



Date: Wednesday, 3 September 2014

Time: 11.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,  
SY2 6ND

Contact: Penny Chamberlain, Principal Committee Officer  
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## CABINET – 3<sup>RD</sup> SEPTEMBER 2014

### TO FOLLOW REPORT (S)

#### **6 Help2change Business Plan and Transfer to ip&e (Pages 1 - 26)**

Lead Member – Mrs Karen Calder, Portfolio Holder for Health.

Report of the Director of Public Health for Shropshire is attached marked 6.

Contact – Rod Thomson (01743 253934)

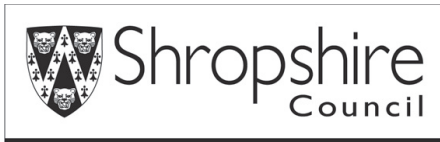
#### **8 Help2change Business Plan and Transfer into ip&e (Pages 27 - 58)**

Lead Member – Mrs Karen Calder, Portfolio Holder for Health.

Exempt report of the Director of Public Health for Shropshire is attached marked EXEMPT 8.

Contact – Rod Thomson (01743 253924)

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<u>Committee and Date</u>
Cabinet 3 <sup>rd</sup> September 2014
11.30 Am

<u>Item</u>
<b>6</b>
<u>Public</u>

## HELP2CHANGE – INTEGRATED PREVENTION SERVICES

**Responsible Officer** Rod Thomson, Director of Public Health  
 e-mail: rod.thomson@shropshire.gov.uk Tel: 01743 253934

### 1. Summary

- 1.1 On 9th April 2014, Cabinet agreed the principle of establishing an integrated preventive health service called Help2Change, for consideration for transfer into an ip&e Limited owned company
- 1.2 Following further consideration, it is proposed to transfer the service into ip&e Limited, rather than a separate company, whilst still achieving the original aims of the service.
- 1.3 A full business plan has been developed for the Help2Change service and approved by the Board of ip&e Limited.
- 1.4 The Council now wishes to establish the Help2Change service, including the transfer to the Council of existing staff from an external provider, and agree a commissioning contract with ip&e Limited to deliver preventive health services in Shropshire.

### 2. Recommendations

Cabinet are asked to:

- 2.1 Agree the creation of an integrated Help2Change service by bringing the Help2Quit service, and associated staff who have the right to TUPE transfer, into the Council;
- 2.2 Agree the transfer of the new integrated Help2Change service to ip&e Limited and delegate authority to the Director of Public Health, in consultation with the Portfolio Holder for Health and Leader of the Council, to agree the terms of a commissioning contract between Shropshire Council and ip&e Limited and the scope of the services included within the contract.

## REPORT

### 3. Risk Assessment and Opportunities Appraisal

- 3.1 A full business plan for the development of Help2Change has been prepared and approved by ip&e Limited. This includes details of the operational structure, the clinical and information governance arrangements, the growth strategy, and the forecasted income and expenditure for the first three years of the business.
- 3.2 A six-week public consultation has been completed and 86 responses received. A summary of these responses is attached to this report. The responses have been taken account of in the development of the business plan and in considering and developing the proposals to transfer the service and the model. Whilst the consultation proposed a transfer to a non-profit distributing subsidiary model owned by ip&e Limited, further consideration of the options has revealed that it would be more expedient to establish the service within ip&e Limited initially rather than a separate subsidiary, with the intention to review this arrangement in the future. Recognising the general support for the principles behind the model consulted upon, particularly the opportunity that it presented to re-invest profit generated into delivering outcomes in relation to public health and to promote the health and wellbeing of Shropshire residents, the Council proposes to retain this re-investment approach within its relationship with ip&e Limited.
- 3.3 An Equality Impact Needs Assessment has been completed and is attached to this report.
- 3.4 The transition of Help2Change is being managed through the Council's formal STEP process governing activities transferring to ip&e, including financial, legal, HR, communications, information governance, procurement and risk management support.

### 4. Financial Implications

- 4.1 There is a maximum budget of £2.605m available to commission services from Help2Change in 2014/15. This figure is derived from the Council's 2014/15 budget for Preventive Health Programmes within Public Health that was agreed by Cabinet on 19th February 2014 and falls within Shropshire Council's Public Health Grant Allocation from the Department of Health of £9.843m.
- 4.2 It has been agreed between the Council and ip&e Limited that profits generated by the Help2Change service will be re-invested into delivering outcomes in relation to public health and to promote the health and wellbeing of Shropshire residents.

- 4.3 The Business Plan envisages opportunities for the Help2Change service to develop further and potentially deliver services to other organisations, both within and outside of Shropshire.
- 4.4 In order to protect the 'Teckal' status of ip&e Limited, the Help2Change service would look to utilise another wholly owned Council company (ip&e (Trading) Limited) to help grow the Help2Change service and increase the ability to generate income for reinvestment in public health and wellbeing. It is proposed that the Portfolio Holder for Health is appointed to the Board of Directors of ip&e (Trading) Limited to enable direct input from a public health perspective into the operation of that organisation.

## **5. Background**

- 5.1 Since April 2013, Shropshire Council has been given responsibility for delivery of health improvement and prevention services as part of the wider transfer of public health responsibilities from the NHS to local government.
- 5.2 Shropshire Council now wishes to establish a business division within ip&e Limited called Help2Change to provide these services on behalf of the Council, working in close collaboration with GPs, pharmacists, Shropdoc, community and voluntary groups, businesses, hospitals and NHS community trusts.
- 5.3 Shropshire Council believes that by bringing these services together we will be able to offer clients a more holistic and joined up service, and that by having a delivery model that supports external trading, we will attract inward investment which we can use to enhance and grow the services.
- 5.4 Having originally considered a model based on a subsidiary of ip&e Limited, it is now considered more expedient to create the new service within ip&e Limited initially, with the intention to review this in the future.
- 5.5 Part of the current services commissioned by the Council is delivered by the NHS Community Trust. The current contract comes to an end on 1<sup>st</sup> October 2014 and it is proposed that this service is transferred to the Council to enable the new integrated Help2Change service to be created before the delivery of the services is transferred to ip&e Limited.
- 5.6 With the Council taking on delivery responsibility for the service, 9.34 WTE staff currently delivering the service within the Community Trust will be offered TUPE transfer into the Council.
- 5.7 Once the new integrated public health team for Help2Change is established within the Council, the Council will look at a secondment model to provide the resources to ip&e Limited in order to deliver the services.

## 6. Additional Information

- 6.1 Upon transfer to ip&e Limited, the provision of services by Help2Change will be governed by a service contract between Shropshire Council and ip&e Limited.
- 6.2 Services to be transferred to Help2Change under the service contract will include:
- NHS Health Check
  - Help2Quit
  - Help2Slim
  - Active4Health
  - DrinkSafe

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

Appendix 1 - Help2Change Consultation summary

Appendix 2 - Help2Change Equity Impact Needs Assessment

**Cabinet Member (Portfolio Holder)**

Karen Calder

**Local Member**

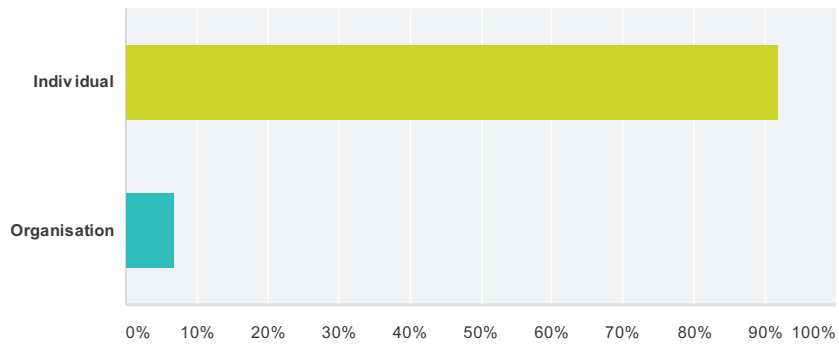
All

**Appendices**

2

**Q1 Are you completing this survey as an individual or an organisation?**

Answered: 86 Skipped: 0



Answer Choices	Responses
Individual	91.86% 79
Organisation	6.98% 6
<b>Total</b>	<b>86</b>

**Q2 What is the name of your organisation?**

Answered: 1 Skipped: 85

#	Responses	Date
1	Age UK Shropshire Telford & Wrekin	7/21/2014 8:50 AM



# Help2Change public health services

## Q3 What are your views on the proposal to integrate preventive health services?

Answered: 25 Skipped: 61

#	Responses	Date
1	Integrating public health services could be a very positive step forward but I have some concerns about how it is implemented and how closely the local authority is working with the NHS as required by law.	8/4/2014 7:50 AM
2	I feel this is a positive move, with all services under one. For example most of the client group I work with, within mental health can feel intimidated with a lot of different services. If the individual needs help to quit smoking but is overweight they will be familiar with the service and I feel would be more comfortable to seek help.	8/4/2014 4:22 AM
3	It is sensible to bring together the responsibility for preventative health services in one service. However it is still possible to allow other organisations to deliver some of these services.	7/21/2014 8:50 AM
4	Excellent idea.	7/18/2014 4:32 AM
5	In theory this proposal makes a lot of sense	7/14/2014 1:49 AM
6	The integration of preventive health services would appear, on the face of it, to have some merit (although the clear benefits are not set out and reference to potential improvements are extremely nebulous). I would hope that, as the proposal progresses, a clear statement of the benefits will be described so that delivery can be measured against well-meaning intent. The single contact point is to be welcomed, although it is hoped some facility will be made available for face-to-face contact and, even more importantly, that the 'telephone contact' facility is really that - not an automated call centre.	7/12/2014 7:53 AM
7	This is a sensible proposal as far as it goes. Real preventive health services will only begin when doctors and nurses are trained in nutritional medicine, children are taught how to eat well, parents guided in a similar fashion and hospitals stop allowing vending machines on their premises that sell sugary snacks and healthier foods is available instead. There was an overweight doctor talking on The Today programme very recently who admitted she did not know how to sort out her own weight problem, let alone those of her patients. Perhaps it is time she learnt. Perhaps it is time for the training of all doctors to be radically re-assessed. This country needs thousands of trained nutritional therapists so doctors can refer their patients to them.	7/10/2014 2:49 PM
8	I am a person with learning difficulties who is getting support to be involved in the consultation. I think it is a good idea, it will be good for people who support and for people themselves. It needs to be really accessible, that means not just on the phone or internet not everyone can or will want to use the computers	7/9/2014 5:48 AM
9	Not your job	7/8/2014 9:46 AM
10	I think that branding is important and help2change is great for those who have health issues already but most of the public health agenda needs to be about stopping people needing help to change in the first place ie prevention. I work in the NHS as a Physio and we have had a great workshop in May with your Public Health team. Integrating preventative health within the Council only is a bit pointless we need to integrate NHS employed staff into this body too to stop silo working and duplication or worse contradiction...	7/8/2014 5:40 AM
11	I think in principle this is a good idea. However I believe that NHS Health Checks should remain within the control of GP Practices. Stopping Smoking and Losing weight are lifestyle issues that come under prevention only because of the long term health effects, and are therefore not 'medical' and can be delivered by non medical professionals. The health check however is medical, and should remain under the control of the NHS.	7/8/2014 1:48 AM
12	would support the integration of the prevention services to ensure a more holistic and joined up service - this makes sense to me.	7/6/2014 1:01 PM
13	They need to be linked up in terms of communication and the ability to be contactable out of the 9 to 5 hours	7/5/2014 10:40 AM
14	Good idea but you can not rely on the internet being the main source of information. Many people in the area do not have access especially older people. Also speeds are poor in the area.	7/5/2014 12:56 AM
15	Sounds logical	7/5/2014 12:36 AM
16	Sensible	7/4/2014 12:53 PM
17	Don't believe we should sell off any of our public services. Any company taking them on needs to make a profit so why can't the council?	7/4/2014 11:52 AM
18	Integration should result in co-ordination of responses to needs, and in enabling individuals with more than one need to receive integrated advice and help. If that is the intention, integration of services is good.	7/4/2014 11:02 AM
19	Is it the council's job, isn't it Nat Health services? Need to avoid at all costs any private companies, keep it public!	7/4/2014 10:07 AM
20	Can't really see why Help2 Change is part of the Council. Why is the Council getting involved in this. When budgets are cut why isn't the Council focussing on doing the basics like making sure our elderly are looked after and the disabled have their needs met.	7/4/2014 9:46 AM
21	Sounds good, but in practice the act of integration will cost money, because people will have to be paid to do something which isn't currently done. If people want these services they'll ask for them anyway	7/4/2014 9:30 AM
22	Always better than responsive services.	7/4/2014 9:30 AM
23	Aren't these things best left in General Practice, a natural home for these services	7/4/2014 9:11 AM
24	A good idea in principle	7/4/2014 9:11 AM
25	Sound.	7/4/2014 9:08 AM

**Q4 What are your views on the proposal to adopt the social enterprise model of provision?**

Answered: 22 Skipped: 64

#	Responses	Date
1	This is a leap into the unknown. At present my greatest concern is that there is no evidence of how direct accountability to the local authority will be monitored, which will be accessible to the public.	8/4/2014 7:50 AM
2	its something that is greatly needed and needs to be addressed.	8/4/2014 4:22 AM
3	In the proposal there is no mention of the valuable work done by the voluntary sector in preventing illness and poor health. For example at Age UK STW we have a focus on preventing poor health through our Living Well Services, and preventing loneliness through many of our services ie day centres, befriending, diamond drop in centres etc. Loneliness can lead to physical and mental decline in older people. We hope that you will consider contracting out or funding some of the services such as these, that contribute massively to the prevention of poor health among older people, otherwise their future is uncertain.	7/21/2014 8:50 AM
4	This appears to be a positive step forward but there should be checks and balances in place to ensure that any surplus created/profit made is fed straight back into the same 'pot' without deduction of any management fees, top slice contributions to other council expenses etc.	7/14/2014 1:49 AM
5	The adoption of the model proposed (which can be called a 'social enterprise model' only by stretching the term to its limits) poses a number of problems which I hope will be addressed in the final version. 1. Use of public funds - the proposal appears to be that the original contractor, Ip&e Ltd. will actually deliver services by then subcontracting with outside providers - which may or may not fall within the social enterprise model. As the House of Commons Treasury Select Committee noted this week, the most difficult contracts to control and determine value-for-money were those where subcontracting is extensively employed. They were also those subject to the most abuse by providers. If this is the model proposed, strong monitoring and intervention capacity will need to be retained. Whether the retention is by the Council or by the main contractor needs to be made clear. 2. Democratic control - it is not clear in the proposal who will be responsible for the services. Which Councillor would a member of the public contact if there were any issues and, significantly, what capacity would the Councillor have to address the issues? These aspects need to be clearly set out. 3. Monitoring - performance should be capable of being seen by the public. The danger of passing public services through companies is that the transparency can be lost. The Public Services Bill currently being held by the House of Commons would address these issues, but it seems important that the council should pre-empt any Public Services Act by making those arrangements part of its operation of this contract.	7/12/2014 7:53 AM
6	If the money goes back into helping people that's good. It will help the NHS because they are always saying they have not got enough money.	7/9/2014 5:48 AM
7	Not your job	7/8/2014 9:46 AM
8	I am concerned that being a commissioning Council is the beginning of privatisation and that this will bring lower terms and conditions. Public Health is a National resource and to retain and recruit staff to Shropshire we need to recognise how easy it is for highly qualified staff to commute to Birmingham Wolverhampton Manchester and Liverpool for better terms and conditions. If the new model ensures quality employment that I have no issue if it is to drive down costs and drain staff to better employers than I have an issue with it.	7/8/2014 5:40 AM
9	I personally object to all forms of Privatisation of Health, as all evidence points to a worse service, due to the need for profit to be taken from the already reducing pots of funding available. Atos and G4S as proven examples of this, example ,would be unacceptable providers in my view. I feel IP&E is a purely ideological development, merely introducing a different 'business' beaurocracy as opposed to the public one. However Shropshire Council is hell bent on going forward with this model, and so one must accept it is the lesser of the two evils. I assume that the Accounts of this 'Shropshire owned' company will be open to the people, to ensure that they can see just how much profit is 'ploughed back' into services, and how the running costs balance against past 'In House' costs.	7/8/2014 1:48 AM
10	This seems like the best option, bringing together various providers under one of point of contact,. However, I would suggest that consideration should be given to the social enterprise to be made available at GP surgeries as this would fit with the Health model of team around the GP, everyone visits the GP at some point in their life, preventative services could then contact more people whether following referral from GP or when registering at the GP practice or attending appointments - this would also enable them to market their services to people who would be prepared to pay for the services eg coaching on weight loss etc.	7/6/2014 1:01 PM
11	Seems to be a good idea	7/5/2014 10:40 AM
12	Good idea	7/5/2014 12:56 AM
13	Not sure what is meant	7/5/2014 12:36 AM
14	Sensible	7/4/2014 12:53 PM
15	As above	7/4/2014 11:52 AM
16	In the absence of in-house provision, the social enterprise model - non profit making - is what one would expect for a service which is supposed to meet health needs. Where there is profit made, it should certainly be put back into the funds of the service, as proposed.	7/4/2014 11:02 AM
17	No	7/4/2014 10:07 AM
18	Can't really see why Help2 Change is part of the Council. Why is the Council getting involved in this. When budgets are cut why isn't the Council focussing on doing the basics like making sure our elderly are looked after and the disabled have their needs met.	7/4/2014 9:46 AM
19	It doesn't really matter what the model is - it simply amounts to more costly bureaucracy - the money should be spent on the services themselves	7/4/2014 9:30 AM
20	Seems unnecessary and complicated when we have General Practice	7/4/2014 9:11 AM
21	OK provided that it receives sufficient statutory funding to be able to deliver the necessary level of services	7/4/2014 9:11 AM



**Q5 What are your views on the alternative options?**

Answered: 19 Skipped: 67

#	Responses	Date
1	I haven't picked up alternative options of what I have read so far	8/4/2014 7:50 AM
2	I feel they work well but again with a view from the clients i support the services can be in intimidating places, ie, GP surgery or big groups and being to official with their approach.	8/4/2014 4:22 AM
3	See above. Alternative options are not just the private sector, but allowing the local voluntary sector to carry out the work and funding them to do this. The voluntary sector provides services that are excellent value for money and they have experience of the area and their clients, to ensure the best outcomes.	7/21/2014 8:50 AM
4	Clearly the best option would be to provide integration in the most flexible, democratically accountable and cost-effective way in-house, but this option appears not to be open within the Council's ideological approach. Given that, the options which are presented appear somewhat confused. 'If the Council were to commission these services from existing commercial providers, rather than by establishing a new social enterprise within ip&e, we would have less flexibility to build on the expertise that already exists within the Council '. Presumably ip&e will also use outside contractors and it is not apparent how building 'on the expertise that already exists within the Council', is better done within ip&e than within the Council. The morality of making profit out of people's illness is part of a wider consideration.	7/12/2014 7:53 AM
5	Not sure?	7/9/2014 5:48 AM
6	Such advice already exists.	7/8/2014 9:46 AM
7	I think this is the least worst option so I would choose this one.	7/8/2014 5:40 AM
8	See Above. Ip& E as the lesser of two evils. Preferred model...In House delivery of Services on the old Civic Model.	7/8/2014 1:48 AM
9	Prefer the option of a social enterprise as profit is better used across Shropshire	7/6/2014 1:01 PM
10	None	7/5/2014 10:40 AM
11	We do not need the big boys taking over the health services as we are already on the road to privatisation.	7/5/2014 12:56 AM
12	What are they? You seem to be saying that ip&e will provide these services but why the need to set up a plc in the first place? It's still the same pot of money. Public funds should not be used to make profit.	7/5/2014 12:36 AM
13	Not worth considering	7/4/2014 12:53 PM
14	Whatever the options we must start with better education and understanding at an early age in school and FE	7/4/2014 11:52 AM
15	A commercial, profit-making, alternative, is not acceptable at all.	7/4/2014 11:02 AM
16	Can't really see why Help2 Change is part of the Council. Why is the Council getting involved in this. When budgets are cut why isn't the Council focussing on doing the basics like making sure our elderly are looked after and the disabled have their needs met.	7/4/2014 9:46 AM
17	I think the services should be provided internally, thus using existing resources The fact that this doesn't fit with the wish to become a commissioning council is irrelevant - the population of Shropshire never said they wanted a commissioning council - only the ruling Tory group The arrangements to commission services are themselves unproductively expensive	7/4/2014 9:30 AM
18	Support NHS services but investing in primary care to provide these services	7/4/2014 9:11 AM
19	Not supportive, but always there as a fall-back should the SE option not work.	7/4/2014 9:08 AM

# Help2Change public health services

## Q6 If Help2Change is formed, what services would you like to see it provide?

Answered: 23 Skipped: 63

#	Responses	Date
1	Helping to improve the wellbeing of the public is to be welcomed. Those listed are good, but I would suggest that taking over health checks for the 40-74 should not be transferred to the responsibility of the local authority. My opinion is that personal health information should be retained by the GP and remain their responsibility.	8/4/2014 7:50 AM
2	weight managment and physical health not just on the view for weight loss but for better/ stable mental health.	8/4/2014 4:22 AM
3	that needs to be looked at in more detail, we would need to know what the options are.	7/21/2014 8:50 AM
4	I gathered you already have slimming, smoking services . I think you can include physiotherapy services to prevent musculo skeletal injuries by doing a movement screening and giving ergonomic advices different profesional eg desk jobbers , factory workers .	7/18/2014 4:32 AM
5	The services proposed seem to be a good starting point and would act as a good pilot for the model.	7/14/2014 1:49 AM
6	Nutritional therapy.	7/10/2014 2:49 PM
7	Remind and encourage people to have health checks and go for tests/scans like smears and checks. Some people with learning difficulties and disabilities don't get enough support to get checked out and have died.	7/9/2014 5:48 AM
8	It should not be formed. It is year another duplication by SC	7/8/2014 9:46 AM
9	I would like to see NHS staff TUPED across from the Community and Acute Trusts and one or two Physios employed too!	7/8/2014 5:40 AM
10	Not NHS Health Checks Stop Smoking, Alcohol Abuse, Weight Loss, Nutritional Courses in Cookery.	7/8/2014 1:48 AM
11	Health checks for all ages (subject to charge) - I would pay to get an overall health check. A signposting/information service for all other sporting clubs etc in the area or any other clubs with a link to health promotion. Could even arrange one off taster sessions for people who otherwise wouldnt go to classes.	7/6/2014 1:01 PM
12	Access to out of office hours facilities	7/5/2014 10:40 AM
13	Gyms where the Lycra brigade are banned. Keep the people who can afford to pay going to their gyms and let the people who can not feel comfortable rather than inferior take up the services.	7/5/2014 12:56 AM
14	Those that genuinely make a difference. Some services appear very effective, e.g. H2Q as they are. Not sure that Health Checks are anything other than appealing to the Worried Well.	7/5/2014 12:36 AM
15	All those mentioned in your proposals.	7/4/2014 12:53 PM
16	EDUCATION	7/4/2014 11:52 AM
17	The ones proposed, with flexibility to add more.	7/4/2014 11:02 AM
18	None	7/4/2014 10:07 AM
19	Unique services, not ones that can be found by googling or searchiing the back of your head for the common sense you were born with. Are these replacing the services offered by GPs? If so why?	7/4/2014 9:46 AM
20	I have no intention of using the services and hence have no preferences or suggestions	7/4/2014 9:30 AM
21	seems a retrograde step	7/4/2014 9:11 AM
22	The ones proposed	7/4/2014 9:11 AM
23	On-line consultations.	7/4/2014 9:08 AM

**Q7 Where would you like to see these services located?**

Answered: 22 Skipped: 64

#	Responses	Date
1	They should be easily accessible across the county in all market towns. Transport to attend the sessions must be taken into account.	8/4/2014 7:50 AM
2	within local community settings and possible one to one services.	8/4/2014 4:22 AM
3	their location doesn't matter as long as they are accessible to local older people. Please don't rely on the internet for information about these services as the majority of older people don't use the internet.	7/21/2014 8:50 AM
4	Shrewsbury , oswestry	7/18/2014 4:32 AM
5	In community hubs which are accessible and open to all.	7/14/2014 1:49 AM
6	In doctors' surgeries.	7/10/2014 2:49 PM
7	It should be local so people don't have to travel too far, they might not/can't go or say it's too far and that puts them off, if its local, run by people they know (get to know and trust) they might be more likely to get involved and stay at it and get more healthy.	7/9/2014 5:48 AM
8	See 5 above.	7/8/2014 9:46 AM
9	Where ever they are needed. GPs, Community Hospitals, Town halls, schools, Pubs Clubs. Mobile services work also in a rural county.	7/8/2014 5:40 AM
10	In my Local Gp's Surgery as Ludlow has no Council Offices any more.	7/8/2014 1:48 AM
11	As above, at GP surgeries or within vicinity alternative would be at local supermarkets or in the vicinity of them so not so 'formal'	7/6/2014 1:01 PM
12	In most towns	7/5/2014 10:40 AM
13	Gp surgeries, clinics, local village halls	7/5/2014 12:56 AM
14	I work in general practice. I know where people prefer to go. Your fancy plc would expect me to provide these services at an lower fee than that already provided	7/5/2014 12:36 AM
15	In local communities	7/4/2014 12:53 PM
16	In Person, by phone on line something for everybody, ENGAGE ALL	7/4/2014 11:52 AM
17	At GPs' premises, local existing clinics, and, when appropriate, local community halls.	7/4/2014 11:02 AM
18	Locally - at GP practice, or maybe at work place available during lunch breaks. Other local venues such as church, villages halls, community schools.	7/4/2014 9:46 AM
19	Keep everything where it is now in surgeries and hospitalsmeanin	7/4/2014 9:30 AM
20	At centres that people know, close to their homes, ie GP surgeries	7/4/2014 9:11 AM
21	in towns throughout Shropshire	7/4/2014 9:11 AM
22	On-line	7/4/2014 9:08 AM

# Help2Change public health services

## Q8 If you were to access any of these services, how would you prefer to do so? (e.g. by private appointment, drop in, group session, telephone, skype etc.)

Answered: 22 Skipped: 64

#	Responses	Date
1	All of these! The housebound will need telephone and private appointments, others will be able to access groups and younger people might prefer Skype or social media.	8/4/2014 7:50 AM
2	suppose every one is individual and will have a preference. But the idea of private appointment and drop in sessions seem good.	8/4/2014 4:22 AM
3	any of the above except for skype as the majority of older people don't use the internet.	7/21/2014 8:50 AM
4	I prefer all above services to be available . I choose depends on my question . I don't want to make private appointment for small question or for little information .	7/18/2014 4:32 AM
5	The structure needs to be flexible enough to cope with the demands of the local population. Access to these services should be through all of the above.	7/14/2014 1:49 AM
6	All options will have their uses.	7/10/2014 2:49 PM
7	Drop in Private appointment but group peer support is good too.	7/9/2014 5:48 AM
8	Additional costs you already say you cannot afford for other services which are much more relevant to what should be your priorities such as day centres for vulnerable people.	7/8/2014 9:46 AM
9	As many different means as possible, some face to face is really important but if others dip a toe in change by other means then great.	7/8/2014 5:40 AM
10	Through my GP	7/8/2014 1:48 AM
11	telephone, appointment or drop in	7/6/2014 1:01 PM
12	Via skype	7/5/2014 10:40 AM
13	Drop in or group sessions for activities. Private appointment, nets for health screening.	7/5/2014 12:56 AM
14	e-mail	7/4/2014 12:53 PM
15	In Person and on line, Skype a good option	7/4/2014 11:52 AM
16	private appointment or telephone.	7/4/2014 11:02 AM
17	I would use GP and nothing else	7/4/2014 10:07 AM
18	meaningless question - access what you want by means that are already OK	7/4/2014 9:30 AM
19	It would depend on the service I wanted. Whilst I suspect I would shy away from group sessions, all other options have their advantages depending upon circumstances.	7/4/2014 9:30 AM
20	Drop in, appointment depending on service	7/4/2014 9:11 AM
21	appointments via EMIS and access to groups and other information via telephone and email	7/4/2014 9:11 AM
22	Skype.	7/4/2014 9:08 AM

**Q9 How would you want to be informed about these services? (e.g. signposted by health professional, posters, leaflets, newspaper, radio, social media, personal letter, text, email)**

Answered: 24 Skipped: 62

#	Responses	Date
1	The single point of access (telephone and email) described will not be satisfactory particularly to older people. Use should be made of the information centres, via GP practices (GP or Nurse) Posters in GP practices and hospitals, local media..	8/4/2014 7:50 AM
2	newspaper posters and signposted by health professional are good options.	8/4/2014 4:22 AM
3	all of the above, not relying on the internet.	7/21/2014 8:50 AM
4	leaflets , email and news paper	7/18/2014 4:32 AM
5	All of the above	7/14/2014 1:49 AM
6	Everywhere possible, within financial constraints. It will depend who you are targeting.	7/10/2014 2:49 PM
7	Leafletsbut easier to read and understand than this, please use larger fonts plain English and photographs. Radio is a good idea too. Some people we know use facebook alot younger people than me	7/9/2014 5:48 AM
8	And mor costs.	7/8/2014 9:46 AM
9	The updates that linked me to this are great	7/8/2014 5:40 AM
10	All of the above	7/8/2014 1:48 AM
11	All of the above but also by it having a local prescence which is accessible and not 'badged' as a fomal service	7/6/2014 1:01 PM
12	Email	7/5/2014 10:40 AM
13	All the above as everyone picks up information in different ways	7/5/2014 12:56 AM
14	All of above	7/5/2014 12:36 AM
15	e-mail	7/4/2014 12:53 PM
16	All Above	7/4/2014 11:52 AM
17	All the examples given EXCEPT social media, personal letter, text, email.	7/4/2014 11:02 AM
18	Not	7/4/2014 10:07 AM
19	By my primary health professionals - not necessarily my GP as don't see him often. Radio. Free press such as local papers and newsletters..	7/4/2014 9:46 AM
20	Advised by health professionals as at present - or I'd look them up on the internet as I do now	7/4/2014 9:30 AM
21	This information should be distributed in whatever way ensured that all would recive it. While I am happy to get emails, not all have a computer.	7/4/2014 9:30 AM
22	widespread awareness campaign	7/4/2014 9:11 AM
23	information on display in GP surgeries and hospitals and on the internet	7/4/2014 9:11 AM
24	Email alerts.	7/4/2014 9:08 AM



## Q10 What would encourage you to attend these services?

Answered: 22 Skipped: 64

#	Responses	Date
1	I would need to be convinced they would be of help. Recommendation from someone using them. Recognition that I have a problem that needs fixing, which sometimes means personal and sensitive support prior to these sessions.	8/4/2014 7:50 AM
2	fun factor, soical factor and good level of support i would be reciving.	8/4/2014 4:22 AM
3	if they are easy to access and cheap/free, older people will be encouraged to use them. Transport is always an issue for older people in the more rural areas.	7/21/2014 8:50 AM
4	weight reduction .	7/18/2014 4:32 AM
5	If they were in convenient locations and available with minimum fuss	7/14/2014 1:49 AM
6	I don't need them. I trained as a nutritional therapist so fortunately have the knowledge to prevent serious illness.	7/10/2014 2:49 PM
7	Friendly, helpful, encouraging. Not bossy, telling people off about being overweight or smoking. Some doctors and nurses do treat you like a child. Treat me like an adult that needs support.	7/9/2014 5:48 AM
8	Nothing	7/8/2014 9:46 AM
9	Living longer healthy concept, I want to die well following a short illness not fester a miserable existence followed by a slow prolonged painful death with multiple admissions and failed surgical interventions.	7/8/2014 5:40 AM
10	Knowing that they were run by proper qualified professionals with expertise in the specific area of need.	7/8/2014 1:48 AM
11	wide range of services, informaton about local classes, altemative therapy advice, health checks	7/6/2014 1:01 PM
12	Times that they are open	7/5/2014 10:40 AM
13	No Lycra, beautiful middle class ladies of leisure	7/5/2014 12:56 AM
14	A well motivated, knowledgeable signposter, in person, with the Can Do enthusiasm	7/5/2014 12:36 AM
15	If I needed to	7/4/2014 12:53 PM
16	Education	7/4/2014 11:52 AM
17	Knowledge of what is available; assurance of confidential, personal and kind dealings with the professionals.	7/4/2014 11:02 AM
18	Nothing really	7/4/2014 10:07 AM
19	Personalised and unique service. W.g. Why would I go to Help2 Slim? Can look up how to slim on internet and most of it is commone sense - so what's the USP for these services.	7/4/2014 9:46 AM
20	If I needed them - why else would I bother?	7/4/2014 9:30 AM
21	My ongoing good health	7/4/2014 9:30 AM
22	Illness.	7/4/2014 9:08 AM

**Q11 What changes in your local community would make healthier choices easier?**

Answered: 20 Skipped: 66

#	Responses	Date
1	Better communication between existing services rather than setting up new communication streams. Make the sessions more open to everyone and do not put barriers up which make it difficult to feel welcome. EG Qualifying to join a walking for health group through previous history rather than because an individual feels motivated to.	8/4/2014 7:50 AM
2	More accessabl pysical health choices that wont have a huge cost to the individual weekly group meeting that give advice on food choices and nutrition.	8/4/2014 4:22 AM
3	Preventative services that encourage older people to stay independently in their own homes for as long as possible. Older people need to have access to shops, clubs and health services may mean that local communities need to provide transport for those who do not have their own transport.	7/21/2014 8:50 AM
4	smoking and weight reduction .	7/18/2014 4:32 AM
5	Vastly improved cycling facilities so that for local joumeys the cycle was the default transport option. This would improve fitness, weight loss, air quality, socialisation etc., all aspects of improved health.	7/12/2014 7:53 AM
6	Medics to at least acknowledge that good nutrition is vital to the whole of society. Sadly it has been shown that many patients take what limited dietary advice from their doctors as gospel. Sad as doctors generally has very limited knowledge and tend to trot out the expression "eat a balanced diet". Useless.	7/10/2014 2:49 PM
7	More classes that suit people me. I haven't got the confidence to go to a gym. I think its costs a lot of money.	7/9/2014 5:48 AM
8	The dead hand of SC being kept well away	7/8/2014 9:46 AM
9	Stop take aways opening so much there should be a cap per capita in Shropshire.	7/8/2014 5:40 AM
10	Easy and well publicized access to help if needed and also the financial support of Exercise, with provision of open spaces for football fields, basketball and tennis. Schools to be banned from selling their sports fields off to developers. Local swimming baths to be maintained, and Lidos to receive financial subsidy to provide cheap access to pools and gyms. The introduction of Sports Days, where towns can compete in physical activities, cycling, jogging. The setting up of regular stalls in the Counties Markets, with information about how to cook nutritious food cheaply, and all other preventative measures for health.	7/8/2014 1:48 AM
11	availability and advertising of fitness classes, healthy choices being cheaper eg food	7/6/2014 1:01 PM
12	More bus services to get people out into the community	7/5/2014 12:56 AM
13	Closing down all fast-food outlets, vouchers for local fresh food shops,	7/5/2014 12:36 AM
14	Convenient access	7/4/2014 12:53 PM
15	Education	7/4/2014 11:52 AM
16	Money, farmers markets, safe roads for walkers and cyclists, decent bus service, less pollution from traffic, allotments, day centres, more accessible green spaces, safer country roads	7/4/2014 10:07 AM
17	Improvements to public footpaths - over grown vegetation, excessive dog fouling makes it impossible to use them and makes it feel unsafe to use them. Better public transport including free car parking so can make use of the swimming pools and lesiure centres.	7/4/2014 9:46 AM
18	None	7/4/2014 9:30 AM
19	ensure all sections of the population have access to fresh food, reduce the reliance on food banks, increased local tax to provide a proper health service	7/4/2014 9:11 AM
20	Faster broadband	7/4/2014 9:08 AM

## Q12 Use the space below to make any other comments about this topic.

Answered: 10 Skipped: 76

#	Responses	Date
1	This will be of huge benefit to communities where there are limited or little knowledge of what help/ support can be received. long term this will save money and reduce unnecessary and further health complications. however this has to be aimed and market in the right way to encourage the individuals to want to help themselves and seek support	8/4/2014 4:22 AM
2	Obesity is a public-health crisis crippling the NHS, yet, every day, in hospitals across the country, trolley rounds, High Street fast-food franchises, canteens and vending machines offer a dazzling array of junk food, sweet drinks and sugary snacks for patients, staff and visitors. The Royal College of Physicians and The Department of Health recommend increasing the availability of healthy food in the workplace - yet, currently, for many staff and visitors to UK hospitals it is almost impossible to find any healthy food. I have only recently moved to this area so cannot personally say if the local hospitals are as bad as the John Radcliffe in Oxford in this regard but feel outraged when I see what is available there.	7/10/2014 2:49 PM
3	Make sure that local groups and charities have the funding to be able to support people to change.	7/9/2014 5:48 AM
4	Your increasing lack of reality is increasingly frightening for overstretched taxpayers.	7/8/2014 9:46 AM
5	Don't trash the Public Health team they are great and make them hate their employer through this process treat them with respect please.	7/8/2014 5:40 AM
6	Due to all the media hype this is still a highly controversial subject - electronic cigarettes used as a harm reduction tool. Doctor Kevin Lewis quoted "This is a chance to think differently...." I would implore the Council to "think differently" regarding an innovation that is going to save many thousands of lives. Ignore all the hype re a 'gateway to smoking' etc. etc. that has been disproved time and time again and look at the hard scientific evidence now available. Also, Leicester smoking cessation clinic are now using them as a harm reduction tool and Doctor John Ashcroft, Old Station surgery, Heanor Road, Ilkeston is actively encouraging his patients to use electronic cigarettes with an impressive amount of success. The council must look at all the evidence now available - Dr. Konstantinos Farsalinos, Dr. Kari Fagerstrom, prof. Peter Hajek (Queen Mary University of London), prof. Gerry Stimpson and especially Clive Bates of ASH to name but a few. I am a 'voice in the wilderness' as far as Shropshire Council is concerned but there are millions like me all over the world fighting to bring the truth to the relevant authorities. This really is a chance to "...THINK DIFFERENTLY" and if the Council is truly committed to this innovative Service it must look at the evidence and be brave to start saving thousands of lives and millions of pounds to the NHS.	7/8/2014 4:01 AM
7	Would you believe Education, get people early in life engaging parents as well.	7/4/2014 11:52 AM
8	It sounds like a waste of money	7/4/2014 10:07 AM
9	All you're doing is creating more bureaucracy	7/4/2014 9:30 AM
10	I am dismayed to see that you appear to have imposed (illegally, I believe) an upper age limit of 75. Not all of us are ready for the waste chute at that age!!	7/4/2014 9:30 AM

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## Equality Impact Needs Assessment (EINA)

### Part 1 EINA (initial assessment with preliminary consultation)

<b>Name of policy, procedure, function, project, etc</b>  Formation of Help2Change as an integrated provider of health improvement services	
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Names (list those involved in carrying out assessment)	Job titles	Contact details
Kevin Lewis	Director of Preventive Health Programmes	01743 253968
Date commenced	15 <sup>th</sup> August 2014	

<b>Aims of the policy and description</b>
To transfer elements of Public Health (from Shropshire Council) and Help 2 Quit (from Shropshire Community Health NHS Trust) into ip&e, forming Help2Change. Help2Change will deliver preventive health services to the people of Shropshire.

<b>Stakeholders, people concerned, interested parties</b>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">           Members of the public            Shropshire Council            ip&amp;e            Shropdoc            NHS Community Trusts            Shropshire Clinical Commissioning Group            Community &amp; Voluntary Sector Organisations         </td> <td style="width: 50%; border: none;">           GP Federation            Public Health             Commissioning bodies            Pharmacies            Hospitals         </td> </tr> </table>	Members of the public Shropshire Council ip&e Shropdoc NHS Community Trusts Shropshire Clinical Commissioning Group Community & Voluntary Sector Organisations	GP Federation Public Health  Commissioning bodies Pharmacies Hospitals
Members of the public Shropshire Council ip&e Shropdoc NHS Community Trusts Shropshire Clinical Commissioning Group Community & Voluntary Sector Organisations	GP Federation Public Health  Commissioning bodies Pharmacies Hospitals	

Progress summary	Date	Signature
Head of service	Part 1 26.08.14	K Lewis

### Potential Impact on Target Groups – Preliminary Consultation (see page 2)

<b>Assess each of the following areas separately and consider how the policy may affect people's Human Rights</b> <ul style="list-style-type: none"> <li>● Have you considered the relevant Protected Characteristics and/or consulted people with specialist knowledge?</li> <li>● Will the policy create any problems or barriers to any Community or Group?</li> <li>● Will any group be excluded because of the policy?</li> <li>● Will the policy have a negative impact on community relations?</li> </ul>
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**If the answer to any of these is Yes to any High Impact criteria, you must prepare a Full (Part 2) EINA. Preliminary consultation will be required to help identify the impact and evidence of this recorded.**

**Initial assessment** (and preliminary consultation)

<b>Protected Characteristic groups</b>	<b>Significant (High) negative impact <i>Full EINA required</i></b>	<b>Significant (High) positive impact <i>Full EINA required</i></b>	<b>Medium or Low impact <i>Part 1 EINA only required</i></b>
<b>Race</b> (also ethnicity, nationality, culture, language, gypsy, traveller)			Low
<b>Disability</b> (mental & physical impairments, mobility, manual dexterity, speech, hearing, learning, understanding, visual, MS, cancer, HIV)			Low
<b>Sex</b> (also associated aspects: safety, single-parenting, caring responsibility, potential for bullying & harassment)			Low
<b>Gender re-assignment</b> (also associated aspects: safety, single-parenting, caring responsibility, potential for bullying & harassment)			Low
<b>Sexual Orientation</b> (heterosexual, lesbian, gay, bi-sexual)			Low
<b>Age</b> (children, young people, working age, elderly)			Low
<b>Religion &amp; belief</b> (Hinduism, Judaism, Buddhism, Christianity, Islam, Sikhism, Shinto, Non-conformists)			Low
<b>Pregnancy &amp; Maternity</b>			Low
<b>Rurality</b>			Low
<b>Socio-economic</b>			Low

<b>High</b>	Significant potential impact, risk of exposure, history of complaints, no mitigating measures in place or no evidence available, urgent need for consultation with customers, general public, employees
<b>Medium</b>	Some potential impact, some mitigating measures in place but no evidence available how effective they are, would be beneficial to consult with customers, general public, employees
<b>Low</b>	Almost bordering with non-relevance to the EINA process (heavily legislation led, very little discretion exercised, limited public facing aspect, national policy)

## What is your evidence for your answers to the above questions?

Consider quantitative and qualitative data. Customer equality monitoring data, consultation process, research data. Log details in Evidence part of form (page 4)

- A full public consultation has been undertaken and a wide range of stakeholders have been consulted individually.
- Workshops have been held for affected staff – terms and conditions are protected by secondment or TUPE.
- The Help2Change Business Plan places considerable emphasis on improving accessibility and equity of access to services, including:
  - Understanding and building our customer base, going where people already go and understanding what kinds of contacts have the most impact
  - Taking a systematic approach to identifying people who will benefit from services and keeping in contact through ongoing customer relationship management
  - Reducing barriers to entry to services through out of hour's appointments, wide range of venues and incentives
  - Use of risk stratification to target services to high risk sections of the population
  - Seeking regular feedback from clients
  - Embedding services within local communities, and working closely with community and voluntary organisations.
  - 'Joining up' services to provide a more holistic offer, and developing a Single Point of Access operating from 8am – 8pm Monday to Saturday.
- The Service Contract with Shropshire Public Health includes a requirement to carry out annual equity audit to demonstrate that Help2Change services including NHS Health Check, Help2Quit and Help2Slim are reaching all sections of the community and addressing inequalities in health.

**Important:** Only policy, procedure, function, etc rated as **High Impact** needs a **Full (Part 2) EINA**. Full assessment requires more in-depth consultation with members from the target groups highlighted as being at the receiving end of any potential High Impact.

## Part 2 – Full EINA

### Sources of evidence

- List the main sources of evidence on each group, both quantitative and qualitative
  - Consider how the policy may affect people's Human Rights
  - Qualitative evidence may include comments and opinions from stakeholders, as well as academic research
- Useful sources of information: complaints monitoring, customer records, census data, focus groups, face to face interviews, surveys, related information produced by other public bodies)

**Consider the following when assessing the impact & seeking evidence/during consultation**

1. How is the policy likely to affect the **promotion of equality** and the **elimination of discrimination** in each of the areas?
  - a) Give a selection of key facts relevant to each area
  - b) If there is little or no evidence, say what you will do to find some evidence and give examples of the types of evidence you might find
2. How will the policy meet the needs of the **different communities** and groups?
3. Give details of any **consultation** that has already been done which is relevant to this policy
4. Give examples of **existing good practice** in this area, for example, measures to make it easier for people in particular groups to influence policy

**Challenges and opportunities: questions to consider throughout the assessment**

- Consider using a Critical Friend (external to the department or organisation) to challenge the assessment
- What measures does the policy include, or what could it include, to address existing patterns of **discrimination, harassment or inequality?** (Consider the alternatives)
- What impact will the policy have on **helping different groups of people** to get on well together to **improve community relations?**
- If the policy is likely to have a **negative** impact, what are the reasons?
- What **practical changes** will help reduce any adverse impact on particular groups?
- What will be done to **improve access to take-up** of services and **understanding the policy?**
- What can you do to **promote equality** and **eliminate discrimination** when you procure goods and services?

**Detailed evidence**

	<b>Source of evidence &amp; baseline data</b>	<b>Outline of impact</b>
Race		
Disability		
Sex		
Gender Re-assignment		
Sexual		



Orientation		
Age		
Religion & Belief		
Pregnancy & Maternity		
Other		

### EINA decision

Decide whether to adopt the policy based on the aims, evidence collected, consultation results, relative merits of alternative approaches and compliance with legislation. Ensuring that:

- The approach is methodical and logical, records are kept and decisions are justified
- Balanced decisions are made, best accommodating conflicting interests

### Summary of findings and analysis - EINA decision

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Signature (Lead Officer)	Signature (Head of Service)
Date:	Date:

## Next review date of this EINA

Every 3 years or when policy changes, if earlier

Date:

## Action Plan guidance notes

Give an outline of your action plan, based on the evidence you find to support your decisions, and the challenges & opportunities you have identified. It could include:

- Plans that are already under way or that you are already thinking about to address the **challenges** and **priorities** you have identified
- Arrangements for continued **discussion** and **involvement** with stakeholders
- Arrangements for **monitoring** and **evaluating** the policy for its impact on different groups throughout the policy making process and as the policy is carried out
- Arrangements for ensuring that any pilot projects are evaluated and take account of issues described in the assessment, and that they are assessed to make sure they are having intended impact
- Arrangements for discussing how far you can take account of the issues in the assessment with other agencies, service providers, Non-Departmental Public Bodies and regulatory bodies
- Arrangements for ensuring that your relevant **colleagues** are **made aware** of the assessment
- Arrangements to make sure the assessment contributes to the Single Equality Scheme (SES)
- Arrangements for disseminating information about the assessment to all relevant stakeholders who will be implementing the policy
- Arrangements for improving the body of evidence you have

Also consider the following:

- Area of negative impact
- Actions/changes proposed
- Resource implications

## Action Plan

		Person responsible	Target date
Involvement & consultation			
Data collection & evidence			
Assessment & analysis			

Procurement & partnerships			
Monitoring, evaluating & reviewing (including publishing the results)			

You may wish to change the above categories in the first column to reflect the actions needed, relevant to the policy and assessment

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

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