

## Report to the Cabinet

Meeting to be held on 13 June 2019

### Report of the Director of Public Health and Wellbeing

Part I

Electoral Division affected:  
(All Divisions);

### Lancashire Wellbeing Service - Consultation Outcome

(Appendices A and B refers)

Contact for further information:

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#### Executive Summary

At its meeting on 14 February 2019, Full Council approved a proposal to cease the Lancashire Wellbeing Service (SC610) which would save £2.010m by 2020/21, subject to full public consultation, with a final decision to be made by Cabinet taking into account the responses.

This paper outlines the results from public consultation, in the context of wider policy developments and equality analysis, ensuring Cabinet is provided with appropriate information when considering the proposal to cease the Lancashire Wellbeing Service.

This is deemed to be a Key Decision and the provisions of Standing Order C19 have been complied with.

#### Recommendations

Cabinet is asked to:

- (i) Approve the cessation of the Lancashire Wellbeing Service by 31 December 2019.
- (ii) Approve continued support of a Deaf Wellbeing Worker post.
- (iii) Continue to support the development of community based approaches to meet wellbeing needs, recognising the social value of community assets such as green space and local enterprises, utilising some of the one off investment funding proposed as part of the Health Improvement Services item elsewhere on the agenda.
- (iv) Endorse multi-agency workforce development through the roll out of the Making Every Contact Count Programme (for signposting and general lifestyle advice);

and development of a digital offer, to maximise self-care opportunities afforded by health and wellbeing apps and other social media platforms.

## **Background and Advice**

The Lancashire Wellbeing Service (LWS) forms part of a secondary tier of services commissioned by Lancashire which aims to support prevention and reduce the demand on statutory services.

The service specification outlined that the role of the wellbeing worker was to:

'Support vulnerable adults, particularly those at risk of a health or social care crisis, to address the issues and underlying causes that are affecting their ability to be healthy. It is based on the principle of improving the well-being and resilience of vulnerable people, making use of the local community assets, which in turn will prevent, reduce or delay the need for more intensive and expensive health and social care interventions in the future'.

The intention was that the non-clinical service would also target those people at high or moderate risk of a health or social care crisis, comprising approximately 20% of the adult population, and particularly those with multiple long term conditions with low level mental health, lifestyle or social issues.

The Lancashire Wellbeing Service has operated in a changing landscape which has seen reduction in the range of other services available to vulnerable people, especially within the third sector. The Lancashire Wellbeing Service has adapted its offer and now delivers to a more complex cohort than originally planned. The service has also been tasked with working more closely with Adult Social Care to divert demand from statutory services. The service has also developed its working arrangements in Fylde with the Clinical Commissioning Group (Enhanced Primary Care service, in East Lancashire with the Clinical Commissioning Group funded social prescribing work, together with Lancashire Constabulary and Fire and Rescue Services.

At the Full Council meeting on 14 February 2019, a proposal to cease the Lancashire Wellbeing Service was agreed, subject to public consultation.

## **Public Consultation**

Lancashire County Council has undertaken a comprehensive consultation with a range of stakeholders to ensure views were sought on the proposal, to allow due consideration of the implications. The public, staff and partner organisations were invited to give their views on the proposal to cease the Lancashire Wellbeing Service. The consultation was promoted across Lancashire via partner organisations, community bodies and service providers. Electronic versions of the consultation questionnaire were available online through the council's website, with paper versions by request.

The fieldwork ran for eight weeks between 28 January 2019 and 25 March 2019. In total, 1,196 completed questionnaires were returned for the service users/general public consultation. For the organisation consultation 119 completed questionnaires were returned.

Consultation workshops with service users, service providers and partner organisations were held between 4 March and 22 March 2019. In total, 89 people attended the workshops (56 service users and 33 service providers/partner organisations).

During the consultation period a petition 'Save Lancashire Wellbeing Service!' was received, which as of 25 March 2019 contained 4,230 signatures. Three emails/letters from service users and one from an employee of an organisation affected by the proposal, four email/letters from MPs, seven written responses from organisations and a response from the Police and Crime Commissioner for Lancashire were received.

The detailed Lancashire Wellbeing Service Consultation Report (Appendix A) has been developed from the consultation responses received.

## **Findings – Consultation Questionnaires**

Overall 91% of public/service user respondents and 92% of partner organisation respondents strongly disagreed or disagreed with the proposal to cease the Lancashire Wellbeing Service.

### **Key themes – Public/Service Users:**

Respondents were first asked how often, if at all, they have used Lancashire Wellbeing Service. About half of respondents (51%) said that they have used the Lancashire Wellbeing Service in the past two years. Respondents who have used the Lancashire Wellbeing Service in the last two years were then asked what their reasons for using the service were. Of these respondents, the majority of most responses were mild mental health problems (77%), social isolation (57%), family support (40%) and healthy lifestyle support (39%).

Respondents who have used the Lancashire Wellbeing Service in the last two years were then asked how helpful the service they received was. Of these respondents, nearly nine-tenths (88%) said that the support they received had been very helpful.

When asked why they agree or disagree with the proposal to cease the Lancashire Wellbeing Service, the 69% said that it is a lifeline providing vital support, 23% responded that there are no alternatives and 21% felt early intervention is far better for people.

When asked how would it affect them, if this proposal happened, the majority of respondents said that there is nowhere else to go for support, so they would lose access to support (70%). When asked if there is anything else they think that needs to be considered or that could be done differently, 25% responded to say not to cut the service.

## **Key themes – Partner Organisations:**

When asked why they agree or disagree with the proposal to cease the Lancashire Wellbeing Service, the most common responses were: negative impacts on service/partnerships/referral pathways (46%), vulnerable people – reduced reach/access and increased vulnerability (34%) and nowhere to go/no service (30%).

When asked how would it affect their organisation, if this proposal happened, the most common responses were negative impacts on service/partnerships/referral pathways (50%), nowhere to go/no service (31%) and cost impacts (31%).

When asked if there is anything else they think we need to consider or that we could do differently, responses included to retain/increase the service (35%), to integrate/co-commission (20%) and re-designing the service (17%).

## **Findings – Consultation Workshops**

### **Deaf Community**

There was evidence of considerable challenges in accessing services and entitlements (including benefits, housing, transport, financial and consumer services). This impacts on social isolation, and by offering support beyond interpretation the Lancashire Wellbeing Service addressed emerging problems and prevented escalation.

### **Service Users**

For other Lancashire Wellbeing Service users, social isolation and mental health (including suicidal ideation) were often underpinned by wider factors such as physical health, finance and housing. Service users reported the value of Lancashire Wellbeing Service's holistic approach to their circumstances.

Service users favoured retaining the service, with many believing it was an important safety net and should receive additional investment.

### **Partner Organisations**

For providers and other stakeholders there was an emphasis on the potential negative impact of service loss on other services, concerns around capacity, increased demands and costs that might be displaced.

The vast majority of stakeholders also registered the importance of such provision, with suggestions including greater co-commissioning and integration with other services (particularly health), a service re-design and increased locality-based planning and delivery.

## **Proposed Approaches**

Overall, although the consultation has identified concerns should the service cease, on balance, and in order to contribute to Lancashire County Council's commitment to achieving a balanced budget, it is proposed:

- (i) To work with existing providers to decommission (cease) the Lancashire Wellbeing Service by 31 December 2019. This will include an exit plan to identify possible mitigating actions for service users.
- (ii) To continue the support of a Deaf Wellbeing Worker post, noted in the consultation responses as a highly valued service. This element is funded from a budget outside the main Lancashire Wellbeing Service budget and therefore does not impact on saving delivery.
- (iii) To support the development of non-clinical approaches to meet wellbeing needs, recognising the social value of community assets such as green space and local enterprises, utilising the one off public health transformation funding identified by Cabinet.
- (iv) To support other measures such as multi-agency workforce development through the roll out of the Making Every Contact Count Programme (for signposting and general lifestyle advice); and development of a digital offer, to maximise the opportunities afforded by health and wellbeing apps and other social media platforms, in order to promote self-management

## **Risk Management**

### **Wider Policy Agenda**

The Lancashire Wellbeing Service sits within a complex policy landscape including the emergent focus on mental health and wellbeing, social isolation and suicide prevention. Of particular note is the NHS Long Term plan (<https://www.longtermplan.nhs.uk/>) which highlights a number of themes which overlap with the work of the Lancashire Wellbeing Service, including ageing well, mental health, personalised care and prevention.

It is recognised that general practices are being brought together as Primary Care Networks, and will be receiving financial support from the NHS to develop non-clinical support services, which could mitigate or act as a focus for collaborative work at a neighbourhood level on this agenda. However given that this is an emerging agenda, the readiness for collaboration is currently unclear.

### **Adult Social Care**

The Lancashire Wellbeing Service has been orientated in part to support Adult Social Care by accepting referrals, with a view to reduce demand on statutory services. In 2018/19 Adult Social Care referred 2860 individuals. Consequently, cessation of the Lancashire Wellbeing Service is likely to impact on social care demand.

Although Adult Social Care employs specialist Hearing Impairment Social Care Support Officers (SCSOs), it is recommended that a Deaf Wellbeing Worker post continues to be funded as part of ongoing support to the Deaf Community.

### **Health partners**

The Lancashire Wellbeing Service supports people with a range of health issues including poor mental health; consequently it is recognised that any proposal to cease the Lancashire Wellbeing Service may increase demand for mental health care services.

### **Voluntary Community and Faith Sector**

It is recognised that any proposal to cease the Lancashire Wellbeing Service is likely to increase demand for support for people with a range of health issues including poor mental health.

### **Equality Impact**

It is recognised that the proposal is most likely to disproportionately impact on those with poor mental health (Equality Analysis Appendix B). However the measures identified below have been considered in part as mitigation measures.

### **Finance**

The agreed saving in relation to Lancashire Wellbeing Service (SC610) was in total £2.010m and was profiled for delivery over 2019/20 (£0.503m) and 2020/21 (£1.507m). It is important to note that this is the net saving, with additional investment of £0.650m added into the adult social care budget to mitigate additional demand that the service may encounter following the cessation of Lancashire Wellbeing Service. The total value of the Lancashire Wellbeing Service is £2.660m.

The continuation on the Deaf Wellbeing Worker post does not impact on delivery of the budget saving, as this is funded from a different budget within public health and wellbeing service.

If this report is agreed then the saving will be achieved in line with the profile identified within the service challenge saving template.

### **Legal**

Section 2 of the Care Act 2014 places a duty upon the local authority to provide or arrange for the provision of services, facilities or resources, or to take steps to consider how it will prevent, delay or reduce the need for care and support.

The Lancashire Wellbeing Service is not a statutory service. However in order to continue to meet statutory needs the Council commissions other services including the Mental Health Employment Support, Resilience and Social Recovery Service which will mitigate the impact for those service users with mental health needs.

The Council will continue to exercise its function under the Care Act by working with health colleagues to ensure the integration of care and support provision.

### **Commissioning and procurement**

Any decision to commission non-clinical approaches in future may create demand on public health, commissioning and procurement resources.

### **Mitigation**

The following measures are considered in part to mitigate the impact of the proposal:

- Lancashire County Council has made an offer to the NHS Clinical Commissioning Groups to pool the remaining public health grant with relevant NHS funded services to develop more resilient preventative services in our neighbourhoods.
- Utilisation of the residual budget within Lancashire County Council and/or jointly with partners to support the non-clinical link workers to be employed by the emerging Primary Care Networks in the NHS.
- The recently approved Mental Health Employment Support, Resilience and Social Recovery Service, designed to provide non clinical support in the community, will potentially mitigate the impact for those service users with mental health needs.
- Continuation of the role of the Deaf Wellbeing Worker, noted in the consultation responses as a highly valued service.
- Prior to the saving being put forward an analysis of outcomes for individuals accessing the Lancashire Wellbeing Service identified that some of the individuals accessing the service would otherwise require support from Adult Social Care. Therefore, £0.650m has been incorporated into Adult Social Care budget to manage the estimated impact on Adult Social Care costs following the cessation of this service
- Explore opportunities to collaborate with Lancashire Adult Learning to reduce the possible impact through further development of education and training initiatives.

### **List of Background Papers**

Paper	Date	Contact/Tel
N/A		