**Obesity Prevention Review**

**Feedback following Consultation Proposal 11th May until 24th July 2018**

**1. Introduction**

This document provides summary feedback received during the review of Newcastle City Council’s Public Health Obesity, Nutrition and Physical Activity funded programme of activity and follows an earlier engagement phase held between December 2017 – February 2018 with commissioned providers of the obesity funded programme. This sought views on programme contribution, effectiveness and exploration of what could be done differently to inform a proposal on a future commissioning model for obesity prevention within the City of which a summary of those main points was published as part of this wider consultation.

During this engagement and consultation period we:

* Held two events on 11th May 2018 and 23rd May 2018 at Newcastle Civic Centre for both commissioned providers and stakeholders from the statutory and voluntary and community sectors. A copy of the presentation delivered at these events is attached.

The aim of these sessions was to:

* Work together to collectively refine and shape our commissioning plans
* Provide background and context to the opportunity
* Provide an understanding of the current provision and presentation of two discussion delivery models
* Provide an opportunity to influence the development and design of the service model with the presentation of two discussion models to support
* Consider Social Value Opportunities
* Share the tender timescales and next steps

We also launched via Let's Talk:

* An invite to commissioned partners, stakeholders and public to comment on obesity prevention within the City which ran from 1st June until 29th June 2018. We sought views on current provision and tackling obesity within the City through a series of questions.
* In addition, we held community consultations on 6th June at The Beacon, 20th June and 19th July at St Martin’s, 4th July at Pottery Bank, 17th July at Benwell Health Resource Centre and 24th July 2018 at Galafields through semi-structured interview based on the set questions published via Let's Talk.

In total we had 43 attendees at the two events held at the Civic Centre, received 18 partner organisations and 49 public responses to the Let’s Talk consultations. A total of 6 public consultation sessions were held across the city with a range of community groups, with 51 attendees surveyed in total.

The organised events included the opportunity for tabled discussion with facilitators available to capture feedback received with key themes identified and summarised in section 3below, under the following key headings:

* + **Interventions**
  + **Prioritisation**
  + **Implementation**
  + **Evaluation**

**2. Background on current model**

The Public Health funded obesity programme is the Tier 1 primary prevention service to tackle overweight and obesity in Newcastle in all age groups. The services are largely based around the two Change4Life programmes in the East and the West of the city targeting the Byker, Walker, Walkergate wards in the East and Scotswood & Benwell, Elswick and Wingrove wards in the West. The focus is mainly on children under the age of 11 and their families.

The programmes offer a range of physical activity and nutrition-based initiatives which aim to support behaviour change in those targeted communities with the aim to increase physical activity, specifically in inactive groups, improve nutritional and/or cooking skills of families and specific children’s groups and help participants set realistic goals linked to behavioural change whilst encouraging children, young people and parents to develop skills to help others (e.g. peer support / young sport leaders / young cooks / health champions).

The Public Health funded programmes work in partnership with other programmes and organisations across the city to help tackle the rise in overweight and obesity. These help to fulfil the broad range of NICE guidance and a move towards a ‘whole system’ approach to tackling obesity. Within Public Health there are other streams of work which support the aims of increasing physical activity and promoting healthy eating. Most notably these include the Healthy School Programme, Active Newcastle and the Better Health at Work Award.

The current obesity funded programme of provision is delivered by ten organisations and comprise of the following elements:

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation | Programme | Target Area | Target Demographic |
| Food Nation | Change4Life East Coordination | East Change4Life area | Organisations & Workers |
| Hat Trick | WAGS & Street Skillz | East Change4Life area | Children & Young People |
| Kids Kabin | Cycling Activities | East Change4Life area | Children & Young People |
| Newcastle Eagles Foundation | Hoops for Health | East Change4Life area | Children & Young People |
| Newcastle YMCA | Bizibodis Peer Project | East Change4Life area | Children & Young People |
| Newcastle United Foundation | Match Fit | East & West Change4Life area | Children & Young People |
| North East Dance | Dance & Physical Activity | East & West Change4Life areas | Children & Young People |
| Healthworks | Change4Life West Coordination | West Change4Life area | Organisations & Workers |
| Early Years Health Trainers | East & West Change4Life areas | Under 5s & Families |
| West End Women and Girls | Seeds for Health | West Change4Life area | Children & Young People |

The remaining funded programmes have varied geographical and demographic targets:

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation | Programme | Target Area | Target Demographic |
| Newcastle United Foundation | Youth Worker for Obesity Prevention | City Wide | Children & Young People |
| Newcastle Eagles Foundation | Women Get Set Go | City Wide | Women & Children |
| Food Nation | Community Food Initiatives | City Wide | All |
| Food Adventures | East Change4Life area | Children 5-11 |
| Cooking Skills / Ministry of Food / Cooking Club for Teens / Under 5s Family Service | City Wide | All |
| Sustainable Food Cities | City Wide | All |
| West End Women and Girls | Obesity Prevention Cook | City Wide | Women and Girls |

**3. Consultation Feedback**

**3.1 Obesity as a priority**

It was agreed through the consultations with stakeholder organisations and from the public Let’s Talk survey’s that there is a need for the City Council and partners to help people be a healthy weight. 78% of people said it was either an ‘essential’ or ‘high priority’.

Let’s Talk Public Consultation - To what extent do you think helping people be a healthy weight should be a priority (or not) for Newcastle City Council?

|  |  |  |
| --- | --- | --- |
| **It is essential** | **23** | **47%** |
| High priority | 15 | 31% |
| Medium priority | 10 | 20% |
| Low priority | 1 | 2% |
| Not a priority at all | 0 | 0% |
| Total | 49 | 100% |

**3.2 Interventions**

On the issue of interventions, it was generally felt that we still need to concentrate on addressing healthy eating and physical activity. This would preferably be delivered through a community development approach, but support for activities in schools and the workplace were also expressed. Primary Care and the NHS were also mentioned as a possible setting and workforce for delivery of interventions.

A community development approach was widely supported as a way to address the issue and it was felt important that an effective means of coordination was put in place. Of those who answered the Let’s Talk survey, 91% agreed that ‘Nutrition and healthy eating’ was a correct component, 93% agreed ‘Physical activity’ was, 91% agreed that ‘Co-ordination (making sure services work together effectively)’ was and 93% agreed with ‘Involving communities in developing and delivering these services’.

**3.3 Prioritisation**

Throughout the consultation we asked both stakeholders and members of the public whether we should prioritise and target our funding at interventions in specific locations or with specific groups within the population. Currently the interventions are mainly aimed at primary school-aged children and their families in the East and Inner-West of Newcastle.

Most respondents agreed that we could no longer justify targeting only two areas of the city, with data such as the National Child Measurement Programme highlighting that other parts of the city had growing rates of overweight and obesity. Most respondents to the public consultation (56%) said that we should provide interventions across the whole city, but a high number of others (42%) said it should be targeted at areas with higher deprivation, which data shows has higher rates of overweight and obesity.

Let’s Talk Public Consultation and community consultation - Whereabouts do you think we need to focus our work within the Newcastle upon Tyne area?

|  |  |  |
| --- | --- | --- |
| **All areas of Newcastle upon Tyne** | **36** | **56%** |
| Areas with higher levels of deprivation | 27 | 42% |
| Other = not do it at all | 1 | 2% |
| Total | 64 | 100% |

Most partner organisations said that areas with higher levels of deprivation and where the data tells us we have a bigger problem should be targeted. Some said that it should be a city-wide approach, particularly around the idea of developing a campaign, e.g. Newcastle Can. Specific areas were named as somewhere we should target activities, i.e. Outer-West, Walker, Cowgate, Kenton, Fawdon and Blakelaw.

The public consultation indicated that most people thought we should run interventions for all groups within the City, with Primary school-aged children also considered an important group to target.

Let’s Talk Public Consultation and community consultation - Which groups of people do you think should be a priority for services aiming to help people achieve and maintain a healthy weight (please tick as many as you think appropriate)?

|  |  |  |
| --- | --- | --- |
| **All** | **36** | **56%** |
| Primary school-aged children | 21 | 33% |
| Secondary school-aged young people | 15 | 23% |
| Under-5s and their families | 14 | 22% |
| Adults (18 and over) | 12 | 19% |
| People with learning or physical disabilities | 6 | 9% |
| Older adults | 3 | 5% |
| People from Black and Minority Ethnic (BAME) communities | 0 | 0% |
| Other (Parents, grandparents, families) | 1 | 2% |
| Total | 64 |  |

Amongst partner organisations there was a strong feeling for continuing to target children and young people and their families. However, there was also strong support for addressing the whole life course and so including all groups within the city. People from Black, Asian and Minority Ethnic communities were also identified as an important group to target due to the higher rates of overweight and obesity being seen through the National Child Measurement Programme. It was also felt important to engage with the poverty agenda as this has links to the rates of obesity and to people’s ability to engage with healthy eating and physical activity.

Many partner organisations also said that there was a need to use social media and marketing to promote campaigns or messages across the city. The use of technology such as app development was also mentioned as a possible means of promoting healthy lifestyles across the city.

Workplace and Primary Care settings were mentioned by some partner organisations as settings for delivering interventions and campaigns.

A minority of public responses to the Let’s Talk survey suggested that obesity is not a priority for the Council and we should not be spending money or commissioning activities around this.

**3.4 Implementation**

A community development approach was considered very important to developing the range of activities needed to tackle the issue of obesity. This needs to build on what already exists and use the strengths of partnerships and organisations already in place in the city. This includes support for developing the Change4Life Champions programme and looking at health champions across the city.

Coordination was viewed as important but needed to be consistent across the city. It was felt that having one organisation or person responsible for coordination of partnership's and community development would be preferable. A distinction was made between the coordination of contracts and partnerships. It was felt that contracts should be coordinated, monitored and measured through Public Health and the broader partnerships by a commissioned organisation. This will depend on the chosen model for tendering and whether sub-contracts are introduced.

There was a strong feeling from some that there is a danger in having one organisation or consortium sub-contracting delivery to other organisations. This could be time consuming and costly and take up funding which could otherwise be used on delivery. It was felt important that any model does not lead to any sub-contracted organisations not having the correct amount of funding to be able to deliver activities. The overhead costs need to be taken into consideration as well as promoting the City’s Living Wage and not expecting services to be delivered on the minimum wage.

It was noted that any model should be portable and flexible so that it could be used in different areas depending on need identified through data. It also needs to be flexible so that it can adapt to different areas and communities and include any updated guidance that may be issued.

There was mention of ensuring that a whole systems approach is developed and that organisations need to know how they fit in. This needs to be in line with the development of the new tender model for commissioning the Public Health funded programmes.

The emotional health and wellbeing relationships with weight, food and physical activity were highlighted by several people. It was recognised that knowledge about the effects of behaviour on weight and health does not automatically lead to positive changes. The reasons for overweight, poor diet and lack of physical activity can be very complex. They can also be linked to mental health problems and people with physical disabilities. These aspects need to be taken into account in commissioning the delivery of services.

Education, primary care and workplace were also mentioned as areas where interventions could be used to address the issues of physical activity and healthy eating.

**3.5 Evaluation**

Most public and partner organisation responses indicated data, including BMI, numbers of people attending, and outcomes of interventions need to be measured. Feedback suggested building flexibility into data capture formats, so both qualitative i.e. surveys, questionnaires, testimonials and case studies can be used alongside quantitative statistical measures.

It was felt important to measure the whole system approach over the longer term rather than just short-term measures. However, some felt it important to value the small successes of individual projects and engagement, as well as other measures such as emotional resilience and community cohesion.

There was one suggestion that evaluation needs to be commissioned separately and a couple to highlight the need to link in with Universities or embed someone from the University within Public Health.

**3.6 Obesity Terminology**

The general feeling from both partners and public responses was that we should move the focus towards promoting the positive aspects of physical activity and healthy eating rather than on ‘obesity’. Some felt the ‘saying it like it is’ and the ‘shock’ tactics of highlighting the effects of obesity was important but most said this could be stigmatising and to focus on more sensitive approaches.

Let’s Talk Public Consultation - Do you think we need to change the focus or services away from obesity and its negative effects, and towards promoting healthy eating and physical activity (or not)?

|  |  |  |
| --- | --- | --- |
| **Yes** | **32** | **74%** |
| No | 11 | 26% |
| Total | 43 | 100% |

**4. Social Value**

**4.1. Think, Buy, Support Newcastle**

* Considered in the context of 'Think, Buy, Support' Newcastle participants highlighted the importance of local organisational delivery to the communities they work into alongside the importance of local knowledge / understanding of area, population and responding to differences in need
* Noted benefits to local community also included ongoing financial investment within the voluntary and community sector
* Creation of employment, volunteering and training opportunities with the resulting upskilling of individuals and communities
* Established and embedded networks of support and importance of employee's relationship to their communities
* Participants felt an opportunity presented here for fresh ideas, innovation and development
* Participants looked at the accrual of whole system benefits within the service models with benefits including:
  + A need for a more collaborative approach with an opportunity to link other aspects of child development
  + Building emotional health and wellbeing resilience
  + Recognition that a whole system approach requires broader thinking around environment, food sustainability/waste within a city-wide offer

**4.2 Community Focussed**

Having a community focus fostering

* Better engagement and encourage involvement from community grassroot organisations
* Building upon current best practice with care not to deliver a one size fits all model of delivery given complexities within discussion area

**4.3 Ethical Leadership**

It was felt integral to the discussion Models that whatever commissioned model is agree it has to ensure:

* Best use of public funds being fit for purpose
* Ethical auditing
* Ensure effective governance requiring clear policy and procedural approaches to support organisational and/or partnership delivery - recognition this may vary between organisations

Some suggestions here for collaborative opportunities between voluntary community sector partners working together to share costs / reduce duplication / mobile working and making use of local assets, sharing community venues etc.

**4.4 Green and Sustainable**

* Participants felt it was important to consider within the delivery model how an organisation looked to use their resources to maximise effectiveness in this area – consideration when designing services specific to travel for users and staff to/from venue
* Demonstrable policies i.e. 'recycling' and practices in place that support green and sustainable ethos

**5. Next Steps**

* The consultations were held to help inform the reconfiguration of the programmes commissioned by Public Health to help prevent overweight and obesity in Newcastle.
* The council is currently in the process of further reviewing the responses to the consultation and wider stakeholder views and will then be able to decide the future shape of obesity prevention work in the city.
* In the interim, we are looking initially at extending the current contracts for obesity prevention and this will be reported to the relevant organisations once this has been approved.