

## 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);

### Health Improvement Services – Consultation Outcome

(Appendices A – H refers)

Contact for further information:

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#### Executive Summary

At the meeting of Full Council on 14 February 2019, a proposal to remodel health improvement services (drug/alcohol, tobacco and healthy weight services) was approved, subject to a full public consultation, and with the final decision to be made by Cabinet based on the responses. The proposal was to:

- Healthy weight services – cease the current Active Lives Healthy Weight (ALHW) contracts on 31 March 2020, reduce the value of the associated budget by £1.5m and to pursue a different offer which maximises the use of open spaces and digital opportunities.
- Substance misuse rehabilitation – remodel services and reduce the value of the associated budget by £675,000.
- Stop smoking services – remodel services.

Overall, the consultation responses highlight the important role played by health improvement services in achieving key public health outcomes across the county. In spite of the fact that the public health grant is reducing year on year, most of the respondents did not agree with the reduction in budgets for these services.

Details of individual service consultations are attached in Appendices A - H.

The nature of the services make it difficult to accurately identify the full implications for service users. However, discussions with various stakeholders have also highlighted some opportunities to mitigate some of these impacts by investing the remaining public health resources in partnership with the NHS, district councils and educational institutions.

In particular, implementation of the NHS long term plan (<https://www.longtermplan.nhs.uk/>) and the development of neighbourhood-based

primary care networks provides an important opportunity to co-design the future place based public health services and enable the achievement of county council's vision to support long and healthy lives in Lancashire.

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

### **Recommendations**

Cabinet are asked to approve:

- (i) The cessation of the Active Lives Healthy Weight service by 31st March 2020; retaining a residual budget of £500,000 to support development of future health improvement initiatives.
- (ii) A reduction in the budget of £675,000 for drug and alcohol rehabilitation services, ahead of a planned re-procurement exercise.
- (iii) The proposal to remodel stop smoking services in line with national policy and evidence base with a focus on targeted groups within the community as detailed in the report.
- (iv) A one-off investment of £500,000 to assist in the remodelling of services and development of non-clinical approaches with a focus on prevention, to promote good physical and mental health across all ages, including wellbeing and home improvement services as set out in reports elsewhere on the agenda.
- (v) That further work be undertaken with partners to identify opportunities for collaborative working to develop integrated approaches to prevention and health improvement.
- (vi) 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**

At the meeting of Full Council on 14 February 2019, a proposal to remodel health improvement services (drug/alcohol, tobacco and healthy weight services) was approved, subject to a full public consultation, and with the final decision to be made by Cabinet based on the responses. The proposal was made consequent to the year on year national reduction in the ring fenced public health grant and the budget challenges currently faced by Lancashire County Council.

However, the proposal provides an opportunity to work more collaboratively with system wide partners and agencies to support development of integrated pathways of care and support, as part of a broader systematic approach to prevention and population health improvement. Of particular note is the NHS Long Term plan (<https://www.longtermplan.nhs.uk/>) which highlights a number of similar themes including prevention, ageing well, cardiovascular disease and stroke, providing an opportunity for greater collaboration going forward. 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 provides opportunity to act as a focus for collaborative work at a neighbourhood level on this agenda.

Extensive consultation has been undertaken in relation to the three areas of activity:

- Healthy weight services
- Substance misuse rehabilitation
- Stop smoking services

Summary reports for each area of activity have been developed (Appendices A, D and G), informed by extensive online and working group consultations conducted with the public/service users and representatives of partner agencies, with consultation reports identifying the key findings (Appendices B, E and H).

Similarly equality analyses, informed by the consultation findings, have been completed for both healthy weight and substance misuse rehabilitation services (Appendices C and F). An equality analysis in relation to stop smoking services was not considered necessary because it is not anticipated that this element of the proposal will adversely impact disproportionately any groups with protected characteristics (Appendix G).

Overall, the consultation responses highlight the important role played by health improvement services in supporting the achievement of key public health outcomes. The majority of the responses do not support the proposed changes or cessation of the services. However there is opportunity to develop a more coherent service offer, making these services work more closely and synergistically to meet health and wellbeing needs.

There is an ongoing need to find alternative ways to improve public health outcomes whilst the financial resources available to the council are reducing year on year.

In addition, there have been a number of discussions with partner organisations, particularly the NHS but also including other stakeholders including district councils, academic institutions, Lancashire Adult Learning, Lancashire football associations, Active Lancashire, and various other voluntary, community and faith sector organisations. These partners are aware of the financial challenges faced by the county council and have offered to explore various ways to develop alternative solutions to continue to improve public health outcomes.

The implementation of NHS Long Term Plan, the focus on non-clinical approaches to meeting health and wellbeing needs, the development of neighbourhood based primary care networks, and the digital health solutions offer a significant opportunity to re-design the public health services in the future. This will also support delivery of county council's vision to support long and healthy life across Lancashire.

Work is ongoing to support the re-alignment and delegation of the remaining public health resources to be part of the five emerging place based Integrated Care Partnerships across Lancashire and South Cumbria Integrated Care System.

This will enable public health services to be delivered as part of the wider neighbourhood multi-disciplinary teams being developed across Lancashire. Subject to agreement with NHS, the budgets for the public health services could become part of the wider place-based budgets and managed jointly with partners willing to pool their respective resources. We expect this to be delivered in line with the NHS Long Term Plan between 2020 and 2030.

Similarly there is an opportunity to provide strategic oversight by strengthening the role of the Health and Wellbeing Board to advance integrated working across Lancashire.

### **Risk Management:**

### **Wider Policy Agenda**

As identified above, remodelling these services provides opportunity to work more collaboratively with system wide partners and agencies as part of a broader systematic approach to prevention and population health improvement. Of particular note is the NHS Long Term plan which highlights a number of similar themes.

### **Equality Impact**

Equality analyses have been considered for each area of activity (Appendices C and F). In summary it is recognised that:

### **Healthy Weight Services:**

- Older people – may be less likely to engage if the proposal goes ahead because it is unlikely they will receive direct support for exercise/weight management, and future opportunities for exercise are more likely to be based outdoors. It is possible that there may also be less social interaction if there are fewer group activities; and older people may be less inclined to utilise digital support
- Disabled people – may find it more difficult to exercise independently and utilise outdoor open spaces. Similarly some disabled people may find digital support less easy to use.
- Religion or belief – Current provision includes access to some Muslim-women-only group sessions, utilising appropriate premises that provide for private exercise. This is less likely to be available if the proposal goes ahead.

### **Substance Misuse Rehabilitation:**

- Disabled people – service users with mental health conditions may be disproportionately affected, given that service users presenting with co-occurrence of mental health and substance misuse issues are particularly prevalent.
- Sex/ Gender – male service users may be disproportionately affected, given it is estimated that currently 66% of placements into rehabilitation are male.
- Ethnicity – people from an African/Caribbean background may be disproportionately affected because they are disproportionately represented within the treatment cohort for rehabilitation, making up 3% of placements.

## **Finance**

The agreed saving in relation to Health Improvement Services (SC609) was in total £2.175m, profiled for delivery over 2019/20 (£0.337m) and 2020/21 (£1.838m).

In addition, one-off investment was provided to support the service in delivering the saving (and as outlined in this report and other related reports presented to Cabinet), help to mitigate the impact. An investment of £0.500m was approved and will be used to support the implementation of savings in health improvement services, the wellbeing service and home improvement services.

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

## **Legal**

The Care Act 2014 places a duty upon the Council to provide or arrange for the provision of services, facilities or resources, in order to prevent, delay or reduce the need for care and support. The Council will continue to work with health partners to ensure statutory functions continue to be met.

## **Mitigation**

- An offer has been made to the NHS Clinical Commissioning Groups to pool the remaining public health grant with relevant NHS funded services and develop more resilient preventative services in our neighbourhoods; recognising the opportunity to work with the NHS to deliver the ambitions identified in the NHS Long Term Plan.
- The development of non-clinical approaches to meet wellbeing needs, including a strategic approach to tackling obesity and promoting good physical and mental health across all ages; engaging differently with our communities and recognising the social value of community assets such as green space and local enterprises, utilising some of the one off investment funding of £500,000 proposed as part of these changes.
- Residential and non-residential rehabilitation services will be redesigned and recommissioned, recognising the opportunity to promote the uptake of community based drug and alcohol services and maximise utilisation of wider community assets.
- A shift towards collaborative working with system wide partners and agencies to support integrated pathways of care and support, as part of a broader systematic approach to prevention and health improvement.
- 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.

### List of Background Papers

Paper	Date	Contact/Tel
N/A	N/A	N/A