development and Consultation approach

- 4.1 The proposals were developed using a marginal benefit comparison process led by Dr. Danny Ruta, Lewisham Director of Public Health. Public Health specialists for each area exemplified cuts and their impacts on Public Health outcomes. A process of prioritisation led by Dr. Ruta was then undertaken to identify and order the cuts with the lowest impact.
- 4.2 Officers have consulted with the Lewisham Interim Joint Commissioning Group, internally at Community Services and Children and Young People's Directorate Management Teams, and externally with Lewisham Healthwatch and commissioned providers. Updated proposals following this engagement are outlined below.
- 4.3 Officers propose to consult the public and wider stakeholders through the Council's Citizen Space platform for a period of ten weeks, as part of an overall 15 week process. This will include a full equalities analysis, and work with partners including Lewisham and Greenwich NHS Trust (LGT) and Lewisham Clinical Commissioning Group to

understand impacts elsewhere in the local health system. Targeted focus groups will also be undertaken with service users in Substance Misuse and Health Visiting.

- 4.4 Lewisham Healthwatch will offer support to individuals and groups as required to ensure equity of access.

5. Proposal areas

- 5.1 In developing proposals to balance the cut from central government, officers focussed on as far as possible protecting already stretched frontline services from additional cuts.
- 5.2 As a result of the above process a number of reductions were identified in staffing and commissioning arrangements totalling £106,400.
- 5.3 On 22 November 2016 the Executive Director of Resources and Regeneration gave approval to negotiate directly with LGT to provide sexual health services in Lewisham through a waiver of the contract procedure rules (single tender action). The contract was awarded February 9th 2017, and implemented the Integrated Sexual Health Tariff (ISHT).
- 5.4 To support LGT with the transition to ISHT, interim payments were agreed as part of this contract award. The tapering off of these payments across the life of the contract, and the implementation of ISHT across London, will result in a cost reduction of £192,294. Any proposed service changes following this will be consulted on separately, as with the realignment of primary care delivery agreed by the Healthier Communities Select Committee on 27 June 2018
- 5.5 Further proposals totalling £343,306 were considered to be significant service reductions requiring consultation.

6. Proposals for consultation.

- 6.1 Proposals are outlined below. The consultation will aim to appraise the public, service users and stakeholders of the range of activity in these service areas, to ask them about their priorities and experiences in order to inform the development of final proposals.
- 6.2 A £10,000 (10%) reduction in the grants available for Neighbourhood Community Development partnerships (NCDPs)
 - 6.2.1 In February 2017 LB Lewisham developed a Community Development Charter which outlines a partnership approach to community development and builds on current neighbourhood and borough-wide assets and networks by the creation of four Neighbourhood Community Development Partnerships (NCDPs). The partnerships bring together all the relevant voluntary and community sector partners as well as statutory services in each Neighbourhood to identify local health and wellbeing priorities as well as local resources and community assets to address them.
 - 6.2.2 Public Health has provided £100,000 to support grants to voluntary and community organisations in all of the four NCDPs. The grants have supported a variety of projects that promote health and wellbeing for local residents. These include befriending groups, community gardens, a soup kitchen, holiday at home schemes, storytelling and dance workshops, physical activity sessions

and a Fit Bus scheme. The funding was distributed using a community based participatory budgeting process.

- 6.2.3 Officers will consult on whether this should be evenly distributed across the 4 neighbourhood partnerships or targeted to those residents with the greatest health and wellbeing needs.
- 6.3 A £10,000 (5.8%) reduction in funding for the Community Nutrition and Physical Activity service delivered by GCDA (Greenwich Co-operative Development Agency).
- 6.3.1 This borough-wide service supports communities to become healthier and more resilient through delivery of initiatives such as cookery courses, physical activity sessions and the healthy walks programme, to working with food businesses to make their food healthier. The community development approach supports individuals, groups and organisations to promote healthy lifestyles and the service offers support, training and mentoring for community groups and organisations to deliver local healthy eating and physical activity initiatives
- 6.3.2 Consultation will focus on residents' priorities in this area, and the balance and targeting of delivery supporting individuals or community organisations.
- 6.4 A reduction of £127,000 (3%) in funding for substance misuse. The main services are delivered by Change, Grow, Live (GCL) and Blenheim CDP. Both provide a range of interventions targeted at patients and family members suffering from substance misuse.
- 6.4.1 CGL run the main complex needs service in the borough which assesses and triages all those presenting with a substance misuse or alcohol need. Service users receive a systematic assessments for an appropriate pharmacological therapy for opiate dependence and commencement of dose titration within 24 hours of presentation. In addition to this there are a range of specialist elements within the service designed to meet specific needs:
- Hospital Liaison Service. The service works across all local hospitals i.e. GSTT, Kings and LGT to support services users that are treatment naïve, frequent attenders and those with complex needs
 - Criminal Justice Liaison. This service works includes a worker located in Lewisham Metropolitan Police custody suite, a worker based in Lewisham National Probation Service (NPS) and Community Rehabilitation Company(CRC) that attends court one day per week, a prison liaison in-reach worker and 2 Criminal Justice Practitioners that deliver interventions/groups within service
 - Mental Health Services (Dual Diagnosis & Psychological Support). The service aims to enhance the delivery of intervention to service users with co-existing mental health and substance misuse/alcohol issues
 - Outreach Service and Homeless Support Service. The service provides a dynamic and proactive outreach service to engage with a range of individuals who have adopted a 'street lifestyle' including rough sleepers, beggars, service users involved in prostitution and street drinkers with a view to engaging them in appropriate services and move them into a more settled lifestyle

- Club Drug & Stimulant Support. The service supports a number of individuals using New Psychoactive Substances (Legal Highs), Club Drugs and Crack or Cocaine users
- Residential Rehabilitation and Inpatient Detoxification and Stabilisation
- Parents/Carers. The service provides support for carers/parents and significant others of adult drug and alcohol users.
- Work with pregnant individuals in partnership with ante/post-natal services to ensure optimum care.

6.4.2 Blenheim CDP deliver the Primary care recovery service which works in partnership with GPs and provides following interventions:

- 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
- Assertive in-reach into other services to attract substance misusers not currently engaged with other agencies but not yet engaged in treatment services
- Substitute prescribing services and supervised consumption (e.g. through pharmacies) and the provision of biological drug and alcohol testing facilities
- A Primary Care provision of ambulatory detoxification for those presenting with low to moderate alcohol use
- Community detoxification for drugs, working in partnership with GP's to titrate and reduce substitute medication with the aim of abstinence and recovery
- Health, smoking cessation; healthy eating & access to physical exercise programmes/facilities),
- Overdose prevention and harm reduction advice, including the provision of Naloxone training and prescribing for injecting drug users presenting as high risk,
- Pro-active relapse prevention advice and support, including prescribing interventions
- Enhanced Blood Borne Virus Service in relation to Hepatitis A / B / C and HIV with access to on site screening, testing and rapid vaccination and robust referral pathways into appropriate treatment services
- Home visits, assessment and referral to early intervention services for all service users who have caring responsibilities for children under 16, these can be conducted jointly with other services.

6.4.3 The consultation will set out the range of activity delivered by the services and seek the views of the public, particularly those who have accessed the provision, as to the areas they feel are of particular importance or any changes that could be made.

6.5 A £196,306 (2.6%) reduction in funding for the Health Visiting service. The service is delivered by LGT, and comprises a wide range of activity outlined below. Public consultation will focus on residents' priorities in this area, and the experience of those who've used the service. Officers will also work with LGT to host a focus group with service users and Health Visitors to focus on prioritisation across this range of activity:

- Delivery of the statutory National Healthy Child Programme (HCP), including mandated checks delivered through a universal home visiting service to all families from pregnancy up until the child is 5 years old.
- MECSH, a structured programme of sustained nurse home visiting for families at risk of poorer maternal and child health.
- Family Nurse Partnership (FNP), an evidence based support programme for first time young parents aged 22 and under until the child reaches the age of two.
- The “Freedom Programme”, a 12 week programme for clients who disclose they are experiencing domestic abuse.
- A ‘link’ Health Visitor for every Lewisham GP practice.
- Targeted ‘listening visits’ to support better maternal mental health, including a joint home visit with Lewisham Children and Family Centres (CFC) colleagues.
- Development of Baby and Toddler Hubs across all four CCG and CFC Neighbourhoods, with further Baby Hubs planned during 2018.
- Longer term plans to develop a virtual Health Visitor who can respond to families’ questions or concerns online. This will support a move to make health visiting a 7-day-a-week service, building on the introduction of a 6-day-a-week service for new birth visits.
- Breastfeeding programme included Peer Supporters, Breastfeeding Hubs and an Open College Network accredited Peer Support training programme.
- The service is trialling a mental health post-natal group in conjunction with CFC colleagues, “Understanding your Baby”, for mothers who have been in receipt of ‘listening visits’ The ‘understanding your baby’ programme is delivered weekly over an eight week period and provides a two-hour session for up to eight mothers and their babies.
- Active involvement in the Lewisham Safeguarding Children’s Board, as well as wider arrangements to safeguard vulnerable children and families including regular attendance at Early Help Panel and potential to be lead professional for relevant targeted cases.

7. Next steps summary and timeline

7.1 consultation timeline

	July	August					September				October				November			December		
	23-Jul-18	06-Aug-18	13-Aug-18	20-Aug-18	27-Aug-18	03-Sep-18	10-Sep-18	17-Sep-18	24-Sep-18	01-Oct-18	08-Oct-18	15-Oct-18	22-Oct-18	29-Oct-18	05-Nov-18	12-Nov-18	19-Nov-18	26-Nov-18	03-Dec-18	10-Dec-18
Full consultation period	Full 15 week consultation period																			
Interim Joint Commissioning Group 26/7																				
Community Service DMT																				
Healthwatch meeting 2/8																				
CYP DMT 8/8																				
Healthier Select Paper																				
Healthier Communities Select Committee 4/9																				
consultation- online 5/9-7/11																				
consultation- stakeholders 5/9-7/11																				
PH analysis of consultation and review of proposals																				
Healthier Communities Select Committee 4/12																				
Mayor and Cabinet 14/12																				

7.2 Officers will conduct a 10 week consultation on proposals with the public and stakeholders. This will include a full equalities analysis, and work with LGT and Lewisham Clinical Commissioning Group to understand impacts elsewhere in the local health system. Targeted focus groups will be undertaken with service users in

Substance Misuse and Health Visiting. The results of this consultation will be reported on the 4th of December to the Healthier Communities Select Committee, alongside revised proposals. Final proposals will then be taken on the 14th to Mayor and Cabinet for approval, and will be implemented on the 1st of April 2019.

8. Legal Implications

- 8.1 The Health and Social Care Act 2012 (“the Act”) sets out the Council’s statutory responsibilities for public health services. The Act conferred new duties on the Council to improve public health. The Council has a duty to take such steps as it considers appropriate for improving the health of people in its area.
- 8.2 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the Regulations”), where the Council has under consideration any proposal for a substantial development of health services or substantial variation in the provision of such service the Council must consult.. The courts may also imply a duty to consult, as part of a public authority’s general duty to act fairly, or if there has been a past practice of consultation.
- 8.3 The Healthier Communities Select Committee has the scrutiny function under the Regulations. The Committee may review and scrutinise any matter relating to the planning, provision and operation of the health service in its area. The Committee may make reports or recommendations which must include an explanation of the matter reviewed or scrutinised, a summary of the evidence considered, a list of participants in the review and scrutiny and an explanation of any recommendations on the matter reviewed or scrutinised. Where a request for a response is required, the Council must respond within 28 days of the request.
- 8.4 Following consultation, the Committee may refer to the Secretary of State where it is not satisfied that consultation on a proposal has been adequate in relation to content or time allowed; where the Committee is not satisfied that the reasons given by the Council are adequate; or where the Committee considers that the proposal would not be in the interests of the health service in its area.
- 8.5 Any proposed amendments/reductions to existing contracts will need to comply with the contractual provisions for changes/variations within those contracts.
- 9.1 In relation to any decisions that may be made, the committee will need to take into account equality obligations. The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. 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.
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- 9.2 The duty continues to be a “have regard duty”, and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not

an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

9.7 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: <http://www.equalityhumanrights.com/legal-and-policy/equality-act/equality-act-codes-of-practice-and-technical-guidance/>.

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

1. The essential guide to the public sector equality duty
2. Meeting the equality duty in policy and decision-making
3. Engagement and the equality duty
4. Equality objectives and the equality duty
5. Equality information and the equality duty.

9.9 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: <http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/>

9. Financial Implications

9.1 Expenditure on public health in Lewisham is funded through the ring-fenced Public Health Grant.

9.2 In 2019/20 this grant will reduce by £0.642m. This report describes the approach commissioners are taking to achieving matching reductions in expenditure.

10. Crime and Disorder Act Implications

10.1 Section 17 of the Crime and Disorder Act recognises that there are key stakeholder groups who have responsibility for the provision of a wide and varied range of support services to and within the community. In carrying out these functions, section 17 places a duty on partners to do all they can to reasonably prevent crime and disorder in their area.

10.2 The purpose of section 17 is simple: the level of crime and its impact is influenced by the decisions and activities taken in the day-to-day of local bodies and organisations. The responsible authorities are required to provide a range of services in their community. Section 17 is aimed at giving the vital work of crime and disorder reduction

a focus across the wide range of local services and putting it at the heart of local decision-making.

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

11. Equalities Implications and human rights

- 11.1 Dr. Danny Ruta, Lewisham Director of Public Health, will lead a full equalities impact analysis alongside the consultation.

12. Environmental Implications

- 12.1 There are no environmental implications.