



LEAD MEMBER FOR ADULT SOCIAL CARE AND HEALTH

DECISIONS to be made by the Lead Member for Adult Social Care and Health,
Councillor Carl Maynard

MONDAY, 12 JUNE 2023 AT 11.00 AM

REMOTE MEETING VIA MICROSOFT TEAMS

AGENDA

1. Decisions made by the Lead Member on 15 May 2023 (*Pages 3 - 4*)
2. Disclosure of interests
Disclosure by all Members present of personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.
3. Urgent items
Notification of any items which the Lead Member considers urgent and proposes to take at the appropriate part of the agenda.
4. Re-procurement of Integrated Health and Wellbeing Service (*Pages 5 - 70*)
Report by the Director of Adult Social Care and Health.
5. Any urgent items previously notified under agenda item 3

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
LEWES BN7 1UE

2 June 2023

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NOTE: *As part of the County Council's drive to increase accessibility to its public meetings, this meeting will be broadcast live on its website. The live broadcast is accessible at:*
www.eastsussex.gov.uk/yourcouncil/webcasts/default

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LEAD MEMBER FOR ADULT SOCIAL CARE AND HEALTH

DECISIONS made by the Lead Member for Adult Social Care and Health, Councillor Carl Maynard, on 15 May 2023 at a Remote Meeting via Microsoft Teams

1. DECISIONS MADE BY THE LEAD MEMBER ON 20 APRIL 2023

1.1 The Lead Member approved as a correct record the minutes of the meeting held on 20 April 2023.

2. DISCLOSURE OF INTERESTS

2.1 Councillor Maynard declared a personal interest in item 4 as a member of Rother District Council. He did not consider this to be prejudicial.

3. URGENT ITEMS

3.1 There were none.

4. REPORTS

4.1 A copy of the report referred to below is included in the minute book.

5. DIRECT PAYMENTS SUPPORT SERVICE (DPSS)

5.1 The Lead Member considered a report by the Director of Adult Social Care and Health regarding the re-tendering of the Direct Payments Support Service (DPSS) contract.

DECISIONS

5.2 The Lead Member RESOLVED to:

- 1) Approve the re-commission of the Direct Payments Support Service (DPSS); and
- 2) Delegate authority to the Director of Adult Social Care to take all necessary actions to give effect to the implementation of the above decision including the award of the contract to the successful bidder.

REASONS

5.3 DPSS offer vital provision to support eligible individuals with their Direct Payments to meet their care and support needs.

Report to: Lead Member for Adult Social Care & Health

Date of meeting: 12 June 2023

By: Director of Adult Social Care and Health

Title: Re-procurement of Integrated Health and Wellbeing Service

Purpose: To approve the proposed changes to the Integrated Health and Wellbeing Service model that will commence from 1st April 2024.

RECOMMENDATIONS:

The Lead Member is recommended to:

- 1) Note the key themes from the public consultation in response to the proposed change to the Integrated Health and Wellbeing Service (IHWS);
 - 2) Note the additional requirements to be included within the specification for the new service that address the key themes from the public consultation;
 - 3) Note the summary and action plan from the IHWS equality impact assessment;
 - 4) Approve the proposed changes to the service model for the IHWS (set out in paragraph 1.4) which will commence on 1st April 2024 following a procurement process, due to commence July 2023; and
 - 5) Delegate to the Director of Adult Social Care and Health, all necessary actions to give effect to the implementation of the revised model of delivery for the IHWS, including award of the contract.
-

Background

- 1.1. The IHWS provides evidence-based support to enable residents of East Sussex to make positive changes to their health-related behaviours and improve their health and wellbeing. The service is branded One You East Sussex and operates as a single service, with tailored packages of support allowing people to address a range of behavioural risk factors (smoking, excess weight, physical inactivity, poor diet and excessive alcohol consumption).
- 1.2. As a result of the potential change in public demand following the COVID-19 pandemic and having already undertaken all allowable extensions as part of the current IHWS contract, Lead Member approval was gained in September 2022 to extend the current contract with the existing provider for a further eight months. The current contract is now due to end on 31 March 2024 and in July 2023, East Sussex County Council (ESCC) will be inviting potential providers to tender for delivery of the service from 1 April 2024. The value of the contract is currently £2,065,513 per annum and this will be maintained for the recommissioning of the revised service. The new contract term will be for three years, with a thirty-six-month extension period. The potential total value of the contract (including all extensions) is £12,393,078.
- 1.3. Previously, Public Health England's prioritisation framework was utilised to evaluate local Public Health work programmes in a fair and evidence-based way. The IHWS was identified as a programme area where better use of the available budget could be made by

strengthening its focus on supporting residents who are most affected by health inequalities and premature death. Subsequently, as part of the re-commissioning, we have been considering changing ‘how’ the service might support residents to enable it to achieve the best possible outcomes for individuals and communities.

- 1.4. In line with a proportionate universalism approach;* it is proposed that, as part of the new service model, all eligible residents would still receive a holistic health assessment and have access to online programmes that would support them to make changes to their health-related behaviours. However, more intensive forms of support would only be routinely offered to those with the highest needs, who could gain the greatest health benefits (i.e. those facing the greatest health inequalities). Intensive forms of support might include face-to-face support from a health coach, or a weight management group delivered online or in person.
- 1.5. In practical terms, the proposed change would likely result in the location/provision of face to face services within areas of high deprivation (as on average, unhealthy behaviours are higher in such places); however other groups facing the greatest health inequalities (such as those living with a disability or serious mental health issue) would also routinely be offered such face to face provision.
- 1.6. This proposed change has been explored as part of a public consultation and through the completion of an equality impact assessment (EqIA).

***‘Proportionate universalism’ is term that describes actions or interventions that are implemented for the whole (local) population, but with a scale and intensity proportionate to need.*

2. Supporting information

- 2.1. A public consultation, contained within Appendix A, on the proposed change to the IHWS service (set out in paragraph 1.4) was launched on 9th January 2023 and ran until 10th March 2023. The consultation sought to gain feedback on not only the proposed change, but also resident and stakeholder preferences regarding a range of possible re-investment options for use of any savings made, as well as their views on which areas of health related behaviour change support were most important to them and their community.
- 2.2. The public consultation was promoted through established ESCC channels (including social media), a range of service/organisation e-newsletters, a messaging service to current and previous IHWS users, and via email to referring organisations/key partners (this included voluntary and community sector organisations/groups and those with a focus on working with individuals with protected characteristics).
- 2.3. During the public consultation, additional feedback was sought through eight engagement meetings. These meetings were used to promote/seek feedback on the public consultation, as well as to seek specific input that would help support the production of the IHWS EqIA.
- 2.4. The public consultation received 120 responses, with 49 individuals present at the engagement meetings attended. 58% of respondents either ‘agreed’ or ‘strongly agreed’ with the proposed change to the IHWS (set out in paragraph 1.4), with 13% selecting ‘neither agree or disagree’ and 29% selecting either ‘disagree’ or ‘strongly disagree’. All consultation papers are available to view in the Member’s Room.
- 2.5. The main themes identified from respondents’ comments on their views of the proposed

change and how they would be affected are described within the main consultation findings report as set out in Appendix B. For most themes, comments span across the agreement scale. For example, for the theme '*It's vital to have range of contact methods*', 14 comments relating to this were from respondents who disagreed with the proposed change and 4 were from respondents who agreed with the proposed change.

- 2.6. Across the main themes, we have reviewed the qualitative comments of those who 'disagreed' or 'strongly disagreed' with the proposed change (n = 29). Whilst a proportion of comments convey disagreement with the principle of proportionate universalism, approximately half of the comments appear to stem from a misunderstanding of the proposed change itself. As part of the consultation, examples of those who would be eligible for more intensive forms of support (i.e. those facing the greatest health inequalities) were provided; however the public consultation stated that intensive forms of support would also be available to any individuals not indicated in the examples provided where they are identified by the service as requiring this form of support. This suggests that our intentions within the public consultation document could have been made clearer. Appendix C sets out - where appropriate - a clarification, action or mitigation that effectively addresses the key themes identified by the consultation.
- 2.7. The engagement meetings attended raised some similar themes to the public consultation, particularly in relation to digital exclusion (4 comments) and who would be eligible for targeted support (4 comments). New themes raised included access to physical service locations and transport (5 comments) and how the service can best support those with mental health needs (4 comments). The latter comments have been captured and effectively addressed within the IHWS equality impact analysis and action plan contained within Appendix D.
- 2.8. It is acknowledged that until we have undertaken market engagement, it is not possible to accurately determine the potential level of savings that might be achieved through implementing the proposed change; however the public consultation identified some clear preferences as to how respondents would like any money freed up by making the proposed change to be reinvested. The top three response options were:
- Providing mental health support that aids health-related behaviour change
 - Meeting an increase in residents eligible for support
 - Allowing for flexibility in the frequency and length of programmes

In light of this feedback, the specification for the new service will include a focus on enabling eligible individuals to achieve health related behaviour change by offering relevant support for mental wellbeing within the context of behaviour change programmes. Such support would be targeted at those experiencing low to moderate anxiety, stress and depression. The adoption of a proportionate universalism and [personalised care](#) approach as part of the new service would also be conducive to enabling flexibility in the frequency and length of individual support programmes.

- 2.9. The EqIA analysis shows that the current service and proposed new service model do not explicitly exclude any protected characteristic. It is acknowledged that there may be some less explicit barriers experienced by individuals with protected characteristics in terms of their engagement with the existing IHWS; however it has not been possible to accurately understand and address these due to limitations in equalities monitoring information currently captured and limited feedback received from specific protected characteristic groups as part of the consultation and engagement meetings.

- 2.10. Taking into consideration the available data/feedback and the actions proposed within the EqlA to address the findings, there is an anticipated positive or neutral impact for individuals across all protected characteristic groups. This takes into account both the overall service model and the specific proposed change to 'how' residents would receive health related behaviour change support. Appendix D sets out a summary of the EqlA findings and an action plan to advance equity and foster good relations between groups.

3. Conclusion and reasons for recommendations

- 3.1 The findings of the public consultation, engagement meetings and EqlA analysis support the need to provide a service that reflects and balances both proportionate universalism and personalised care. The findings of the public consultation and engagement meetings provide evidence of support for the proposed change to the IHWS (as set out in paragraph 1.4), with almost 60% of respondents in agreement with the change. For those who disagreed with the proposal, approximately half of the comments indicated a slight misunderstanding of the flexibility that would be available as part of the new service model (for which their comments were largely attributed to). All comments and feedback have been reviewed and a number of additional requirements will be included within the specification for the new service in order to effectively address the key themes arising from the consultation and EqlA.
- 3.2 The Lead Member is recommended to:
- 1) Note the key themes from the public consultation in response to the proposed change to the Integrated Health and Wellbeing Service (IHWS);
 - 2) Note the additional requirements to be included within the specification for the new service that address the key themes from the public consultation;
 - 3) Note the summary and action plan from the IHWS equality impact assessment;
 - 4) Approve the proposed changes to the service model for the IHWS (set out in paragraph 1.4) which will commence on 1st April 2024 following a procurement process, due to commence July 2023; and
 - 5) Delegate to the Director of Adult Social Care and Health, all necessary actions to give effect to the implementation of the revised model of delivery for the IHWS, including award of the contract.

MARK STANTON
Director of Adult Social Care and Health

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Local Members

All Members

Background Documents

None

Consultation summary: The health-related behaviour change service

One You East Sussex helps residents to eat well, manage their weight, move more, quit smoking and drink less. The contract for the service ends in March 2024. We are thinking about changing the future service model. This consultation explains our thinking and what the changes would mean for residents and professionals who refer people to the service.

The service would continue to offer a holistic health assessment to all eligible residents, and everyone would have access to online support programmes to help them make changes to their health-related behaviours. More intensive forms of support would only be routinely offered to those with the highest needs who could gain the greatest health benefits. Intensive forms of support might include face-to-face support from a health coach, or a weight management group delivered online or in person.

This would help us tackle health inequalities by offering greater levels of support to those who need it the most; for example, those living in areas where deprivation levels are high and life expectancy is lower than average, or people living with a disability or mental health issue. Any savings from these changes would be used by the service to help it achieve the best possible health outcomes for residents and communities.

You can fill in the survey online or on paper, but you can also send us a letter or email - whatever works for you. **The consultation closes on 10 March 2023.**

- Complete the online survey at: www.eastsussex.gov.uk/behaviourchange
- Email us your survey or feedback: public.health@eastsussex.gov.uk

Get in touch to request a paper survey that you can post back to us. Email is the best way of contacting us, but you can call if needed on 07824 085 355.

**If you need this information in another format or language,
or if you need help to take part, please contact us.**

What you tell us will be summarised in a consultation report and will inform the Equality Impact Assessment. A final decision on the proposed change to the service model will be made by the Lead Member for Adult Social Care & Health in June 2023.

Consultation overview

Background

One You East Sussex is an integrated health and wellbeing service for people living in the county. It helps residents make changes to health-related behaviours, such as eating well, managing weight, moving more, stopping smoking, and drinking less.

The contract for the service ends in March 2024. During the summer of 2023 we will be giving providers the opportunity to bid to run the service from April 2024.

We are thinking about changing how the service supports residents. The aim would be to get the best possible outcomes for residents and communities and make the best use of the budget we have. This consultation explains the proposed change and what it would mean for people.

How the service works now

Everyone living in East Sussex who is 16 or over can use the service. For stop smoking support young people aged 12 and upwards can use the service too. In 2021 the service supported over 5000 residents.

People can choose to be supported online through digital programmes and virtual support, over the phone or face-to-face. During the pandemic most of the support was delivered online and over the phone.

The service starts with a holistic health assessment to identify which areas of their health and wellbeing residents would like help with. Some people only access one programme when they use the service but many access more than one. Each behaviour-change programme typically lasts for 12 weeks.

Why we are proposing to make changes

Local authorities are responsible for the health of their local population and reducing health inequalities. We receive a ring-fenced grant from the Government to do this.

In 2019 we used Public Health England's prioritisation framework to help us evaluate all our work in a fair and evidence-based way. The integrated health and wellbeing service was identified as an area where we could make better use of the

budget by strengthening our focus on supporting residents who are most affected by health inequalities and premature death.

The Kings Fund defines health inequalities as avoidable, unfair, and systematic differences in health between different groups of people. They can include the status of people's health, the differences in care they receive and the opportunities they have to lead healthy lives.

When we talk about health inequalities in this consultation our focus is on behavioural risks to health. Find out more information about health inequalities:

www.kingsfund.org.uk/publications/what-are-health-inequalities

People's behaviour is a major factor in how healthy they are. Smoking, poor diet, physical inactivity and harmful alcohol consumption are the main risk factors that lead to preventable ill health and premature death in England.

These behavioural risks to health are more common in some parts of the population than others. For example, the proportion of adults in England who were smokers and in the lowest income quartile was 27% in 2019 compared to 10% in the highest income quartile. Living in an area of deprivation, being in a lower income quartile, your gender and ethnicity are some of the other factors that can mean that people are more likely to experience poor health outcomes.

By targeting behaviour-change support at people who experience the poorest health outcomes, the evidence shows that we can make the biggest improvements to the overall population health of East Sussex.

What would change if the proposal went ahead

Everyone accessing the service would still receive a holistic health assessment and have access to online programmes that would help them make changes to their health-related behaviours. More intensive forms of support would only be routinely offered to those with the highest needs who could gain the greatest health benefits. Intensive forms of support might include face-to-face support from a health coach, or a weight management group delivered online or in person.

This would mean those facing the greatest health inequalities, such as:

- people living in places which experience a high level of deprivation based on the Office for National Statistics' Index of Multiple Deprivation (as we know that on average, unhealthy behaviours are higher in such places).
- people living in population groups who face health inequalities, such as people with a disability or serious mental health issue, and
- any individuals who are not in the groups above who the service provider identifies as needing this sort of support.

Some residents in these groups may prefer online support to face-to-face and where possible we'd aim to meet people's preferences. The provider who wins the contract will be required to work with the targeted communities and population groups to design a new service model which works best for them.

Residents already using the service when the new contract started wouldn't be affected. They would remain on their programme until it finished.

The change also wouldn't affect how people like GPs refer into the service. Anyone who wants to make changes to their health-related behaviours would still be able to be referred to the service for a holistic health assessment and get information about what support is available to them.

Why we are proposing to make this change

Since we last commissioned this service in 2017 there have been national developments in the support available to people around their health-related behaviours. Some examples are the new free-to-use NHS Digital Weight Management programme and the Better Health Quit Smoking App. Local NHS services are also now delivering more prevention programmes to their patients.

These developments give us an opportunity to change how the service supports residents in the future. We think we can target the service at those with the highest needs and those who could gain the greatest health benefits, while still being confident that all our residents have access to health-related behaviour support.

Making the proposed change would reduce the cost per user to a level more in line with the average for the South East and bring us into line with nearby local authorities. For example, West Sussex County Council has already made a similar

change to its health and wellbeing services, moving from a universal service for everyone to a targeted service.

As we are keeping the same budget of just over £2 million per year, we would reinvest the savings made by the change back into the service. The spending options for these funds include:

- meeting the anticipated increase in residents eligible for support,
- being more flexible in how we deliver the behaviour change programmes (for example, having the option to offer more regular support or extending their length where appropriate),
- building better links between the service and other services that support individuals with things that make a difference to their health and wellbeing, such as education, housing, and employment,
- enabling people to achieve health related behaviour change by offering support for mental wellbeing where needed (such as those experiencing low to moderate anxiety, stress and depression within behaviour change programmes),
- covering the anticipated higher running costs caused by increases in the cost of living.

Have your say

Local authorities are responsible for improving the health of their local population and reducing health inequalities. We think this proposed change to our future integrated health and wellbeing service balances this duty whilst getting the best out of our budget.

You may agree or you may think differently. This consultation is your chance to share your views, concerns, and ideas with us. We are keen to hear from everyone with an interest including:

- residents who have used the service and those who have not,
- those who refer people to the service such as GPs,
- staff and organisations working in health and wellbeing,
- voluntary and charity sector staff and organisations, and
- our public sector partners such as other local authorities, and the NHS.

Please do share your views with us and help make our decision making as robust as it can be. **The consultation closes on 10 March 2023.**

What you tell us will be summarised in a consultation report and will inform the Equality Impact Assessment (EQIA). An EQIA is a tool we use to understand how particular groups and communities would be affected by a proposed change. A final decision on the proposed change to the service model will be made by the Lead Member for Adult Social Care & Health in June 2023.

COMPLETE ME ONLINE!

Use your phone or tablet to scan the QR code or visit our website at eastsussex.gov.uk/behaviourchange



If you need this questionnaire posted or provided in another format or language emailing us at public.health@eastsussex.gov.uk is the best way to get in touch but you can call if needed on 07824 085 355



The questionnaire

We don't ask you to provide any personal information in the questionnaire, although there is an optional 'about you' section at the end. Please ensure that any comments don't include names or personal details of you or anyone else. You can find our privacy notice about how the data will be stored on our website at www.eastsussex.gov.uk/privacy/consultation-hub/.

Q1) Are you completing the survey as: (Please tick one box)

- ☐ Someone who has used the current service
- ☐ Someone who lives in East Sussex
- ☐ Someone who works in the NHS in health and wellbeing
- ☐ Someone who works in the voluntary sector in health and wellbeing
- ☐ Someone who works in a statutory organisation in health and wellbeing
- ☐ Other (please provide details below)

If you ticked 'other' please provide details here:

Q2) How much do you agree or disagree with our proposed change to how the integrated health and wellbeing service would support residents?

Online programmes would be open to everyone, but more intensive forms of support would routinely only be offered to residents and communities facing the greatest health inequalities. Intensive forms of support include face-to-face support from a health coach, or a weight management group delivered online or in person.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Q3) Please use the box below to tell us why you agree or disagree with the proposed change to the service:

Q4) How would the proposed change affect you?

What you tell us will help us carry out an equality impact assessment. So please do let us know how the change would affect you and explain why. If you wouldn't be affected, please leave this question blank, and move to Q5.

Q5) How should we spend the money freed up by the proposed change?

Please choose your top two options from the list below. You can tick the 'other' box if you want to suggest other ways that we could spend the money.

Your first choice:

- ☐ Meeting an increase in residents eligible for support
- ☐ Allowing for flexibility in the frequency and length of programmes
- ☐ Building better links with services in education, housing, and employment
- ☐ Providing mental health support that aids health-related behaviour change
- ☐ Covering any increase in running costs
- ☐ Other (please explain in the box below)

Your second choice:

- ☐ Meeting an increase in residents eligible for support
- ☐ Allowing for flexibility in the frequency and length of programmes
- ☐ Building better links with services in education, housing, and employment
- ☐ Providing mental health support that aids health-related behaviour change
- ☐ Covering any increase in running costs
- ☐ Other (please explain in the box below)

If you ticked 'other' please provide details here:

Q6) Which behaviour change programmes are most important to you and your community?

The service provides a range of programmes to residents ranging from help to eat well and manage your weight to quitting smoking and drinking less. There are other national and local services providing similar support. To help us decide how we split funds between the programmes it would help us to know which you value.

a) Which two programmes are most important to you:

	Your 1st choice	Your 2nd choice
Eating well	<input type="checkbox"/>	<input type="checkbox"/>
Being more physically active	<input type="checkbox"/>	<input type="checkbox"/>
Weight management	<input type="checkbox"/>	<input type="checkbox"/>
Quitting smoking	<input type="checkbox"/>	<input type="checkbox"/>
Drinking less alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Mental health to aid behaviour change	<input type="checkbox"/>	<input type="checkbox"/>
NHS health check in the community	<input type="checkbox"/>	<input type="checkbox"/>

b) Which two programmes are most important to your community:

	Your 1st choice	Your 2nd choice
Eating well	<input type="checkbox"/>	<input type="checkbox"/>
Being more physically active	<input type="checkbox"/>	<input type="checkbox"/>
Weight management	<input type="checkbox"/>	<input type="checkbox"/>
Quitting smoking	<input type="checkbox"/>	<input type="checkbox"/>
Drinking less alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Mental health to aid behaviour change	<input type="checkbox"/>	<input type="checkbox"/>
NHS health check in the community	<input type="checkbox"/>	<input type="checkbox"/>

c) Please use the box below to explain your choices if you would like to, or for any other comments about question six:

Q7) Do you have any other suggestions or comments about our plans?

Thank you for completing the questionnaire. If you would like to, please fill in the optional 'about you' section on the next pages. You can send your completed survey to: FREEPOST ESCC PUBLIC HEALTH, County Hall, St Anne's Crescent, Lewes, BN7 1UE

About You: Equalities Monitoring Form

We want to make sure that everyone is treated fairly and equally and that no one gets left out. That's why we ask you these questions.

Your data is important to us, and we won't share the information you provide with anyone else. Your information will only be used and reported anonymously to support the activity you have completed the 'About You' survey for.

You do not have to answer these questions but by doing so you are helping to ensure our services effectively meet the needs of all our service users.

Full privacy notice: www.eastsussex.gov.uk/privacy/about-you

1. What age are you?

..... years

☐ Prefer not to say

2. What is your gender?

☐ Female

☐ Male

☐ Non-binary

☐ Prefer to self-describe, please write in:

☐ Prefer not to say

3. Is the gender you identify with the same as your sex registered at birth?

☐ Yes

☐ No, write in gender identity:

☐ Prefer not to say

4. What is your ethnic group?

White

☐ English/Welsh/Scottish /Northern Irish/British

☐ Irish

☐ Gypsy / Irish Traveller

☐ Roma

☐ Any other White background, write in:

.....

Mixed or Multiple ethnic groups

☐ White & Black Caribbean

☐ White & Black African

☐ White & Asian

☐ Any other Mixed or Multiple background, write in:

.....

Asian or Asian British

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Chinese

☐ Any other Asian background, write in:

.....

Black, Black British, Caribbean or African

☐ Caribbean

☐ African background, write in

☐ Any other Black, Black British or Caribbean background, write in:

.....

Other ethnic group

☐ Arab

☐ Any other ethnic group, write in:

.....

☐ Prefer not to say

5. Which of the following best describes your sexual orientation?

- ☐ 'Straight' / Heterosexual
- ☐ Gay or Lesbian
- ☐ Bisexual
- ☐ Prefer to self-describe, please write in:
- ☐ Prefer not to say

6. What is your religion or belief?

- | | |
|--|---|
| <ul style="list-style-type: none"><input type="checkbox"/> No religion<input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations)<input type="checkbox"/> Buddhist<input type="checkbox"/> Hindu<input type="checkbox"/> Jewish<input type="checkbox"/> Muslim<input type="checkbox"/> Sikh | <ul style="list-style-type: none"><input type="checkbox"/> Any other religion, write in:
.....<input type="checkbox"/> Philosophical belief, write in
.....<input type="checkbox"/> Prefer not to say |
|--|---|

7a. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

- ☐ Yes
- ☐ No (go to question 8a)
- ☐ Prefer not to say (go to question 8a)

7b. Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

- ☐ Yes, a lot
- ☐ Yes, a little
- ☐ Not at all
- ☐ Prefer not to say

7c. If 'yes', please state the condition or illness. If you have more than one please tick all that apply. If none apply, please mark 'Other' and write an answer in.

- | | |
|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Physical Impairment<input type="checkbox"/> Sensory Impairment<input type="checkbox"/> Learning Disability/Difficulty<input type="checkbox"/> Long-standing illness<input type="checkbox"/> Mental Health condition | <ul style="list-style-type: none"><input type="checkbox"/> Neurodivergent condition<input type="checkbox"/> Other Developmental condition<input type="checkbox"/> Other (please write in)
.....<input type="checkbox"/> Prefer not to say |
|--|--|

8a. Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?

- ☐ Yes (go to question 8b)
- ☐ No (go to question 9a)
- ☐ Prefer not to say (go to question 9a)

8b. If yes, for how many hours a week?

- ☐ 9 hours a week or less
- ☐ 10 to 19 hours a week
- ☐ 20 to 34 hours a week
- ☐ 35 to 49 hours a week
- ☐ 50 hours or more a week
- ☐ Prefer not to say

8c. If yes, do you care for a.....?

- ☐ Parent
- ☐ Partner/spouse
- ☐ Child with special needs
- ☐ Other family member
- ☐ Friend
- ☐ Other (please give details)
- ☐ Prefer not to say

9a. Armed Forces Service: Are you currently serving, or have you previously served in the UK Armed Forces (this includes Reservists or part-time service)?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

9b. Are you in a household or family where someone is currently or was previously serving in the UK Armed Forces?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

10. Please tell us your postcode

-
- ☐ Prefer not to say

Thank you: this information will help us improve our services for everyone.



Health-related behaviour change

Consultation results

V1

April 2023

Consultation Team

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Background

One You East Sussex helps residents to eat well, manage their weight, move more, quit smoking and drink less. The contract for the service ends in March 2024.

We are thinking about changing how the service supports residents. The aim would be to get the best possible outcomes for residents and communities and make the best use of the budget we have.

The consultation explained the proposed change and what it would mean for people. It started on 9 January and finished on 10 March 2023.

The consultation was available on our website:

<https://consultation.eastsussex.gov.uk/public-health/behaviourchangeservice/>

It was promoted through social media, in various newsletters, by the provider to current and previous service users, and to engagement groups that we run. The questions we asked are in appendix 1.

Summary of the results

For charts and tables on the survey results see appendix 2 to 3 and for the table of engagement meetings see appendix 4.

Who took part?

120 people took part in the consultation survey, while 49 people were at the meetings we visited to talk about the consultation.

Nearly half of the respondents to the survey took part as East Sussex residents, while a quarter were either present or past users of the current service. Most of the other respondents were working in health and wellbeing roles.

We had responses from across the county, although we had more from some areas than others. For example, nearly a third live in the Rother district, compared to 6% for the Lewes district.

We had responses from all age groups apart from those who are 24 and under. Men were also underrepresented in the responses. In contrast, we had a reasonable number of responses from people who have a physical or mental health condition, and from those with caring responsibilities.

What have we learnt?

The survey results

Views on the proposal: 58% agree with our proposal, but 29% do not. The rest chose 'neither agree nor disagree'.

Comment themes on people's views: There are some clear and consistent themes from the comments. Some cover people's reasons for agreeing with the proposal, while others focus on their concerns. The top themes are:

- It's vital to have a range of contact methods (19 people - of whom 14

disagreed with the proposal and 5 agreed)

- Retain some flexibility around the type of support offered irrespective of whether an individual is in the target groups (17 people - of whom 10 agreed with the proposal, 2 were neutral and 5 disagreed)
- Targeting those most in need is sensible (16 people - of whom 15 agreed with the proposal and 1 was neutral)
- The proposed approach is cost-effective (9 people - all of whom agreed with the proposal)
- Those who cannot access online will be excluded (8 people - of whom 6 disagreed with the proposal and 2 were neutral)
- The approach must be led by individual need (8 people - of whom 4 disagreed with the proposal, 3 agreed and 1 was neutral)

How people would be affected: Many of the comments were about how residents generally would be affected by the change. People's main concerns were about digital exclusion (9 people) and whether service decisions would be led by individual need (9). A similar number of people were concerned about being personally excluded from using the service (8).

Choices for spending the budget: There were some clear preferences for how people would like us to spend any money freed up by making changes to the service model. Of the 114 people who answered, the top choices were:

- 1) **Providing mental health support that aids health-related behaviour change.** This was a first choice for 30% of respondents and a first or second choice for 48%.
- 2) **Meeting an increase in residents eligible for support.** This was a first choice for 25% of respondents and a first or second choice for 41%.
- 3) **Allowing for flexibility in the frequency and length of programmes.** This was a first choice for 19% of respondents and a first or second choice for 39%.

Behaviour change programmes: There are some clear winners when it comes to which programmes are most important to respondents. Interestingly, people's priorities for themselves are a little different to their community priorities. 119 people answered this question.

The following programmes were most important to individuals:

- 1) **Being more physically active.** This was a first choice for 33% of respondents and a first or second choice for 55%.
- 2) **Mental health to aid behaviour change.** This was a first choice for 25% of respondents and a first or second choice for 44%.
- 3) **Weight management.** This was a first choice for 22% of respondents and a first or second choice for 39%.

The following programmes were most important to people's communities:

- 1) **Mental health to aid behaviour change.** This was a first choice for 30% of respondents and a first or second choice for 51%.
- 2) **Being more physically active.** This was a first choice for 27% of respondents and a first or second choice for 46%.
- 3) **NHS Health Checks in the community.** This was a first choice for 19% of respondents and a first or second choice for 33%.

Physical activity (12 comments) and eating well (9 comments) were the topics with the most comments. The most frequent themes across all the topics were the linked health benefits of the programme in question (18) and the benefits to the community (11). A popular general suggestion was to provide more opportunities for promotion of the activities and resources that these programmes offer (8).

Other comments and suggestions: As might be expected, the comment themes were more varied for this question. There were two that were covered by more than a couple of people: ensure better cooperation with other services (7 people) and creating better awareness of the multiple ways to refer into the service (4).

Engagement meeting results

The engagement meetings we attended raised some of the same concerns as the survey responses, particularly in relation to digital exclusion (4 comments) and who will be eligible for the targeted support (4). New themes raised through the discussions were around access to physical service locations and transport (5) and how the service best supports those with mental health needs (4).

What happens next?

This report summarises what people told us in the consultation. The information has also been used to inform the Equality Impact Assessment (EQIA). An EQIA is a tool we use to understand how particular groups and communities would be affected by a proposed change.

A recommendations paper on the proposed change to the service model will be considered by the Lead Member for Adult Social Care & Health on 12 June 2023. The paper will include learning from the consultation and the EQIA, and what we plan to do as a result.

Appendix 1 - the survey questions

Q1) Are you completing the survey as:

- Someone who has used the current service
- Someone who lives in East Sussex
- Someone who works in the NHS in health and wellbeing
- Someone who works in the voluntary sector in health and wellbeing
- Someone who works in a statutory organisation in health and wellbeing
- Other (please provide details below)

If you ticked 'other' please provide details here:

Q2) How much do you agree or disagree with our proposed change to how the integrated health and wellbeing service would support residents?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Q3) Please use the box below to tell us why you agree or disagree with the proposed change to the service:

Q4) How would the proposed change affect you?

Q5) How should we spend the money freed up by the proposed change?

Please choose your top two options from the list below.

- Meeting an increase in residents eligible for support
- Allowing for flexibility in the frequency and length of programmes
- Building better links with services in education, housing, and employment
- Providing mental health support that aids health-related behaviour change
- Covering any increase in running costs
- Other (please explain in the box below)

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If you ticked 'other' please provide details here:

Q6) Which behaviour change programmes are most important to you and your community?

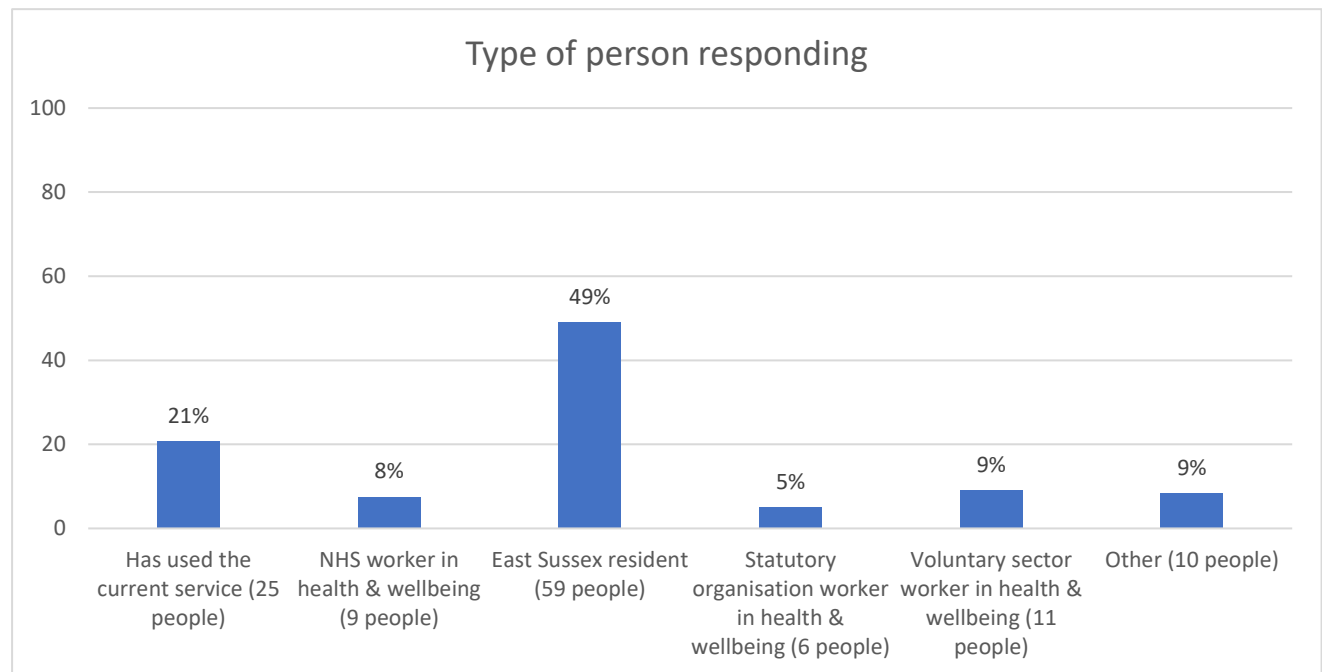
- Eating well
- Being more physically active
- Weight management
- Quitting smoking
- Drinking less alcohol
- Mental health to aid behaviour change
- NHS health check in the community

Please use the box below to explain your choices if you would like to, or for any other comments about question six:

Q7) Do you have any other suggestions or comments about our plans?

Appendix 2 - the survey results

Chart 1 - who took part in the survey



Those who ticked 'other' provided the following details:

- Working in a statutory organisation (2 people)
- Supporting someone else to use the current service (2)
- Working in the NHS and previously used the service (2)
- Working as a Personal Assistant (1)
- Working as a private health and wellbeing consultant (1)
- Previously worked for the current service (1)

Chart 2 - views on the proposed changes

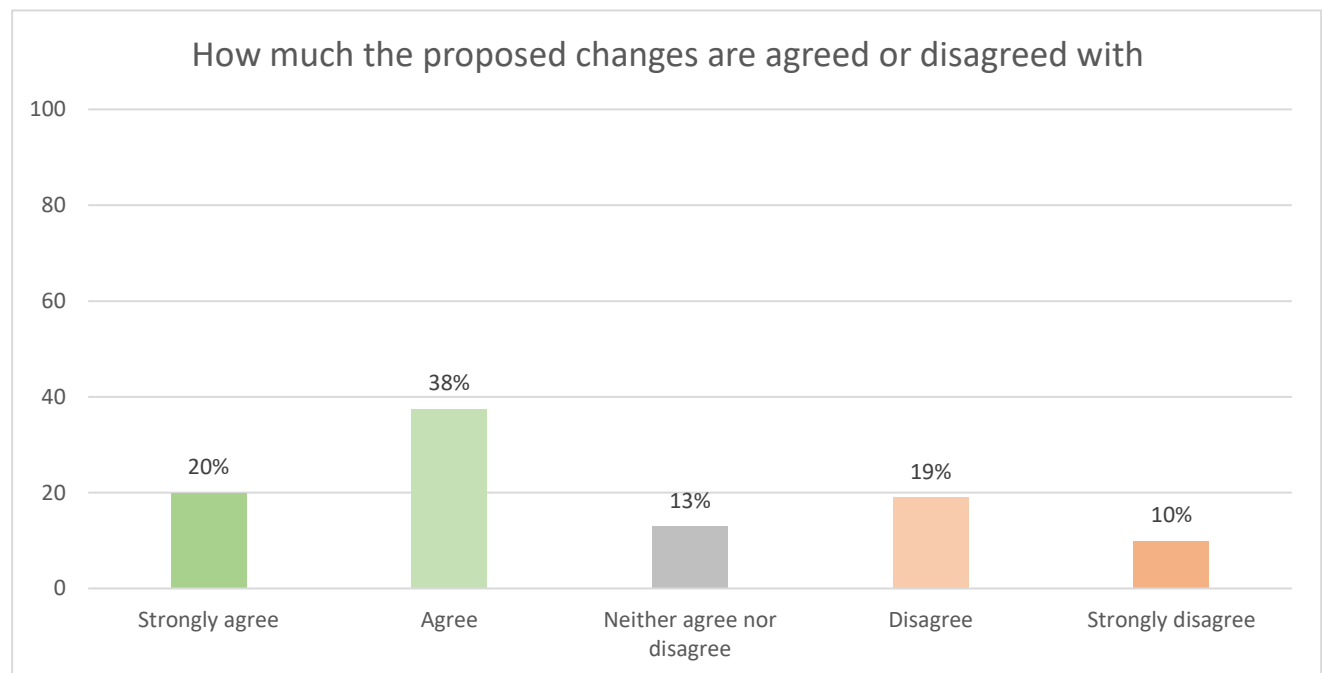


Table 1 shows the comment themes for all respondents. The bullet points below show the top themes based on people's views on the proposal.

The top comment themes for those who agreed with the proposal were:

- Targeting those most in need is sensible (15)
- Retain some flexibility around the type of support offered irrespective of whether an individual is in the target groups (10 comments)
- The proposed approach is cost-effective (9)
- Focus on certain characteristics and groups (5)

The top comment themes for those who disagreed with the proposal were:

- It is vital to have a range of contact methods (14 comments)
- Those who cannot access online will be excluded (6)
- The approach must be led by individual need (4)
- Retain some flexibility around the type of support offered irrespective of whether an individual is in the target groups (5)

Table 1 - comment themes on their views on the proposed change

Comment theme topic	Number of comments
It is vital to have a range of contact methods	19
Retain some flexibility around the type of support offered irrespective of whether an individual is in the target groups	17
Targeting those most in need is sensible	16
The proposed approach is cost-effective	9
Those who cannot access online will be excluded	8
The approach must be led by individual need	8
View is unspecific or unclear	6
Focus on certain characteristics and groups	5
Comment on their personal situation	4
Approach will not offer sufficient support for all	4
Focus on drawing attention to how people create and can address their own health risks	4
Provide simpler access to information about healthy behaviour	3
Approach will achieve the greatest impact	3
Do not exclude certain characteristics or groups	3
Approach will miss those who do not ask for help	3
Approach relies on services being efficient and proactive	2
Approach will exclude people who still need support	2
Approach relieves pressure on other parts of the healthcare system	2
The current model is good	1

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The service's impact is not clear	1
Involving the third sector is sensible	1
It is more important to improve voluntary sector resourcing	1
Approach prioritises savings over support	1
Use other existing resources to publicise the service	1
Approach will not offer sufficient support for all	1
Approach will not offer support frequently enough	1
Approach is not cost-effective	1

Table 2 - comment themes on how they would be affected

Comment theme topic	Number of comments
It must be led by individual need	9
Concerned about digital exclusion for themselves or others	9
Comment on their personal situation	8
They will be personally excluded from the full range of services	8
Comment is unspecific or unclear	8
There will be greater impact for those in need	5
Use of the service will be reduced	5
The quality of health outcomes will be reduced	5
Access to health and wellbeing support will be improved	3
There will be a benefit to people's health and wellbeing	2
They are unclear on the criteria for qualifying for support	1
Access to service information should remain the same	1
Comment on service's previous engagement	1
Do not exclude certain characteristics or groups	1
The highest level of support is vital for those in need	1
It is vital to have a range of contact methods	1
Approach will not offer sufficient support for all	1
The longevity of client health outcomes will be improved	1
There will be no financial benefit	1

Charts 3 & 4 - preferences for spending the budget freed up

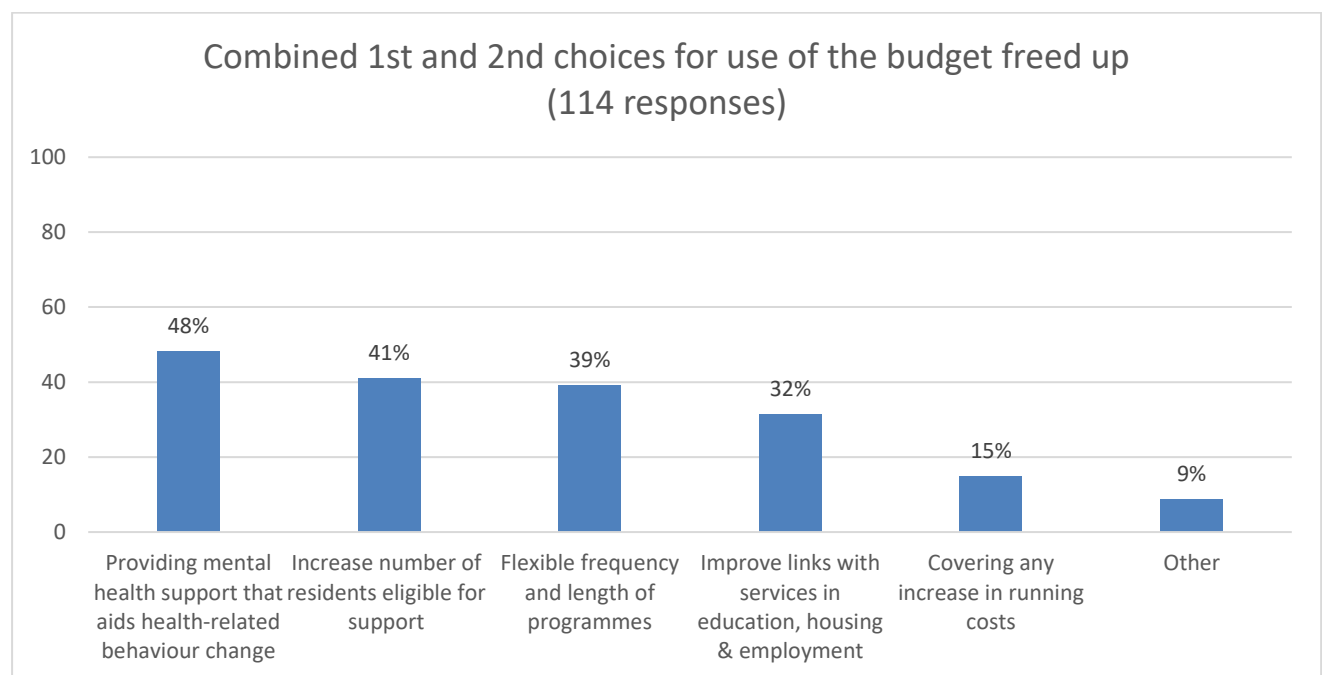
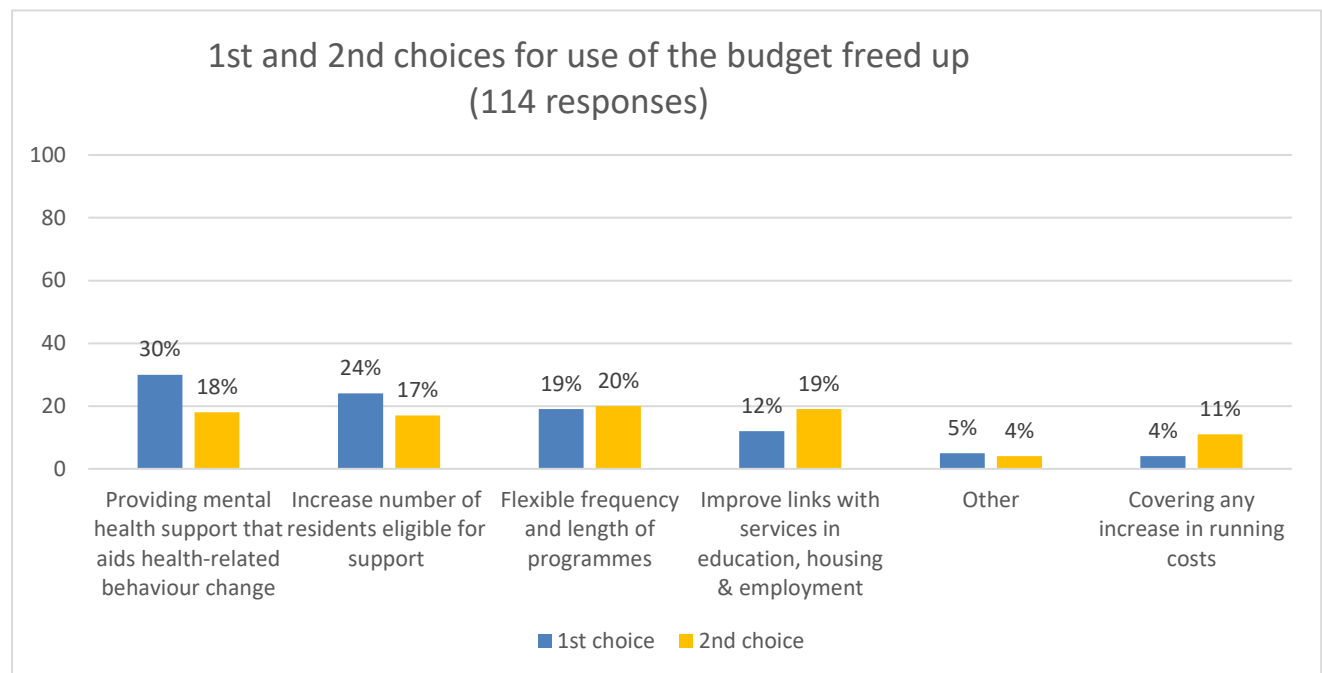
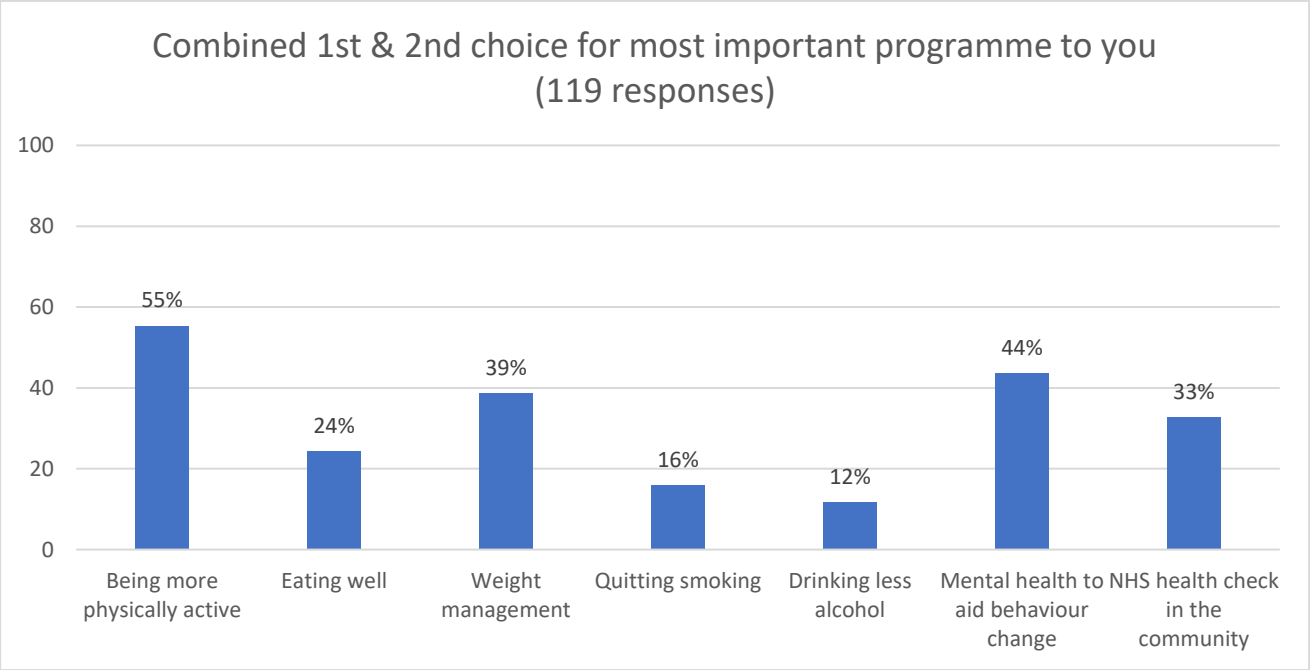
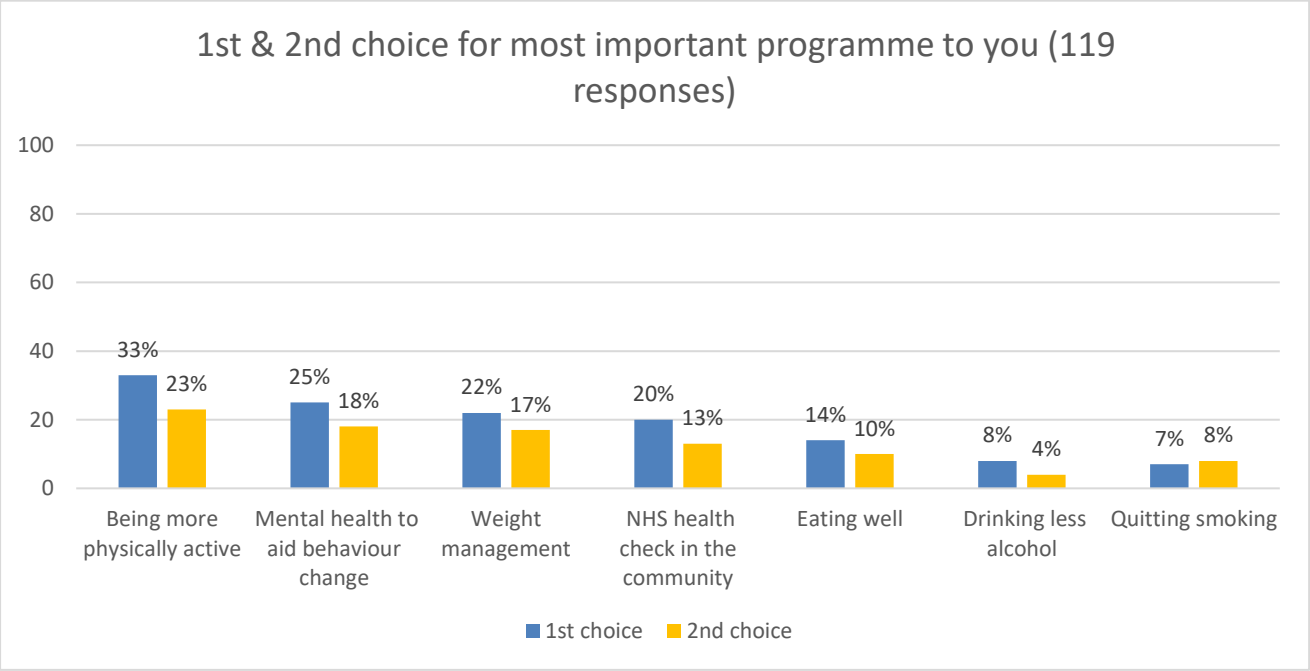


Table 3 - comment themes for where people ticked 'other' for the spending preferences for spending the budget freed up

Comment topic theme	Number of comments
The comment is unspecific or unclear	6
Support should be based on individual need	4
Fund space for community venues	3
Better cooperation with other services	3
Operate the service within existing community facilities	3
Provide affordable exercise facilities	2
Use for collaboration with community groups	2
Have a more efficient referral process	2
Use for supporting voluntary organisations	2
Offer affordable walking & social groups	1
Provide better health and wellbeing information resources in community spaces	1
Build on the existing referral routes	1
Cater for neurodivergence in the service programmes	1
Offer group mental health support	1
Increase the services in evening hours	1
Invest more in existing health support	1
Allow for more client autonomy in the referral process	1
Provide more concise support options	1
Offer more training to service staff	1
Reduce council tax	1
Retain the current service	1
Use for service supervision	1
Offer single day intervention courses	1

Use to support people with digital access	1
Train service staff in neurodivergence	1

Charts 5 & 6 - behaviour change programme that is important to you



Charts 7 & 8 - behaviour change that is most important to the community

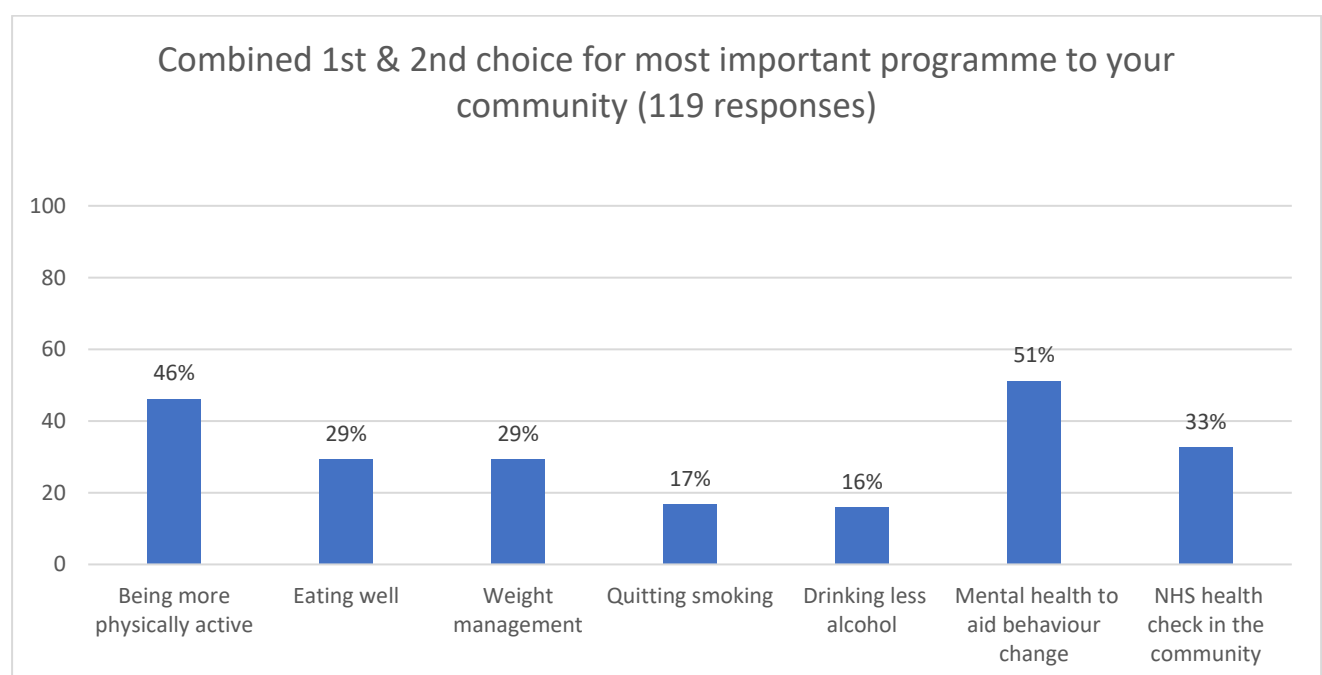
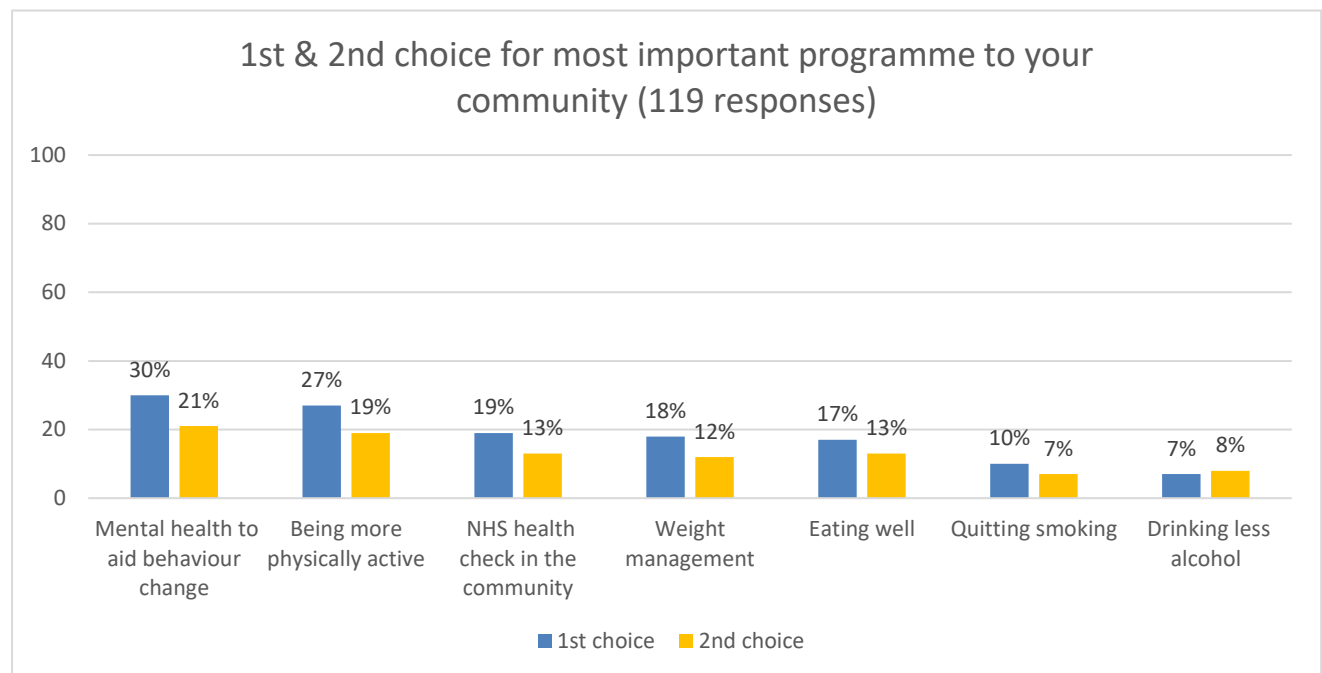


Table 4 - comment themes for those who ticked 'other' for the programmes that are important to them and their community

Comment topic theme and breakdowns	Number of comments
Physical activity Leads to other health benefits (9 comments); benefits community (2); cost effective (1)	12
Eating well Leads to other health benefits (5 comments); need earlier/more education and prevention (4)	9
Promotion Offer more opportunities for/promotion of activity/resources (8)	8
Change focus Council (2 comments); individual responsibility (2); earlier education in NHS (1); concentrate on needs not targets (1); to encompass multiple needs (1)	7
Mental health Makes support more accessible (3); benefits the community (2); leads to other health benefits (2)	7
NHS Health check Identifies issues that might otherwise be missed (2); leads to other health benefits (2); benefits the community (1)	5
Weight management Benefits the community (3); need earlier education and prevention (1); needs less focus on it (1)	5

Quit smoking Benefits community (2); suitable programmes are needed (1); no elaboration (1)	4
Target particular groups People with a learning disability (2); young women (1); young people who are overweight (1)	4
Drinking less Benefits community (1); leads to other health benefits (1); less easy to identify (1); no elaboration (1)	4
Other Comment on their personal situation (2); comment on nature of the question (1); and economic situation affects their health (1)	4

Table 5 - comment themes for open question at the end giving space for any other comments and suggestions

Comment topic themes	Number of comments
Ensure better cooperation with other services	7
Create better awareness of the multiple ways to refer	4
Comment is unspecific or unclear	4
Approach is cost effective	3
Retain some flexibility around the type of support offered irrespective of whether an individual is in the target groups	3
It must be led by individual need	3
The survey is not fit for purpose	2
Offered a positive comment on the current service	2
Approach will benefit health and wellbeing	2
Mitigate repeat use by unengaged service users	2
Make no change to current service	2
Increase awareness of service	2
It is vital to have a range of contact methods	2
Ensure clearer communication of eligibility criteria	2
Offered a comment on their experience with the service	1
Focus on cost efficiency	1
Ensure any changes do not reduce the quality of the service	1
Focus on health and wellbeing regardless of Body Mass Index	1
Focus on individuals with mental health needs	1
Fund external services based on individual need	1
Identifying those in need is a barrier to the service	1
Implement the changes as soon as possible	1
Include social engagement support in the service	1

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Increase the frequency with which services can be used	1
Invest in community programmes	1
Learn from other successful services	1
Make service use conditional based on user's progress	1
Offer more physical activity support	1
Promote wellbeing within communities more	1
Targeting those most in need is sensible	1
Refer into other services as part of an intervention	1
Referrals from social services are needed	1
Retain a holistic health and wellbeing approach	1
Retain contact with a health coach option for everyone	1

Appendix 3 - about you summary

People had the option of answering the about you equality questions.

Table 6 - age

	Respondent number	Respondent percentage
Under 18	0	0%
18-24	0	0%
25-34	5	4%
35-44	17	14%
45-54	20	17%
55-59	18	15%
60-64	16	13%
65+	27	23%
Prefer not to say	17	14%
Not answered	0	0%

Table 7 - gender

	Respondent number	Respondent percentage
Male	22	18%
Female	81	68%
Non-binary	3	3%
Prefer to self-describe	0	0%
Prefer not to say	10	8%
Not answered	4	3%

Gender identity: 103 (86%) identify with the sex they were registered with at birth, while 2 people (2%) do not and consider themselves non-binary. 5 (4%) preferred not to say and 10 people (8%) did not answer.

Table 8 - ethnicity

Ethnicity	Respondent number	Respondent percentage
White British	91	76%
White Irish	4	3%
White Gypsy/Irish Traveller	1	1%
White Roma	0	0%
White other	4	3%
Mixed White and Black Caribbean	0	0%
Mixed White and Black African	1	1%
Mixed White and Asian	1	1%
Mixed other	0	0%
Asian or Asian British Indian	0	0%
Asian or Asian British Pakistani	0	0%
Asian or Asian British Bangladeshi	0	0%
Asian or Asian British Chinese	0	0%
Asian other	1	1%
Caribbean	1	1%
African background	0	0%
Black, Black British or Caribbean other	0	0%
Arab	0	0%
Other	1	1%
Prefer not to say	4	3%
Not answered	10	8%

Table 9 - sexual orientation

Sexuality	Respondent number	Respondent percentage
Bi/Bisexual	6	5%
Heterosexual/Straight	91	76%
Gay or Lesbian	2	2%
Prefer to self-describe	1	1%
Prefer not to say	10	8%
Not answered	10	8%

Table 10 - religion or belief

Religion	Respondent number	Respondent percentage
Christian	44	37%
Buddhist	2	2%
Hindu	1	1%
Jewish	0	0%
Muslim	0	0%
Sikh	0	0%
Other	2	2%
Philosophical belief	3	3%
No religion	52	43%
Prefer not to say	6	5%
Not answered	0	0%

Table 11 - physical or mental health condition

Conditions expected to last 12+ months	Respondent number	Respondent percentage
Yes	52	43%
No	55	46%
Prefer not to say	1	1%
Not answered	12	10%

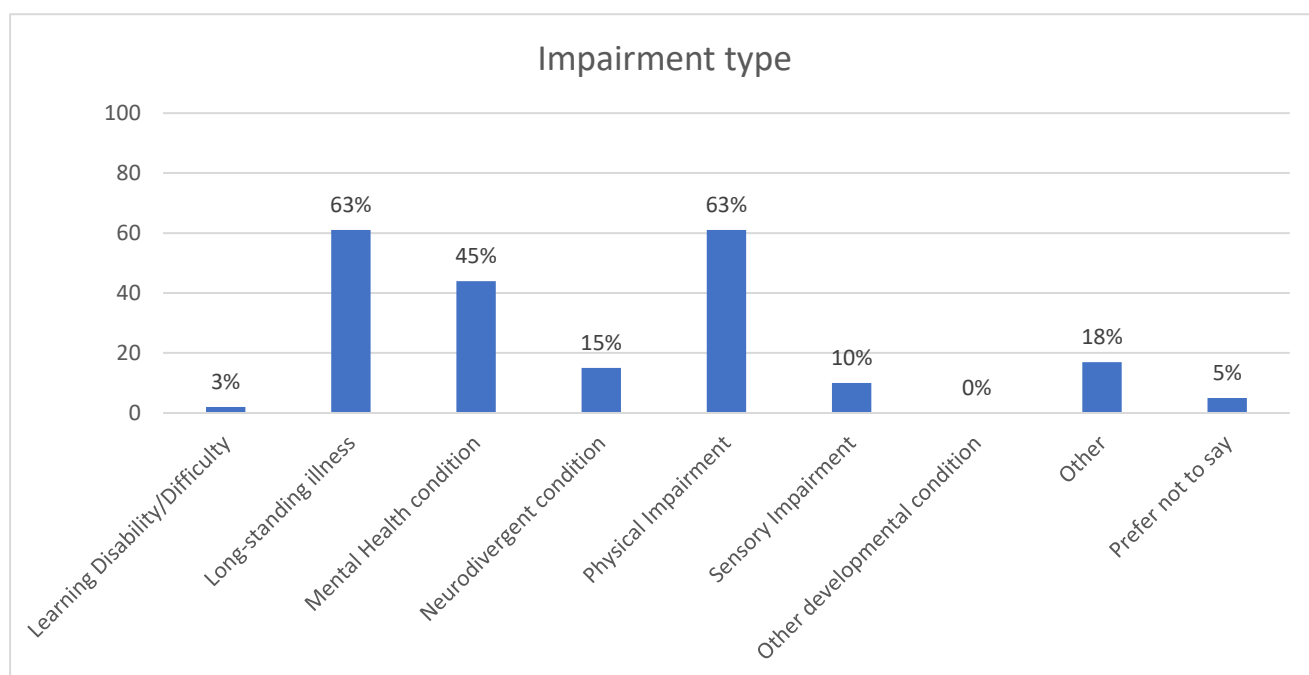
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Of those who do have a physical or mental health condition expected to last more than 12 months:

- 20 (38%) said their condition reduces their ability to carry out day-to-day activities 'a lot',
- 20 (38%) said 'a little',
- 9 (17%) said 'not at all',
- 2 (4%) preferred not to say, and
- 1 (2%) did not answer.

People who said that their condition affects their ability to carry out day-to-day activities a little or a lot, were asked what impairment types they had. The chart below shows the percentage for each impairment type, for the 40 respondents who had impairments. Please note that respondents may have multiple impairments.

Chart 9 - impairment type



Caring responsibilities

70 (58%) do not provide care or support, while 3 (3%) preferred not to say and 12 (10%) did not answer. 35 respondents (29%) look after someone, or give help or support to them, because of their long-term physical or mental health conditions or illnesses, or problems related to old age.

The tables below show the hours spent providing care and who they provide care to. Please note four people who did not identify as carers have also answered.

Table 12 - hours of care or support provided

Hours of care or support provided	Respondent number	Respondent percentage
9 or less a week	15	39%
10 to 19 a week	5	13%
20 to 34 a week	4	10%
35 to 49 a week	6	15%
50 or more a week	3	8%
Prefer not to say	4	10%
Not answered	2	5%

Table 13 - type of person care or support provided to

Type of person	Respondent number	Respondent percentage
Child with special needs	3	8%
Friend	4	10%
Parent	8	21%
Partner/spouse	11	28%
Other family member	2	5%
Other	5	13%
Prefer not to say	4	10%
Not answered	2	5%

Armed forces service

2 respondents (2%) currently serve, or have previously served, in the UK armed forces, while 99 (83%) do not, 2 (2%) preferred not to say and 17 (14%) did not answer.

6 respondents (5%) are in a family or household with someone who currently serves, or has previously served, in the UK armed forces, while 87 (73%) are not, 4 (3%) preferred not to say and 23 (19%) did not answer.

Table 14 - Postcode

Area	Respondent number	Respondent percentage
Lewes	7	6%
Rother	37	31%
Hastings	18	15%
Eastbourne	9	8%
Wealden	11	9%
No postcode provided	37	31%

One respondent provided a postcode for the Brighton and Hove area.

Appendix 4 - views from engagement meetings

The consultation was shared and discussed at various engagement groups and with relevant teams, with 55 people taking part this way. The table on the next page summarises the nine meetings attended and the views that we gathered.

The following themes were identified from the meetings, although some reflect the focus of a single meeting:

- Transport support should be maintained and/or improved (5 comments)
- Eligibility for the targeted support (4)
- Digital exclusion concern or suggestion (4)
- Consideration of mental health offer and impact on needs (4)
- Service delivery suggestions (4)
- Access to the service (3)
- Being an inclusive service (3)
- Referrals into the service (3)
- Ensure VCSE involved (3)
- Consultation engagement (2)
- Groups to target the service to (2)
- Positive comment about the proposal (2)
- Positive re current service (1)

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Date	Attendee group	Type of attendee	Number attended	Agenda	Summary of meeting
10/01/23	Joint Mental Health Commissioning Team	<p>Staff working in the NHS in health and wellbeing</p> <p>Staff working in a statutory organisation in health and wellbeing</p>	6	<p>Talked through consultation using slides</p> <p>Asked attendees to promote consultation</p> <p>Asked attendees for general feedback</p> <p>Asked attendees additional questions</p> <p>Asked attendees to submit response to consultation or email comments</p>	<p>This meeting consisted largely of questions and offer of actions regarding promotion or networking for the consultation and future service provider.</p> <p>Mentioned that wellbeing hubs and social prescriber teams currently promote/link with the current service.</p> <p>There is concern about those with severe mental health not engaging with the consultation.</p> <p>Eligibility criteria for different levels of support questioned around strictness and how clear it will be to include potential digital exclusion barrier. Presenter explained the criteria and that there will be a caveat for those who are identified as needing more support by the provider, who do not meet criteria for higher level support.</p> <p>Learning from current mental health programmes would be useful to shape best practice in the new service.</p>

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11/01/23	Involvement Matters team	Service users Residents of East Sussex	7	<p>Asked attendees to promote consultation</p> <p>Asked for general feedback</p> <p>Asked attendees additional questions</p> <p>Asked attendees to submit response to consultation or email comments</p> <p>Easy read version of the consultation was also discussed</p>	<p>Positive feedback was provided about an attendee's current and/or previous experience of using the current service. This included the benefits of a holistic approach, having 1:1 support with a coach to identify their personal barriers and set tailored goals. It was also mentioned how useful having text reminders of their appointments is. In addition, the attendees liked how accessible the service was, being able to attend in a familiar safe space e.g., library and having their key worker present with them during face-to-face sessions. To keep the service accessible, friendly staff, a more holistic approach and meaningful conversations around their own data are essential.</p> <p>It was felt that advertising material such as the service leaflet needs to have an Easy Read version, as they struggled to understand the standard format.</p> <p>Those who had used the service were referred by their GP, but all other attendees did not know about the service. Better engagement and promotion for people with a learning disability and the services that support them is needed.</p>
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23/01/23	Senior Commissioning Manager for Mental Health East Sussex, Community Mental Health Commissioning and Public Health staff	Staff working in the NHS in health and wellbeing Staff working in a statutory organisation in health and wellbeing	3	Asked for general feedback Asked attendees additional questions	<p>Majority of the attendees agreed with the proposal and the benefit of targeting higher level support for those with the greatest need. It was strongly advised that the criteria for people with the greatest need included those with severe mental illness (SMI). How will the service maximise engagement and access for this cohort? Will this be done via the service model and links to existing mental health services? There is also a need to focus specifically on access to smoking and weight management support, as they are key issues within this cohort too.</p> <p>Mentioned that the new service must be mindful of the trauma those with SMI have experienced from 'going through the system', demonstrating empathy and understanding.</p> <p>Make sure that carers are considered in any commissioner services.</p> <p>Identify a way to collaborate on the SMI health check and NHS health check, so individuals with SMI can access both together.</p>
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25/01/23	Staff from Healthy Ageing through Innovation in Rural Europe	Staff working in a statutory organisation	1-2-1	<p>Talked through consultation</p> <p>Asked for general feedback</p> <p>Asked attendee to submit response to consultation or email comments</p>	<p>Session provided learning from Healthy Ageing through Innovation in Rural Europe's (HAIRE) work, that may help inform the future service model. HAIRE works to support people aged 40-70, prepare for a healthy retirement and ensure wellbeing in later life, which includes a Life Transitions Project. This project could signpost people into the new service as well as be promoted within the service for appropriate people aged 40-70.</p> <p>Suggested support for the longer-term maintenance of behaviour change could be strengthened in the new service model.</p> <p>Would be beneficial to provide IT support/training in the service to mitigate digital exclusion.</p> <p>Recruiting staff for the service, living within the more deprived communities the service aims to engage with, can be an effective tool.</p>
27/01/23	Policy Manager at ESCC	Staff working in a statutory organisation	1-2-1	<p>Talked through consultation</p> <p>Asked for general feedback</p> <p>Ask attendees additional</p>	<p>Future service needs strong links with the Voluntary Community and Social Enterprise (VCSE) sector and to co-design the service model with communities the service is intended for (using existing projects/ organisations supporting these communities as a route to engage). In addition, have links with social</p>

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				questions	<p>landlords and housing teams.</p> <p>Mentioned that VCSE providers seeing more people with financial and mental health problems, so how will the new service support this?</p> <p>Co-location of the service with current VCSE providers, to support people also receiving help for other issues outside of the service models provision, would be beneficial.</p>
02/02/23	East Sussex Communications and Inclusions Steering group	<p>Residents of East Sussex</p> <p>Staff working in the NHS in health and wellbeing</p> <p>Staff working in the voluntary sector in health and wellbeing</p> <p>Staff working in a statutory organisation in health and wellbeing</p>	12	<p>Talked through consultation</p> <p>Asked attendees to promote consultation</p> <p>Asked for general feedback</p>	<p>Proposed changes to current service and the reasons for these changes align with work the East Sussex Communications and Inclusions Steering group are working on, in regard to vulnerability, social isolation, community hubs and financial inclusions.</p> <p>Voluntary Community and Social Enterprise (VCSE) sector are important to involve in the future services work.</p> <p>Presenter reflected that VCSE would be a key partner in the new contract and supporting co-design with the communities the service is aimed at.</p>

Health-related behaviour change consultation

02/02/23	Housing Support Solutions Team	Staff working in a statutory organisation	9	<p>Talked through consultation</p> <p>Asked attendees to promote the consultation</p> <p>Asked for general feedback</p> <p>Asked attendees to submit a response to consultation or email comments</p>	<p>Discussion focused on access and transport. Those with greatest health inequalities, need support to access face-to-face provision. Digital support is not an acceptable default option for those struggling to attend due to finance or rurality etc. Potential to use any underspend to provide financial support to targeted individuals not able to access face to face provision and to link the new service with community transport services, volunteer driver schemes or East Sussex County Council transport hub. In addition, ensure the outreach bus in current service continues and increase this type of provision to create better access within deprived or rural communities.</p> <p>Query about carers being considered as facing significant health inequalities. Presenter advised that carers would be considered in this group and have access to high levels of support as well as other key groups not specifically mentioned in the examples given in the public consultation.</p> <p>One attendee spoke about the opportunity for the service to better target/engage with older people and that this could be facilitated through strengthened links with commissioned services.</p>
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Health-related behaviour change consultation

13/02/23	Inclusion Advisory Group (IAG)	<p>Service users</p> <p>Residents of East Sussex</p> <p>Staff in voluntary sector in health and wellbeing</p> <p>Staff working in a statutory organisation in health and wellbeing</p>	10	<p>Talked through consultation using slides</p> <p>Asked attendees to promote consultation</p> <p>Asked for general feedback</p> <p>Asked attendees additional questions</p> <p>Asked attendees to submit response to consultation or email comments</p> <p>Presented initial findings at the time (based on 99 responses) and demographic information</p>	<p>It was felt that service was very broad and complex. Although a tailored service is positive, there is a risk that people deemed not in need could be digitally excluded or those who need a higher level of support will not be correctly identified in the initial health assessment, due to lack of initial trust. Presenter provided examples of mitigations, including caveats for those who are digitally excluded to access face-to-face, good quality referrals from trusted professionals and need for the service to review a client's early progress, to assure programme is appropriate.</p> <p>There was interest in the level of engagement from different protected characteristics in both current service and the consultation itself. Presenter explained the measures formulated to ensure better equalities monitoring in the new service. Attendee further suggested the service needs better links with existing safe spaces for different protected characteristics e.g., Mosques.</p> <p>It was felt the focus on mental health in the new service was important.</p> <p>Positive feedback was provided regarding the mobile health bus in current service and that it was</p>
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Health-related behaviour change consultation

					important this still operated in the new service, as it is key for reaching seldom heard, creating easier access over all, and raising awareness.
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Appendix C: Key themes from public consultation on proposed change to the Integrated Health and Wellbeing Service and ESCC Public Health response

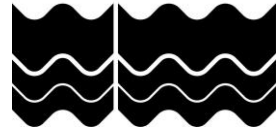
The table below sets out the key themes identified from respondents comments on their views of the proposed change and how they would be affected. It also details - where appropriate - a clarification, action or mitigation that effectively addresses each identified theme.

Theme	Number of comments received	Example comment(s)	ESCC Public Health response
It's vital to have range of contact methods	18 people of whom 14 disagreed and 4 agreed	<p><i>'It is important to reach as wide an audience as possible and a hybrid approach will support the delivery of this. However, you should not disregard the importance of face-to-face interaction.'</i></p> <p><i>'Online support shouldn't take the place of in-person. Not everyone has access to, or is competent with, technology. For some people interaction with others is more beneficial and will keep people on the right track.'</i></p>	<p>As part of the proposed change, a range of contact methods (face to face, virtual, telephone and online) will be available. However in line with a proportionate universalism approach, more intensive forms of support would only be routinely offered to those facing the greatest health inequalities.</p> <p>The public consultation did state that the provider would have the flexibility to offer more intensive forms of support to any individual who they identify as requiring it.</p> <p>ACTION: The specification for the service will make this flexibility more explicit (i.e. principles of the service are jointly based on a proportionate universalism and personalised care approach).</p>
Retain some flexibility around the type of support offered irrespective of whether an individual is in the target groups	17 people - of whom 10 agreed with the proposal, 2 were neutral and 5 disagreed	<p><i>'It is ideal for it to be open to everyone and more practical to concentrate on those of greater need'</i></p> <p><i>'Because intense support should be available to all motivated people, irrespective of whether they live in an area defined as lacking equality.'</i></p>	<p>As part of the proposed change, how individuals receive support would not be the same for everyone, with more intensive forms of support only routinely offered to those facing the greatest health inequalities.</p> <p>Whilst the provider would have the flexibility to offer more intensive forms of support to any individual who they identify as requiring it; in order to help tackle health inequalities and make the biggest improvements to overall population health in East Sussex, there is strong rationale for adopting a proportionate universalism approach as a core principle of the service, recognising the need to also ensure a personalised care approach to meet identified needs (as opposed to purely preference).</p>
Targeting those most in	16 people - of whom 15 agreed with	<i>'Progressive universalism makes sense; ie: something for everybody,</i>	N/a

need is sensible	the proposal and 1 was neutral	<p><i>but not everyone gets the same.'</i></p> <p><i>'I agree that the focus should be on higher risk groups . I also believe that the broad offer for ALL, should be robust, to include signposting/ referral on to other services, outside of the online offer (to best utilise existing services, ie Digital weight management programme for Diabetes/ Hypertension.'</i></p>	
The proposed approach is cost-effective	9 people – all of whom agreed with the proposal	<i>'I agree that you can make better use of the funding with a more intensive support offer to those who need it more.'</i>	N/a
Those who cannot access online will be excluded	8 people – of whom 6 disagreed with the proposal and 2 were neutral	<p><i>'Those who do not have access to a computer, ipad etc or smartphone would be excluded from an online service, particularly older residents or those who are unable to afford broadband/landline and electricity. Also, you are assuming a certain level of computer skills and the money to afford the necessary devices. Also, it has been proven that isolation and loneliness play a huge part in mental and physical wellbeing. Face-to-face appointments or group support could be far more beneficial to such residents.'</i></p>	<p>The public consultation did state that the provider would have the flexibility to offer more intensive forms of support to any individual who they identify as requiring it. This could include individuals needing to access face to face support due to limited access to digital technology or a lack of digital skills/ability to access digital skills support.</p> <p>ACTION: The specification for the service will make this flexibility more explicit (i.e. principles of the service are jointly based on a proportionate universalism and personalised care approach).</p> <p>ACTION: The specification for the new service will set out a requirement to effectively support and address digital exclusion in order to enable service users to engage and utilise digital based interventions, where these are deemed appropriate. This would include:</p> <ul style="list-style-type: none"> • Provision of IT/digital skills training to those who might benefit from such support or development of robust pathways with existing digital skills training providers in order to help address digital exclusion of service users;

			<ul style="list-style-type: none"> • Development of strong links with organisations that support individuals to gain access to digital technology (to reduce barriers to engaging in digital health related behaviour change support); and • Pro-active work to address other known enablers and barriers to digital inclusion such as motivation, trust and useability.
The approach must be led by individual need	8 people - of whom 4 disagreed with the proposal, 3 agreed and 1 was neutral	<p><i>'I agree with this approach on the assumption that GPs and other health professionals will continue to be able to refer people in all groups for more intensive help if that would benefit them.'</i></p> <p><i>'Having worked as a core behaviour change health coach, both face-to-face and over the phone, for OYES, I feel that what platform works is very dependent on the individual and what they are comfortable with....I feel quite strongly that it is not only people in deprived areas who need the direct contact with a coach. It is so dependent on the individual and what they need.'</i></p>	<p>In line with a proportionate universalism approach, as part of the proposed change, more intensive forms of support would only be routinely offered to those facing the greatest health inequalities.</p> <p>The public consultation did state that however that the provider would have the flexibility to offer more intensive forms of support to any individual who they identify as requiring it.</p> <p>ACTION: The specification for the service will make this flexibility more explicit (i.e. principles of service are jointly based on a proportionate universalism and personalised care approach).</p> <p>ACTION: To help ensure that service users are filtered into interventions appropriately, it will also be a requirement of the new service for an individual's early engagement with their directed programme to be reviewed and amended as required.</p>

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Integrated Health and Wellbeing Service Equality Impact Analysis Summary and Action Plan

Assessment of overall impacts and any further recommendations¹ - include assessment of cumulative impacts (where a change in one service/policy/project may have an impact on another)

The current service and proposed new service model do not explicitly exclude any protected characteristic. Whilst the service is only available to those 16+ (or 12 years+ for stop smoking support), there are alternative services available for children and young people that can support health related behaviour change.

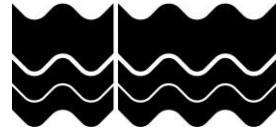
There may be less explicit barriers experienced by individuals with protected characteristics in terms of their engagement with the existing Integrated Health and Wellbeing Service (IHWS); however we are unable to accurately understand and effectively address these due to current limitations in equalities monitoring information captured and limited feedback received from specific protected characteristic groups.

Taking into consideration available data/feedback and the actions proposed in the EqlA to advance equity, there is an anticipated positive or neutral impact for individuals across all protected characteristic groups. This takes into account both the overall service model and the specific proposed change to 'how' residents may receive health related behaviour change support.

The findings of the public consultation, previous service user survey and engagement meetings highlight the need to provide a service that reflects both proportionate universalism* and personalised care. Alongside a need to improve the capture of equalities monitoring information as part of the current and future IHWS; this EqlA has identified a need to consider how to support those who may experience digital exclusion to access and utilise online support programmes (where these are offered and meet the needs of the individual), as well as practical support to enable those who would be eligible for/would benefit from face to face support to access this (where this is their preferred support method).

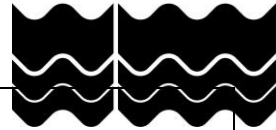
Given that for a number of protected characteristics, we received no specific information or feedback; the new service should ensure that community centred approaches and regular meaningful engagement is undertaken with the local population (including those with protected characteristics) to co-design, review and refine the service to enable it to meet identified needs and provide local behaviour change interventions that maximise awareness, engagement and outcomes.

* 'Proportionate universalism' is term that describes actions or interventions that are implemented for the whole (local) population, but with a scale and intensity proportionate to need

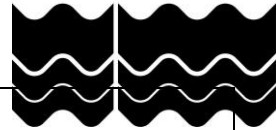


Prioritised Action Plan²

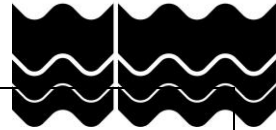
Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
Gaps in equalities monitoring by current IHWS (ALL)	Requirement for information in relation to all protected characteristics to be reported by the provider on a quarterly basis. This will include a breakdown by service arm.	Better understanding of who is accessing the Integrated Health and Wellbeing Service and who is engaging in each service arm.	Targets will be set and information will be reviewed by the lead commissioner and discussed at regular contract review meetings. Mitigation will be monitored through an EqIA provider action plan.	For entirety of contract which will commence on 1st April 2024 (plus work to be undertaken during 23/24 as part of current contract).
	Requirement to ensure that all staff (including volunteers) participate in training around equalities monitoring (and collection of this data).	Improved confidence and motivation of staff and volunteers to collect equalities monitoring information leading to reduction in data gaps.	Reduction in instances where equalities monitoring information is coded as 'Not recorded/known' Targets will be set and information will be reviewed by the lead commissioner and discussed at regular contract review meetings	For entirety of contract which will commence on 1st April 2024 (plus work to be undertaken during 23/24 as part of current contract).
	Requirement for new service to effectively support/address digital exclusion in order to enable service users to engage and utilise digital based interventions, where these	Digital exclusion experienced by service users is reduced (i.e. through increase digital skills/access to digital	This will be monitored via a number of mechanisms as part of the contract, to include:	For entirety of contract which will commence on 1st April 2024



<p>Provision of online support programmes and impact on those experiencing digital exclusion</p> <p>(ALL – but more likely to affect older adults, those with a disability, those living in rural areas, etc)</p>	<p>are deemed appropriate. Actions may include:</p> <ul style="list-style-type: none"> • Provision of IT/digital skills training to those who might benefit from such support; • Development of robust pathways with existing digital skills training providers in order to help address digital exclusion of service users; • Development of strong links with organisations that support individuals to gain access to digital technology (to reduce barriers to engaging in digital health related behaviour change support); and • Pro-active work to address other known enablers and barriers to digital inclusion such motivation, trust and useability. 	<p>technology/increased trust in utility of online programmes)</p> <p>Increase in number of individuals who commence and fully participate within an online support programme.</p> <p>Broader benefits to individuals as a result of reduced digital exclusion.</p>	<ul style="list-style-type: none"> • Number of individuals accessing support to address digital exclusion. • Number of individuals who commence and engage in online support programmes. • Relationships and pathways developed with relevant partners and organisations. • Service user feedback 	
<p>Ability to access face to face support, where eligible</p> <p>(ALL, but more likely to affect those living in rural areas/areas with public transport limitations)</p>	<p>Requirement as part of new service to ensure that those who are eligible for face to face support but unable to easily access service locations due to financial/public transport limitations (and would prefer face to face to online delivery) are supported to access face to face support. Actions may include:</p> <ul style="list-style-type: none"> • Provision of outreach support to take 'service' to residents; 	<p>Increase in number of individuals eligible for face to face support (and preferring this support method) receiving a face to face service.</p> <p>Strengthened personalised care (service meets needs of individual).</p>	<p>This will be monitored via a number of mechanisms as part of the contract, to include:</p> <ul style="list-style-type: none"> • Volume and outcomes of outreach support • Number of individuals who are provided with financial assistance to access face to face support; • Relationships and pathways developed 	<p>For entirety of contract which will commence on 1st April 2024</p>



	<ul style="list-style-type: none"> Financial assistance to enable individuals to attend face to face service locations; Development of strong links with community transport services to facilitate access for service users. 		<p>with relevant partners and organisations;</p> <ul style="list-style-type: none"> Service user feedback Service outcomes 	
<p>Received limited information from consultation methods that was specific to certain protected characteristics (leading to partial understanding of how service model and proposed change may impact on those with protected characteristics)</p> <p>(ALL, particularly those less represented in public consultation/engagement responses)</p>	<p>Requirement for new service to build and strengthen relationships with services and organisations (associated with all protected characteristics) in order to contribute towards improving outcomes amongst priority groups.</p> <p>Require for new service to use community centred approaches and work effectively with the local population (included protected characteristic groups) to co-design, review and refine the service to enable it to meet identified needs, provide an equitable service and deliver behaviour change interventions that maximise awareness, engagement and outcomes.</p> <p>As part of the re-commissioning of the IHWS, the provider will be required to consider all protected characteristics in the design, delivery and evaluation of service.</p>	<p>Increased engagement of service users with protected characteristics (particularly those facing the greatest health inequalities).</p>	<p>This will be monitored via a number of mechanisms as part of the contract, to include:</p> <ul style="list-style-type: none"> Record and details of engagement mechanisms in place and feedback from these Service user engagement (commencement and completion) by relevant protected characteristic groups Relationships and pathways developed with relevant partners and organisations Service user feedback Service outcomes 	<p>For entirety of contract which will commence on 1st April 2024.</p>



	During the tender process, commissioners will consider the impact of potential contract award on protected characteristics. Should contract award negatively impact on any particular characteristic, commissioners will work with the successful provider to address this in the service model/during mobilisation process. Where this is not possible, the commissioner will seek to develop mitigation plans through other/additional commissioning activity.			
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EqIA sign-off: (for the EqIA to be final an email must be sent from the relevant people agreeing it, or this section must be signed)

Staff member competing Equality Impact Analysis: **Nicola Blake** **Date: 16th March 2023**

Directorate Management Team rep or Head of Service:  **Date: 27th March 2023**

Equality lead: **Kaveri Sharma** **Date: 24th March 2023**
