Author		Directorate	
Date		Service	Public Health

1. **The project or decision that this assessment is being undertaken for**

The government will be making a further cut to the Public Health grant to local authorities for 2019/20. In Lewisham the grant is £24,325,000 for 2018/19 and the cut will be £642,000. The purpose of this Equality Analysis Assessment is to examine the impact of the proposed changes to public health commissioned services on those with protected characteristics living in Lewisham. It also outlines the activity that the Council will take to ensure that equal opportunities are promoted and that no group is disproportionately discriminated against. This will feed into revised proposals presented to the Healthier Communities Select Committee 3rd December before being taken for approval by Mayor & Cabinet 12th December.

The services commissioned by Public Health facing changes are:

- Neighbourhood Community Development Partnerships (NCDPs)
- The Community Nutrition and Physical Activity service
- Substance misuse services
- Health visiting services

More details of the services and the proposed changes are below.

1. **<u>Neighbourhood Community Development Partnerships (NCDPs)</u>**

Description of NCDPs

In February 2017 LB Lewisham developed a Community Development Charter which outlines a partnership approach to community development and builds on current neighbourhood and borough-wide assets and networks by the creation of four Neighbourhood Community Development Partnerships (NCDPs). The partnerships bring together all the relevant voluntary and community sector partners as well as statutory services in each Neighbourhood to identify local health and wellbeing priorities as well as local resources and community assets to address them.

Public Health has provided £100,000 to support grants to voluntary and community organisations in all of the four NCDPs. The grants have supported a variety of projects that promote health and wellbeing for local residents. These include befriending groups, community gardens, a soup kitchen, holiday at home schemes, storytelling and dance workshops, physical activity sessions and a Fit Bus scheme. The funding was distributed using a community based participatory budgeting process.

Description of proposed changes to NCDPs

A £10,000 (10%) reduction in the grants available for NCDPs. Officers consulted on whether this should be evenly distributed across the four neighbourhood partnerships or targeted to those residents with the greatest health and wellbeing needs. The Council proposes that Public Health professionals will continue to support the membership of each of the four NCDPs to equally identify local health and wellbeing priorities and target the reduced grants to those in greatest need.

2. **<u>Community Nutrition and Physical Activity Service</u>**

Description of Community Nutrition and Physical Activity services

This borough-wide service delivered by GCDA (Greenwich Co-operative Development Agency) supports communities to become healthier and more resilient through delivery of initiatives such as cookery courses, physical activity sessions and the healthy walks programme, to working with food businesses to make their food healthier. The community development approach supports individuals, groups and organisations to promote healthy lifestyles and the service offers support, training and mentoring for community groups and organisations to deliver local healthy eating and physical activity initiatives.

Description of proposed changes to Community Nutrition and Physical Activity services

A £10,000 (5.8%) reduction in funding for the Community Nutrition and Physical Activity service. Council officers have discussed potential changes with the service providers and the Council proposes a reduction in the hours of the Training Manager post in the programme. This role will in future focus on training quality, observation and follow up rather than service development.

The providers feel that this reduction in the Training Manager role will not have an adverse effect on the programme delivery as the training is now well established and other staff have developed the skills and expertise to deliver the training. This change means that the provider is able to protect all other elements of the service from the reduction in budget and will be able to continue delivering the comprehensive service they provide in Lewisham.

3. Substance misuse services

Description of substance misuse services

The main substance misuse services are delivered by Change, Grow, Live (GCL) and Blenheim CDP. Both provide a range of interventions targeted at patients and family members suffering from substance misuse. CGL run the main complex needs service in the borough which assesses and triages all those presenting with a substance misuse or alcohol need. Service users receive a systematic assessment for an appropriate pharmacological therapy for opiate dependence and commencement of dose titration within 24 hours of presentation. In addition to this there are a range of specialist elements within the service designed to meet specific needs:

- Hospital Liaison Service. The service works across all local hospitals i.e. GSTT, Kings and LGT to support services users that are treatment naïve, frequent attenders and those with complex needs
- Criminal Justice Liaison. This service works includes a worker located in Lewisham Metropolitan Police custody suite, a worker based in Lewisham National Probation Service (NPS) and Community Rehabilitation Company (CRC) that attends court one day per week, a prison liaison in-reach worker and two Criminal Justice Practitioners that deliver interventions/groups within service
- Mental Health Services (Dual Diagnosis and Psychological Support). The service aims to enhance the delivery of intervention to service users with co-existing mental health and substance misuse/alcohol issues
- Outreach Service and Homeless Support Service. The service provides a dynamic and proactive outreach service to engage with a range of individuals who have adopted a 'street lifestyle' including rough sleepers, beggars, service users involved in prostitution and street drinkers with a view to engaging them in appropriate services and move then into a more settled lifestyle
- Club Drug and Stimulant Support. The service supports a number of individuals using New Psychoactive Substances (Legal Highs), Club Drugs and Crack or Cocaine users
- Residential Rehabilitation and Inpatient Detoxification and Stabilisation
- Parents/Carers. The service provides support for carers/parents and significant others of adult drug and alcohol users.
- Work with pregnant individuals in partnership with ante/post-natal services to ensure optimum care.

Blenheim CDP deliver the primary care recovery service which works in partnership with GPs and provides following interventions:

- Advice, information, brief interventions and extended brief interventions to help prevent and minimise problematic substance misuse or dependency
- Sessions of structured brief advice on alcohol for adults who have been identified via screening as drinking a hazardous or harmful amount
- Extended brief intervention for adults who have not responded to structured brief advice or who may benefit from an extended brief intervention for other reasons
- Assertive in-reach into other services to attract substance misusers not currently engaged with other agencies but not yet engaged in treatment services
- Substitute prescribing services and supervised consumption (e.g. through pharmacies) and the provision of biological drug and alcohol testing facilities
- A Primary Care provision of ambulatory detoxification for those presenting with low to moderate alcohol use

- Community detoxification for drugs, working in partnership with GP's to titrate and reduce substitute medication with the aim of abstinence and recovery
- Health, smoking cessation; healthy eating and access to physical exercise programmes/facilities),
- Overdose prevention and harm reduction advice, including the provision of Naloxone training and prescribing for injecting drug users presenting as high risk,
- Pro-active relapse prevention advice and support, including prescribing interventions
- Enhanced Blood Borne Virus Service in relation to Hepatitis A / B / C and HIV with access to on site screening, testing and rapid vaccination and robust referral pathways into appropriate treatment services
- Home visits, assessment and referral to early intervention services for all service users who have caring responsibilities for children under 16, these can be conducted jointly with other services.

Description of proposed changes to substance misuse services

A reduction of £127,000 (3%) in funding has been proposed for substance misuse services. Council officers have discussed potential changes with the service providers and the Council proposes that the service combine the Quality Lead with the Deputy Services Manager (DSM) role. This has been successful in other services across the UK. It is also proposed that the fixed term contract for the psycho-social worker is not renewed after March 2019.

The providers feel that combining the DSM role would not have an adverse effect on the service and this, alongside the removal of the psycho-social worker role, means that they are able to protect frontline staff from the reduction in budget thus ensuring the minimum negative impact on the effective service they provide in Lewisham.

4. <u>Health visiting service</u>

Description of Health Visiting service

The service is delivered by Lewisham and Greenwich Trust (LGT), and comprises a wide range of activity outlined below:

- Delivery of the statutory National Healthy Child Programme (HCP), including mandated checks delivered through a universal home visiting service to all families from pregnancy up until the child is 5 years old.
- MECSH, a structured programme of sustained nurse home visiting for families at risk of poorer maternal and child health.
- Family Nurse Partnership (FNP), an evidence based support programme for first time young parents aged 22 and under until the child reaches the age of two.
- The Freedom Programme, a 12 week programme for clients who disclose they are experiencing domestic abuse.
- A 'link' Health Visitor for every Lewisham GP practice.
- Targeted 'listening visits' to support better maternal mental health, including a joint home visit with Lewisham Children and Family Centres (CFC) colleagues.
- Development of Baby and Toddler Hubs across all four CCG and CFC Neighbourhoods, with further Baby Hubs planned during 2018.
- Longer term plans to develop a virtual Health Visitor who can respond to families' questions or concerns online. This will support a move to make health visiting a 7-day-a-week service, building on the introduction of a 6-day-a-week service for new birth visits.
- Breastfeeding programme included Peer Supporters, Breastfeeding Hubs and an Open College Network accredited Peer Support training programme.
- The service is trialling a mental health post-natal group in conjunction with CFC colleagues, "Understanding your Baby", for mothers who have been in receipt of listening visits. The "Understanding your Baby" programme is delivered weekly over an eight week period and provides a two-hour session for up to eight mothers and their babies.
- Active involvement in the Lewisham Safeguarding Children's Board, as well as wider arrangements to safeguard vulnerable children and families including regular attendance at Early Help Panel and potential to be lead professional for relevant targeted cases.

Proposed changes to Health Visiting service

- The proposed cut to the Health Visiting service budget is £196,306 against a budget of £6,096,224. If accepted, this would leave a budget of £5,899,918
- The contract value for Health Visiting and Family Nurse Partnership in 18/19 is £5,938,327. The pricing schedule submitted in the 2016 tender has a planned uplift of £115,649 from 18/19 to 19/20 taking the anticipated contract value to £6,053,976.
- This leaves a funding gap of £154,058 should the cut be taken.

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

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

As the number of vacancies confirmed by the Trust are beyond the value of the cut this would mean that the impact on current service delivery of this approach would be negligible in 19/20, with no impact on equalities.

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

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

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

2. **The protected characteristics or other equalities factors potentially impacted by this decision**

☒ Age	☒ Ethnicity	☒ Maternity	☒ Language spoken	☐Other, please define:
☒ Gender	☒ Gender identity	☒ Disability	☐ Household type	
☒ Religion	☐ Carer status	☒ Sexual orientation	☒ Income	

The list of protected characteristics or other equalities factors potentially impacted by this decision was produced by looking at service-level data on the current reach of services in terms of characteristics of service users (see section 3 of this EAA).

3. The evidence to support the analysis

A thorough assessment of the data and research required to perform this EAA was undertaken at the outset of the work.

The following data sources were identified:

1) **Demographic data from 2011 Census, Office for National Statistics, Greater London Authority** – used to determine the prevalence of having a protected characteristic in the Lewisham population.
2) **Service monitoring data** for all of the services listed above, including age, gender, ethnicity and deprivation data (where available) to determine the current reach of service to different population groups.
3) **Stakeholder Consultation** – as described below.

Changes to services may impact the protected characteristics selected by affecting the reach of services. The current uptake of services by protected characteristics is described below.

Uptake of services by protected characteristics

1. **<u>Neighbourhood Community Development Partnerships</u>**

National Institute for Health and Care Excellence (NICE) guidance endorses community engagement as a strategy for health improvement. There is a substantial body of evidence on community participation and empowerment in addressing the social determinants of health and removing barriers for marginalised and vulnerable groups, and on the health benefits of volunteering.[1] Each NCDP meets quarterly and in 2017-2018, 170 community groups and statutory partners came together to raise and resolve issues of community concern.

There are limited data on the beneficiaries of the NCDPs by protected characteristic. However, the funded projects are targeted at particular groups so we are able to deduce who these beneficiaries are likely to be and therefore which protected characteristics may be impacted by the proposed budget cuts. It should also be emphasised that community development offers more benefits that simply the sum of the benefits to the individual participants who are involved, for example by strengthening relationships between different community groups and by building up partnership working.

Neighbourhood priorities are updated every year and a different set of community groups are awarded the funding each year. This makes it difficult to estimate the potential impact on beneficiaries with particular protected characteristics as the recipients of funding are changed each year. However, there are some commonalities in the types of community groups that have received funding over the past two years:

- The majority of community groups are providing services to older people and people with long-term health conditions (both physical and mental) or disabilities. These beneficiaries are often socially isolated and may also be marginalised.
- Several community groups target older people. For example, Lee Green Lives runs a project called Positive Aging, which aims to promote social inclusion and to support and improve the health and wellbeing of the older community in Lee Green; another project delivered by a group of community organisations provides cultural-themed Holidays from Home events to increase social opportunities for older people, reduce social isolation and engage older BAME (Black, Asian and Minority Ethnic) communities; whilst 1Life Fit Bus collects older isolated people and takes them to a number of physical activity sessions in the Downham area as well as other NCDP funded projects. However, there are also some community groups that support younger people, such as Inspiring Imagination which works with young people between the ages of 10-19, and there are several with a focus on intergenerational projects, for example Urban Connect is a project which runs intergenerational cookery sessions amongst other activities.
- Some community groups also target people with disabilities. Headway Heads Up to Fitness and Food provides healthy eating courses and physical activity sessions for people recovering from brain injury; whilst Red Ribbon offer a range of support services to people who are infected with and affected by HIV.
- There are also community groups aimed at particular ethnic groups, for example The Pioneers project addresses social isolation among older adults from African, Caribbean and Asian communities.
- Whilst there are no currently funded projects that explicitly target Lesbian, Gay, Bisexual and Transgender (LGBT) people, the Lewisham Forum is connected to the Stephen Lawrence Foundation, which supports LGBT people from BAME groups.
- The majority of community groups target activities to areas of higher deprivation.
- Explicit language support is built into some of the groups.

In addition, the NCDPs support signposting to other services and groups, which may support people with protected characteristics, for example TAGS, a swimming group for transgender people.

2. <u>Community Nutrition and Physical Activity services</u>

The World Health Organisation considers that an unhealthy diet is one of the major risk factors for a range of chronic diseases and physical inactivity is the fourth leading risk factor for mortality, accounting for 6% of deaths. NICE Guidance on Behaviour Change at population, community and individual levels (NICE 2007, 2014) confirms overwhelming evidence that changing people's health-related behaviour can have a major impact on health. Both documents also cite the importance of community development/engagement in helping people to stay healthy.

There are many aspects to the Community Nutrition and Physical Activity services, some aimed at improving skills and resilience of individuals through direct delivery of initiatives or delivering brief interventions, such as:

[1] Public Health England (PHE) (2015) A guide to community-centred approaches for health and wellbeing.

- delivering a 6 week community cookery programme
- running the healthy walks programme
- delivery of physical activity sessions
- raising awareness and brief interventions on healthy eating and physical activity at events and others aimed at promoting a healthier local environment and developing community cohesion through:
    - training and mentoring local community organisations to deliver physical activity and healthy eating sessions
    - raising awareness sessions on the National Healthy Start scheme and the Lewisham Vitamin D scheme
    - working with businesses to implement the Healthier Catering Commitment scheme
    - working with communities to strengthen assets and support community development

Not all aspects of the service collect data on protected characteristics. The local community organisations that are supported with training and community development vary each year, but there are commonalities in the groups that receive support that indicate they reach people with protected characteristics. Most groups are based in areas with higher deprivation.

Examples of groups supported include:

- Afghan and Central Asian Women's Association
- Action For Refugees in Lewisham
- Ubuntu
- Local housing associations (Phoenix, Lewisham Homes and Hexagon)
- Wheels for wellbeing
- Supported housing (Apax and Phoenix Futures)
- Lewisham Pensioners Forum
- Lewisham Carers
- HealthWatch
- Bromley and Lewisham Mind

Data is available for the physical activity sessions and training events, cookery clubs and walking for health programme.

Of the 155 people who attended physical activity sessions and training events in 2017/18:

- 76.0% were female; 24.0% were male
- 54% were White; 44% were BAME; 2% declined to answer
- 16% identified themselves as having a disability; 73% stated that they had no disability; 10% declined to answer
- 42% were aged 64 or over; 38% were aged 45-64; 9% were aged 35-44; 4% were aged 27-34; 2% were aged 18-26 and 5% declined to answer
- 21% identified themselves as having a long term condition

Of the 140 people who attended the cookery clubs in 2017/18:

- 83% were female; 17% were male
- 33% were BAME; 27% were White; 3% declined to answer; 37% were unknown
- 31% were aged 46-59; 28% were aged 60 or over; 17% were aged 36-45; 9% were aged 26-35; 1% were aged 0-25; and 14% declined to answer

Of the 618 people who registered with Walking for Health (Health Walks and Nordic Walks) in 2017/18:

- 21.5% were male
- 39% were from BAME groups
- Approximately 16% are aged 45-54, 33% are aged 55-64 and 28% 65-74
- 20% stated that they had a long-term health condition or disability
- 44.8% stated that they had a condition that would be benefitted by physical activity (heart disease/diabetes/hypertension/COPD and/or asthma), with some people experiencing more than one condition; 5.6% stated that they had mental health issues
- 20% were from the 20% most deprived areas

As with the NCDPs, the community development approach taken by the service offers more benefits that simply the sum of the individual participants who are involved, for example by strengthening relationships between different community groups. This benefit is difficult to quantify but should not be disregarded.

3. Substance misuse services

The current substance misuse services in Lewisham reach over 900 people on average each year.[2]

Data from 2015/16 until 2018/19 Quarter 2 on overall service users show that:

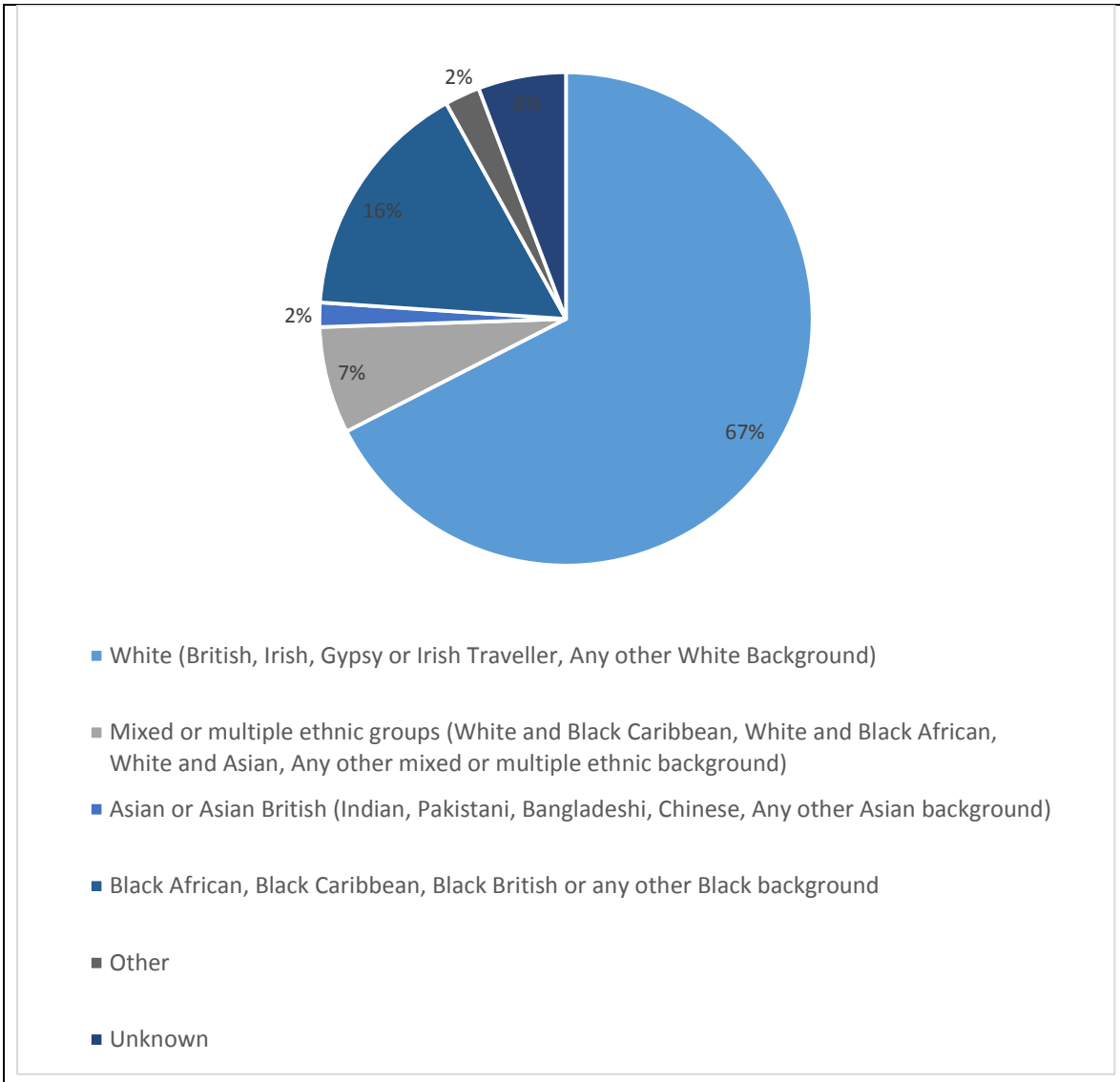
- 72.1% are male and 27.7% are female (0.2% unknown)
- 96.4% are aged 25-64; 1.8% are aged 18-24; and 1.8% are aged 65 and over (see Table 1)
- 67.5% are White (British, Irish, Gypsy or Irish Traveller or Any other White Background); 15.9% are Black African, Black Caribbean, Black British or any other Black background; 7.0% are Mixed or multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, Any other mixed or multiple ethnic background) (see Figure 2)
- 11.8% consider themselves to have a disability; 80.7% do not consider themselves to have a disability; 3.8% prefer not to say; and 3.7% are unknown
- Of those who consider themselves to have a disability: 26.6% have a mental health condition; 24.2% have a physical or mobility-related disability; 15.8% have a cognitive or learning disability; 10.4% have a visual, speech or hearing-related disability; and 8.1% have a longstanding illness or health condition. Other types of disability accounted for 14.9% of the disabled service users
- 76.3% are straight or heterosexual; 2.6% are gay or lesbian; 2.5% are bisexual; and 5.5% are other. 12.7% preferred not to say and 0.5% are unknown
- 0.6% were pregnant at the time of using services
- There are no data on religious beliefs, gender identity or language spoken

Table 1. Substance misuse services users 2015/16 – Q2 2018/19, by age group

Age band	Number	Percentage
18-24	67	1.8%
25-29	211	5.6%
30-34	353	9.4%
35-39	573	15.2%
40-44	528	14.0%
45-49	725	19.3%
50-54	731	19.4%
55-59	333	8.8%
60-64	177	4.7%
65 and over	67	1.8%

Figure 1. Substance misuse services users 2015/16 – Q2 2018/19, by ethnic group

[2] Average of 2015/16, 2016/17 and 2017/18



4. Health visiting service

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

LGT record gender identity as Male, Female and X (either not stated, not specified or other). The Health Visiting caseload is predominantly female which would fit with the usual mother and baby Health Visiting model. The gender breakdown of the caseload is:

- Female: 116,702 (67%)
- Male: 56,601 (33%)
- X: 3 (0%)

As would be expected the caseload is predominantly aged between 0-10. It is not possible to look at a 0-5 age group from the data provided. The most dominant age banding recorded for parents is 30-39 but attention should also be drawn to the potentially extremely vulnerable caseloads at 11-17 which is likely to contain teenage pregnancies and at 50+ where special guardianship orders could be in place.

Table 2. Health Visiting Caseload by Age Group

Age	Number	Percentage
0-10	107,663	62%
11-17	36	0%
18-24	7,278	4%

25-29	12,083	7%
30-34	18,861	11%
35-39	19,030	11%
40-44	6,611	4%
45-49	958	1%
50+	372	0%

A quarter of the caseload identify as British, with a further 15% identified from another white background, 47% from BME origins and 12% not identified.

Table 3. Health Visiting Caseload by Ethnic Group

Ethnicity	Number	Percentage
British	43,888	25%
Any other White background	26,257	15%
Code Not Recognised	22,934	13%
African	20,379	12%
Caribbean	14,439	8%
Any other mixed background	11,178	6%
Any other Black background	5,196	3%
Any other ethnic group	5,137	3%
White and Black Caribbean	5,104	3%
Any other Asian background	4,957	3%
White and Black African	3,041	2%
White and Asian	2,596	2%
Indian	2,003	1%
Chinese	1,937	1%
Not stated	1,113	1%
Irish	980	1%
Pakistani	915	1%
Bangladeshi	838	0%

99.88% of the caseload did not have a religion identified.

Stakeholder Consultation

The public consultation for the proposed changes to public health services was approved by the Mayor and Cabinet on 4th September 2018 and took place between 5th September 2018 and 7th November 2018.

The consultation involved three elements:

1. Online engagement with the public and service users through an online consultation survey delivered via CitizenSpace. This survey aimed to:
    - Identify service areas which are considered priorities
    - Obtain views on different ways in which services could be accessed with less or no funding for that area
    - Obtain views on how the council could facilitate this

2. Online engagement with healthcare and professional stakeholders through an online consultation survey delivered via CitizenSpace.

3. A number of stakeholder meetings with service users:
    - Attendance by officers at a Substance Misuse service user consultation event
    - Six service user engagement visits by officers to Health Visiting delivery sites

The findings from all of these elements of the consultation exercise have been used to inform this EAA.

Demographic characteristics of online consultation respondents

There were 165 responses to the online consultation. 82.4% of respondents agreed to share their personal demographic information.

Age

Of the respondents that answered the question about age (156), 17.0% were aged 55-59 (see Table 4 below). When compared to the population estimates for Lewisham as a whole, it appears that the views of young people (0-24) are under-represented in the online consultation. Conversely, the views of people aged 45 to 74 are over-represented in the online consultation.

Table 4. Age breakdown of online consultation respondents and 2017 Lewisham population

Age	Percentage of consultation respondents	Percentage of Lewisham population[3]
Under 18	0%	22.7%
18-24	0.6%	8.2%
25-29	3.0%	9.4%
30-34	6.0%	10.2%
35-39	8.5%	9.8%
40-44	7.9%	7.8%
45-49	9.7%	7.1%
50-54	10.3%	6.5%
55-59	17.0%	5.2%
60-64	9.7%	3.7%
65-69	13.9%	2.8%
70-74	6.1%	2.2%
75-79	1.9%	1.7%
80-84	0%	1.3%
85+	0%	1.3%

Gender

Of the respondents that answered the question about gender (147), 80.3% were female. In 2017, it is estimated that just over half (50.7%) of Lewisham's population of 301,300 are female[4] so the views of Lewisham males are under-represented in the online consultation responses.

Disability

Of the respondents that answered the question about disability (144), 21.5% considered themselves to be a disabled person. The online responses are therefore broadly representative of the Lewisham population in terms of disability: the 2011 Census asked about long-term health problems and disabilities and found that in Lewisham, 14.4% of the population reported that were living with a long-term health condition that limited their day-to-day activities: 7.1% reported that they were limited a lot and 7.3% reported that they were limited a little.[5]

Of those respondents who considered themselves to be a disabled person (38), the most common disability type was longstanding illness or health condition (see Table 3 below).

Table 5. Disability type amongst those respondents who consider themselves to be a disabled person

Disability type	
Physical or mobility related	15.8%
Visual or hearing related	7.9%
Mental health condition	13.2%
Cognitive or learning disability	7.9%
Longstanding illness or health condition	23.7%
Other	21.1%

[3] Office for National Statistics (ONS) 2017 mid-year population estimate. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

[4] Office for National Statistics (ONS) 2017 mid-year population estimates.

[5] Table KS301UK. 2011 Census: Health and provision of unpaid care, local authorities in the United Kingdom.

13 responses identified access requirements.

Ethnicity

Of the respondents that answered the question about ethnicity (155), 83.9% were White (see Table 6 below). The Greater London Authority (GLA) estimated that 51.6% of the Lewisham population are White, 26.4% are Black, 10.3% are Asian and 11.6% are Mixed or Other ethnic groups.[6] This means that the views of White people are over-represented in the online consultation, and the views of all other ethnic groups are under-represented.

Table 6. Ethnic group breakdown of online consultation respondents

Broad ethnic group	Percentage of consultation respondents
White	83.9%
Black African, Black Caribbean, Black British or any other Black background	8.4%
Asian or Asian British	3.9%
Mixed or multiple ethnic groups	2.6%
Other	1.3%

Pregnancy and maternity

Of the respondents that answered the question about pregnancy/maternity (152), 2.6% were currently pregnant and 2.6% had been pregnant in the last six months. We do not have a reliable comparator data source for this protected characteristic at local authority level.

Religion/belief

Of the respondents that answered the question about religion/belief (135), 51.6% stated that they had no religious belief and 40.7% were Christian. Responses for each of the other religions stated (Buddhism, Hinduism, Judaism, Islam or Sikhism) were under 2.5%. Comparison with the Annual Population Survey estimates for the population by religion in Lewisham suggests that views of people with no religion are over-represented in the online survey and that the views of people from all religions are under-represented. The Annual Population Survey estimates that in 2017, 54.3% are Christian, 35.6% are no religion, 4.1% are Muslim, 3.2% are Hindu; and 2.7% are any other religion.[7]

Sexual orientation

Of the respondents that answered the question about sexual orientation (133), 94. 0% were straight or heterosexual, 3.8% were gay or lesbian, and 2.3% were bisexual. We do not have a reliable comparator data source for this protected characteristic at local authority level, however the Annual Population Survey has released experimental statistics on sexual identity at a local authority level, using estimates based on a survey.[8] In Lewisham, it is estimated that 89.0% of the adult population identify themselves as heterosexual or straight; 2.5% identify themselves as lesbian, gay or bisexual; and 8.5% don't know, refuse to answer or identify themselves as other (i.e. neither heterosexual/straight, lesbian, gay or bisexual). According to this data, responses to the online consultation are broadly representative of the Lewisham population in terms of sexual orientation.

Gender reassignment

Of the respondents that answered the question about gender reassignment (132), 99.2% were the same gender that they were at birth. We do not have a reliable comparator data source for this protected characteristic at local authority level.

Marriage and civil partnership

[6] Greater London Authority (GLA) GLA 2016 Ethnicity Projections Central Trend Based

[7] Greater London Authority (GLA) Population by Religion, Borough https://data.london.gov.uk/dataset/percentage-population-religion-borough. Data from ONS Annual Population Survey.

[8] This means they are subject to sampling variability. This is because the sample selected is only one of a large number of possible samples that could have been drawn from the population.

No question about this protected characteristic was included in the online consultation.

Language spoken

No question about language spoken was included in the online consultation.

Owing to the small sample size of the resident respondents to the online consultation and the representation of those with protected characteristics in the sample as described above, the consultation results outlined below should be interpreted with caution since they may not be representative of all resident viewpoints within the borough.

General consultation findings

In the free text sections of the survey the main themes that emerged from general comments were:

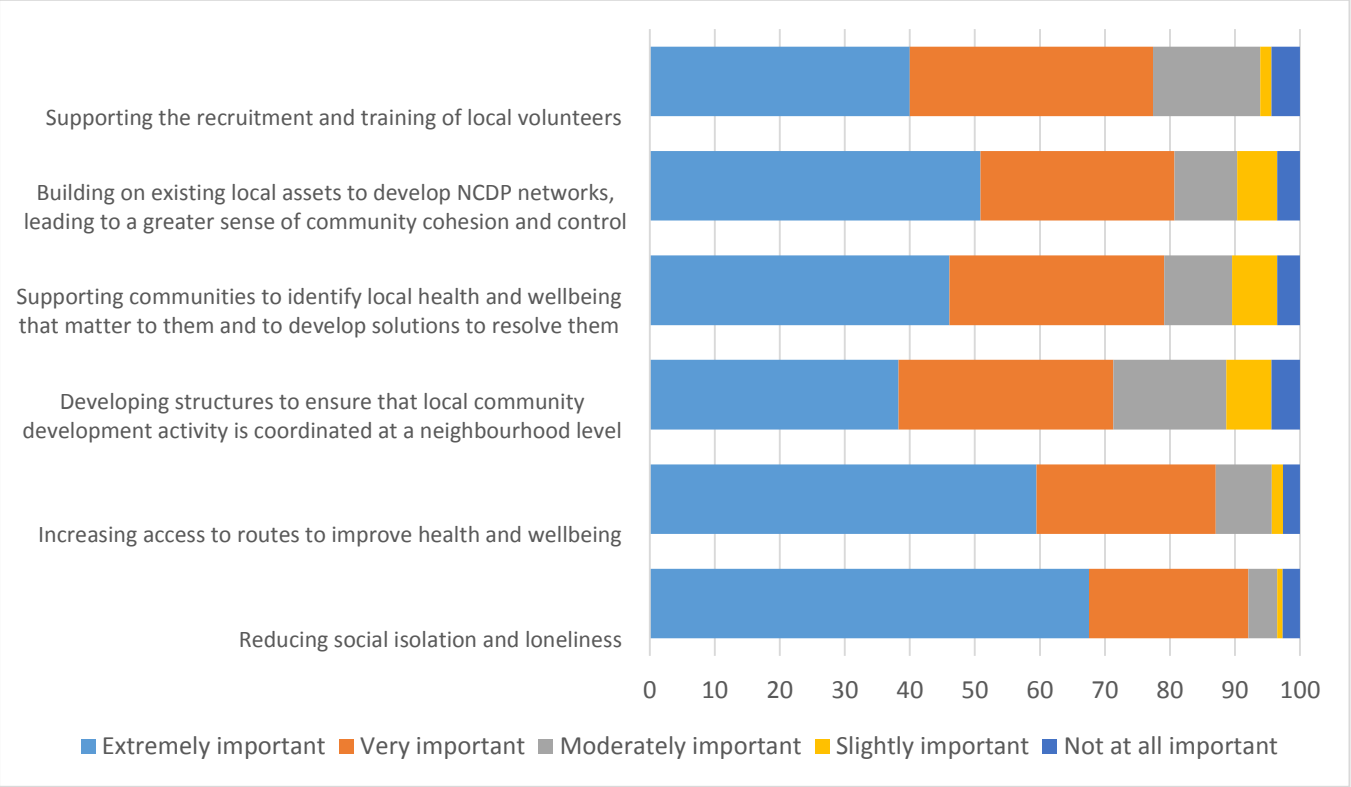
- Opposition to changes for several reasons (likely negative effect on most vulnerable residents/lack of investment in prevention)
- Greater use should be made of the voluntary sectors resources and facilities

Consultation findings by service area

1. **<u>Neighbourhood Community Development Partnerships</u>**

130 people responded to the set of questions about the NCDPs. 105 of these were members of the public and 25 were professionals. Respondents were asked how important they thought particular objectives were for the NCDPs. The most supported objective was 'Reducing Social Isolation' (see Figure 2 below).

Figure 2. How important do you think the following objectives are for NCDPs?



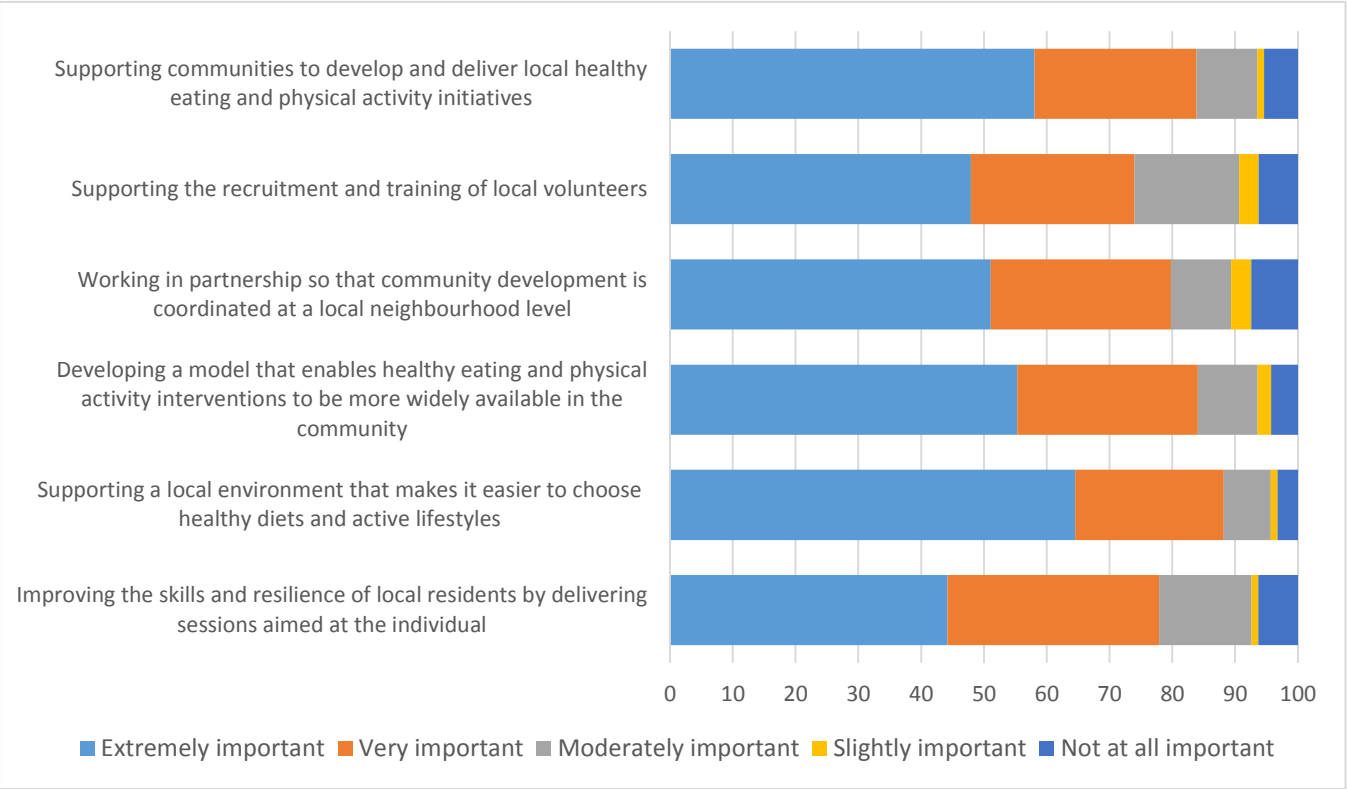
Respondents were asked about whether the grant reduction should be evenly distributed across the four neighbourhood partnerships or targeted to those residents with the greatest health and wellbeing needs.

- Of the 109 people that answered the question, 32.1% agreed or strongly agreed that we should distribute the grant reduction equally between the four NCDPs; 22.1% disagreed or strongly disagreed; and 35.8% were undecided.
- Of the 110 people that answered the question, 73% agreed or strongly agreed that we should maintain funding for individuals and groups most in need (i.e. target the reduction at those less in need); 13% disagreed or strongly disagreed; and 14% were undecided.

2. Community Nutrition and Physical Activity service

142 people responded to the set of questions about the Community Nutrition and Physical Activity services. 118 of these were members of the public and 24 were professionals. Respondents were asked how important they thought particular objectives were for the Community Nutrition and Physical Activity services. The most supported objective was 'Supporting a local environment that makes it easier to choose healthy diets and active lifestyles' (see Figure 3 below).

Figure 3. How important do you think each of the following objectives are for the Community Nutrition & Physical Activity service?



Respondents were asked whether we should make cuts by reducing services aimed at the individual or by reducing services aimed at the community.

- Of the 94 people that answered the question, 11.8% agreed or strongly agreed that we should make cuts by reducing services aimed at the individual; 56.4% disagreed or strongly disagreed; and 30.8% were undecided.
- Of the 93 people that answered the question, 12.9% agreed or strongly agreed that we should make cuts by reducing services aimed at the community; 64.5% disagreed or strongly disagreed; and 22.6% were undecided.

3. Substance misuse services

The consultation set out the range of activity delivered by the services and sought the views of the public, particularly those who have accessed the provision, as to the areas they felt were of particular importance or any changes that could be made.

Online consultation

108 people responded to the set of questions about the Substance Misuse services. 6 of these were current or past service users, 78 were members of the public and 24 were professionals. When asked whether they thought that this proposal will affect particular individuals more than others, the vast majority of respondents (83.8%) believed the proposed cuts **would** affect particular individuals more than others.

Consultation event

No formal demographic data collection took place but from observation the groups were diverse and participated well. On reflection, more representation from women and BAME services users would have been beneficial to reflect Lewisham's wider community. Overall the age range was diverse and reflective and included family members/carers of service users engaging with commissioned services.

To remain consistent with the online consultation, the commissioning team (addictions) used open ended questions similar to those in the online consultation.

Service users discussed how they thought the proposed cuts will impact service delivery and service users. Key themes were:

- The cuts will affect carer health and mental health due to the added pressure of services potentially not offering the same level of care and support to decline in frontline staff
- Concerns with young people's mental health
- Cuts will have a detrimental effect on dual diagnosis
- Staff will leave affecting the quality of services
- Reduction of aftercare will impact abstinence as it assists with reintegration and relapses prevention. It was felt that aftercare groups and already too large
- Fear that medication/OST (opioid substitution therapies) will be reduced and there will be less choice
- Areas not of priority may be overlooked i.e. outreach

When asked whether they thought that this proposal will affect particular individuals more than others, service users discussed several protected characteristics:

- Women – it was felt that women were already underrepresented amongst service users and don't access services at the best of times due to fear of repercussions i.e. losing children or social services involvement
- OST service users
- Aftercare service users – it was feared there will be less support in regards to relapse prevention
- Young people – services are already diluted and links with mental health and accessing services takes too long
- Vulnerable service users will be at risk
- Ex-offenders – it was felt that this group may find it hard to access services and may be out of touch with reality due to length of sentences and not being prepared for release
- Those affected by domestic violence and abuse
- Young people transitioning into adult services
- Parents and service users with children
- Older adults

Overwhelmingly, participants felt that cuts of any amount would affect service delivery and quality of care received. It was suggested that if cuts did have to be made, they should not be made to the frontline staff i.e. key workers or to medication.

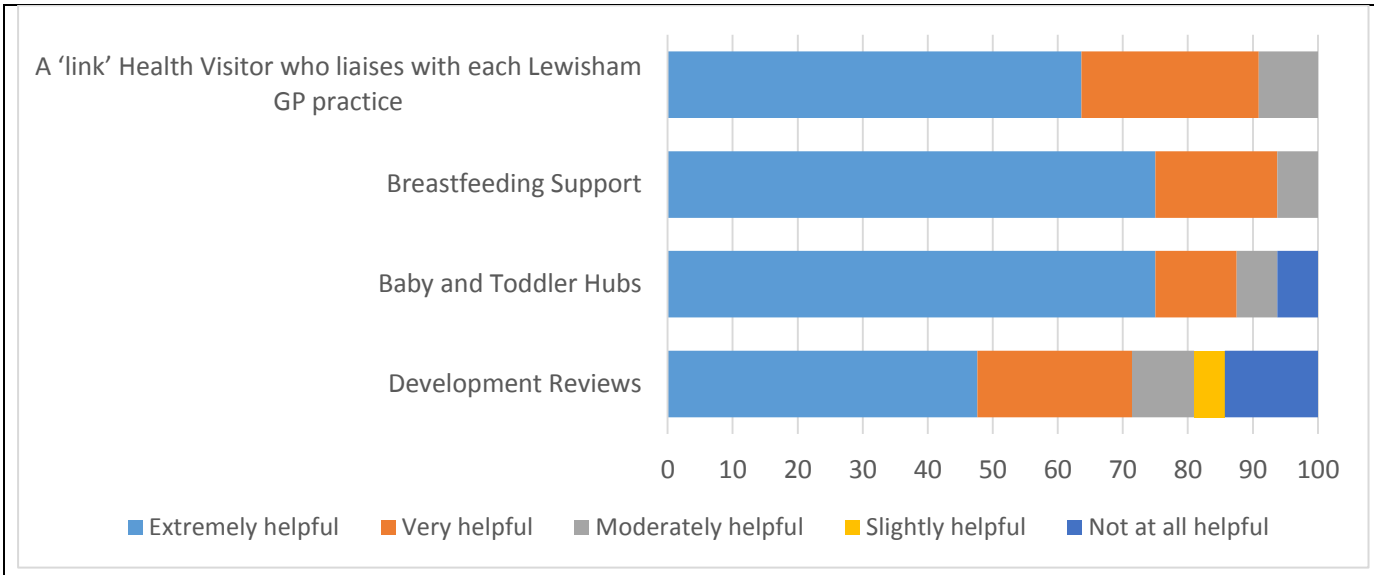
4. <u>Health visiting services</u>

Online consultation

119 people responded to questions about the Health visiting service. 22 respondents answered as a current or previous service user, 77 as a member of the public and 20 in a professional capacity.

Service users were asked how helpful different aspects of the health visiting service were. Breastfeeding support was seen as the most helpful service (Figure 4).

Figure 4. How helpful did you or your family member find the different types of support offered by Lewisham's Health Visiting service?



Members of the public were asked to rank what they felt were the most important outcomes for the Health Visiting service. 'Reducing infant mortality' was ranked as the most important outcome for the health visiting service, followed by 'Improving life expectancy and healthy life expectancy'. Professional respondents were also asked this question and selected the same outcomes as most important.

Service user consultation events

Engagement took place across six sessions around the borough: 2 breastfeeding support groups, 1 Dad's Network session, 1 Baby Hub, and 2 nursery drop offs. The vast majority of those attending were past or current users of Health Visiting services. A point of general feedback from consultees was that the language used was jargony- e.g. 'school readiness'.

Responses to questions regarding the Health Visiting service outcomes

- An overwhelming endorsement of the success of breastfeeding services in the borough in line with the national recognition via Unicef Level 3 accreditation
- Breastfeeding support was the Health Visiting outcome considered most important by over 78% of respondents
- Free text response supported this endorsement with women using describing the breastfeeding support as, 'life-saving' and many referring to the fact they would have given up without it
- The flexible, drop-in and regular aspects to the service were also positively viewed by respondents
- 'Improving child development' and 'Increasing vaccination coverage' were the second and third most important outcomes respectively.

Responses to views about cuts

- There was universal disapproval but the free text comments indicated concern that services were already over-stretched and would lead to longer time, more expensive problems.
- There were a significant number of respondents that specifically mentioned maternal mental health as an area that would be adversely affected by proposed cuts

Response to views about whether particular individuals would be more affected by cuts

- The following groups were mentioned by several respondents; women suffering domestic abuse, single parents, poor people, first time mums, women who are socially isolated, young mothers and those with mental health issues.

Service improvements that may achieve the same savings

- Many respondents mentioned groups sessions both in response to this question and in relation to services they found particularly helpful
- Some respondents mentioned telephone support but others seemed to value the direct contact and telephone support would remove the peer support benefit afforded by groups

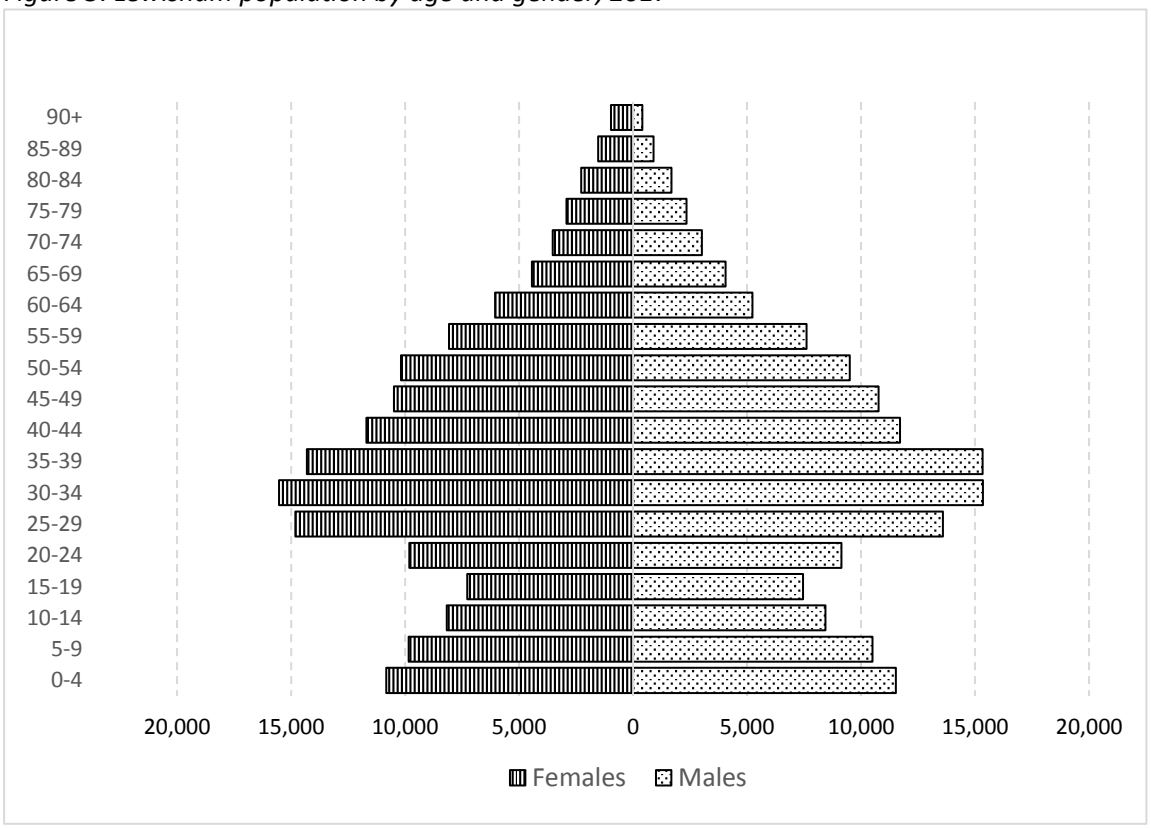
Contextual data: The Lewisham population

Gender

In 2017, it is estimated that just over half (50.7%) of Lewisham's population of 301,300 are female.[9]

Age

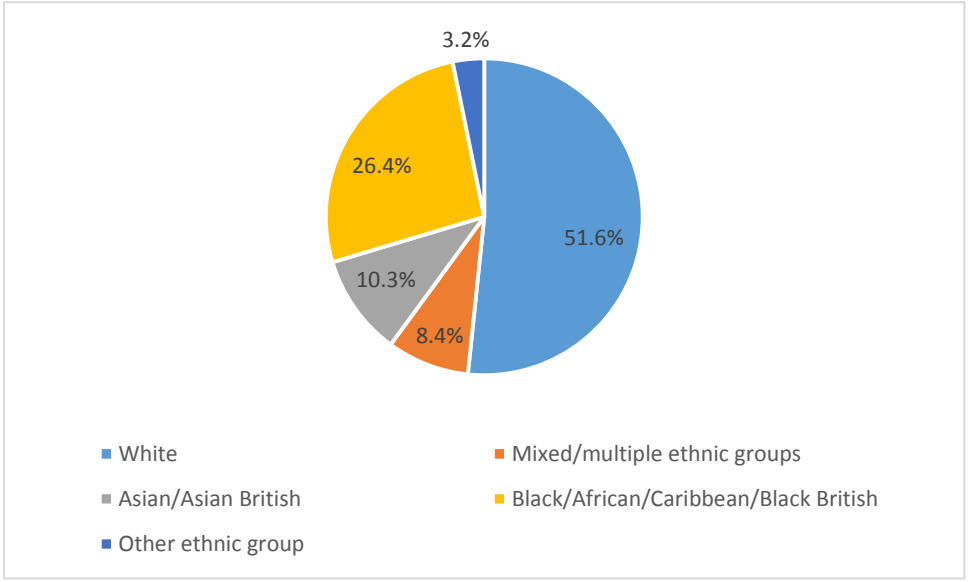
Figure 5. Lewisham population by age and gender, 2017



Source: Office for National Statistics (ONS) 2017 mid-year population estimate.
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

Ethnicity

Figure 6. Lewisham population estimates by broad ethnic group, 2018



Source: the Greater London Authority 2016 Ethnicity Projections Central Trend for 2018

Disability status

[9] Office for National Statistics (ONS) 2017 mid-year population estimates.

The 2011 Census asked about long-term health problems and disabilities. It found that in Lewisham, 14.4% of the population reported that were living with a long-term health condition that limited their day-to-day activities: 7.1% reported that they were limited a lot and 7.3% reported that they were limited a little.[10]

Sexual orientation

The Annual Population Survey has released experimental statistics on sexual identity at a local authority level, using estimates based on a survey.[11] In Lewisham, it is estimated that 89.0% of the adult population identify themselves as heterosexual or straight; 2.5% identify themselves as lesbian, gay or bisexual; and 8.5% don't know, refuse to answer or identify themselves as other (i.e. neither heterosexual/straight, lesbian, gay or bisexual).

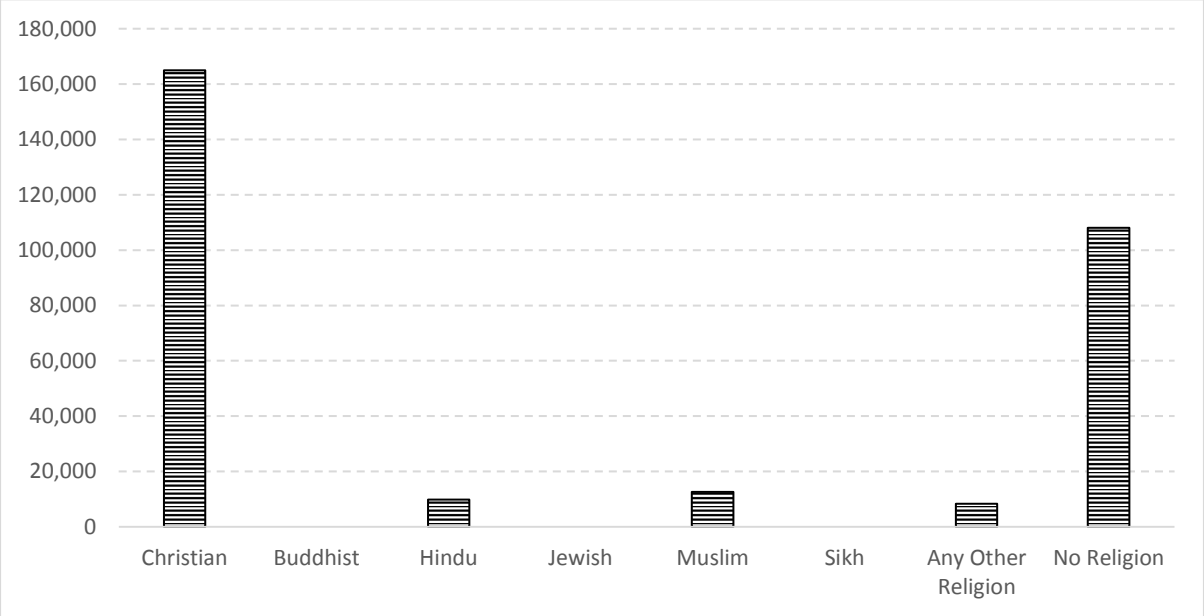
Gender identity

The ONS 2021 Census topic consultation identified a need amongst a number of data users for information about gender identity for policy development and service planning; especially in relation to the provision of health services. These requirements are strengthened by the need for information on those with the protected characteristic of gender reassignment as set out in the Equality Act 2010.

Religious belief

The Annual Population Survey estimates the population by religion in Lewisham. It estimates that 54.3% are Christian, 35.6% are No Religion, 4.1% are Muslim, 3.2% are Hindu; and 2.7% are Any Other Religion.

Figure 7. Lewisham population estimates by religion, 2018



Source: Greater London Authority (GLA) Population by Religion, Borough https://data.london.gov.uk/dataset/percentage-population-religion-borough. Data from ONS Annual Population Survey.

Maternity/pregnancy

Of live births in Lewisham in 2017, 2.0% of mothers were aged under 20 and 9.4% of mothers were aged 20-24 (see Table 7).

Table 7. Number and percentage of live births in Lewisham, by age of mother, 2015-2017

Age of mother	2015		2016		2017	
	Number	Percentage	Number	Percentage	Number	Percentage
Mother aged under 20	116	2.4%	114	2.4%	97	2.0%
Mother aged 20-24	499	10.4%	466	9.9%	445	9.4%
Mother aged 25-29	1,032	21.4%	958	20.3%	951	20.0%
Mother aged 30-34	1,612	33.5%	1,628	34.5%	1,617	34.0%

[10] Table KS301UK. 2011 Census: Health and provision of unpaid care, local authorities in the United Kingdom.

[11] This means they are subject to sampling variability. This is because the sample selected is only one of a large number of possible samples that could have been drawn from the population.

Mother aged 35-39	1,228	25.5%	1,219	25.8%	1,303	27.4%
Mother aged 40-44	292	6.1%	308	6.5%	313	6.6%
Mother aged 45 and over	35	0.7%	28	0.6%	25	0.5%
Total	4,814		4,721		4,751	

Source: Office for National Statistics. Live births in England and Wales down to local authority local area. Downloaded from Nomis.

Language spoken

The 2011 Census Residents showed that English is not the main language for 16.5% of Lewisham residents. European EU languages such as Polish, non-EU European languages, South Asian and East Asian languages were the most commonly spoken non-English languages. The School Language Census, taken in Summer 2017, showed over 160 languages are spoken by Lewisham pupils.

Income

In relative terms, Lewisham remains amongst the most deprived local authority areas in England: it is the 48th most deprived of all 326 English Local Authorities and the 10th most deprived borough in London. Concentrations of deprivation are highest in the north and south of the borough.

4. The analysis

The findings of the consultation; demographic data from the 2011 census, the ONS and the GLA; and service monitoring to date, have been brought together in this section to inform the impact assessment. For each service, the impact of the proposed changes has been classified as positive, negative, neutral or equivocal for each of the nine protected characteristics.

Impact assessment by service

1. Neighbourhood Community Development Partnerships

Positive impacts of changes to this service:

There are not expected to be any overall positive impacts for any of the protected characteristic groups.

Negative impacts of changes to this service:

There are not expected to be any overall negative impacts for any of the protected characteristic groups.

Equivocal impacts of changes to this service:

Age, Gender, Ethnicity, Disability, Sexual orientation, Gender identity, Maternity, Income, Language spoken

Since data is not routinely available from participants of the NCDPs for any of the protected characteristics, it is unclear if the proposed changes will have any disproportionate impact on residents in these protected characteristic groups. In addition, recipients of funding change each year, so we are unable to predict the funded community groups in future years and which protected characteristic groups these organisations may support. As no community groups exist solely as a result of the NCDP funding, we do not expect any groups to stop providing services as a result of the budget cut. In addition, Community Connectors are able to signpost organisations to other sources of funding available.

2. Community Nutrition and Physical Activity service

Positive impacts of changes to this service:

There are not expected to be any overall positive impacts for any of the protected characteristic groups.

Negative impacts of changes to this service:

There are not expected to be any overall negative impacts for any of the protected characteristic groups.

Neutral impacts of changes to the service:

Age, Gender, Ethnicity, Disability, Sexual orientation, Gender identity, Maternity, Income, Language spoken

The Community Nutrition and Physical Activity service has managed to achieve good reach to BAME groups generally and to older people (aged 65 or over), particularly amongst the Walking for Health activities. These groups could therefore be disproportionately affected by changes to this component of the service. However, as the service has agreed with the provider that the savings will come from a back office function it is believed there will be no adverse impact on overall service delivery compared to current performance, so no disproportionate impact on residents of a particular protected characteristic group is expected.

Since data is not routinely available for pregnancy/maternity, religion/belief, gender reassignment, sexual orientation, marriage/civil partnership, language spoken, or income from users of the Community Nutrition and Physical Activity services, it is unclear if the changes would have any disproportionate impact on residents in these protected characteristic groups. However, again, the protection of frontline services should result in a neutral impact on these protected characteristics.

3. **Substance misuse services**

Positive impacts of changes to this service:

There are not expected to be any overall positive impacts for any of the protected characteristic groups.

Negative impacts of changes to this service:

There are not expected to be any overall negative impacts for any of the protected characteristic groups.

Neutral impacts of changes to the service:

Age, Gender, Ethnicity, Disability, Sexual orientation, Gender identity, Maternity, Income, Language spoken

Many of the potential impacts identified by the online survey and service user consultation events will be minimised by the proposal to protect frontline staff and the provision of medication from the budget cut. By prioritising frontline staff and the provision of medication, the level of frontline support to service users should not be affected so we therefore expect the impact to be neutral across protected characteristics.

Service data showed that females are under-represented compared to the Lewisham population and this was also raised in the service user consultation event. However this is in line with national treatment data (in 2016-17 69% of all clients in treatment were males)[12] and as changes to frontline services will be minimised, females should not be disproportionately affected. Black and Asian ethnic groups are also under-represented in services compared to the Lewisham population and were one of the groups identified by the online consultation respondents as being more likely to be affected by the cuts. However, again, the minimisation of any changes to frontline staff and medication provision should not result in a disproportionate impact by ethnic group.

Since data is not routinely available for religion/belief, gender reassignment, marriage/civil partnership, language spoken, or income from users of the substance misuse services, it is unclear if the proposed changes will have any disproportionate impact on residents in these protected characteristic groups. However, the protection of frontline staff and the provision of medication should result in a neutral impact on these protected characteristics.

4. **Health visiting services**

Positive impacts of changes to this service:

There are not expected to be any overall positive impacts for any of the protected characteristic groups.

Negative impacts of changes to the service:

There are not expected to be any overall negative impacts for any of the protected characteristic groups.

Neutral impacts of changes to services:

Age, Gender, Ethnicity, Disability, Sexual orientation, Gender identity, Maternity, Income, Language spoken

Any change or impact on the service is likely to be felt more by women than men, and by children as the main service users. In addition, respondents to the service user consultation events felt that women suffering domestic

[12] Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS) 2016-17 data. https://www.gov.uk/government/statistics/substance-misuse-and-treatment-in-adults-statistics-2016-to-2017

abuse, single parents, poor people, first time mums, socially isolated women, young mothers and those with mental health issues would also be disproportionately affected by the cuts. However, as the budget reduction will come from vacant posts (and/or something else) the Trust have confirmed that there will be no adverse impact on overall service delivery compared to current performance. As agreed with LGT the removal of vacant wte from health visiting teams will be done fairly in line with caseload size and complexity and local health needs. This means that we do not expect there to be a disproportionate impact on residents of a particular protected characteristic group.

Since data is not routinely available for religion/belief, gender reassignment, marriage/civil partnership or income from users of the health visiting services, it is unclear if the proposed changes will have any disproportionate impact on residents in these protected characteristic groups. However, again, the maintenance of the current levels of service delivery should result in a neutral impact on these protected characteristics.

5. Impact summary

NCDPs	**Positive:** None **Negative:** None **Neutral:** None **Equivocal:** *Age, Gender, Ethnicity, Disability, Sexual orientation, Gender identity, Maternity, Income, Language spoken*
Community Nutrition and Physical Activity Service	**Positive:** None **Negative:** None **Neutral:** *Age, Gender, Ethnicity, Disability, Sexual orientation, Gender identity, Maternity, Income, Language spoken* **Equivocal:** None
Substance misuse services	**Positive:** None **Negative:** None **Neutral:** *Age, Gender, Ethnicity, Disability, Sexual orientation, Gender identity, Maternity, Income, Language spoken* **Equivocal:** None
Health visiting service	**Positive:** None **Negative:** None **Neutral:** *Age, Gender, Ethnicity, Disability, Sexual orientation, Gender identity, Maternity, Income, Language spoken* **Equivocal:** None

6. Mitigation

The potential negative impacts of changes to the Community Nutrition and Physical Activity Service will not take place as the savings will relate solely to reduction in managerial staff with no changes to service delivery. For the Substance Misuse Service the proposal to protect frontline staff and the provision of medication from the budget cut should mitigate impacts of cuts to all service users. For Health Visiting the budget reduction will come from vacant posts the trust have confirmed that there will be no adverse impact on overall service delivery compared to current performance.

Close and careful monitoring of service use and health outcome data following the introduction of the proposed changes, particularly to capture data on protected characteristics among service users, will be vital to identify if there are any unforeseen negative impacts on these groups and to work to mitigate them if they arise.

Signature of Head of Service	

For further information please see the full Corporate Equality Policy.