Health-related behaviour change

Consultation results

Contents

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 enewsletters, 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)

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

Type of person responding

Category	Percentage
Has used the current service (25 people)	21%
NHS worker in health & wellbeing (9 people)	8%
East Sussex resident (59 people)	49%
Statutory organisation worker in health & wellbeing (6 people)	5%
Voluntary sector worker in health & wellbeing (11 people)	9%
Other (10 people)	9%
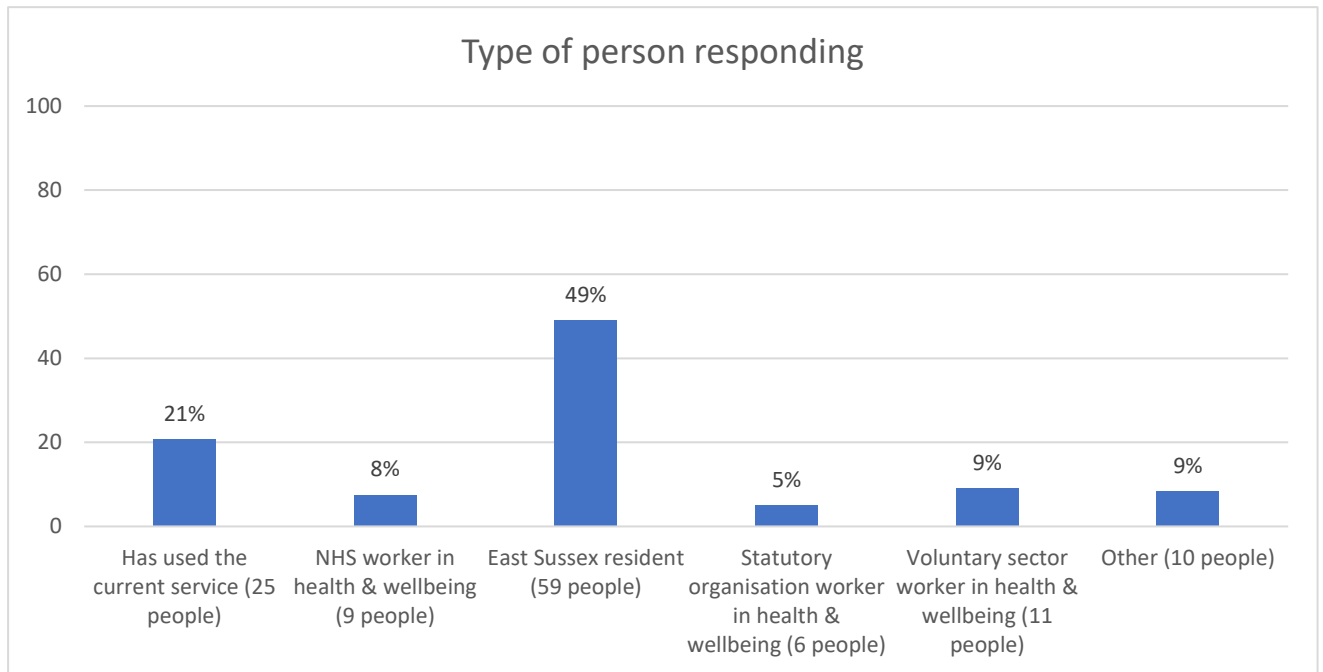
Those who ticked 'other' provided the following details:

- 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

How much the proposed changes are agreed or disagreed with

Strongly agree	20%
Agree	38%
Neither agree nor disagree	13%
Disagree	19%
Strongly disagree	10%
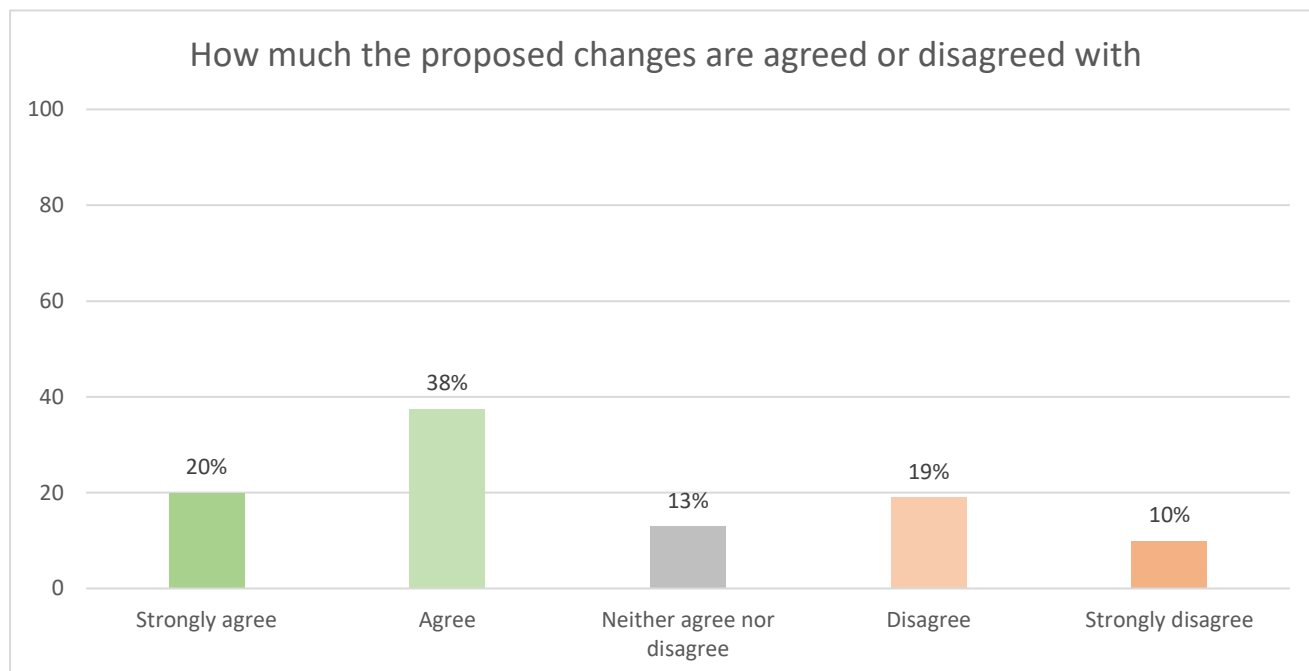
Table 1 shows the comment themes for all respondents. The bullet points below show the top themes based on people's views on the proposal.

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

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

1st and 2nd choices for use of the budget freed up (114 responses)

Category	1st choice	2nd choice
Providing mental health support that aids health-related behaviour change	30%	18%
Increase number of residents eligible for support	24%	17%
Flexible frequency and length of programmes	19%	20%
Improve links with services in education, housing & employment	12%	19%
Other	5%	4%
Covering any increase in running costs	4%	11%

Combined 1st and 2nd choices for use of the budget freed up (114 responses)

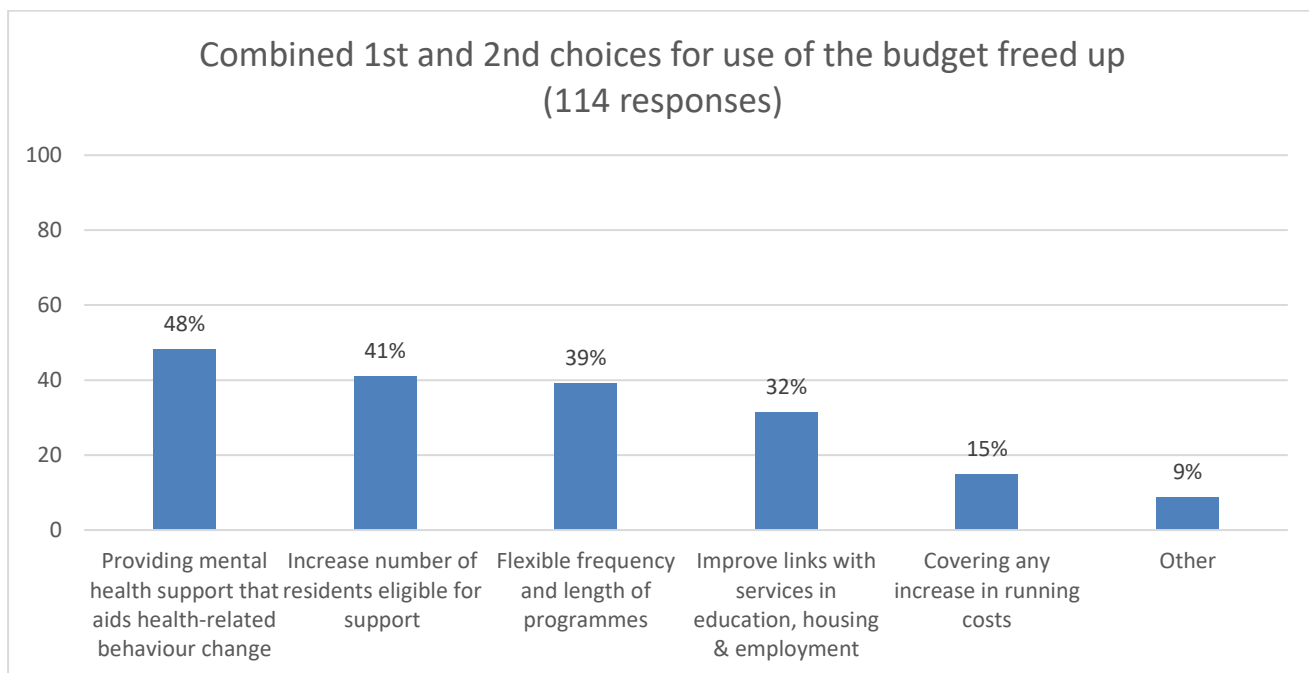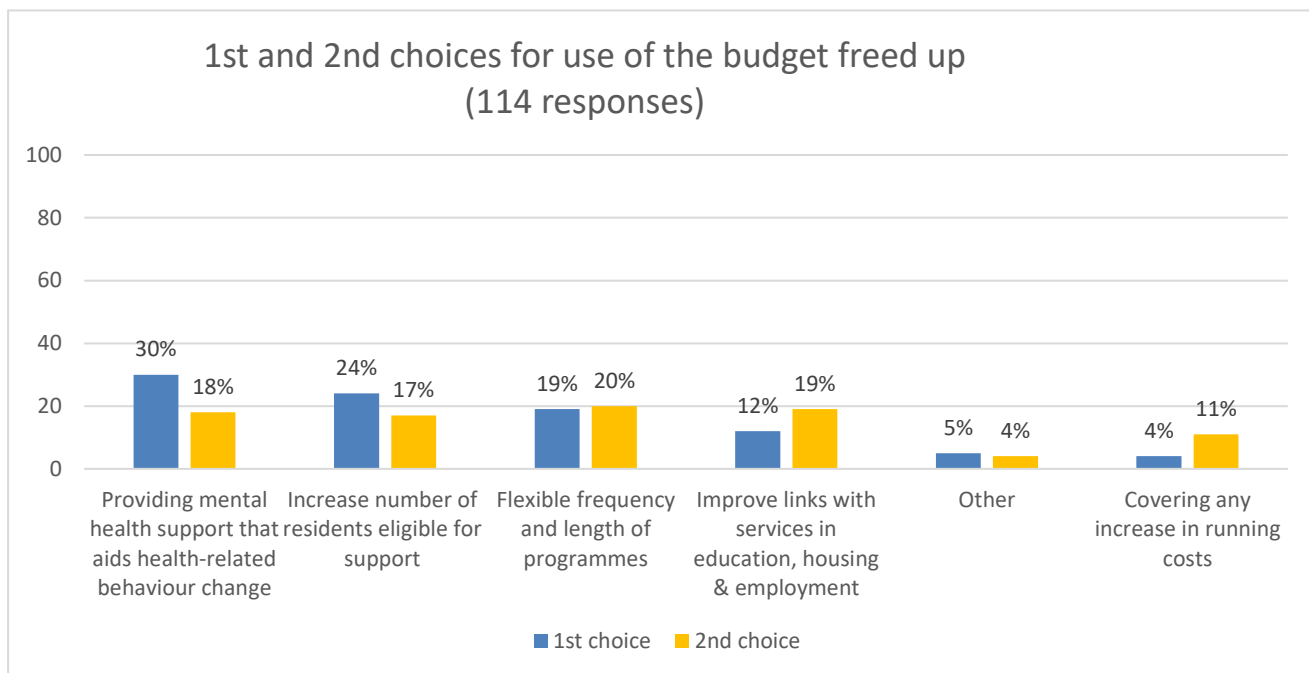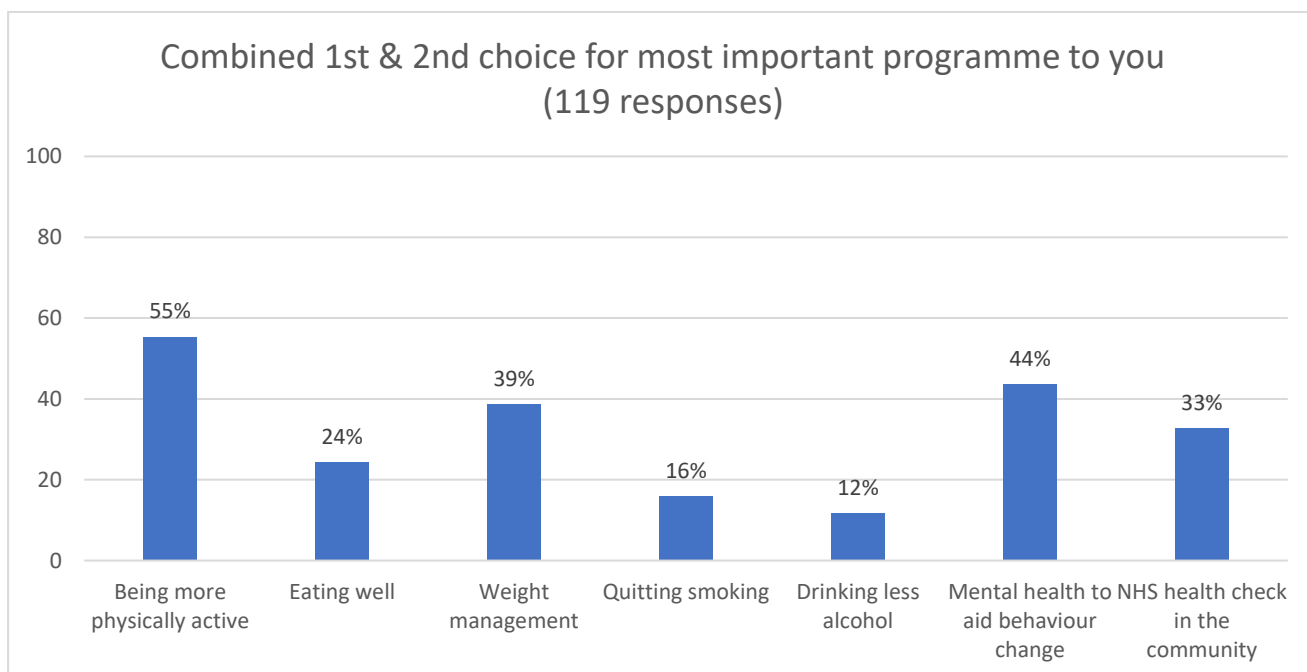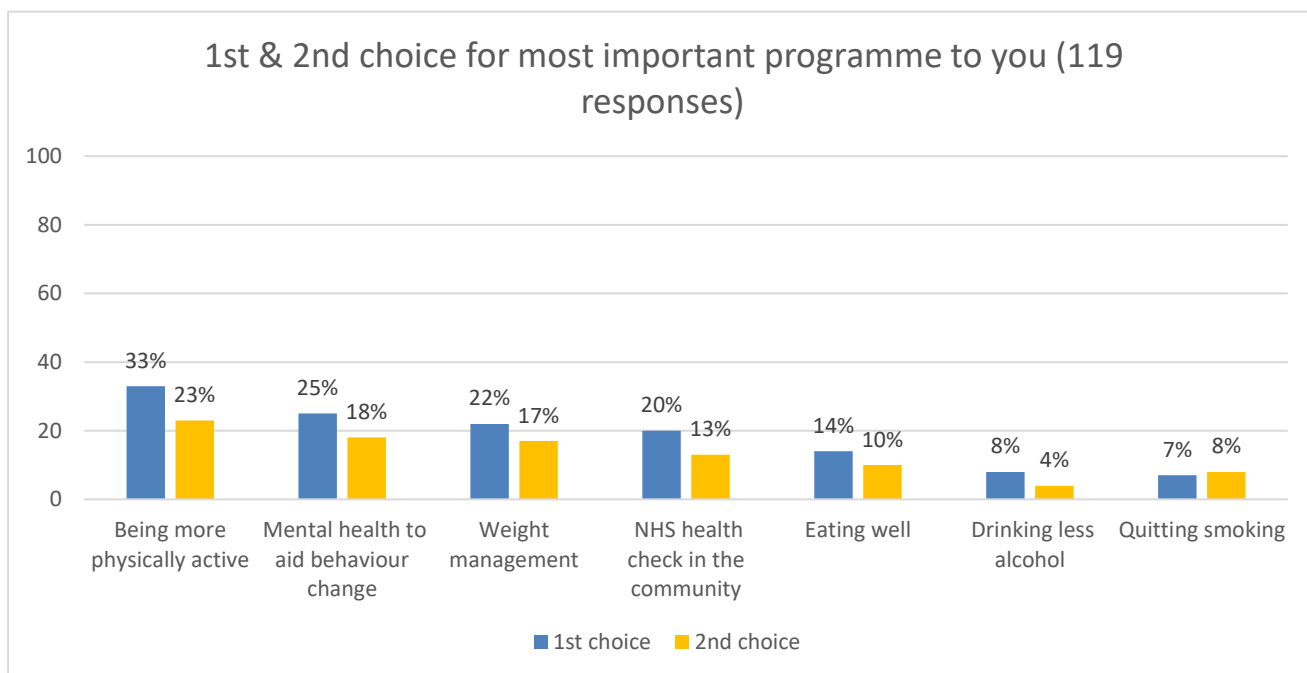| Category	%
Providing mental health support that aids health-related behaviour change	48%
Increase number of residents eligible for support	41%
Flexible frequency and length of programmes	39%
Improve links with services in education, housing & employment	32%
Covering any increase in running costs	15%
Other	9%

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

1st & 2nd choice for most important programme to you (119 responses)

Programme	1st choice	2nd choice
Being more physically active	33%	23%
Mental health to aid behaviour change	25%	18%
Weight management	22%	17%
NHS health check in the community	20%	13%
Eating well	14%	10%
Drinking less alcohol	8%	4%
Quitting smoking	7%	8%

■ 1st choice ■ 2nd choice

Combined 1st & 2nd choice for most important programme to you (119 responses)

Programme	Percentage
Being more physically active	55%
Eating well	24%
Weight management	39%
Quitting smoking	16%
Drinking less alcohol	12%
Mental health to aid behaviour change	44%
NHS health check in the community	33%

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

1st & 2nd choice for most important programme to your community (119 responses)

Category	1st choice	2nd choice
Mental health to aid behaviour change	30%	21%
Being more physically active	27%	19%
NHS health check in the community	19%	13%
Weight management	18%	12%
Eating well	17%	13%
Quitting smoking	10%	7%
Drinking less alcohol	7%	8%

■ 1st choice ■ 2nd choice

Combined 1st & 2nd choice for most important programme to your community (119 responses)

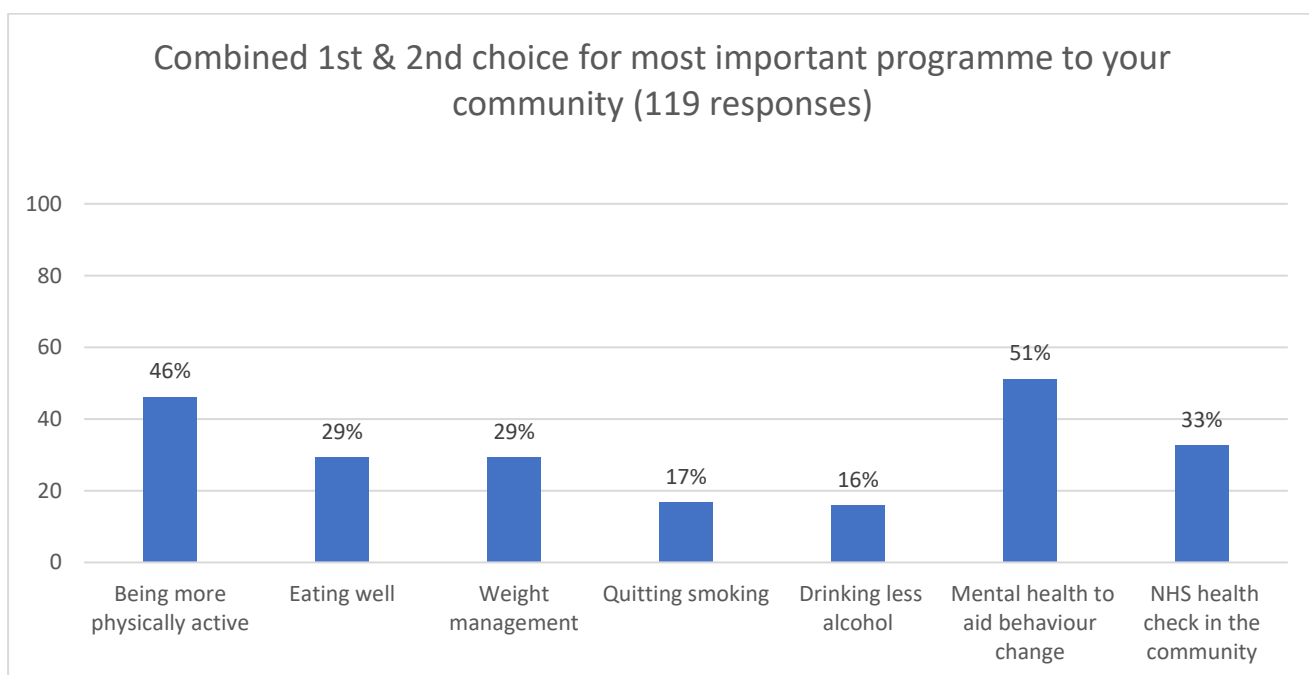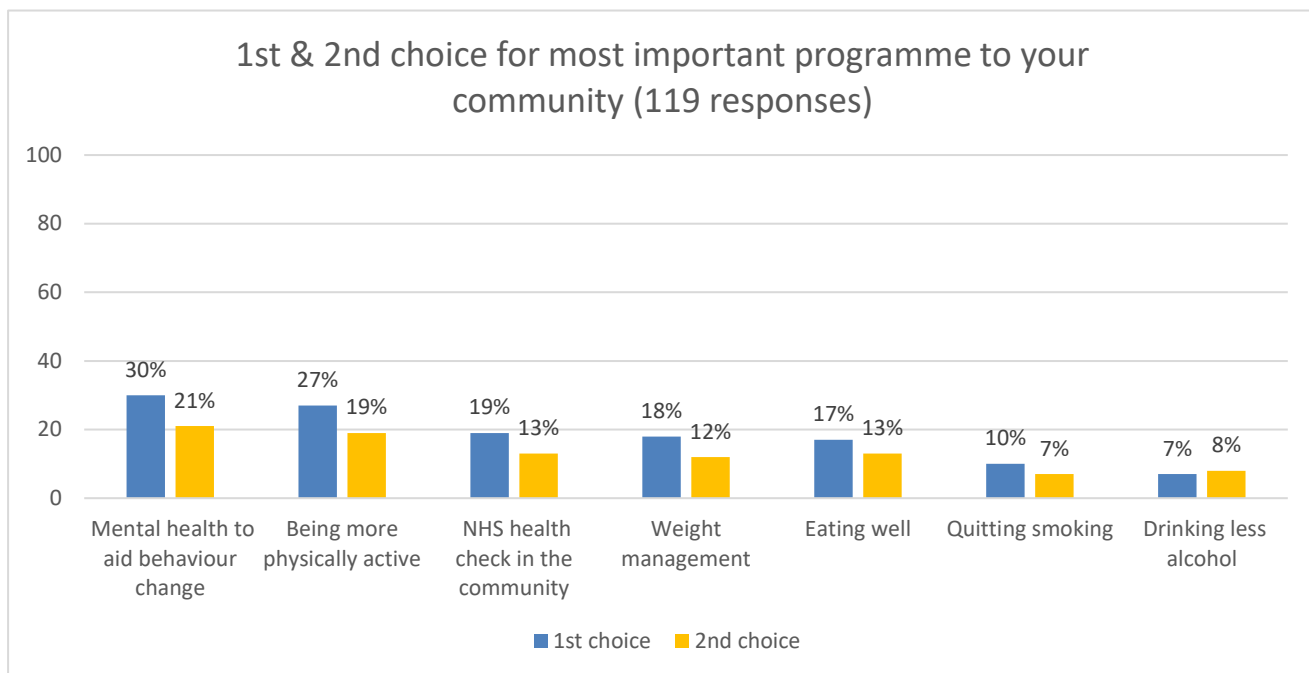| Category	%
Being more physically active	46%
Eating well	29%
Weight management	29%
Quitting smoking	17%
Drinking less alcohol	16%
Mental health to aid behaviour change	51%
NHS health check in the community	33%

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

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%

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
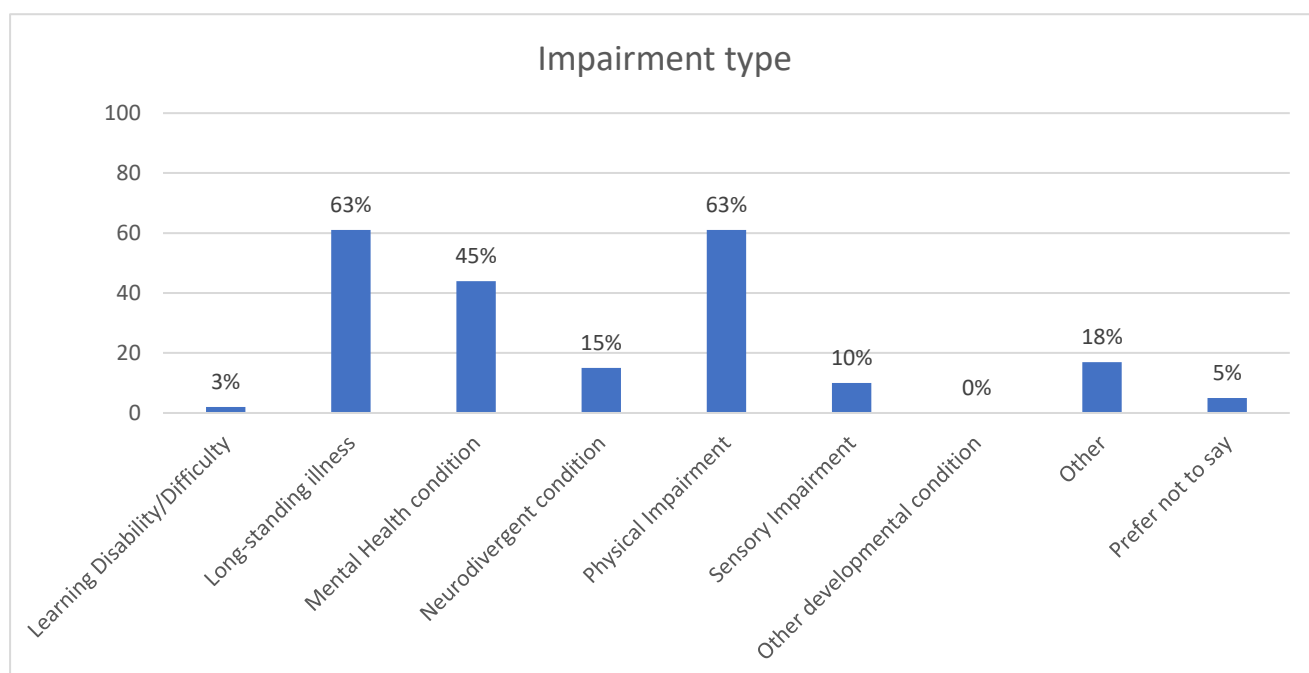
Caring responsibilities

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)

Health-related behaviour change consultation

Date	Attendee group	Type of attendee	Number attended	Agenda	Summary of meeting
10/01/23	Joint Mental Health Commissioning Team	Staff working in the NHS in health and wellbeing Staff working in a statutory organisation in health and wellbeing	6	Talked through consultation using slides Asked attendees to promote consultation Asked attendees for general feedback Asked attendees additional questions Asked attendees to submit response to consultation or email comments	This meeting consisted largely of questions and offer of actions regarding promotion or networking for the consultation and future service provider. Mentioned that wellbeing hubs and social prescriber teams currently promote/link with the current service. There is concern about those with severe mental health not engaging with the consultation. 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. Learning from current mental health programmes would be useful to shape best practice in the new service.

Health-related behaviour change consultation

11/01/23	Involvement Matters team	Service users Residents of East Sussex	7	Asked attendees to promote consultation Asked for general feedback Asked attendees additional questions Asked attendees to submit response to consultation or email comments Easy read version of the consultation was also discussed	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. 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. 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.

| 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 | 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.

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.

Make sure that carers are considered in any commissioner services.

Identify a way to collaborate on the SMI health check and NHS health check, so individuals with SMI can access both together. |
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Health-related behaviour change consultation

| 25/01/23 | Staff from Healthy Ageing through Innovation in Rural Europe | Staff working in a statutory organisation | 1-2-1 | Talked through consultation

Asked for general feedback

Asked attendee to submit response to consultation or email comments | 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.

Suggested support for the longer-term maintenance of behaviour change could be strengthened in the new service model.

Would be beneficial to provide IT support/training in the service to mitigate digital exclusion.

Recruiting staff for the service, living within the more deprived communities the service aims to engage with, can be an effective tool. |
| 27/01/23 | Policy Manager at ESCC | Staff working in a statutory organisation | 1-2-1 | Talked through consultation

Asked for general feedback

Ask attendees additional | 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 |

				questions	landlords and housing teams. Mentioned that VCSE providers seeing more people with financial and mental health problems, so how will the new service support this? 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.
02/02/23	East Sussex Communications and Inclusions Steering group	Residents of East Sussex Staff working in the NHS in health and wellbeing Staff working in the voluntary sector in health and wellbeing Staff working in a statutory organisation in health and wellbeing	12	Talked through consultation Asked attendees to promote consultation Asked for general feedback	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. Voluntary Community and Social Enterprise (VCSE) sector are important to involve in the future services work. 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.

Health-related behaviour change consultation

02/02/23	Housing Support Solutions Team	Staff working in a statutory organisation	9	Talked through consultation Asked attendees to promote the consultation Asked for general feedback Asked attendees to submit a response to consultation or email comments	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. 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. 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.

Health-related behaviour change consultation

| 13/02/23 | Inclusion Advisory Group (IAG) | Service users

Residents of East Sussex

Staff in voluntary sector in health and wellbeing

Staff working in a statutory organisation in health and wellbeing | 10 | Talked through consultation using slides

Asked attendees to promote consultation

Asked for general feedback

Asked attendees additional questions

Asked attendees to submit response to consultation or email comments

Presented initial findings at the time (based on 99 responses) and demographic information | 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.

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.

It was felt the focus on mental health in the new service was important.

Positive feedback was provided regarding the mobile health bus in current service and that it was |

					important this still operated in the new service, as it is key for reaching seldom heard, creating easier access over all, and raising awareness.