



**REPORT TITLE:** Children and Young People's Healthier Lifestyles Programme

<b>Cabinet Date</b>	21 <sup>st</sup> September 2022
<b>Cabinet Member</b>	Councillor Nick Housden, Cabinet Member for Public Health and Communities
<b>Key Decision</b>	Yes
<b>Purpose of Report</b>	<p>To seek Cabinet approval to conduct a competitive procurement process for the delivery of a community-based children and young people's healthier lifestyles programme, from 1st April 2023.</p> <p>This service will work closely with children with obesity, and their families, to support them to make sustainable changes to their eating and physical activity habits, to achieve a healthier weight.</p> <p>To delegate authority to award the contract to the preferred tenderer to the Director of Public Health in consultation with the Lead Cabinet Member.</p>
<b>Recommendations</b>	<p>That Cabinet delegates authority to the Director of Public Health, in consultation with the Lead Cabinet Member for Public Health and Communities to:</p> <ol style="list-style-type: none"><li>1. Conduct a competitive procurement process in respect of a contract for the supply of a children and young people's healthier lifestyles programme. The proposed contract shall continue for an initial period of five years and include an option to extend its term for a further period of not more than three years,</li><li>2. Award such contract to the preferred tenderer, and</li><li>3. Determine whether to exercise the option to extend the contract for a further period of not more than three years on the expiry of the initial five-year period</li></ol>

<b>Reasons for Recommendations</b>	<ul style="list-style-type: none"> <li>• Childhood obesity is a serious threat to the health, wellbeing and life chances of children and young people. Without intervention childhood obesity tends to track into adulthood.</li> <li>• The prevalence of childhood obesity, already of significant concern, increased at an unprecedented level during the Covid pandemic.</li> <li>• Childhood obesity is an inequalities issue and there is evidence that obesity-related inequality is increasing.</li> <li>• Family-based programmes that address dietary intake, physical activity and behaviour change strategies, can be effective.</li> <li>• To date there has been no substantive, countywide healthier lifestyles / weight management support for children affected by obesity.</li> <li>• A pilot service has been codesigned and tested within Gloucester City and the Forest of Dean and has delivered successful outcomes for children and families, as well as receiving national recognition for innovation.</li> <li>• The proposed children and young people’s healthier weight lifestyles programme will deliver a countywide offer to respond to local need.</li> <li>• This proposed approach aligns with the Council’s Levelling Up commitments, and ambitions around delivering social value and enabling communities.</li> </ul>
<b>Resource Implications</b>	<p>The total value of the contract for the proposed children and young people’s healthier lifestyles programme will not exceed £3.6 million over the full eight-years contract term. In February 2022 the Council committed to investing £160k annually into children’s weight management from April 2022 onwards. The remaining funding for children’s weight management (£290k) will be met annually from within the ring-fenced Public Health grant.</p>
<b>Background Documents</b>	<ul style="list-style-type: none"> <li>• Officer decision report: Children’s Community Weight Management Pilot Service: Extension of Pilot from April 1<sup>st</sup> 2022 to March 31<sup>st</sup> 2023</li> <li>• National Child Measurement Programme Data Briefing (Gloucestershire) 2021 – 2022 (updated August 2022)</li> </ul>
<b>Statutory Authority</b>	<p>Health and Social Care Act 2012</p> <p>Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013</p>
<b>Divisional Councillor(s)</b>	<p>Countywide</p>
<b>Officer</b>	<p>Name: Sue Weaver  Tel. no: 01452 321685  Email: <a href="mailto:sue.weaver@gloucestershire.gov.uk">sue.weaver@gloucestershire.gov.uk</a></p>
<b>Timeline</b>	<ul style="list-style-type: none"> <li>• Invitation to Tender published and issued – September 2022</li> <li>• Tender evaluation and moderation – November to December 2022</li> <li>• Contract awarded – December 2022</li> <li>• New service begins – 1 April 2023</li> </ul>

## Background

1. Under the terms of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) local authorities assumed the responsibility for providing public health services in 2013. This placed a new duty on local authorities to take such steps, as it considers appropriate, to improve the health of people in its area. The Act gives examples of health improvement measures local authorities could take, including providing services to promote healthy living.
2. Childhood obesity is a serious and growing threat to the health, wellbeing and life chances of children and young people, as well as impacting health and care services and the wider economy. Without intervention, childhood obesity tends to track into adulthood.
3. UK-wide NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year. Direct social care costs attributed to obesity are £352 million per annum. Children and young people living with obesity are also at higher risk of chronic health conditions including cancers, Type 2 diabetes and mental health conditions. Estimates suggest that halving childhood obesity rates by 2030 could save the NHS £37 billion and wider society £202 billion over the course of children's lifetimes. Investing in weight management services for children and young people is therefore projected to save costs related to obesity in adulthood.
4. Levels of obesity among children, already a concern before Covid-19, saw an unprecedented increase after the pandemic. Data from the 2021 National Childhood Measurement Programme (NCMP) demonstrated a 4.4 percentage points increase in obesity levels among Reception Year children and a 2.9 percentage points increase among Year 6 children in Gloucestershire compared to pre-pandemic levels. This means that 13.5% of Reception Year children, and an estimated 21.1% of Year 6 children, have obesity.
5. Obesity and its impacts are disproportionately experienced. Rates of obesity are substantially higher among individuals and families on lower incomes. Obesity is also more likely to affect children from certain ethnic minority groups, and those with long-term conditions, mental health problems, or disabilities.
6. Obesity is not a choice. People gain excess weight in response to a complex interaction of biological and psychological factors combined with economic, environmental, and social influences. Every individual or family's experience of obesity is therefore shaped by a unique set of circumstances.
7. Family-based programmes that address dietary intake, physical activity and behaviour change strategies, can be effective. Published guidance reiterates the importance of supporting families to address the underlying social, economic and environmental factors affecting their eating and physical activity patterns. The benefits of hyper-local community-

led approaches, compared to county-wide pathways, are also recognised. This is due to the trust, authenticity, empathy, and influence that local 'peers' can have.

8. Health and care commissioners are moving away from traditional 'medical / educational' provision to develop healthy weight programmes that take a more personalised, flexible approach and that are responsive to social and cultural diversity.

### **Current provision**

9. To date there has been no substantive healthier lifestyles / weight management provision for children and young people in Gloucestershire. In 2019, Gloucestershire County Council (GCC) and the NHS Gloucestershire Clinical Commissioning Group began a programme of work with a national children's weight management organisation ('BeeZee Bodies'), and local families and communities, to codesign and deliver a localised weight management pilot. Extensive engagement was undertaken to understand family and community strengths and the principal enablers and barriers to sustained behaviour change. Among the challenges families identified were poor mental wellbeing; financial challenges; parenting capacity, fatigue and need for respite; lack of time and energy to be physically active; and difficulties accessing, planning, and preparing affordable healthy food. Local intelligence suggests that the subsequent cost of living crisis has significantly exacerbated these challenges.
10. The pilot service was launched in January 2020. It uses strengths-based approaches to address practical and social barriers (and enablers) to behaviour change among families facing significant challenges in supporting their children to maintain a 'healthy weight'. It has been tested in eight neighbourhoods within Gloucester City and the Forest of Dean, where obesity levels are among the highest in the county.
11. Pilot delivery moved online during the Covid-19 pandemic and face-to-face delivery was resumed in September 2021. Though this limited our delivery experience and the numbers accessing the programme during the pilot, interim findings from an independent evaluation by Teesside University were able to conclude that the pilot achieved meaningful weight loss and behaviour change despite the challenges faced by participating families [for example, child protection involvement, family break-up, conflict, and financial hardship]. 82% of families completed the programme, which is the best predictor of a successful outcome.
12. There is already a rich landscape of assets and activities within local communities, supporting residents to 'live well', including: cooking and growing programmes, physical activities, and multiple opportunities to connect with others. The pilot also identified further potential for communities to work alongside a children's weight management provider to deliver weight management support, for example via peer support programmes. It is our intention to adopt a community development approach to enable communities to participate in future service delivery.

13. The pilot service has received national and regional interest as one of the first of its kind. On the back of this interest, we have been selected to participate in NHS England & NHS Improvement's Children and Young People Transformation Programme (2021-24) as an 'Integration Test Site' for childhood obesity.
14. The contract for the pilot service expires on 31st March 2023. This means that if we are to continue to provide weight management support for children and young people in Gloucestershire, we must tender for future provision.

### **Case studies**

15. The following case studies are based on experiences from the pilot service and have been adapted to protect identities.
16. **Case study 1:** Child A had severe obesity and was teased at home and bullied at school. They had poor attendance at school, and this affected their mental health and education. Child A's mum was an unemployed single parent. The family relied on public transport and found it difficult to access local healthy food. Child A's mum was not a confident cook and they tended to rely on a limited range of home cooked meals and takeaways.
17. The pilot service connected Child A to the Teen Pilot project for peer support and linked the family to the 14-week programme for weight management support. They supported Child A's mum to go to the job centre and she now has a part-time job. They supported the whole family to make changes to their diet by developing confidence in the kitchen and with food from local shops.
18. As a result, Child A felt less isolated, had improved school attendance and increased self-confidence. Child A has developed valuable life skills including planning and cooking family meals and budgeting. They have managed to avoid gaining weight while continuing to grow.
19. **Case study 2:** Child B had obesity and had been absent from school since October 2019. They were on a Child Protection Plan that included weight management support from the pilot service. When Child B began the weight management programme they were uncomfortable communicating with anyone, but by week 7 were fully interacting with the pilot service team and completed the 14-week programme. During the programme, Child B's BMI stabilised. They lost weight and restarted school in September 2020.
20. Social Worker feedback: *"When I speak to [Child B], [Child B] is full of praise for you (pilot service) and says how well [Child B] gets on with you and feels supported. For Child B, who rarely spoke previously, you have clearly made a difference... this is a big deal."*

### **Proposed children and young people's healthier lifestyles programme**

21. Our ambition is to deliver a flexible, personalised approach to lifestyle change / weight management that is integrated within the wider children and families' health and care

'system', embedded in local communities and harnesses local assets and capabilities. A visual representation of the model is given in Appendix 1.

22. The local offer will be developed in line with the following principles:

- **First do no harm:** through taking steps to build resilience and self-esteem, reduce weight-related stigma and instil a balanced attitude towards body weight, eating well and physical activity.
- **'System not service':** building a menu of support, which embraces complexity. While there will be elements of 'service' within the offer, our vision is for a joined-up weight management 'system', which embraces a variety of provision including community activities and wider children's services.
- **A biopsychosocial model:** which considers the whole family and helps build social, psychological, and structural resilience, and connects them to wider activities and support available within their local community.
- **Personalised care:** providing a holistic and flexible menu of support, which enables families to 'dip into' the combination of service and community-based support they need to succeed
- **Ambitiously trying to address health inequalities:** through proportionate universalism [universal support with additional effort and resources for those most affected by weight-related inequality], and personalised approaches
- **Evidence-based:** informed by evidence of what works in sustaining a healthier weight, and the preferred methods of communication and interaction of children and families.
- **Codesigned:** maximises opportunities for codesign and participation with and by children, families, and communities, and creates social value
- **Strengths- and community-based:** building on the strengths of family and community life, creating capacity, capability and resilience within families, communities, and the wider system.
- **Enabling the wider children and family's workforce:** including education, health, and care. Increasing capacity to sensitively raise the issue of weight and deliver effective brief weight management interventions and/or onward signposting or referral.

23. The new programme will support families of children and young people aged 4-17 (including those up to the age of 25 years for young people with special educational needs and disability (SEND)) who have a body mass index over the 91st centile. It will include a universal digital offer, providing a basic level of healthy lifestyles and weight management information / support to the whole population of Gloucestershire, alongside a range of tailored face-to-face interventions for those cohorts and communities most affected by weight-related inequality.

24. We envisage that over time the service will support up to 500 children at greatest risk per year through a targeted offer, alongside supporting a larger cohort through a universal digital offer. However, the ultimate number of children supported by the service will depend on the level of complexity they face and the intensity of support they require.

25. It is our intention to enable local communities to play an incremental role in providing healthy lifestyles / weight management support to their residents over the duration of the contract and beyond. We will use a developmental service specification, which will require the service provider to work in partnership with commissioners and local communities to identify and build capacity to enable them to take on elements of service provision. This would happen alongside the gradual transfer of a portion of the allocated budget to communities.

## **Options**

26. In arriving at the recommended option detailed in this paper, the following three options were considered:

27. Option 1: To do nothing (cease provision of children and young people's healthier lifestyles / weight management support at the end of the current pilot)

While this option would release budget for other activities, it would result in the cessation of a children and families' weight management service from 31<sup>st</sup> March 2023. This option was rejected as it would mean that there is no healthier lifestyles / weight management support for children with obesity until they reach clinical thresholds for tertiary care and bariatric surgery. The Council would be unable to intervene early or respond to escalating need. This presents a risk to the health and wellbeing of children with obesity, who are among our more vulnerable.

28. This option also presents ethical and reputational risks to the Council, through being unable to support families upon notification via the mandatory National Children's Measurement Programme that their child has obesity. We are mandated to provide this service as a local authority.

29. Option 2: To maintain the status quo (to tender for a provider to continue to deliver the current pilot service model on a county-wide scale)

This option would ensure continued provision of healthier lifestyles / weight management support for children and families with obesity. However, it would not allow for the community development element of the proposed model, which misses an opportunity to build on community strengths, respond to the interest expressed by communities to participate in future delivery and release additional social value. This option would not release budget for other activities.

30. Option 3: To commission a remodelled children and young people's healthier lifestyles programme

This option will involve the procurement of a countywide community-based children and young people's healthier lifestyles programme for children with obesity. It will allow the Council to respond to escalating need post-Covid and to adopt a community development approach to future provision, with the attendant benefits to individuals, communities, and the local economy. Implementing this option would enable the Council to continue to lead

the way in developing a community-centred weight management offer. This option will allow the Council to assess latest best practice, improve service quality and provide a fully transparent and measured service provider by using a structured procurement evaluation and assessment process. This option would not release budget for other activities. This is the recommended option.

## **Risks**

31. Risk of market failure should providers be unwilling to bid within the proposed contract value, term and/or specification. This risk has been mitigated via thorough market engagement, which has informed the service model and approach, and a five-year initial contract term.
32. Risk of delays in the procurement process, leading to a gap in service provision. This risk will be mitigated by continuing to allocate appropriate resources to the project, robust project management and close engagement with the provider throughout the mobilisation period.
33. Risk around the time required for meaningful community development work, alongside an element of uncertainty around what this will look like in practice. A five-year initial contract term, ongoing engagement with communities and wider stakeholders, and an action learning methodology will be used to ensure an agile, adaptive approach.
34. Reputational risks if the service is unable to meet the level of need across the county. This will be mitigated through a county-wide proportionate digital/self-care offer and the robust triage and assessment of a family's psychological and structural capacity and readiness to benefit from the weight management service offer. This will enable allocation of resources accordingly. Innovative solutions will be used to meet need wherever possible, maximising use of assets across the county such as peer support.

## **Financial implications**

35. The total value of the contract for the proposed children and young people's healthier lifestyles programme will not exceed £3.6 million over the full eight-years contract term. In February 2022 the Council committed to investing £160k annually into children's weight management from April 2022 onwards. The remaining funding for children's weight management (£290k) will be met annually from within the ring-fenced Public Health grant.
36. It is envisaged that over the initial five-year term of the contract the balance of funding will shift incrementally with a decrease in the proportion of the budget allocated to the primary provider as community organisations take on more delivery
37. When procuring this contract, the following financial and contractual considerations will be made:
  - Cost of living increases and inflation will be accommodated within the allocated budget



- The option of inserting a 12-month break clause into the contract will also be explored; if this clause were entered Cabinet would be consulted, should it ever be required to enact it.

### **Climate change implications**

38. We expect the climate change impact of this service to be minimal. However, there are elements that we plan to pursue in line with the council's sustainability goals:

- The design and development of the procurement supports the achievement of the Council's net-zero ambitions through locating the service in communities where need is the highest, or that are easily accessible by public transport to minimise the need for car usage
- This will be a flexible and mobile service, using assets already in the local community such as community centres
- The service offer will encourage active families and communities to live a healthier lifestyle including through physical exercise which they can incorporate into their daily lives (for example cycling rather than being driven to school)
- The medium-term plan is to increase capacity in communities. This is about social value and sustainability by working with community and voluntary organisations that are local to the different areas
- There will be a digital element to provision – we will encourage providers to think about how they can limit impact on the environment by using energy efficient servers and consider how these are cooled.
- We will request a copy of the successful provider's Environmental Policy

### **Equality implications**

39. Has an Equalities Impact Assessment (EIA) been completed? Yes

40. The EIA builds on extensive insights research and independent service evaluation undertaken during the development and delivery of the pilot service. It has been augmented through in-depth focus groups and surveys with families living in Gloucestershire with representation across the protected characteristics. Efforts have been made to engage with families who accessed the pilot service and those who did not. Desktop research has been undertaken to understand both qualitative and quantitative data sets including NCMP data and Joint Strategic Needs Assessment (JSNA). Further engagement with ethnic minority groups was undertaken over the summer of 2022, to fill in some gaps in our understanding. We have produced an action plan to ensure we are not only taking the necessary steps to deliver against our statutory equality duty, but also to go further to tackle health inequalities, access, and accessibility issues relevant to childhood obesity.

41. Cabinet Members should read and consider the Equalities Impact Assessment to satisfy themselves as decision makers that due regard has been given.

## **Data Protection Impact Assessment (DPIA) implications**

42. Following consultation with the Council's Information Management Service, a Data Protection Impact Assessment (DPIA) Checklist has been completed and it has highlighted the legal requirement for a DPIA, which will be completed to assess the data protection risks involved with this project, and mitigate them.
43. During the contract period, it is estimated that large-scale profiling (more than 1000 individuals) will take place and we will ensure that there are clear contractual clauses in place with the chosen provider to outline our requirements with regards to processing of personal and special category data. This will also include ensuring that the chosen provider adheres to, and is compliant with, any necessary security standards forms, and our Information Handling Standards for Contractors policy.
44. We will ensure that there is a full and adequate Privacy Notice in place for the service(s), to ensure we are transparent with service users on how their data is being processed, and outlining their rights.

## **Social value implications**

45. One of the guiding principles of the proposed programme is that the service should create social value and maximise opportunities for codesign and participation with and by children and young people, families, and communities. Moving incrementally towards a community-owned model whereby communities play an incremental role in the provision of weight management support to their residents, is one of the ways this service will deliver social value. Furthermore, social value will be given a 10% weighting for the evaluation of bids, which will come from the 80% weighting for quality, in line with corporate policy.
46. The proposed programme aligns with the Council's Levelling Up commitment to reduce the gap in healthy life expectancy within the population, and ambitions for developing community-centred approaches.

## **Consultation feedback**

47. As a result of extensive engagement that was undertaken with families and communities to inform the original pilot service, and our draft proposals for the substantive offer, governance and engagement leads have advised that further engagement and insights work to inform the design and delivery of a new service was not required.
48. Building on our previous engagement and insights research, additional stakeholder engagement events were held throughout July, August and September 2022. Covering each district, these included representatives from local voluntary and community sector organisations, professionals from across statutory services, and elected members. We sought feedback on our commissioning approach, which has been used to further refine our model and tender documents. Feedback from these events has indicated strong support for the direction of travel, with enthusiasm for the place-based community development element from some local communities and wider stakeholders. Stakeholders

raised issues around; transport and access to services for those living in rural areas; the importance of working with trusted individuals that families already know; and the benefits of working alongside other agencies and services including schools and family centres.

49. Going forwards we will adopt an integrated leadership approach to ensure ongoing, meaningful engagement. All issues arising will be taken into account by the Director of Public Health during the procurement process, and subsequent service mobilisation and development.
50. A market engagement event and follow-up one-to-one discussions with providers of weight management services were carried out with the aim of sense checking our commissioning intentions and understanding whether our proposed service model is attractive to the market. The feedback from these sessions suggests that there is a healthy market that is enthusiastic about, and able to provide the service offer that we are aiming to achieve.

### **Officer recommendations**

51. That Cabinet delegates authority to the Director of Public Health, in consultation with the Cabinet Member for Public Health and Communities to:
1. Conduct a competitive procurement process in respect of a contract for the supply of a children and young people's healthier lifestyles programme. The proposed contract shall continue for an initial period of five years and include an option to extend its term for a further period of not more than three years,
  2. Award such contract to the preferred tenderer; and
  3. Determine whether to exercise the option to extend the contract for a further period of not more than three years on the expiry of the initial five-year period

### **Performance management/follow-up**

52. The service contract will be monitored by Gloucestershire County Council commissioners, in line with arrangements set out in the service specification and terms and conditions.
53. This will include monthly contract monitoring meetings and quarterly reporting against agreed key performance indicators (KPI's). These KPI's will deliver a balanced scorecard, monitoring performance across a range of areas, including reduction in weight, lifestyle changes, and associated impact on health, wellbeing and child welfare, partnership working and collaboration with communities, and a range of quality measures and equality considerations.

# Appendix 1: Visual representation of the children and young people's community healthy weight service

## Gloucestershire Weight Management Model [Adapted from Plymouth's model with kind permission]

### Sources of support

- Co-produced commissioning**  
Working with local services, partners, and communities to develop a community centred whole system approach  
Training and capacity building within wider children and young people's services
- Clinical weight management support**
- Support from other services**  
e.g. children and family's services
- Support from within the local community**

**Children's Community Weight Management Hub provides an initial point of contact and support which will:**

- 1: Understand child and family's needs, strengths, and individual circumstances (may include element of clinical assessment)
- 2: Provide behavioural weight management support
- 3: Help family to access from a range of other support available within the weight management system provide overall care coordination and data collection.

