

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.**
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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 EqIA 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 EqIA 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 EqIA 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 EqIA.

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.

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Local Members

All Members

Background Documents

None