

Section 4

Equality

Analysis Toolkit

Lancashire Wellbeing Service (LWS)

For Decision Making Items

13 June 2019

Question 1 - What is the nature of and are the key components of the proposal being presented?

We are proposing to cease the Lancashire Wellbeing Service on 31 December 2019.

Question 2 - Scope of the Proposal

Is the proposal likely to affect people across the county in a similar way or are specific areas likely to be affected – e.g. are a set number of branches/sites to be affected?

Lancashire Wellbeing Service (LWS) is a countywide provision, supporting those adults (18 and over) most at risk of a health or social care crisis to remain healthy and well. The service assists with

- Emotional health – low mood, anxiety, stress, feeling overwhelmed and mild depression
- Social isolation – loneliness, few or poor social skills
- Difficult circumstances – family finance, employment, education
- Lifestyle and healthy living – supporting behaviour change

The service receives in the region of 11,000 referrals each year. Depending on their needs, people receive support directly from the service, or the service refers them to other types of support. For example, the service helps people to use support provided by the Voluntary, Community and Faith Sector (VCFS). People generally receive support for up to eight sessions, over 12 weeks, where help is provided to develop a plan to address their needs.

The proposal would remove all Lancashire Wellbeing Service provision across the County. In 2018/19 the Lancashire Wellbeing Service reported that referral rates were highest in Lancaster, Preston, South Ribble, West Lancashire, Wyre and Chorley districts. In some areas and services the Lancashire Wellbeing Service is embedded within pathways such as the Integrated Neighbourhood Teams (INTs), Police, Lancashire Fire and Rescue (LFRS) and mental health.

Alternative services may be able to deliver some aspects of LWS provision (Community Navigators in East Lancashire and the *Enhanced Primary Care Team; EPC*) in the Fylde Coast, although this would not be countywide and would not alleviate the impact of service removal within the areas of highest uptake.

Consultation feedback suggested that there would not be sufficient capacity within the Voluntary, Community and Faith Sector (VCFS) to respond to need in all areas of the County if the service was to cease.

Question 3 – Protected Characteristics Potentially Affected

Could the proposal have a particular impact on any group of individuals sharing protected characteristics under the Equality Act 2010, namely:

- Age
- Disability including Deaf people
- Gender reassignment
- Pregnancy and maternity
- Race/ethnicity/nationality
- Religion or belief
- Sex/gender
- Sexual orientation
- Marriage or Civil Partnership Status

And what information is available about these groups in the County's population or as service users/customers?

As the service supports a number of people with protected characteristics all of the above groups could be affected by the proposal, and in particular:

People affected by mental health conditions

Good mental health is one of the strongest protective factors to good overall health and wellbeing. It fundamentally affects behaviour, social cohesion, social inclusion and prosperity. The Five Year Forward View for Mental Health taskforce report highlights that 1 in 4 adults experience

at least one mental health problem in any given year, and that mental illness is the largest single cause of disability in the UK.

The impact of mental illness will vary widely according to the individual in terms of intensity, severity and length of illness. As people recover or are better able to manage their condition they may experience fluctuations in their needs and the associated impact on their disability.

'Good mental health is essential for a healthy and prosperous society. However, it is easy to focus on what happens when a person becomes mentally ill, and how the health service intervenes, rather than how to keep our communities mentally well in the first place, preventing mental health issues arising, intervening early if problems do start surfacing, and helping people manage their lives going forward. This is where councils play a fundamental role in the mental health and wellbeing of the population'. – *LGA, 2017*¹

Supporting the emotional and mental wellbeing of individuals is a key element of the Lancashire Wellbeing Service offer. The wellbeing workers provide support, utilising motivational interviewing to enable the person to change their behaviour and to engage within their local community.

Data from 2017/18 shows that in the Lancashire County Council area there were 114,397 adults (aged 18+ years) with a confirmed diagnosis of depression, accounting for 11.8% of the total 18+ registered population. This is significantly higher than the England prevalence of 9.9%².

In 2018/19, Lancashire Wellbeing Service reported that approximately 30% of those referred to the service had a mental health condition, with approximately 15% of people presenting with depression and 15% with anxiety.

¹ Local Government Association (2017) Being mindful of mental health: The role of local government in mental health and wellbeing. Available at: https://www.local.gov.uk/sites/default/files/documents/22.6_Being%20mindful%20of%20mental%20health_08_revised_web.pdf

² Source: 2017/18 Quality and Outcomes Framework (QOF). See <https://www.lancashire.gov.uk/lancashire-insight/health-and-care/mental-health-and-wellbeing/common-and-severe-mental-illness/>

Deaf people

One in six people in the UK – more than eleven million people – have some form of hearing loss. From this total, over 5.2 million are aged between 17 and 69 and 5.7 million are 70+. Over 70% of over 70 year olds and 42% of over 50 year olds have some form of hearing loss. It is estimated by Action on Hearing Loss (2015)³ that by 2035 there will be 15.6 million people with hearing loss in the UK.

In 2019 an estimated 23,833 adults (18+) in Lancashire County area had 'severe' hearing loss, with this figure predicted to increase by 10,424 to 34,257 by 2035. An estimated 224,768 adults in Lancashire had some hearing loss, with this figure expected to rise by 53,831 to 278,599 by 2035.⁴

The Deaf Wellbeing Worker (DWW) within the Lancashire Wellbeing Service has a role to engage and support people who are Deaf or hard of hearing and raise awareness with partner organisations in relation to the barriers faced by the Deaf community. Between October 2017 and March 2019 the service reported that 148 Deaf people were supported, with 146 community sessions and 268 home visits undertaken. The proposal would mean that Deaf people would lose the LCC-funded support provided in the community. Although there is currently no similar community role identified, Adult Social Care employs specialist Hearing Impairment Social Care Support Officers (SCSOs) who can provide specialist equipment to deaf people, where they are assessed as having Care Act eligible needs, in order to increase and maintain their independence. They can also give advice on other services that may help, for example, alternative methods for carrying out tasks such as specialist video phone services that enable British Sign Language (BSL) users to have phone calls with people with full hearing.

³ Action on Hearing Loss (2015) Hearing Matters: Why urgent action is needed on deafness, tinnitus and hearing loss across the UK. Available at <https://www.actiononhearingloss.org.uk/-/media/ahl/documents/research-and-policy/reports/hearing-matters-report.pdf>.

⁴ Source: Poppi data for Lancashire, v.11. Produced on 24/4/19 by LCC Business Intelligence. See www.poppi.org.uk.

The Hearing Impairment Social Care Support Officers also maintain good links with community-based services for deaf people and can signpost people towards other services where appropriate.

Any person who feels they may need support can request a social care assessment of their needs, and staff would ensure that the individual is able to fully participate in the assessment using their first language and communication method.

Question 4 – Engagement/Consultation

How have people/groups been involved in or engaged with in developing this proposal?

About the consultation

Public consultation was undertaken between 28 January 2019 and 25 March 2019 through online questionnaires, with paper copies also made available, and focus groups across the county.

In total, 1,196 completed questionnaires were returned for the service users/general public consultation (11 paper questionnaire responses and 1,185 online questionnaire responses). For the partner organisations 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).

There have been 2 specific focus groups for the Deaf community which were co-ordinated by the Deaf Wellbeing Worker, who was present at both events. Two independent British Sign Language interpreters were in attendance to sign at both events to enable full participation.

Wider service user engagement events were held in North, East and Central Lancashire, facilitated by LCC officers. The events were led by the same person for continuity and supported by a note-taker.

At the focus group held in East Lancashire a petition was submitted entitled 'Save Lancashire Wellbeing Service!' which, as of 25 March 2019, had received 4,230 signatures. LCC also received three emails/letters from service users and one from an employee of an organisation affected by the proposal, four emails/letters from MPs and seven written responses from organisations.

Demographic information in relation to protected characteristics was included in the public consultation survey. This is summarised as:

- **Residence:** 86% of respondents were residents of Lancashire.
- **Sex / Gender:** 72% of respondents were female and 23% were male, less than 1% identified as being "other" and 4% prefer not to say. Women often form the majority of consultation respondents, and this response level is similar to that for other County Council consultations.
- **Sexual Orientation:** 80% of respondents identified as being heterosexual/straight and 15% prefer not to say. 2% of respondents identified as being Bisexual and 2% Lesbian / Gay women, which are both higher than for many County Council consultations. 1% of respondents identified as being Gay men which is in line with other consultations.
- **Age:** Under 1% of respondents were aged 16-19, 16% of respondents were aged 20-34, 35% of respondents were aged 35-49 and 30% were aged 50-64. This profile is similar to those for Children and Family Wellbeing consultations. 8% of respondents were aged 65-74 and 2% were aged 75+ which is a lower participation from older people than for a number of County Council consultations. 8% of respondents preferred not to say.
- **Disabled People and Deaf People:** For this consultation it was decided to include some categories of disability rather than a more generic question. 63% of respondents did not have a disability and 10% preferred not to say. 25% of respondents had a disability or were Deaf/hearing impaired people, which is a higher figure than for other service consultations. 13% of respondents had a mental health disability, 12% had a physical disability, 3% said they had a learning disability, 3% said they were Deaf or had a hearing impairment, 1% had a visual impairment and 5% indicated they had another disability.

Some respondents are likely to have identified as having more than one disability.

- **Disability:** 9% of respondents reported there are disabled children or young people aged under 25 in the household.
- **Ethnicity:** 86% of respondents identified that they were White, 10% preferred not to say, 2% were Asian/Asian British, 1% were of mixed ethnicities, 1% identified as being from "other" ethnicities and less than 1% were Black/Black British. This is similar to many other consultations but may be different from the ethnicity profile of the 2011 Census where 92% of Lancashire respondents were White and 7.8% are from BME communities – although the level of "prefer not to say" responses gives some uncertainty about this.
- **Religion or Belief:** 49% of respondents identified as being Christian which is lower than in the 2011 Census, 1% of Lancashire respondents identified as being Muslim which is also lower than the 2011 Census figure. 1% of respondents were Buddhist and under 1% were Hindu, Jewish and Sikh respectively. 17% of respondents identified as "Any Other Religion" which is far higher than for the 2011 Census and other consultations whilst 36% of respondents had "no religion" which is almost double the 2011 Census figure of 19%. 11% of respondents preferred not to say.

Consultation findings: brief overview

- 91% of public/service user respondents strongly disagreed or disagreed with the proposal to cease the Lancashire Wellbeing Service.
- 69% reported that the service was a lifeline providing vital support
- 70% reported that there was nowhere else to go for support if Lancashire Wellbeing Service ceased.
- 92% of responses from partner organisations strongly disagreed or disagreed with the proposal.
- 46% of partner responses highlighted concerns about the potential negative impact on partnerships and referral pathways.
- 34% reported that the proposal would increase individuals' vulnerability and reduce access to services and support.

Service users reported that social isolation and mental health (including suicidal ideation) were often underpinned by wider factors such as finance and housing along with physical health problems of which when combined with mental health, fundamentally affects the delivery and effectiveness of care for physical health problems⁵. This highlights the value of the Lancashire Wellbeing Service in providing a holistic approach to their circumstances.

There was evidence that Deaf service users experienced considerable challenges in accessing services and entitlements (including benefits, housing, transport, financial and consumer services). This impacted on social isolation, and by offering support beyond interpretation, the Deaf Wellbeing Worker supports individuals to address emerging problems to prevent further escalation.

In addition to Deaf people and those with mental health concerns, the consultation also highlighted potential impacts on older people and on women, who are over-represented in the service user population.

Question 5 – Analysing Impact

Could this proposal potentially disadvantage particular groups sharing protected characteristics and if so which groups and in what way? This pays particular attention to the general aims of the Public Sector Equality Duty:

- To eliminate unlawful discrimination, harassment or victimisation because of protected characteristics;
- To advance equality of opportunity for those who share protected characteristics;
- To encourage people who share a relevant protected characteristic to participate in public life;

⁵ Faculty of Public Health / Mental Health Foundation (2016) Better Mental Health for All: A Public Health Approach to Mental Health Improvement. London: Faculty of Public Health and Mental Health Foundation. p.12. Available at <https://www.fph.org.uk/media/1644/better-mental-health-for-all-final-low-res.pdf>

- To contribute to fostering good relations between those who share a relevant protected characteristic and those who do not/community cohesion.

Age

Whilst providing services across the adult age range, 20% of those accessing Lancashire Wellbeing Service are aged over 75 (compared to 11.38% over 75s in the adult Lancashire population (2017 mid-year population estimates⁶). Withdrawal of the service is therefore more likely to disproportionately affect this group.

Disability including Deaf People

Under the Equality Act a person is considered to have a disability if they have a physical or mental impairment; and the impairment has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Mental Health

Lancashire Wellbeing Service was commissioned as a service to support those with low level mental health and wellbeing support needs in the community. This included support to tackle social isolation, which can contribute to more entrenched psychological and physical health conditions affecting both morbidity and mortality (Public Health England, 2015).⁷ The prevalence rate of adults with depression in Lancashire in 2017/18 was 11.8% (England 9.9%, North West 11.7%). 98.8 per 100,000 people in Lancashire were admitted to hospital for mental health conditions in 2017/18 (England 84.7; North West 105.6).

Service Users

Lancashire Wellbeing Service has seen an increase in complexity of cases, resulting in the service providing support for those with higher level

⁶ Source: LCC Business Intelligence, April 2019 (from mid-2017 ONS data).

⁷ Public Health England / UCL Institute of Health Equity (2015) Local action on health inequalities: Reducing social isolation across the lifecourse. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf

need. For example, a number of service user consultation responses reported suicidal ideation.

The 2015-17 suicide rate for Lancashire was 11.2 per 100,000, higher than the overall rate for England (9.6) and the North West (10.4). The NHS Five Year Forward View for Mental Health set recommendations on suicide prevention and to reduce suicides by 10% nationally by 2020/21 which has been adopted through by the Integrated Care System Suicide Prevention Oversight Group, and more locally through the LCC Suicide and Self Harm Prevention Partnership. To date the Lancashire Wellbeing Service has responded to 146 disclosures of suicidal ideation.

Service users reported long waiting lists for mental health services and closure of some community provision:

Consultation events highlighted the impact of Lancashire Wellbeing Service on people with both low and moderate mental health and wellbeing needs. Participants spoke of the challenges of obtaining timely access to mental health services, suggesting that Lancashire Wellbeing Service provided a 'safety net'.

The 'wraparound' nature of provision, addressing wider contributory factors affecting mental health, was seen to be particularly important, supporting people and linking into resources that can tackle their isolation, motivation, confidence and other underlying issues.

Given the high level of respondents reporting mental health challenges (77%) and social isolation (57%), it is considered that the proposal could have a disproportionate impact on disabled people in Lancashire, by impacting on service access, equality of opportunity and participation in the community.

Carers:

In the focus groups family members and carers reported how they were supported by the service. Listening and supporting them with finance and signposting to relevant organisations. In 2018/19 the LWS supported 593 carers and of these 361 went on to access sessions.

Other Services:

Lancashire Wellbeing Service is integrated into referral pathways for vulnerable people. It received 2860 referrals in 2018/19 the last year from Adult Social Care, 2340 from 'health' and 1038 from Police, amongst others.

Service users and providers expressed concerns that, for many, there would be nowhere to go that offered the support provided by Lancashire Wellbeing Service. The proposal may result in displacement to other services including LCC Adult Social Care and other LCC commissioned services such as the Mental Health Employment Support, Resilience and Social Recovery Service.

As per the Prevention Concordat for Better Mental Health all organisations have a role to play in promoting a prevention focussed approach towards improving the public's mental health⁸.

Some partner organisations reported in consultation survey responses how the LWS is an important part of their referral pathways:

"Lancashire Wellbeing Service has been a valuable service for Fylde & Wyre SPoA [Single Point of Access] to access at the point of referrals into this service. We have either joint worked with Lancashire Wellbeing Service or we have signposted referrals to their service as a more appropriate service to meet the needs of the patient referred. They have responded to and taken up referrals and have successfully worked with patients in the community whereby all needs have been met without individuals having to come into mental health services."

"The constabulary relies heavily on the services provided by Lancashire Wellbeing Service. They manage circa 1000 referrals per annum on behalf of the police. All of these referrals relate to safeguarding matters and the service provided by Lancashire Wellbeing Service is critical to our prevention offer. As a county we are committed to a 'Trauma Informed ' way of working together. The agreement made at the Public Services Board on 21st February 2019 was that as a county all agencies validated

⁸ Prevention Concordat for Better Mental Health (2019).

<https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health>

the approach of early action and prevention. Lancashire is about to be nominated a pathfinder area for 'Trauma Informed England'; cessation of the Lancashire Wellbeing Service would seriously hamper our effectiveness in this new piece of work. To put in some demand context there has been approx. 151% year on year increase in our referrals to this service."

"During home fire safety visits I use Lancashire Wellbeing Service on a regular basis and find their service invaluable. There's nowhere else that we can refer vulnerable members of the public to get support and be encouraged/supported to become safe, well and become independent in the community or help put in place necessary support. Lancashire Wellbeing Service acted as a hub who were able to be a single point of call for so many services and members of public to go through and be directed to the relevant services...It was an amazing service that enabled vulnerable people to have services co-ordinated so that things weren't duplicated and they could have a key worker to help guide them through what is often a time which is overwhelming for them. The service empowers people to take control of their lives but gives them a much needed guided hand in doing so."

Deaf People

Although the initial proposal was to cease the dedicated community Deaf wellbeing support offered by Lancashire Wellbeing Service, further to consultation it is recommended that the support to deaf community continues.

The consultation process highlighted the role of the worker in providing support to address a range of barriers that affected the wellbeing of the Deaf community, such as communication, housing, finance, access to health.

The Lancashire Wellbeing Service Deaf Wellbeing Worker specialises in deafness and understands the culture, language and needs of the Deaf community. Deaf services users reported that the Deaf Wellbeing Worker provides free support, interpretation, advice and advocacy, bridging the gap between the Deaf community and services. Practical and emotional help was seen as important in order to tackle social isolation and quality of life.

LWS service users reported that many other services (GPs, benefits / financial services, local authorities, housing, transport) did not easily enable Deaf people's access, with contact either by telephone or by written / online format.

Due to the focus on British Sign Language (BSL) and lip reading, English language literacy levels cannot be assumed, particularly amongst older Deaf people whose education may only have focussed on their first language (BSL).

The 'community interpreter' role played by the Deaf Wellbeing Worker was regarded as very important.

This function extends beyond interpretation, and some respondents reported that 'interpreter only' provision was insufficient to overcome barriers.

Furthermore, family interpreters were not always available or appropriate (for example in relation to sensitive personal or financial issues). In some cases services refused to speak to family members citing data protection concerns.

Many Deaf people who participated in the consultation reported that if the Lancashire Wellbeing Service Deaf provision ceased they would be 'lost'.

This is reflected in online consultation responses, where:

- 82% of respondents who identified as Deaf or hard of hearing believed that the proposals would result in a loss of access to a support network, or them having nowhere to turn.
- 18% reported that the proposal would lead to increased vulnerability.
- 82% reported that the service was a lifeline, providing vital support.

Access to interpreters can be difficult and costly to the individual. Support to lead an independent life is available through the LCC Sensory Impairment Team to those who identify themselves as Deaf. The Deaf Wellbeing Worker has facilitated contact with the Sensory Impairment Team given the team is generally accessed by phone. Email and text provision is offered, but older Deaf people indicated that this was a barrier.

The Sensory Impairment Team also refer into the Lancashire Wellbeing Service for Deaf Wellbeing Worker support.

Whilst a relatively small part of the overall Lancashire Wellbeing Service provision, the cessation of the Deaf Wellbeing element of the service is likely to have a disproportionate impact on Deaf people in Lancashire, by impacting on service access, equality of opportunity and participation in the community.

Physical Disability

20.1% of people in Lancashire reported having a long-term problem or disability in 2011 (census). Lancashire Wellbeing Service referral data for 2018/19 indicates that 21% of referrals identified having a chronic illness, with 5.5% reported having a physical disability.

Sex / Gender

60.5% of LWS service users are female. This may partly be due to demographic gender variations (particularly in those aged 75 or over) and to males being less likely to present to services for mental health concerns⁹.

Care Act 2014

LCC complies with its Care Act duties through a range of services delivered directly by the Local Authority and through contractual compliance with a range of commissioned providers.

The Lancashire Wellbeing Service is a non-statutory service, but receives referrals from Adult Social Care, mental health services, emergency services and other LCC provision. It offers support to prevent the escalation of need and provides information and advice to enable people to access wider community services. As such, it currently forms a part of the overall Local Authority Care Act offer, which will consequently be affected if the service is discontinued.

⁹ See Wilkins, D. (2010) Untold Problems: A review of the essential issues in the mental health of boys and men. Men's Health Forum. Available at https://www.menshealthforum.org.uk/sites/default/files/pdf/untold_problems.pdf

Question 6 –Combined/Cumulative Effect

Could the effects of this proposal combine with other factors or decisions taken at local or national level to exacerbate the impact on any groups?

There are related budget proposals that may impact on service users and partner organisations including:

- Proposed service cessation of the Home Improvement Service may lead to reduced support to those with protected characteristics.
- Budget reductions in relation to the Welfare Rights Service, Substance Misuse Rehabilitation Services and Active Lives / Healthy Weight may increase the negative impact of the proposal.
- The recently approved Mental Health Employment Support, Resilience and Social Recovery Service was developed to complement Lancashire Wellbeing Service provision. Whilst this service may offer some mitigation, the Lancashire Wellbeing Service proposal may place additional pressure on this service
- Given the higher than usual percentage of consultation respondents who had disabled children or young people aged under 25 in their household, it is also possible that the proposal to cease Lancashire Break Time may also impact the cumulative effect of this proposal. Cessation of Lancashire Break Time may mean that parents / carers lose a potential source of support.
- The Lancashire Wellbeing Service supports people with a range of health issues including mental health, consequently any proposal to cease the Lancashire Wellbeing Service may increase demand for health and social care services.
- The proposal to cease the Lancashire Wellbeing Service would place 88 staff members at risk of redundancy.
- Potential service users will face a reduced offer from October 2019 as the service demobilises ahead of 31 December 2019 cessation.

Question 7 – Identifying Initial Results of Your Analysis

As a result of the analysis has the original proposal been changed/amended, if so please describe.

Members made a decision at Cabinet in 3 December 2018 to undertake public consultation on a proposal to cease the Lancashire Wellbeing Service. Given the current contextual understanding based on the consultation questionnaires and focus groups responses, the recommendations are that Cabinet:

- Approve the cessation of the Lancashire Wellbeing Service by 31 December 2019.
- Approve continued support of a Deaf Wellbeing Worker post, noted in the consultation responses as a highly valued service
- 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
- Endorse 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

Question 8 - Mitigation

Will any steps be taken to mitigate/reduce any potential adverse effects of the proposal?

The following steps will be taken to mitigate the impact of the proposal:

- LCC 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 LCC 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.

Question 9 – Balancing the Proposal/Countervailing Factors

This weighs up the reasons for the proposal – e.g. need for budget savings; damaging effects of not taking forward the proposal at this time – against the findings of the analysis.

The rationale behind the original proposal was to support the financial challenges faced by the County Council. The risks in not following the proposal are that LCC reduces its ability to set a balanced budget.

The residual budget has been transferred to adult social care to help mitigate the impact of service cessation.

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

The recommendations look 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. Also to endorse 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.

Question 10 – Final Proposal

In summary, what is the final proposal and which groups may be affected and how?

The final proposal is that Cabinet is asked to:

- Approve the cessation of the Lancashire Wellbeing Service by 31 December 2019.
- Approve continued support of a Deaf Wellbeing Worker post.
- 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.
- 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.

The Equality Analysis has highlighted how the Deaf Community and those with mental health conditions are most likely to be affected by the cessation of the Lancashire Wellbeing Service. These proposals will help to mitigate the impact in communities and provide support for the deaf community. The Mental Health Employment Support, Resilience

and Social Recovery Service will in part provide mitigation by offering support to those with mental health conditions.

Question 11 – Review and Monitoring Arrangements

What arrangements will be put in place to review and monitor the effects of this proposal?

Any utilisation of the residual budget will be required to support wellbeing of Lancashire residents. Any future commissioning would be required to make due consideration to protected characteristics.

A requirement to maintain performance reporting linked to the continuation of support to the Deaf Community.

Equality Analysis Prepared By: Marie Demaine

Position/Role: Senior Public Health Practitioner and Public Health Practitioner

Equality Analysis Endorsed by Line Manager and/or Service Head Chris Lee, Public Health Specialist / Clare Platt, Head of Service, Health Equity, Welfare & Partnerships

Decision Signed Off By:

Cabinet Member or Director:

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