Lancashire County Council

Health Scrutiny Committee

Wednesday, 26th June, 2019 at 11.00 am in Committee Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Agenda

Part I (Open to Press and Public)

No. Item

1. Apologies

2. Disclosure of Pecuniary and Non-Pecuniary Interests

Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.

3. Call In Request: Decisions taken by Cabinet on 13 June 2019, in relation to the Cabinet Member for Health and Wellbeing's area of responsibility (Pages 1 - 284)

4. Urgent Business

An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the Minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Member's intention to raise a matter under this heading.

5. Date of Next Meeting

The next scheduled ordinary meeting of the Health Scrutiny Committee is due to be held at 10.30am on Tuesday 24 September 2019 at 10.30am, County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

Lancashire County Council

Health Scrutiny Committee
Meeting to be held on Wednesday, 26 June 2019

Electoral Division affected:
(All Divisions);

Call In Request: Decisions taken by Cabinet on 13 June 2019, in relation to the Cabinet Member for Health and Wellbeing's area of responsibility
(Annexes A, B, C and D refer)

Contact for further information:
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Executive Summary

On 13 June 2019, Cabinet received and approved recommendations contained in the following reports:

- Health Improvement Service (**Annex A**);
- Integrated Home Improvement Services (**Annex B**); and
- Lancashire Wellbeing Service (**Annex C**)

Following requests from eleven County Councillors in accordance with the "Call In" procedures, the Chair of the Health Scrutiny Committee has called an extraordinary meeting to consider calling in the decisions.

Recommendation

- In accordance with the Call In procedures contained in Overview and Scrutiny Procedural Standing Orders E1-2, the Committee is asked to consider whether or not to request Cabinet to reconsider the decision made on 13 June 2019 to approve the recommendations in relation to:
  1. the Health Improvement Service as set out in the report below.
  2. the Integrated Home Improvement Services as set out in the report below.
  3. the Lancashire Wellbeing Service as set out in the report below.

- If the committee resolves to ask cabinet to reconsider the recommendations in relation to any of the above,
  4. to determine the grounds on which the request is to be based.

Background and Advice

On 13 June 2019, Cabinet received the following reports in relation to the Cabinet Member for Health and Wellbeing's area of responsibility:

- Health Improvement Service (**Annex A**);

Lancashire County Council

- Integrated Home Improvement Services (**Annex B**); and
- Lancashire Wellbeing Service (**Annex C**)

In relation to the **Health Improvement Service**, Cabinet resolved that:

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 be approved.
ii. A reduction in the budget of £675,000 for drug and alcohol rehabilitation services, ahead of a planned re-procurement exercise be approved.
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 be approved.
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 be approved.
v. Further work be undertaken with partners to identify opportunities for collaborative working to develop integrated approaches to prevention and health improvement.
vi. 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 be endorsed.
vii. The thanks of Cabinet to the officers who assisted in the production of the report be recorded.

In relation to the **Integrated Home Improvement Services**, Cabinet resolved that:

i. The Integrated Home Improvement Service contracts be decommissioned (ceased) by 31st March 2020, and that work be approved to take place with existing providers to deliver this.
ii. The development of new approaches and integrated pathways, utilising some of the one off investment funding of £0.500m agreed by Cabinet as part of proposals relating to Health Improvement Services be supported.
iii. A procurement exercise be undertaken to deliver a 'minor adaptations' service which is currently delivered through the Integrated Home Improvement Service.
iv. The thanks of Cabinet to the officers who assisted in the production of the report be recorded.

In relation to the **Lancashire Wellbeing Service**, Cabinet resolved that:

i. The cessation of the Lancashire Wellbeing Service by 31 December 2019 be approved.
ii. Continued support of a Deaf Wellbeing Worker post be approved.
iii. 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 be supported.

iv. 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 be endorsed.

v. The thanks of Cabinet to the officers who assisted in the production of the report be recorded.

On Monday 17 June 2019, the Chief Executive received a request, signed by eleven County Councillors representing more than one single political group, for the Health Scrutiny Committee to consider whether these decisions should be the subject of a Call In.

The request was received in accordance with Overview and Scrutiny Procedural Standing Orders E1-2 from County Councillors Azhar Ali, Lizzi Collinge, Gina Dowding, John Fillis, David Howarth, Mohammed Iqbal, Erica Lewis, Liz Oades, Gillian Oliver, Margaret Pattison and Matthew Tomlinson. The decision cannot now be implemented until the call-in procedure is completed.

Standing Order E2(5) requires those requesting the special meeting to specify how the decision has breached one or more of the Principles of Decision Making set out at Standing Order A4. These are that all decisions of the council, including Cabinet and Committees, will be:

(a) proportionate in all ways, including financially, to the issues under consideration and to the desired outcome;

(b) based on appropriate consultation and professional officer advice;

(c) In line with our duties around Human Rights and equality and diversity;

(d) clear in terms of aims and outcomes;

(e) in line with the legal test of reasonableness; and

(f) made with all relevant information being available to the decision makers, and, where appropriate, other councillors and the public.

The reasons for this request as submitted by the above members are as follows:

"I write to call in the following decisions:

- Item 7 [10] – Health Improvement Service
- Item 8 [11] – Integrated Home Improvement Services
- Item 9 [12] – Lancashire Wellbeing Service

I believe the decisions of the Cabinet do not meet the following criteria under the constitution as follows

(a) proportionate in all ways, including financially, to the issues under consideration and to the desired outcome – this decision was disproportionate

because it does not take into the account the impact on other LCC services and or the wellbeing of Lancashire residents.
(b) based on appropriate consultation and professional officer advice – this decision does not pay heed to the responses from the consultation and the lack of mitigation to the cuts proposed."

To assist the Committee, the Call In procedures contained in Overview and Scrutiny Procedural Standing Orders E1-2 are attached as at **Annex D**.

Of particular relevance in attached provisions (as at **Annex D**) are the requirements that the Committee must determine at the meeting whether or not to request that the decision be reconsidered, and if so to determine the grounds upon which the request is based.

The Committee is required to meet within seven clear working days of the request to consider the Call In being received, and an extraordinary meeting has therefore been scheduled for Wednesday 26 June 2019.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

There are no significant risk management implications arising from this item. However, the risk management and other implications associated with the decisions taken by Cabinet on 13 June 2019, are set out in **Annexes A, B and C** to this report.

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Tel

N/A

Reason for inclusion in Part II, if appropriate

N/A

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:
Dr Sakthi Karunanithi, Tel: 01772 537065, Director of Public Health and Wellbeing, Sakthi.Karunanithi@lancashire.gov.uk

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

Health Improvement Service - Active Lives Healthy Weight Summary
(Appendices B and C refer)

Context

The existing contract value for delivery of Active Lives, Healthy Weight services is £2m per annum and started on 1 April 2016, on the basis of an initial three month period, with options to extend by up to a further two years. The first year extension has been exercised to 31 March 2020.

The current contract is delivered by five providers across the 12 Lancashire districts.

The split of funding was originally weighted to take account of levels of obesity in children and adults, physical activity levels, population size and levels of deprivation.

Contract specification was identical for every provider, to:

- Improve physical activity levels towards the National Institute for Health and Care Excellence guidance target of 30 minutes of exercise on five days every week, targeting those currently doing less than 3 days per week.
- Address potential obesity through a programme of Healthy Weight. This is aimed at anyone with body mass index in the range 25 – 34.9 (overweight).

Delivery is currently free of charge for participants over a 12 week programme.

Consultation

The consultation asked for views on the proposal to cease the Active Lives, Health Weight contract on 31 March 2020, replacing it with a new service designed to maximise the use of public open spaces, using digital technology where possible. Budget reduction from £2m to £0.5m.

The consultation ran for eight weeks between 18 February 2019 and 15 April 2019. In total, 1,625 completed questionnaires were returned for the service users/general public consultation (1,496 online questionnaires and 129 paper questionnaires). For the organisation consultation 135 completed questionnaires were returned.

Consultation workshops with service users, service providers and partner organisations were held between 11 March 2019 and 20 March 2019. There were four workshops:

1. Health and Wellbeing Partnerships
2. District Council Health Leads
3. Clinical Commissioning Groups
4. Active Lives, Healthy Weight Service Providers

The consultation questionnaire was also available online via the county council's website with hard copies also available.

Lancashire County Council

Findings – Public/Service Users

- About three-quarters of respondents (74%) said that they have used one of the Active Lives, Healthy Weight services.
- Respondents who have used an Active Lives, Healthy Weight service said they used it to achieve a healthier life style and get fit (41%), to lose weight (32%) and to help with an ongoing medical condition (18%).
- Of those respondents who have used an Active Lives, Health Weight service, over nine-tenths (92%) said that they found the service very helpful.
- A third of respondents (33%) said that they currently use digital technology to improve their activity levels, a quarter of respondents (25%) said that they would consider using digital technology to improve their activity levels. However, about a third of respondents (36%) said that they would not consider using digital technology and about one in twenty respondents (6%) said that they don't know if they would use it.
- Respondents who said that they wouldn't consider, or don't know if they would consider, using digital technology to help improve their activity levels were then asked why they say this. The most common responses to this question were that they prefer human interaction for this type of help (44%) and they don't know how to use digital technology and they don't want to learn (25%).
- About three-tenths of respondents (28%) agree with our proposal for Active Lives, Healthy Weight services and about three-fifths of respondents (60%) disagree with it.
- The most common reasons for agreeing or disagreeing with the proposal were some people won't use, or be able to use, the proposed service (27%) and they like the mentorship and group atmosphere (23%).
- The most common responses to how this proposal will affect respondents were that they will exercise less or go back to old habits (27%) and it wouldn't affect them (12%).
- Respondents were then asked if there is anything else they think we need to consider or that we could do differently. The most common response to this question was don't change the service (23%).

Findings – Partner Organisations

- About a sixth of respondents (16%) said that they agree with our proposal for Active Lives, Healthy Weight services and about three-quarters of respondents (74%) disagree with it.
- The most common reasons for agreeing or disagreeing with the proposal were that they don't think that targeted users will attend the proposed service (35%) and the current service works well (27%) and changing the criteria will lower uptake of the service (26%).
- Respondents were then asked how our proposal would affect their services and the people they support. In response to this question respondents were most likely to highlight how the service helps people with their own health management (33%) and that it will have a negative impact the physical and mental health of service users (26%).
- Respondents were then asked if there is anything else they think we need to consider or that we could do differently. The most common responses were:

rather than a catch all, tailor individual needs (18%), this is a false economy (16%), reconsider proposal (15%), consolidate existing similar services into one (15%) and change will have a negative impact on vulnerable people (15%).

Findings – Consultation Workshops

- Existing Active Lives, Healthy Weight providers have developed expertise that will be lost and the services may become unviable.
- The longer term benefits of the programme (which are not always immediately felt) have not been fully recognised and there will be long term cost implications to the authority in terms of increased Social Care need in future.
- The proposal to utilise public open spaces may not be practical because such spaces are not always seen to be safe or accessible to all.

Workshop responses were more around the loss of expertise, and the perceived lack of recognition by Lancashire County Council of the longer term benefits of the service, and the cost implications down the line if it is stopped. There was also consensus that the use of public open spaces may not be practical because such spaces are not always seen to be safe or accessible to all.

Summary

There has been a high response to the consultation, with a majority disagreeing with the proposal. However, in order to contribute to Lancashire County Council's commitment to achieving a balanced budget, the proposal is recommended, bearing in mind the following mitigation:

- There is an opportunity to utilise the remaining budget (£500k) to support physical activity by promoting use of the environmental assets of the county, working with partner agencies and the voluntary, community and faith sector. Similarly it is planned to develop a more strategic approach to tackling obesity and promoting good physical and mental health across all ages by working with partner agencies.
- It is also proposed to promote the use of digital technology to support people to exercise and maintain healthy weight, through use of digital apps and social media platforms.
- There is also an opportunity to work with the NHS to deliver the ambitions identified in the NHS Long Term Plan, including a focus on locality based service delivery, by promoting physical activity and weight management as part of the wider agenda to prevent ill health.
- It is proposed to improve the skills of the wider workforce by developing the 'Make Every Contact Count' approach to multi agency workforce development, building skills in relation to signposting and provision of lifestyle advice.

Appendix B

Health Improvement Service – Active Lives, Healthy Weight Services

Consultation report – 2019

Lancashire County Council

www.lancashire.gov.uk

Mick Edwardson, Mike Walker, Melissa Sherliker
Stephanie Windross, Alan Orchard and Hira Miah

May 2019

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1. Executive summary

This report summarises the response to Lancashire County Council's consultation on Active Lives, Healthy Weight (ALHW) services.

The fieldwork ran for eight weeks between 18 February 2019 and 15 April 2019. In total, 1,625 completed questionnaires were returned for the service users/general public consultation (1,496 online questionnaires and 129 paper questionnaires). For the organisation consultation 135 completed questionnaires were returned.

Consultation workshops with service users, service providers and partner organisations were held between 11 March and 20 March 2019. There were 4 workshops:

1. Health and Wellbeing Partnerships
2. District Council Health Leads
3. Clinical Commissioning Groups
4. Active Lives, Healthy Weight Service Providers

During the consultation period we received further feedback on our proposal in the form of letters/emails from Lancaster City Council, West Lancashire Borough Council, ABL Health, Nigel Evans MP, University Hospitals of Morecambe Bay NHS Foundation Trust and Morecambe Bay Integrated Care Partnership.

1.1 Key findings

1.1.1 Findings from the public consultation

1.1.1.1 Use of Active Lives, Healthy Weight services

- About three-quarters of respondents (74%) said that they have used one of the Active Lives, Healthy Weight services.
- Respondents who have used an Active Lives, Healthy Weight service said they used it to achieve a healthier life style and get fit (41%), to lose weight (32%) and to help with an ongoing medical condition (18%).
- Of those respondents who have used an Active Lives, Healthy Weight service, over nine-tenths (92%) said that they found the service very helpful.
- Respondents were the asked how they would prefer to find out about opportunities to be more active in their area. Respondents most commonly said that they would like to find out about opportunities to be more active in their area by email (39%) and social media (33%).
- A third of respondents (33%) said that they currently use digital technology to improve their activity levels, a quarter of respondents (25%) said that they would consider using digital technology to improve their activity levels. However, about a third of respondents (36%) said that they would not consider using digital technology and about one in twenty respondents (6%) said that they don't know if they would use it.

- Respondents who said that they wouldn't consider, or don't know if they would consider, using digital technology to help improve their activity levels were then asked why they say this. The most common responses to this question were that they prefer human interaction for this type of help (44%) and they don't know how to use digital technology and they don't want to learn (25%).

1.1.1.2 The proposal for Active Lives, Healthy Weight services

- About three-tenths of respondents (28%) agree with our proposal for Active Lives, Healthy Weight services and about three-fifths of respondents (60%) disagree with it.
- The most common reasons for agreeing or disagreeing with the proposal were some people won't use, or be able to use, the proposed service (27%) and they like the mentorship and group atmosphere (23%).
- The most common responses to how this proposal will affect respondents were that they will exercise less or go back to old habits (27%) and it wouldn't affect them (12%).
- Respondents were then asked if there is anything else they think we need to consider or that we could do differently. The most common response to this question was don't change the service (23%).

1.1.2 Findings from the consultation with organisations

- About a sixth of respondents (16%) said that they agree with our proposal for Active Lives, Healthy Weight services and about three-quarters of respondents (74%) disagree with it.
- The most common reasons for agreeing or disagreeing with the proposal were that they don't think that targeted users will attend the proposed service (35%) and the current service works well (27%) and changing the criteria will lower uptake of the service (26%).
- Respondents were then asked how our proposal would affect their services and the people they support. In response to this question respondents were most likely to highlight how the service helps people with their own health management (33%) and that it will have a negative impact the physical and mental health of service users (26%).
- Respondents were then asked if there is anything else they think we need to consider or that we could do differently. The most common responses were: rather than a catch all, tailor individual needs (18%), this is a false economy (16%), reconsider proposal (15%), consolidate existing similar services into one (15%) and change will have a negative impact on vulnerable people (15%).

1.1.3 Findings from the consultation workshops

- Existing Active Lives, Healthy Weight providers have developed expertise that will be lost and the services may become unviable.
- The longer term benefits of the programme (which are not always immediately felt) have not been fully recognised and there will be long term cost implications to the authority in terms of increased Social Care need in future.

- The proposal to utilise public open spaces may not be practical because such spaces are not always seen to be safe or accessible to all.

1.1.4 Other responses

- In addition to receiving responses to the consultation questionnaires and feedback at the workshops, we received further feedback on our proposal in the form of letters/emails from Lancaster City Council, West Lancashire Borough Council, ABL Health, Nigel Evans MP, University Hospitals of Morecambe Bay NHS Foundation Trust and Morecambe Bay Integrated Care Partnership.

2.Introduction

Lancashire County Council, like many councils across the country, is going through financially challenging times. This is as a result of funding not keeping pace with the increasing demand and cost of services being delivered. We need to continue to look at ways of reducing costs to help balance the books for future years. This means that we have to consider changes to some of the services we currently provide, as we do not have the resources to continue to deliver what we have done in the past. These changes were considered by our county councillors and we are now looking to consult on what impact the proposals may have.

Our proposal

We are proposing to change how we provide public health lifestyle services in order to achieve savings yet continue to deliver positive outcomes for the people we support. In particular, we are proposing to change how we provide three types of service, which are drug and alcohol rehabilitation, stopping smoking and physical activity/healthy weight. We are proposing to increase digital support for behaviour change and health improvement through promotion of websites and apps. We are also suggesting delivering services based more on local needs.

Since April 2016, we have delivered the Active Lives, Healthy Weight service for people who are classed as inactive, to help them to change their routine behaviours and to incorporate physical activity into their daily lives. Active Lives Healthy Weight also supports people who are overweight but not obese to lose weight

The programmes are free to participants and are delivered over a 12 week period. They are delivered under different names in local communities, such as Up and Active, Active Lives, Your Move, Active West Lancs.

We propose to stop offering specific physical activity and healthy weight programmes which currently target those people exercising for less than 30 minutes three times per week and/or with a Body Mass Index (BMI) of between 25 and 34.9. However, we are proposing to develop a programme for everyone in Lancashire, promoting the use of the county's existing assets to increase physical activity, in particular in open and green spaces. This would be through activities such as walking, running and cycling in urban, coast and countryside locations, as well as using purpose built leisure facilities.

3. Methodology

For this consultation, we asked the public, staff and partner organisations to give their views. An electronic version of the consultation questionnaire was available online at www.lancashire.gov.uk. Paper copies of the consultation questionnaire were available by request.

We promoted the consultation via social media, a press release and panels on relevant pages of the county council website. The consultation was promoted internally to staff via a link to the press release on the intranet and to county councillors via C-First (the councillors' portal). A stakeholder email from the Chief Executive was sent to Chief Executives of district and unitary councils, health, Clinical Commissioning Groups and MPs. We made providers aware of the consultation during one of our join quarterly meetings. We emailed the link to the consultation directly to providers and they helped promote the consultation to service users and other partner organisations. District Council Leads were also informed of the consultation during a quarterly meeting.

The fieldwork ran for eight weeks between 18 February 2019 and 15 April 2019. In total, 1,625 completed questionnaires were returned for the service users/general public consultation (1,496 online questionnaires and 129 paper questionnaires). For the organisation consultation 135 completed questionnaires were returned.

The service users/general public questionnaire introduced the consultation by outlining what the Active Lives, Healthy Weight service currently offers and then outlining how the service is proposed to work in future. A brief summary of the proposed timescales was also given along with more detail about how to take part in the consultation.

The main section of this questionnaire included ten questions. It covered four main topics: use of the Active Lives, Healthy Weight services, finding out about opportunities to be active, using digital technology and views on the proposal. The questions about the proposal asked respondents: how strongly they agree or disagree with the proposal; why they agree or disagree with the proposal; how the proposal will affect them; and if respondents think there is anything else that we need to consider or that we could do differently.

The remaining questions asked respondents for information about themselves. For example, if they are a deaf person or have a disability. This information is presented in Appendix 1.

The questionnaire for organisations introduced the consultation by outlining what the Active Lives, Healthy Weight service currently offers and then outlining how the service is proposed to work in future. A brief summary of the proposed timescales was also given along with more detail about how to take part in the consultation.

The main section of this questionnaire included four questions focused on eliciting respondents' views on the proposal. The questions were: how strongly do you agree or disagree with the proposal; why do you agree or disagree with the proposal; how would the proposal affect their organisation; and if they think there is anything else that we need to consider or that we could do differently. Respondents were also asked

which organisation they were responding on behalf of and what their role is within their organisation.

In this report respondents' responses to the open questions have been classified against a coding frame to analyse the qualitative data. Coding is the process of combining the issues, themes and ideas in qualitative open responses into a set of codes. The codes are given meaningful names that relate to the issue, so that during close reading of responses it can be seen when similar issues relate to a similar code. As the analysis process continues the coding frame is added to and refined as new issues are raised by respondents. All responses to open questions are then coded against the coding frame, and can be subsequently analysed as quantitative or qualitative data.

During the consultation period also we received feedback on our proposal in the form of letters/emails from Lancaster City Council, West Lancashire Borough Council, ABL Health, Nigel Evans MP, University Hospitals of Morecambe Bay NHS Foundation Trust and Morecambe Bay Integrated Care Partnership. This feedback is presented in full in this report.

3.1 Limitations

The findings presented in this report cannot be assumed to be fully representative of the views of people who use the Active Lives, Healthy Weight service. Neither can they be assumed to be fully representative of the population of Lancashire. They should only be taken to reflect the views of people who were made aware of the consultation, and had the opportunity and felt compelled to respond.

In charts or tables where responses do not add up to 100%, this is due to multiple responses or computer rounding.

4. Main findings – public

4.1 Use of the Active Lives, Healthy Weight services

Respondents were first asked if they have used one of the Active Lives, Healthy Weight services.

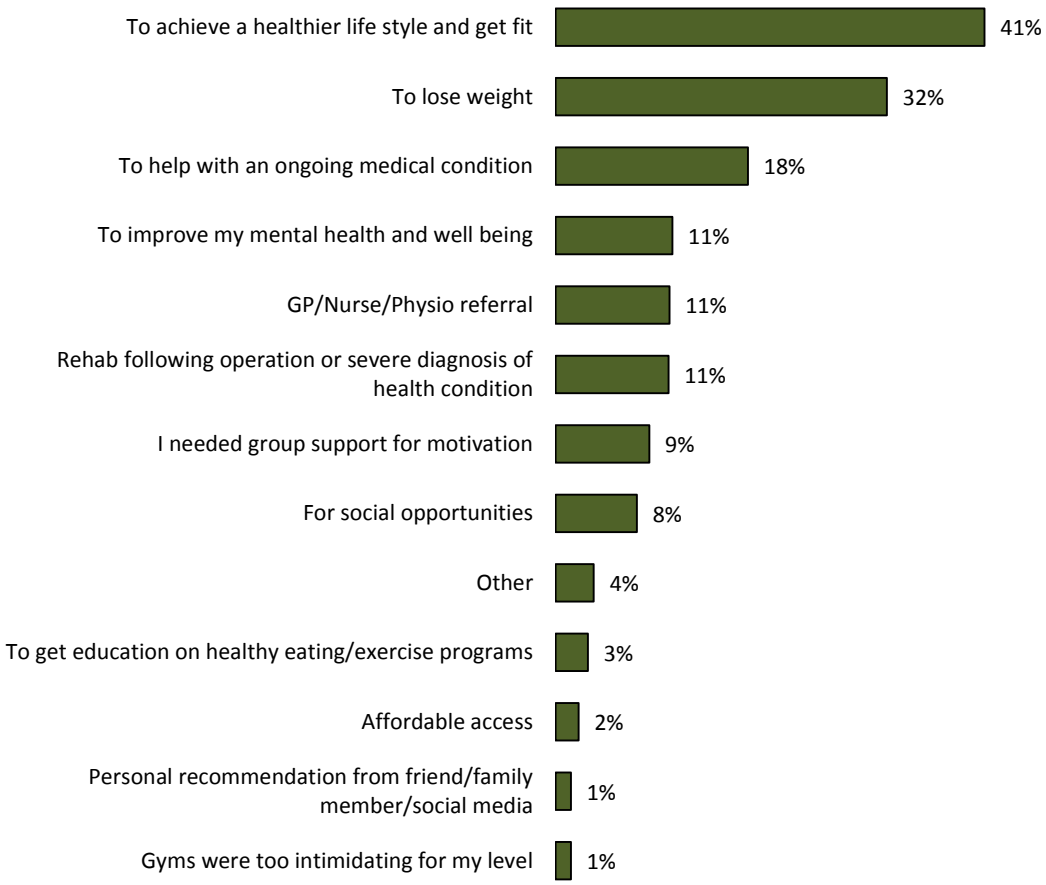
About three-quarters of respondents (74%) said that they have used one of the Active Lives, Healthy Weight services.

Chart 1 - Have you used one of the Active Lives, Healthy Weight services?

Base: all respondents (1,617)

Respondents who said that they have used an Active Lives, Healthy Weight service were then asked why they used the service. The most common responses to this question were to achieve a healthier life style and get fit (41%), to lose weight (32%) and to help with an ongoing medical condition (18%).

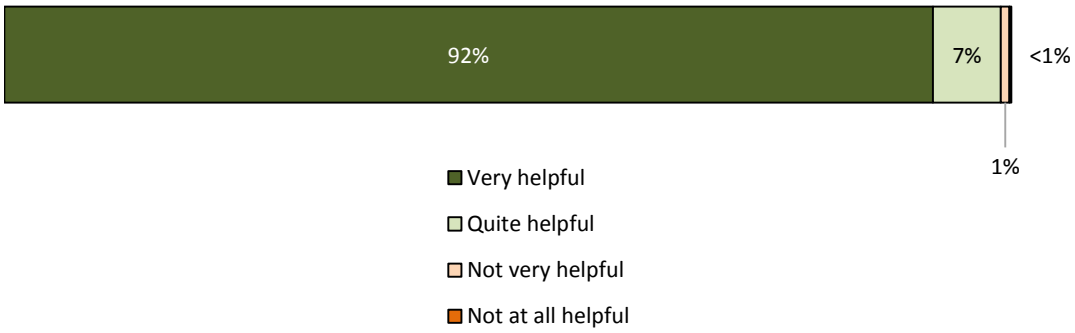
Chart 2 - Why did you use the service?



Base: respondents who have used one of the ALHW services (1,098)

Respondents who said that they have used an Active Lives, Healthy Weight service were then asked how helpful they found the service. Over nine-tenths of respondents (92%) said that they found the service very helpful.

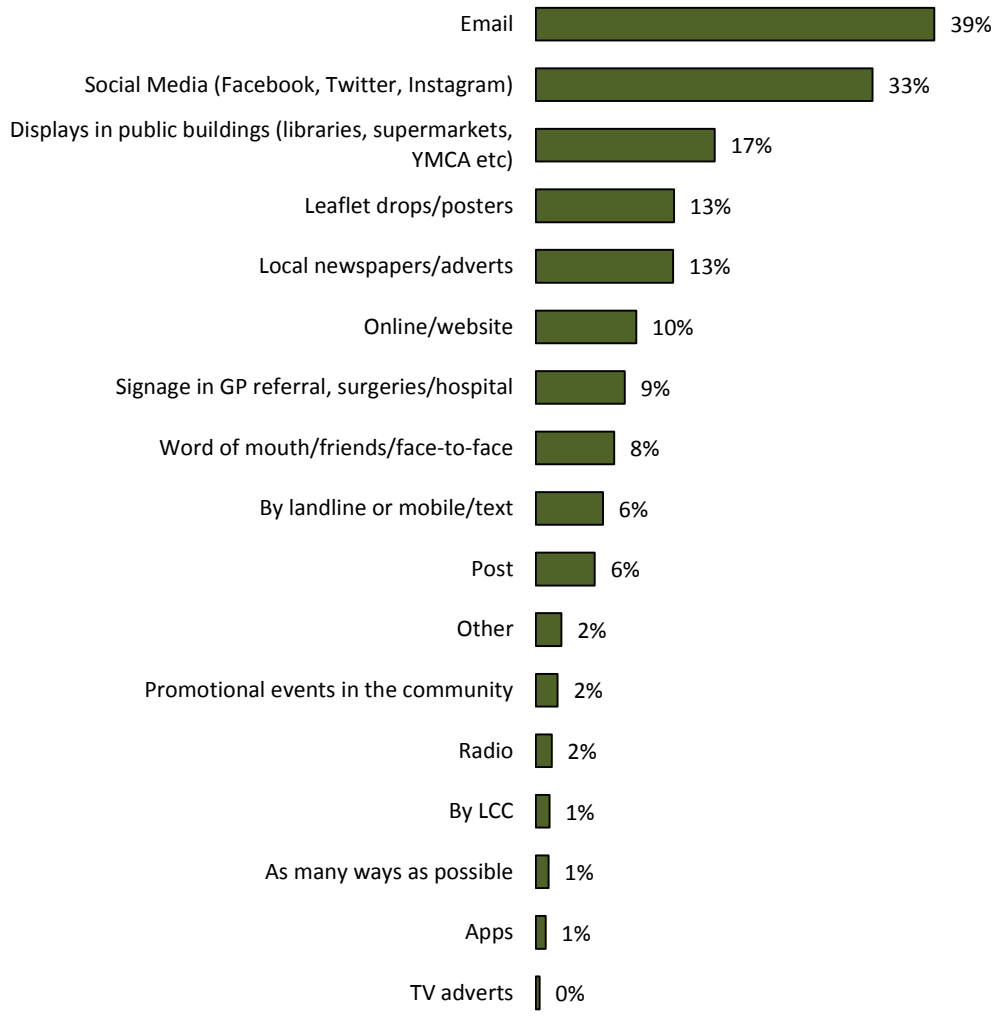
Chart 3 - Overall, how helpful did you find the service?



Base: respondents who have used one of the ALHW services (1,171)

Respondents were then asked how they would prefer to find out about opportunities to be more active in their area. Respondents most commonly said that they would like to find out about opportunities to be more active in their area by email (39%) and social media (33%).

Chart 4 - How would you prefer to find out about opportunities to be more active in your area?

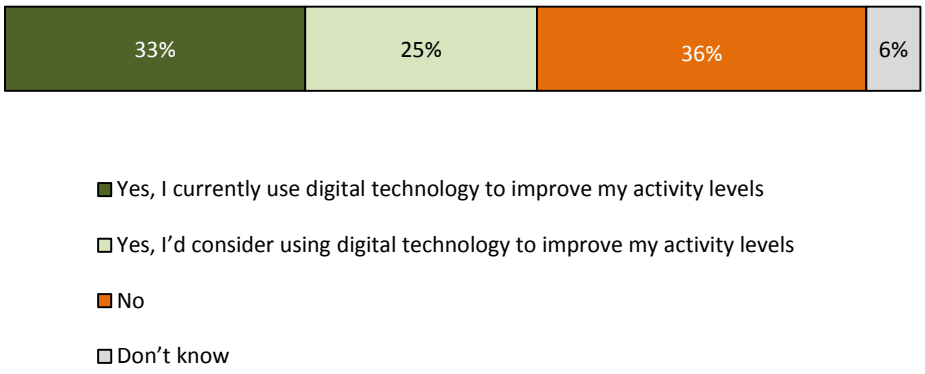


Base: all respondents (1,371)

Respondents were then asked if they would consider using technology to improve their activity levels.

A third of respondents (33%) said that they currently use digital technology to improve their activity levels, a quarter of respondents (25%) said that they would consider using digital technology to improve their activity levels. However, about a third of respondents (36%) said that they would not consider using digital technology and about one in twenty respondents (6%) said that they don't know if they would use it.

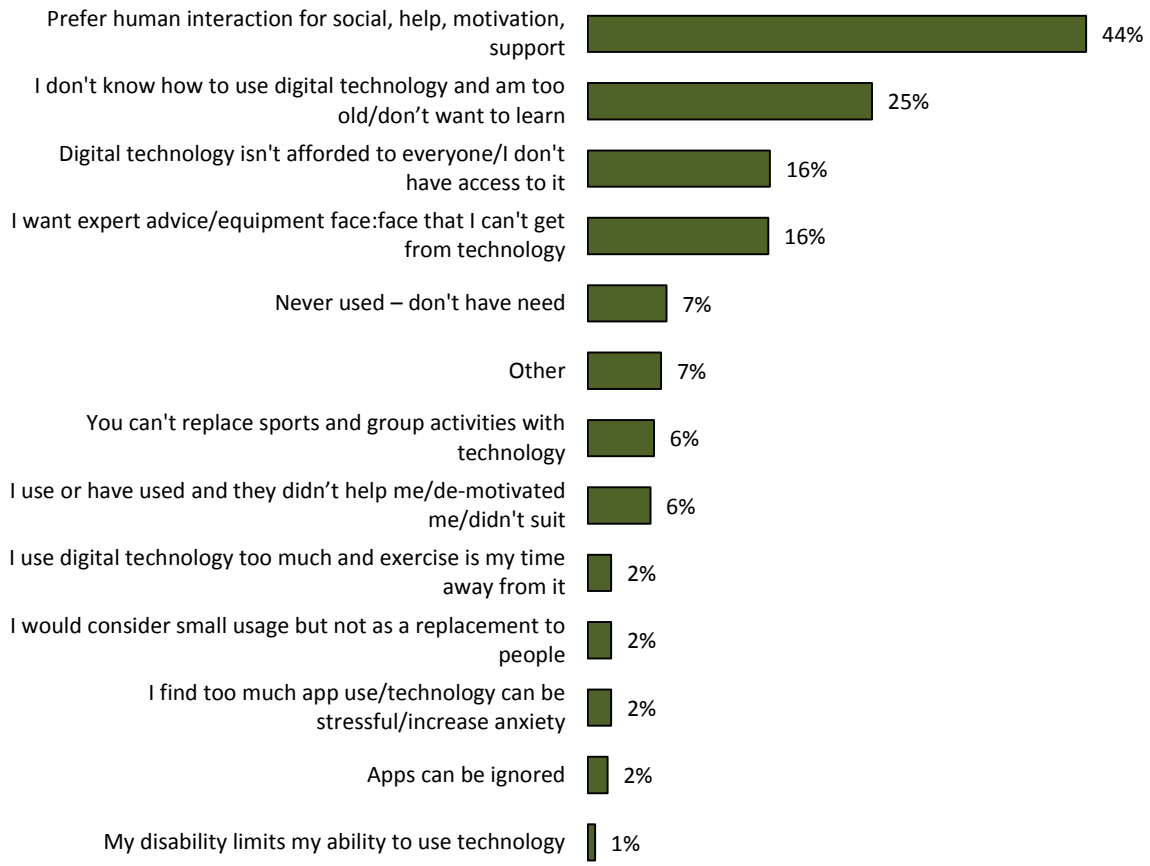
Chart 5 - Do you use, or would you consider using, digital technology to improve your activity levels, such as a health app on a smartphone or wearables like a fitness tracker?



Base: all respondents (1,595)

Respondents who said that they wouldn't consider, or don't know if they would consider, using digital technology to help improve their activity levels were then asked why they say this. The most common responses to this question were that they prefer human interaction for this type of help (44%) and they don't know how to use digital technology and they don't want to learn (25%).

Chart 6 - If 'no' or 'don't know', why do you say this?



Base: respondents who said that they wouldn't consider, or don't know if they would consider, using digital technology to help improve their activity levels (627)

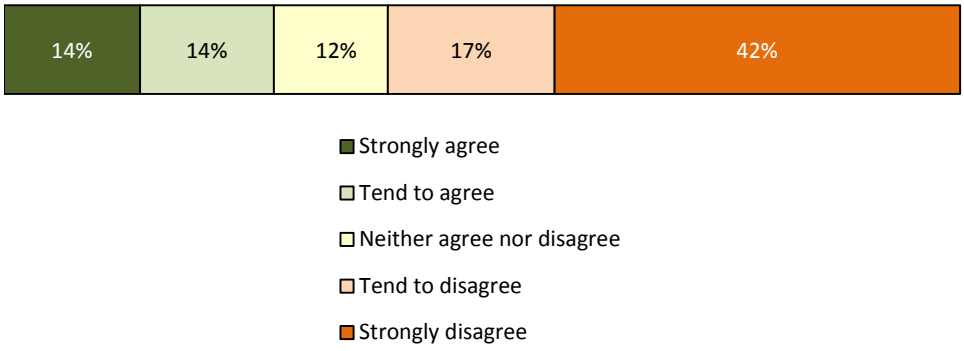
4.2 The proposal for the Active Lives, Healthy Weight services

Respondents were then asked how strongly they agree or disagree with the following proposal.

"To stop offering specific physical activity and healthy weight programmes which currently target those people exercising for less than 30 minutes three times per week and/or with a body mass index (BMI) of between 25 and 34.9. However, we are proposing to develop a programme for everyone in Lancashire, promoting the use of the county's existing assets to increase physical activity, in particular in open and green spaces. This would be through activities such as walking, running and cycling in urban, coast and countryside locations, as well as using purpose built leisure facilities."

About three-tenths of respondents (28%) agree with this proposal and about three-fifths of respondents (60%) disagree with it.

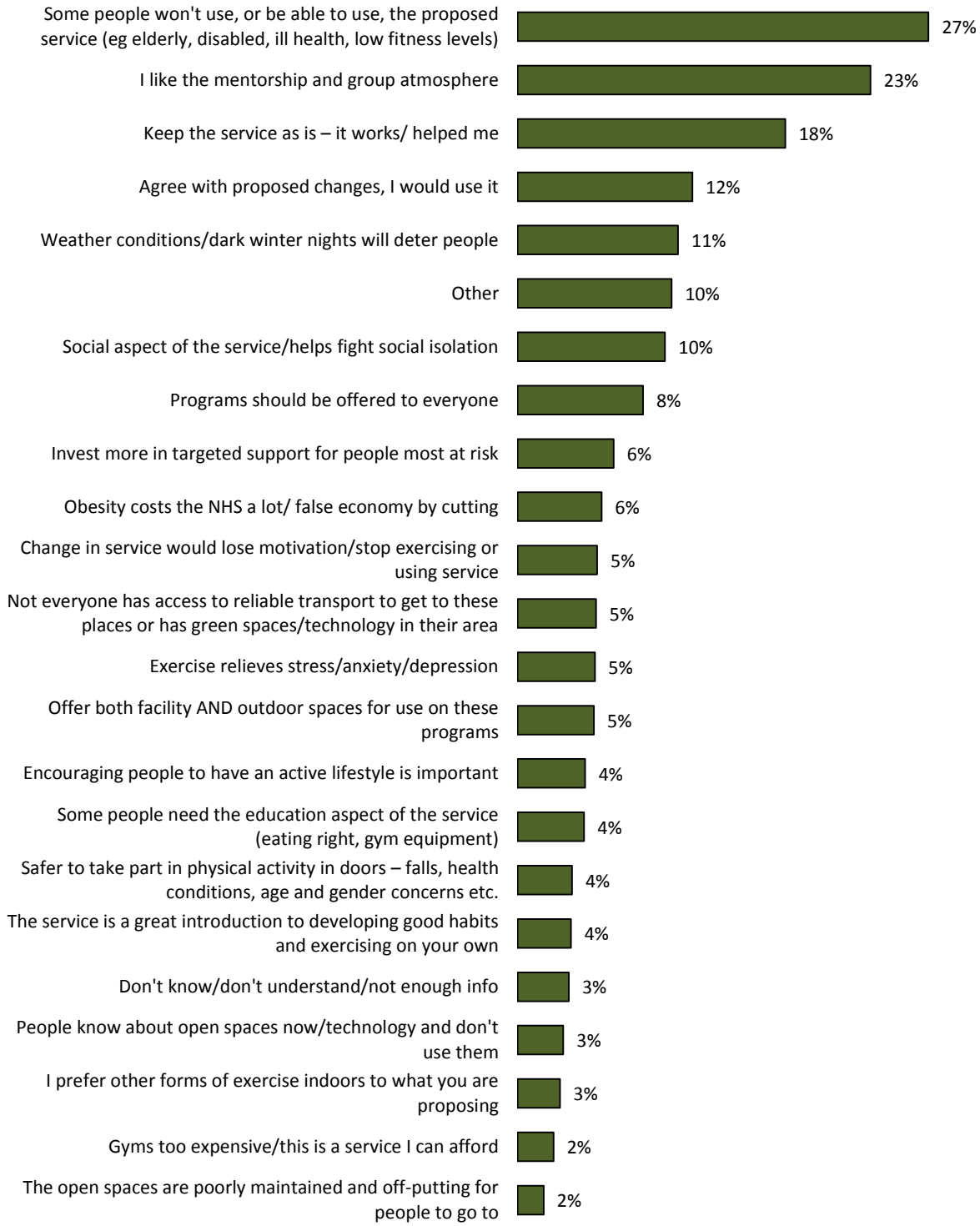
Chart 7 - How strongly do you agree or disagree with this proposal?



Base: all respondents (1,612)

Respondents were then asked why they agree or disagree with the proposal. The most common responses to this question were that some people won't use, or be able to use, the proposed service (27%) and they like the mentorship and group atmosphere (23%)

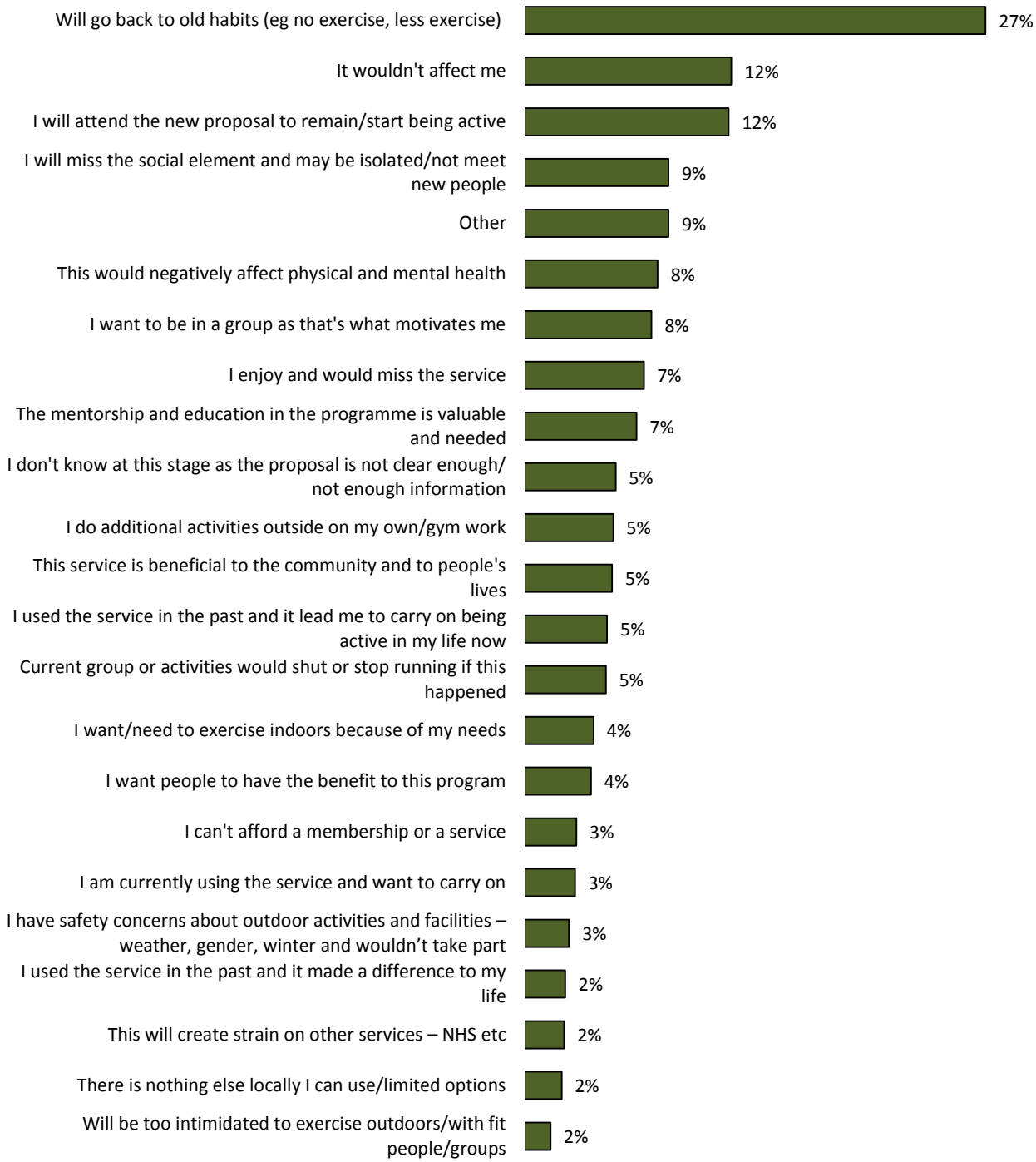
Chart 8 - Why do you say this?



Base: all respondents (1,383)

Respondents were then asked that if this proposal happened, how would if affect them. The most common responses to how this proposal will affect respondents were that they will exercise less or go back to old habits (27%) and it wouldn't affect them (12%).

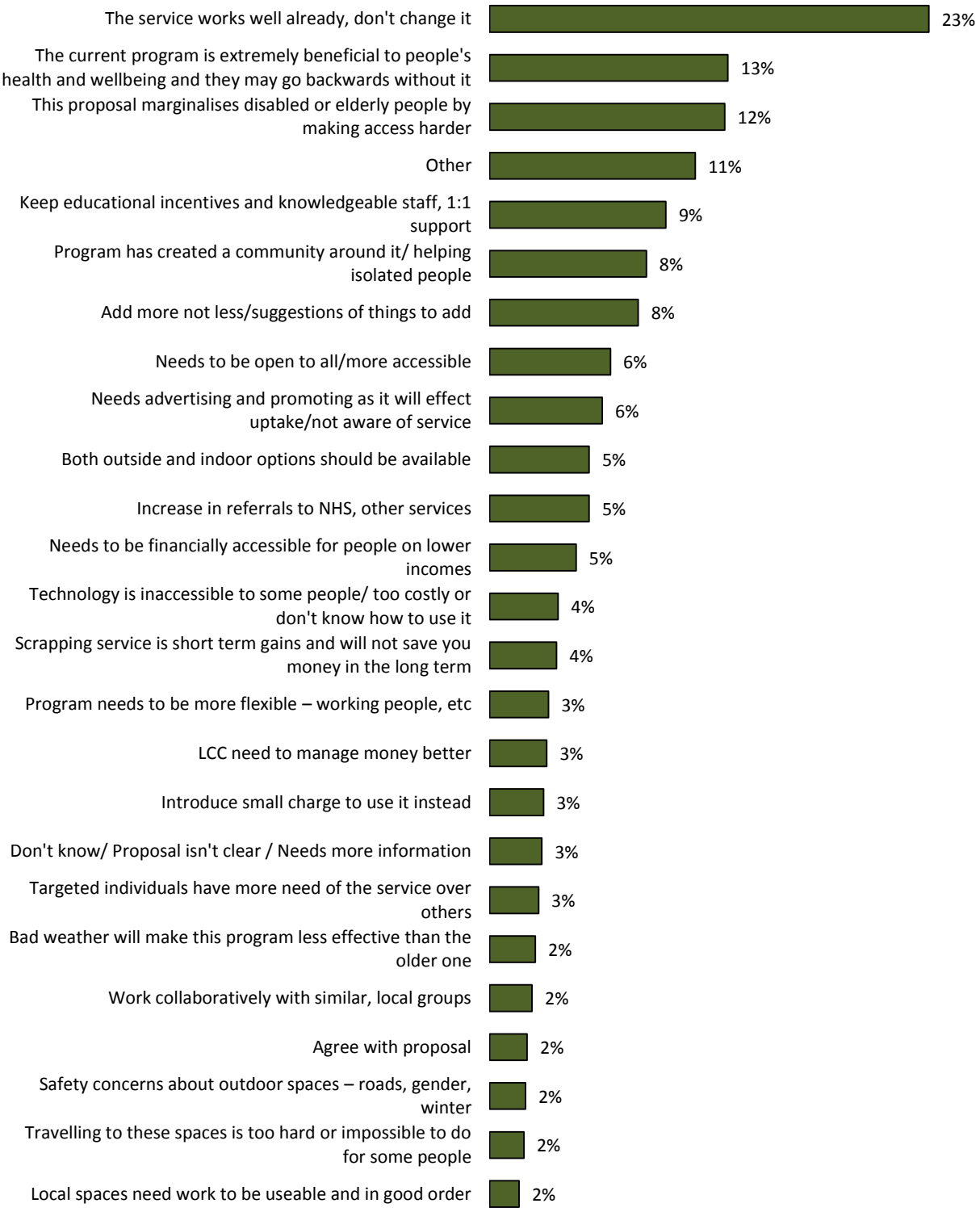
Chart 9 - If this proposal happened, how would it affect you?



Base: all respondents (1,373)

Respondents were then asked if there is anything else they think we need to consider or that we could do differently. The most common response to this question was don't change the service (23%)

Chart 10 - Thinking about our proposal, is there anything else you think we need to consider or that we could do differently?



Base: all respondents (1,157)

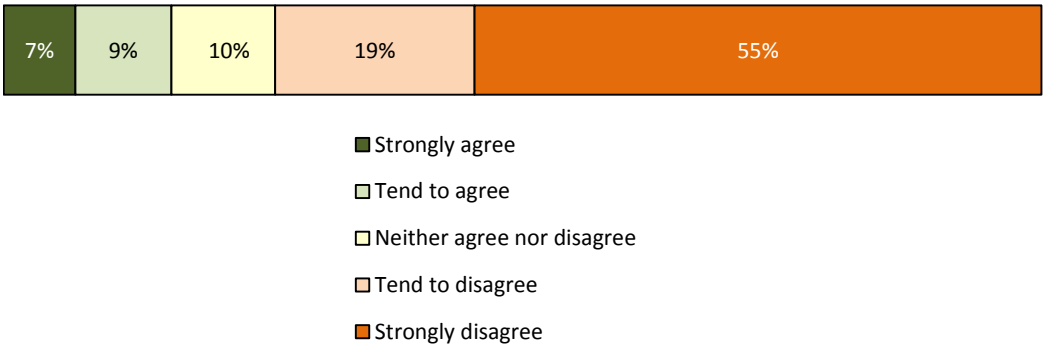
5. Main findings – organisations

Respondents were asked how strongly they agree or disagree with the following proposal.

"To stop offering specific physical activity and healthy weight programmes which currently target those people exercising for less than 30 minutes three times per week and/or with a body mass index (BMI) of between 25 and 34.9. However, we are proposing to develop a programme for everyone in Lancashire, promoting the use of the county's existing assets to increase physical activity, in particular in open and green spaces. This would be through activities such as walking, running and cycling in urban, coast and countryside locations, as well as using purpose built leisure facilities."

About three-quarters of respondents (74%) said that they disagree with the proposal and about a sixth of respondents (16%) said that they agree with it.

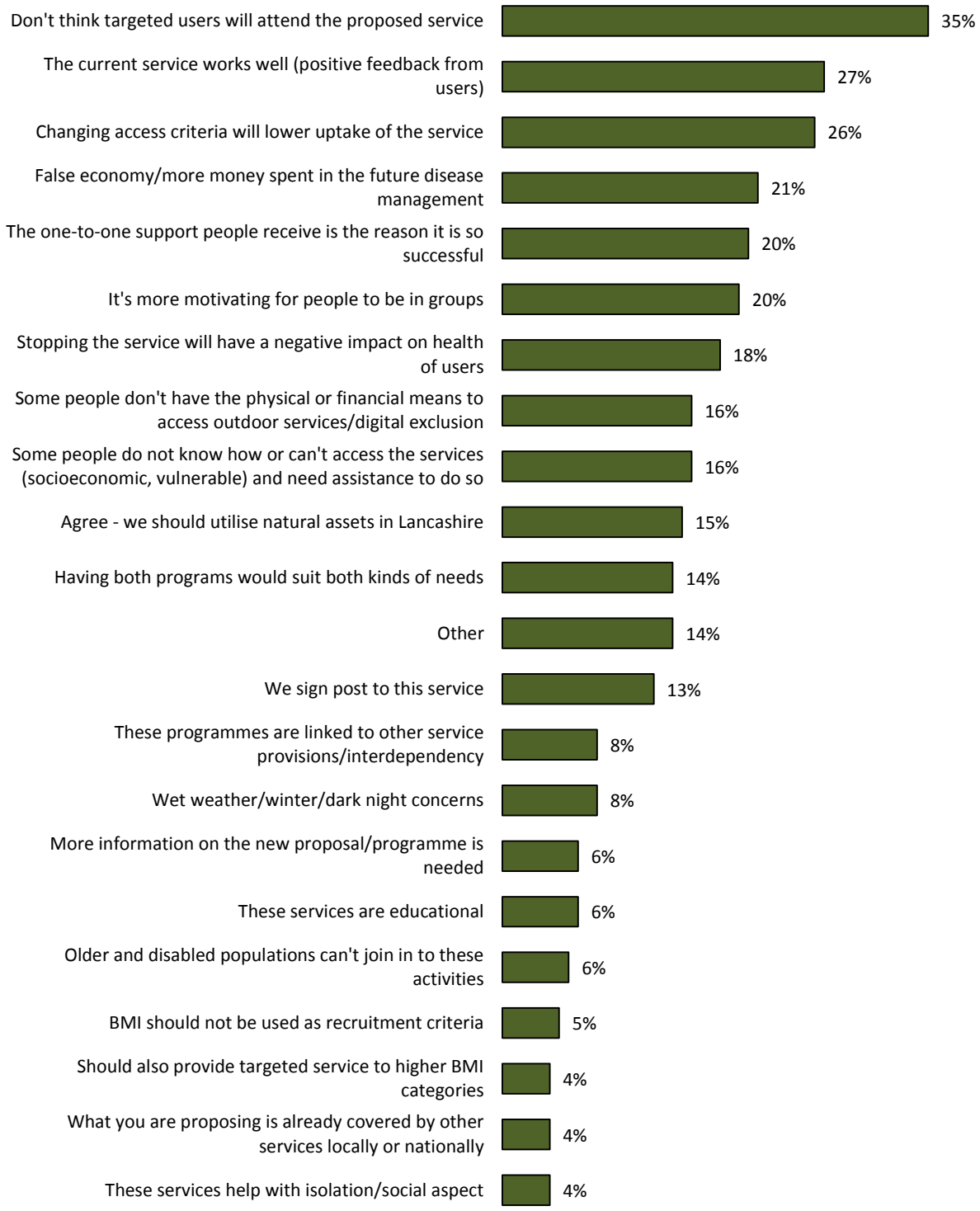
Chart 11 - How strongly do you agree or disagree with this proposal?



Base: all respondents (130)

Respondents were then asked why they agree or disagree with the proposal. In response to this question respondents most commonly said that they don't think that targeted users will attend the proposed service (35%) and the current service works well (27%) and changing the criteria will lower uptake of the service (26%).

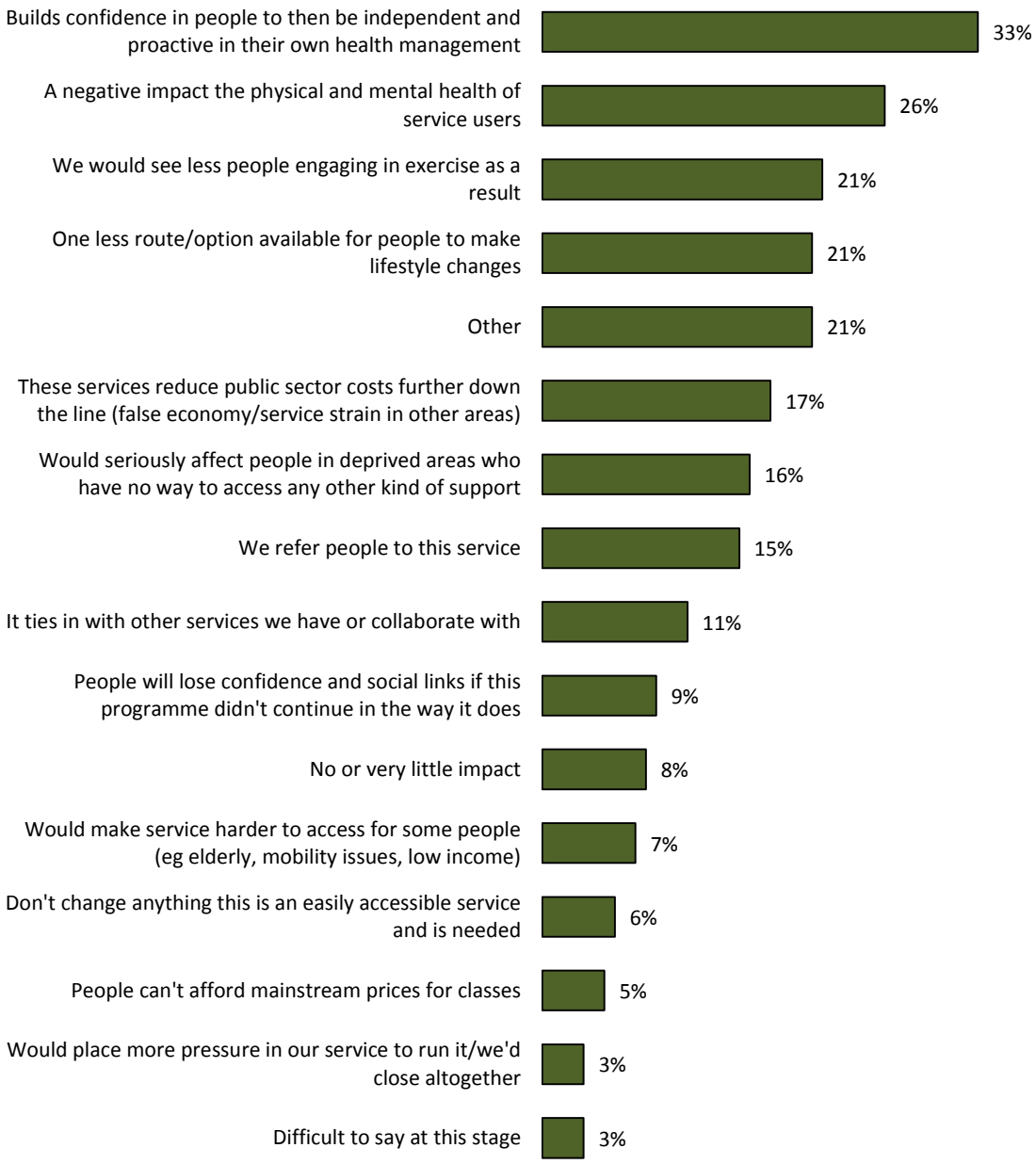
Chart 12 - Why do you say this?



Base: all respondents (127)

Respondents were then asked how our proposal would affect their services and the people they support. In response to this question respondents were most likely to highlight how the service helps people with their own health management (33%) and that it will have a negative impact the physical and mental health of service users (26%).

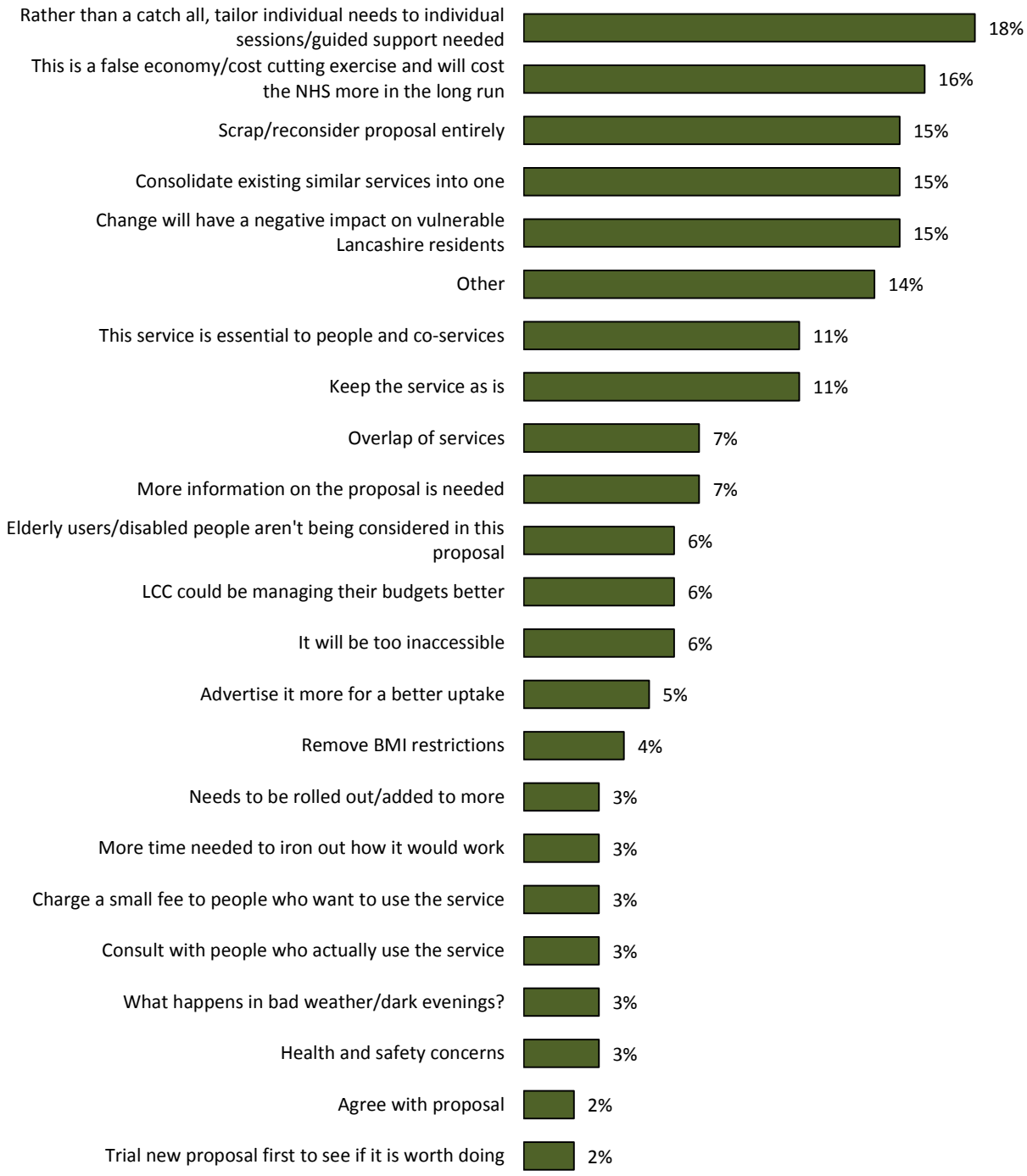
Chart 13 - How would our proposal affect your services and the people you support?



Base: all respondents (126)

Respondents were then asked if there is anything else they think we need to consider or that we could do differently. The most common responses were: rather than a catch all, tailor individual needs (18%), this is a false economy (16%), reconsider proposal (15%), consolidate existing similar services into one (15%) and change will have a negative impact on vulnerable people (15%).

Chart 14 - Thinking about our proposal, is there anything else you think we need to consider or that we could do differently?



Base: all respondents (100)

6. Main findings - workshops

During March 2019, separate workshops were held with 4 groups: -

- Health and Wellbeing Partnerships – 11 March 2019
- Clinical Commissioning Groups – 11 March 2019
- District Council Health Leads – 18 March 2019
- Existing ALHW service providers – 20 March 2019

6.1 Key themes

Key themes to come out of these workshops were generally similar

- Existing contract providers have developed expertise that will be lost and the providers themselves may become unviable.
- The longer term benefits of the programme (which are not always immediately felt) have not been fully recognised and there will be long term cost implications to the authority in terms of increased Social Care need in future.
- The proposal to utilise public open spaces may not be practical because such spaces are not always seen to be safe or accessible to all.

6.1.1 Benefits of existing contract and impact of cessation

Support and guidance to users of the service

In the term of the existing contract, provider staff have developed expertise and have been an important factor in getting inactive people to become active by breaking down perceived barriers, and encouraging participation.

Impact on communities and social isolation / exclusion

Many service users have found the service to be as much a social support as a programme to be more active. Vulnerable and learning disadvantaged especially benefit from a supported service with a supportive member of staff. Many users of Active Lives, Healthy Weight service see it as social and it serves to reduce social isolation.

Leisure services (current providers)

Cessation of service may affect the sustainability of Leisure Centres, leading to redundancies and loss of an area of expertise.

Links to other services

Active Lives, Healthy Weight is a referral gateway both inwards and outwards - without it there will be a gap and pathways will break down. Some pathways that disappear may have direct impact on Primary Care, including higher medication usage.

Open space – barriers

The proposal to move to increased use of outdoor spaces is considered impractical because:

a) North West England is not ideal year-round climate for outdoor activity;
b) Outdoor space is not always seen to be safe, so this could be a barrier.
c) Local authorities will see increased open space maintenance costs from increased usage

Prevention – the long term impact

Active Lives, Healthy Weight is a prevention programme and the savings generated to partners, including the NHS, are considered to be significantly in excess of the cost. Loss of these services does not align with NHS Long Term Plan. Clinical Commissioning Groups could be a key partner going forward.

6.1.2 Impact of the proposal

Open space utilisation

It was considered that use of outdoor open space should be complementary to leisure centre provision rather than instead of it. There is an opportunity to work with district councils, but services will require staffing to maximise benefits and signpost. The scope of activities need to appeal to all, rather than simply an offer of open space to use, with no support infrastructure.

Physical and mental health and wellbeing

Increased activity has a wide impact on the individual, including physical and mental health and wellbeing. However, measurement of impact is difficult. Clinica Commissioning Groups could be key partners going forward.

Exercise can be seen as more effective than medication in addressing mental health conditions. However, people with poor mental health may need support to engage and maintain activity levels.

6.1.3 Alternatives to the proposal

Partnership

Closer collaboration with partners including Clinical Commissioning Groups, Active Lancashire, and district councils will be beneficial. District councils and a number of other national, regional and local agencies provide and maintain a range of public open spaces. Active Lancashire can also help develop opportunities and potentially identify supplementary sources of funding; Clinical Commissioning Groups are responsible for provision of cardiac rehabilitation services, which have synergy with current Active Lives, Healthy Weight services.

Community assets

It is important to understand the assets that currently exist within communities, and ensure that these are supported and utilised effectively.

Funding

Alternative sources of funding for physical activity / healthy weight support could be considered, such as personal health budgets. Currently Active Lives, Healthy Weight services are provided free of charge to participants. However providers could consider charging for their support and / or bidding for alternative sources of funding.

Digital engagement

The importance and uptake of digital support for physical activity and healthy weight is increasing, although it is recognised that digital interventions may not be accessible to the whole population.

Timeline

There was strong representation from providers requesting a further year extension, to allow for succession planning and identification of alternative funding opportunities.

7. Other responses

In addition to receiving responses to the consultation questionnaires and feedback at the workshops, we received further feedback on our proposal in the form of letters/emails from Lancaster City Council, West Lancashire Borough Council, ABL Health, Nigel Evans MP, University Hospitals of Morecambe Bay NHS Foundation Trust and Morecambe Bay Integrated Care Partnership.

7.1 Lancaster City Council

With regard to the: Wellbeing Service; Active Lives, Drug/Alcohol Rehabilitation Service and Stop Smoking Service, there is an overwhelming concern for residents in the District that would be affected. Member feel that if these services were cut, there would be an increase in demand on social care work/resources, consequently creating a false economy for the County Council. There would also likely be cost implications for other services in the District such as GPs and associated health services. Members have suggested that some of these services combine to avoid them being cut all together. By having the same management/programme, some of the health services could potentially save money and provide a better all-round service for users in the District.

7.2 West Lancashire Borough Council

The following is designed to provide feedback of the proposal to reduce funding for the Active Lives Healthy Weight programme along with and possible solutions.

As you are aware GP referral programmes are proven to be amongst the most simplistic, effective, measurable ways of facilitating behaviour change. Furthermore the target groups are the least likely to become sufficiently active without high levels of support and encouragement.

Whilst I fully support the use of the outdoors, as the manager of the West Lancashire Parks and Countryside Service, it is difficult to establish from the proposed alternative model as to how people will be provided with the level of encouragement and support required to sustain participation in physical activity, not to mention the challenges that seasonality would add.

I do however think that there are steps that can be taken to make the programme more sustainable as follows, which will require detailed consideration and additional time :-

1) Exercise on Prescription - **means tested charging** – this could potentially work along the same lines as a prescription for medicine – if you pay for prescribed medicine can you pay for prescribed exercise.

2) **Incremental / Phased introduction in charges** –- research suggests that providing things for free can reduce the value placed upon them – Plus traditionally people lose interest in gyms roughly around the three month mark, which is when the free Gym cuts out. Payment / subscription can serve as an incentive.

3) **Staff Training** – Leisure Operators (both in house and outsourced) value GP referral schemes as a source of introducing new members. The same operators also value the existence of fitness instructors as a means of member retention. It is possible to provide top up training for existing fitness instructors to enable them to carry out GP referral, thus increasing the number of people able to fulfil this function. Also in many cases the people employed to deliver GP referral are also employed to work in the fitness facilities. In other local authorities GP referral staff carry out the mandatory NHS Health Check programme.

4) **Sharing Best Practice** - Having reviewed the outputs within your consultation document, if the statistics are reliable, it is evident that there are varying degrees of performance across the patch, with some local authorities achieving higher outcomes with far less money. Are there lessons to be learnt that would help others.

5) What is the relationship, if any, with the **Local Delivery Pilot** in the East of the County in relation to significant investment (10M) into PA and what does this mean in terms of sharing best practice, learning and equity.

6) Could **Active Lancs** help with the identification of solutions and best practice. Local authorities across the country will have faced similar challenges and through the County Sports Partnership national network and connections with Sport England there may be solutions that have been identified elsewhere.

7) West Lancashire are soon to commission **new facilities and contracts**. What opportunities does this present to approach things differently.

In conclusion the above, plus other possible solutions, may well help to bridge the proposed gap, however it will require time and as such as a minimum I would suggest that a further plus 1 would be needed in my view.

7.3 ABL Health

I am writing to you to register my concerns about Lancashire County Council's proposal to remove Lancashire's Active Lives and Healthy Weight Service.

As the provider of Central Lancashire's Active Lives and Healthy Weight Service, ABL Health is extremely passionate about ensuring local people have the very best access to health services in order to lead healthier, happier lives for longer; a commitment we are sure is shared by Lancashire County Council.

The current proposals to remove specific physical activity and healthy weight services will have a detrimental, significant long-term effect on the health of the Central Lancashire population and on the local economy; which is clearly not a desirable outcome for any local stakeholder.

These services play a significant role in supporting people to engage in physical activity and learn how to manage their weight. Without these early interventions, many

will be at risk of becoming obese and having to face health related problems associated with obesity further down the line.

Obesity is the biggest public health crisis in this country and continues to worsen, with 70 per cent of adults expected to be overweight or obese by 2034. As the number of people living with related medical conditions like cancer and type 2 diabetes continues to rise so does the financial cost. On top of the £6.1bn cost to the NHS, there is also a £27bn cost to the wider economy and a £325m cost to social care services, with severely obese people being over three times more likely to need social care than those who are a healthy weight. 16million working days are lost due to obesity-related sickness, which leads to less productivity and negative outcomes for local economies. Mental health issues related to obesity can also lead to people becoming more isolated and leading a poorer quality of life.

These rising costs to both health and the public purse are exactly the reason why there is now a drive towards early intervention and prevention rather than continuing to react to the growing crisis. Removing key services contributing to this agenda will only exacerbate the problem whilst maintaining them will allow Lancashire to enjoy a healthier community and a more vibrant economy further down the line.

The proposed new service appears to have no provision for any 1-2-1 support for people wishing to make positive change to their lives, which is a key part of the service that our trained, experienced lifestyle coaches provide. It is also unclear what resource will be available to professionally facilitate any group activities or events within local parks, green spaces and leisure facilities. Any involvement of the voluntary and community sector would require significant funding for training and support to ensure the quality of service and skill level is appropriate.

Since we launched our service in June 2016, we have engaged with more than 11,500 adults; helping thousands increase their physical activity, improve their wellbeing, lose weight and enjoy other benefits related to this such as reduced blood pressure. On top of this, we have engaged with over 2,600 children, supporting them to make healthier choices which is essential if we are to combat the obesity crisis moving forwards. The potential savings to the public sector that we have made to date are around £2,250,397. If you add this to the impact of the four other providers in Lancashire, it is clear that we cannot afford to lose these dedicated services.

If the council was to implement the proposal, our current services would cease to operate. Unlike some of the other providers of the active lives and healthy weight service, we don't manage any of Central Lancashire's leisure centres; instead our strength has always been that we utilise, via partners, a variety of facilities in the heart of our communities so we are accessible to clients wherever they live. The people we currently support, some of whom are vulnerable and have complex health conditions, will no longer be able to get the dedicated 1-2-1 support that they need to achieve their goals on their doorstep. This very local, personal support will disappear. We have also successfully grown attendance to our early intervention and prevention activities such as Xplorer events in parks, health walks and health MOT activities, engaging with around 23,000 people. Through all our services in Lancashire, there is the potential for us to support another 30,000 people by April 2021 and this opportunity would be lost if the service is cut.

Put simply, if the proposal goes ahead, there would be a loss of vital support for local people struggling with their health and a significant reduction positive public health outcomes. There would also be a loss of jobs for local people employed by ABL and a longer term effect to the local economy.

We understand the financial challenges being faced by Lancashire County Council, and its ongoing journey to find new ways of delivering services that continue to provide real value for money. Rather than cutting funding now that will result in serious consequences for local people and the public purse further down the line, we are asking the council to reconsider solutions that will instead end up saving money long term whilst allowing vital services to continue to operate; for example an integrated lifestyle service or some streamlining of service delivery where there may be duplication in skills and commissioned contracts.

We are urging commissioners to, at the very least, continue to fund the service for an additional year as per the original contract, in order to work with providers to look at implementing more sustainable activities for local people so that there is a positive legacy after March 2021. We already have strong, effective relationship with partners not just in Central Lancashire but with the other Active Lives and Health Weight Services across Lancashire; and we would come together to look for solutions, which may have to include securing other funding streams.

We have worked with Lancashire County Council for the past three years and are well aware of its commitment to providing quality public health services; and are asking the council to consider the long term effects on local people and the economy of the council itself if this vital service is removed in a matter of months.

I would like to finish by drawing your attention to the words of one of our clients, who lost eight stone with the help of ABL lifestyle coaches so he could be a kidney donor for his son.

He said: "When my doctor told me I had to lose weight I did try by myself, but it was only when I was in a group and in front of Sarah (lifestyle coach) that I was able to focus and achieve my goals. If there had been nobody to egg me on and no camaraderie in the group, I wouldn't have had any motivation. That motivation and encouragement is all part of what you get from ABL. You also need the expertise – qualified lifestyle coaches know when to tell you to back off or work harder -and I relied on Sarah. I'm living proof that you need that support to achieve your goals.
"When the council put the new gym equipment in the local park, ABL ran some starter sessions that were really popular – but I can guarantee once those sessions ended very few people continued utilising the equipment. You might have the physical resources, but you need people like the coaches at ABL to drive others to get involved.

"The service that ABL gives to the community is tremendous and it is wrong if this disappears."

7.3.1 ABL Health, Active Lives Healthy Weight: Impact Report March 2019

7.3.1.1 Introduction

The Active Lives Healthy Weight Service has been running since June 2016. Funded by Lancashire County Council, ABL Health provides the service in Central Lancashire for residents who wish to be more active, improve their health and/or lose weight. In December 2018, Lancashire County Council announced potential cuts to service from April 2020.

This report intends to outline the impact the service has had on the community in Central Lancashire, the wider benefits of the service, and the potential cost savings to public health and the local authority since it commenced in 2016.

Over the past 20 years obesity has become a major health issue. Obesity and all its related problems present a significant economic cost to both the individual and the wider community. More broadly, obesity has a serious impact on economic development. The overall cost of obesity to wider society is estimated at £27 billion. The impact of physical activity and sedentary lifestyles are estimated to cost the UK as much as £1.2 billion a year (PHE, 2017).

7.3.1.2 Executive Summary

As the number of people living with related medical conditions like cancer and type 2 diabetes continues to rise so does the financial cost. On top of the £6.1bn cost to the NHS, there is also a £27bn cost to the wider economy and a £325m cost to social care services, with severely obese people being over three times more likely to need social care than those who are a healthy weight. 16 million working days are lost due to obesity-related sickness, which leads to less productivity and negative outcomes for local economies. Mental health issues related to obesity can also lead to people becoming more isolated, claiming more benefits and leading a poorer quality of life (PHE, 2017).

Obese clients who change their lifestyles and lose weight will benefit from a longer and better quality of life. Nearly two thirds of adults (63%) in England were classed as being overweight (a body mass index of over 25) or obese (a body mass index of over 30) in 2015. 20 million adults in the UK are physically inactive, putting them at a significantly greater risk of heart and circulatory disease and premature death (PHE, 2017).

Public health is a shared responsibility with poor lifestyle choices costing local authorities and the NHS money. These benefits, though well recognised, are difficult to quantify in financial terms. Thus, for this paper, cost savings have been estimated and we have made some reasonable but very conservative assumptions.

Research indicates that if levels of obesity could be reduced by 1% every year from the predicted trend between 2015 and 2035, £300 million would be saved in direct health and social care costs in the year 2035 alone (Obesity Health Alliance, 2017).

This paper outlines the estimated cost savings to the public purse which are generated as an outcome of the ABL interventions delivered in Central Lancashire from ***June 2016 to the present***. The paper focuses on the savings brought about through:

- a reduction in weight loss through targeted community weight management interventions,
- an improvement in psychological state and well-being through interventions, reducing and/or preventing medication and support services in the future,
- an improvement in the numbers of individuals becoming physically active
- an improvement in high blood pressure resulting in reduction in medications and future complications.

7.3.1.3 Highlights

- A total of 11,866 referrals have been managed in the service since June 2016, 2,985 for targeted community weight management and 8,881 for physical activity
- 7,618 clients increased their physical activity levels
- 2,041 clients participated in a weight management intervention
- The average weight loss of clients who completed the 12-week intervention including targeted physical activity was 4.3kg (3.2%)
- 23,639 engaged in early intervention and prevention activities
- 388 clients achieved a significant reduction in blood pressure readings, which is 73% of clients with pre/post measurements for blood pressure taken
- 2,381 clients recorded improved well-being scores following intervention
- 2,116 children increased their physical activity levels

7.3.1.4 Central Lancashire

Central Lancashire has a population of just under 360,000, which is 25% of the total Lancashire population. The population growth has exceeded the country average over the past 10 years. During the next decade the number of children aged 0 to 15 in the County will rise and then decline. The working age population is predicted to start to decline within five years and the older population will continue to increase. This has substantial implications for health and social care budgets in the future (Lancashire County Council, 2017).

The average life expectancy across the patch is 78.5 years for Men and 82.1 years for Women. The Healthy Life Expectancy for Lancashire is 63.6 but it varies significantly across the patch. However, in general it is consistently below retirement age, indicating degrees of ill health among the working-age population (Lancashire County, 2017).

7.3.1.5 Assumptions

The paper recognises that not all patients showing improvements to physical activity levels, lower blood pressure or improved psychological well-being will no longer require ongoing NHS clinical support, which would result in cost savings to local authorities. To reflect this, figures presented in the paper have been modelled at a percentage of total potential savings in each of these areas to reflect assumed cost and savings. Please note, throughout this paper, pre-and post-figures are only

included for adults and children clients who have completed both pre-and post-measurements. This number may vary with the number of completers.

7.3.1.6 Obesity

Nearly two thirds of adults (63%) in England were classed as being overweight (a body mass index of over 25) or obese (a body mass index (BMI) over 30). It is estimated that obesity is responsible for more than 30,000 deaths each year. On average obesity deprives the individual of an extra nine years of life. We spend more each year on the treatment of obesity and diabetes than we do on the police, fire service and judicial system combined (PHE, 2017).

Indicator	Number of ABL clients
Average weight loss per client (%)	3.2%
Completers achieving any weight loss	76% of completers
Completers achieving ≥5% weight loss	20% of completers

Table 1 – summary of weight loss

Assumption	Number of ABL clients	Estimated cost saving
Clients who participated in a weight loss in a 12 week intervention	2,041	-
Annual estimated cost to the UK per person to treat obesity (**McKinsey, 2005)**	-	£642
Annual cost saving to the NHS if 50% of participants no longer required any further treatment for their weight	**1,020**	**£654,400**

Table 2 – Cost savings by improvements to weight

As mentioned previously, ABL are aware that some of those accessing the service will still need some level of weight intervention outside of the service, however in most cases it will be reduced and in many cases no longer needed. Therefore, to be conservative, we have used the rational that only 50% of those having the intervention no longer need support. In reality the savings are probably much higher.

7.3.1.7 Well-being Measures

Approximately 1 in 4 people in the UK will experience a mental health problem each year. In England 1 in 6 people report experiencing a common mental health problem. 1 in 8 adults with a mental health problem are currently receiving treatment (Mind, 2017).

Assumption	Number of ABL clients	Estimated cost saving
Clients (completers) who improved psychological measures during the 12-week intervention	2,381	-
Annual estimated cost to the UK per person to treat mental health conditions **(Anxiety UK)**	-	£1,833
Annual cost saving to the NHS if 35% of successful completers no longer required any further treatment for their mental health conditions	**833**	**£1,526,889**

Table 3 – cost savings by improvements to psychological welfare

As mentioned previously, ABL is aware that some of those accessing the service will still need some level of psychological support outside of the service, however in most cases it will be reduced and, in many cases, no longer needed. Therefore, to be conservative, we have used the rationale that only 20% of those having the intervention no longer need support. In reality, the savings are probably much higher.

7.3.1.8 Physical inactivity

39% of UK adults are physically inactive, putting themselves at a significantly greater risk of heart and circulatory disease and premature death. Around 11.8 million women and 8.3 million men are insufficiently active. The North West has the highest proportion of people who are not meeting the Government's physical activity recommendations (PHE, 2017).

Being inactive is linked to poor health and a multitude of associated health conditions. The costs analysis considers lack of activity in relation to five disease areas; heart disease, stroke, breast cancer, colon cancer and diabetes mellitus.

Linked health conditions that were not costed for include functional health, obesity, mental health and musco-skeletal health.

Assumption	Number of ABL clients	Estimated cost saving
Annual cost saving per person through increasing levels of physical activity **(PHE, 2016)**	-	£8.17
Number of clients increasing levels of physical activity	7,618 clients	
Annual cost saving to the NHS if 50% of successful completers remain physically active	**3,809**	**£31,119**

Table 4 – cost savings by introduction of physical activity.

7.3.1.9 High Blood Pressure

Diseases caused by high blood pressure are estimated to cost the NHS £2 billion annually (NHS England, 2016). It is one of the biggest factors for premature death and disability, accounting for over 12% of all GP visits in England.

Assumption	Number of ABL clients	Estimated cost saving
Annual estimated cost to the NHS per person to treat high blood pressure **(NHS England, 2016)**	-	£149
Number of clients who improved their blood pressure during intervention	388	
Annual cost saving to the NHS if 50% of clients with improvements to blood pressure no longer require treatment	**194**	**£28,906**

Table 5 – cost savings by improved blood pressures

As mentioned previously, ABL are aware that some of those accessing the service will still need some level of treatment outside of the service, however in most cases it will be reduced and in many cases no longer needed. Therefore, to be conservative, we have used the rational that only 50% of those having the intervention no longer need support. In reality the savings are probably much higher.

7.3.1.10 Children and Young People

The service has engaged and delivered interventions to 2,641 children and young people with over 80% of those interventions being completed. As a result, 2,116 children have increased physical activity levels and reduced or maintained their body mass indiex (BMI).

The children and young people's work being delivered by the ABL Central Lancashire team incorporates food and nutrition, exercise and mental health information with an overall objective to get children moving more and understanding the importance of making healthy lifestyle choices. Working with children and young people means we have adapted information to use age appropriate language and we have utilised interactive resources and tools. We have enabled children and young people to look at how information relates to them and we have made our sessions fun.

One of the interventions we offer is FAB (food, activity balance). The programme which consists of 12 one-hour sessions, includes healthy eating information and interactive tasks, together with a physical activity element. In Central Lancashire this has been delivered in community settings for families and children referred to the service and delivered directly into schools. We also offer Move and Groove, which is an exercise-based programme with activities that are physically active and fun. Our Move and Groove Programmes have been delivered directly in schools across Central Lancashire.

Assumption	Number of ABL clients	Estimated cost saving
Annual cost per person to the NHS from being physically inactive **(PHE, 2016)**	-	£8.17
Number of children increasing levels of physical activity	2,116 clients	
Annual cost saving to the NHS if 50% of successful completers remain physically active	1,058 clients	**£8,643**

Table 6 – cost savings by children's increase in physical activity.

7.3.1.11 Summary of potential savings

Service delivery element	Estimated cost saving to the NHS
Clients undertaking a weight loss intervention	£654, 840
Clients responding positively to psychological interventions	£1,526,889
Clients introducing physical activity	£31,119
Clients reporting improvements in blood pressure	£28,906
Children increasing physical activity	£8, 643
Total potential savings to date as an impact of ABL's interventions in Central Lancashire since June 2016 to March 2019	**£2,250,397**

Table 7 – summary of overall cost savings

7.3.1.12 Partnerships

Since the start of the Active Lives & Healthy Weight Service in 2016, ABL has developed numerous partnerships and links with public, private and voluntary and community sector organisations. Developing these relationships has given the Central Lancashire team an opportunity to widen the appeal and service offer, as well as developing a flexible approach to meet the needs of local people.

These links have enabled targeted interventions for existing groups, workplace health sessions, exit routes for primary care services, and helped community champions facilitate their own groups, to name but a few.

Without the support, advice and specialist knowledge of the Active Lives and Healthy Weight Service, many clients, groups and organisations would not have been able to either take control of their own health, or to facilitate others in achieving the lifestyle changes needed to make Central Lancashire a healthier place.

Some examples of the partnerships/links we have developed are:

- Referrals into Active Lives, Health Weight (exit route for rehab clients) from Cardiac Rehab, Heartbeat, Pulmonary Rehab, Stroke Association, Falls Prevention Team, Mind Matters
- Use of gym facilities and exit route for Active Lives, Health Weight clients – GLL, South Ribble Leisure Centres (Serco), Heartbeat, Active Nation
- Delivery of Workplace Health- Chorley Council, Lancashire Teaching Hospitals, Eric Wright Group, Runshaw College, Lancashire Police, Lancashire County Council, HMRC
- Active Lives, Health Weight delivery to service users (Children) - Inspire Youth Zone
- Joint session delivery (walking football)/joint working – Lancashire Football Association, Active Lancashire, Preston North End in the community – Promotion of Active Lives, Health Weight Service and Preston North End in Community service
- Food, activity balance (FAB) and Move & Groove for both primary and secondary age children in a number of schools in the region

7.3.1.13 Wider impacts

The number of personal independence payment claims (PiPs) has almost doubled in Great Britain between February 2015 to February 2016, increasing by 98%. The numbers have risen by the greater percentages in Lancashire of 126.5% (Lancashire County Council, 2016). The service could have an impact by getting people more active and improving residents' health. Assuming it is possible to engage 20% of those claiming the payments this could create savings depending on level of payment of between £96,000 to £620,000 (Lancashire County Council, 2016).

7.3.1.14 Unmet Service Need

The service so far has only supported around 3% of the Central Lancashire population in targeted interventions and 7% in early intervention and prevention activities. Based on the current service intake for the proposed life of the service, which was until April 2021, there is potential to support another 10,000 service users in targeted interventions adults and children (just under 3% of the population) and another 1,000 in early intervention and prevention (5% of the population).

7.3.1.15 Conclusion

There have been 11,566 people referred to the service over a two-and-half year period, and a further 23,000 engaging in early intervention and prevention activities led by ABL Health, demonstrating a clear need for the service in Central Lancashire. The cost savings to the public purse so far have totalled over £1.3 million impacting on mental health, physical activity levels and blood pressure not to mention the decreases in weight loss and obesity levels. The service has also engaged 2,641 children supporting them to make healthier choices and improving the health of future generations. As ABL is not a leisure centre provider, the clients attracted to the service are often new to exercise or haven't engaged in exercise for some time. Cutting a service that delivers substantial health improvements within the local community and

cost savings to the local authority and the NHS would be detrimental to the Central Lancashire footprint.

Finally, it is well recognised that the culture of an area has a strong influence on the behaviours and choices of individuals. There is a profound risk that reducing funding aimed at active lives and healthy weight will transmit a negative message about the value of positive changes in behaviour and that this will undermine the effects of the great work that has been delivered to date.

7.3.1.16 Bibliography

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7.4 Nigel Evans MP

I am contacting you following my receipt of the attached report regarding ABL Health and the Lancashire's Active Lives and Healthy Weight Service, which I understand are under threat of cancellation if Lancashire County Council were to ahead with cutting the service. It is clear that obesity is now a national epidemic with around 70% of adults expected to be overweight or obese by 2034, ABL Health currently provide services to stem the obesity crisis in Lancashire by intervening early and providing professionally organised fitness events and activities for those who are overweight.

Since the launch of the service in June 2016, more than 11,500 adults have engaged with the service as well as 2,600 children – they estimate that the saving on the public purse during this period stands at £2,250,397. Services such as these create an essential framework for people to begin losing weight and losing this would be of detriment to Lancashire. ABL are perfectly placed to alleviate the issue of obesity in Lancashire with their strong network of partnerships, professional infrastructure and the effectiveness of the service delivery.

I would be grateful for your comments on the attached impact report from ABL Health.

7.5 University Hospitals of Morecambe Bay NHS Foundation Trust

SC609 Health Improvement Services – the proposal to reduce service offer in this area is very likely to increase cost pressures in the longer term. This proposal is at odds with the prevailing strategy for improving population health to drive sustainability of health and social care services. Any reduction in service provision for substance misuse is likely to result in immediate increase in pressures on emergency and community pathways and the reduction in support for smoking cessation and weight management support will have a long term health impact on individuals and result in corresponding increased impact on health and social care services.

7.6 Morecambe Bay Integrated Care Partnership

We understand that the Active Lives service was commissioned to encourage activity within a range of different groups of people to support weight loss, increased activity and the associated social support this generates; improved mental health and well-being and general health. The total funding is £2 million, equating to approximately £170k - £180k per borough area. The intention was always to move from a programme in years 1 and 2 which was about a 12 week programme, not means tested and then moving in year three to more community based approaches. We understand that the council plan is to reduce the funding to this element to £500k across the County and continue to develop community services.

The discussion at the meeting on the 11th March identified a number of possible areas to explore to ensure that activity remains something that is supported, but using natural ways of exercising and local resources. We also discussed the fact that the CCGs across Lancashire are currently starting a process of developing a plan for how Tier 3 and 4 services for obesity will be commissioned; we suggested that public health

colleagues should be part of that process to ensure that we develop together a set of service which encompasses all weight issues.

Appendix 1 - demographics public consultation

Table 1 - Are you…?

	%
A Lancashire resident	97%
An employee of Lancashire County Council	4%
An elected member of Lancashire County Council	0%
An elected member of a Lancashire district council	0%
An elected member of a parish or town council in Lancashire	0%
A member of a voluntary or community organisation	12%
Other	5%
A Lancashire resident	97%

Base: all respondents (1,613)

Table 2 - Are you…?

	%
Male	23%
Female	76%
Other	<1%
Prefer not to say	1%

Base: all respondents (1,617)

Table 3 - Is your gender identity the same as the gender on your original birth certificate?

	%
Yes	97%
No	<1%
Prefer not to say	2%

Base: all respondents (1,603)

Table 4 - What is your sexual orientation?

	%
Straight (heterosexual)	89%
Bisexual	1%
Gay man	1%
Lesbian/gay woman	1%
Other	<1%
Prefer not to say	8%

Base: all respondents (1,601)

Table 5 - What was your age on your last birthday?

	%
Under 16	<1%
16-19	<1%
20-34	9%
35-49	21%
50-64	32%
65-74	27%
75+	8%
Prefer not to say	3%

Base: all respondents (1,614)

Table 6 - Are you a deaf person or do you have a disability?

	%
Yes, learning disability	1%
Yes, physical disability	12%
Yes, sensory disability	4%
Yes, mental health disability	6%
Yes, other disability	5%
No	74%
Prefer not to say	4%

Base: all respondents (1,588)

Table 7 - Which best describes your ethnic background?

	%
White	95%
Asian or Asian British	<1%
Black or black British	<1%
Mixed	<1%
Other	<1%
Prefer not to say	4%

Base: all respondents (1,601)

Section 4

Equality Analysis Toolkit

Active Lives Healthy Weight Services

For Decision Making Items

13 June 2019

Lancashire County Council

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

The current contract for Active Lives, Healthy Weight (ALHW) services commenced in April 2016, as a 3 year initial period, with options to extend by up to 2 more years. The total contract value is £2,000,000 p/a across the Lancashire County Council (LCC) footprint. The contract is held by 5 providers across the 12 districts of Lancashire, with a focus on weight management and improving physical activity through delivery of 12 week programmes free of charge to the participant.

The proposal is to cease the current programme on 31 March 2020, reducing the budget to £500,000 p/a and focussing on encouraging people to make greater use of the physical environment, utilising digital technology where possible.

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?

The current programme funding is roughly equal in all the 12 districts, across Lancashire, with some weighting to reflect existing levels of deprivation, obesity and inactivity.

In the 3 years of the programme to date (including forecast completion rates for Q4 2018/19) the data shows:

Targeted Physical Activity	**2016-17**	**2017-18**	**2018-19**
Number of referrals received	8,823	15,395	16,815
Number of service users starting programme	6,985	14,652	14,328
Number of service users completing programme	3,923	11,624	12,442
% Completers (Target 65%)	56%	79%	87%
Targeted Community Weight Management	**2016-17**	**2017-18**	**2018-19**
Number of referrals received	3,194	4,146	5,354
Number of service users starting programme	1,546	2,629	3,953
Number of service users completing programme	991	1,403	2,910
% Completers (Target 65%)	64%	53%	74%

The proposal will affect people in the County equally in a similar way, in that access to the existing county wide provision will be withdrawn.

Current physical activity/healthy weight data in Lancashire (Public Health Outcomes Framework 2017/18):

- 64.6% of adult population in Lancashire with excess weight (England av. 62.0%)
- 22% of Lancashire population are inactive (England av. 22.2%)
- 22.7% of reception age (4-5years) with excess weight (England av. 22.4%)

Burnley is the most deprived district within the Lancashire-12 area, with a rank of average rank of 17 (where 1 is the most deprived and 326 is the least). Hyndburn (28) and Pendle (42) are also in the top 20% most deprived authority areas in the country (English Indices of Deprivation, 2015)

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?

The proposed service change is considered most likely to impact upon older individuals who are the majority of current service users.

Apart from age, this cohort does not necessarily share the protected characteristics identified above. However improved mobility and weight management helps prevent later onset of diabetes, cardiovascular disease, stroke and musculoskeletal conditions.

Question 4 – Engagement/Consultation

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

Following the Cabinet meeting on 3 December 2018, a public consultation was undertaken to seek views on the proposal to cease Active Lives, Health Weight services from 31 March 2020. The consultation ran for eight weeks between 18 February 2019 and 15 April 2019, for both service users/general public, and for partner organisations. The consultation questionnaire was available on-line and in hard copy format if required. A number of focus groups were also held with representatives of partner organisations and service providers.

Service User / Public Consultation

In total, 1,625 completed questionnaires were returned from the service users/general public, with 75% of respondents having used the service previously.

Profile of respondents

- Age - 35% were aged over 65 and a further 32% were aged 50-64. Therefore a total of 67% of the respondents were aged over 50, suggesting an older cohort of respondents.
- Gender – 76% of respondents were female and 23% male,
- Sexual orientation – 89% of respondents identified themselves as heterosexual / straight
- Disability – 74% of respondents did not have a disability and 4% preferred not to say. 12% of respondents had a physical disability; 4% had a sensory disability, 6% had a mental health disability; and 5% had another disability.
- Ethnicity – Of the respondents 95% were white; 4% preferred not to say. A very low percentage of respondents declared non-white ethnicity.

In response to the overall proposal:

- 28% respondents strongly agree/ tend to agree
- 60% respondents tend to disagree / strongly disagree
- 12% respondents neither agree or disagree

Organisation Consultation

In total there were 135 responses from partner organisations.

In response to the overall proposal:

- 16% respondents strongly agree / tend to agree
- 74% respondents tend to disagree / strongly disagree

- 10% respondents neither agree or disagree

Partner agency focus groups also contributed to the consultation findings.

Summary Consultation Findings:

- 66% of the public / service user respondents were aged over 50
- The majority of the these respondents used the service to achieve healthier lifestyle (41%) and to lose weight (31%)
- The majority of public / service user respondents (58%) said they would consider using digital technology to improve their activity levels, although 36% said that they would not consider using digital technology.
- About 28% of public / service user respondents agree with the proposal, with about 60% who disagree with it.
- About 74% of organisational respondents disagree with the proposal, with about 16% saying that they agree with it.
- 35% of organisational respondents don't think that targeted users will attend the proposed service , with 16% suggesting that the proposal would impact more on deprived areas

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

Age

The majority of people who utilise Active Lives, Health Weight services are in the older age group. This may be because of the convenience, instructor support, and the ability to exercise both indoors and outdoors. It is also likely that older people value the service for the social interaction which comes from group activities. It is also possible that older people may be less inclined to utilise digital support. Withdrawal of Active Lives, Health Weight services is therefore more likely to disproportionately affect this group.

Disability

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. Withdrawal of Active Lives, Health Weight services is therefore more likely to disproportionately affect this group

Religion or belief

Current Active Lives, Health Weight provision includes access to Muslim women only group sessions, utilising appropriate premises that provide for private exercise. Withdrawal of Active Lives, Health Weight services is therefore more likely to disproportionately affect this group.

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?

The potential cessation of Lancashire Wellbeing Service is likely to impact on a similar cohort of people, with that service traditionally referring people into Active Lives, Health Weight services. It is likely that the impact on people who accessed both services will therefore be exacerbated.

Access to public transport may exacerbate the impact, in particular for older or disabled people if services are reduced at evenings and weekends.

The proposal to cease Active Lives, Health Weight services would place circa 40 staff members at risk of redundancy, with a potential loss of skills and experience to the wider system.

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.

The original proposal as it relates to cessation of the Active Lives, Health Weight services remains unchanged.

Question 8 - Mitigation

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

There is an opportunity to utilise the remaining budget (£500k) to support physical activity by promoting use of the environmental assets of the county, working with partner agencies (including Active Lancashire, Lancashire United forum of football clubs, Environment Agency, Ribble Rivers Trust) and other Voluntary, Community and Faith Sector organisations. Similarly it is planned to develop a more strategic approach to tackling obesity and promoting good physical and mental health across all ages by working with partner agencies.

It is also proposed to promote the use of digital technology to support people to exercise and maintain healthy weight, through use of digital apps and social media platforms. There is opportunity to work with local Universities to develop this aspect.

There is also an opportunity to work with the NHS to deliver the ambitions identified in the NHS Long Term Plan, including a focus on locality based service delivery, by promoting physical activity and weight management as part of the wider agenda to prevent ill health. Specifically, the long Term Plans identifies plans to double current intervention levels within the National Diabetes Prevention Programme (NDPP), which has similarities with the Active Lives, Health Weight service.

It is proposed to improve the skills of the wider workforce through by developing the 'Make Every Contact Count' approach to multi agency workforce development, building skills in relation to signposting and provision of lifestyle advice, including partnership working with Lancashire Adult Learning.

Existing contract holders in East Lancashire will be encouraged to sustain the "Up and Active" brand that they own and use successfully.

The Local Authority Healthy Weight Declaration, signed in 2017, aims to work more widely with the whole system to support an environment more conducive to healthy weight. Included within the declaration are objectives to work with schools, retailers and food producers in order to influence the wider food environment. We will continue to work with district councils to sign up to the Healthy Weight Declaration and use a more ecological approach to supporting a healthier food system with our communities.

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 Lancashire County Council reduces its ability to set a balanced budget.

The consultation feedback shows that overall 28% of public / service user respondents agree with this proposal, with about 60% disagreeing with it. In terms of partner agency consultation respondents, 74% disagree with the proposal and 16% said that they agree with it.

A residual budget has been identified to help mitigate the impact of Active Lives, Health Weight service cessation, to promote utilisation of the county's environmental assets. Similarly it is planned to develop a more strategic approach to tackling obesity and promoting good physical and mental health across all ages by working with partner agencies. Utilisation of digital technology, working with NHS partners and improving the skills of the wider workforce through a 'Making Every Contact Count' approach to multi agency workforce development will also help mitigate the loss of service by cessation of Active Lives, Health Weight contracts.

The groups most affected by the proposal, based on responses to consultation, are:

- Older people - who 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 the 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 Active Lives, Health Weight provision includes access to 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.

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 are asked to approve:

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

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

That further work be undertaken with partners to identify opportunities for collaborative working to develop integrated approaches to prevention and health improvement

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 groups most affected by the proposal, based on responses to consultation, are:

- Older people - who 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 the 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 Active Lives, Health Weight provision includes access to 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.

Question 11 – Review and Monitoring Arrangements

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

Utilisation of residual budget and transformation funding will be monitored and evaluated using the public health outcomes framework indicators e.g physical activity, obesity and overweight levels in children and adults.

Equality Analysis Prepared By: Alan Orchard and Hira Miah

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

Equality Analysis Endorsed by Clare Platt, Head of Service, Health Equity, Welfare & Partnerships

Decision Signed Off By:

Cabinet Member or Director:

For further information please contact

Jeanette Binns – Equality & Cohesion Manager

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Health Improvement Service - Drug and Alcohol Rehabilitation Summary
(Appendices E and F refer)

Context

Lancashire has the second largest substance misuse (drug and alcohol) treatment system in England (based on numbers accessing) and has been classified in the most complex cohort by Public Health England.

Drug and alcohol rehabilitation services are mainly residential based programmes, with a small number of day programmes. Rehabilitation is an abstinence-based set of interventions to address the underlying causes of addiction in order to establish new ways of coping in real-life situations following community based treatment and possibly inpatient detoxification.

Rehabilitation services, often residential (though can be community based) form a critical part of the adult substance (drug and alcohol) misuse treatment system in Lancashire. Such services usually follow on from community treatment services and provide an intensive support package for individuals who struggle to achieve and sustain abstinence from community services only.

Lancashire County Council commission a range of rehabilitation providers against a standard service specification to ensure choice, accessibility and value.

Services were last commissioned in 2015-16.

The Lancashire and South Cumbria Integrated Care System is reporting significant pressures on mental health and A&E services due to drug and alcohol misuse demand, and are requesting that the commissioned drug and alcohol system to be more flexible and access to inpatient detoxification and rehabilitation services. This proposal will impact on the ability of the system to respond.

Alcohol specific mortality (2015-17) in Lancashire is higher than the England average (12.8 per 100,000/10.6 per 100,000).

Drug related deaths in Lancashire are significantly higher than the England average and have been rising since 2001; 2015-17 data showing 200 deaths at a rate of 6.0 per 100,000 compared to the England average of 4.3 per 100,000 (2001-03 rate was 4.4).

The proposal is to remodel drug and alcohol rehabilitation services through the service re-procurement including policy/threshold changes and to promote the uptake of community based drug and alcohol services. This is likely to lead to a minimum of 100 fewer placements per year.

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 remodel drug and alcohol rehabilitation and save £675,000 from the budget. 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 LCC website, with paper versions by request.

The fieldwork ran for eight weeks between 18 February 2019 and 15 April 2019.

In total 38 public/service user consultation questionnaires and 27 organisation consultation questionnaires were returned.

Consultation workshops with service users, service providers and partner organisations were held between 4 March and 22 March 2019. In total, 95 people attended the workshops (50 service users, 14 staff and 31 service providers/stakeholders).

During the consultation period also we received feedback on our proposal in the form of letters/emails from Lancaster City Council and Morecambe Bay Integrated Care Partnership.

The detailed Drug and Alcohol Rehabilitation Consultation Report (Appendix E) has been developed from the consultation responses received.

Findings – Consultation Questionnaires

Key themes – Public/Service Users:

- 27 out of 37 respondents said that they disagree with the proposal.
- When respondents were asked how the proposal would affect them they most commonly said it will be detrimental to services users (13 respondents).
- When respondents were asked if there is anything else they think we need to consider or that we could do differently they most commonly said vulnerable people in society should be helped (seven respondents).

Key themes – Partner Organisations:

- 17 out of 27 respondents said that they disagree with the proposal.
- When respondents were asked why they agreed or disagreed with the proposal they most commonly said that we need to consider what is available for people with 'lower' needs (10 respondents) and prevention is the key to identify problems before they escalate (8 respondents).
- When respondents were asked how the proposal would affect their service and the people they support they most commonly said that a harder to access service will see the problem getting worse (eight respondents) and it will have a positive impact on their services and/or service users (six respondents).
- When respondents were asked if there is anything else they think we need to consider or that we could do differently they most commonly said the service needs to be structured well for it to be effective (six respondents) and it may make people more vulnerable in the long run (six respondents).

Findings – Consultation Workshops

- Both service users and staff raised questions/comments as to proposed 'targeting' of fewer rehabilitation places and criteria that would be used.
- Service users reported the value of an intense period of person centred approaches, therapies and programmes that rehabilitation offers. Rehabilitation allows services users to change by learning and developing coping skills and a greater understanding of their own behaviours away from negative influencing factors in their community.
- Stakeholders commented that the proposed budget reduction might negatively impact on family and communities. Service users and staff groups reported the benefits residential rehabilitation had to the family and wider community particularly the family intervention work, stopping intergenerational cycle of dependence and the impact on other lives and the wider community.
- For providers and service users there was an emphasis on how the potential impact of a reduction in rehabilitation services might impact on community drug and alcohol services and other public services such as social services (children & adults), criminal justice and health services. The concerns were around capacity, increased demands and costs that might be displaced.
- The majority of services users reported that residential rehabilitation prevented further harms such as drug/alcohol related deaths, tragedies, blood borne viruses, crime/victims of crime and hospitalisation.
    - There were concerns around capacity, increased demands and costs that might be displaced for community services as a result of the proposal.

Written submissions

Lancaster City Council and Morecambe Bay Integrated Care Partnership both submitted written statements expressing concern for the treatment of vulnerable individuals and the likely impact on wider services.

Summary

Although the consultation demonstrated a high degree of concern, in order to contribute to Lancashire County Council's commitment to achieving a balanced budget, the proposal is recommended, bearing in mind the following mitigation:

- 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.

Health Improvement Service – Drug and Alcohol Rehabilitation Services

Consultation report – 2019

Lancashire County Council

www.lancashire.gov.uk

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May 2019

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1. Executive summary

This report summarises the response to Lancashire County Council's consultation on the drug and alcohol rehabilitation service.

The fieldwork ran for eight weeks between 18 February 2019 and 15 April 2019. In total for the public/service user consultation 38 completed questionnaires were returned. For the organisation consultation 27 completed questionnaires were returned.

Consultation workshops with service users, service providers and partner organisations were held between 11 March 2019 and 4 April 2019.

During the consultation period also we received feedback on our proposal in the form of letters/emails from Lancaster City Council and Morecambe Bay Integrated Care Partnership.

1.1 Key findings

1.1.1 Public consultation

1.1.1.1 Use of the drug and alcohol rehabilitation service

- 17 respondents said that they are a user of substance misuse services and 15 respondents said that they are someone who has used residential rehabilitation services.
- 20 out of 35 respondents said that they are satisfied with the drug and alcohol rehabilitation service available to the people of Lancashire.

1.1.1.2 In the last two years, what were your reasons for using the service?

- 27 out of 37 respondents said that they disagree with the proposal.
- When respondents were asked why they agreed or disagreed with the proposal they most commonly said that everyone deserves access to the service (15 respondents) and there is not enough varied support for this vulnerable group (nine respondents).
- When respondents were asked how the proposal would affect them they most commonly said it will be detrimental to services users (13 respondents).
- When respondents were asked if there is anything else they think we need to consider or that we could do differently they most commonly said vulnerable people in society should be helped (seven respondents).

1.1.2 Partner organisation consultation

- 17 out of 27 respondents said that they disagree with the proposal.
- When respondents were asked why they agreed or disagreed with the proposal they most commonly said that we need to consider what is available for people

with 'lower' needs (10 respondents) and prevention is the key to identify problems before they escalate (8 respondents).

- When respondents were asked how the proposal would affect their service and the people they support they most commonly said that a harder to access service will see the problem getting worse (eight respondents) and it will have a positive impact on their services and/or service users (six respondents).
- When respondents were asked if there is anything else they think we need to consider or that we could do differently they most commonly said the service needs to be structure well for it to be effective (six respondents) and it may make people more vulnerable in the long run (six respondents).

1.1.3 Key themes from the consultation workshops

Key themes varied across different consultation groups:

- Both Service Users and staff raised questions/comments as to proposed 'targeting' of fewer rehabilitation places and criteria that would be used - how will people be prioritised & assessed particularly as people are already vulnerable?, complex and some conditions/traumas do not arise until they are in rehabilitation (*after assessment stage*).
- Service users reported the value of an intense period of person centred approaches/therapies/programs that rehabilitation offers. Rehabilitation allows services users to change by learning and developing coping skills and a greater understanding of their own behaviours away from negative influencing factors in their community.
- Stakeholders commented that the proposed budget reduction might negatively impact on family and communities. Service users and staff groups reported the benefits residential rehabilitation had to the family and wider community particularly the family intervention work, stopping intergenerational cycle of dependence and the impact on other lives and the wider community.
- For providers and service users there was an emphasis on how the potential impact of a reduction in Tier 4 services might impact on community substance misuse services and other public services such as social services (children and adults), criminal justice and health services. The concerns were around capacity, increased demands and costs that might be displaced.
- The majority of services users reported that Residential Rehabilitation prevented further harms such as drug/alcohol related deaths, tragedies, blood borne viruses, crime/victims of crime and hospitalisation.

1.1.4 Other responses to the consultation

- During the consultation period also we received feedback on our proposal in the form of letters/emails from Lancaster City Council and Morecambe Bay Integrated Care Partnership.

2. Introduction

Lancashire County Council, like many councils across the country, is going through financially challenging times. This is as a result of funding not keeping pace with the increasing demand and cost of services being delivered. We need to continue to look at ways of reducing costs to help balance the books for future years. This means that we have to consider changes to some of the services we currently provide, as we do not have the resources to continue to deliver what we have done in the past. These changes were considered by our county councillors and we are now looking to consult on what impact the proposals may have.

Our proposal

We are proposing to change how we provide public health lifestyle services in order to achieve savings yet continue to deliver positive outcomes for the people we support. In particular, we are proposing to change how we provide three types of service, which are drug and alcohol rehabilitation, stopping smoking and physical activity/healthy weight. We are proposing to increase digital support for behaviour change and health improvement through promotion of websites and apps. We are also suggesting delivering services based more on local needs.

Our drug and alcohol rehabilitation services are mainly residential based programmes, with a small number of day programmes. Rehabilitation ('rehab') is an abstinence-based set of interventions to address the underlying causes of addiction in order to establish new ways of coping in real-life situations following treatment.

We propose to reduce access to residential and non-residential drug and alcohol rehabilitation services. We propose to target only the most vulnerable individuals and those more likely to benefit, such as those people subject to chronic stress and trauma, those with insufficient support or social capital to cope without intensive assistance, to help build and increase resilience. As a consequence, for those with lower levels of need we are also proposing to increase the use of support services based in local communities.

3. Methodology

For this consultation, we asked the public, staff and partner organisations to give their views. An electronic version of the consultation questionnaire was available online at www.lancashire.gov.uk and a paper version by request.

The fieldwork ran for eight weeks between 18 February 2019 and 15 April 2019. In total for the public/service user consultation 38 completed questionnaires were returned. For the organisation consultation 27 completed questionnaires were returned.

We promoted the consultation via social media, a press release and panels on relevant pages of the county council website. The consultation was promoted internally to staff via a link to the press release on the intranet and to county councillors via C-First (the councillors' portal). A stakeholder email from the Chief Executive was sent to Chief

Executives of district and unitary councils, health, Clinical Commissioning Groups and MPs.

The service users/general public questionnaire introduced the consultation by outlining what drug and alcohol rehabilitation services currently offer and then outlining how stop drug and alcohol rehabilitation services are proposed to work in future. A brief summary of the proposed timescales was also given along with more detail about how to take part in the consultation.

The main section of this questionnaire included six questions. It covered two main topics: satisfaction with drug and alcohol rehabilitation services and views on the proposal. The questions about the proposal asked respondents: how strongly they agree or disagree with the proposal; why they agree or disagree with the proposal; how the proposal will affect them; and if respondents think there is anything else that we need to consider or that we could do differently.

The remaining questions asked respondents for information about themselves. For example, if they are a deaf person or have a disability. This information is presented in Appendix D.

The service users/general public questionnaire introduced the consultation by outlining what drug and alcohol rehabilitation services currently offer and then outlining how stop drug and alcohol rehabilitation are proposed to work in future. A brief summary of the proposed timescales was also given along with more detail about how to take part in the consultation.

The main section of this questionnaire included four questions focused on eliciting respondents' views on the proposal. The questions were: how strongly do you agree or disagree with the proposal; why do you agree or disagree with the proposal; how would the proposal affect their organisation; and if they think there is anything else that we need to consider or that we could do differently. Respondents were also asked which organisation they were responding on behalf of and what their role is within their organisation.

In this report respondents' responses to the open questions have been classified against a coding frame to analyse the qualitative data. Coding is the process of combining the issues, themes and ideas in qualitative open responses into a set of codes. The codes are given meaningful names that relate to the issue, so that during close reading of responses it can be seen when similar issues relate to a similar code. As the analysis process continues the coding frame is added to and refined as new issues are raised by respondents. All responses to open questions are then coded against the coding frame, and can be subsequently analysed as quantitative or qualitative data.

Consultation workshops with service users, service providers and partner organisations were held between 11 March and 4 April 2019. In total, 95 people attended the workshops (50 service users, 14 staff and 31 service providers/partner organisations).

Responses are included from:

Service Users / Staff* (n=64)	Service Providers / Stakeholders (n=31)
Focus Groups n= 7 Tier 3 Provider staff n=5 (CGL) Tier 4 Provider staff n=6 (Littledale) Tier 4 Service User n= 19 (Littledale) Tier 4 Provider staff n=1 (Holgate) Tier 4 Services User n=2 (Holgate) Tier 4 Service User n=19 (Sharedale) Tier 4 Staff (combined SU) n=2 (Sharedale) Recovery Services – service users n=10 (Red Rose Recovery) * some staff have experience of using the substance misuse services	CCG Representatives, n=4 Health and Wellbeing Partnership Res, n=13 Health Leads, n=14

The sessions were recorded by dedicated note-takers, with responses collated and analysed using the 'Framework Method'[1] to identify proposal responses and emergent themes

During the consultation period also we received feedback on our proposal in the form of letters/emails from Lancaster City Council and Morecambe Bay Integrated Care Partnership.

3.1 Limitations

The findings presented in this report cannot be assumed to be fully representative of the views of people who use the drug and alcohol rehabilitation service. Neither can they be assumed to be fully representative of the population of Lancashire. They should only be taken to reflect the views of people who were made aware of the consultation, and had the opportunity and felt compelled to respond.

4 Main findings – public

4.1 Use of the drug and alcohol rehabilitation services

17 respondents said that they are a user of substance misuse services and 15 respondents said that they are someone who has used residential rehabilitation services.

Table 1 - Are you…?

	Count
A user of substance misuse services	17
Someone who has used residential rehabilitation services	15
Other	11
Family member/carer	8
A volunteer/recovery mentor	8

[1] Ritchie, J. and Spencer, L. (1994) Qualitative Data Analysis for Applied Policy Research. In: Bryman, A. and Burgess, B., Eds., Analyzing Qualitative Data, Routledge, London.

Base: all respondents (36)

20 out of 35 respondents said that they are satisfied with the drug and alcohol rehabilitation service available to the people of Lancashire.

Table 2 - How satisfied or dissatisfied are you with the drug and alcohol rehabilitation service available to the people of Lancashire?

	Count
Very satisfied	10
Fairly satisfied	10
Neither satisfied nor dissatisfied	7
Fairly dissatisfied	5
Very dissatisfied	3

Base: all respondents (35)

4.2 The proposal for the drug and alcohol rehabilitation services

27 out of 37 respondents said that they disagree with the proposal.

Table 3 - How strongly do you agree or disagree with this proposal?

	Count
Strongly agree	1
Tend to agree	7
Neither agree nor disagree	2
Tend to disagree	5
Strongly disagree	22

Base: all respondents (37)

When respondents were asked why they agreed or disagreed with the proposal they most commonly said that everyone deserves access to the service (15 respondents) and there is not enough varied support for this vulnerable group (9 respondents).

Table 4 - Why do you say this?

	Count
Everyone deserves access to the services	15
There is not enough varied support for this vulnerable group	9
Support at all levels, don't wait until crisis point	5
False economy	3
Have you made sure the new system is designed well to cope and be useful to all levels?	3
Cutbacks will increase terrible situations for families	3
Other	2
No point in rehab if people aren't committed enough	2
Substance abuse is an increasing problem	2
Rehab doesn't just benefit the user – but the people around them	2
Proposal's benefits unclear	1

Base: all respondents (30)

When respondents were asked how the proposal would affect them they most commonly said it will be detrimental to services users (13 respondents).

Table 5 - If this proposal happened, how would this affect you?

	Count
It will be detrimental to service users	13
Service should be available to all who need them	7
No direct impact	5
Service strain of other organisations	4
Increase risk of violence and community danger	3
NHS needs to deal with severe things like this	2

Base: all respondents (28)

When respondents were asked if there is anything else they think we need to consider or that we could do differently they most commonly said vulnerable people in society should be helped (seven respondents).

Table 6 - Thinking about our proposal, is there anything else you think we need to consider or that we could do differently?

	Count
Vulnerable people in society should be helped	7
Will this lead to service strain on NHS and police?	4
Other	3
One size fits all isn't appropriate	3
More choices need to be on offer	3
Look at this issue more seriously	3
Service needs to continue	2
Is it cost effective?	2
More needs to be done to support people caring for addicts	1
NHS need to manage this as it is life threatening	1
Ask government to increase funding	1

Base: all respondents (24)

5. Main findings – partner organisations

Respondents responding to the consultation on behalf of organisations were first asked how strongly they agree or disagree with the proposal. 17 out of 27 respondents said that they disagree with the proposal.

Table 7 - How strongly do you agree or disagree with this proposal?

	Count
Strongly agree	4
Tend to agree	6
Neither agree nor disagree	0
Tend to disagree	2
Strongly disagree	15

Base: all respondents (27)

When respondents were asked why they agreed or disagreed with the proposal they most commonly said that we need to consider what is available for people with 'lower' needs (10 respondents) and prevention is the key to identify problems before they escalate (8 respondents).

Table 8 - Why do you say this?

	Count
Need to consider what is available for people with 'lower' needs	10
Prevention is key to identify problems before they escalate	8
Proposal is unclear and needs to be more detailed/transparent	7
False economy/service strain	6
Drug and alcohol misuse is a rising problem – more needs to be done	5
People are vulnerable and need the help	5
Agree – should be for the most complex cases	4
All addicted people are vulnerable – separation isn't helping	4
Funding is over stretched already	4
Service needs to carry on being supported	4
Huge negative impact to local community	3
Everyone should have access into recovery	3
Our service is effective as it is	3
Other	2
Staff redundancies	1
This looks similar to what is already in place	1
Young people will be left with no support/alternative	1

Base: all respondents (26)

When respondents were asked how the proposal would affect their service and the people they support they most commonly said that a harder to access service will see the problem getting worse (eight respondents) and it will have a positive impact on their services and/or service users (six respondents).

Table 9 - How would our proposal affect your services and the people you support?

	Count
A harder to access service will see problems with substance abuse getting worse	8
It will has a positive impact on our services and/or service users	6
This will cost more in the long run on other services/false economy	5
This will create additional demand on our services	4
Other	3
Huge potential for people to relapse	3
Local community would be seriously affected/vulnerable people	3
Prevention is key to not creating problems down the line	3
Unsure	2
Proposal not detailed enough to form an opinion	2
If resourced we may be able to cope with the strain this will cause	2
No impact	1
Less users would have a negative impact on our service	1
Reduced access to rehab or help	1
Our service can't be cut further than it already has been	1

Base: all respondents (27)

When respondents were asked if there is anything else they think we need to consider or that we could do differently they most commonly said the service needs to be structure well for it to be effective (six respondents) and it may make people more vulnerable in the long run (six respondents).

Table 10 - Thinking about our proposal, is there anything else you think we need to consider or that we could do differently?

	Count
Needs to be structured well to be effective	6
This may make people more vulnerable in the long run	6
Provide more detail on what would change and how it would work	4
Communication with stakeholders and new services	3
Other	2
Consider knock on effect service strain	2
We need more added, not less	2
No	1
Time limit to being in rehab/housing may be useful	1
Please retain funding for people who have more complex needs	1
Don't cut anything	1

Base: all respondents (21)

6. Main findings - consultation workshops

"Role of rehabilitation is central to addressing underlying issues: 'People think you just need to stop drinking, stop sticking drugs in you, put the alcohol down, and this will sort problem. There's underlying problems – you need rehab to address"

6.1 Key Themes

Key themes varied across different consultation groups:

- Both service users and staff raised questions/comments as to proposed 'targeting' of fewer rehabilitation places and criteria that would be used - how will people be prioritised and assessed particularly as people are already vulnerable?, complex and some conditions/traumas do not arise until they are in rehabilitation (*after assessment stage*).
- Service users reported the value of an intense period of person centred approaches/therapies/programs that rehabilitation offers. Rehabilitation allows services users to change by learning and developing coping skills and a greater understanding of their own behaviours away from negative influencing factors in their community.
- With the proposed reduction the negative impact on the family and community was commented on by the stakeholders. Service users and staff groups reported the benefits residential rehabilitation had to the family and wider community particularly the family intervention work, stopping intergenerational cycle of dependence and the impact on other lives and the wider community.
- For providers and service users there was an emphasis on how the potential impact of a reduction in drug and alcohol rehabilitation services might impact on community substance misuse services and other public services such as social services (children & adults), criminal justice and health services. The concerns were around capacity, increased demands and costs that might be displaced.

- The majority of services users reported that residential rehabilitation prevented further harms such as drug/alcohol related deaths, tragedies, blood borne viruses, crime/victims of crime and hospitalisation.

6.2 Impact of the proposal

6.2.1. Benefits of Residential Rehabilitation – negative impact

The benefits that rehabilitation and particularly residential rehabilitation provided were cited across the focus groups. The proposal could potentially have a negative impact as there would be reduced provision and subsequently the numbers able to access reduced. Please see below comments:

- Residential rehabilitation allows time and space for individuals to address long-term behaviours associated with drug and alcohol use and other negative outcomes:
  - "Learnt tool — behaviour getting clean is the easy bit — but learning tool to change behaviour is hard."
  - '[Rehab] helps people deal — age 7 back and forth kids homes — I associated going shopping with crime. Dealing with trauma and systematic abuse... Its internal unconsciousness, you depress it down that much you don't know. [Rehab] helped to understand and deal. Talk, look at self and not other people, share, think before say. I try and think and have learnt over period time — through worksheets, groups — valuable.'

- Peer support and network elements were recognised by service users as important benefits of residential rehabilitation that also enabled continued support after the intervention:
  - "Good support network when left and because start to trust in here, helps to trust outside."
  - "Helps when you interact people, it works. Ex peers encouraged here. Learning the minute you wake up here. Peers support."
  - "Being able to talk to like-minded people. People talk to outside 'ok just have a drink' when I'm stressed. I can't go and just have 'a' drink. It's so invaluable what I've learnt about self and the support network".

- Residential rehabilitation provides professional intensive support and motivational change for people:
  - Practitioner: "Amount of contact time as practitioner, therapeutic relationship forms. Need to spend time with people to deal with their traumatic experiences – rehab allows that."
  - Service user: "When off head on drugs – only when standstill come into treatment things come to surface. Rehab given opportunity to understand childhood traumas, got treatment, therapy and coping strategies – child mother relations good now. If I'd not come into rehab, I would not have got rid of that underlying traumas – allowed to break cycle and equip me to deal with life."

- Residential rehab provides a unique safe environment / time away from environment that influences drug and alcohol use:
  - Family support / development: "I had to be taken out of environment where others were users (brothers & family users). There was family involved care in the residential rehab and I learnt how to accept and own up to my own behaviour, issues/impact and learn how to manage."

- For some, residential rehab is an essential part of a process, without which detox offers only a short-term fix:
  - "5 detoxes for me... it was a sticking plaster – needed to come here to change."

- Service users reported positive employment and wider outcomes following residential rehab:
  - " I've taken on what I've learn and now work at shelter now carrying on and passing on knowledge"
  - "Was in rehab, left and set up local charity... It is a golden opportunity to get rehab. It kicked me into touch and get myself to change. A lot of people are not given this opportunity and it is a life changing opportunity."
  - "11 weeks rehab – 18 months clean, started drinking alcohol and other substances. Could hardly walk when came in here. In a short time, I'm living life, helping on the allotments, best thing I've ever done."

- For some, the intervention was regard as life-saving:
  - "Drug addict, alcohol, prescription meds – saved my life, would recommend to anyone."

- Stakeholder: Residential rehab is an effective service providing good outcomes for cohort concerned.

6.2.2 Family

- Intensive family intervention work is undertaken in residential rehabilitation and this will be lost to some:
  - "Brings families together – doesn't just impact one life impacts other lives & wider society/community"
  - "Programme not only helped me but family – learning understanding family getting help click, wider impact on family. My children and my mum better outlook of life."

- Family support impacts on next generation / breaks cycle of substance use.
  - "It broke a family cycle, my family was users, my 22 year old was but now supported and both clean."

- Residential rehabilitation support enabled one service user to develop approaches that have resulted in the return of their child from social care:
  - "When I first had contact with social services I was fighting against them, I have now learnt to work with them and working now fully with social services. Social services was in process of getting son adopted, this has now been stopped and I'm getting him back."

- Residential rehabilitation can provide a respite for families.

- Rehabilitation and post-rehabilitation recovery was reported to tackle stigma relating to drug and alcohol use in the community.

- Rehabilitation was noted as having a positive benefit to the mental health of family members:
  - 'my mum has own peace of mind today' – 'massive benefit to families

6.2.3. Mental Health

- Residential rehabilitation offers tailored support around mental health issues as part of the individual's support package:
  - "I've been in/out psychiatric units, this place has done support way back, more than other units I have attended (they just give you drugs). This place makes you go back, therapeutic here, I feel I got head sorted here, know my triggers and behaviours."

6.2.4. Substance Misuse Community Services

- Community providers of Substance Misuse treatment noted the potential impact that changes to Rehabilitation may have on service capacity - increased caseloads and complex issues:
  - "If cut and resources streamlined, cuts to residential will impact on community services and we will have to absorb and there will be specialisms (probably complex). It will be negative it is not a question how it is managed, it is, can we manage? Capacity concerns."
  - "Community services will have to 'hold' people at tier 3 (community services), with delayed recovery and potential escalation of complexity and need".

- Potential increase in service churn / 'revolving doors' for and between both Substance misuse community services and Tier 4 provision (Residential Rehabilitation and Detox)

- Potential impact on substance misuse services Key performance Indicators and outcomes for individuals.

- Potential impact on other current initiatives (i.e. Alcohol bid targeting to support children of alcohol dependant parents/carers)

6.2.5. Wider public services

- The proposal could potentially increase demand on:
  - Health services: increased hospital presentations, increasing and / or missed -GP appointments, increased cost of medication / prescription drugs, cost to Ambulance and other services (e.g. diabetes, crisis team, mental health, community health)
  - Criminal justice: increased crime, demands on police / prisons
  - Social services (children and adults)
  - Housing/homeless

  An example of demand on other services is indicated in the following comment:
  - Service user: ' in/out prisons – lots addictions, was in Salvation Army at one point (bed). That drain on the system arrested week after week after week. Rushed to hospital for an emergency operation through injecting something I shouldn't have.'

6.2.6. Crime

Respondents suggested that reduced numbers in residential rehabilitation would lead to increased crime and numbers of victims:

- Servicer user - "Impact crime if carry on, habits feeding, chronic addiction needs to be fed."

6.2.7. Costs

Residential rehabilitation identified as a means of saving costs otherwise displaced to other areas of the public sector: health, criminal justice, social care, and housing benefit:

- "Funding someone in rehab – costing North West Ambulance Service, social services, criminal justice, public menace – so what funding (in a placement) you would save in the cost impact would be on all those services."
- "I get free prescription I was on 7 items and I'm now down to 1 item."

6.2.8. Prevention

It was reported by both Staff and service user group that Rehabilitation prevents further harms, including:

- Tragedies
- Hospitalisation
- Wasting money
- Death
- Blood borne viruses

Provider: "Lancashire and Blackpool have high drug related deaths. High homeless – addiction linked. Huge cut – it will be inevitable a lot of people in need won't get help."

6.3. The Proposal for Rehabilitation Services

6.3.1. Future Service Provision: Retain /Increase / Reduce

- Some responses suggested the need to retain or extend service provision. One partner organisation questioned whether there was any slack in budget to actually make a cut.
- Question raised as to whether, given low waiting lists, there was additional capacity in system.

6.3.2. Future Service Provision: Assessment/criteria/prioritisation

- Comments were made from both staff and service user groups about prioritisation criteria and mechanism for assessment.
  - With increasing levels of complex cases, how will assessment make distinctions and / or target vulnerable when many / all considered vulnerable...
  - Provider: 'There is an ever increasing complex needs of services users – how going to differentiate between who gets Tier 4 treatment – it's going to be really hard.'
  - Service User: "if rehab is only available for those dying or on deathbeds, or those perceived under the bridge [homeless etc.], then would not be available for anyone like me, who's worked all lives, become addictive and found rehab effective."

- Concerns about those not meeting assessment criteria:
  - "Who would get assessment/treatment – e.g. a veteran with trauma, homeless – against me who alcohol is issue, have a home but my alcoholic behaviour effecting people lives around me. - The knock on effective criteria – what about the people who don't meet the criteria – sorry you don't meet the criteria – she's doing ok, might not have kids/relationship anymore but has a home for now. I would question the assessment process around that."
  - Questions about what is classed as 'vulnerable' and what the inclusion criteria would be.

- Comments were made that underlying issues, both physical (e.g. chronic conditions) and psychological (e.g. trauma) are not always known or reported at point of assessment - they are uncovered during the rehab process:
  - Service User: 'Re 'Assessment' (when deciding re criteria) – unless details (the service users) are on assessment – may not get treatment if it's not on, because underlying trauma's/conditions don't come to light because people don't know their underlying issues at the time of assessment.'

- Concerns were raised as to potential delay in treatment
  - "Do people need to wait until they reach crisis?" - Potential for escalation to crisis / increased complexity if having to wait longer for Tier 4 service: 'if less complex may become more complex if not receiving treatment quicker"
  - Concerns that vulnerability threshold might be too high: "More people might be too late, more vulnerable, too far gone too late. How do you pick?"
  - Reported ways/issues from discussions on potential methods of criteria/assessment:
  - Discussion of matrix method Need/Capital recovery:
  - Do we go for those with most need and less capital - more complex, may not succeed as much, may need longer.
  - Do we go with those most need and most capital – urgent case and likely to succeed therefore numbers (Key Performance Indicators (KPI's)) better.
  - Do we go first come first served – what happens to those most in need, potential increase in alcohol/drug deaths?

6.3.3. Redesign- service development/ integrated partnership working/Co-commissioning / Locality Working

- Assessments need to be effective (e.g. independent social work team), with pre-rehab preparation.

- Suggestions / observations for service development / redesign included:
  - consider locality-based responses
  - greater involvement of community services (e.g. Leisure Services)
  - bring elements of residential rehab into community rehab settings
  - explore alternative types of provision (e.g. Hybrid models - day care / academy, recovery support, recovery houses)
  - utilise monies to get premises (for rehab)
  - explore options to develop good practice with wider Lancashire County Council and with other partners (e.g. Universities, Mental Health)
  - Need for after-care support / community infrastructure... "When coming out of rehab you are fragile – support groups, help volunteering work."
  - Ensure future approaches allow for time period required to deal with individual's issues (not overly restrictive timescale for stay)
  - Explore alternative funding sources (e.g. private sector sponsorship of places)
  - Ensure teaching therapies in community teams as well

- Challenge: Community services - providers reluctant to say no to people

- More integrated working and shared resources:
  - "More work around primary care network – our clients have multiple needs – how can we pool resources to meet the needs of those individuals? - Share resources and funding."
  - 'Mental Health & Substance Misuse / NHS and Lancashire County Council: Need to work together not responsibility of one or the other.'

  - 'Work to do at neighbourhood level. Prevention/early intervention around 'struggling to cope' - importance of agreed pathways with substance misuse and mental health.'

- Stigma is still an issue for people who use drugs and alcohol - needs consideration in future service development / integrated working.

- Need for people to access when they need it – fast access

- Rehabilitation services differ according to care and ethos, and meet different needs.

6.3.4. Exit Strategy / Risks / Transition

Questions were raised by staff in rehabilitation services around quality and governance of alternative provision (hybrid, recovery housing).

7. Other responses

7.1 Lancaster City Council

With regard to the: Wellbeing Service; Active Lives, Drug/Alcohol Rehabilitation Service and Stop Smoking Service, there is an overwhelming concern for residents in the District that would be affected. Member feel that if these services were cut, there would be an increase in demand on social care work/resources, consequently creating a false economy for the County Council. There would also likely be cost implications for other services in the District such as GPs and associated health services. Members have suggested that some of these services combine to avoid them being cut all together. By having the same management/programme, some of the health services could potentially save money and provide a better all-round service for users in the District.

7.2 Morecambe Bay Integrated Care Partnership

We understand that this consultation is to reduce the funding which is available for residential rehabilitation for drug and alcohol misuse from £1.67m to £1m. We understand that there has been an increase in services provided in the community to support people with rehabilitation, but there has not been a reduction in the numbers needing to access residential services.

The greatest concern for Clinical Commissioning Groups and patients is that as a result of this reduction there will be increased pressures on other parts of the system, in particular mental health beds, primary care and accident and emergency departments.

Appendix 1 - Demographic breakdown – service users/general public

Table 11 - Are you…?

	Count
A Lancashire resident	33
An employee of Lancashire County Council	2
An elected member of Lancashire County Council	0
An elected member of a Lancashire district council	0
An elected member of a parish or town council in Lancashire	0
A private sector company/organisation	0
A member of a voluntary or community organisation	8
Other	2

Base: all respondents (36)

Table 12 - Are you…?

	Count
Male	17
Female	18
Other	0
Prefer not to say	0

Base: all respondents (36)

Table 13 - Is your gender identity the same as the gender on your original birth certificate?

	Count
Yes	33
No	2
Prefer not to say	1

Base: all respondents (36)

Table 14 - What is your sexual orientation?

	Count
Straight (heterosexual)	32
Bisexual	1
Gay man	0
Lesbian/gay woman	0
Other	0
Prefer not to say	3

Base: all respondents (36)

Table 15 - What was your age on your last birthday?

	Count
Under 16	0
16-19	0
20-34	4
35-49	18
50-64	7
65-74	5
75+	0
Prefer not to say	2

Base: all respondents (36)

Table 16 - Are you a deaf person or do you have a disability?

	Count
Yes, learning disability	2
Yes, physical disability	4
Yes, sensory disability	1
Yes, mental health disability	6
Yes, other disability	0
No	22
Prefer not to say	4

Base: all respondents (35)

Table 17 - Which best describes your ethnic background?

	Count
White	32
Asian or Asian British	2
Black or black British	1
Mixed	0
Other	0
Prefer not to say	1

Base: all respondents (36)

Section 4

Equality Analysis Toolkit

Drug and Alcohol Rehabilitation Services

For Decision Making Items

13 June 2019

Lancashire County Council

www.lancashire.gov.uk

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

We are proposing to change how we provide healthy lifestyle services in order to achieve savings yet continue to deliver positive outcomes for the people we support. In particular, we are proposing to change how we provide drug and alcohol rehabilitation.

Drug and alcohol rehabilitation services are mainly residential based programmes, with a small number of day programmes. Rehabilitation is an abstinence-based set of interventions to address the underlying causes of addiction in order to establish new ways of coping in real-life situations following community based treatment and possibly inpatient detoxification.

We propose to reduce the budget by £675,000 and remodel this aspect of the overall treatment system. We propose to target provision on the most vulnerable individuals and those more likely to benefit, such as those people subject to chronic stress and trauma, those with insufficient support or social capital to cope without intensive assistance, to help build and increase resilience.

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?

Rehabilitation is a countywide provision supporting adults (18 and over), providing accommodation, support and rehabilitation to service users with complex drug and/or alcohol misuse issues, who may have other co-existing physical and/or mental health needs. These are delivered in settings where illicit drug and/or alcohol use is not permitted.

LCC commission services that offer a staged approach to meeting the needs of service users in their rehabilitation and include provision of three types:

- 24 hour staffed residential rehabilitation
- None 24 hour staffed residential rehabilitation
- Community based rehabilitation service with or without wrap-around supported accommodation.

Access to rehabilitation often follows on from community treatment and inpatient detoxification; neither of these elements are subject to this proposal.

The proposal will reduce the number of people able to access these specialist rehabilitation services.

Alternative support may be offered to those individuals not able to access rehabilitation. Lancashire County Council commissioned community based treatment substance misuse service and providers of recovery housing may be able to increase or flex existing provision and deliver more community based packages of support.

In addition Lancashire County Council will review and redesign the commission for rehabilitation to reflect the proposed reduction in the monies allocated. This in addition may allow Lancashire County Council to limit the impact of the proposed changes.

Consultation feedback suggested that some providers of alternative pathways for the support and rehabilitation of this group may welcome the proposed changes.

However consultation feedback from Community treatment providers was mixed with some individuals welcoming the change and other concerned that this proposal would add additional pressures to those services

In 2017/18 315 individuals attended rehabilitation. The proposal is estimated to reduce this number by approximately100 fewer placements per year.

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?

The service is targeted at those with specific need to address dependence and related behaviours rather than a specific group, as such individuals with any protected characteristic could access.

People affected by mental health conditions

Co-occurring substance misuse and mental health issues are significant factors experienced by service users and act as both a barrier to accessing treatment and increase the level and type of support and treatment needed by those affected.

Research shows that mental health problems are experienced by the majority of drug (70%) and alcohol (86%) of alcohol users in community substance misuse treatment[1].

In 2017/18 87% of service users assessed and offered rehabilitation placements by Lancashire County Council substance misuse social workers disclosed mental health as an issue during their assessments. This compares to 36% (n 998 out of 2847) of service users entering treatment with community providers with both a mental health and substance misuse condition[2].

Demographic data for service users accessing rehabilitation in Lancashire during 2017/18:

- Overall, 315 placements over 285 individuals
- Male – 185 placements (58% of placements), over 191 individuals (66% of individuals)
- Female – 129 placements (41% of placements), over 93 individuals (33% of individuals)
- Transgender – 1 placements (less than 1% of placements), over 1 individual (less than 1% of individuals)

Users of rehabilitation services in Lancashire (2017/18) are disproportionately male.

Age Range

- Aged 18-30, 21% of placements
- Aged 31-45, 44% of placements
- Aged 46-60, 29% of placements
  Aged 60+, 6% of placements

[1] Better care for people with co-occurring mental health and alcohol/drug use conditions
A guide for commissioners and service providers. Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf

[2] Diagnostic Outcomes Monitoring Executive Summary (DOMES) quarter 4 2017/18. NDTMS.

Age – unlikely to adversely affect due to age. The age profile of those attending rehabilitation is broadly similar to those in community treatment. The highest age cohort is those people within the age range 31 – 45 with approximately 48% of people in community treatment and 44% in rehabilitation respectively.

Ethnicity – categories taken for Lancashire County Council data system

- White British, 89% of placements
- White European, 4% of placements
- Asian/Asian British/Chinese, 4% of placements
- Traveller Heritage, 0% of placements
- African/Caribbean/Other Black Background, 3% of placements

Service users from an African/Caribbean/Other Black Background are disproportionately represented within the treatment cohort for rehabilitation, making up 3% of placements. Members of these groups made up 0.35% of the Lancashire population in according to the 2011 census.

Self-Reported Disabilities at point of social care assessment

Mental Health Issue

87% of placements

Physical Disability

20.1% of people in Lancashire reported having a long-term problem or disability in 2011 (census) only 5% of individuals accessing rehabilitation reported a physical disability.

Learning Disability

17% of placements (including dyslexia, dyspraxia etc.)

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 18th February 2019 and 15th of April 2019 through online questionnaires, with paper copies also made available, and focus groups across the county.

In total for the public/service user consultation 38 completed questionnaires were returned. For the organisation consultation 27 completed questionnaires were returned.

Consultation workshops with service users, staff, service providers and partner organisations were held between 11 March 2019 and 4 April 2019. In total 95 people attended the workshops (50 service users, 14 staff and 31 service providers/stakeholders).

There was three specific service user focus groups held in Lancashire based residential rehabilitation centres co-ordinated by the providers but facilitated by Lancashire County Council officers.

An additional service user focus group was held in the community which was organised by Red Rose Recovery and the Lancashire User Forum and involved service users in recovery who had been through a rehabilitation programme.

A focus group was held with staff from the community treatment provider, organised by the provider but facilitated by Lancashire County Council officers.

Staff from residential rehabilitation services were also involved in the focus group with a dedicated staff session being held in one of the rehabilitation providers and with staff jointly attending the service users focus groups held in rehabilitation centres.

Stakeholders from Clinical Commissioning Groups, Health and Wellbeing Partnerships and health leads from the District and City Councils also took part in three focus groups.

The events were led by the same person for continuity and supported by a note-taker.

In addition a short presentation was delivered to the Lancashire User Forum.

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

Residence: 33 out of 38 respondents were Lancashire residents.

Sex/ Gender: of those that answered the questionnaire 17 reported as Male and 18 as female. Of these 33 reported that their gender identity was the same now as at birth, with 2 reporting that it was not and 1 preferred not to say.

Age: 4 people reported as aged 20-34, 18 were aged 35-49 with 7 aged 50-64 and a further 5 aged 65-74. 2 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. 22 people reported as having no disability and 4 preferred not to say.

Two people reported having a learning disability, 4 reported a physical disability and 1 reported a sensory disability. In terms of mental health 6 reported this as a disability.

Ethnicity: 32 respondents identified as White, with 2 reporting as either Asian or Asian British a further 1 respondent described their ethnic background as Black/Black British and one respondent preferred not to say.

Consultation findings: brief overview from the questionnaires

- 20 out of 35 respondents said that they are satisfied with the drug and alcohol rehabilitation service available to the people of Lancashire.
- 27 out of 37 respondents said that they disagree with the proposal.
- When respondents were asked why they agreed or disagreed with the proposal they most commonly said that everyone deserves access to the service (15 respondents) and there is not enough varied support for this vulnerable group (9 respondents).
- When respondents were asked how the proposal would affect them they most commonly said it will be detrimental to services users (13 respondents) and (7 respondents) said that services should be available to all who need them.
- Respondents from partner organisations to the consultation on behalf of organisations were first asked how strongly they agree or disagree with the proposal. 17 out of 27 respondents said that they disagree with the proposal.
- When respondents were asked why they agreed or disagreed with the proposal they most commonly said that we need to consider what is available

for people with 'lower' needs (10 respondents) and prevention is the key to identify problems before they escalate (8 respondents).

- When respondents were asked how the proposal would affect their service and the people they support they most commonly said that a harder to access service will see the problem getting worse (eight respondents) and it will have a positive impact on their services and/or service users (six respondents).

Consultation findings: brief overview of the key themes from the focus groups

- Both Service Users and staff raised questions/comments as to proposed 'targeting' of fewer rehabilitation places and criteria that would be used - how will people be prioritised & assessed particularly as people are already vulnerable?, complex and some conditions/traumas do not arise until they are in rehabilitation (after assessment stage).

- Service users reported the value of an intense period of person centred approaches/therapies/programs that rehabilitation offers. Rehabilitation allows services users to change by learning and developing coping skills and a greater understanding of their own behaviours away from negative influencing factors in their community.

- With the proposed reduction the negative impact on the family and community was commented on by the stakeholders. Service users and staff groups reported the benefits residential rehabilitation had to the family and wider community particularly the family intervention work, stopping intergenerational cycle of dependence and the impact on other lives and the wider community.

- For providers and service users there was an emphasis on how the potential impact of a reduction in Tier 4 services might impact on community substance misuse services and other public services such as social services (children & adults), criminal justice and health services. The concerns were around capacity, increased demands and costs that might be displaced.

- The majority of services users reported that residential rehabilitation prevented further harms such as drug/alcohol related deaths, blood borne viruses, tragedies, crime/victims of crime and hospitalisation.

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

Mental Health

Co-occurring mental health and substance misuse (service users) the proposal may adversely impact on individuals sharing this characteristic. At the point of assessment for rehabilitation 87% self-reported as having a mental health need. This is higher than the figure for those entering community treatment who have a mean average of 36% (the rate varies according to main drug of use). It would be expected that after a period of community treatment and approaching sobriety that individuals would be more aware of their mental health needs which may partly explain the difference between the two figures. However it may also be due to those with more complex needs requiring more structured rehabilitation. People with mental health needs may be disproportionately impacted on by the proposal.

Sex/ Gender

66% of placements into rehabilitation are male, with 33% female and less than 1% (1 individual) identifying as transgender. This is representative of the gender make up of service users in community treatment.

Men may be disproportionately impacted on by the proposal.

Ethnicity

Service users from an African/Caribbean/Other Black Background are disproportionately represented within the treatment cohort for rehabilitation, making up 3% of placements. Members of these groups made up 0.35% of the Lancashire

population in according to the 2011 census and may be disproportionately impacted by the proposal**.**

Families

Residential rehabilitation allows individuals to reintegrate into society with individuals reporting that they are able to return to work and give back.

Rehabilitation supports people to participate in public life and can bring families together.

Rehabilitation supports service users to work with social care allowing parents to be with children:

"When I first had contact with social services I was fighting against them, I have now learnt to work with them and working now fully with social services. Social services was in process of getting son adopted, this has now been stopped and I'm getting him back."

Participants also reported that rehabilitation impacts on the next generation by breaking the cycle of substance misuse:

"It broke a family cycle, my family was users, my 22 year old was but now supported and both clean."

Evidence suggests that rehabilitation helps to keep families together with 4% of referrals in 2017-18 coming from Children's Social Care with a further 5% from Adult Social Care.

Care Act 2014

Lancashire County Council 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 residential rehabilitation is a non-statutory service, however it is paid for through adult social care and all referrals are assessed by a specialist team of Lancashire County Council social workers. 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 Lancashire County Council Care Act offer, which will consequently be affected if the service is discontinued.

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 a number of factors/decisions that may impact on service users and partner organisations including:

- Reductions in funding to community treatment services that have already been implemented and may lead to a cumulative impact of people with protected characteristics when coupled with the proposed reduction of the number of rehabilitation places.
- The Integrated Care System in Lancashire and South Cumbria has recognised the impact that substance misuse is having on A&E units and on mental health providers. The proposed reduction in rehabilitation may have a negative cumulative impact on people with mental health issues who would use both rehabilitation/substance misuse services and wider health services.
- Budget reductions in relation to the Welfare Rights Service and Active Lives / Healthy Weight may increase the negative impact of the proposal of users of rehabilitation services.
- The proposed cessation of the Lancashire Wellbeing Service may lead to reduced support to those with protected characteristics who also access rehabilitation services.
- The proposed reduction in the budget for rehabilitation services may put staff members of those services at risk of redundancy.

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 3rd December 2018 to undertake public consultation on a proposal to reduce access to residential rehabilitation by reducing the amount of money spent on the service from £1.675 million to £1 million. Given the current contextual understanding based on the consultation questionnaires and focus groups responses, the recommendation is:

That Cabinet approve proposals to remodel Substance Misuse Rehabilitation Services through re-procurement to include policy / threshold changes and promote the uptake of community based substance misuse services.

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 impacts of the proposal: 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.

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 Lancashire County Council reduces its ability to set a balanced budget. A residual budget will remain, allowing access to rehabilitation for those with greatest need. However service users with mental health issues, males and people from an African/Caribbean background may be disproportionately impacted on by this decision with reduced access to rehabilitation services.

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 are asked to approve:

A reduction in the budget of £675,000 for drug and alcohol rehabilitation services, ahead of a planned reprocurement exercise.

That further work be undertaken with partners to identify opportunities for collaborative working to develop integrated approaches to prevention and health improvement

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

Service users with mental health issues, males and people from an African/Caribbean background may be disproportionately impacted on by this decision with reduced access to rehabilitation services.

Question 11 – Review and Monitoring Arrangements

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

We will utilise contract management and data analysis to monitor the effects of this proposal.

Equality Analysis Prepared By Lee Harrington

Position/Role Senior Public Health Practitioner

Equality Analysis Endorsed by Line Manager and/or Service Head Chris Lee

Decision Signed Off By

Cabinet Member or Director

For further information please contact

Jeanette Binns – Equality & Cohesion Manager

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Health Improvement Service - Stop Smoking Services Summary
(Appendix H refers)

Context

Smoking remains the leading cause of preventable death and disease in England, and is one of the most significant factors that impacts upon health inequalities and ill health. Smoking prevalence in Lancashire is similar to the England value (14.8% v 14.9%). Pendle (20.2%), Preston (20.2%) and Hyndburn (19.4%) have higher rates of smoking, all districts, except Ribble Valley, are still statistically similar to England. Ribble Valley is statistically lower.

Supporting smokers to quit is highly cost effective and when combined with pharmacotherapy products such as nicotine replacement therapy and behavioural support, they are four times more likely to quit. Previously the service provided a universal offer but it has become clear there are specific groups which need to be targeted based on needs. Whilst it is recognised that some groups will be determined locally, in alignment with the national Tobacco Plan and the locally agreed Pan Lancashire Tobacco Control Strategy, the following have been prioritised;

- Pregnant women who smoke
- Those with long term conditions
- Those with mental health problems
- Routine and manual workers

Previously services have been developed around a universal model but this approach is not the most effective. By targeting groups and focussing on pathways we can potentially improve relationships with health professionals and increase outcomes.

The Current Contract

Lancashire County Council currently commissions a stop smoking service which is available to everyone over the age of 12 years in Lancashire. The current contract was commissioned from April 2016, for three years with options to extend of 1+1 years (2016-2021) and is provided by Lancashire Care Foundation Trust, operating under the brand 'Quit Squad'.

Proposed Re-modelling

The proposal is to remodel stop smoking services in order to focus resources on those groups with the highest smoking prevalence. A more targeted offer of behavioural support with advice on stop smoking medicines would focus on:

- supporting pregnant women who smoke
- those where smoking rates remain high, such as routine and manual workers
- those with mental health conditions

Lancashire County Council

- those with long-term conditions and/or those dependent on drugs and/or alcohol

The current universal offer will be managed via digital support; if anyone advises they do not have the resources to access digital services, this will be reviewed and they will be supported in the most appropriate way.

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 re model stop smoking services. 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 18 February 2019 and 15 April 2019. In total, 17 completed questionnaires were returned for the service users/general public consultation. For the organisation consultation 27 completed questionnaires were returned.

Consultation workshops with partner organisations were held between 11 March and 21 March 2019. In total, 31 people from partner organisations attended the workshops.

The detailed Stop Smoking Services Consultation Report (Appendix H) has been developed from the consultation responses received.

Findings

Overall Responses: The response rate to this consultation was low (17 public responses and 27 organisation response), potentially as there is no financial impact and the proposal reflecting national and local policies which partner organisations are currently working towards.

Key themes – Public/Service Users

Eight respondents agree or strongly agree with the proposal and seven disagree or strongly disagree. When examining the reason for this, due to low responses it is difficult to meaningfully highlight any reasons given (a maximum of two responses for any point). Overall responses stated, the effect of the proposal on them would be 'no effect' (seven).

Key themes – Partner Organisations

Eight out of 27 respondents agreed with the proposal and 17 out of 27 respondents disagreed with the proposal.

When asked why they agree or disagree with the proposal, respondents most commonly gave responses about;

- The impact on vulnerable people and the health of society (ten respondents)
- Everyone should be encouraged to access help (nine respondents).
- Addictions needs support to encourage long term quitting (seven).
- Some do not have the means to access through Wi-Fi, libraries etc. (five).

When asked if there is anything else they think we need to consider or that we could do differently, respondents most commonly said more discussion/research needed about proposed changes (eight respondents).

In response to the organisation consultation 37% (10 respondents) were from the current provider. When asked how our proposal would affect their services and the people they support, respondents most commonly said that they would have to let staff go (six respondents) and there would be an increased risk of cancer or other health issues (six respondents). There is no financial reduction in this proposal, the focus is on re-modelling and utilising digital support for those who want to stop smoking.

Other organisational concerns were around the criteria and people not being able to access the service (six) and how some people do not have the resources or the capability to use of digital apps (four).

There will be no restriction placed on anyone accessing services. The offer of digital applications will be promoted to all those who are motivated to quit. For those who identify themselves as being unable to use or access digital support suitable alternatives would be arranged.

Findings – Consultation Workshops

As part of the workshop consultation there was a consensus for the following to be considered:

Children and Young people; Prevention and the Smokefree Generation

The current and any future service will continue to deliver around the Smokefree agenda for future generations targeting young people by focussing on:

- Smokefree pledges - Smokefree homes and cars will continue to be promoted and schools will be targeted along with grassroots sports promoting smokefree side lines messages.
- Working in partnership with the Lancashire County Council's Children and Family Wellbeing Service; training staff in brief intervention and signposting to the service. There will be a focus on areas of deprivation where smoking prevalence remains high.

Online support and digital applications

The most popular way for service users in Lancashire to access support is through face-to-face contact (68% chose this approach in Quarter 3 18/19). Nationally it is

reported more people are giving up on their own without accessing stop smoking services, for example, through switching to e-cigarettes. For those who are motivated to give up smoking these people will be signposted to digital technology for additional support. The service reports on average each quarter around 40 people access telephone support. It is anticipated these service users will also access digital support and continue to quit. This approach will be widely promoted for others to utilise although there will need some monitoring.

Partner Organisations

The service will continue to work closely with partner organisations to improve health outcomes for all. The NHS Long Term Plans highlights the importance of addressing smoking and also potentially of investment in supporting smokers to quit.

The Stop Smoking Service is already working with hospitals around the Smokefree Hospitals initiative, and developing pathways to support patients who are discharged into the community, this focus will continue.

It was suggested in the feedback for the service to explore how we can integrate the offer into other service provision, for example, NHS Health Checks and Making Every Contact counts, embedding very brief intervention into practice. If all health professionals asked about smoking status, advised and took action this could potentially lead to an increase in referrals.

Risk Management

Wider Policy Agenda

The NHS Long Term Plan has identified the following NHS commitments:

- To contribute to making England a smoke-free society, including that by 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.
- To develop a smoke-free pregnancy pathway including access to focused sessions and treatments.
- To provide a universal smoking cessation offer that will also be available as part of specialist mental health services for long-term users of specialist mental health, and learning disability services, including the option to switch to e-cigarettes while in inpatient settings.

Equality Impact

The Public Sector Equality Duty requires that public sector organisations give "due regard" to the needs of groups with protected characteristics in discharging their functions, including decision making. Having "due regard" means giving the level of scrutiny and evaluation that is reasonable and proportionate in the particular context. The law requires that the duty is fulfilled in substance not that a particular form is completed in a particular way. In this context the paragraph below sets out the information required to give "due regard" to this proposal.

It is not anticipated that this proposal will adversely impact disproportionately any groups with protected characteristics therefore there was no requirement to complete an Equality Impact Assessment. The responses to the public consultation were low and did not specifically identify particular concerns from protected characteristics groups. There was a larger response from organisations (37% were from the current provider) but this again raised only one area of concern which was potentially relevant to people with protected characteristics.

A number of responses raised concerns about what some felt to be a reliance on the use of digital support including apps. As part of this proposal support will continue to be available to those who require or request it in a face to face manner either individually or part of a group for the remainder of this contract.

The largest group of service users are aged 45 years and older, in Quarter 3 18/19, 34% of these were routine and manual workers who set a quit date. It is accepted that some people will not be as familiar with or comfortable with apps or email support and this is reflected in the model which will maintain supporting service users face to face. The focus will be for those who have a willingness and motivation to quit and identify themselves as being able to do this with minimal interaction with the service. The use of apps will also continue to support others after the standard offer of support with the service has ended. The service will highlight the impact of smoking for children and young people through the smokefree homes and cars campaign engaging with partner organisations such as schools.

Health Improvement Service – Stop Smoking Service

Consultation report – 2019

www.lancashire.gov.uk

Lancashire County Council

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May 2019

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1. Executive summary

This report summarises the response to Lancashire County Council's consultation on the Stop Smoking Service (SSS).

The fieldwork ran for eight weeks between 18 February 2019 and 15 April 2019. For the public/service user consultation 17 completed questionnaires were returned. For the organisation consultation 27 completed questionnaires were returned.

Consultation workshops with partner organisations were held between 11th March and 18th March 2019.

During the consultation period also we received feedback on our proposal in the form of letters/emails from Lancaster City Council, University Hospitals of Morecambe Bay NHS Foundation Trust and Morecambe Bay Integrated Care Partnership.

1.1 Key findings

1.1.1 Findings from the public consultation

1.1.1.1 Use of the stop smoking service

- Ten respondents said that they had given up, or tried to give up, smoking.
- Seven respondents said that they had used the local stop smoking service to help them give up smoking.
- Five respondents said that they had paid for products themselves to help them give up smoking. Three respondents said that they had received a voucher from the Quit Squad for products to help them give up smoking. Three respondents said that they had received a prescription from their GP for products to help them give up smoking.
- Six out of ten respondents were satisfied with the support they had to help them give up smoking.
- When asked where they would prefer to get stop smoking support respondents most commonly said other community venue (five respondents), pharmacy (four respondents) and GP (four respondents).
- When asked if they would consider using digital technology or vaping to help them give up smoking five respondents out of the ten who have given up, or tried to give up said that they would consider neither of these.

1.1.1.2 Views on the proposal

- Eight respondents said that they agree with the proposal and seven said that they disagree with the proposal.
- Seven out of twelve respondents said that the proposal would have no effect on them.

1.1.2 Findings from the consultation with organisations

- Eight out of 27 respondents agreed with the proposal and 17 out of 27 respondents disagreed with the proposal.
- When asked why they agree or disagree with the proposal, respondents most commonly mentioned the impact on vulnerable people and the health of society (ten respondents) and that everyone should be encouraged to access help (nine respondents).
- When asked how our proposal would affect their services and the people they support, respondents most commonly said that they would have to let staff go (six respondents) and there would be and increased risk of cancer or other health issues (six respondents).
- When asked if there is anything else they think we need to consider or that we could do differently, respondents most commonly said more discussion/research needed about proposed changes (eight respondents).

1.1.3 Key Themes from the consultation workshops

All of those who attended the workshops were in agreement with the proposal although there were considerations requested for the following;

- Children and Young People – links to Children's partnership boards
- Children and Young People - prevention
- Those who do not have access to digital support
- Integration with other organisations/opportunities – utilise wider workforce, link to health checks etc.
- Areas with higher smoking prevalence
- Addressing health inequalities
- Focus on GPs

1.1.4 Other responses

- During the consultation period also we received feedback on our proposal in the form of letters/emails from Lancaster City Council, University Hospitals of Morecambe Bay NHS Foundation Trust and Morecambe Bay Integrated Care Partnership.

2. Introduction

Lancashire County Council, like many councils across the country, is going through financially challenging times. This is as a result of funding not keeping pace with the increasing demand and cost of services being delivered. We need to continue to look at ways of reducing costs to help balance the books for future years. This means that we have to consider changes to some of the services we currently provide, as we do not have the resources to continue to deliver what we have done in the past. These changes were considered by our county councillors and we are now looking to consult on what impact the proposals may have.

Our proposal

We are proposing to change how we provide public health lifestyle services in order to achieve savings yet continue to deliver positive outcomes for the people we support. In particular, we are proposing to change how we provide three types of service, which are drug and alcohol rehabilitation, stopping smoking and physical activity/ healthy weight. We are proposing to increase digital support for behaviour change and health improvement through promotion of websites and apps. We are also suggesting delivering services based more on local needs.

We currently provide a stop smoking service which is available to everyone over the age of 12 years in Lancashire.

We propose to reduce general access to stop smoking services. We would still promote quitting smoking through apps and other digital platforms to those who want to give up. A more targeted offer of behavioural support with advice on stop smoking medicines would focus on

- supporting pregnant women who smoke
- those where smoking rates remain high, such as routine and manual workers
- those with mental health conditions
- those with long-term conditions and/or those dependent on drugs and/or alcohol

3. Methodology

For this consultation, we asked the public, staff and partner organisations to give their views. An electronic version of the consultation questionnaire was available online at www.lancashire.gov.uk and a paper version by request.

The fieldwork ran for eight weeks between 18 February 2019 and 15 April 2019. In total for the public/service user consultation 17 completed questionnaires were returned. For the organisation consultation 28 completed questionnaires were returned.

We promoted the consultation via social media, a press release and panels on relevant pages of the county council website. The consultation was promoted internally to staff via a link to the press release on the intranet and to county councillors via C-First (the councillors' portal). A stakeholder email from the Chief Executive was sent to Chief Executives of district and unitary councils, health, Clinical Commissioning Groups and MPs.

The service users/general public questionnaire introduced the consultation by outlining what stop smoking services currently offer and then outlining how stop smoking services are proposed to work in future. A brief summary of the proposed timescales was also given along with more detail about how to take part in the consultation.

The main section of this questionnaire included eleven questions. It covered four main topics: use of the stop smoking services, finding out about support/help, using digital technology and views on the proposal. The questions about the proposal asked respondents: how strongly they agree or disagree with the proposal; why they agree or disagree with the proposal; how the proposal will affect them; and if respondents think there is anything else that we need to consider or that we could do differently.

The remaining questions asked respondents for information about themselves. For example, if they are a deaf person or have a disability. This information is presented in Appendix 1.

The questionnaire for organisations introduced the consultation by outlining what stop smoking services currently offer and then outlining how stop smoking services are proposed to work in future. A brief summary of the proposed timescales was also given along with more detail about how to take part in the consultation.

The main section of this questionnaire included four questions focused on eliciting respondents' views on the proposal. The questions were: how strongly do agree or disagree with the proposal; why do you agree or disagree with the proposal; how would the proposal affect their organisation; and if they think there is anything else that we need to consider or that we could do differently. Respondents were also asked which organisation they were responding on behalf of and what their role is within their organisation.

In this report respondents' responses to the open questions have been classified against a coding frame to analyse the qualitative data. Coding is the process of

combining the issues, themes and ideas in qualitative open responses into a set of codes. The codes are given meaningful names that relate to the issue, so that during close reading of responses it can be seen when similar issues relate to a similar code. As the analysis process continues the coding frame is added to and refined as new issues are raised by respondents. All responses to open questions are then coded against the coding frame, and can be subsequently analysed as quantitative or qualitative data.

Consultation workshops with partner organisations were held between 11 March and 18 March 2019. In total, 31 people attended the workshops.

Responses are included from:

- CCG Representatives, n=4
- Health and Wellbeing Partnership Res, n=13
- Health Leads, n=14

The sessions were recorded by dedicated note-takers, with responses collated and analysed using 'Framework Method'[1] to identify proposal responses and emergent themes.

During the consultation period also we received feedback on our proposal in the form of letters/emails from Lancaster City Council, University Hospitals of Morecambe Bay NHS Foundation Trust and Morecambe Bay Integrated Care Partnership.

3.1 Limitations

The findings presented in this report cannot be assumed to be fully representative of the views of people who use the Stop Smoking Service. Neither can they be assumed to be fully representative of the population of Lancashire. They should only be taken to reflect the views of people who were made aware of the consultation, and had the opportunity and felt compelled to respond.

Of the 27 recorded survey responses from partner organisations, 37% (n=10) of these were from staff from one organisation (the current service provider).

[1] Ritchie, J. and Spencer, L. (1994) Qualitative Data Analysis for Applied Policy Research. In: Bryman, A. and Burgess, B., Eds., Analyzing Qualitative Data, Routledge, London.

4 Main findings – public consultation

4.1 Use of the Stop Smoking Service

Ten respondents said that they had given up, or tried to give up, smoking.

Table 1 - Have you ever given up, or tried to give up, smoking?

	Count
Yes	10
No, I'm a smoker and have never tried to give up	0
No, I have never been a smoker	7

Base: all respondents (17)

Seven respondents said that they had used the local stop smoking service to help them give up smoking.

Table 2 - Have you ever used the local stop smoking service to help you give up smoking?

	Count
Yes	7
No	3

Base: respondents who have given up, or tried to give up, smoking (10)

Five respondents said that they had paid for products themselves to help them give up smoking. Three respondents said that they had received a voucher from the Quit Squad for products to help them give up smoking. Three respondents said that they had received a prescription from their GP for products to help them give up smoking.

Table 3 - Have you ever used any products to help you give up smoking?

	Count
Yes, I paid for them myself	5
Yes, I received a voucher from the Quit Squad	3
Yes, I received a prescription from my GP	3
No	1

Base: respondents who have given up, or tried to give up, smoking (10)

Six out of ten respondents were satisfied with the support they had to help them give up smoking.

Table 4 - How satisfied or dissatisfied were you with the support you had to give up smoking?

	Count
Very satisfied	5
Fairly satisfied	1
Neither satisfied nor dissatisfied	1
Fairly dissatisfied	1
Very dissatisfied	0
I have not received any support to give up smoking	2

Base: respondents who have given up, or tried to give up, smoking (10)

When asked where they would prefer to get stop smoking support respondents most commonly said other community venue (five respondents), pharmacy (four respondents) and GP (four respondents).

Table 5 - If you were to get stop smoking support, where would you prefer to get it?

	Count
Other community venue	5
Pharmacy	4
GP	4
Workplace	2
Leisure centre	2
Other	1
Midwifery services	1
None of these	0
Children's centre	0

Base: respondents who have given up, or tried to give up, smoking (10)

When asked if they would consider using digital technology or vaping to help them give up smoking five respondents out of the ten who have given up, or tried to give up said that they would consider neither of these.

Table 6 - Have you used, or would you consider using ... to help you give up smoking?

	Count	
	Would consider using	Have used
Digital technology (e.g. apps)	2	1
Vaping (i.e. e-cigarettes)	2	2
Neither of these	5	1

Base: respondents who have given up, or tried to give up, smoking (10)

4.2 The proposal for the stop smoking services

Respondents were then asked how strongly they agree or disagree with the proposal. Eight respondents said that they agree with the proposal and seven said that they disagree with the proposal.

Table 7 - How strongly do you agree or disagree with this proposal?

	Count
Strongly agree	6
Tend to agree	2
Neither agree nor disagree	2
Tend to disagree	3
Strongly disagree	4

Base: all respondents (17)

Respondents' reasons for agreeing or disagreeing with the proposal are given in the table below (table 8).

Table 8 - Why do you say this?

	Count
Better use of money	2
Service should be available to all	2
Help for those most in need and need the support	2
Easier to quit with face to face support	2
Target resources to vaping	1
This is just waiting for people to become unwell	1
This service is essential	1
Not everyone can use or has access to apps	1
There is a duplication of service with GP practices	1

Base: all respondents (11)

Respondents were then asked that if this proposal happened, how would it affect them. Seven out of twelve respondents said that it would have no effect.

Table 9 - If this proposal happened, how would it affect you?

	Count
No effect	7
It's an excellent service and it shouldn't go	2
Staff job concerns	2
Wouldn't bother trying to give up	1
Would cost more for people to go to the NHS for help	1
I would have lack of access to services	1

Base: all respondents (12)

Respondents were then asked if there is anything else they think we need to consider or that we could do differently. A summary of their responses is given in the table below (table 10).

Table 10 - Thinking about our proposal, is there anything else you think we need to consider or that we could do differently?

	Count
You assume people are digitally connected	2
Can you make it as a non-profit org instead?	2
People deserve face to face support	1
Can you consolidate this with other smaller services	1
Keep the specialist service	1
No – people need to take responsibility themselves	1
Ask users what they want	1
Charge employers to use the service	1
No	1

Base: all respondents (10)

5. Main findings – partner organisations

5.1 The proposal for the stop smoking services

Respondents responding to the questionnaire for organisations were first asked how strongly they agree or disagree with the proposal. Eight out of 27 respondents agreed with the proposal and 17 out of 27 respondents disagreed with the proposal.

Table 11 - How strongly do you agree or disagree with this proposal?

	Count
Strongly agree	3
Tend to agree	5
Neither agree nor disagree	2
Tend to disagree	9
Strongly disagree	8

Base: all respondents (27)

Respondents were then asked why they agree or disagree with the proposal. Respondents most commonly mentioned the impact on vulnerable people and the health of society (ten respondents) and that everyone should be encouraged to access help (nine respondents).

Table 12 - Why do you say this?

	Count
This will impact the vulnerable people and the health of society	10
Everyone should be encouraged to access help, not just targeted groups	9
Counter-intuitive to people stopping smoking	7
Addiction needs support to encourage long term quitting	7
Some clients don't have the means to access help through Wi-Fi, Libraries, etc.	5
Smoking is a high cause of ill health	4
Agree - Needs a targeted approach in focused areas	4
We could potentially work closer with other services to be more beneficial	3
Other	2
Agree - it should be reworked, resources are needed for other areas	2
People wouldn't use apps	1
Digital platforms may be best to be more available to a wider range of people	1
Service strain on the NHS	1
False economy	1

Base: all respondents (25)

Respondents were then asked how our proposal would affect their services and the people they support. Respondents most commonly said that they would have to let staff go (six respondents) and there would be and increased risk of cancer or other health issues (six respondents).

Table 13 - How would our proposal affect your services and the people you support?

	Count
We would have to let go of staff	6
Increase risk of cancer or other big health issues	6
People would carry on smoking with a harder to access service	5
Many users can't afford to quit without support	5
There is a section of people we haven't engaged with yet and planned to	4
Unequal provision	3
Some existing service users wouldn't meet the new thresholds	3
Offering digital aid isn’t suitable for elderly or poorest in society	3
We would have to change the nature of our service	3
False economy and service strain	3
Other	2
Smoking is an addiction and people need more concrete support	2
Support the proposal	1

Base: all respondents (24)

Respondents were then asked if there is anything else they think we need to consider or that we could do differently. Respondents most commonly said more discussion/research needed about proposed changes (eight respondents).

Table 14 - Thinking about our proposal, is there anything else you think we need to consider or that we could do differently?

	Count
More discussions/research needed about proposed changes	8
Target/identify certain groups	7
Other	6
Inaccessible and people will continue smoking	5
Create a pathway approach to save costs	3
Streamline service	3
No	2
Offer people a choice of service	2
False economy/service strain	1
Focus on prevention	1
Consider staff redundancies	1
Keep clinics	1
Offer both digital and face to face support	1

Base: all respondents (24)

6. Findings – consultation workshops

All of those who attended the workshops were in agreement with the proposal although there were considerations requested for the following;

- Children and Young People – links to Children's partnership boards
- Children and Young People - prevention
- Those who do not have access to digital support
- Integration with other organisations/opportunities – utilise wider workforce, link to health checks etc.
- Areas with higher smoking prevalence
- Addressing health inequalities
- Focus on GPs

7. Other responses

In addition to receiving responses to the consultation questionnaires and feedback at the workshops, we received further feedback on our proposal in the form of letters/emails from Lancaster City Council, University Hospitals of Morecambe Bay NHS Foundation Trust and Morecambe Bay Integrated Care Partnership.

7.1 Lancaster City Council

With regard to the: Wellbeing Service; Active Lives, Drug/Alcohol Rehabilitation Service and Stop Smoking Service, there is an overwhelming concern for residents in the District that would be affected. Member feel that if these services were cut, there would be an increase in demand on social care work/resources, consequently creating a false economy for the County Council. There would also likely be cost implications for other services in the District such as GPs and associated health services. Members have suggested that some of these services combine to avoid them being cut all together. By having the same management/programme, some of the health services could potentially save money and provide a better all-round service for users in the District.

7.2 University Hospitals of Morecambe Bay NHS Foundation Trust

SC609 Health Improvement Services – the proposal to reduce service offer in this area is very likely to increase cost pressures in the longer term. This proposal is at odds with the prevailing strategy for improving population health to drive sustainability of health and social care services. Any reduction in service provision for substance misuse is likely to result in immediate increase in pressures on emergency and community pathways and the reduction in support for smoking cessation and weight management support will have a long term health impact on individuals and result in corresponding increased impact on health and social care services.

7.3 Morecambe Bay Integrated Care Partnership

This service is currently commissioned to provide services to anyone wishing to be supported to stop smoking over the age of 12. We understand that the consultation is not to reduce funding for this service but to enable it to be targeted on particular groups rather than for it to be a universal service. The groups suggested are pregnancy women, manual workers, those with mental health issues and those with long term conditions. There will be a continuation in training services.

At the meeting on the 11th March a further group was suggested as young people and targeting schools as ensuring that young people do not start smoking will reduce smoking later in life.

We would like to see the detail of the impact assessments undertaken by the Local Authority with regard to all of these consultations to assist in the discussions on mitigation.

Appendix 1 - demographics public consultation

Table 15 - Are you…?

	Count
A Lancashire resident	15
An employee of Lancashire County Council	3
An elected member of Lancashire County Council	0
An elected member of a Lancashire district council	0
An elected member of a parish or town council in Lancashire	0
A private sector company/organisation	0
A member of a voluntary or community organisation	0
Other	2

Base: all respondents (16)

Table 16 - Are you…?

	Count
Male	4
Female	11
Other	0
Prefer not to say	1

Base: all respondents (16)

Table 17 - Is your gender identity the same as the gender on your original birth certificate?

	Count
Yes	15
No	0
Prefer not to say	1

Base: all respondents (16)

Table 18 - What is your sexual orientation?

	Count
Straight (heterosexual)	14
Bisexual	0
Gay man	0
Lesbian/gay woman	0
Other	0
Prefer not to say	2

Base: all respondents (16)

Table 19 - What was your age on your last birthday?

	Count
Under 16	0
16-19	1
20-34	2
35-49	3
50-64	7
65-74	2
75+	0
Prefer not to say	1

Base: all respondents (16)

Table 20 - Are you a deaf person or do you have a disability?

	Count
Yes, learning disability	0
Yes, physical disability	0
Yes, deaf/hearing impairment	0
Yes, visual impairment	0
Yes, mental health disability	0
Yes, other disability	0
No	13
Prefer not to say	3

Base: all respondents (16)

Table 21 - Which best describes your ethnic background?

	Count
White	14
Asian or Asian British	1
Black or black British	0
Mixed	0
Other	0
Prefer not to say	1

Base: all respondents (16)

Report to the Cabinet
Meeting to be held on the 13 June 2019

Report of the Director of Public Health and Wellbeing

Part I

Electoral Division affected:
(All Divisions);

Integrated Home Improvement 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 Integrated Home Improvement Service, subject to a full public consultation, with the final determination to be made by Cabinet taking into account the responses.

This report outlines the results from public consultation, in the context of wider policy developments and equality analysis, and provides appropriate information for Cabinet to consider the proposal to cease Integrated Home Improvement Service, resulting in an annual budget saving of £880,000. The Integrated Home Improvement Service also provides for delivery of Lancashire County Council's statutory obligation to provide 'minor adaptations', and therefore this element of the service will require procurement should the proposal go ahead.

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 that the Integrated Home Improvement Service contracts be decommissioned (ceased) by 31st March 2020, and that work take place with existing providers to deliver this.
(ii) support the development of new approaches and integrated pathways, utilising some of the one off investment funding of £0.500m agreed by Cabinet as part of proposals relating to Health Improvement Services.
(iii) approve that a procurement exercise be undertaken to deliver a 'minor adaptations' service which is currently delivered through the Integrated Home Improvement Service.

Lancashire County Council

Background and Advice

Since 2014, Lancashire County Council has operated an Integrated Home Improvement Service across the county.

This service brings together home improvement services under a single specification to provide a value for money integrated and enhanced service focussed on low level practical preventative measures and advice, including the supply and installation of minor aids and adaptations. Together, these services aimed to provide support to make homes safe, secure and risk free.

The Integrated Home Improvement Service provides early intervention and support to keep people independent and well in their own homes, prevent admissions to hospital and residential care. The service also supports people returning from hospital. It provides a holistic approach, with many people who require a minor adaptation also benefiting from other Home Improvement Agency (HIA) services. Services are provided directly by the Home Improvement Agency and appropriate referrals are also made to other agencies, thus increasing the customer's knowledge of available local community and neighbourhood support.

The Integrated Home Improvement Service includes the following key elements:

a) Handy person services - typically used for small jobs/repairs that take less than two hours

b) Home visit to assess and advise what jobs/repairs are needed. Other support (see below) can also be delivered directly through the Home Improvement Agency, by referral to other services as appropriate.

c) Help to organise/oversee home repairs, maintenance, adaptations or security measures such as drawing up plans, organising quotes

d) Advice about what housing is available to meet an individual's needs

e) Advice about what financial support is available, this includes help for people to maximise their income such as attendance allowance, and supporting people to apply for grant funding to enable them to afford adaptations.

f) Advice and information about other organisations that can help

To be eligible for Integrated Home Improvement Services people must be disabled and/or have a long term condition; be at risk of admission to hospital or residential care; and/or need support to be discharged from hospital or care setting. Initial advice and guidance, together with handyperson support is provided free of charge to eligible people, with materials being chargeable.

The Integrated Home Improvement Service is also contracted to deliver the statutory 'minor adaptations' up to a value of £1,000, that Lancashire County Council is required to provide. Examples of such adaptations include external rails and step adaptations, additional banister rails and semi-permanent ramping. This element of

the service will need to be procured separately, and people who are eligible under Adult Social Care (ASC) legislation will continue to receive it.

Service Performance 2018-19

Providers report receiving 18,375 enquiries during the year, although this will also include other Home Improvement Agency advice and/or support services including delivery of statutory minor adaptations.

Of the services proposed to cease:

2018-19	Number	Examples
Core Jobs	2612	Arranging and applying for funding for boiler repairs / replacement; support to claim welfare benefits; case worker home assessment and advice.
Handy Person Jobs	6664	Such as steps repaired, carpet tacked down, bed moved downstairs, locks fitted and doors made secure.

Consultation

The council has undertaken a comprehensive consultation with a range of stakeholders to ensure views are 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 Integrated Home Improvement 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 and distributed via the provider organisations.

The fieldwork ran for eight weeks between 18 February 2019 and 15 April 2019. In total, 981 completed questionnaires were returned from members of the public and service users (176 paper questionnaire responses and 805 online questionnaire responses). In terms of the consultation with partner organisations, 140 completed questionnaires were received.

The detailed Integrated Home Improvement Service Consultation Report (Appendix A) has been developed from the consultation responses received.

Key findings - Public Consultation

- About two-thirds of respondents (65%) said that they have used the Integrated Home Improvement Service in the last two years and about two-fifths of respondents (38%) said that they have referred someone to the service.
- Respondents who have used the Integrated Home Improvement Service in the last two years were most likely to say that the services they had used were: handy person services (75%), home visit to assess and advise what jobs/repairs are needed (50%) and help to organise/oversee home repairs, maintenance, adaptations or security measures (36%).
- About four-fifths of respondents (82%) disagreed with the proposal.

- When asked why they agree or disagree with our proposal, respondents were most likely to comment that it is a vital service (54%), that elderly, disabled and/or vulnerable people need to be helped and safeguarded (31%) and that other organisations don't offer these services or advice (23%).
- When asked how the proposal would affect them, respondents were most likely to say that they wouldn't know where else to go for these services (35%).
- When asked how they get the support they needed or may need in the future, if they were unable to use the Integrated Home Improvement Service, three-fifths of respondents (60%) said that the work would not get done and over a quarter of respondents (27%) said that they'd pay for the work to be done by someone else.
- When asked if there is anything else that they think we need to consider or that we could do differently, nearly half of respondents (46%) asked for the service to continue.

Key findings – Partner Organisation Consultation

- Nine-tenths of respondents (90%) said that they disagree with the proposal.
- When asked why they agreed or disagreed with the proposal respondents were most likely to say that it helps the elderly, disabled and vulnerable to live independently and safely (67%), to keep it, it's a much needed service (37%) and that it will increase demand on much needed services (29%).
- When asked how the proposal would affect their services and the people they support respondents most commonly said that it will affect vulnerable people's health, wellbeing and independence (63%), increased cost/pressure on social care and other services (31%), there would be nowhere to sign post to/no other provision (26%) and increased cost/pressure on the NHS (26%). 11% responded by saying that, services will not be viable.
- When asked if there is anything else that they think we need to consider or that we could do differently, respondents most commonly said to reconsider, explore other options/delivery models (56%), there is not an alternative (36%) and it will affect vulnerable people's health and quality of life (32%).

Key findings – Partner Organisation Workshops

Consultation workshops with service providers and partner organisations were held between 15 February 2019 and 18 March 2019. In total, 61 people attended the workshops.

Impact on vulnerable people's independence and the added demand and increased costs to health and social care were the most frequently raised issues across the workshop groups.

Participants were asked to consider what could be done differently. Other suggestions were made including use of Better Care Fund and working with the NHS and districts through the Integrated Care System, to consider alternative options. Alternative redesign suggestions included pooling the Disabled Facilities Grant (DFG) funding with minor adaptations funding, and streamlining the whole adaptations system.

The potential loss of the Home Improvement Agency services as a result of not being financially viable was raised by partner organisations, which may impact on wider services outside the Integrated Home Improvement Service contract, but also remove one of the options for delivery of minor adaptations which will still need to be provided as required by legislation.

Proposed Approach

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 recommended that the council works with existing providers to decommission (cease) the Integrated Home Improvement Service contracts by 31st March 2020. This provides for a three month period beyond the initial proposed cessation date.

As it is recognised that Integrated Home Improvement Services are valued and help keep people independent in their homes, it is proposed to:

- Delay the implementation of this saving until 31 March 2020 to allow for the procurement of the minor adaptations element of the service and to approach partner organisations to discuss potential future funding opportunities
- In particular, approach district councils to request they consider using the Disabled Facilities Grant (DFG) funding to support Home Improvement Agencies. Spend against the Disabled Facilities Grant budget varies by district, with most districts now spending the totality of their annual budgets. Consultation responses suggested this could be considered, although there was not a general consensus in support.
- Work with NHS and district colleagues to consider alternative arrangements and funding opportunities.
- Consider how Home Improvement Agency services can work most effectively with other preventative services, developing a joined up approach to redesigning pathways to keep people safe and well in the home.
- Consider how services can work together to provide a continuum of equipment and adaptation, from handyperson services, low level equipment, minor adaptations, through to more major adaptation utilising the Disabled Facilities Grant. This could be supported by proportionate assessment, including self-assessment, trusted assessors, Adult Social Care (ASC) Support Officers and Occupational Therapists (OTs).
- Promote the Home Improvement Agency Services local networks to increase people's community knowledge and link them into other services to support the development of neighbourhood working.
- Build on the existing strengths of Home Improvement Agency Services to undertake home based risk assessment, and to investigate the possibility of contributing further to partners initiatives for example to reduce front door demand, support discharge pathways, prevent falls and provide people with advice and support.

If partners were able to commit to this process, the county council would invest a one off amount to support the transformation process, whilst continuing to fund minor aids and adaptation services. In 2018/19 the county council spent just over £1million

on minor adaptations delivered through the Integrated Home Improvement Service contract in adult social care. However county council funding for non-minor adaptation services (listed (a) - (f) above) will cease.

Risk Management

- **Partner Contributions**

Through the consultation, it was evident that there was a desire for further discussions given the importance of the current Integrated Home Improvement Service. However no specific commitments of alternative funding have been identified. It is proposed that the Integrated Home Improvement Service will cease at the end of March 2020, and at this point there remains a strong possibility that new funding arrangements will not be agreed.

- **Wider Policy Agenda**

Integrated Home Improvement Service works within a policy framework that is increasingly focused on prevention and joining up services to provide people with what they need to maintain their independence and wellbeing. Of particular note are the:

- Corporate Strategy
- Care, Support and Wellbeing of Adults in Lancashire - Vision
- NHS Long Term plan (https://www.longtermplan.nhs.uk/)

Should the proposal go ahead, the opportunity for Integrated Home Improvement Service to continue to support these agendas will be lost.

- **Procurement of Minor Adaptations Element**

  Currently Adult Social Care delivers its statutory minor adaptations through the Integrated Home Improvement Service contract. Should the proposal go ahead, the minor adaptations element of the service would require a separate procurement exercise to be undertaken. It is understood that Public Health funding supports the financial viability of the current Integrated Home Improvement Service, so removal of that funding may put the continued delivery of minor adaptations through Home Improvement Agencies at significant risk, and may also result in availability of services different across the county.

  The current funding arrangements enable the Home Improvement Agencies to work flexibly with Adult Social Care and Occupational Therapists to deliver services. This flexibility could be lost, with the possibility of increasing workload for Occupational Therapists, service delays and increasing the cost of providing minor adaptations.

  The short timescales involved in a procurement exercise for minor adaptations will place demands on corporate commissioning and procurement services, together with operational teams.

- **Increasing Demand**

  Demand may increase for Adult Social Care and NHS services, particularly in terms of increased falls and accidents, resulting in increased budgetary pressures.

- **Voluntary, Community and Faith Sector**

  Demand within the sector for advice and support services may increase, for example for welfare benefit and income maximisation support.

Equality Impact

Ceasing Integrated Home Improvement Service is most likely to disproportionately impact on older people, particularly older females, and those with disabilities and or long term health conditions (Equality Analysis Appendix B).

Finance

The agreed saving in relation to Home Improvement Services was in total £0.880m and was profiled for delivery over 2019/20 (£0.220m) and 2020/21 (£0.660m).

If the recommendations of this report are agreed, and the cessation of the contracts is delayed until 31 March 2020, this will result in a budget pressure of £0.220m in 2019/20. In order to mitigate this budget pressure in 2019/20 the service will seek to manage the savings shortfall across the wider service. However, if the service does not succeed in covering this potential overspend, then the shortfall will need to ultimately be met from the transitional reserve.

Legal

The Care Act requires the Council to provide or arrange for the provision of services, facilities or resources which would contribute or reduce the need for care and support. The statutory element of the provision of service provided by the Integrated Home Improvement Service will be subject to a separate procurement exercise.

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.

Mitigation

The following are expected to mitigate the impact of this proposal:

- The continued provision of statutory minor adaptations will mean that adaptations up to the value of £1000 will be available to people eligible under Adult Social Care legislation.

- Private handyperson services may be available and accessible to some. The continued delivery of the Safe Trader Scheme, assists in sourcing reputable contractors.

- Access to alternative sources of welfare benefits advice, particularly in the voluntary, community and faith sector.

- Work with system wide partners to support integrated pathways and new approaches, with a focus on prevention and wellbeing, to keep people well at home. The council is also currently in negotiation with clinical commissioning groups to jointly invest in falls lifting services.

List of Background Papers

Paper	Date	Contact/Tel
N/A		

Appendix A

Integrated Home Improvement Service

Consultation report – 2019

www.lancashire.gov.uk

Lancashire County Council

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May 2019

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1. Executive summary

This report summarises the response to Lancashire County Council's consultation on the Integrated Home Improvement Service (IHIS).

The fieldwork ran for eight weeks between 18 February 2019 and 15 April 2019. In total, 981 completed questionnaires were returned (176 paper questionnaire responses and 805 online questionnaire responses). For the partner organisation consultation we received 140 completed questionnaires.

Consultation workshops with service providers and other organisations were held between 15 February and 18 March 2019. In total, 61 people attended the workshops.

1.1 Key findings

1.1.1 Public consultation

1.1.1.1 Use of Integrated Home Improvement Services

- About two-thirds of respondents (65%) said that they have used the IHIS in the last two years and about two-fifths of respondents (38%) said that they have referred someone to the service.
- Respondents who have used the Integrated Home Improvement Service in the last two years were most likely to say that they had used: handy person services (75%), home visit to assess and advise what jobs/repairs are needed (50%) and help to organise/oversee home repairs, maintenance, adaptations or security measures (36%).
- When asked what their reasons were for using the service, respondents were most likely to say that they used the service for jobs around the house (57%) and because they were unable to do the job by themselves (27%).

1.1.1.2 Views on our proposal for Integrated Home Improvement Services

- About four-fifths of respondents (82%) disagreed with our proposal.
- When asked why they agree or disagree with our proposal, respondents were most likely to comment that it is a vital service (54%), that elderly/disabled/vulnerable people need to be helped and safe guarded (31%) and that other organisations don't offer these services or advice (22%).
- When asked how the proposal would affect them, respondents were most likely to say that they wouldn't know where else to go for these services (35%).
- When asked how they get the support they needed or may need in the future, if they were unable to use the Integrated Home Improvement Service, three-fifths of respondents (60%) said that the work would not get done and over a quarter of respondents (27%) said that they'd pay for the work to be done by someone else.

- When asked if there is anything else that they think we need to consider or that we could do differently, nearly half of respondents (46%) asked for the service to continue.

1.1.2 Partner organisation consultation

- Nine-tenths of respondents (90%) said that they disagree with the proposal.
- When asked why they agreed or disagreed with the proposal, respondents were most likely to say: that it helps the elderly, disabled and vulnerable to live independently and safely (67%); keep it, it's a much needed service (37%); and that it will increase demand on NHS services (29%).
- When asked how our proposal would affect their services and the people they support, respondents most commonly said that it will affect vulnerable people's health, wellbeing and independence (63%), increased cost/pressure on social care and other services (31%), there would be nowhere to sign post to/no other provision (26%) and increased cost/pressure on the NHS (26%).
- When asked if there is anything else that they think we need to consider or that we could do differently, respondents most commonly said to reconsider, explore other options/delivery models (56%), the service works well/will be difficult to replace (36%) and it will affect vulnerable people's health and quality of life (32%).

1.1.3 Consultation workshops

Whilst there was some variation of comments raised by the participants across the different workshop groups, impact on vulnerable people's independence and the added demand and increased costs to health and social care, were the most frequently raised issues across the workshop groups. Other aspects of the current service are highlighted below that participants commented would be lost through the current proposal:

- **Loss of services that will impact on independence.** The proposal would reduce people's ability to stay safe and well in their own home, particularly vulnerable older people.
- **Increased demand on statutory services**. Admissions to acute/residential services and loss of service that facilitates safe and timely discharge:
    - Loss of relatively low cost prevention service;
    - Prevents falls, accidents and death;
    - Facilitates hospital discharge and reduces admissions;
    - Increased work for Adult Social Care, including Occupational Therapists (OTs)
    - The service responds to 1000's of enquires that would otherwise come to the County Council.
- **Nowhere else to go,** especially for small jobs in rural areas.
- **Trusted service** makes people less vulnerable to rogue traders and 'unscrupulous builders'. The lack of a trusted provider will result in homes falling into a state of disrepair and becoming unsafe. People's stress and anxiety will increase.

- **Coordination and service integration**. The Home Improvement Agencies (HIAs) help people to navigate through an issue by coordinating other services. HIA services support integrated working between housing, health and social care.
- **Reduced income/funding for vulnerable people**. The HIA supports vulnerable people to apply for funding for adaptions and minor works that they would otherwise miss out on. HIAs also help people to claim important benefits such as Attendance Allowance.
- **HIAs provide flexible service, working with OTs**. HIAs respond rapidly to issues that private builders or contractors might not want to undertake. Working with OTs includes: joint site visits and providing HIA advice, identifying additional issues to the OT assessment, clarifying issues and communicating with OTs to ensure correct work is done. This flexibility would be lost to Adult Social Care, as respondents considered that multiple contractors would not work in this way.
- **Concerns about future Statutory Minor Adaptation delivery**. More clarity is needed on how this will be done. Concern that contractors may want to bundle up work in future, to make it financially viable, that would cause delays. HIAs presently work flexibly with OTs when receiving minor adaptation referrals, loss of this way of working could lead to work being sent back to the OT service and delayed.
- **HIA viability/loss of other services and additional funding.** HIAs financial viability is under threat, and therefore the delivery of other services, not just IHIS. For example, The Sanctuary Scheme (this enables those who have experienced domestic abuse to stay and feel safer in the home) and delivery of affordable warmth measures may be lost.

Participants were asked to consider what could be done differently. Other funding suggestions were made including looking at the use of Better Care Fund and working with the NHS and districts through the Integrated Care System. Alternative redesign suggestions, included pooling the Disabled Facilities Grant (DFG) funding with statutory minor adaptations funding and streamlining the whole system for the districts to administer.

1.1.4 Other responses to the consultation

A number of letters were received in response to the consultation. These included letters from Lancaster City Council, Morecambe Bay Health & Care partners, East Lancashire Clinical Commissioning Group, Chorley Council and a number of HIAs.

- A letter from Lancaster City Council said that their members thought that the proposal could have potential cost implications for the city council and could ultimately risk social isolation for residents who rely on this service to make their homes safe and accessible.
- A letter from Morecambe Bay Health & Care partners explained their concern that removal of the service will impact on the low level support for older and vulnerable people in the community, resulting at a more advanced stage default to statutory services and that there will be a significant impact on the health of individuals, e.g. there is potential for more falls and loss of independence which in turn will increase the burden on health and care services.
- A letter from East Lancashire Clinical Commissioning Group asked how the burden of support required to those who have not reached crisis will be provided to prevent an impact on statutory services and how we can work together to collectively support service users in each locality and develop services that are based on the local needs. It also says that the Group wants to understand the outputs of the consultations, work with the Local Authority to help address its needs and most importantly the needs of the population of Lancashire, but also undertake its governance role. They also state they would like to see the detail of the impact assessments undertaken by the Local Authority with regard to both of these consultations to assist in the discussions on mitigation.
- A letter from Chorley Council addressed a number of our current budget proposals and put forward an offer to work with Lancashire County Council to explore opportunities to develop solutions and alternative delivery models, as the council feels the proposals represent a withdrawal from services that promote and support vital early intervention and prevention.
- A letter with a number of supporting documents was sent to us by Preston Care & Repair, Mosscare St Vincent's, Chorley Borough Council Home Improvement Agency, Care & Repair (Wyre & Fylde) and Homewise Society. The documents provide a detailed outline of research that shows the many benefits that this preventative service delivers.

2.Introduction

Lancashire County Council, like many councils across the country, is going through financially challenging times. This is as a result of funding not keeping pace with the increasing demand and cost of services being delivered. We need to continue to look at ways of reducing costs to help balance the books for future years. This means that we have to consider changes to some of the services we currently provide, as we do not have the resources to continue to deliver what we have done in the past. These changes were considered by our county councillors and we are now looking to consult on what impact the proposals may have.

The Integrated Home Improvement Service (also known as Care and Repair) provides help to people in need of extra support to make their homes safe and accessible, by assisting homeowners to maintain, repair and improve their properties.

This supports independent living for older people, people living with physical disabilities and people living with long term health conditions. The Integrated Home Improvement Service is currently contracted to six local providers based across Lancashire for service delivery

The service divides broadly into two areas:

1. **Minor aids and adaptations** – we are legally obliged to provide works under £1,000. Examples of minor adaptations include external rails and step adaptations, additional banister rails and semi-permanent ramping. People who are eligible for this service will continue to receive it. We also provide additional services and support to enable people to live safely and independently.

2. **The Home Improvement Service includes services that we are not legally required to provide**.
    a. Handy person services - typically used for small jobs/repairs that take less than two hours
    b. Home visit to assess and advise what jobs/repairs are needed
    c. Help to organise/oversee home repairs, maintenance, adaptations or security measures such as drawing up plans, organising quotes
    d. Advice about what housing is available to meet an individual's needs
    e. Advice about what financial support is available
    f. Advice and information about other organisations that can help

Our proposal
We will continue to provide funding for minor aids and adaptations (under £1,000) to people who are eligible for this service. However, we are proposing to cease funding the Home Improvement Services that we are not legally required to provide.

3. Methodology

For this consultation, we asked the public, providers and partners to give their views. An electronic version of the consultation questionnaire was available online at www.lancashire.gov.uk and a paper version by request. A number of consultation workshops were also held with partner organisations, including the current providers.

We promoted the consultation via social media, a press release and panels on relevant pages of the county council website. The consultation was promoted internally to staff via a link to the press release on the intranet and to county councillors via C-First (the councillors' portal). A stakeholder email from the Chief Executive was sent to Chief Executives of district and unitary councils, health, Clinical Commissioning Groups and MPs. We made providers aware of the consultation via email and/or phone calls. Providers helped to promote the consultation to service users by encouraging people to complete the online questionnaire or by providing them with a paper copy of the questionnaire. Key contacts within partner organisation were made aware of the consultation via email and they were invited to the consultation workshops.

The fieldwork ran for eight weeks between 18 February 2019 and 15 April 2019. In total, 981 completed questionnaires were returned (176 paper questionnaire responses and 805 online questionnaire responses). For the partner organisation consultation we received 140 completed questionnaires.

The public/service user questionnaire for the Integrated Home Improvement Service consultation outlined the proposal to continue to provide funding for minor aids and adaptations (under £1,000) to people who are eligible for this service, but we are proposing to cease funding the Home Improvement Services that we are not legally required to provide.

The main section of the public/service user questionnaire included eight questions, covering how often they have used or referred someone to the service within the last two years, which services were used and what were their reasons for using the service.

The questions about the proposals asked how strongly they agreed or disagreed with the proposals, why they agree or disagree with the proposals, how the proposals would affect them, how would they get the support they need or may need in future if they were unable to use the Integrated Home Improvement Service and if they think there is anything else that we need to consider or that we could do differently.

The remaining questions asked respondents for information about themselves. For example, if they are a deaf person or have a disability. This information is presented in Appendix 1.

The questionnaire for organisations asked how strongly they agreed or disagreed with the proposals, why they agree or disagree with the proposals, how the proposals would affect their services, and if they think there is anything else that we need to consider or that we could do differently.

In this report responses to the open questions have been classified against a coding frame to analyse the qualitative data. Coding is the process of combining the issues, themes and ideas in qualitative open responses into a set of codes. The codes are given meaningful names that relate to the issue, so that during close reading of responses it can be seen when similar issues relate to a similar code. As the analysis process continues the coding frame is added to and refined as new issues are raised by respondents. All responses to open questions are then coded against the coding frame, and can be subsequently analysed as quantitative or qualitative data.

Consultation workshops were held between 15 February and 18 March 2019. Sessions were recorded by dedicated note-takers and post it notes, with responses collated and analysed using a 'Framework Method'[1] to identify proposal responses and emergent themes. Participants were asked to consider the impact of the proposal.

Responses are included from:

Service Providers / Stakeholders (n=61)
District Councils (DFG), n=20 HIAs and 1 rep from Foundations, n=10 CCG Representatives, n=4 Health and Wellbeing Partnerships , n=13 Health Leads, n=14

3.1 Limitations

The findings presented in this report cannot be assumed to be fully representative of the views of people who use the IHIS service. Neither can they be assumed to be fully representative of the population of Lancashire. They should only be taken to reflect the views of people who were made aware of the consultation, and had the opportunity and felt compelled to respond.

In charts or tables where responses do not add up to 100%, this is due to multiple responses or computer rounding.

[1] Ritchie, J. and Spencer, L. (1994) Qualitative Data Analysis for Applied Policy Research. In: Bryman, A. and Burgess, B., Eds., Analyzing Qualitative Data, Routledge, London.

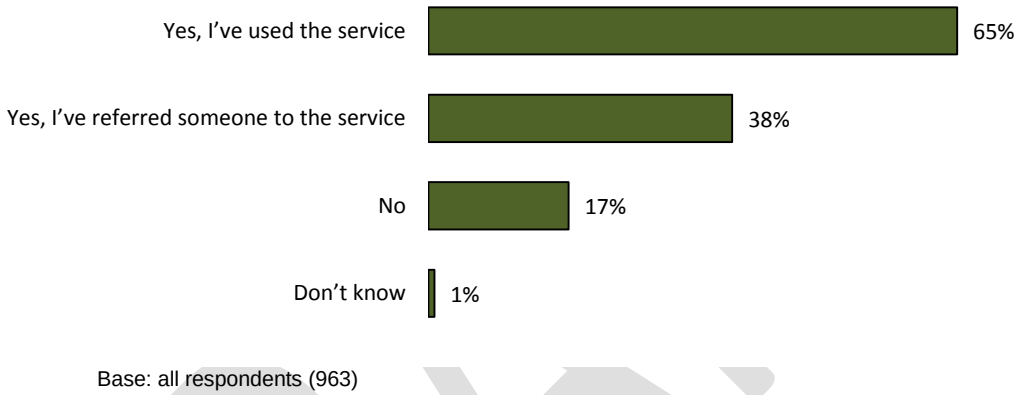
4. Main findings – service user/general public

4.1 Use of the Integrated Home Improvement Services

Respondents were first asked if, in the last two years, they had used or referred someone to the Integrated Home Improvement Service (IHIS).

About two-thirds of respondents (65%) said that they have used the IHIS in the last two years and about two-fifths of respondents (38%) said that they have referred someone to the service.

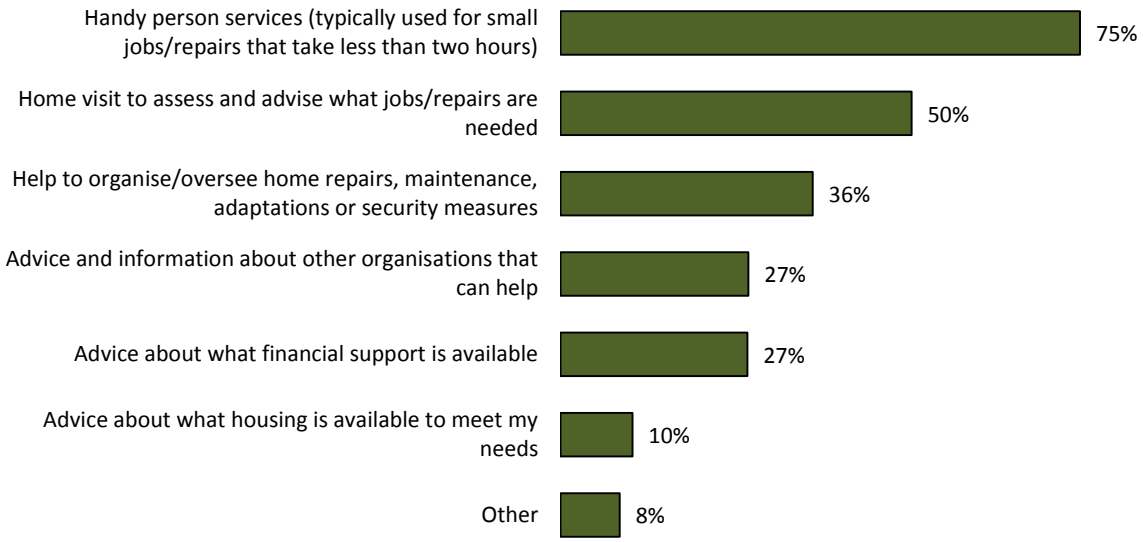
Chart 1 - In the last two years, have you used or referred someone to the Integrated Home Improvement Service?



Base: all respondents (963)

Respondents who have used the IHIS in the last two years were then asked which services they used. These respondents were most likely to say that they had used: handy person services (75%), home visit to assess and advise what jobs/repairs are needed (50%) and help to organise/oversee home repairs, maintenance, adaptations or security measures (36%).

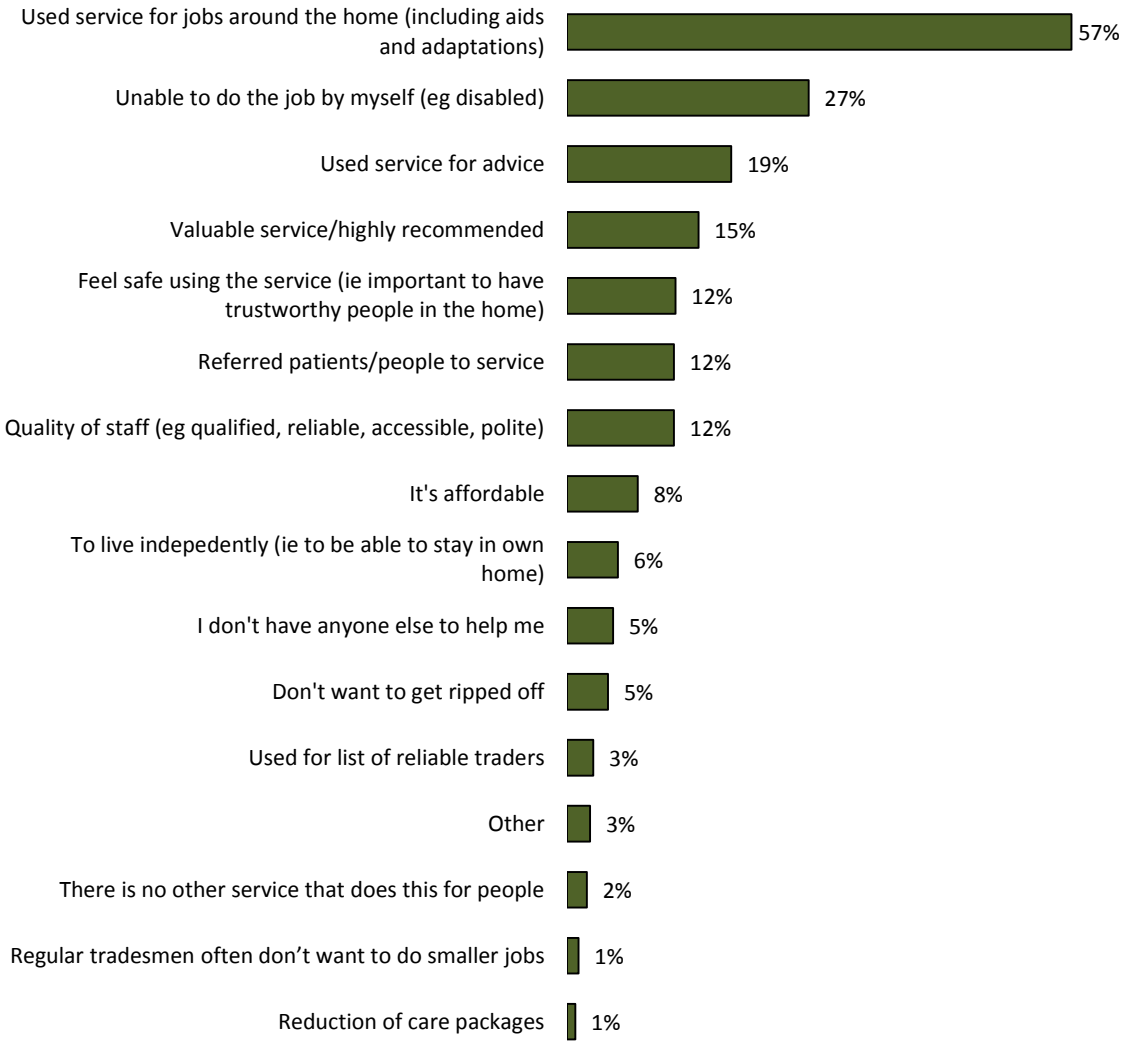
Chart 2 - In the last two years, which Integrated Home Improvement Services have you used?



Base: respondents who have used the IHIS in the last two years (649)

Respondents who have used the IHIS in the last two years were then asked what their reasons for using the service were. These respondents were most likely to say that they used the service for jobs around the house (57%) and because they were unable to do the job by themselves (27%).

Chart 3 - And, in the last two years, what were your reasons for using the service?



Base: respondents who have used the IHIS in the last two years (539)

4.2 Views on our proposal for Integrated Home Improvement Services

All respondents were then asked how strongly they agree or disagree with our proposal to continue to provide funding for minor aids and adaptations (under £1,000) to people who are eligible for this service, but cease funding the home improvement services that we are not legally required to provide.

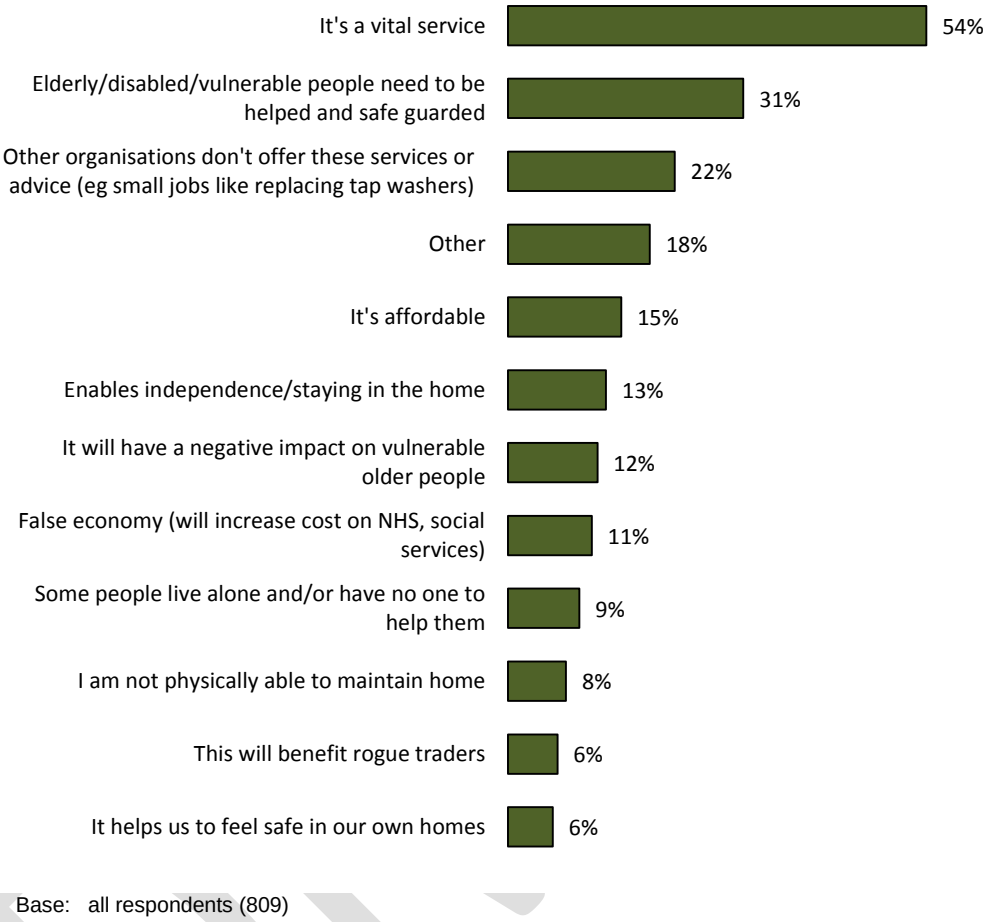
About four-fifths of respondents (82%) disagreed with our proposal.

Chart 4 - How strongly do you agree or disagree with our proposal?

Base: all respondents (957)

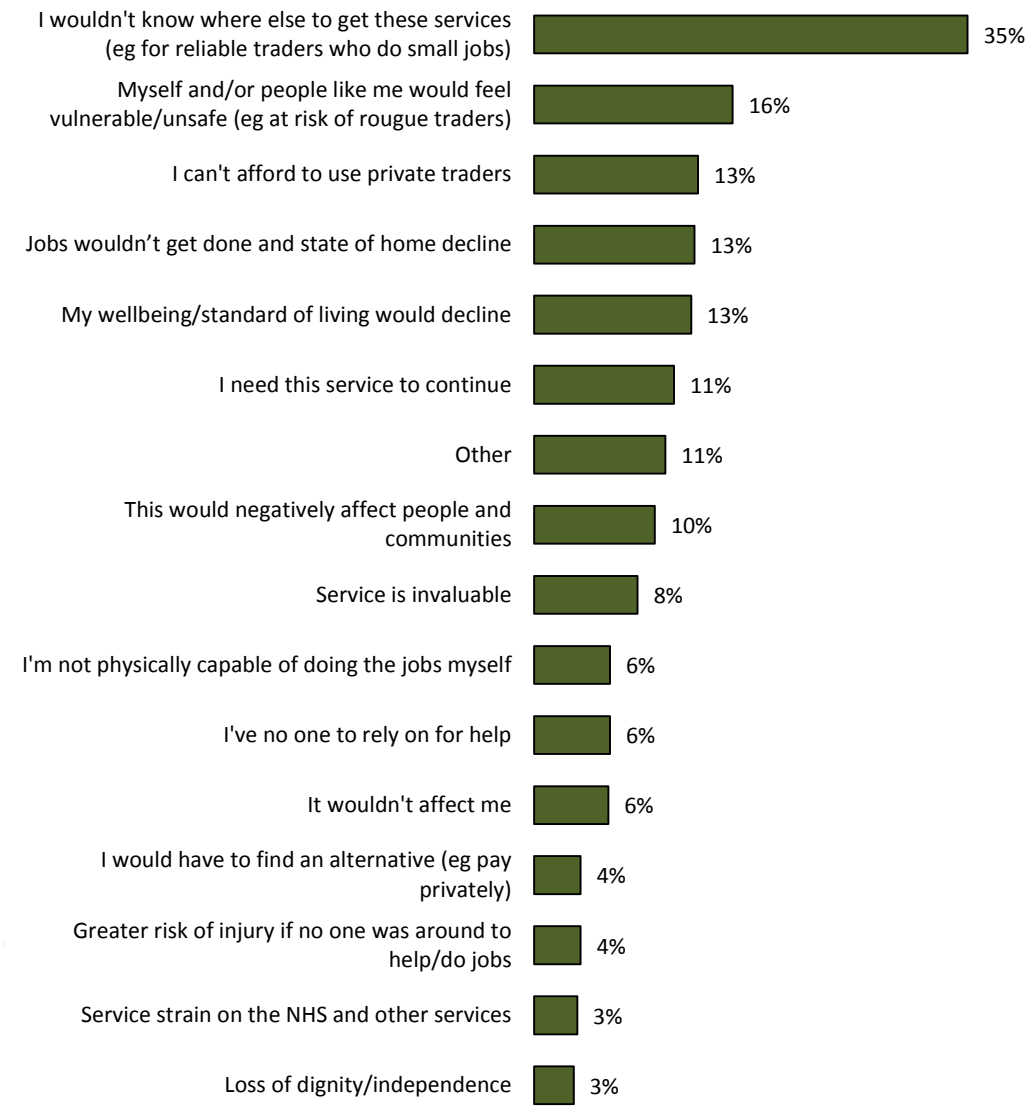
Respondents were then asked why they agree or disagree with our proposal. Respondents were most likely to comment that it is a vital service (54%), that elderly/disabled/vulnerable people need to be helped and safe guarded (31%) and that other organisations don't offer these services or advice (22%).

Chart 5 - Why do you say this?



Respondents were then asked how the proposal would affect them. Respondents were most likely to say that they wouldn't know where else to go for these services (35%).

Chart 6 - If this proposal happened, how would this affect you?

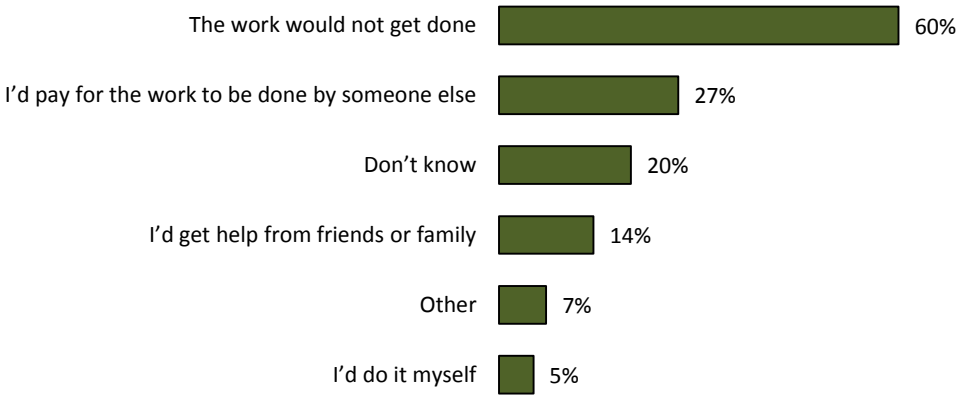


Base: all respondents (721)

Respondents were then asked how they would get the support they needed or may need in the future, if they were unable to use the IHIS.

Three-fifths of respondents (60%) said that the work would not get done and over a quarter of respondents (27%) said that they'd pay for the work to be done by someone else.

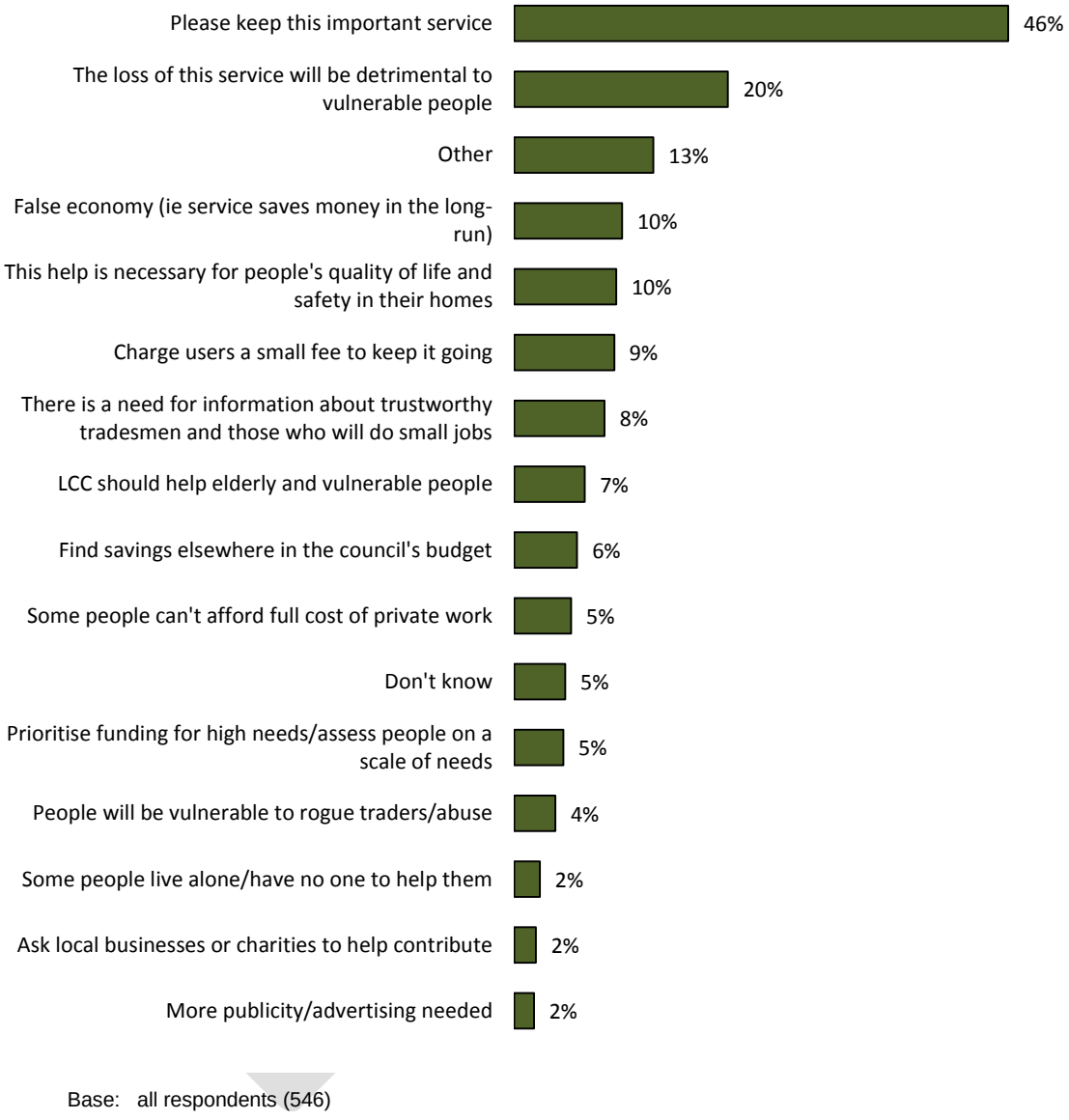
Chart 7 - If you were unable to use the Integrated Home Improvement Service, how would you get the support you needed or may need in the future?



Base: all respondents (938)

Respondents were then asked if there is anything else that they think we need to consider or that we could do differently. Nearly half of respondents (46%) asked for the service to continue.

Chart 8 - If you were unable to use the Integrated Home Improvement Service, how would you get the support you needed or may need in the future?



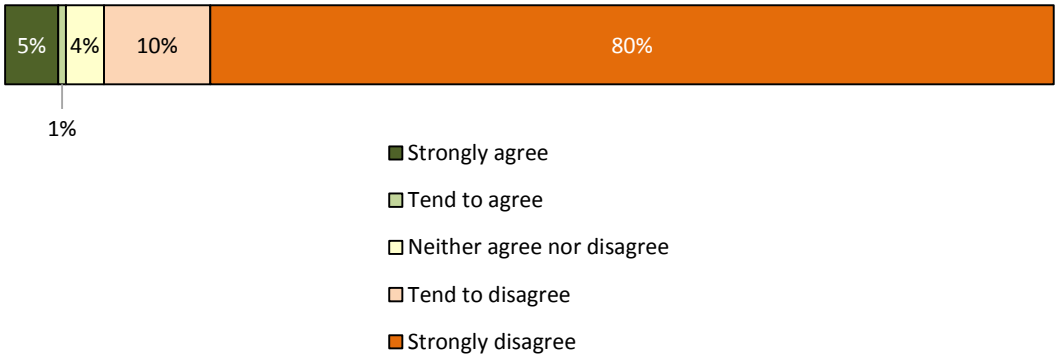
Base: all respondents (546)

5. Main findings – partner organisations

Respondents completing the partner organisation questionnaire were presented with our proposal and asked how strongly they agree or disagree with it.

Nine-tenths of respondents (90%) disagreed with our proposal.

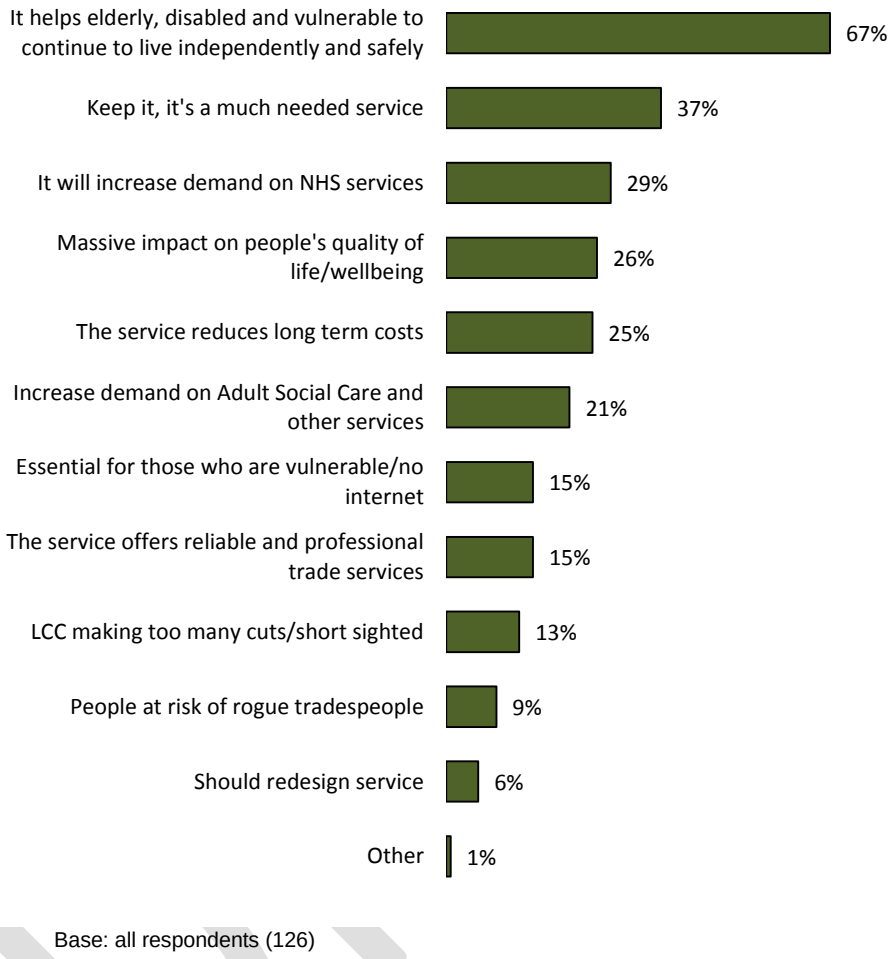
Chart 9 - How strongly do you agree or disagree with this proposal?



Base: all respondents (138)

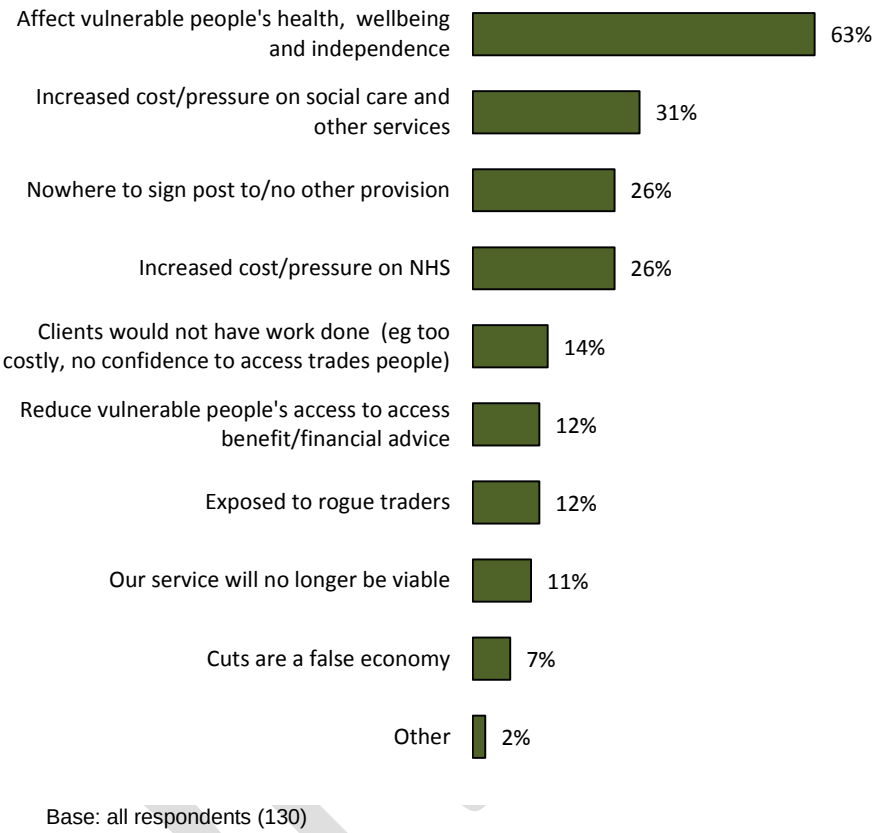
Respondents were then asked why they agreed or disagreed with the proposal. The most common types of response to this question were: that it helps the elderly, disabled and vulnerable to live independently and safely (67%); keep it, it's a much needed service (37%); and that it will increase demand on much needed services (29%).

Chart 10 - Why do you say this?



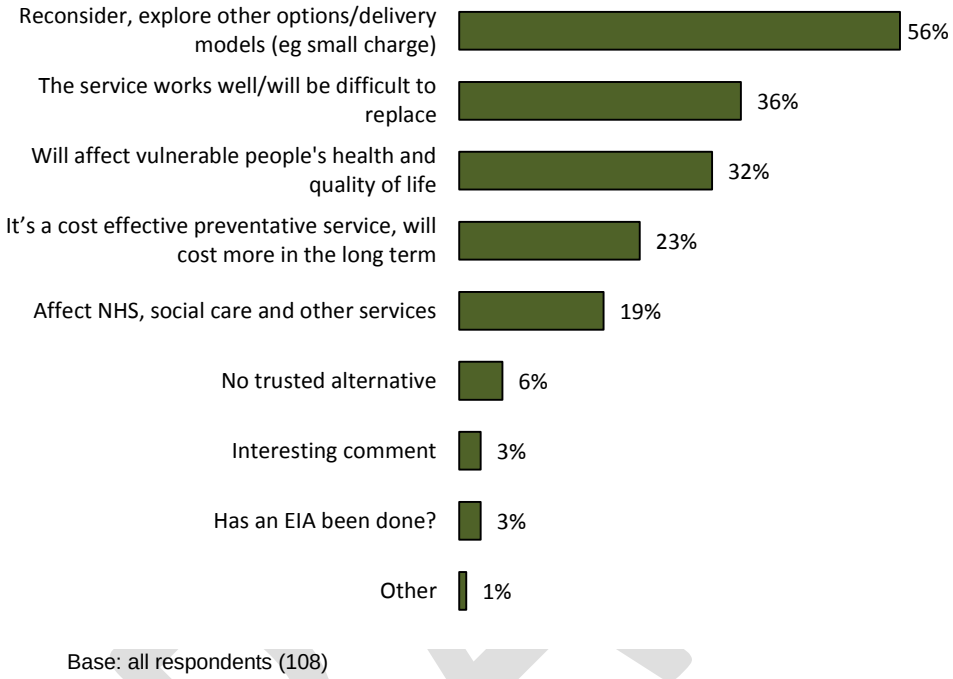
Respondents were then asked how our proposal would affect their services and the people they support. The most common types of response to this question were: that it will affect vulnerable people's health, wellbeing and independence (63%); increased cost/pressure on social care and other services (31%); there would be nowhere to sign post to/no other provision (26%); and increased cost/pressure on the NHS (26%).

Chart 11 - How would our proposal affect your services and the people you support?



Respondents were then asked if is there anything else that they think we need to consider or that we could do differently. The most common types of response were: to reconsider, explore other options/delivery models (56%); the service works well/will be difficult to replace (36%); and it will affect vulnerable people's health and quality of life (32%).

Chart 12 - Thinking about our proposal, is there anything you think that we need to consider or that we could do differently?



Base: all respondents (108)

6. Main findings - consultation workshops

6.1 Additional issues

Summary of additional issues identified by participants to support 'Key Findings' (please see section 1.1.3 Consultation Workshops).

Loss of services that will impact on independence

- Early preventative support for people will be lost, important for those who might not qualify for DFG or additional funding.
- Concern that older people's properties will fall in to state of disrepair, increasing accidents and falls, accidents could also result from people undertaking their own jobs.
- People with dementia, older people and people with disabilities were highlighted as being particularly vulnerable.
- Loss of independence for people with long term conditions
- Increase social isolation.
- Affordable warmth work, including boiler replacement and energy switching services.
- Loss of local and community knowledge.
- The physiological and social support will be lost, increasing anxiety / stress and leading to poor mental health.

Increased demand on statutory services

- Loss of low cost prevention services could double statutory spending.
- Adult social care increase in spend, increasing need for residential care.
- Increase spending for NHS, and demand on A&E, GPs, it will cost more.
- Increase hospital admissions, prevent and delay hospital discharge, HIAs support installation of equipment on discharge.
- Increase accidents and falls / death.
- The service prevents hospital admissions and reduces referrals into the system, 'a disaster'.
- More low level queries will come through the County Council's front door, HIAs deal with 1000's of enquires. Do the County Council 999 / 101 have the capacity to deal with this?
- More work for the OTs and Adult Social Care.
- Will impact on point of referral into Multispecialty Community Provider (MCP) work.
- Integral to winter flu clinics.
- More pressure on Voluntary Community and Faith Sector (VCFS) services.
- The potential loss of the HIA Trusted Assessor scheme would be a lost opportunity to reduce statutory demand.

Nowhere else to go

- No other service provides the holistic response that HIAs do.

- Difficult to get builders out for minor repairs - could lead to more falls.
- Assistance with benefit checks would be lost - welfare rights will not have capacity to pick this up.
- No one else to do small jobs - changing light bulb, fixing floors - these are not viable to do via a contractor.
- No local handy person service.

Trusted Service:

- Financial implications for vulnerable people.
- Trading Standards have brought in care and repair when person paid over the value of work done.
- HIAs not for profit and do what it right for the person.
- HIAs may have more experience, and therefore other providers may put individuals at risk.
- Losing the HIAs as provider people trust will increase stress and anxiety of people needing to repair their home, making the mental health worse.
- Support social isolated and vulnerable people to feel safe in their own homes.
- HIAs can pick up on wider issues.

Coordination and Service Integration.

- HIAs support schemes such as Sanctuary, Troubled Families, and Warmer Homes, which all linked together make service viable.
- HIAs support the link between minor adaptations and DFGs.
- HIAs support integrated working between health and social care - part of Better Care Fund working.
- Referrals between agencies including VCFS could be lost and links to statutory agencies.
- HIAs local and community knowledge.
- HIAs support neighbourhood working.
- Lancashire 'resilience forum'- district council was able to look to the HIA to identify the most vulnerable.
- No other organisation left to coordinate these services.

Reduced income / funding for vulnerable people.

- HIAs support applications to charitable organisations for affordable warmth work, helping people in fuel poverty.
- HIAs can bring in match funding.
- Income maximisation work supports the individual and the economy.
- This support helps people access DFG funding.
- Potential loss of the Welfare Rights Service, could increase the impact.

HIAs provide flexible service, working with OTs.

- HIAs work flexibly with the County Council OTs to ensure the right adaptation or equipment is delivered.

- Working with OTs includes, joint site visits and HIAs providing their advice, identifying additional issues to the OT assessment, clarify issues and communicating with OTs, to ensure correct work is done, providing rapid response when necessary.
- Provide a bespoke offer to individuals based on need.
- Person centred response
- Ensure the safe installation of correct equipment.
- Holistic service as all needs are considered.
- Provide advice to public - including when no other help has been offered.
- Advice on issues such as heating controls can make a big difference.
- Part of the response for people in crisis.

Concerns about future Statutory Minor Adaptation delivery

- Working with contractors risks losing the flexibility that HIAs provide for OT partners and the public.
- Some work is cross subsidised.
- Could cause more work for the OT service if they can't work in the way they do now.
- If work is bundled up into bigger packages to make it more viable, will this cause delay.
- Who will do the installation?
- What will be included in the new service, what is the timescale for re-procurement?
- No guaranteed volume of minor adaptations, makes it difficult for providers.

HIA Viability / Loss of other services and additional funding

- Our Care & Repair agency support our Community Safety Partnership to help victims of Domestic Violence via a Sanctuary Scheme. This support would go.
- People would not receive additional support services.

Other impacts identified by respondents included:

- Increase in winter excess death - as loss of affordable warmth services.
- Negative impact on local economy.
- Inconsistent approach to services across Lancashire - postcode lottery
- Reduces the ability to deliver Neighbourhood working.
- HIA Trusted Assessor work is at risk, assessing and fitting in one go is most cost effective.
- Lancashire Resilience Forum, district council used HIA to identify the most vulnerable.

6.2 What could be done differently?

Participants were asked to consider what could be done differently.

Responses included stopping the proposal to cease the IHIS service. Other alterations were also suggested.

Alternative Funding: including Better Care Fund (BCF), Health Funding and Healthier Lancashire and South Cumbria (HLSC) Integrated Care System**.** Reallocate and use Better Care Fund underspend. Top slicing BCF DFG allocation was proposed– this would need to a high level district conversation if it was to be agreed. District and County Council could have a conversation within the Integrated Care System footprints with health partners to look at joint solutions and commissioning.

Service Redesign: It was suggested that districts could consider pooling the DFG funding with Minor Adaptations funding and streamline the whole system for the districts to administer.

Additional Services: Asked if there are other County Council services that could go to the HIAs to make them more viable?

District Councils were asked: Do you think your City/District Council would consider use of disabled facility grant funding to support the HIAs in your area?
The attending district officers, were in general not in a position to confirm a response to this question, as it would need to go through formal decision making channels, but were able to indicate the following factors that would be likely in their view to influence a decision. Approximately half of districts would consider supporting HIAs with DFG funding, although this was dependant on funding that may not be available. Approximately half the districts thought it unlikely that they would use DFG funding to support HIAs. The majority of respondents were concerned that either they were or would be in the future, spending all their DFG allocation on DFGs and therefore were unlikely to be, or would not be in a position to fund the HIAs into the longer term. This might be short term funding option in some areas, depending on yearly underspends, but would not give the HIA services the stability they need in the longer term. Also some concerns about what was possible under the DFG legislation. 'DFG is not the answer to LCC's cuts and plugging the gap, it's not an endless pot of money'.

Service Redesign

- If HIAs remain, opportunity to grow the HIA Trusted Assessor scheme.
- Commission HIAs to work on falls prevention activity.
- Consider implications for each place.
- Outcome focussed commissioning.
- Connect to social prescribing.

7. Other responses

7.1 Lancaster City Council

With regard to the Integrated Home Improvement Service, Members thought that this again could have potential cost implications for the City Council and could ultimately risk social isolation for residents who rely on this service to make their homes safe and accessible.

7.2 Morecambe Bay Health & Care partners

Morecambe Bay Integrated Care Partnership welcomes the opportunity to respond to the consultations that Lancashire County Council is running. We had an opportunity to talk briefly about these with Louise Taylor and Sakthi Karunanithi on 21st February 2019 at our System Leadership Team meeting. At that meeting we agreed with Sakthi that once the consultations were complete he would we present the outcomes pertinent to the Lancashire North area and we would discuss ways we might manage the outcomes as possible.

Some of the CCG representatives also had a further opportunity to discuss the intentions around these consultations at a meeting led by Clare Platt on 11th March. We have drawn on some of that information and discussions as well to inform this response.

Integrated Home Improvement Service

We understand that the Integrated Home Improvement Service funds support through Lancaster City Council to undertake a number of functions:

- Care and Repair work – supporting people to remain independent in their own homes – in the last year this has resulted in 800 people being supported.
- Support residents where work is required but the resident is not confident to work with external contractor, the service will facilitate this – in the last year this has resulted in 570 people being supported to raise funds and work with contractors.
- Warm Home Service is delivered via this function at Borough Council level and delivery may be affected by the proposal.

We understand that the Local Authority provides £880k of funding to the Borough Councils for the services listed and there is a concern that removal of this will impact on the low level support for older and vulnerable people in the community, resulting at a more advanced stage default to statutory services. We are not aware of the level of funding which Lancaster City Council specifically receives for this service.

Whilst we recognise that these are low level services and mostly support those who will not reach the threshold for statutory provision, again the removal of these services will impact on the ability of people to function independently, and may cause an increase in use of statutory services now or at a later time.

We envisage that the proposal to reduce funding in this area is likely to have a disproportionate impact on the sustainability of local home improvement agencies. There will be a significant impact on the health of individuals, e.g. there is potential

for more falls and loss of independence which in turn will increase the burden on health and care services.

Summary
At the meeting on the 11th March we discussed the need for discussion at each Borough level to understand the local impact and how this might be managed if at all possible – a topic we also agreed at the Morecambe Bay Leadership Team with Louise and Sakthi. We would look to include their neighbourhoods in this discussion with a view to enabling each neighbourhood to understand the impacts, but also generate a discussion on how all of the services covered by the wider consultations and other provision could be viewed more holistically in the future on that footprint.

7.3 East Lancashire Clinical Commissioning Group

The Better Care Fund Steering Group welcomes the opportunity to respond to the above consultations and we would like to thank Clare Platt for attending our meeting to explain the consultations and to Tony Pounder for his assistance at that meeting as well.

Some of the CCG representatives also had a further opportunity to discuss the intentions around these consultations at a meeting again led by Clare on 11th March. We have drawn on some of that information and discussions as well to inform this response.

We note that both of these services are currently funded via the Better Care Fund and whilst we understand the funding pressures the Local Authority is under we would have expected a decision to take these to consultation to have been agreed with Partners at the group. It is disappointing that this did not happen and we would now expect the decision making process to include the BCF Steering Group. The Health and Well-Being Board has committed to integration and for this to be truly effective we need to be open and transparent in our financial oversight and collective endeavour.

Integrated Home Improvement Service

We understand that the Integrated Home Improvement Service funds support in each of the Borough Council area to undertake a number of functions:

- Care and Repair work – supporting people to remain independent in their own homes.
- Support residents where work is required but the resident is not confident to work with external contractor, the service will facilitate this.
- Warm Home Service is delivered via this function at Borough Council level and delivery may be affected by the proposal. These services are provided in different ways; some directly by the Borough Councils others by third or voluntary sector organisations and so the impact will differ from area to area depending how the services are integrated with other provision.

Other services such as minor adaptations and access to the Disabilities Facilities Grants will continue to be provided at Borough Council level unless local areas are

not able to; but that will be a local decision. Although in some areas there may be an impact on social care OT provision as more people are referred to that service for assessments for DFGs as a result of removal of Trusted Assessor work.

1) We understand that the Local Authority provides £880k of funding to the Borough Councils for the services listed and there is a concern that removal of this will impact on the low level support for older and vulnerable people in the community, resulting at a more advanced stage default to statutory services.

2) Whilst we understand that these are low level services and mostly support those who will not reach the threshold for statutory provision, again the removal of these services will impact on the ability of people to function independently, and may cause an increase in use of statutory services now or at a later time.

3) We also understand that one of the functions of the service is to support people to access funding such as Attendance Allowance or other grants to support them to live independently. We are concerned with the loss of this support and the wider implications as this bring funding into the area which not only supports people to live independently but also helps the local economy through jobs for carers or other jobs being undertaken.

At the meeting on the 11th March we discussed the need for discussion at each Borough level to understand the local impact and how this might be managed if at all possible. All CCGs would be interested in being part of this and include their neighbourhoods in this discussion with a view to enabling each neighbourhood to understand the impacts, but also generate a discussion on how all of the services covered by the wider consultations and other provision could be viewed more holistically in the future on that footprint.

Summary
In summary the issues we would like to be considered are set out below:

Home Improvement Service:

- How the burden of support required to those who have not reached crisis will be provided to prevent an impact on statutory services?
- How we can work together to collectively support service users in each locality and develop services that are based on the local needs.

The BCF Steering Group currently reports to the Health and Well-Being Board on both of these services under the Joint Governance Structures set up to support the Better Care Fund. As such the Group wants to understand the outputs of the consultations, work with the Local Authority to help address its needs and most importantly the needs of the population of Lancashire, but also undertake its governance role.

We would like to see the detail of the impact assessments undertaken by the Local Authority with regard to both of these consultations to assist in the discussions on mitigation.

We would happy to discuss any of this further at the BCF Steering Group.

7.4 Chorley Council

I'm writing on behalf of Chorley Council regarding the Lancashire County Council budget position and savings proposals presented to the Executive Cabinet in December 2018.

I wholly acknowledge the scale of the financial challenge and understand that difficult decisions have to be made, however I am very concerned that the proposed cuts to services will have a critical and detrimental impact for Chorley and its residents both now and into the future.

Our communities have already suffered many cuts to essential provision including libraries, bus routes and children's services, which in most cases we have stepped up to protect and maintain. The current proposals will hit residents even harder, for example, the proposed changes to school transport and the difficulties that this will create for families living in rural areas, with children increasingly travelling out of the borough. This will further isolate members of our population, particularly young people, from their local community and inhibit access to key local services.

Of most concern are cuts to services that support vulnerable and high risk members of our community such as reductions to the Welfare Rights Service, cessation of the Lancashire Wellbeing Service and the integrated home improvement service contracts. These services are essential support mechanisms for people who would otherwise struggle to cope and be most likely to end up in a revolving door of costly interactions with statutory provision.

Overall, the proposals represent a withdrawal from services that promote and support vital early intervention and prevention. This approach is likely to have a significant impact on service demand for the council and its partners (particularly the voluntary, community and faith sector) in the short to medium term, and more catastrophic consequences for population health over the longer term including unmanageable pressure on health and primary care provision.

I feel that the approach to achieving savings must take a wider and longer term view that will ensure sustainable services for the future, rather than a piecemeal approach to implementing quick wins. In Chorley we have committed to a model of early intervention and prevention that aims to achieve a healthier population by working differently with our partners and community to provide early help, avoiding the need for more expensive crisis care. We have established an Integrated Community Wellbeing Service that is working proactively in the community to reform key pathways and enable easier access to support.

We've also developed multi agency teams, bringing together key players from across the system to coordinate provision and reduce duplication of effort.

Therefore, rather than constantly dealing with the fallout from service cuts, I am proposing that we take this opportunity to work together to develop solutions and alternative delivery models that will avoid the most negative consequences for our residents. To do this, we need to be engaged early in the process so that we can work collaboratively to proactively shape our plans and resources. This will help to

reduce the impact for our residents and it may even lead to positive outcomes if we work constructively with our communities.

I would urge you to consider this offer, which I know is supported by district colleagues, and will gladly meet to progress this conversation further.

7.5 Preston Care & Repair, Mosscare St Vincent's, Chorley Borough Council Home Improvement Agency, Care & Repair (Wyre & Fylde) and Homewise Society

We are writing to you about the effects of the current proposal by Lancashire County Council to reduce and then end the funding for the 'Integrated Home Improvement Service', which is well targeted, practical housing help that we deliver to older and vulnerable people across the County.

We fully appreciate the very difficult financial situation faced by Lancashire County Council, but the current proposal not only puts lives at risk, it will result in higher costs to the council, for example through increased need for residential care; it will also increase demand - and therefore costs - for Lancashire's health services.

Independent evidence[2] shows that falls prevention is one of the main outcomes of the home modifications that we carry out. Preventing a fall for just 1% of the people we help (a highly conservative estimate) results in savings to health and social care of £891,218. This saving is more than the entire budget for the Integrated Home Improvement Service across Lancashire and is just one small part of the many outcomes and savings we achieve.

Further to this it has been demonstrated that for every £1 spent on handyperson services, £4.28 is saved by health and social care. Based on these figures, investing in the Integrated Home Improvement Service creates a return on investment of £3,766,400 to health and social care in Lancashire.
Source: Small but Significant (2018) an independent evaluation of a Lancashire handyperson service.

The home adaptations and essential home repairs that we carry out in the homes of older and vulnerable people increases the time that they are able to live safely and well at home. Last year we helped 44,364 older and vulnerable people, giving advice and practical help to enable them to live independently in their own homes for longer.

The funding reduction proposal of £880,000 pa from 2020 is the annual cost of just 29 residential care places, compared with providing preventative housing help for almost 45,000 local people.

We reach people who no-one else reaches, those for whom just a little bit of help makes all the difference, helping carers, the isolated, the lonely, people with dementia, and improving the homes and lives of so many vulnerable people. Our services are also exceptionally highly valued by those who use them.

[2] Described in Appendix A based on research by the Centre for Ageing Better, Public Health England and the Building Research Establishment, amongst others

'Nearly half of those helped by the handyperson service are over 80yrs (46%), older women (77%), living alone (72%) often living with chronic long-term health conditions and disability. 96% said that the service made them less worried about their home. 100% would recommend it to others.'

Source: *Small but Significant* (2018) an independent evaluation of a Lancashire handyperson service.

This is why we are urging you to do whatever you can as a Lancashire County Councillor to rethink and overturn this proposal which would end something so valued by your constituents and by local partners.

Lancashire County Council has been an innovative and forward-thinking authority in terms of its approach to integration and prevention.

As local, not for profit providers of practical, preventative services for very many years, we have worked constructively with the Council to evolve and change to meet its requirements and the needs of local communities. We have also achieved significant added value by bringing other resources into the county, for example through securing national charitable funding, and through harnessing input from volunteers. The Integrated Home Improvement Service is now:

- Preventing falls/accidents in the home
- Making homes more accessible
- Improving home security
- Completing small repairs
- Making homes warmer and more energy efficient

Decommissioning so much of the Integrated Home Improvement Service (described further in Appendix A) would be such a backward step from this constructive joint development of preventative, crucial housing related help.

In Lancashire County Council's recently published strategy document '*Care, Support and Wellbeing of Adults in Lancashire*' it talks about a vision for "*keeping people safe, well and connected" and "keeping people independent and living at home*". It notes that "*admissions to care homes are too high*" and "*we can no longer afford to provide long term/high cost packages of care*" and "*as a system we need to focus more on prevention and wellbeing*".

Additionally, Lancashire County Council has identified "*supporting independent living*" as one of its six key actions in the Lancashire Health and Wellbeing Strategy.

And yet the Council is now considering a proposal to cut a key preventative service that enables exactly this outcome.

As a County Councillor and representative of your local community, we urge you to protect the Integrated Home Improvement Service and to ask you to vote against the proposal to reduce and end funding for this important, preventative service for the benefit of older and vulnerable people across Lancashire.

Further information about the impact of Lancashire County Council's budget proposals.

As you may already be aware, the Integrated Home Improvement Service is a Lancashire-wide prevention and early intervention service that helps older, disabled and vulnerable adults to live safely and independently in their own homes. You may have heard these services referred to as 'Care and Repair' or 'HIA' (Home Improvement Agency) services.

They include:

- Handyperson Service
- Healthy Homes Assessments
- Casework, including help to access additional funding & support schemes
- Housing Options Advice & Information
- Minor Adaptations (work under £1000) – *statutory service*
- Supply and fit of aids for daily living (such as grab rails) – *statutory service*
- Assistance with Major Works & Adaptations (over £1,000)
- Support to access Disabled Facilities Grants
- Help to find trusted tradespeople
- Affordable Warmth Schemes

The Integrated Home Improvement Service is currently contracted by Lancashire County Council to six not-for-profit organisations, all based in Lancashire. Each of us has been providing support to our local communities for decades and we have built up a wealth of experience and expertise in our teams. We are trusted by our clients and respected by our peers and partners.

Last year we helped 44,364 older and vulnerable people, giving advice and practical help to enable them to live independently in their own homes for longer. The most common outcomes achieved through our services were:

- Preventing falls/accidents in the home
- Making homes more accessible
- Improving home security
- Completing small repairs
- Making homes warmer and more energy efficient

Which in turn:

- Improve client wellbeing – physically and mentally; clients better able to cope at home and live independently
- Reduce the need for social care services including residential care and home care
- Reduce GP visits
- Reduce A&E visits
- Reduce unplanned hospital admissions
- Enable timely discharges from hospitals

In budget proposals set out in November 2018, Lancashire County Council proposes to reduce the funding for the Integrated Home Improvement Service by 25% from April 2019 and then completely decommission all non-statutory elements of the service from April 2020. The proposal cites that this will create savings of £880,000 per year from 2020.

However, reducing and then decommissioning the service will cost Lancashire County Council more in terms of the additional demands it will place on Adult Social Care; and there will be the additional costs this decision will also place on partners across the wider health economy due to an increase demand on their services.

In an independent report commissioned by The Rayne Foundation and The Quality of Life Charitable Trust, produced by Care & Repair England titled: '*Small But Significant: Evidence of impact and cost benefits of handyperson services'* (enclosed), it was demonstrated that for every £1 spent on handyperson services £4.28 is saved by health and social care. This report used Preston Care & Repair – one of the providers of the Lancashire Integrated Home Improvement Service – as the basis for its research. Based on these figures, investing in the Integrated Home Improvement Service will create a return on investment of £3,766,400 to health and social care in Lancashire.

Also in the report, the BRE (Building Research Establishment) Housing Health Cost Calculator puts the year one treatment costs of falls to health and social care services at:

- Serious fall injury - £39,906
- Moderate fall injury - £6,464
- Minor fall injury - £1,545

In 2018, as providers of the Integrated Home Improvement Service, we completed 1868 jobs specifically targeted at falls prevention – approximately 10% of all the work completed. If we prevented serious, moderate and minor falls in just 1% of cases, the year 1 treatment cost savings to health and social care would be £891,218. That is more than the entire budget for the Integrated Home Improvement Service across Lancashire; and that is just based on one small element of the outcomes we achieve.

The financial impacts of the budget proposals relating to the Integrated Home Improvement Service will be significant and will far outweigh any 'savings'; it would be financially detrimental to Lancashire County Council, and to its partners in health, to remove funding this important, preventative service at a time when health and social care services in Lancashire are struggling to cope with existing demands. Reducing or decommissioning the Integrated Home Improvement Service would increase demands on both health and social care.

As not-for-profit providers, all funding received by our organisations is used to deliver services and support to local people. Not a penny leaves our organisations in profit or shareholder dividends. Although we are separate organisations, as home improvement agencies, we share a collective vision and values. Everything we do has our clients at the heart and is underpinned by a commitment to provide the best

possible support to help people to stay safe and independent in their own homes, preventing or reducing the need for other health and social care services.

When we talk about what we deliver through the Integrated Home Improvement Service we often find ourselves using the phrase '*it's not just what we do, it's also the way that we do it'*. Let us give you just one example:

Mrs A is in her late 80s and has lived on her own in her family home ever since her husband died several years ago. The Home Improvement Service has carried out a number of small jobs in her home that reduce risk of injury, e.g. power-washing a slippery path from her front door to her bins.

Mrs A mentioned to the Technician that she'd had several falls at the front door, which happened as she bent down to pick up her milk, saying that the last fall had been worse than the others, leaving her bruised, feeling vulnerable and worried about being able to cope living on her own. The Technician offered to put up a shelf at the front door for the milk to go on so she no longer had to bend to the floor. The work was completed there and then and Mrs A has not had another fall.

Technicians working on the Integrated Home Improvement Service are not only exceptional tradespeople, but they also take the time to get to know clients, to look for preventable risks around the home and to engage in conversations that will enable clients to share their worries about living safely at home. Another tradesperson, without this specialist training and knowledge, would have power-washed the path, but wouldn't have even known about the need for the milk shelf. The cost of the shelf was just a few pounds in materials, but it prevented further falls for Mrs A, one of which would likely have resulted in a more serious injury and the need for significant input from health and social care services, costing thousands of pounds. Mrs A immediately felt safer in her own home and felt better able to manage on her own – that peace of mind for her and her loved ones is priceless.

There is an ageing population in Lancashire. Current estimates from Lancashire's JSNA Demographic Dashboard state that there are 240,474 people aged 65+ in Lancashire, with 30,834 aged 85+. The 2011 Census showed that Lancashire had 65,880 people aged 65+ living alone. Mrs A is just one example, there are many thousands like her across Lancashire living in your local community who will be impacted should these proposed cuts come into force. They will lose access to a trusted service that enables them to live safely and independently at home. They will lose the reassurance and peace of mind of having access to support that improves their wellbeing and enables them to cope in their own home.

The Integrated Home Improvement Service is a preventative service, helping to keep people safe and independent at home and reducing the need for the long term/high cost packages identified by Lancashire County Council in its own report. Withdrawing funding from the Integrated Home Improvement Service will undermine the Adult Social Care Strategy and the Health and Wellbeing Strategy and hinder successful delivery of both.

About the Integrated Home Improvement Service in Lancashire

1. Background:

The Integrated Home Improvement Service was established by Lancashire County Council in 2015 to provide a more integrated approach to delivering key services to support independent living for older people, people living with physical disabilities and people living with complex, long term health conditions. Before the Integrated Home Improvement Service, funding for Home Improvement Agencies (HIA) came from Supporting People Funding.

The Integrated Home Improvement contract broadly falls into two areas:

1. **Minor Aids & Adaptations** - works under £1,000 including bannister rails, external rails, step adaptations and ramps and the provision of simple aids for daily living through Lancashire County Council's 'Retail Model'; this includes the supply and fitting of grab rails. This is a statutory service.

2. **Home Improvement Services** – range of services and support to enable people to live safely and independently including: Handyperson Service, Healthy Home Assessments and what are referred to as 'core services' which include helping people to find trusted contractors, supporting people to have major repairs and adaptations completed at their property (including support to apply for a Disabled Facilities Grant), casework, housing options advice and information and energy efficiency advice and support. These are non-statutory services and are the main subject of the budget proposals.

These individual service elements are targeted to support some of the most vulnerable people living in our local communities with an overarching aim to provide timely support that will achieve the following over-arching service objectives:

- Enable people to live safely and independently at home for as long as possible
- Prevent or delay admission to residential care; and/or reduce demand for other types of social care interventions
- Prevent falls/accidents in the home to reduce A&E visits and unplanned hospital admissions
- Enable timely and safe hospital discharge

The Integrated Home Improvement Service is currently contracted to six not-for-profit organisations across Lancashire who deliver support and services to enable older and vulnerable people to live safely and independently in their own homes. These providers are:

Provider	Districts Covered
Care & Repair (Wyre & Fylde)	Fylde, Wyre
Chorley Borough Council Home Improvement Agency*	Chorley
Homewise Society**	Hyndburn, Ribble Valley
MSV (Mosscare St Vincent's)**	Burnley, Pendle, Rossendale
Preston Care & Repair*	Chorley, Preston, South Ribble, West Lancashire

* Preston Care & Repair delivers the Handyperson Service in Chorley in partnership with Chorley Borough Council.
**Homewise Society and MSV work in partnership to deliver IHIS services collaboratively across East Lancashire.

2. Integrated Home Improvement Service in Action:

The Integrated Home Improvement Service is focussed on providing prevention and early intervention support that helps older, disabled and vulnerable adults to live safely and independently in their own homes. You may have heard these services referred to as 'Care and Repair' or 'HIA' (Home Improvement Agency) services. They include:

- Handyperson Service
- Healthy Homes Assessments
- Casework, including help to access additional funding & support schemes
- Housing Options Advice & Information
- Minor Adaptations (work under £1000) – *statutory service*
- Supply and fit of aids for daily living (such as grab rails) – *statutory service*
- Assistance with Major Works & Adaptations (over £1,000)
- Support to access Disabled Facilities Grants
- Help to find trusted tradespeople
- Affordable Warmth Schemes

Last year we helped 44,364 older and vulnerable people, giving advice and practical help to enable them to live independently in their own homes for longer. The most common types of work delivered through the service were:

- Preventing falls/accidents in the home
- Making homes more accessible
- Improving home security
- Completing small repairs
- Making homes warmer and more energy efficient
- Giving advice and Information

Which in turn:

- Improve client wellbeing – physically and mentally; clients better able to cope at home and live independently
- Reduce the need for social care services including residential care and home care
- Reduce GP visits
- Reduce A&E visits
- Reduce unplanned hospital admissions
- Enable timely discharges from hospitals

3. Clients:

The Integrated Home Improvement Services supports some of the most vulnerable people in local communities. Lancashire County Council's eligibility criteria for the service is:

- Aged 18 or over and resident in Lancashire **and**

- Have a registered disability and/or diagnosed long term health condition/s that directly affect their mobility or independence to stay safe in their own home **or**

- When there is an imminent and/or major risk that will lead to the person having an unscheduled admission to hospital or residential care without intervention **or**

- The service is needed to facilitate a discharge from hospital where it would not be deemed safe for them to return without intervention

Many clients of the Integrated Home Improvement Service are frail, elderly people who have little access to other support. The service has become a 'lifeline' to them and they often describe it as such in their client feedback.

4. Outcomes of the integrated Home Improvement Service

The Integrated Home Improvement Service has a significant impact on people's mental and physical health, on their wellbeing, their independence and on their quality of life.

Outcomes achieved through the Integrated Home Improvement Service include:

- Improved wellbeing and quality of life – clients feel better supported and able to cope at home
- Reduced worry and anxiety associated with maintaining a home
- Extended safe, independent living at home
- Improved client mental and physical health
- Improved safety and security in the home

- Reduced need for social care services including residential care and home care
- Reduced need for GP visits and on other health professionals' time
- Reduced A&E visits
- Reduced unplanned hospital admissions
- Enabled safe, timely discharges from hospitals

These outcomes are recorded anecdotally through the many comments received by providers though their feedback mechanisms (see client quotes and case studies for examples)

As part of the research for the independent report by Care & Repair England into Evidence of Impact and Cost Benefits of Handyperson Services, data was collected to measure and demonstrate the outcomes of Handyperson services, which are a key component of the Integrated Home Improvement Service.

The report found:

- Falls risk was reduced for 37% of the older people using the Integrated Home Improvement Service Handyperson service
- Improved wellbeing was a key outcome for 90% of older service users
- 77% of people said that they would not have jobs done if the Handyperson Service did not exist due to worry about finding a trustworthy builder
- Trust was a key factor for clients. It was important to them that the Handyperson service was delivered by a local, not-for-profit, trustworthy provider to which they had ready access to i.e. 'only a phone call away'.
- 48% said they could not afford to have work carried out by a builder (at a commercial rate)
- 96% of people said that the Handyperson service made them less worried about their home
- 100% of people said that they would use the service again and would recommend it to others

Perhaps most pertinent to the subject of Lancashire County Council cutting the Integrated Home Improvement Service, which includes Handyperson services, on the grounds of making financial savings, the report demonstrates that for **every £1 spent on Handyperson services the saving to health and social care is £4.28 – from falls reduction alone.** (This return on investment calculation does not include many other fiscal and social gains e.g. improved wellbeing, reduced anxiety, timely hospital discharge etc…)

A full copy and a summary copy of Small But Significant: The Impact and Cost Benefits of Handyperson Services is included in this briefing pack for your information.

Appendix 1 – public consultation demographics

Table 1 - Are you…?

	%
A Lancashire resident	94%
An employee of Lancashire County Council	2%
An elected member of Lancashire County Council	0%
An elected member of a Lancashire district council	1%
An elected member of a parish or town council in Lancashire	1%
A private sector company/organisation	13%
A member of a voluntary or community organisation	7%
Other	94%

Base: all respondents (959)

Table 2 - Are you…?

	%
Male	27%
Female	71%
Other	0%
Prefer not to say	2%

Base: all respondents (954)

Table 3 - What was your age on your last birthday?

	%
Under 18	0%
18-34	3%
35-49	11%
50-64	25%
65-74	23%
75-80	15%
80+	21%
Prefer not to say	2%

Base: all respondents (955)

Table 4 - Are you a deaf person or do you have a disability?

	%
Yes, learning disability	2%
Yes, physical disability	38%
Yes, sensory disability	10%
Yes, mental health disability	8%
Yes, other disability	13%
No	40%
Prefer not to say	6%

Base: all respondents (930)

Table 5 - Which best describes your ethnic background?

	%
White	94%
Asian or Asian British	1%
Black or black British	0%
Mixed	1%
Other	0%
Prefer not to say	3%

Base: all respondents (953)

Section 4

Equality Analysis Toolkit

Integrated Home Improvement Service (IHIS)

For Decision Making Items

13th June 2019

www.lancashire.gov.uk

Lancashire County Council

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

We are proposing to cease funding the Integrated Home Improvement Services (IHIS). The County Council is not legally obliged to provide this service.

It will continue to provide funding for minor aids and adaptations (under £1,000) to people who are eligible, which is a statutory element of the service. The IHIS is the current delivery mechanism for the minor aids and adaptions work.

The Home Improvement Agencies / Care and Repair services currently provide:

a. Handy person services - typically used for small jobs/repairs that take less than two hours

b. Home visit to assess and advise what jobs/repairs are needed

c. Help to organise/oversee home repairs, maintenance, adaptations or security measures such as drawing up plans, organising quotes

d. Advice about what housing is available to meet an individual's needs

e. Advice about what financial support is available

f. Advice and information about other organisations that can help

These services will no longer be funded.

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?

The IHIS provides help to people in need of extra support to make their homes safe and accessible, assisting homeowners to maintain, repair and improve their properties. In particular it supports independent living for older people, people living with disabilities and people living with long term health conditions. Performance data shared by the providers for 2018/19 told us that 5,918 people met the eligibility criteria because they had a disability and or a long term health condition.

IHIS is currently delivered by six local providers covering the whole of Lancashire County Council area, therefore people living across Lancashire will be affected.

Areas with higher number of older people and greater levels of deprivation may experience increased difficulty in remaining independent at home. Therefore these areas are considered more likely to be impacted by the proposal.

There may be handyperson services that can meet the needs of those that are able to pay. Feedback from the consultation was that in some areas handypersons services are not readily available especially for small jobs. However private handy person services would not replace wider home advice and income related support.

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?

Improving the mental wellbeing of older people and helping them to retain their independence can benefit families, communities and society as a whole. Helping those at risk of poor mental wellbeing or losing their independence may also reduce, delay or avoid their use of health and social care services.(Older people: independence and mental wellbeing- NICE 2015)

Age

Lancashire has an estimated population of 1.18 million which is projected to increase by 5.8% by 2037. As the population continues to grow it also continues to age. It is clear that not only is the population ageing but that the proportion in the older age groups (70+) is forecast to increase at a faster rate than those in younger age groups in both the short, medium and long-term. By 2024 it is predicted that the Lancashire-12 population aged 65+ will rise to 22% and by 2039 to 27%.(LCC Dementia Strategy 2018-2023)

The population in Lancashire in 2019 of people aged 80-84 years is 34,600 this is predicted to rise to 47,700 by 2035. This highlights a significant cohort of people that may require additional support to help them stay safe and reduce the risk of falling in their home.

70% of consultation respondents who said they had used the service in the last two years were in the 65-80 plus age range, with 27% of respondents aged over 80 years.

Disability

There are over 11 million people with a limiting long term illness, impairment or disability in the UK. The most commonly-reported impairments are those that affect mobility, lifting or carrying. Lancashire Insight (2017) identifies that in Lancashire-12 there are an estimated 56,818 adults aged 18-64 living with a moderate physical disability and 17,013 with a serious disability.

Mental Health and Wellbeing

One in six people over the age of 80 has dementia and 70% of people in care homes have dementia or severe memory problems. There will be over one million people with dementia in the UK by 2025, and there are over 40,000 people in the UK under 65 living with dementia today (NHS Long Term Plan 2019).
It is estimated that there are 15,500 people currently living with dementia across Lancashire, and as a result of population growth in the older age groups, this will continue to increase. Consequently, early detection and support for people with dementia are a vital component of maximising healthy life expectancy in Lancashire. (LCC Dementia Strategy 2018-2023)

As part of the public consultation, a service user responded: 'This service is like none other, it links people with all the help needed when making a home safe for elderly people. My home wouldn't be safe for me and I wouldn't have had the help to put all the services in place. I wouldn't know about the Dementia Group I now attend every 3 months.'

Sex/Gender

There are approximately 135,000 females over the age of 65 living in Lancashire in 2019, and this is set to rise to 174,100 by 2035; with 116,900 men in 2019, rising to 155,700 by 2035.
A higher proportion of women responded to the consultation, at 71% compared to 27% male, a proportion similar to that for other County Council consultations.

Question 4 – Engagement/Consultation

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

Public / Service User Consultation

Public consultation was undertaken between 18 February and the 15 April 2019. In total, 981 completed questionnaires were returned (176 paper questionnaire responses and 805 online questionnaire responses).

82% of respondents disagreed with the proposal.

Respondents commented that the reasons they disagreed with the proposal were - that it is a vital service (54%), that elderly/disabled/vulnerable people need to be helped and safe guarded (31%) and that other organisations don't offer these services or advice (22%).

Partner Organisation Consultation

Over the same period 140 completed questionnaires were received from partner organisations.

90% of respondents said that they disagree with the proposal.

Respondents commented that the reasons they disagreed with the proposal were that it helps the elderly, disabled and vulnerable to live independently and safely (67%), to keep it, it's a much needed service (37%) and that it will increase demand on much needed services (29%).

Workshops were also held for partner organisations, with 61 people attending. Impact on vulnerable people's independence and the added demand and increased costs to health and social care, were the most frequently raised issues.

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

Age

A report from Care & Repair England (Small but Significant, The impact and cost benefits of handyperson services, 2018) concludes that handyperson services offer a high rate of return on investment, as well as wider social benefits, and are highly prized by older people, particularly 'older old' single women living alone. The report included an evaluation of Preston Care and Repair Handyperson Service:

'It is worth noting that nearly half [46%] of the Preston Care & Repair handyperson service users are over 80yrs of age, half [49%] have long term health conditions and/or disability'.

NICE tells us that the risk of falling for the over 80yrs age group is significantly higher than that for all people 65yrs and over i.e. 50% annual falls risk for all 80+yrs vs 30% for 65+yrs(NICE, 2013).

Similarly a report published by the Centre for Better Ageing (Room to Improve: The role of home adaptations in improving later life, 2017) identified that of those in their late 80s, more than one in three have difficulty undertaking five or more activities of daily living unaided. Installing aids and adaptations into people's homes, such as grab rails and level access showers, can improve the accessibility and usability of a person's home environment, maintaining or restoring their ability to carry out day-to-day activities safely and comfortably.

The consultation with partner organisations highlighted that the proposal would mean a loss of services that will impact on independence. The proposal would

reduce people's ability to stay safe and well in their own home, particularly vulnerable older people.

As part of the public consultation, a service user responded: 'This service is welcomed by elderly people, a lot of OAPs rely on this service, it gives them peace of mind, older ladies who have lost their partners and live alone need the handyman service if only to change a light bulb or mend a kitchen cupboard door for example. I would not be able to pay the prices that the tradesmen charge.'

Disability including Mental Health and Wellbeing

The report from Care & Repair England (Small but Significant, The impact and cost benefits of handyperson services, 2018) included an evaluation of Preston Care and Repair Handyperson Service: 'It is worth noting that nearly half [46%] of the Preston Care & Repair handyperson service users are over 80yrs of age, half [49%] have long term health conditions and/or disability'. Similarly during 2018/19 providers reported that they supported 5918 with a disability and or long term condition in Lancashire.

It is likely that people who are disabled will be more disadvantaged by the proposal, in that they may be less likely to be able to access appropriate and reliable support to remain independent at home.

The consultation with partner organisations highlighted that the lack of a trusted provider would result in homes falling into a state of disrepair and becoming unsafe; and people's stress and anxiety would increase.

As part of the public consultation, a carer responded: 'My dad needed this after his stroke. It was invaluable and he would have suffered great mental trauma had he been made to stay in a home for another 3 months, he now lives by himself, nearby me and his other son, independently and it is thanks to this service that he was able to do so .'

Sex / Gender

The consultations highlighted that females would most likely be disadvantaged by the loss of the IHIS service. As mentioned above providers highlight that the majority of users are women, and that 'older old' women living alone in particular value the service.

In the Public Consultation 71% of respondents were female and 27% were male. 83% of females over 80 that responded had a disability. Highlighting that many of the people who use the service have multiple protected characteristics

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?

Combination of Decisions

There are a number of factors/decisions that may impact on service users and partner organisations including:

Proposed service cessation of the Lancashire Wellbeing Service may lead to reduced support to those with protected characteristics.

Budget reductions in relation to the Welfare Rights Service may increase the negative impact of the proposal.

The proposal to cease IHIS may increase demand for health and social care services, and in particular increase demand for statutory minor adaptations, and potentially for falls services.

Highlighted in the consultation:

'Of most concern are cuts to services that support vulnerable and high risk members of our community such as reductions to the Welfare Rights Service, cessation of the Lancashire Wellbeing Service and the integrated home improvement service contracts. These services are essential support mechanisms for people who would otherwise struggle to cope and be most likely to end up in a revolving door of costly interactions with statutory provision.'

'Overall, the proposals represent a withdrawal from services that promote and support vital early intervention and prevention. This approach is likely to have a significant impact on service demand for the council and its partners (particularly the voluntary, community and faith sector) in the short to medium term, and more catastrophic consequences for population health over the longer term including unmanageable pressure on health and primary care provision.'

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.

That, although it is still proposed to cease the service, it is recommended that contracts continue until the 31 March 2020, to provide opportunity to investigate with partners the potential for home improvement services to form part of a wider prevention and wellbeing approach, keeping people well at home; and also to provide more opportunity for procurement of a service to deliver minor adaptations as required by legislation.

This is a change from the original proposal which suggested a contract end date of 31 December 2019.

Question 8 - Mitigation

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

The following are expected to mitigate the impact of this proposal:

The continued provision of statutory minor adaptations will mean that adaptations up to the value of £1000 will be available to people eligible under adult social care legislation.

Private handyperson services may be available and accessible to some. The continued delivery of the Safe Trader Scheme, assists in sourcing reputable contractors.

Access to alternative sources of welfare benefits advice, particularly in the voluntary, community and faith sector.

Work with system wide partners to support integrated pathways and new approaches, with a focus on prevention and wellbeing, to keep people well at home. The Council is also currently in negotiation with clinical commissioning groups to jointly invest in falls lifting services.

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 Lancashire County Council. The risks in not following the proposal are that LCC reduces its ability to set a balanced budget. There will be an impact on those in older age, in particular females, as well of those with a disability and or long term health condition There are risks of increasing the need for statutory services, and loss of support for people to maintain their independence and wellbeing.

If the proposal to cease funding destabilises the HIA market there is a likelihood of staff redundancies in the provider sector. Approximately 11% of stakeholder respondents said their service would be no longer viable.

Question 10 – Final Proposal

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

The final proposal:

To work with existing providers to decommission (cease) the Integrated Home Improvement Service contracts by 31st March 2020. However, the County Council will continue to provide funding for minor adaptations (under £1,000) to people who are eligible for this service.

To support the development of new approaches and integrated pathways. The focus of this would be to work with system wide partners, with a focus on prevention and wellbeing, to keep people well at home.

To procure a service to deliver 'minor adaptations' which are currently delivered through IHIS

The groups most likely to be affected are:

Age

In particular older people, and especially 'older old' single women living alone will not have access to a trusted handyperson service, and consequently minor property repairs may not be carried out, although private handyperson services may be accessible and affordable to some.

The consultation with partner organisations highlighted that the proposal may mean a loss of services that will impact on independence. The proposal may reduce people's ability to stay safe and well in their own home, particularly vulnerable older people.

Disability including Mental Health and Wellbeing

It is likely that people who are disabled will be more likely to be disadvantaged by the proposal, in that they may be less likely to be able to access appropriate and reliable support to remain independent at home.

The consultation with partner organisations highlighted that the lack of a trusted provider would result in homes falling into a state of disrepair and becoming unsafe; and people's stress and anxiety would increase.

Sex / Gender

The consultations highlighted that females would most likely be disadvantaged by the loss of the IHIS service. As mentioned above providers highlight that the majority of users are women, and that 'older old' women living alone in particular value the service.

Question 11 – Review and Monitoring Arrangements

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

Utilise existing arrangements that monitor demand into Adult Social Care

Equality Analysis Prepared By Diana Hollingworth,

Position/Role: Public Health Practitioner

Equality Analysis Endorsed by Line Manager and/or Service Head:

Chris Calvert, Senior Public Health Practitioner, Clare Platt Head of Service

Decision Signed Off By

Cabinet Member or Director

For further information please contact

Jeanette Binns – Equality & Cohesion Manager

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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);

Lancashire County Council

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 if affect them, if this proposal happened, the majority of respondents said that there is no 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

Lancashire Wellbeing Service

Consultation report – 2019

Lancashire County Council

www.lancashire.gov.uk

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1. Executive summary

This report summarises the response to Lancashire County Council's consultation on the Lancashire Wellbeing Service (LWS).

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 (11 paper questionnaire responses and 1,185 online questionnaire responses). 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 we received the petition 'Save Lancashire Wellbeing Service!' which as of 25 March 2019 had received 4,230 signatures. We also received 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.

1.1 Key findings

1.1.1 Finding from service users and general public consultation

1.1.1.1 Use of the Lancashire Wellbeing Service (LWS)

- About half of respondents (51%) said that they have used the Lancashire Wellbeing Service in the past two years. Just less than half of respondents (45%) said that they had not used the Lancashire Wellbeing Service in the last two years.
- Of those respondents who have used the Lancashire Wellbeing Service in the last two years, about half (49%) said that they had used it for themselves and about two-fifths (43%) said that they had used it for someone else (who isn't a family member, friend or neighbour).
- Of those respondents who have used the Lancashire Wellbeing Service in the last two years, the most common reasons stated for using the service were mild mental health problems (77%), social isolation (57%), family support (40%) and healthy lifestyle support (39%).
- Of those respondents who have used the Lancashire Wellbeing Service in the last two years, nearly all said that the support they received had been helpful (88% very helpful and 8% fairly helpful).

1.1.1.2 The proposal for the Lancashire Wellbeing Service

- Over four-fifths of respondents (84%) strongly disagree with the proposal to cease the Lancashire Wellbeing Service. One in twenty respondents (5%) strongly agree with the proposal to cease the Lancashire Wellbeing Service.
- When asked why they agree or disagree with the proposal to cease the Lancashire Wellbeing Service, the most common responses were that it is a lifeline providing vital support (69%), there are no alternatives (23%) and early intervention is far better for people (21%).
- When asked how it would affect them, if this proposal happened, the most common response was 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 we need to consider or that we could do differently, the most common response was, do not cut the service (25%).

1.1.2 Findings from the consultation with partner organisations

- Over nine-tenths of respondents (92%) disagree with the proposal to cease the Lancashire Wellbeing Service.
- When asked why they agree or disagree with the proposal to cease the Lancashire Wellbeing Service, the most common responses were:
    - negative impacts on services, partnerships, and referral pathways (46%),
    - vulnerable people –increased vulnerability and reduced access to services / support (34%) and
    - no where 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, the most common responses were to retain/increase the service (35%), to integrate/co-commission (20%) and a suggestion for re-designing the service (17%).

1.1.3 Key themes from the consultation workshops

Key themes varied across different consultation groups:

- For the Deaf Wellbeing Service (DWS), 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.
- For other Lancashire Wellbeing Service 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 an holistic approach to their circumstances.

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

1.1.4 Other responses to the consultation

- The petition 'Save Lancashire Wellbeing Service!' received 4,230 as of 25 March 2019. People were asked to sign the petition to show they strongly oppose the proposal to scrap the Lancashire Wellbeing Service.
- We received three emails/letters from service users during the consultation period and one from an employee of an organisation affected by the proposal. These letters asked for the proposal to cease the Lancashire Wellbeing Service to be reconsidered. One service user was concerned that the proposal will deny deaf people the right to use accessible services that all hearing people take for granted.
- We received four email/letters from MPs during the consultation period. These MPs asked for their concerns about the negative impact of proposal on their constituents and organisations in their constituencies to be considered. The issues they raised covered: the impact on vulnerable people, those with mental health problems and deaf people; that the need for the service will still remain if the service ceases; it will have a negative impact on other services and organisations; and can we not work with partners to find funding to continue the service.
- We received seven written responses from organisations during the consultation period. These responses were from: the current consortium of providers for Lancashire Wellbeing Service, the Better Care Fund Steering Group, Lancaster City Council, Burnley East Primary Care Network, Lancashire Deaf Rights Group, Bay Health and Care Partners ICP Leadership Team, and University Hospitals of Morecambe Bay NHS Foundation Trust. Broadly speaking, these organisations disagree with the proposal to cease the Lancashire Wellbeing Service. They argue that there is a genuine need for the support it provides as there are no alternatives to the service. They also argue that ceasing the service will have a significant negative impact on local people and other organisations/ services, and that some alternative provision will be required if the service ceases.
- We received a letter from the Police and Crime Commissioner for Lancashire during the consultation period. The letter outlined that the Police and Crime Commissioner is keen to explore opportunities to work with Lancashire County Council in areas such as mental health, community safety partnerships and child protection. Specifically, the letter asks us to consider entering into a discussion about a proposed alternative approach in the replacement of the Wellbeing Service.

2.Introduction

Lancashire County Council, like many councils across the country, is going through financially challenging times. This is as a result of funding not keeping pace with the increasing demand and cost of services being delivered. We need to continue to look at ways of reducing costs to help balance the books for future years. This means that we have to consider changes to some of the services we currently provide, as we do not have the resources to continue to deliver what we have done in the past. These changes were considered by our county councillors and we are now looking to consult on what impact the proposals may have. We really welcome your views.

The Lancashire Wellbeing Service (Lancashire Wellbeing Service) supports those adults 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 - by supporting behaviour change

The service supports about 11,000 people 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 make a plan to address their needs.

Our proposal

We are proposing to cease the Lancashire Wellbeing Service.

In some areas of Lancashire there are services that are similar to Lancashire Wellbeing Service. It is expected that these services will continue to support people in those areas.

Those with eligible social care needs will continue to receive support in line with their assessed needs.

3. Methodology

For this consultation, we asked the public, staff and partner organisations to give their views on the proposal to cease the Lancashire Wellbeing Service (LWS). The consultation was promoted across Lancashire via partner organisations, community bodies and service providers. An electronic version of the consultation questionnaire was available online at www.lancashire.gov.uk and a paper version 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 (11 paper questionnaire responses and 1,185 online questionnaire responses). For the organisation consultation 119 completed questionnaires were returned.

The service users/general public questionnaire introduced the consultation by outlining what the Lancashire Wellbeing Service currently offers and then explains that the proposal is to cease the Lancashire Wellbeing Service. A brief summary of the proposed timescales was also given along with more detail about how to take part in the consultation.

The main section of this questionnaire included eight questions. It covered two main topics: use of the Lancashire Wellbeing Service and views on the proposal to cease the Lancashire Wellbeing Service. The questions about the proposal asked respondents: how strongly they agree or disagree with the proposal; why they agree or disagree with the proposal; how the proposal will affect them; and if respondents think there is anything else that we need to consider or that we could do differently.

The remaining questions asked respondents for information about themselves. For example, if they are a deaf person or have a disability. This information is presented in appendix 1.

The questionnaire for organisations introduced the consultation by outlining what the Lancashire Wellbeing Service currently offers and then explains that the proposal is to cease the Lancashire Wellbeing Service. A brief summary of the proposed timescales was also given along with more detail about how to take part in the consultation.

The main section of this questionnaire included four questions and focused on the proposal to cease Lancashire Wellbeing Service. The questions were: how strongly do agree or disagree with the proposal; why do you agree or disagree with the proposal; how would the proposal affect their organisation; and if they think there is anything else that we need to consider or that we could do differently. Respondents were also asked which organisation they were responding on behalf of and what their role is within their organisation.

In this report respondents' responses to the open questions have been classified against a coding frame to analyse the qualitative data. Coding is the process of combining the issues, themes and ideas in qualitative open responses into a set of codes. The codes are given meaningful names that relate to the issue, so that during close reading of responses it can be seen when similar issues relate to a similar

code. As the analysis process continues the coding frame is added to and refined as new issues are raised by respondents. All responses to open questions are then coded against the coding frame, and can be subsequently analysed as quantitative or qualitative data.

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).

Responses are included from:

Service Users (n=56)	Service Providers / Stakeholders (n=33)
LWS Deaf Service, Preston, n=6 LWS Deaf Service, Lancaster, n=8 LWS, North, n=15 LWS, Central, n=12 LWS, East, n=15 Written testimony from LWS Service User, Central Written submission from LWS Deaf Service User	CCG Representatives, n=4 Health and Wellbeing Partnership Res, n=13 Health Leads, n=14 LWS Provider Consortium written response Response from LWS Deaf Service Practitioner

For consistency, the consultation sessions were run by the same person. The sessions were recorded by dedicated note-takers, with responses collated and analysed using 'Framework Method'[1] to identify proposal responses and emergent themes

During the consultation period we received the petition 'Save Lancashire Wellbeing Service!' which as of 25 March 2019 had received 4,230 signatures. We also received three emails/letters from service users and one from an employee of an organisation affect by the proposal, three email/letters from MPs and seven written responses from organisations.

1.2 Limitations

The findings presented in this report are not representative of the views of people who use the Lancashire Wellbeing Service. Neither are they representative of the population of Lancashire. They should only be taken to reflect the views of people who were made aware of the consultation, and had the opportunity and felt compelled to respond.

In charts or tables where responses do not add up to 100%, this is due to multiple responses or computer rounding.

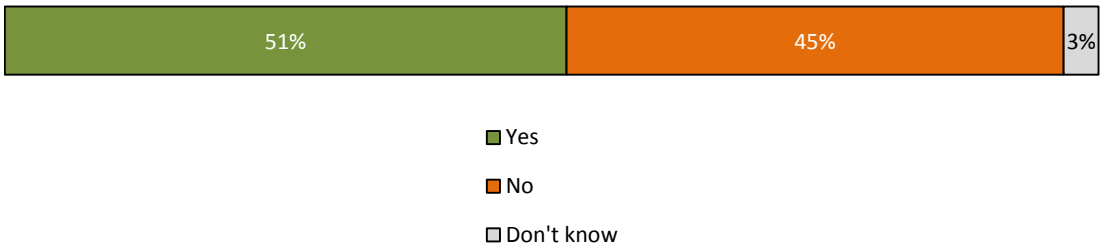
[1] Ritchie, J. and Spencer, L. (1994) Qualitative Data Analysis for Applied Policy Research. In: Bryman, A. and Burgess, B., Eds., Analyzing Qualitative Data, Routledge, London.

4. Main findings – public

4.1 Use of the Lancashire Wellbeing Service

Respondents were first asked how often, if at all, they have used the Lancashire Wellbeing Service (LWS). About half of respondents (51%) said that they have used the Lancashire Wellbeing Service in the past two years. Just less than half of respondents (45%) said that they had not used the Lancashire Wellbeing Service in the last two years.

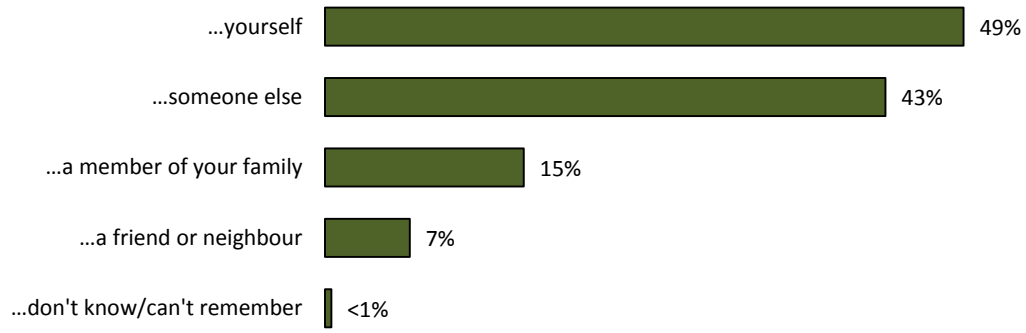
Chart 1 - Have you used the Lancashire Wellbeing Service in the last two years?



Base: all respondents (1,192)

Respondents who have used the Lancashire Wellbeing Service in the last two years were then asked who they used the service for. Of these respondents, about half (49%) said that they had used it for themselves and about two-fifths (43%) said that they had used it for someone else (who isn't a family member, friend or neighbour).

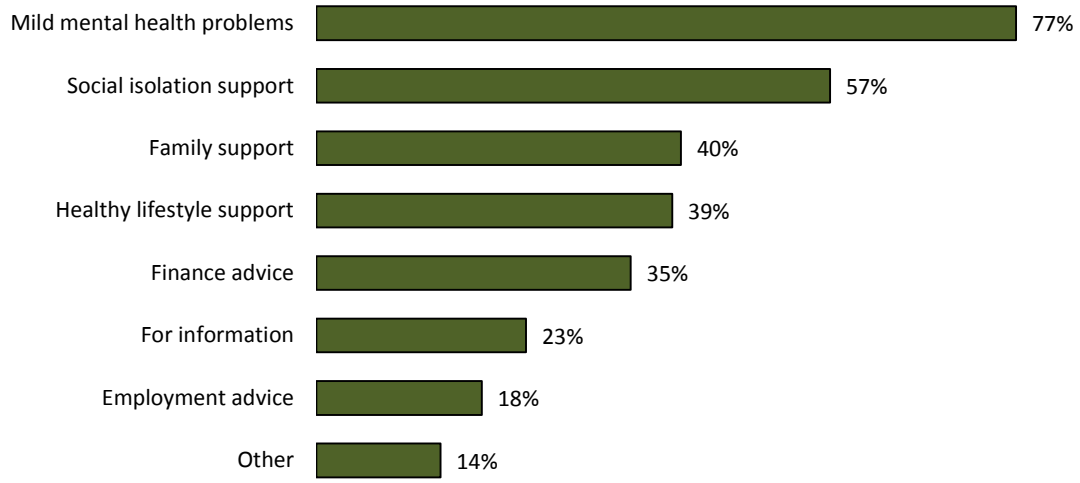
Chart 2 - And, in the last two years, did you use the service for…?



Base: respondents who have used the LWS in the last two years (611)

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 most common responses were mild mental health problems (77%), social isolation (57%), family support (40%) and healthy lifestyle support (39%).

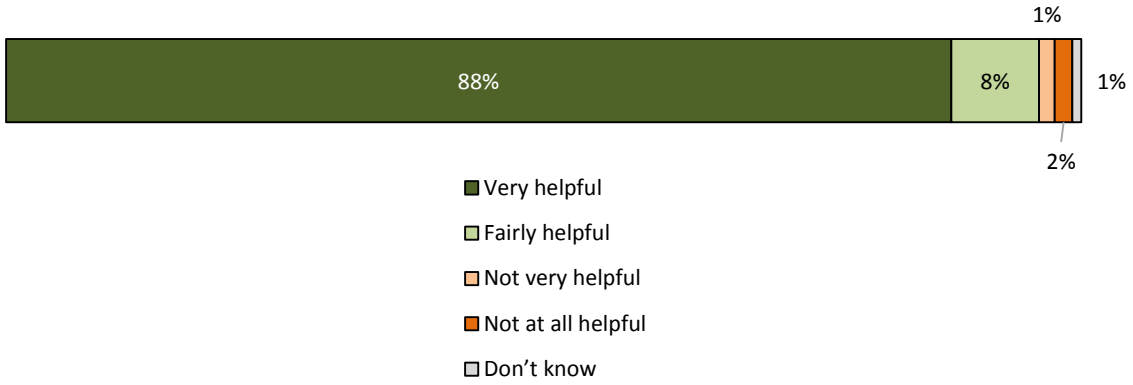
Chart 3 - In the last two years, what were your reasons for using the service?



Base: respondents who have used the LWS in the last two years (612)

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.

Chart 4 - Overall, how helpful has the service you have received from the Lancashire Wellbeing Service been?

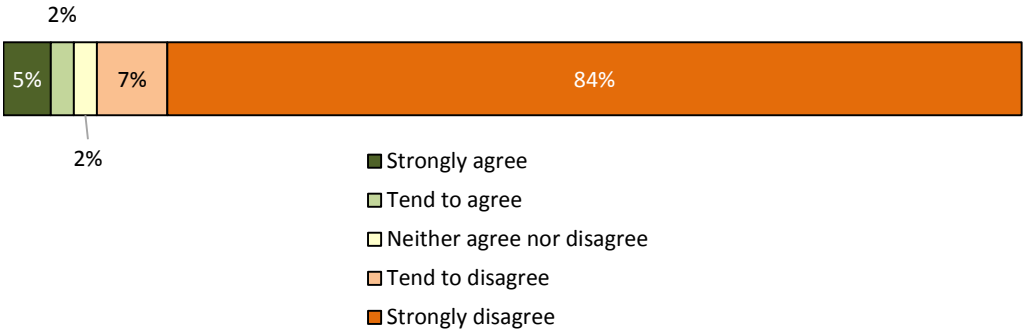


Base: respondents who have used the LWS in the last two years (612)

4.2 The proposal for the Lancashire Wellbeing Service

All respondents were then asked how strongly they agree or disagree with the proposal to cease the Lancashire Wellbeing Service. Over four-fifths of respondents (84%) strongly disagree with the proposal to cease the Lancashire Wellbeing Service. One in twenty respondents (5%) strongly agree with the proposal to cease the Lancashire Wellbeing Service.

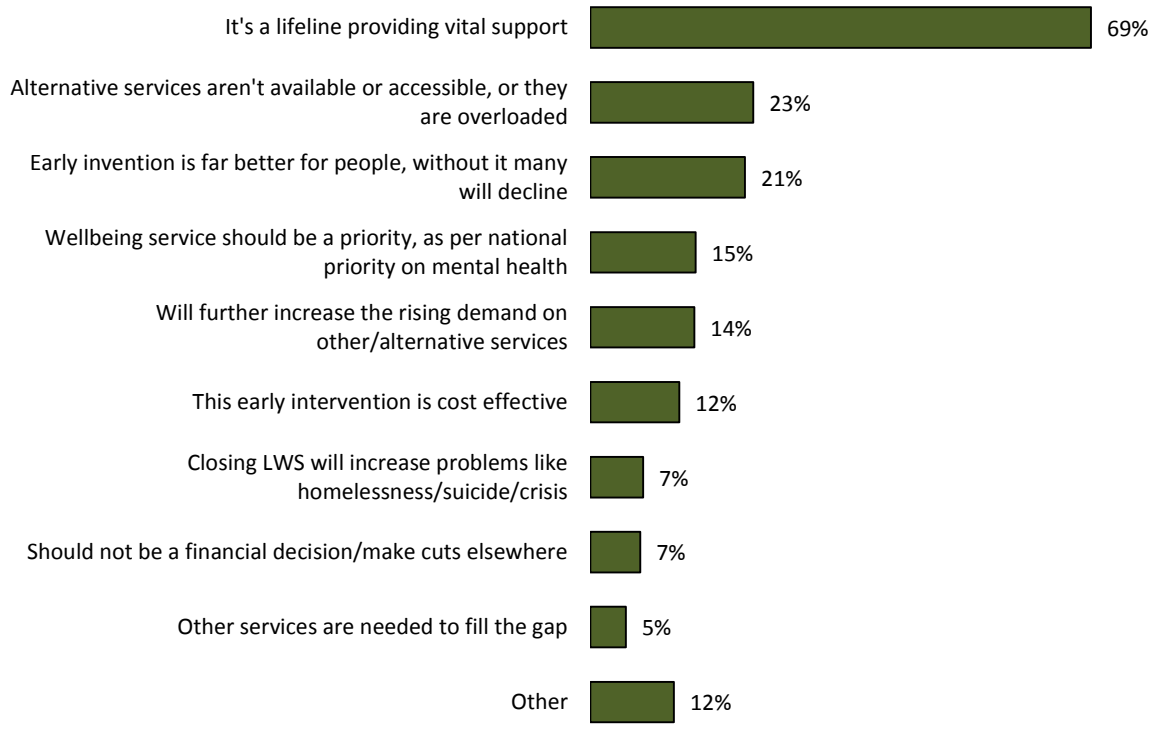
Chart 5 - How strongly do you agree or disagree with the proposal to cease the Lancashire Wellbeing Service?



Base: all respondents (1,188)

Respondents were then asked why they agree or disagree with the proposal to cease the Lancashire Wellbeing Service. The most common responses were that it is a lifeline providing vital support (69%), there are no alternatives (23%) and early intervention is far better for people (21%).

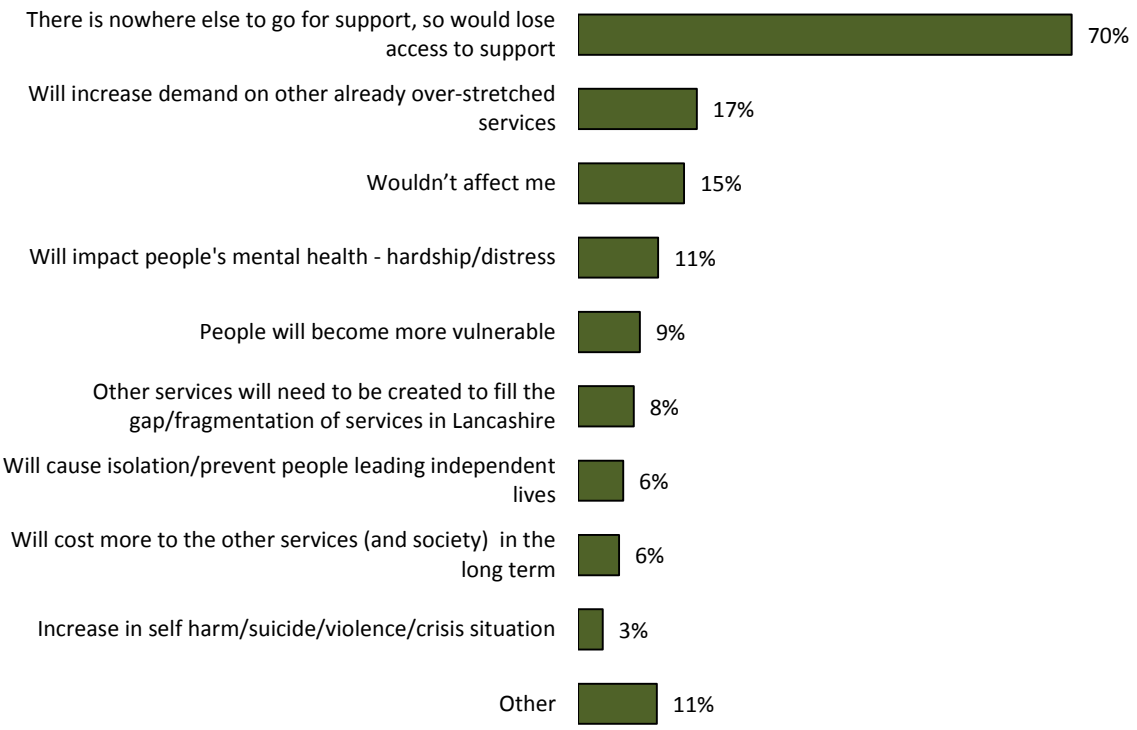
Chart 6 - Why do you say this?



Base: all respondents (1,052)

Respondents were then asked how would if affect them, if this proposal happened. The most common response was that there is no nowhere else to go for support, so they would lose access to support (70%).

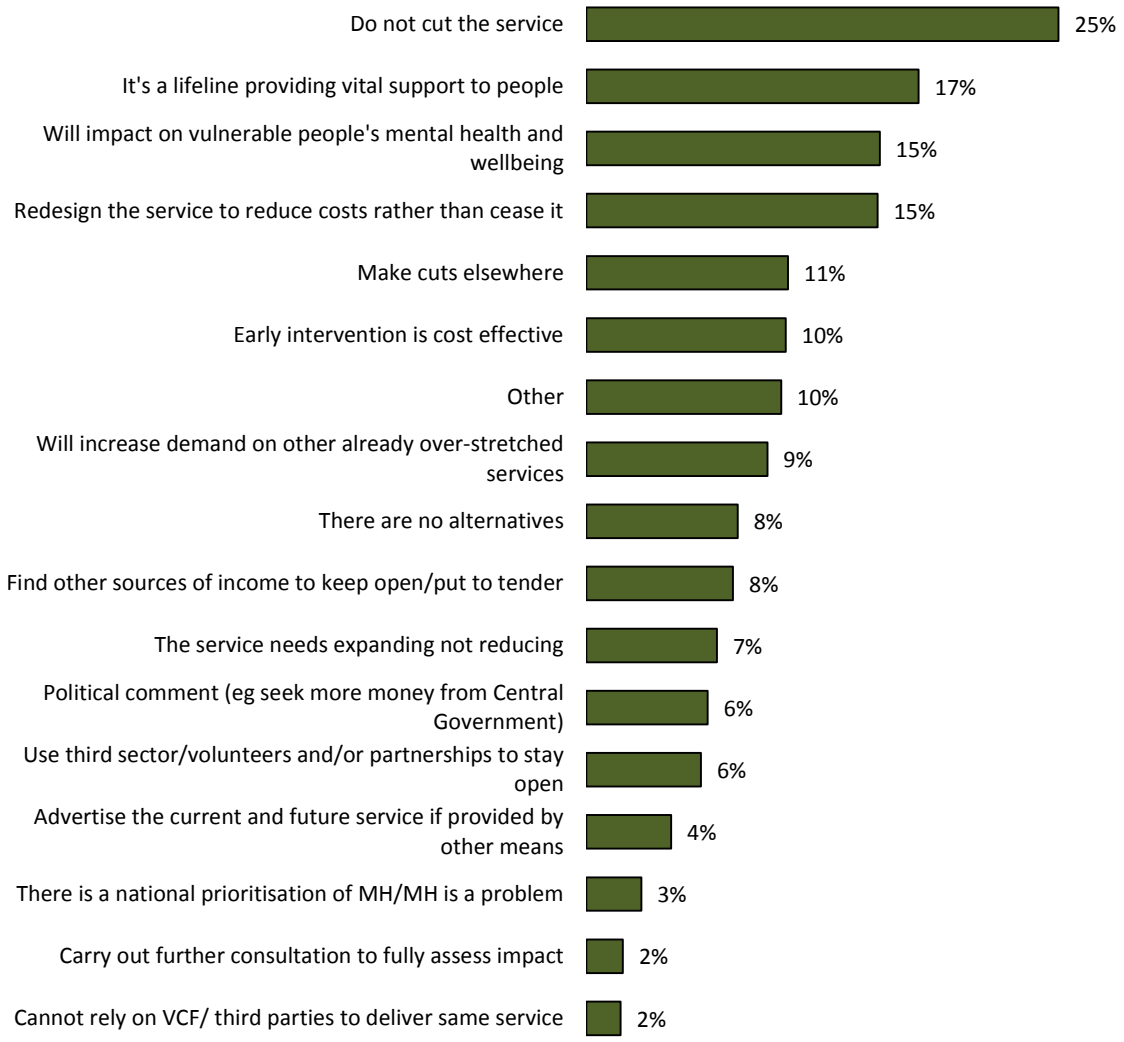
Chart 7 - If this proposal happened, how would it affect you?



Base: all respondents (1,002)

Respondents were then asked if there is anything else they think we need to consider or that we could do differently. The most common response was, do not cut the service (25%).

Chart 8 - Thinking about our proposal, is there anything else you think we need to consider or that we could do differently?



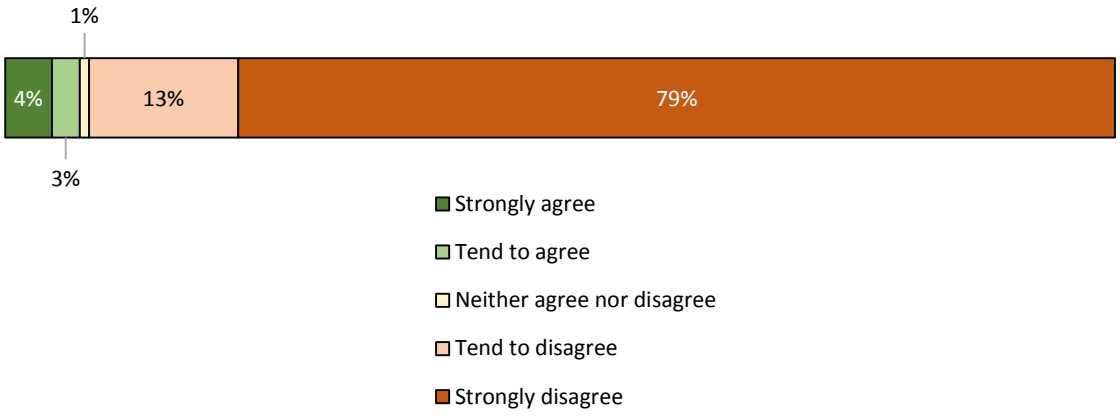
Base: all respondents (838)

5. Main findings – partner organisations

5.1 The proposal for the Lancashire Wellbeing Service

Respondents were then asked how strongly they agree or disagree with the proposal to cease the Lancashire Wellbeing Service. Over nine-tenths of respondents (92%) disagree with the proposal to cease the Lancashire Wellbeing Service.

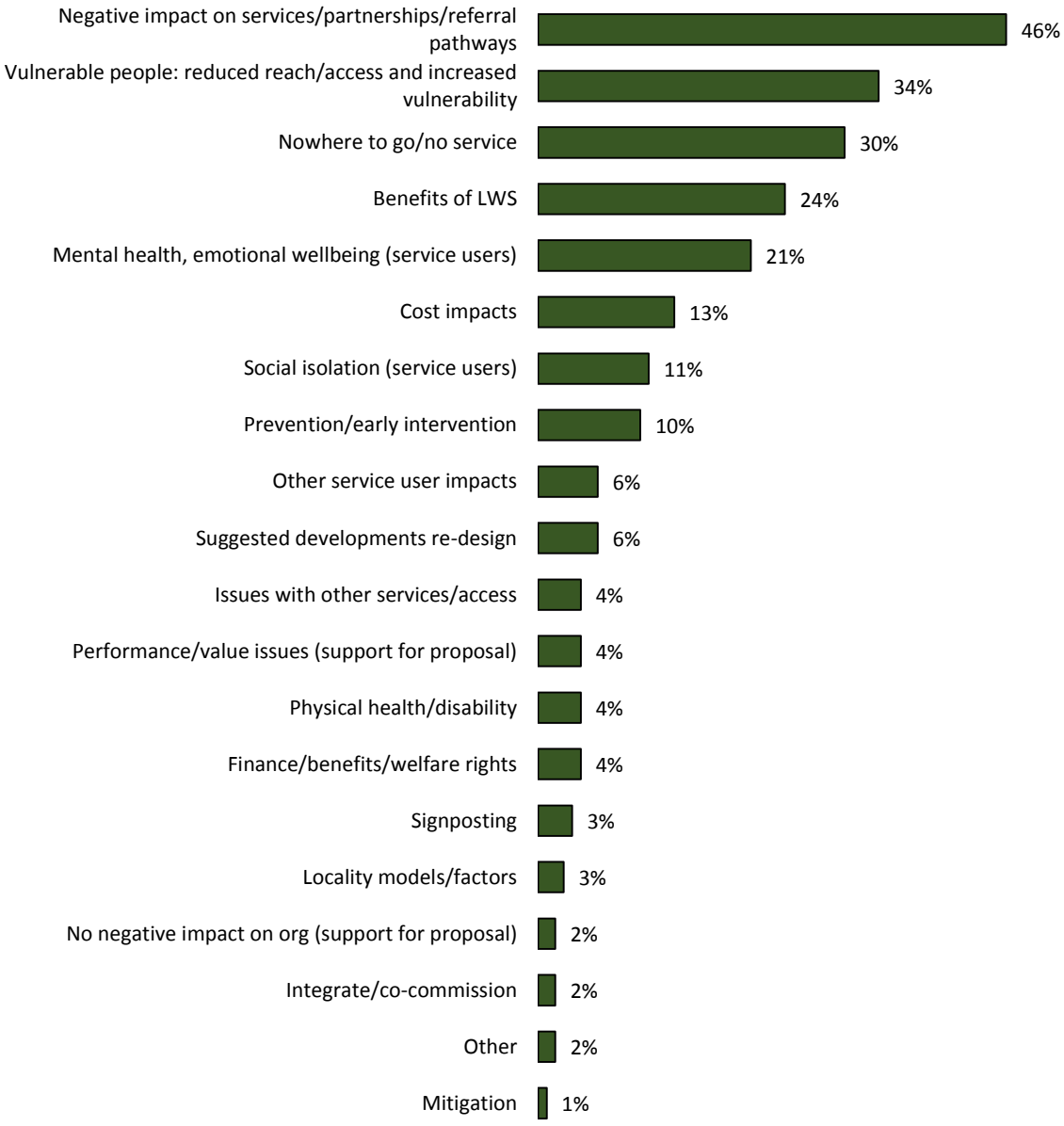
Chart 9 - How strongly do you agree or disagree with the proposal to cease the Lancashire Wellbeing Service?



Base: all respondents (119)

Respondents were then asked why they agree or disagree with the proposal to cease the Lancashire Wellbeing Service. The most common responses to this question 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%).

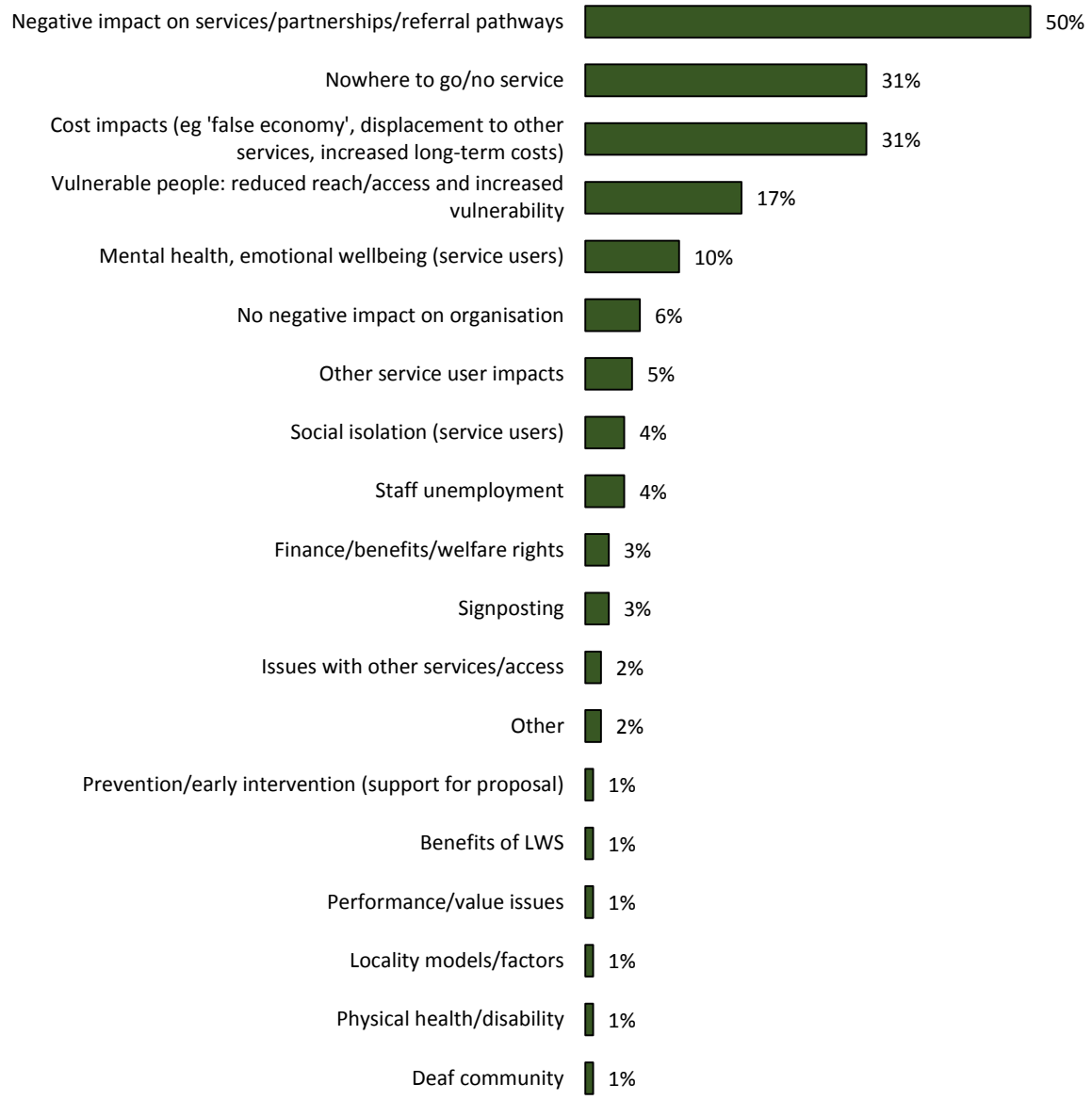
Chart 10 - Why do you say this?



Base: all respondents (119)

Respondents were then asked that if this proposal happened, how would if affect them. The most common responses to this question were: negative impacts on service/partnerships/referral pathways (50%), nowhere to go/no service (31%) and cost impacts (31%).

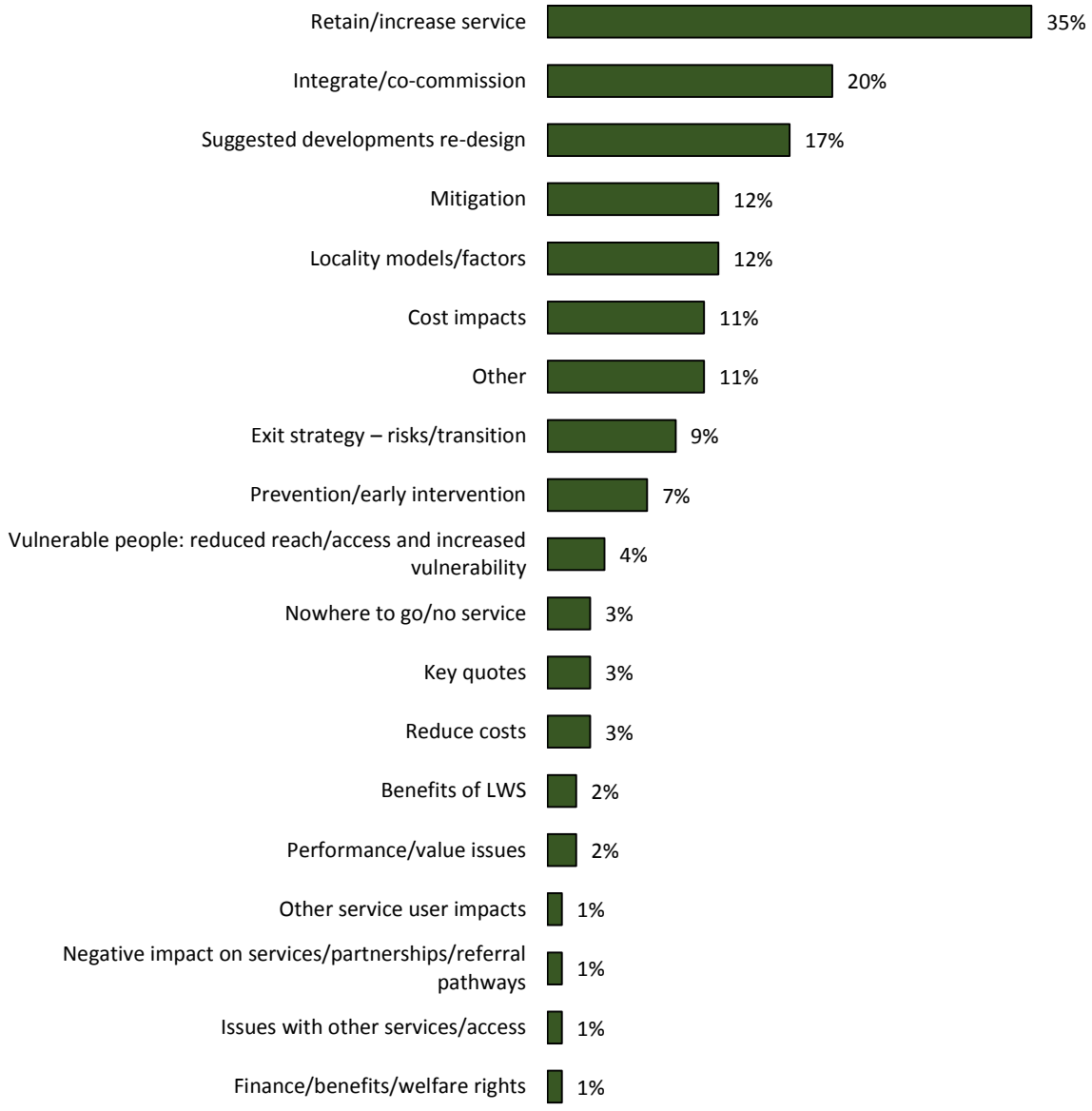
Chart 11 - If this proposal happened, how would it affect your organisation?



Base: all respondents (115)

Respondents were then asked if there is anything else they think we need to consider or that we could do differently. The most common responses to this question were: to retain/increase the service (35%), to integrate/co-commission (20%) and a suggestion for re-designing the service (17%).

Chart 12 - Thinking about our proposal, is there anything else you think we need to consider or that we could do differently?



Base: all respondents (98)

6. Main findings - consultation workshops

"Why Lancashire Wellbeing Service shouldn't stop – they are a safety net and you are cutting holes in it. More complex than people realise. They get you in the right direction – they have with me and I'm still a work in progress – but I can now see light at the end of a very long tunnel."

6.1 Key Themes

Key themes varied across different consultation groups:

- For the Deaf Wellbeing Service (DWS), 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 LWS addressed emerging problems and prevented escalation. While feeling lonely is not a mental health problem, the two are strongly linked. If a person has a mental health problem this increases their chance of feeling lonely, which can have a negative impact on their mental health.
- For other Lancashire Wellbeing Service service users, social isolation and mental health (including suicidal ideation (thinking about, considering or planning suicide)) were often underpinned by wider factors such as physical health, finance and housing. Service users reported the value of a holistic approach to them and their circumstances.
- For providers and other stakeholders there was an emphasis on the potential negative impact of service loss specifically on other services, with concerns around capacity, increased demands and costs that might be displaced.
- Service users favoured retaining the service, with many believing it was an important safety net and should receive additional investment.
- The vast majority of stakeholders also registered the importance of such provision, with suggestions including a focus on co-commissioning and integration with other services (particularly health), a service re-design and increased locality-based planning and delivery.

6.2 Impact of the proposal

6.2.1 Social Isolation

- Lancashire Wellbeing Service supports behaviour change around self-worth, self-esteem and motivation/action
- Social isolation (due to physical and/or mental health) is a key feature of responses, with Lancashire Wellbeing Service workers supporting long-term isolated people towards independence
- Lancashire Wellbeing Service is a stepping stone/facilitator/bridge to independence – getting out of the house, a reduction in dependency on GP and other services, addressing employment/finances, quality of life

- Responses highlight the relationship between social isolation and more entrenched mental health issues (depression, anxiety)
- Deaf Wellbeing Service: Social isolation is increased by access and language barriers. British Sign Language (BSL) is often the first language, with some reporting significant literacy issues. Community-based support services for the deaf community were reported as limited across the county.

6.2.2 Mental Health

- Deaf Wellbeing Service: Reported mental health issues often relate to wider social factors and (sometimes acute) difficulties in accessing services for support (i.e. homelessness, inadequate housing, benefits, transport) – depression, anxiety. Lancashire Wellbeing Service provides a Deaf Wellbeing Worker who facilitates engagement between the deaf community and other services.
- In some localities, a majority of the service users group reported mental health problems, self-harm and high levels of suicidal ideation.
- *" Lancashire Wellbeing Service is the reason I'm here"* (alive). They offer *"simple, plain and life changing advice"*
- Some service users are accessing Lancashire Wellbeing Service due to the closure and waiting lists of other community mental health support services: *"There is no other service that can replace the wellbeing service if it is discontinued… The opportunity for self-referral to the service was very important to my being able to access the service."*
- *'Reaches out to areas of help and support you are unware of. Help to collate – without* the Lancashire Wellbeing Service *my head would have exploded without their help. Income was reduced – declared not fit to work – if not for Lancashire Wellbeing Service I would have finished it. Where do I go? What do I do? Helped me to clear my head.'*
- Bereavement support part of Lancashire Wellbeing Service offer.
- *'Problem is that its individual –I didn't know what depression was – was stuck in a void –opposite of what life was- being temporarily disabled – doubt I would have got this far without Lancashire Wellbeing Service'.*

6.2.3 Nowhere to Go

- Deaf Wellbeing Service: Strong consensus that if the Deaf Wellbeing Worker (DWW) support was removed they would be *"lost"* with nowhere to go. Other services do not provide the same support function. *"Our 1st language is British Sign Language so a lot of barriers- interpreters cannot get involved, they are there to sign but Deaf Wellbeing Worker is there to actually help."*
- Deaf Wellbeing Service: Worker helps with appointments (i.e. GP/health/housing) and advocates/facilitates service access and support.
- Service user consensus that there was nothing there to replace Lancashire Wellbeing Service:
    - whilst waiting for mental health support (long waiting lists reported);
    - social support (motivating individuals to make a positive change, supporting with benefits, housing and transport));

    - low level mental health & wellbeing
- Service users reported that Lancashire Wellbeing Service provides support in a timely manner, at pace of the service user.
- *"11,000 – where will they go?"*: Concerns from stakeholders and services that there will be nowhere for service users to access, thereby potentially increasing vulnerability and unnecessarily escalating demand on statutory services (Adult Social Care (ASC)).
- Without Lancashire Wellbeing Service, there's *"nothing to help you pick up the tools, get off your backside and get things done"*
- *I wouldn't be here, lost my job, everything (lady was crying) keep me going – take them away – will cost more money, I can look after myself with their help*.
- Lancashire Wellbeing Service is a primary referral point for police and other emergency services
- There is potential duplication/overlap in some Districts due to provision such as Care Navigators (East Lancashire).

6.2.4 Vulnerability

- Lancashire Wellbeing Service seen to support the most vulnerable in society
- Concerns from stakeholders and service users that cuts will therefore affect the most vulnerable in society
- Service has ability to adapt to individual need – *"Does not stick to brief, picking people up with complex needs – seen as a positive".*

6.2.5 Physical Health

- Lancashire Wellbeing Service provides 'wraparound support' that mitigate impacts of physical conditions, e.g. *'Diagnosed with [debilitating injury] – council arranged property but was unable to move – LWS arranged for a charity to help me move house.* Lancashire Wellbeing Service *fought for weeks to find someone to help. Me and* Lancashire Wellbeing Service *getting through mental health issues. I couldn't have moved house without them – they organised everything'*.
- Examples of Lancashire Wellbeing Service providing social support towards independence and rehabilitation for those with acute and chronic long-term conditions
- Offers support for individuals and carers in relation to dementia

6.2.6 Finance

- Deaf Wellbeing Service: Financial support, benefits, Personal Independence Payment forms, social care assessments and general finance liaison (banking, bills, insurance, will writing) is provided in context of accessibility problems (telephone access & aural communication)
- Financial support from Lancashire Wellbeing Service has prevented escalation of issues (mental health, housing). A number of respondents reported preventing loss of home due to benefits advice: *"My* Lancashire Wellbeing Service *carer helped me with finances as I couldn't get out of the house and arranged a*

financial check for me. This prevented the need for BAILIFFS calling to sell the little I have. PLEASE DO NOT CLOSE THE WELLBEING SERVICE."

- Extended impact (carer): *'Not a user of service but beneficiary - my wife was diagnosed with cancer – mental health and Department of Work and Pensions/benefit issues – without Lancashire Wellbeing Service and assistance with overturning a Department of Work and Pensions decision – she was declared fit for work 7 weeks before her death. Without the help of wellbeing counsellors, life would have been very different – eased pressure on me as a primary carer.'*
- Lancashire Wellbeing Service provider reports service has an agreed approach to support benefits advice in order to reduce impact on Welfare Rights Service: *"Additionally, we also support individuals to access benefits advice online utilising the Lancashire County Council recommended Gov.UK website. A method agreed with the commissioner of the Welfare Rights Service to deflect demand from them."*

6.2.7 Other Impacts

- Deaf Wellbeing Service: Support for overcoming widespread communication barriers: solicitors, fire alarms, housing, transport
- Deaf Wellbeing Service: Relationship goes beyond interpretation - enables people to navigate services and be more independent through listening, support and advocacy outside of the family (family interpretation not always available or appropriate).
- Trust/confidence in community services will be eroded or lost: *"continuity for those on the ground. The risk being the confidence level for service users has diminished".*
- Changing thresholds/complexities of service users (Lancashire Wellbeing Service provider): *"Whilst we acknowledge the Lancashire Wellbeing Service has not reached the expected referral numbers agreed at the start of the contract, commissioners are fully aware that the type of demand is significantly different to what was anticipated. Low level physical and mental health need cohorts have been replaced by individuals with highly complex and often severe conditions and signposting has been replaced by coaching style interventions. This is not an underachievement, but an agreed and necessary shift in focus."*

6.2.8 Service Impacts

- (Service user response) Negative impact of Lancashire Wellbeing Service closure - increasing demand on other community services: *"[Mental Health Services are clearly already overstretched, closing Lancashire Wellbeing Service will only serve to make this worse. I was told by [Mental Health Services] I have to wait 7 months before I can be accepted onto [the programme] which shows the scale of mental health problems in Lancashire. Ending the Lancashire Wellbeing Service will make this worse."*
- (Service user response) Negative impact / overload on other services through escalation and displacement – GPs, Police, NHS services, and social care: *"The only alternative to my predicament would have been to go to the doctors where the solution would have been medication. This, however, would not have*

resolved the problem. It would be just like putting a sticking plaster over a boil and would not have resolved the situation."

- Lancashire Wellbeing Service is integrated into a number of teams and referral pathways (e.g. Early Intervention Team, Integrated Neighbourhood Teams): *"Removing one piece of the jigsaw – This is a critical bit, the first level of defence"; " Lancashire Wellbeing Service is part of a patchwork of the solution i.e. inputting into transforming lives – everybody knitted together."*
- Voluntary Community and Faith Sector capacity / coordination is variable across Lancashire – *"will there be somewhere for people to go as voluntary organisations cannot cope with the numbers they do not have the capacity"*

6.2.9 Costs

- Requested to consider recent New Economics Foundation (NEF) Social Return On Investment (SROI) report. In 2017, LWS commissioned NEF Consulting to undertake a Social Return on Investment (SROI) analysis to try to understand the social value generated from its activities. The report concluded 'this Social Return on Investment analysis provides strong evidence that Lancashire Wellbeing Service provides significant value to service users, their families, and statutory services. For every £1.00 invested in the scheme, £7.00 is generated in social value'
- (Several service users): Lancashire Wellbeing Service seen as cheaper to deliver than statutory services further down line (prevention) – *"I wouldn't be here, lost my job, everything (lady was crying) keep me going – take them away – will cost more money, I can look after myself with their help."*
- Provider: *"That the cutting of this service is NOT a cost saving measure and will actually end up costing LCC and other partners in the H&SC [Health and Social Care] system more money."*
- Need to look at services holistically

6.2.10 Prevention

- Evidence to support preventative role of Lancashire Wellbeing Service in relation to early intervention by:
  - Avoiding escalation: *" Lancashire Wellbeing Service removed my feelings of isolation and loneliness by helping me and referring me to other services, which resulted in me attending the Doctor's less and less. If it wasn't for the Lancashire Wellbeing Service Service I wouldn't have known about 'how to get out and about' as Lancashire Wellbeing Service completed and helped post my application for free bus pass."*
  - *"Prevents – people getting into Crisis!!"*
  - Reducing risk: *"Given up at home – I was on my own – wanted to fall asleep for good. Social Services - passed onto Lancashire Wellbeing Service."*
- Regarded as a 'safety net'*: "They are a safety net and you are cutting holes in it. More complex than people realise. They get you in the right direction – they have with me and I'm still a work in progress – but I can now see light at the end of a very long tunnel."*

6.2.11 Issues with Other Services

- Deaf Wellbeing Service: Widespread barriers to accessing other services mitigated by the advocacy/support/interpreter role. Services often not set up to respond to deaf people, leading to long delays in receiving service (e.g. dentist, job centre, hospital admission and discharge, Local Authority Housing): *"Council visits, can be there for hours, have to go numerous times to get things sorted"* – all the group agreed.
- Many deaf people are educated in British Sign Language and lip reading; it cannot be presumed that they can understand English in any form.
- Lancashire County Council access:
  - *'With Lancashire County Council – they have a helpline but is an issue for deaf people as we need face-to-face. Lancashire County Council seem to think that technology has improved things for deaf community but it doesn't work like that.'*
  - '*One deaf person lost their bus pass – received a letter to ring them but they are aware as it's on their records they are deaf. Still asked them to ring, asked a relative to be present but refused, why are these barriers there even with Lancashire County Council? [Deaf Wellbeing Worker] helped.'*
- Deaf Wellbeing Service: Sensitive issues and data protection – family members not always able, or appropriate to translate / advocate – *"Had to attend marriage guidance and was asked to bring relative to interpret – Not appropriate – these are personal issues- don't want family to know."*
- Deaf Wellbeing Service: Outside Lancashire Wellbeing Service commission, provision is reported to be variable (geography, funding and approach) e.g. Deaf Societies in Lancaster and Preston have social contact focus, time limited funding for interpreter, but *'Interpreters will read the letters but that is all…we then use [Deaf Wellbeing Worker] to deal with the issues. Interpreters are only there to translate not support.'*
- Many concerns about waiting lists of mental health provision.
- Some service users also felt other mental health services were impersonal compared to experiences of Lancashire Wellbeing Service
- Some reported lack of awareness of Lancashire Wellbeing Service offer and or referral pathway - *'was pinged –ponged around until got to Lancashire Wellbeing Service; 'Surgeries [GP] don't tell you about Lancashire Wellbeing Service'*

6.2.12 Signposting

- *'Service is a facilitator, as well as value for people'* – gateway to other appropriate provision for the service user… *'Have found out about so many other services via Lancashire Wellbeing Service*
- Several service users reported signposting for self-care (motivation & independence)

6.2.13 Deaf Community

- Communication remains a clear barrier for the deaf community – *'Bear in mind- deaf people sign – don't write or read – needed to learn how to lip read but not*

taught how to read. No education – language limited. Someone like [Lancashire Wellbeing Service Deaf Wellbeing Worker] helps with this as we need someone to explain – write responses.'

- Costs and quality of interpreters (outside Lancashire Wellbeing Service) perceived as barrier – *'Deaf people are being routed to private service providers/agencies but they dread the prospect of hiring interpreters from these agencies because the cost of using them is very often prohibitively expensive and could well double in time and cost due to slow communication and language difficulties. Furthermore many of these private agencies, in order to maximise their own profits, supply interpreters who do not have the correct level of qualification. This can have serious implications for deaf people, not least in medical or legal situations.'*

6.2.14 Performance/Value Issues

- Service awareness is seen as inconsistent by some service users – services not always aware of Lancashire Wellbeing Service
- Number of sessions were seen (by some) to be too short (improved pathways to peer support was recognised as way of addressing this)
- Some provider concern about Lancashire Wellbeing Service receiving credit for Voluntary, Community and Faith Sector activity when service users are signposted – *'small voluntary organisations often do the work for Lancashire Wellbeing Service, we don't get the money they (Lancashire Wellbeing Service) do.'*

6.2.15 No Negative Impact on Organisation/Provider

- Several stakeholders uncertain about the impact of Lancashire Wellbeing Service in the community/at District level

6.3 The proposal for the Lancashire Wellbeing Service

6.3.1 Mitigation proposals

- Concerns that staff would wind down before contract end – negative impact
- Recognition of
    - need to look at existing/complementary provision in different localities
    - Clinical Commissioning Groups' (CCG) potential to cover activity in localities through commissioned work (suggestion from Health and Wellbeing Partnership)

6.3.2 Future Service Provision: Retain/Increase/Reduce

- Strong consensus amongst service users to retain or increase the level of provision
- Suggestion from Lancashire Wellbeing Service provider – implement charging mechanism for referral organisation
- Opportunities for re-design and co-commissioning between CCGs, Primary Care Networks (PCNs), Lancashire County Council – '*When consultations complete,*

look together at implications. Conversation would have been better months ago. Not saying investment from health but based on their funding.'

6.3.3 Co-commissioning/Redesign/Locality Working

- *'A re-design as a catalyst to develop conversations would be useful but we are all at different stages – take a top slice; here it is and pump prime divvying up the cash – Local Authority, districts hold the major slice then invite health to contribute.'*
- Redesign – initial need to look at direct duplication
- Suggestion by Health and Wellbeing Partnerships re £600K – to be retained for prevention
- Opportunities for additional investment (i.e. outcomes of the NHS 10 year plan)
- Co-commissioning: *"Trust each other" - cultural shift.*
- Joint commissioning suggested as potential to reduce cost / impact on Adult Social Care
- Potential integration of commissioning and provision – *'[Fylde & Wyre] vanguard we have integrated service won't /don't work together more traction – Mental health and community around integrated care 'continuity' PLEA for Lancashire County Council and health to deliver a joint service with NHS.'*
- Promote Lancashire Wellbeing Service as social prescribing pathway (from GPs)
- Risk: Timing may be out of sync with Clinical Commissioning Groups/PCN future commissioning
- Potential wider involvement of Voluntary, Community and Faith Sector in provider delivery
- Working in locality models – potential to utilise local systems / funding mechanisms better – '*Benefit of locality based multi-agency dialogue/planning/working (Inc. GP's)'*
- Devolution of funding suggested – Districts/Integrated Care Partnerships (ICPs)/PCNs
- Deaf Wellbeing Service: Suggestion – Lancashire County Council need to consider a) older deaf population b) British Sign Language Officer
- Peer support - Lancashire Wellbeing Service need to promote benefits of peer support and improve pathways – sustaining beyond 6-8 sessions
- Workplace - awareness of Lancashire Wellbeing Service support needed (not everyone who accesses the service is unemployed)
- Payment – suggestion that people are prepared to pay a charge
- Tariff based model – suggestion for a tariff model to follow the service user

6.3.4 Exit Strategy/Risks/Transition

- Concerns about staff and service continuity – closure expected around Christmas
- Need for effective communication re outcome
- Suggestion from provider: if cut, continue some funds until March and seek monies from partner agencies

7. Other responses

In addition to receiving responses to the consultation questionnaires and feedback at the workshops, we received further feedback on our proposal in the form of a petition and letters/emails from service users, MPs, organisations and the Police and Crime Commissioner for Lancashire. These responses are summarised below (they can be found in full in Appendix 2).

7.1 Petition

The petition 'Save Lancashire Wellbeing Service!' received 4,230 as of 25 March 2019. People were asked to sign the petition to show they strongly oppose the proposal to scrap the Lancashire Wellbeing Service.

7.2 Letters and emails from service users/general public

During the consultation period, we received three emails/letters from service users and one from an employee of an organisation affected by the proposal. These emails/letters asked for the proposal to cease the Lancashire Wellbeing Service to be reconsidered. The service users highlighted how the service had helped them. One service user was concerned that the proposal will deny the deaf community the right to use accessible services that hearing people take for granted.

7.3 Responses from MPs

We received four email/letters from MPs during the consultation period. These MPs asked for their concerns about the negative impact of proposal on their constituents and organisations in their constituencies to be considered. The issues they raised covered: the impact on vulnerable people, those with mental health problems and deaf people; the need for the service will still remain if the service ceases; it will have a negative impact on other services and organisations; and can we not work with partners to find funding to continue the service.

7.4 Responses from organisations

We received seven written responses from organisations during the consultation period. These responses were from:

- the current consortium of providers of Lancashire Wellbeing Service
- the Better Care Fund Steering Group
- Lancaster City Council
- Burnley East Primary Care Network
- Lancashire Deaf Rights Group
- Bay Health and Care Partners Integrated Care Partnership Leadership Team
- University Hospitals of Morecambe Bay NHS Foundation Trust

Broadly speaking, these organisations disagree with the proposal to cease the Lancashire Wellbeing Service. They argue that there is a genuine need for the support it provides and there are no alternatives to the service. They also argue that ceasing the service will have a significant negative impact on local people and other

organisations/services, and that at least some alternative provision will be required in future.

7.5 Response from the Police and Crime Commissioner for Lancashire

We received a letter from the Police and Crime Commissioner for Lancashire during the consultation period. The letter outlined that the Police and Crime Commissioner is keen to explore opportunities to work with Lancashire County Council in areas such as mental health, community safety partnerships and child protection. Specifically, the letter asks us to consider entering into a discussion about a proposed alternative approach in the replacement of the Wellbeing Service.

Appendix 1 - Demographic breakdown - public

Table 1 - Are you…?

	%
A Lancashire resident	86%
An employee of Lancashire County Council	12%
An elected member of Lancashire County Council	<1%
An elected member of a Lancashire district council	1%
An elected member of a parish or town council in Lancashire	1%
A member of a voluntary or community organisation	17%
Other	14%

Base: all respondents (1,186)

Table 2 - Are you…?

	%
Male	23%
Female	72%
Other	<1%
Prefer not to say	4%

Base: all respondents (1,186)

Table 3 - What is your sexual orientation?

	%
Straight (heterosexual)	80%
Bisexual	2%
Gay man	1%
Lesbian/gay woman	2%
Other	<1%
Prefer not to say	15%

Base: all respondents (1,117)

Table 4 - What was your age on your last birthday?

	%
Under 16	0%
16-19	<1%
20-34	16%
35-49	35%
50-64	30%
65-74	8%
75+	2%
Prefer not to say	8%

Base: all respondents (1,181)

Table 5 - Are you a deaf person or do you have a disability?

	%
Yes, learning disability	3%
Yes, physical disability	12%
Yes, Deaf/hearing impairment	3%
Yes, visual impairment	1%
Yes, mental health disability	13%
Yes, other disability	5%
No	63%
Prefer not to say	10%

Base: all respondents (1,171)

Table 6 - Are there any disabled young people aged under 25 in your household?

	%
Yes	9%
No	84%
Prefer not to say	8%

Base: all respondents (1,173)

Table 7 - Which best describes your ethnic background?

	%
White	86%
Asian or Asian British	2%
Black or black British	<1%
Mixed	1%
Other	1%
Prefer not to say	10%

Base: all respondents (1,173)

Table 8 - What is your religion?

	%
No religion	36%
Christian	49%
Buddhist	1%
Hindu	<1%
Jewish	<1%
Muslim	1%
Sikh	<1%
Any other religion	17%
Prefer not to say	11%

Base: all respondents (1,178)

Table 9 - Does your household have access to the internet (dial-up, broadband or mobile internet)?

	%
Yes	91%
No	2%
Don't know	<1%
Prefer not to say	7%

Base: all respondents (1,170)

Appendix 2 – other responses

1.1 Petition - Save Lancashire Wellbeing Service!

https://you.38degrees.org.uk/petitions/save-lancashire-wellbeing-service

The above petition received 4,230 signatures as of 25 March 2019 and was prefaced with the following statement.

"Why is this important?
Lancashire County Council (LCC) are proposing to scrap the Lancashire Wellbeing Service. This service helps thousands of people with mental health, emotional wellbeing and long term health conditions.

In its own report, Lancashire County Council said that scrapping Lancashire Wellbeing Service is likely to result in increased pressure on already overstretched NHS, social care, emergency and voluntary sector services and the likelihood that there will be a lower life expectancy particularly, for people living in areas of disadvantage across the county.

The government has just said that in 2019 it aims to target prevention of ill-health, community health care and improving mental health, all of which are have been key focuses for Lancashire Wellbeing Service. And an independent review concluded

that Lancashire Wellbeing Service has provided excellent social return on the investment by the local authority,

The council are having a budget meeting on the 14th of February, and there are rumours that the Lancashire Wellbeing Service will be discussed. We need to show them that the service is worth the money and vital to our community.

Please sign the petition to say that you strongly oppose the proposal to scrap the Lancashire Wellbeing Service.

Let's make public health a priority in Lancashire by saving Lancashire Wellbeing Service!"

1.2 Letters and emails from service users/general public

1.2.1 Email one

I am sending this mass email out on behalf of a service that is in trouble and in need of saving. I am referring to the Lancashire Wellbeing service that is being threatened to be shut down and with nothing to replace it. It is of great concern to me that the government can just rip away these much needed organisations especially when the country is in a crisis.

More people are in desperate need of help and information. I, myself, am one of these people. Suffering from a majority of mental health and complex physical conditions that effect my daily living and mobility, I need as much help as I can from organisations like the Wellbeing service. Not only myself but I know high numbers of others who have also benefited from the service and continue to need them.

As a society we are not told what we are entitled to, what we can claim for and what help is out there for us to access. All of us are mostly in the dark about so much and suffer in silence or chose to speak out about and I am choosing to finally speak out about this. Something desperately needs to change, we need to know exactly what we have that can help us so everyone's life can improve and grow into their potential.

I have been under the Wellbeing service for a quite some time now and I wouldn't have been able to get as far as I have without their help and support. So, I am pleading to anyone who reads this email to do something about it. You hold the power and without these services the people will only get worse and that is something surely no one wants.

Please stop taking away these organisations that do so much to help us all and please fund them and give us, the people, a chance to finally get better and seek a better life. Please speak out and help people who are suffering mentally and physically.

1.2.2 Email two

I'm writing in the hope that my voice will be heard and will make a difference. I wish to express my extreme disappointment at the news that Lancashire Wellbeing

Service will cease delivery at the end of December 2019. I speak as not only someone who has used the service for the families and vulnerable children I have worked with, but also as someone who was fortunate enough to receive the support myself. I experienced three extremely traumatic events between October 2016 and February 2017 and I became very depressed. This actually resulted in me losing my job of fourteen years as well as dealing with the traumas I had been through. I was desperate for help and unable to make the simplest of decisions. There were times I actually felt suicidal. I was fortunate enough to be assigned a key worker from the Wellbeing service and I owe the majority of my recovery to her. She was a constant from day one, giving me solid advice on dealing with the many dilemmas I was facing, and supporting me emotionally in a way no one else could. I honestly do not know what I would have done without her or where I would be. Not only did she meet with me in person but was readily available for me to phone her when I needed. To say I'm disappointed at this service 'folding' is an understatement. Their skills and support are invaluable and a cut above so many other services offered. I'm unsure this email will have any effect but I certainly felt the need to highlight what a wonderful service will be lost. Thank you very much for taking the time to read this email.

1.2.3 Email three

I am writing to you and all the Lancashire County Council councillors to let you know as I understand it the bad news that Lancashire County Council have recently proposed that the Lancashire Wellbeing Service will cease operational at the end of December 2019 with no provision to replace it. I believe it is to do with the Lancashire County Council budget cuts, which could mean services for deaf people likely to disappear leaving vulnerable deaf people rendering themselves helpless and feeling totally lost in a hearing-dominating world.

I believe that the Lancashire County Council is breaking the very law, the Equality Act by denying the deaf people the right to use assessable services that all of the hearing people take for granted.

I am writing to let you know who I am. I am a born-Deaf British Sign Language user and a senior citizen. I retired from British Aerospace Systems 7 years ago, having worked there for 49 years. I am still a council tax payer for over 50 years and I am entitled to use the services available as I need them that the Lancashire County Council is trying to demolish.

At the present time, despite many technological advances having been made in recent years, I do not feel I am getting any closer to achieving equal access to information let alone a life fully equal to that of hearing people. My experience is that no one has ever totally succeeded in overcoming the obstacles and barriers that hamper and impede full accessibility for deaf people.

I would like to voice my concerns and please read carefully my three papers attached. I would be grateful if you could consider my request that the Lancashire Wellbeing Service should not be facing the budget cuts.

Addition to Equal Rights (and Equal Lives)
Immediate access given to non-English speaking foreigners

Even today, deaf people are not treated equally compared to foreign immigrants who come to live in the UK and require spoken language interpreters. Hearing immigrants who do not speak English are assisted and dealt with in a matter of minutes over the phone using Language Line Solutions which is specially provided for them and ensures they have an immediate translation service and can therefore access any given service without the delays and frustrations many deaf people have to endure. Language Line Solutions is the largest global network of its kind in the world and offers a qualified and experienced interpreter service using the dual handset.

This is of course not possible with deaf British Sign Language users as it is a visual language and needs an interpreter to be physically present. Due to the low number of British Sign Language interpreters this can often mean a wait of two weeks or more before an interpreter is available to attend. Hearing immigrants have no such problem.

The cost of hiring face-to-face interpreting in magistrates and crown courts

A while ago I read a report in the Daily Mail and Daily Express newspapers that the bill for providing interpreters for non-English speakers appearing at Magistrates or Crown Courts for criminal cases soared 42% in two years.

Figures published by the Ministry of Justice show the sums spent rose from just over £12 million in 2012-13 to £16 million a year later and £17.2 million in 2014-15. These huge costs are borne by British taxpayers. In my own estimation this could add up to a whopping £86 million in just 5 years. How are the Government able to find that kind of money?

The Government, often citing lack of available money due to “austerity” or whatever is unwilling to provide funding assistance for BSL interpreting for deaf people who are native to the UK and through no fault of their own are born deaf or become deaf. Yet this very same Government readily manages to find millions of pounds to provide court interpreters to assist the growing number of non-English speaking people who come into our country legally or illegally as the case may be and many of whom pay no tax whatsoever.

Access to information is a basic right for all deaf people who live in the UK. This right is not being given the genuine priority it deserves and deaf people are seriously losing out because of that.

Deaf people, as a distinct cultural / linguistic minority, are becoming more and more disadvantaged, vulnerable, neglected and overlooked because their basic right to full access (which they can only have via immediate British Sign Language Interpreter support) is being denied. Not only that, they often face refusal on the grounds of cost when asking a company or organisation to provide a British Sign Language interpreter. Do non-English speaking foreigners face the same problem? Probably not as these companies and organisations fear being accused of racial discrimination.

The Government is however actually discriminating against deaf people by handing out millions of pounds to non-English speaking migrants to provide access to information and language but does not do the same for deaf people.

You will note that, for example, all correspondence from Local Authorities has paragraphs in a variety of languages on the reverse offering access to translation services to help the recipient understand the letter / document yet nothing offering a British Sign Language translation service to help deaf British Sign Language users to understand the paperwork.

Deaf people are being routed to private service providers/agencies but they dread the prospect of hiring interpreters from these agencies because the cost of using them is very often prohibitively expensive and could well double in time and cost due to slow communication and language difficulties. Furthermore many of these private agencies, in order to maximise their own profits, supply interpreters who do not have the correct level of qualification. This can have serious implications for deaf people, not least in medical or legal situations.

Most charities for the deaf or agencies who receive no Government support are unwilling to pay for the provision of British Sign interpreters to help deaf people who are on benefits or have a low income and whose needs are frequently urgent.

I remember that in the past some Local Authorities and County Councils, to save money, began outsourcing Social Services for the deaf to local charities and private agencies, blaming Government cuts. How is it possible for the Government to justify foreign immigrants obtaining free financial and service support and free interpreting support whereas UK born British Sign Language deaf people are often denied the help they need?

Even now in the 21st century, deaf British Sign Language users are still not getting the same opportunity, fair treatment or equality in this civilised country compared with non-English hearing immigrants who arrive in vast numbers and require immediate help for which the Government and Local Authorities hand out millions of pounds. In the case of Court hearings the cost of providing interpreters for non-English speaking people is seemingly unrestrained and growing larger with each year. They are not all refugees, many are economic migrants looking for better life and free benefits and they succeed in getting them to satisfy their basic human rights!

Deaf people including myself get no such service comparable with those non-English speakers in the UK. I would say the Government, Local Authorities and County Councils need to get their priorities right in terms of deaf needs! Has Lancashire County Council done this?

<u>Equal Rights V Equality Act</u>

I was keen to learn a lot from Lancashire Police Service and Active Nation and also about present/future projects that are being developed. All seem good and positive but I feel that when the deaf people left the meeting and returned home they would

soon forget all the things they had been told, as if nothing had happened that day. There was no follow up or backup or anything to remind them.

I would like to put forward, for consideration, my point of view on four things as follows:-

1. Survey conducted by the Police

I do not think that the police survey would help the police force with vital information to emphasise deaf identity, deaf culture and communication problems.

The survey is a method for collecting information or data as reported by deaf people. I think Lancashire County Council should be doing something like this - to get correct information about deaf people themselves.

I noted that the question the police were asking: “Do you consider yourself a ‘disabled person' or a 'normal person’? I pressed 'normal' on the electronic keypad as I do not consider myself disabled. But nearly all the deaf audience pressed 'disabled'. I feel the question should have been ‘Are you a British Sign Language User' instead of using the word 'disabled’.

Survey research is an efficient way of gathering data to help the police force get correct information about deaf people themselves not as if they have benefits with health conditions or sensory impairments that need specialised support. It does not tell how many people identified themselves as a 'Deaf British Sign Language user'. It obviously shows a lack of deaf awareness on the part of the police authority.

The Equality Act states that service providers including all police authorities should make reasonable adjustments and amendment to the survey research form in order to make it suitable for deaf people to use. This would be in keeping with the Equality Act and to ensure that a Deaf British Sign Language user can access the service as far as is reasonable on the same terms as a hearing person. The truth is the police, on the whole, do not understand what it is to be deaf.

As a deaf person, I do not have any contact details or access to information available from the police force and I do not have their special text mobile number which is especially reserved only for deaf people. Why not? Nor do I have an email address to enable me to contact the police if I should urgently need to do so and which can be used from anywhere in the UK.

2. Lancashire British Sign Language Interpreter Service

I know that this is a very big project but can you imagine if there is no National Health Service in existence or even if it collapsed overnight? That would be terrible. People would not get proper health care and could die as a result of not having enough money to pay for their operation or medicine or not finding a suitable doctor to suit their needs, etc.

Without the NHS is likened to without Lancashire British Sign Language Interpreter Service!

I strongly believe that we should campaign for a Lancashire British Sign Language Interpreter Service (Wellbeing equivalent).

Instead of having so many hundreds of agencies, charities, websites, service providers and so on. They all offer the services of British Sign Language interpreters all over the UK and they have every right to blow their own trumpet, publicising their talents and successes and in competition against each other. Some have a good reputation and others not so good.

Deaf people often have a hard time trawling around to find and book a proper British Sign Language interpreter in their area. Many deaf people give up trying and most have even stopped doing it. Deaf people are the most marginalised people in our society and some have lost interest and became a recluse!

If Lancashire British Sign Language Interpreter Service (the Wellbeing equivalent) were to be established we could ask them for a British Sign Language interpreter whatever we need one. They would do the rest and provide one suitable for our needs because their database would have full details of our identity, communication needs, health, medical conditions and so on, similar to NHS records.

Lancashire British Sign Language Interpreter Service would have all the information collected and collated into one central storage database together with the names of all the British Sign Language interpreters from all agencies, charities, websites, service providers etc. that can be found in the UK.

I believe it should be set up, regulated and this will go some way to help deaf people achieve the equality we have constantly been fighting for.

3. Deafchat (hard copy)

I remember a magazine called DeafChat which ceased publication some years ago. No one seems to know what happened to it. Deaf people asked about it but no one was able to explain its sudden disappearance.

I would like to see DeafChat brought back in circulation if that is at all possible, depending on funding available from elsewhere because it is what the deaf people want to gain access to information, entertainment, culture and opportunity. How about approaching all the councils - Cumbria, Lancashire, Cheshire, Manchester and Merseyside - and ask them to contribute their bit to a central fund to enable production of a monthly magazine or newssheet with a suggested title 'DeafChat North West '?

We all know that there are hundreds of local and national newspapers as well as glossy magazines that cater for hearing people and are geared towards their specific needs but there is not even one magazine available for deaf people.

What kind of equality is that?

Even the most popular one, British Deaf News monthly magazine is now out of circulation.

A free copy of 'Live Preston & Fylde' magazine was handed delivered to selected households. I get it free every month and it has 140 pages of glossy colour pictures and photos. It makes you wonder about their cost of producing a high quality and expensive magazine.

I understand that Deafway has its own Facebook. It is a brilliant invention but not all deaf people have or want Facebook and some rarely use it anyway. I have removed my Facebook due to security reasons and I prefer e-mail.

4. 'Deaf British Sign Language User' Card

I hope that Lancashire County Council would consider the idea of Deaf ID Card with the wording 'Deaf British Sign Language User'. This can be used for the police, NHS, cinema, museum train, bus and so on. I prefer the wording, 'Deaf British Sign Language User' to that 'I am Deaf'. It should be for general use not just only for the NHS.

The wording, 'I am Deaf' should be used without the permission of the Deaf Community.

This type of card is now being used by deaf people in the Gloucestershire area. Other councils may follow.

I would like Lancashire to take up the opportunity of a Deaf ID Card on behalf of deaf people based in the North West.

Finally, after all these years what does Equality Act do for me? Nothing! In my view it simply does not work for me and nothing has been achieved so far. There is so much to do to bring about fairness let alone equality.

<u>Third Party Barriers</u>

I am a Deaf British Sign Language user (born deaf) and a senior citizen.

Throughout my life I have found it totally impossible to lead a life without having to depend on hearing people. Although I have managed to acquire all the modern technology that I need I still have to rely on using a hearing person as a third party to assist me whenever I have to contact someone by telephone.

At the present time, despite many technological advances having been made in recent years, I do not feel I am getting any closer to achieving equal access to information let alone a life fully equal to that of hearing people. My experience is that no one has ever totally succeeded in overcoming the obstacles and barriers that hamper and impede full accessibility for deaf people. (I strongly oppose the term 'disabled people').

When deaf people try to make a call using a third party to speak on their behalf the business or organisation being contacted consider it a breach of the Data Protection Act and refuse to proceed. This is particularly frustrating when the matter in hand is urgent. The Equality Act stipulates that businesses and organisations must make reasonable adjustment to ensure equal and fair treatment/access for all. Therefore the two Acts apparently contradict and work against each other in some respects!

The following are examples of barriers I personally have faced and I'm sure many other deaf people have found themselves in similar situations. If problems of this type are not addressed and resolved in legislation even more serious situations and potential tragedies could arise.

1. Upon checking a snapshot of my finances on my mobile phone while I was out and about I noticed, to my great shock, that an amount of about £8,000 had been taken out of my bank account without my knowledge or authorisation. I knew it was done by fraudsters. I went to my bank - and asked the staff to check these debits from my account. To my amazement, they refused saying they were not able to act as a third party on my behalf due to the Data Protection Act! Apparently their Fraud Department would refuse to speak to them about it because they are not me! I explained that I was deaf, unable to use a telephone and I had no one available to help me to get the matter sorted. There was consternation among the staff. I told them that I must have some help with the phone. My persistence was rewarded and eventually I got all my money back. This happened not once but twice within two years! I dread to think how deaf people would feel if they had lost all their money and branch staff at their bank refused to help contact their Fraud Department. That would be terrible. However the huge problem is that branch staff currently have no option because their hands tied by the Data Protection Act which prevents them acting as a third party even though the customer is present in the branch.

2. To buy a new car I needed to borrow money on an urgent basis and my car dealer explained about the loans available. He asked me if I would like him to help me set up a Car Finance deal which he was familiar with. I agreed so the dealer phoned the finance company on my behalf. He was amazed when the company flatly refused to deal with him as my third party representative because of a risk of fraud. The car dealer put down the phone in frustration and exclaimed "Unbelievable! He told me I would have to fill in a paper application or apply online at home. Consequently the matter dragged on for several days when it could have been finalised there and then had I been hearing and able to use the phone. I know of some deaf people who (possibly because English is not their first language) are unable to cope with all the form filling a paper application entails and they may not have the confidence or ability to make an online application, or they might not have computer access so I wonder how they manage in this type of situation.

Now is the time to send this report to local MPs with a view that the Data Protection Act be amended to include provision for companies etc. to accept a call from a third party acting on behalf of a deaf person in times of difficulty, emergency or whatever. After all, the deaf person will be in the room with that third party and able to answer

(through them) the usual security questions the company will usually ask before proceeding.

Clearly, the Act should have a clause that ties in with the Equality Act's "Reasonable Adjustment" stipulation so that deaf people can independently elect to use a third party to make a call on their behalf without the barriers and frustrations they currently face.

The outline of the new clause below is very important.

A new clause relating to 'access to' should be included The Equality Act and the Data Protection Act. Contact details to include both an Email Address and Text Message (SMS) only two options, separate to the standard contact telephone number that deaf people cannot use, to enable deaf people to independently contact service providers, charity/business agencies, local authorities and private practices, institutions, etc. and to be contacted directly by them in return.

Below are some snippets I collected from the national press and the Internet. These provide clear and sufficient evidence proving that non English speaking migrants get more favourable treatment and receive more priority than British deaf people who live in this country do.

Cost for translation services - £25 million a year paid for interpreters at Crown Courts. Total cost of interpreters across the legal system currently £60 million a year. Polish, Lithuanian and Romanian are the most commonly requested languages.

The Government is paying millions of pounds every year, without restraint, for interpretation services for migrants and the amount is increasing with each year. Deaf people requiring a British Sign Language interpreter support are being denied on the grounds of cost due to the Government's austerity policy and other cuts.

1.2.4 Email 4 - from an employee of Lancashire Teaching Hospitals NHS Foundation Trust

This is a service that we use quite frequently within the team; The impact on the cessation of Adult well-being services would have significant effects on opportunities to provide early intervention support and guidance to adults whom are vulnerable within our community. It would be interesting to have an understanding of the current conversion rates when adult safeguarding alerts are initiated, as my understanding was a significant proportion of adult work is deescalated to adult well-being to offer that guidance as the threshold is not met for a S42 adult safeguarding inquiry.

Lancashire well-being services provide a range of services to support emotional health, people with chronic/long term conditions physical and mental health and provide practical advice and support. My question would be who would replicate this model as this is a wraparound service for vulnerable adults to support and empower them within the community. If the service is decommissioned, with no alternative, these people will likely drift and deteriorate until there becomes a need for reactive interventions which inevitably is a more costly resource.

1.3 Responses from MPs

1.3.1 Tim Farron MP

I write to represent my constituent with regard to the ongoing consultation on the closure of the Lancashire Wellbeing Service.

I understand the difficulties faced by local authorities in the face of budget cuts from central Government but I am concerned by the recent consultation being undertaken that may lead to the closure of the Lancashire Wellness Service. I write on behalf of my constituent who is the manager of the Serenity Community Cafe in Carnforth. The Cafe is a place of retreat and support for vulnerable individuals which is helped and assisted by the Lancashire Wellness Service. I enclose a quote from her recent email to me: -

"Serenity Community Café in Carnforth which offers peer support for people with Mental Health problems. The cafe is given valuable support from the Lancashire Wellbeing Service, and the team offer help with strategies to improve the quality of life to our attendees.

The Serenity Community Cafe offers peer support and encouragement for its attendees. The signposting that we give to the Lancashire Wellbeing team is invaluable to the people who attend the cafe in offering extra support.

The closure of this service would only add to more overcrowding, of the already overstretched NHS Mental Health Service."

There has been a significant increase in the number of people seeking help for mental health. I was, therefore, shocked to hear that the Lancashire Wellbeing Service was being considered for closure. Mental health support services like the Lancashire Wellbeing Service can no longer be considered a luxury. They are a necessity.

I do hope that the County Council will consider the absolute necessity of maintaining services for those seeking assistance and decide to keep the Lancashire Wellbeing Service open.

1.3.2 Mark Hendrick MP

I have been contacted by a number of constituents in Preston who have raised their concerns about the proposals to cut Lancashire Wellbeing Service (LWS).

Given the seriousness of the situation, I would also like to highlight my extreme concerned about the proposals which could impact those who require the service the most; such as people who suffer from long term illnesses, require social care and who suffer from emotional health also.

My office regularly refers such people onto the Lancashire Wellbeing Service who work alongside the established public services and also help to prevent the use of front line emergency services. It also allows my staff team to work on other essential cases; ensuring that my office is approachable for all and not just those individuals who require further time and resources to ensure their issues are dealt with.

It is my understanding that over the past year, the service was provided with over 11,000 referrals, some of whom would not receive the assistance required without Lancashire Wellbeing Service.

Please note that I have also provided my thoughts in the survey that is due for submission on 25 March, however I would be grateful if you could take my thoughts into account.

1.3.3 Ben Wallace MP

I write in response to the County Council's consultation on the future of the Lancashire Wellbeing Service. I am greatly concerned by the County Council's proposal to completely cease funding the Wellbeing Service.

While I appreciate the financial pressures which the County Council faces, I believe ceasing the Wellbeing Service without an alternative provision in place, would be short-sighted. I understand that during 2018/2019 Lancashire Wellbeing Service received 2087 referrals in relation to vulnerable adults from my Wyre and Preston North constituency and helped 11,000 people across the County. I often receive positive feedback from constituents who have accessed the service and found the assistance offered to be incredibly valuable, preventing their personal difficulties from spiralling into crisis situations. The Service provides a range of support and I fear for the consequences of any decision which removes the Service.

It is clear that the Wellbeing Service assists those who would otherwise be required to access assistance from adult social care, primary and secondary care providers, mental health care providers, district councils, housing providers, Police, Lancashire Fire and Rescue and the Department for Work and Pensions. The support offered by the Wellbeing Service offers early intervention and often averts crisis situations. The closure of the Wellbeing Service will, without doubt, lead to many of my constituents being unable to access support when they first encounter difficulties and consequently going without assistance until their issues worsen. On a personal level this would be a tragic outcome for those individuals, and from a financial level far more costly for the County Council. Surely prevention is better than cure, for all involved?

I urge the Council, for both financial and compassionate reasons, to maintain the Wellbeing Service or put in place alternative support. Can I suggest that the County approaches other organisations, such as the NHS and Police, who benefit from the work of the Wellbeing Service to ask them to make a contribution to the future funding of the Service?

I would also say that passing the Country Council Budget before the consultation process was completed clearly leaves the administration open to judicial review and I would recommend that the service providers consider that path. I would urge you reconsider the decisions.

1.3.4 Rosie Cooper MP

Please find attached correspondence I have received in relation to challenges facing the Deaf community of Lancashire 2019.

I am writing to you to express my concern about Lancashire County Council's recent proposed cuts to funding and the impact this will have on members of the Deaf community and some of your most vulnerable constituents; a community that I understand you have personal experience of.
I am sure that you will be aware that there is currently little to no support or access to services for the culturally Deaf of Lancashire with many members of the community losing faith with the limited provision available.

[redacted] I have experienced a lack of understanding by many services in Lancashire of the requirements Deaf service users and their communication need. There are no pathways in place for people to understand the rights of the culturally Deaf and inadequate assessment procedures are being carried out by social services when funding for support is applied for.

[redacted] the Lancashire Deaf Rights Group successfully campaigned with N-compass North West for funding from Lancashire County Council to employ a Deaf Wellbeing Worker [redacted] fluent in sign language, able to provide a face-to-face service for the culturally Deaf [redacted] a good understanding of Deaf issues and a passion to empower people to overcome barriers while tirelessly working to raise Deaf awareness.
While it was expected that referrals would be received for people who are having most of their needs met but needed support /guidance/ coaching to improve aspects of their life affecting their wellbeing this has not been the case.
Many [redacted] referrals [redacted] are for people suffering incredible hardship, who are in crisis and have nowhere to turn.
The reason for these clients descending into crisis is, without exception, due to barriers to any form of communication that would allow them to access services to support them. Once communication is in place these issues can often be easily and quickly resolved.

I have listed a few examples [redacted]

- Facilitating repairs on council properties making them habitable.

- Supporting clients with their tenancy.
- Ensuring interpreters are provided where there is a statutory right (medical treatment and social care).
- Supporting to escape domestic violence.
- Challenging legal professionals/courts to provide interpreters.
- Facilitating interaction with the police.
- Ensuring clients have processes in place to contact emergency services.
- Supporting clients who are terminally ill.
- Working with clients threatening suicide.
- Facilitating access to information about benefits.
- Working with people who are socially isolated.
- Enabling access to medical advice.
- Providing information and communication support for clients who are carers.
- Set up drop in sessions where clients can get guidance, information and support.
- Deaf awareness training within the company and the wider community.
- Helping Clients to use latest technology and making them aware that it is available.
- Referring for counselling services.
- Facilitating access to information about sexual health.

Recent proposals by Lancashire County Council will result in no further funding for the Lancashire Wellbeing Service which includes this role. This will leave a large group of culturally Deaf Adults without appropriate support which will result in many descending into crisis situations.

As you are aware services that culturally Deaf people can access throughout Lancashire are limited. Please see below the information that you requested regarding services available for members of the Deaf Community in West Lancashire.

Social Services hearing Impairment Team, based at County Hall Preston; there is currently no social worker for the Deaf or any that are Deaf aware. The hearing impairment team comprises of 3 officers [redacted]. They prioritise the allocation of equipment. On referral they will provide flashing doorbells and will ensure that the client has appropriate smoke alarms with pillow pads. Other equipment is available for the hard of hearing. They make appropriate referrals to services but in my experience it is very challenging to gain any funding from them for communication support. When this has been agreed the provision has been poor

Lancashire Deaf services (based Blackburn, Preston, and Burnley); Service users pay a membership of £5 a month that gives them a discount off LDS services. Service users can request interpreters, advocates, information and other services which they must pay for. Evidence from my service users show that many have lost faith in services provided by LDS.

Integrate (based Preston); Clients with disabilities and Learning disabilities are provided with support by this agency. This is funded by social services in response to a community care assessment. They have a Deaf department that provide staff who can sign who will support clients in the community.

Sign Health (based London); This Company provides support for Deaf service users in the community and is used a lot by social services due to their low costs. Service users report that the low cost is reflected in the standard of service that they feel they are receiving. This is funded by social services in response to a community care assessment. Sign Health also provides a service called BSL healthy minds that are a face to face counselling service for culturally Deaf clients. The price for this is now £4000 for a course and must be funded by GPs. Most referrals [redacted] to this service are unsuccessful due to the cost.

SEA (based Altrincham); This is an agency that employs culturally Deaf staff. They provide support and communication support and support to service users in the community however Social Care feel that their costs are too high for them to use so they support a very small number of people from Lancashire.

[redacted] the Deaf wellbeing worker for all of Lancashire [redacted] receive referrals from many services that are unable to support culturally Deaf clients. Many are for culturally Deaf people in crisis. The support that these clients require varies.

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1) Culturally Deaf clients who manage well. They have well established pathways to people who can guide them to the support that they need. They are fully aware of their rights and can book and afford interpreters should they need one. They are good with technology and keep up to date with new methods of accessing communication.
2) Culturally Deaf clients who manage well with the support of their families but are unable to maintain independence due to barriers to communication.
3) Culturally Deaf people who are really struggling, many in crisis. Have no support, no way of contacting anyone for help, limited understanding of technology, are unknown to services and are referred when they arrive at a service at crisis point.

[redacted] those that I feel will be the most affected by the loss of [redacted] support, should funding [redacted] be cut, are those that fall into third group. Once referred and engaged with the service these clients can easily be pulled back from crisis purely by them being able to sign with someone in their own language who can provide them with communication support and supporting them to access the right services. Referrals can be for a wide variety of reasons including health, mental health, housing, benefits, debt, domestic violence, parenting issues, legal disputes, accessing services that are not Deaf accessible.

[redacted] the support available for hearing service users and have been able to challenge these Services and organisations for access [redacted] with varying degrees of success. While many clearly do not intend to be discriminatory, their lack of Deaf awareness and lack of pathways into their services for Deaf clients has been challenging. [redacted] a vast number of such services including; Primary and Secondary Care, Mental Health Services, Welfare Rights, Job Centre Plus, Housing Associations and various support and advice agencies. As you can imagine, lack of access to such services leads to crisis and isolation in a number of cases.

Once out of crisis the aim is to find the client a level of support to prevent the situation reoccurring. [redacted] unfortunately most of those delivering the care assessments are not Deaf aware and the software used to generate the funding doesn't have the facility to input communication needs funding. The result of this is that little to no budget is generated despite all concerned agreeing that funding should be provided. [redacted]

Case Study Lancashire Wellbeing Service

Client was referred into the Lancashire Wellbeing Service - Deaf Support Wellbeing Worker by the Carers Service as she was experiencing health issues and feeling frustrated that she had no-one except family she could communicate with.

At initial meeting the worker used her active listening skills utilising BSL to understand the situation from the client's perspective and learned that there had been a number of historical suicide attempts and self harm was now being used as a coping mechanism. Along side this the client disclosed that she was having unexplained fits resulting in her moving back home with her parents. SMART goals of feeling informed and in control of her situation and building relationships with her family were agreed.

During the following sessions, the worker supported her to communicate her concerns over her medication to her GP resulting in a change of medication and supported engagement and communication with the mental health team, where an assessment resulted in respite being offered to give her family a break. Alternative coping mechanisms were explored and a BSL counsellor was sourced rather than using an interpreter alongside a counsellor.

Unfortunately the client was admitted to hospital during her support and contacted her worker for support; she was undergoing a number of tests but an interpreter had not been provided resulting in her feeling afraid and anxious and increasing the number of fits she was experiencing. The Worker used a holistic approach to support the client to hold accountable the professionals involved in her care resulting in agreement to provide BSL interpretation in future. The Wellbeing Worker also facilitated access to online support which allowed the client to access an Interpreter for any health related issues, supported use of an app to alert professionals to the need for a BSL interpreter and utilised her extensive knowledge of services to ensure that the discharge plan included support workers with BSL skills.

At the closing assessment, although the client was still in hospital she felt that she had the knowledge and resources to challenge professionals if she felt that she was not being listened to or given access to an Interpreter. The client also felt that her parents would now be able to have a break from their caring role as she would have care workers in place to support her when required. The client's mother described the Wellbeing Worker as their Guardian Angel who helped when no-one else would. The client reported that her emotional wellbeing increased by 86% and she was getting more out of life by 33%

1.4 Responses from organisations

1.4.1 The current Lancashire Wellbeing Service consortium of providers

Impact of cutting the Lancashire Wellbeing Service on the Health and Social Care system

A consortium response

We understand the position Lancashire County Council is in with their budgets and also know that this situation is not of their making but has been driven by Government austerity measures.

However, our concerns as the current consortium of providers for this service, about the proposed cessation of this service are as follows:

- That this service if cut will cease on the 31st December 2019; nothing will replace it. How will the 11,000 vulnerable Lancastrians we support every year be supported?
- The mitigations highlighted in the December 2018 Cabinet report to deal with the risk of cutting this service are fundamentally flawed.
- That the cutting of this service is NOT a cost saving measure and will actually end up costing Lancashire County Council and other partners in the Health and Social Care system more money.
- That the authority is required to offer provide or arrange services aimed at reducing needs and helping people regain skills; so, it will be failing its statutory duties under the Care Act.

We have set out in more detail below under each of the above headings more detail to support our challenge, at the end of the report we have also included a selection of options that we would be keen to discuss with Lancashire County Council.

That this service if cut will cease on the 31st December 2019; with nothing to replace it.

Demand for Adult Social Care services is increasing in Lancashire. Over 70% of our annual 11,000 referrals come from statutory H&SC services.

The Lancashire Wellbeing Service (LWS) deflects people from Adult Social Care Police, Primary and Secondary Care, Job Centre Plus, Mental Health Teams, Ambulance Service, District Councils, Housing Providers, Police, Lancashire Fire and Rescue and the VCFS. Of those referred (11,000 pa) the reasons for referral are varied - Mild mental health problems 26%; Problems with family, finance, employment 12%; Social isolation, loneliness 26%; Struggling to cope, overwhelmed 24%; Healthier lifestyle needs 2%.

Removing Lancashire Wellbeing Service will inevitably compound the increasing demand in statutory care. Based on current figures, we are supporting approximately 3,000 referrals from Lancashire County Council Social Care annually. Removing the

Lancashire Wellbeing Service, a key part of the preventative care system, will mean more people will go unsupported, or receive delayed support, resulting in an increased demand for more intensive, and expensive services from Lancashire County Council and from across the system.

Whilst we acknowledge the Lancashire Wellbeing Service has not reached the expected referral numbers agreed at the start of the contract, commissioners are fully aware that the type of demand is significantly different to what was anticipated. Low level physical and mental health need cohorts have been replaced by individuals with highly complex and often severe conditions and signposting has been replaced by coaching style interventions. This is not an underachievement, but an agreed and necessary shift in focus.

This type of work is more challenging and more time intensive and has been acknowledged in a recent Lancashire County Council report as a key part of the prevention pathway:

“The service is targeted to work with people who are at high or moderate risk of developing health and wellbeing issues, particularly those with low level mental health issues or long-term health conditions...to support people in building resilience, helping them to stay well and maintain independence and support them to maintain their wellbeing and reduce social isolation.”

Care, Support and Wellbeing of Adults in Lancashire – October 2018

The LWS has direct referral pathways that support many of Lancashire County Council's services and teams including;

- Children’s Social Care teams
- Children and Family Service
- Adult Community Team
- Customer Access Centre
- Discharge Team
- Duty team
- Community Emergency Response Team
- Falls Team
- Learning Disabilities and Autism Service
- Rapid Response
- Reablement
- Safeguarding
- Safeguarding, Inspection and Audit Service teams
- Substance Misuse Teams

Additionally, we also support individuals to access benefits advice online utilising the Lancashire County Council recommended Gov.UK website. A method agreed with the commissioner of the Welfare Rights Service to deflect demand from them.

As well as supporting the most vulnerable in Lancashire the Lancashire Wellbeing Service provides critical support for the Deaf Community improving access to services for the individuals supported, many of whom have poor literacy skills. Lancashire Wellbeing Service has worked with 107 individuals over the last 12 months to October 2018. These individuals are struggling to access support and information from vital services in Lancashire including Social Care, Housing, Health,

Finance and a high proportion are in crisis. Deaf Support Worker has supported access and highlighted issues with numerous teams and services across the County.

The demand will not cease if the service is cut – the only sensible assumption to make is that more people will reach crisis without this service being in place so will require a costlier intervention from Lancashire County Council and others.

That the cutting of this service is NOT a cost saving measure and will actually end up costing Lancashire County Council and other partners in the system more money

The savings earmarked in 2019/20 are in the region of £500k; in 2020/21 around £1.5m. The service costs £2.6m per annum so we presume the other £1.1m in year 2020/2021 not realised in savings, is being diverted into other cost centres in Lancashire County Council.

LCC Newton Review

The Newton's Cost Benefit Analysis for this service cites a saving of £612,732 pa for Lancashire County Council, our observations are:

The review focussed on the impact of allocations avoided for the Safeguarding, Inspection and Audit Services team only and the avoidance of low packages of care; however, it does not quantify the benefit of Lancashire Wellbeing Service to Social Care through the below referral routes, where a much larger volume of people should apply to Newton's workings;

- Referrals received from Safeguarding, Inspection and Audit Services teams – 265 pa
- Referrals from Customer Access Service (CAS) – 465 pa
- Referrals from Acute/community social care teams – 2129 pa
- Self-referrals from people into the service – 2011 pa

The cost benefit of this service to Lancashire County Council has been massively underrepresented.

Independent social return on investment study

An independent Social Return on Investment analysis shows that the Lancashire Wellbeing Service creates positive impacts not only for its service users but for their family members, and for associated partner services;

- For every £1 invested into this service £7 is generated in social value – so £2.6m invested per annum = £18.2m returned in social value pa
- Material outcomes for service providers and partners were reduced demand, increased resilience, improved physical health and community integration of service users.
- Material outcomes for service users were contentment, self-worth, a sense of purpose, hope and more volunteering.
- Average improvement for service users and their families was 25%
- Services users participated in volunteering on 12 occasions more per year

- 74% of services users would feel worse off in the absence of the service
- Reduced GP appointments by nearly 3 uses per person per year

The mitigations highlighted in the December 2018 Cabinet report to deal with the risk of cutting this service are fundamentally flawed

The Cabinet report cites utilisation of social prescribing and the wider Voluntary, Community and Faith Sector to offset Lancashire Wellbeing Service demand. The Lancashire Wellbeing Service supports people with moderate to severe mental and physical health needs (not low level as stated in the Cabinet paper) as our major service user cohort. The sector is ill equipped to provide that support, expecting them to do so would be counterproductive for the people who access our service. Lancashire Wellbeing Service works with Mental Health teams as a key partner and has received 889 referrals from this source over the last 12 months. In order to effectively support this cohort Wellbeing Workers, receive extensive training including; Health Trainer Level 3, Connect 5 and ASSIST (the Lancashire Wellbeing Service has responded to 146 disclosures of suicidal ideation on the contract to date). This level of expertise is not readily available in the Voluntary, Community and Faith Sector in Lancashire at the scale that would be required.

The report also cites Clinical Commissioning Groups funding similar services. These are small scale, focussed on navigation and connection of services, rather than resilience building through behaviour change, and are across a very limited geography. Removing the Lancashire Wellbeing Service will create an inconsistent offer across the county, a postcode lottery for preventative services.

Fylde and Wyre Clinical Commissioning Group fund one such service, our feedback in this area is that the impact is very limited. Below is note from a GP in Fylde who accesses the Lancashire Wellbeing Service.

> “Just a note to say thank you for the work you do. It has made a significant difference to many of my patients socially and emotionally. I appreciate your can-do approach and not having to complete reams of paperwork for you unending help! In practical terms I think at the very least your interventions reduce our intervention saving time and cost and thereby it would not make sense for this service not to be perpetually funded.” -
> Fylde GP

The report also suggests mental health and primary care can offset demand. This is highly unlikely to happen as they themselves are extremely stretched. In fact, they utilise Lancashire Wellbeing Service as a resource themselves – over the last 12 months the Lancashire Wellbeing Service has received 1925 referrals from Clinical Commissioning Groups funded Health Services and 889 from the Mental Health teams. Without the Lancashire Wellbeing Service accepting these referrals, where would they receive help? Who would ensure their conditions don’t worsen, becoming a burden on Social Care?

The Lancashire Wellbeing Service has established extensive referral pathways across all sectors, it is a core part of the prevention and early intervention movement in Lancashire. Removing it sends the wrong message to the people of Lancashire;

self-care, empowerment and personal resilience should come first. Suggesting primary care and mental health services can fill the void is a dangerous shift in the conversation between the public sector and citizens and doesn't align with Lancashire County Council's own vision of "A shift to a different, more flexible approach that puts prevention, early intervention, and independence right at the heart of council and NHS services."

That the authority is required to offer provide or arrange services aimed at reducing needs and helping people regain skills; so, it will be failing its statutory duties under the Care Act

In providing this services Lancashire County Council is not being too paternalistic but actually innovative and solution focussed in offering appropriate services linked to need in Lancashire.

In addition, it worth highlighting that the Care Act states that

- Local Authorities have a responsibility to ensure that people who live in their areas receive services that prevent their care needs from becoming more serious, or delay the impact of their needs

By terminating the Lancashire Wellbeing Service and not replacing it Lancashire County Council will be failing its statutory responsibility under the Care Act to provide or arrange services aimed at reducing needs and helping people regain skills.

In addition, the service is strengths based, empowering people to recognise and utilise their own personal and community assets therefore building resilience NOT reliance. In a health and social care system that is increasingly deficit focussed (despite all the rhetoric) the Lancashire Wellbeing Service builds confidence to self-care. Meaning that deflections would be far greater as service users utilise skills to avoid defaulting to needing support from Lancashire County Council in the long term.

This sentiment was highlighted in a recent Lancashire County Council presentation (Jan 19) delivered by Tony Pounder, Director of Adult Social Services titled Lancashire County Council's vision for care, support and wellbeing of adults in Lancashire & Budget Proposals for Adult Social Care and the public.

It stated that we need a profound system shift to;

- improve prevention
- avoid referrals and admissions
- manage in primary and community care settings

The Lancashire Wellbeing Service meets all of these points. Shouldn't Lancashire County Council (the Health and Social Care system) be looking to build upon the Lancashire Wellbeing Service model recognising the important pathways it provides as a key county-wide prevention service, which is so well embedded, rather than remove it all-together?

Options that we would be keen to discuss with Lancashire County Council

We note from the Full Council papers (Feb 19) that should Cabinet ultimately not agree to any of these savings being implemented post consultation, then there would be sufficient reserves to support the budget until part way through 2022/23.

However, other options could include;

- Consider a redesign or reduced service rather than just cut it – we feel this is irresponsible and know that others share our concerns.
- Based on the number of referrals we take from each partners; consider approaching them to see if they would be willing to contribute a proportionate amount linked to the value they receive from the service. Has this been discussion at Integrated Care Plan level?
- NHS 10-year plan and other money that may flow through to Lancashire. There may be an opportunity to replace the current Better Care Funds with money (or some of it) through this route. But when will this money appear?
- Fund the proposed saving in 19/20 of @£500k so that the service runs till March 20 or seek the money from partners to see what the above bullet might bring, so there is some sort of continuity rather than cutting the service dead.
- Continue to fund the service until the contract ends – August 2020.

1.4.2 Burnley East Primary Care Network

We write on behalf of Burnley East Primary Care Network to express our disappointment about the proposed closure of the Lancashire Wellbeing Service. The Primary Care Network is the representative bodies for GPs in Burnley East. We see first-hand on a daily basis the benefits this service provides to our patients. Lancashire Wellbeing provides social and emotional support, practical help and guidance with finances, benefits, housing and a wide range of other issues which impact upon our patients mental and physical health. We have seen how the service benefits our patients in ways which we in the health service cannot. The closure of this service would have a significant detrimental impact upon the most vulnerable people in Burnley and we urge you to reconsider this decision.

1.4.3 Lancaster City Council

Thank you for the opportunity to comment on current consultations which have been considered by Lancaster City Council's Council Business Committee at its meeting on Thursday 7th March 2019. To clarify, the Committee has considered seven consultations and is responding on behalf of the City Council regarding the following:

- Break Time
- Wellbeing Service
- Lancashire Waste and Recycling Service Centres
- Integrated Home Improvement Service
- Active Lives Healthy Weight, Health Improvement Service
- Drug and Alcohol Rehabilitation, Health Improvement Service
- Stop Smoking Services, Health Improvement Service

The Committee is pleased to hear that the County Council is holding consultation events for Officers, which will provide Officers with a valuable opportunity to submit in depth operational and technical comments.

Council Business Committee Members feel strongly that if the County Council was to cut these services/resources, the need for these services/resources would remain. It is therefore felt that the impact of cutting services might result in higher costs in future, as the need would not diminish and could, as a result, be shifted to other services. For example, if the Lancashire Break Time service were to cease entirely, this may have an impact on social work care and create a demand for more resources in that area. Members feel that for most of the services in the consultations, prevention is always considered better and more cost effective than cure.

Members have considered each consultation in turn however, with regard to the: Wellbeing Service; Active Lives Service, Drug/Alcohol Rehabilitation Service and Stop Smoking Service, there is an overwhelming concern for residents in the District that would be affected. Members feel that if these services were cut, there would be an increase in demand on social care work/resources, consequently creating a false economy for the County Council. There would also likely be cost implications for other services in the District such as GPs and associated health services. Members have suggested that some of these services combine to avoid them being cut all together. By having the same management/programme, some of the health services could potentially save money and provide a better all-round service for users in the District.

1.4.4 Lancashire Deaf Rights Group

We from the Lancashire Deaf Rights Group urge Lancashire County Council to think again about ending Lancashire Wellbeing Service at the end of this year. It is sad to hear it may come to this, letting clients down and they not knowing where to get help/support in future. We are concerned about deaf people whose only mean of communication is sign language.

We have attached an information letter and case reports. A worker under N Compass giving great support to deaf adults using her sign language skills. We hope you will read and get to understand vulnerable deaf people whose needs are different to those with hearing.

What is the Deaf community? Note the capital **D** we prefer: we are Deaf, from birth or early childhood. British Sign Language (BSL) is the first, and sometimes only, language we know and use. This preference for BSL distinguishes us from other deaf people who may be able to hear a little, lipread and speak, and whose first language is English or another spoken language. For us Deaf BSL users, spoken English is almost totally inaccessible, and written or printed English also present a very significant barrier. BSL is our own full and complex language, distinct from English, and with it comes a strong cultural link that binds us together. We do not speak, we do not read lips well, we do not hear; but we do other things that every person does, and we need what everyone else needs. Some of us are vulnerable, with special needs, mental health, or age issues. We are the large Deaf Community of Lancashire.

Why does the Deaf Community need specialist support? Most Deaf BSL users find it extremely difficult to access local services: huge barriers exist when vital information is only available in spoken and printed English. Without information delivered in BSL, many Deaf people are simply denied equal access to services. For over five years, Deaf people in Lancashire had a support service provided by the East Lancashire Deaf Society (ELDS), contracted by Lancashire County Council (LCC). ELDS is a local Deaf-led organisation, with specialist officers fluent in BSL and a deep insight into the Deaf Community, language and culture. Deaf people knew and trusted the ELDS community workers, whom we could approach for support. Unfortunately, in 2016 the ELDS contract with LCC was not renewed, and no other organisation was found to replace it. Deaf BSL users were suddenly excluded from essential services and denied equal access to health and other essential amenities.

Loss of previous support services; start of Lancashire Deaf Rights Group. In 2013 Lancashire Deaf Rights Group (LDRG) was formed in response to this situation. LDRG comprises a group of BSL users with wide experience of life within the Deaf Community. Although this was not our responsibility or profession, we were being approached by Deaf people in need of assistance, or who had been referred after approaching the ELDS. Vulnerable Deaf people were falling by the wayside, unable to access essential services, with unfortunate consequences. Other less vulnerable Deaf people also found they were denied access, and the alternative means of conveying information that were offered, i.e. spoken/printed English or internet access, were inappropriate. LDRG began to press LCC for a replacement support service for Deaf BSL users, but meanwhile the Deaf Community was unsupported, denied equal access, and encountering many problems.

The problem solved. After nearly three years of vigorous campaigning and negotiations between LDRG and the LCC, mutual agreement was that a special, BSL-using support worker was essential to meet the now desperate needs of the Deaf Community, particularly its more vulnerable members. Through N.Compass, a specialist BSL-users' support worker was appointed in late 2017; this person, [redacted] with her fluent BSL and deep knowledge of Deaf Culture and Community, has proven to be a very valuable asset and has resolved many issues for Deaf BSL users. (Please see her report, below.)

✦**The current situation.** Sadly, [redacted] contract will end in December 2019, with no plan to renew it. It appears Deaf BSL users will again be cast out into the cold, yet again left without support and access to services. This is very worrying, and LDRG fears for the return of a situation where Deaf BSL users are denied equal access to vital services and will again find themselves marginalised and ignored. [redacted] has proved to be efficient, professional, well liked and highly valued by the Lancashire Deaf Community. We do not want to lose her, and fear for a future without her support.

Case Study Lancashire Wellbeing Service

Client was referred into the Lancashire Wellbeing Service - Deaf Support Wellbeing Worker by the Carers Service as she was experiencing health issues and feeling frustrated that she had no-one except family she could communicate with.

At initial meeting the worker used her active listening skills utilising British Sign Language to understand the situation from the client's perspective and learned that there had been a number of historical suicide attempts and self-harm was now being used as a coping mechanism. Alongside this the client disclosed that she was having unexplained fits resulting in her moving back home with her parents. SMART goals of feeling informed and in control of her situation and building relationships with her family were agreed.

During the following sessions, the worker supported her to communicate her concerns over her medication to her GP resulting in a change of medication and supported engagement and communication with the mental health team, where an assessment resulted in respite being offered to give her family a break. Alternative coping mechanisms were explored and a British Sign Language counsellor was sourced rather than using an interpreter alongside a counsellor.

Unfortunately the client was admitted to hospital during her support and contacted her worker for support; she was undergoing a number of tests but an interpreter had not been provided resulting in her feeling afraid and anxious and increasing the number of fits she was experiencing. The Worker used a holistic approach to support the client to hold accountable the professionals involved in her care resulting in agreement to provide BSL interpretation in future. The Wellbeing Worker also facilitated access to online support which allowed the client to access an Interpreter for any health related issues, supported use of an app to alert professionals to the need for a BSL interpreter and utilised her extensive knowledge of services to ensure that the discharge plan included support workers with British Sign Language skills.

At the closing assessment, although the client was still in hospital she felt that she had the knowledge and resources to challenge professionals if she felt that she was not being listened to or given access to an Interpreter. The client also felt that her parents would now be able to have a break from their caring role as she would have care workers in place to support her when required. The client's mother described the Wellbeing Worker as their Guardian Angel who helped when no-one else would. The client reported that her emotional wellbeing increased by 86% and she was getting more out of life by 33%

<u>Case Study Lancashire Wellbeing Service</u>

Born with profound hearing loss and is reliant on lip reading. He struggles to fully understand conversations and has poor mental health. He owns a huge puppy who gives him his reason to live.
Having previously engaged with housing, health and social care services, has struggled to communicate with them, leaving him without medication and living in a single room of his dilapidated Council property while paying off an inappropriate historic tenant utility debt. At the time of him accessing the service he was very distressed but was encouraged to speak openly and at length. It was a priority to support X to access his GP for an urgent medication review and to contact the housing department of the council to report the condition.

When they eventually contacted them, they threatened to make him give up his dog, mistakenly thinking him to be a drug user and claiming they were unaware that he was deaf or that he had mental health issues. With support from our Deaf Support Wellbeing Worker he was able to communicate with them and their understanding and position changed accepting that his home was not fit for habitation and offering him a move to a new home. He declined this property and was then offered a second property with a garden for the dog that he accepted.

“Being able to refuse this first property actually went a long way towards making me feel more valued and listened to”.

With support he was able to access the Citizens Advice Bureau (CAB), Social Care and the Community Mental Health Team gaining assistance to move and health support for both himself and X. He was able to resolve the utility debt issues and to pursue a refund of his over-payment. X’s life has changed significantly, he now feels empowered, understands his rights, is calmer and in better mental health and pain free. He feels supported, more confident and knows how to get help when he needs it. His home conditions are much improved, suitable for him and X and in good repair. Without the threat of eviction he feels safe and secure, he is more organised and in control of his life and is better able to manage his anxiety and mental health. The organisations and businesses involved understand their errors and have taken steps to prevent this happening again. He recorded a 34% improvement in his Health and Wellbeing assessment score and a 20% improvement in his Get the Most out of Life score and reported;

“Words can’t express the gratitude I feel, I now have choices I feel I’m back in control of my life. It’s a new start for both me and X and we’re looking forward to the future”

<u>Feedback received during November 2018</u>

"X is very grateful to the service and does not know how they would manage without it."

"Enjoyed the visit and happy with the outcome"

<u>Feedback received during December 2018</u>

"Great support!!"

"Just wanted to say it was lovely to meet you yesterday and thank you very much for your contribution to the meeting, it was extremely helpful and I am hopeful we can improve NS access to effective communication, the deaf culture and improve his quality of life. It was great to hear your passion and if I work with anyone from the deaf community again I will know where to come for advice."

1.4.5 The Better Care Fund Steering Group

Health and Well Being Service and Home Improvement Service Consultations
The Better Care Fund Steering Group welcomes the opportunity to respond to the above consultations and we would like to thank Clare Platt for attending our meeting to explain the consultations and to Tony Pounder for his assistance at that meeting as well.

Some of the Clinical Commissioning Group representatives also had a further opportunity to discuss the intentions around these consultations at a meeting again led by Clare on 11th March. We have drawn on some of that information and discussions as well to inform this response.

We note that both of these services are currently funded via the Better Care Fund and whilst we understand the funding pressures the Local Authority is under we would have expected a decision to take these to consultation to have been agreed with Partners at the group. It is disappointing that this did not happen and we would now expect the decision making process to include the Better Care Fund Steering Group. The Health and Wellbeing Board has committed to integration and for this to be truly effective we need to be open and transparent in our financial oversight and collective endeavour.

Lancashire Health and Well-Being Service

We understand that the current service is a targeted service which offers support to adults with a range of social and health issues who are at high or moderate risk of a crisis situation developing. The service is provided across the county on a locality basis via voluntary sector providers. The services are set up slightly differently in each area to reflect the situation. We understand in the service cost is £2.6 million and the Local Authority's consultation is to cease the service but retain £600k which will be used to fund mitigations for social care of the impact of removing the service.

We have received some information directly from the services setting out the usage by locality and by referral source. The table sets out a summary of that data.

Locality	Referrals (last 12 month)	Referrals (contract period)	Referral Percentage Social Care	Referral Percentage Health	Referral Percentage Other
Chorley and South Ribble	2,176	5,495	23	29	48
East Lancs	2,800	7,830	27	18	55
Fylde and Wyre	1,740	5,560	28	16	56
Greater Preston	1,812	4,675	24	25	51
Lancaster and Morecambe	1,983	5,523	21	27	52
West Lancs	1,045	2,739	23	20	57
Total	11,616	31,822	25	22	53

1) We are aware that our neighbourhoods and other services in all areas value this service for supporting people who have been identified as having the needs set out above and report significant improvements in their well-being as a result, reducing the impact on statutory services as a result. Whilst we cannot assume that all of the people who benefit from this service would ultimately end in statutory services, if half the number did this would result in an extra 5,500 contacts and subsequent work which would place a significant burden on social care as well as other partners.

2) Whilst 25% of the referrals are from social care it is not at all clear that only this 25% would have a social care need. Many of the referrals from health and other services are also likely to have a social care need, even though the referral was from elsewhere; if the service is reduced to only taking social care referrals within the reduce sum this is likely to result in a significant rise in workload for social care to manage the initial contact, as referrals will be routed via that route and subsequently may swamp the service.

3) Whilst we have received referral information we do not have details on the utilisation of the service in area to say whether the service in each area is well utilised or not; we would be interested to understand this further.

4) We understand that in some areas similar services are commissioned by Clinical Commissioning Groups, but we also understand considerable work has been undertaken to ensure these services do not duplicate. This is a concern to those commissioners where the removal of these services will now cause a gap that could perhaps have been avoided.

Our recent discussions at the Better Care Fund Steering Group have been regarding the need to increase prevention and early support though integration and reducing this service would seem to be going against this strategy.

Summary

In summary the issues we would like to be considered are set out below:

Lancashire Health and Wellbeing Service:

How the burden of support required to those who have not reached crisis will be provided to prevent an impact on statutory services?

The utilisation of current services so that we understand the impact removal will have by area and how this might be mitigated by working together?

The Better Care Fund Steering Group currently reports to the Health and Wellbeing Board on both of these services under the Joint Governance Structures set up to support the Better Care Fund. As such the Group wants to understand the outputs of the consultations, work with the Local Authority to help address its needs and most importantly the needs of the population of Lancashire, but also undertake its governance role.

We would like to see the detail of the impact assessments undertaken by the Local Authority with regard to both of these consultations to assist in the discussions on mitigation.

We would happy to discuss any of this further at the Better Care Fund Steering Group.

1.4.6 Morecambe Bay Integrated Care Partnership

Morecambe Bay Integrated Care Partnership welcomes the opportunity to respond to the consultations that Lancashire County Council is running. We had an opportunity to talk briefly about these with Louise Taylor and Sakthi Karunanithi on 21st February 2019 at our System Leadership Team meeting. At that meeting we agreed with Sakthi that once the consultations were complete he would we present the outcomes pertinent to the Lancashire North area and we would discuss ways we might manage the outcomes as possible.

Some of the Clinical Commissioning Group representatives also had a further opportunity to discuss the intentions around these consultations at a meeting led by Clare Platt on 11th March. We have drawn on some of that information and discussions as well to inform this response.

We have set out below response to a number of the consultations.

1. Lancashire Health and Wellbeing Service

We understand that the current service is a targeted service which offers support to adults with a range of social and health issues who are at high or moderate risk of a crisis situation developing. The service is provided across the county on a locality basis via voluntary sector providers. The services are set up slightly differently in each area to reflect the local neighbourhood development and we know that in

Lancashire North the service works very closely with the Integrated Care Communities we have all developed as part of our Better Care Together Strategy.

We understand the service cost is £2.6 million across the County and the Local Authority's consultation is to reduce this to £600k. We would like to point out at this stage that the predecessor to the service was part funded by the North Lancashire Primary Care Trust. When a decision was made by the Council to re-tender the service the Primary Care Trust offered to continue to fund its element but this was declined at the time.

We have received some information directly from the services setting out the usage by locality and by referral source. The usage in Lancashire North is as follows:

- Referrals in the last 12 months – 1,983
- Referrals during the full life of the Service – 5,523

Of these referrals the source is:

- 21% Social Care
- 27% Health
- 52% other

We are aware that our Integrated Care Communities and other services value this service for supporting people who have been identified as having the health and social needs outlined above and report significant improvements in their well-being as a result, reducing the impact on statutory services as a result.

Whilst 21% of the referrals are from social care it is not at all clear that only this 21% would have a social care need, particularly as a number of referrals will come via the multi-disciplinary team meetings which are now set up in each of our Integrated Care Communities (ICCs) to review the needs of people whose cases are presented by health and social care colleagues alike.

Removal of this source of support will place pressure back with those professionals who seek alternative support. If the service is reduced to only taking social care referrals within the reduced sum this is likely to result in a significant rise in workload for social care to manage the initial contact, as referrals will be routed via that route and subsequently may swamp the service.

Whilst we have received referral information we do not have details on the utilisation of the service in our area to say whether the service is well utilised or not; we would be interested to understand this further.

Our recent discussions at the launch event to refresh our system strategy Better Care Together, held on 26th February, which had a number of local authority attendees, included a significant desire to increase prevention and early support though integration and reducing this service would seem to be going against this strategy.

The proposal therefore to cease the Lancashire Wellbeing Service will have a significant impact on the development of local neighbourhoods and is counter to our systems current strategy of building on our Integrated Care Communities (ICCs) to

facilitate health and care delivery closer to home. The NHS Long Term Plan provides an opportunity to explore options for local collaborative working to bring services together as part of the creation of Primary Care Networks, and we would welcome the opportunity to explore further.

Summary

At the meeting on the 11th March we discussed the need for discussion at each Borough level to understand the local impact and how this might be managed if at all possible – a topic we also agreed at the Morecambe Bay Leadership Team with Louise and Sakthi. We would look to include their neighbourhoods in this discussion with a view to enabling each neighbourhood to understand the impacts, but also generate a discussion on how all of the services covered by the wider consultations and other provision could be viewed more holistically in the future on that footprint.

We look forward to this discussion being arranged.

1.4.7 University Hospitals of Morecambe Bay NHS Foundation Trust

This letter provides feedback from the University Hospitals of Morecambe Bay NHS Foundation Trust (UHMB) to the Lancashire County Council (LCC) Savings Options for 2019/20.

The financial challenges facing Lancashire County Council are recognised and as with the health sector, change in service delivery is required to ensure that Lancashire County Council can remain within allocated budgets. As a system partner, University Hospitals of Morecambe Bay NHS Foundation Trust is committed to working with Lancashire County Council to achieve financial balance. However, there are concerns with the current savings proposals for 2019/20 and beyond and that impact assessments carried out to date have been limited to impact on Lancashire County Council and has not been cognisant of the impact on the wider health and social care system.

We would welcome a more detailed approach to impact assessment that includes consideration of the impact of proposed changes on the wider health and care system. This would include an opportunity to collaborate on the development of cost improvement schemes within overall health and care investments and to identify improved mechanisms for system approaches to addressing budgetary pressures whilst maintaining sustainability of health and care services.

Detailed below are some specific areas of feedback on the current proposals:

SC610 Lancashire Wellbeing Service – the proposal to cease the Lancashire Wellbeing Service will have a significant impact on the development of local neighbourhoods and is counter to the current strategy of building on our Integrated Care Communities (ICCs) to facilitate health and care delivery closer to home. The NHS Long Term Plan provides an opportunity to explore options for local collaborative working to bring services together as part of the creation of Primary Care Networks.

1.5 Response from the Police and Crime Commissioner for Lancashire

I would like to thank you for the opportunity to comment on Lancashire County Council's budget proposals.

I recognise the significant funding issues the County Council faces in 2019/20 and future years and understand that you face some very difficult decisions as you determine the services you will provide to the people of Lancashire. I continue to seek savings in my own budget and would therefore request that we engage in a collaborative dialogue in respect of the services that we have some cross-over in responsibility to examine the opportunities that exist to drive out value for money.

I am concerned that the level of savings you are required to make will have enormous consequences not just for the citizens of Lancashire but will of course impact upon the resources of the Constabulary as the service of first and last resort. It is inevitable that as the support you are able to provide the more vulnerable members of our communities is reduced due to the drastic cuts to your funding there will inevitably be an increase in the numbers of people suffering crisis which will, in turn, require support from the policing service.

I am keen to ensure that wherever possible we work together to ensure we can provide services in the most efficient way possible and seek to engage together in areas such as mental health, community safety partnerships and child protection services and suggest that we continue to seek opportunities for collaboration in the delivery of services in such areas.

I would also like to suggest that we look to work together in other areas where we might achieve increased value for money such as the use of property and assets and the provision of support services as improved efficiency in these areas can free up much needed resource to our respective front line services.

I would like to highlight a specific savings proposal included in the consultation document, the **SC610 - Lancashire Wellbeing Service**.

The saving proposal is to cease the provision of the Wellbeing Service and the paper recognises that there will be a direct impact on other services both within Lancashire County Council and for external organisations. I can confirm that Lancashire Volunteer Partnership (LVP), in which both of our organisations take significant roles, forecasts a significant increase in demand placed directly upon it as a result of this proposal. This in itself is a cause for concern as the most vulnerable people that use the Wellbeing service may be left without support if Lancashire Volunteer Partnership doesn't have the capacity to support them.

The saving proposal also recognises that there will be an increase in demand for social care services at Lancashire County Council for a number of people that would have previously been diverted from social care through the work of the Wellbeing

service. The saving proposal indicates that this demand could generate additional social care cost at a level as much as £650,000 per annum.

Discussions with colleagues at Lancashire Volunteer Partnership have suggested that investment of considerably less than £650,000 per year could provide a service to meet a significant amount of the demand arising from the closure of the Wellbeing Service and divert individuals from social care.

They suggest 1 Supervisor and 9 Volunteer Officers to cover the entire County and supplement what Lancashire Volunteer Partnership already deliver. The cost of this would be in the region of £350k. It is estimated that each Volunteer Officer could carry a caseload of 30 referrals at any one time which would likely result in 60 per annum, this would see overall the opportunity to fulfil a further 540 referrals per year.

This opportunity would need further development and discussion between Lancashire County Council and Lancashire Volunteer Partnership colleagues to determine if it could deliver a similar (or possibly greater) financial saving whilst ensuring a better outcomes than would be the case if the saving is developed as proposed.

I welcome your view on the opportunity that may exist in this instance and your consideration of taking an alternative approach in the replacement of the Wellbeing Service.

I am aware that the specific design of a number of the budget options you have identified is on-going and I would ask that you would engage with myself, my office and the Constabulary at every opportunity where our services have impact or cross over to allow us to contribute fully to the design of new services in the future.

I look forward to having the opportunity to comment further as the options you identify move forward and that together we can work towards the provision of quality services to the people of Lancashire.

Section 4

Equality Analysis Toolkit

Lancashire Wellbeing Service (LWS)

For Decision Making Items

13 June 2019

Lancashire County Council

www.lancashire.gov.uk

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 is 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 problems[5]. 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 estimates[6]). 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).

<u>Service Users</u>

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.

<u>Carers:</u>

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 health[8].

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 concerns[9].

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:

For further information please contact

Jeanette Binns – Equality & Cohesion Manager

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Section E (Overview and Scrutiny)

Request for a Decision not Implemented to be Reconsidered

1. Each Overview and Scrutiny Committee may consider whether an executive decision made but not implemented should be reconsidered by the decision maker (known as a "Call In"), or to arrange for the Full Council to review that decision and decide whether it should be reconsidered.

2. Requests in accordance with Standing Order 1 above must be made in accordance with the following procedure:

(1) Unless designated as Urgent in accordance with Standing Order C29 above, no decision of the Executive can be implemented until after three clear working days following the date of the Cabinet or Cabinet Committee at which the decision was made, or, in the case of decisions made by individual Cabinet members, from the date that the decision is published.

(2) During this period a written request for a meeting in accordance with Standing Order1 above to be called for the consideration of “Call In” can be made by any five County Councillors representing more than one single political group on the County Council. Co-opted Members cannot request a special meeting to consider “Call In”.

(3) The request(s) must be received by Democratic Services on behalf of the Chief Executive by no later than 5.00pm on the third working day following the date of the record of the decision being published. A request submitted later than that cannot be considered.

(4) Requests for a special meeting must be made in writing, and signed by the councillor(s) making the request, a proforma for this purpose is available from the C-First portal. E-mail requests must be emailed to democratic.services@lancashire.gov.uk. For verification purposes, requests must come from the Councillors' county council provided email address. Any Councillor wanting to request a special Call In meeting by email must submit an individual email. Emails cannot be sent by one councillor on behalf of another councillor(s).

(5) Requests for a special meeting must specify how the decision has breached one or more of the Principles of Decision Making set out at Standing Order A4 above.

(6) The meeting of the overview and scrutiny committee must be held within seven clear working days of the request being received by Democratic Services. The date will be agreed by the Chair of the relevant overview and scrutiny committee.

(7) The following will be invited to attend the scrutiny meeting:

(a) Any Councillor who requested the special meeting;

(b) Appropriate representatives of Cabinet;

(c) The appropriate officers from the service subject to the proposed decision; and

(d) Any other witness the committee wishes to invite.

(8) At the meeting, the case for the Call In will first be heard. Those requesting the Call In will be given 20 minutes to present the case, and they may, within that time, arrange for outside witnesses (such as members of the public or representatives of other organisations) to speak.

(9) The Decision Maker (or representative) if present will be invited to respond, and officers invited to clarify any issues raised. The committee will then debate the matter, questioning any of the presenters as required, and a vote will be taken whether to request the Call In.

(10) At the special meeting, the committee may request Full Council to review the decision and decide whether it should be reconsidered only where the original decision was contrary to the Budget and Policy Framework set by the Full Council

(11) If the Call In is requested, the committee must also agree the reasons on which the request is based. These reasons must specify which of the Principles of Decision Making set out at Standing Order A4 has been breached and how. The decision and the grounds upon which the request is based shall be registered in writing with the Chief Executive within three clear working days of the meeting of the Overview and Scrutiny Committee.

(12) The Decision Maker shall reconsider the decision as soon as is reasonably practical, and publish his/her response in accordance with the rules for the publication of executive decisions. A copy shall be provided to the Chair of the relevant Overview and Scrutiny Committee.

(13) All arrangements are subject to the Council's Standing Orders.

(14) Once the written request described at Standing Order 2(2) above has been made, the decision must not be implemented until either the overview and scrutiny committee has decided not to request a reconsideration, or until the Decision Maker has published a response to a request for reconsideration, with reasons.