Mayor & Cabinet		
Report Title	Public health grant cuts consultation outcome and proposals	
Ward	All	Item No.
Contributors	Executive director for community services	
Class	Open	Date: 12/12/18

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. The purpose of the report is to appraise Mayor & Cabinet of the outcome of the consultation agreed on the 4th of September by the Healthier Communities Select Committee on proposals to balance this, and to seek approval for revised proposals following the consultation.

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 Proposal Development and Consultation approach
Section 7 Summarises the consultation activity
Section 8 Neighbourhood Community Development Partnerships
Section 9 Community Nutrition and Physical Activity
Section 10 Health Visiting
Section 11 Substance Misuse
Section 12 sets out the legal implications
Section 13 sets out the financial implications
Section 14 sets out the crime and disorder implications
Section 15 sets out the equalities implications
Section 16 sets out the environmental implications

Appendix 1 Lewisham's 9 health and wellbeing priorities
Appendix 2 Equalities analysis
Appendix 3 consultation analysis
Appendix 4 substance misuse focus group summary
Appendix 5 Health Visiting patient engagement summary

3. Recommendations

Mayor and Cabinet is recommended to:

- note the consultation activity undertaken by officers, the findings of this activity and the Equality Assurance Assessment (EAA) undertaken;
- review and give approval for revised proposals to balance the cut to the Public Health grant for 2019/20.

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. The strategy lays out 9 priorities, attached as appendix 1.

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

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 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 in the grant to date to £3,985,000.

6. Proposal Development and Consultation approach

6.1 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.

6.2 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.

6.3 As a result of the above process a number of reductions were identified in staffing and 'back office' commissioning arrangements totalling £106,400. These will not impact on any existing staff

6.4 On 22 November 2016 the Executive Director of Resources and Regeneration gave approval to negotiate directly with Lewisham and Greenwich Trust (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).

6.5 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

6.6 Further proposals totalling £343,306 were considered to be significant service reductions requiring consultation.

6.7 Officers presented these proposals and the consultation approach to the Healthier Communities Select Committee on the 4th of September 2018, and proposed to return to the committee on the 3rd of December with the outcome of the consultation and specific proposals for Mayor & Cabinet approval on the 12th of December 2018. This paper sets out the revised proposals for decision by Mayor & Cabinet.

7 Consultation activity

7.1 Officers conducted a range of consultation activity (as previously described to the Healthier Communities Select Committee, and as set out below) to engage with the public and stakeholders as part of an overall 15 week consultation process.

Public Health cuts 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						**10 week public consultation period**														
consultation- stakeholders 5/9-7/11																				
PH analysis of consultation and review of proposals																				
Healthier Communities Select Committee 3/12																				
Mayor and Cabinet12/12																				

7.2 Officers consulted across the Council including at Community Services and Children and Young People's Directorate Management Teams.

7.3 Officers consulted with the Lewisham Interim Joint Commissioning Group, Lewisham Clinical Commissioning Group to understand impacts elsewhere in the local health system.

7.4 Officers consulted Lewisham Healthwatch on proposals, on the consultation approach and on equity of access.

7.5 Officers consulted the public, professionals and wider stakeholders through the Council's 'Citizen Space' platform for a period of ten weeks. Lewisham Healthwatch offered support to individuals and groups to ensure equity of access.

7.6 Officers sought to work closely with commissioned providers to develop proposals that mitigated the impact of funding reductions as far as possible.

7.7 Public Health specialists analysed the consultation outcome (Appendix 2) and produced a full equalities analysis (Appendix 1) to inform revised proposals.

7.8 Following and informed by the activity described above officers developed specific proposals for reduction in grants and public health activity, laid out in paragraphs 8 – 11 of this report.

7.9 The Council has a number of statutory duties as conditions of the Public Health grant, including a mandatory visits from Health Visiting and ensuring open access to sexual health services. The reductions described in this report will not compromise the Council's ability to deliver against these duties.

8. Neighbourhood Community Development partnerships (NCDPs)

8.1 Officers consulted on a proposed £10,000 reduction in the grants available for Neighbourhood Community Development Partnerships (NCDPs). This would mean a reduction in the amount of money available for annual grant funding for projects .

8.2 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 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.

8.3 The Council provides £100,000 from the Public Health grant 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.

8.3 The consultation focussed on residents' priorities around NCDPs and whether any reduction should be evenly distributed across the 4 neighbourhood partnerships or targeted to those residents with the greatest health and wellbeing needs.115 people responded to this section of the consultation.

8.3.1 The majority of respondents were extremely positive about the services that had been funded by the NCDPs.

8.3.2 The respondents ranked reducing social isolation and loneliness and increasing access to routes to improve health and wellbeing as the most important objectives for the NCDPs to focus on.

8.3.3 The majority of respondents (75%) felt that the reduced Public Health funding should be targeted at those individuals and groups in greatest need rather than distributed equally between the four neighbourhoods

8.3.4 There were mixed views about who is best placed to understand health and wellbeing priorities. Many respondents felt that people from within communities and those who work closely with them (such as voluntary and community sector groups) will have the best understanding of the key issues and many felt that the access to data that public health professionals have helps them to understand both the neighbourhood needs and also place these in a wider context.

8.4 The EAA appears to show that the majority of NCDP grant funded voluntary and community services are reaching residents from all the protected characteristics, in particular services for older BAME people who are socially isolated. The reduction in the Public Health grant will not have a positive impact on any particular group. As the recipients of funding change each year, officers are unable to predict the funded community groups in future years and which protected characteristic groups these organisations may support. As no community groups exist solely as a result of the NCDP funding, we do not expect any groups to stop providing services as a result of the budget cut. In addition, Community Connectors are able to signpost organisations to other sources of funding available.

8.5 The NCDPs, facilitated by Community Connections Community Development workers, will continue to engage with local community and voluntary organisations and identify opportunities to grow local community networks.

8.6 Public Health professionals will continue to support the membership of each of the four NCDPs to identify local health and wellbeing priorities and target the reduced grants to those in greatest need.

9. Community Nutrition and Physical Activity

9.1 Officers consulted on a proposed £10,000 reduction in funding for the Community Nutrition and Physical Activity service delivered by Greenwich Co-operative Development Agency (GCDA).

9.2 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

9.3 The online consultation focussed on residents' priorities in this area, and the balance and targeting of delivery supporting individuals or community organisations. 142 people responded to this.

9.3.1 142 people responded on the Community Nutrition and Physical Activity service. 83.1% of people responded in a personal capacity and 16.9% of people responded in a professional capacity. Nearly 45% of responses were from people who are currently using or had previously used the Community Nutrition and Physical Activity service. When asked to prioritise objectives for the service, all six objectives were thought to be extremely or very important by 74% to 88% of respondents to the questions. The top two objectives were 'Supporting a local environment that makes it easier to choose healthy diets and active lifestyles' was seen as Extremely or Very important by 88.2% of respondents to the question, followed by 'Developing a model that enables healthy eating and physical activity interventions to be more widely available in the community' (84.0%).

9.3.2 A slightly higher proportion of respondents disagreed or strongly disagreed that the cuts should be made by reducing services aimed at the community (64.5%) compared to services aimed at the individual (56.4%).

9.3.3 Many respondents were positive of the overall health benefits of programme and in particular the healthy walks elements of the service.

9.3.4 Suggestions on how to deliver the service in order to achieve the same reduction in budget included linking with other services, working with communities to develop volunteer roles to introducing a small charge for the services. Other comments included supporting investment in prevention and the impact of the public sector cuts.

9.4 The equalities analysis indicates the Community Nutrition and Physical Activity service reaches people with protected characteristics in particular BAME, and older people. It is not anticipated that the reduction in funding will have a positive impact on any protected characteristics, however initial analysis indicated there could be a potentially negative impact on age, gender and ethnicity if services aimed at the individual were

reduced. These groups could therefore be disproportionately affected by changes to this component of the service.

9.5 Council officers have discussed potential changes with the service providers and they propose a reduction in the hours of the Training Manager post employed by GCDA as part of the programme. This role will in future focus on training quality, observation and follow up rather than service development.

9.6 The provider feels that this reduction in the Training Manager role will not have an adverse effect on the programme delivery as the training is now well established and other staff have developed the skills and expertise to deliver the training. This change means that the provider is able to protect all other elements of the service from the reduction in budget and will be able to continue delivering the comprehensive service they provide in Lewisham. This means that the EAA anticipates that no protected characteristic group will be disproportionately impacted by the changes proposed.

9.7 Council officers propose a reduction in the hours of the Training Manager post in the programme. This change means that the provider is able to protect all other elements of the service from the reduction in budget and will be able to continue delivering the comprehensive service they provide in Lewisham.

10. Substance Misuse

10.1 Officers consulted on a proposed reduction of £127,000 in funding for substance misuse.

10.2 The main substance misuse services are delivered by Change, Grow, Live (CGL) and Blenheim CDP. Both provide a range of interventions targeted at patients and family members suffering from substance misuse.

10.2.1 CGL run the complex needs service within the borough that assesses and triages all those presenting with a substance misuse or alcohol need. Service users receive a systematic assessment for an appropriate treatment which could include pharmacological therapies for opiate dependence and commencement of dose titration within 24 hours of presentation. In addition, there are a range of specialist elements within the service designed to meet specific needs including:

- 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 two Criminal Justice Practitioners that deliver interventions/groups within service
- Mental Health Services (Dual Diagnosis and 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 then into a more settled lifestyle
- Club Drug and 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 Support - 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.

10.2.2 Blenheim CDP deliver the primary care recovery service which works in partnership with GPs and provides the 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 and 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.

10.3 The consultation set out the range of activity delivered by the services and sought the views of the public, particularly those who have accessed the provision, as to the areas they felt were of particular importance or any changes that could be made. Throughout the consultation process the addictions team worked closely with Lewisham's Service User Involvement Team (SUIT) to make sure views were gained from actual people accessing the service.

10.3.1 **Online consultation:** Members of the public including service users, carers and professionals responded to the set of questions about the Substance Misuse services. There were a range of responses from current or past service users, members of the public and professionals. They were asked whether they thought that this proposal will affect particular individuals more than others. (Appendix 3)

10.3.2 108 people responded to questions about the Substance Misuse Services. 77.8% of people responded in a personal capacity and 22.2% of people responded in a professional capacity.

10.3.3 5.6% of personal responses were from people who are either currently using the service, had previously used the substance misuse services or have a family member that has used the service; 94.4% of personal responses were from Lewisham residents/members of the public.

10.3.4 Due to the small number of responses from current or previous service users/family members it is not possible to report these findings without potentially identifying individuals. The small number of responses received were across a wide range of views which are not possible to summarise. However two focus groups have taken place with this cohort – see section 10.4 below.

10.3.5 Members of the public identified 'Increase in waiting times for services' as the most likely impact of the proposed funding cuts, with 94.4% stating this was extremely or very likely.

10.3.6 The vast majority of respondents (83.8%) believed the proposed cuts would affect particular individuals more than others. When asked to expand on this the below comments summarise respondent's views:

- Poorest and the most vulnerable (substance misusers/elderly/homeless/mentally ill) in society will be hit the hardest.
- Those with long term addictions will feel it the most
- Those who have accessed the service previously may be more aware of the changes
- Those seeking help will be discouraged

- Negative impact on families, staff providing services, support of those with addiction problems
- BAME and other vulnerable groups affected more

10.3.7 Members of the public were also asked ‘Do you have any other ideas about how we could deliver this service differently in order to achieve the same reduction in funding?’ Suggestions from the public included:

- Providing more online services and/or group sessions to save money.
- Asking sellers of alcohol to contribute to services
- Getting charities, the voluntary sector and previous service users more involved
- Better co-ordination/collaboration with mental health and other healthcare services such as GPs
- Charities / volunteering -Create 'champions' (former users -now 'clean')
- A mobile service /group sessions
- Put the service back into NHS funding
- Educating children at school – substance misuse
- Link in with other sectors to provide things like apprenticeships for people who are moving towards long-term recovery

10.3.8 Overall the majority of respondents thought that cutting funding would lead to short and long-term complications impacting on their physical, mental and social well-being.

10.3.9 Suggestions on how to cope with the potential reduced funding include:

- More learning from and co-production with community as recommended by NHS England and Kings Fund.
- Early intervention should be a critical part of this service. Schools should be trained to identify potential substance misuse.

10.3.10 Professionals also identified ‘Increase in waiting times for services’ as the most likely impact of the proposed funding cuts (93.3%) stating this was extremely or very likely. This was joint with ‘Increase in health related issues/morbidity (93.3%).

10.3.11 97.5% of respondents felt that the proposed cuts to substance misuse services would affect particular individuals more than others. When asked to expand on this view the main themes were that the impact would be most felt by substance misuse staff who will be under increased pressure and stress. The most vulnerable and hardest to reach groups including sex workers and the homeless population would also be more effected and those with complex and/or mental health needs.

10.4 **Consultation events**: In order to supplement the online survey officers organised two consultation events with service users, in order to remain consistent with the online consultation, the commissioning team (addictions) used open ended questions similar to those online. Overall the attendees were reflective of service users engaging with commissioned services. (Appendix 4)

10.4.1 Overwhelmingly, participants felt that cuts of any amount would affect service delivery and quality of care received. It was suggested that if cuts did have to be made, they should not be made to the frontline staff i.e. key workers or on medication. Overall, respondents demonstrated an understanding of the fact that, while the cuts to services and staffing were undesirable, they were necessary because of central Government cuts to Lewisham's Public Health grant.

10.5 Throughout this process, Officers also undertook a full service review of the existing treatment system; utilising the substance misuse needs assessment and other measures to inform the proposed savings for substance misuse treatment provision across the borough. The addictions team met with the current providers to seek their views on the most appropriate way to apply the cuts to the current system, and have been working together to appraise a number of options.

10.6 This process included examining levels of service usage and value for money; considered feedback from consultation with service users, stakeholders and residents and then in response to this considered how the impact of these savings can be best mitigated. In addition a full Equality Analysis Assessment has been carried out. (Appendix 2)

10.7 Taken together, the online consultation, the focus groups and the options appraisals with providers clearly indicate a desire to protect frontline services as far as possible. This is not surprising but it confirms that there are no areas of current frontline provision that are felt to be underperforming or 'a luxury' that could be cut without impacting on service users.

10.8 As such officers have focused their attention on commissioning, management and oversight functions to deliver the vast majority of the cuts.

10.9 This includes the combining of 2 posts within the commissioning team to combine the service user involvement role within a wider remit. While this reduces the number of officer hours dedicated to service users involvement the fact that the Service User Involvement Team (SUIT) which is run by current and ex-service users is now well developed means that this will have limited impact on the level of direct provision.

10.10 With services CGL will combine the Quality Lead with the Deputy Services Manager role. Officers are confident that this will not have an adverse effect on the service. This is because this role was introduced a few years ago when CGLs data quality was relatively poor but this has now been improved to a point where both the service and commissioners are confident that current levels of quality can be maintained without a dedicated resource. This means that CGL are able to protect frontline staff from the reduction in budget thus ensuring the effective service we provide for service users.

10.11 Blenheim CDP will deliver a small element of the saving but this can be delivered as part of their programme of reduced their overall overhead percentage via a merger with another provider.

10.12 The remainder of the savings will be captured from the budget for residential rehabilitation. Officers are confident that this can be managed as, based on historical usage officers, there will be sufficient funding to contain demand for the service assuming that this does not significantly increase from previous years. This budget will be kept under monthly review with any spikes in demand reviewed as part of the ongoing monitoring of the borough's usage of detoxification and rehabilitation services.

10.13 The cuts set out above will reduce the oversight and management of the treatment system in order to safeguard frontline services. At present officers feel that this is the most appropriate way to deliver the cut, primarily due to the work already undertaken to improve quality and data managing procedures and protocols. However, it is important that officers maintain vigilance to ensure that this quality does not slip as lack of effective data and management information can make designing effective and responsive services for the future very difficult.

10.14 The EAA on these proposals highlighted that there are some populations who are overrepresented within the treatment system – males and those from a white background – while younger people tend to be underrepresented but this generally represents patterns of drug and alcohol misuse in the borough. Furthermore the overall assessment is that these cuts are not likely to have any disproportionate equalities impacts due to the efforts taken to protect frontline service delivery.

11. Health Visiting

11.1 Officers consulted on a proposed £196,306 reduction in the budget for the Health Visiting service.

Service Description

11.2 The Health Visiting service, together with the Family Nurse Partnership service, is delivered by Lewisham and Greenwich NHS Trust (LGT). It leads on the delivery of the National Healthy Child Programme (HCP), providing a universal home visiting service to all families from pregnancy up until the child is 5 years old.

11.3 Through health assessments, the service delivers universal interventions to families to ensure the continued development of the child physically and emotionally. Additional targeted and specialist support is offered to more vulnerable families, this includes the Family Nurse Partnership service which supports young parents.

11.4 The contract value for Health Visiting and Family Nurse Partnership in 18/19 is £5,938,327.

Consultation Summary

11.5 Officers have consulted with staff and service users via the Council's online consultation and through attendance at six user activities and groups based in Children and Family Centres across the borough. This approach was based on discussions with LGT about the best way to meet and engage with service users. More information about the online consultation and the six engagement sessions is available in appendices 3 and 5 respectively.

11.6 Officers engaged as early as possible with LGT, informing them in July of potential proposals whilst still in draft form, seeking to work in partnership to try to develop proposals that mitigate the impacts of this reduction in funding, and requesting support in promotion of the consultation with service users and staff to ensure as wide a response as possible.

11.7 There were 119 responses to the online survey, and 34 people responded formally through the on-site engagement visits. Of the online respondents only 22% (16) told us they were service users compared to 91% (31 of 34) of those who responded to the engagement sessions.

11.8 Overall, responses to the online consultation and to the six engagement sessions demonstrate strong support for the service. Of those who responded to the online consultation, and told us that they had used the services, 71% found the service either extremely helpful or helpful, 10% moderately helpful and 19% slightly or not helpful. 97% of those who responded at engagement sessions, and told us they had used the service, found the service very or extremely helpful.

11.9 There was also strong support for specific elements of the service as follows:

- Baby and toddler hubs were rated as moderately to extremely helpful by 94% (15 out of 16) online respondents and 96% of those who responded to the engagement sessions.
- 100% of respondents to both the online consultation and engagement sessions, who told us that they had used the service, found breastfeeding services helpful to extremely helpful, providing an endorsement of the success of breastfeeding support services in the borough in line with the national recognition via Unicef Level 3 accreditation

11.10 'Improving child development,' and 'reducing infant mortality' were among the top 5 important HV outcomes in both the on-line consultation and engagement sessions and as the online respondents were both public and professionals, this suggests the HV role is generally well understood.

11.11 A majority of the respondents believed cuts would be moderately to extremely likely to have an adverse impact on the service Respondents were not being asked to compare the severity of impact on particular elements of the service with another, therefore it is reasonable that respondents would think that most or all elements might be impacted.

11.12 Where questions weren't answered, anecdotal feedback suggests this was due to "jargony" language which assumed a high level of literacy and understanding of the service.

Response to consultation

11.13 Officers recognise the high value placed on the Health Visiting service and its contribution to early intervention and prevention of escalation, and have been working to try to mitigate any impact of a cut to the service as much as possible.

11.14 The proposed cut to the Health Visiting service is £196,306 against the current budget of £6,096,224. If accepted, this would leave a budget of £5,899,918. The contract value for Health Visiting and Family Nurse Partnership in 18/19 is £5,938,327. The pricing schedule submitted in the 2016 tender has a planned uplift of £115,649 from 18/19 to 19/20 taking the anticipated contract value to £6,053,976.

11.15 This leaves a funding gap of £38,409 from the current contract value and of £154,058 against the anticipated 19/20 contract value should the cut be taken.

11.16 The Trust have confirmed that the service is holding a number of HV vacancies, in part due to a national shortage of health visitors, and that this budget reduction can be identified through these vacant posts. There are 48.48 Band 6 Health Visitors referenced in the contract Pricing Schedule. The 18/19 costing for a single Band 6 Health Visitor is £53,841 so a reduction of £154,058 could be found through 2.9 Band 6 vacancies.

11.17 As the number of vacancies confirmed by the Trust are beyond the value of the cut this would mean that the impact on current service delivery of this approach would be negligible in 19/20, though future tendering for the service would be with this reduced funding envelope.

11.18 Whilst we could anticipate an impact when the service is commissioned with a reduced budget from 2020, we would expect the current and any potential provider to have more time to respond to a tender with innovation and partnership working (for example more mobile working and further integration with partners (such as Children and Family Centres) to further mitigate any impact.

11.19 Additionally, the HV service is part of the Early Help review, which will deliver a renewed approach to our services for children and families and that may be able to further mitigate any impact.

11.20 Officers will continue to seek to work with the provider further until the implementation of the cut, should it be agreed, in April 2019.

11.21 At the presentation of these savings to the Healthier Communities Select Committee the Save Lewisham Hospital Campaign raised a number of concerns regarding the impact that this cut would have on the ratio of Health Visitors to children in Lewisham, as well as the details of the consultation process.

11.22 There are multiple sources of recommended health visitor to child ratios that it is important to consider:

- ‘The Community Practitioner and Health Visitors’ Association (CPHVA)’ advises that the optimum ratio is 1:250
- Lord Laming (2009) in his report on the protection of children in England stated health visitor caseloads should be no more than 400 children.
- The community practitioner and health visitor association (CPHVA 2009) made further recommendations that 400 should be a maximum caseload and 250 was the ideal caseload number for any health visitor.

11.23 Most commonly maximum caseloads are measured against the 0-5 population, which may not provide the most reflective indicator of levels of need against service delivery model. This is discussed further below.

11.24 Unfortunately the National Health Visiting Service Specification 2014/15 produced by NHS England did not specify a Health Visiting workforce/local population ratio recommendation. And no specific reference to Health Visiting workforce/local population ratios is made in Public Health England guidance.

11.25 However, representatives from the campaign stated that even prior to the cut if fully staffed there is one Health Visitor for every 542 children under five in Lewisham which they consider to be unacceptable.

11.26 The campaign also stated that ratios should be calculated solely against Band 6 Health Visitors with Band 4 Health Visiting Assistant Practitioners excluded.

11.27 Officers feel it is valid to include Band 4 Health Visiting Assistant Practitioners (HVAP) within ratio calculations as they are a key element of the health visiting delivery model in Lewisham developed by the Trust. The Trust have been clear that this model delivered all contractual requirements safely and effectively with HVAP's holding a smaller, universal caseload to enable Health Visitors to focus on targeted caseloads, with Health Visitor oversight.

11.28 Officers also feel that it is important to better reflect the Lewisham Health Visitor delivery model by measuring against the 0-2 and targeted case load rather than a flat 0-5 baseline. The primary function of the Lewisham Health Visiting service is delivery of the Healthy Child Programme Developmental Reviews up until the 2-2.5 review. Reviews beyond this age and up to 5 will normally occur only for children within targeted caseloads.

11.29 Based on LGT reporting we have estimated the annual targeted caseload (including MECSH) at 3000. Officers feel that this combined figure gives a more realistic estimate of relevant population, whilst still recognising it remains an estimate due to high level of mobility amongst households with young children and ongoing reporting improvements.

11.30 Based on this our estimated ratio for 2020 after the reduction in posts is shown below

Year	0-2 population and targeted caseload (3000)	Ratio for band 6 (48.48) and HVAPs (20) pre-cut = 68.48 total	Ratio for band 6 (45.58) and HVAPs (20) post cut = 65.58 total
2020	17,000	1:248	1:259

11.31 Officers have been working closely with the trust in recent months to build a clearer estimate of caseload data and this process is ongoing which further improve accuracy.

11.32 The Campaign also raised concerns that staff were not consulted. Whilst there was no direct focus group was not run, the online consultation contained a specific section for Health Visiting staff and this was promoted with staff through Health Visiting management at LGT.

11.33 The Campaign raised concerns that there was no promoted focus group for parents. To try to ensure representative engagement officers decided to undertake 6 direct engagement visits to early years sessions at Children's and Family Centres across the borough to meet parents directly rather than a self-selecting sample who may attend a focus group. As such officers feel that the overall consultation process was robust.

Equalities

11.34 Equalities data was provided from the service provider, Lewisham and Greenwich Trust, for the period April 2017 (Quarter 1 2017-18) to September 2018 (Quarter 2 2018-19), broken down by quarters. The total number of recorded Health Visiting appointments in this time period was 172,892, giving an average quarterly caseload of 24,699.

11.35 The caseload is predominantly female. The gender breakdown of the child caseload aligns to population data with an approximate 50/50 split. Additionally there are a small percentage of cases where genders were not identified. Both the online consultation and the engagement sessions were accessed predominately by females: 72% online and 91% at on-site visits.

11.36 A quarter of the caseload identify as British, with a further 15% identified from another white background, 47% from BME origins and 12% not identified. This aligns with Lewisham population data. Participation in the consultation showed a much higher proportion of people identifying as “white”: 79% online and 73% at engagement sessions, this is not representative of Lewisham population data and we recognise that this is therefore an area where consultation methods need to be stronger.

11.37 Consultation data demonstrated that 71% of online respondents were 46+, whereas engagement session users were predominately younger with 48% aged 30-35.

11.38 No engagement session users considered themselves to have a disability, but 19% online did.

11.39 Any change or impact on the service is likely to be felt more by women than men, and by children as the main service users. However, as the budget reduction will firstly come from vacant posts, and the removal of vacant posts will be done fairly and in line with caseload size and complexity and local health needs, it is not expected that there will be a disproportionate impact on any particular protected characteristic group. A full EAA is provided in Appendix 2

12. Legal Implications

12.1 The Council has statutory duties in relation to improvement and protection of public health. These a duty to take appropriate steps to improve and protect the health of people who live in their area (Health and Social Care Act 2012); a duty to deliver ‘mandated functions’ being the weighing and measuring of children, provision of health checks for eligible people, open access sexual health services, public health advisor services, and information and advice about local health issues (Local Authorities (Public Health Functions …) Regulations 2013); and requirements in relation to drug and alcohol and age 1-19 services (‘conditions of public health

grant').

12.2 The report explains that the grant to be received by the Council in relation to the public health function is to be reduced, and sets out the reasoning for and consultation carried out in relation to the consequent cuts to contracts with the Council's partners for provision of public health services, including the consideration given to equalities implications. If approved, the implementation of these proposals will take place through the funds applied during allocation of grants.

12.3 The Council has a public sector equality duty (the equality duty or the duty - The Equality Act 2010, or the Act). 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. 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.

12.4 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 above. 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 Mayor and Cabinet, bearing in mind the issues of relevance and proportionality. Mayor and Cabinet 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.

12.5 The Equality and Human Rights Commission (EHRC) has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance. The Council must have regard to the statutory code in so far as it relates to the 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 on the EHRC website.

12.6 The EHRC has issued five guides for public authorities in England giving advice on the equality duty. 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.

13. Financial Implications

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

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

14. Crime and Disorder Act Implications

14.1 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.

14.2 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.

14.3 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.

15. Equalities Implications

15.1 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 8-11.

15.2 The proposals and consultations outlined in this report informed a details equalities analysis attached to this report as appendix 2.

16. Environmental Implications

16.1 There are no environmental implications.

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.