

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	<p><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></p>	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>