

## EXECUTIVE

### 13<sup>th</sup> January 2022

<b>Report Title</b>	<b>Community Programme to Support Growing, Cooking and Eating Healthy Foods</b>
<b>Report Author</b>	Lucy Wightman – Joint Director of Public Health
<b>Executive Member</b>	Helen Harrison, Executive Member for Adults, Health and Wellbeing

<b>Key Decision</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the decision eligible for call-in by Scrutiny?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are there public sector equality duty implications?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Does the report contain confidential or exempt information (whether in appendices or not)?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Applicable paragraph number/s for exemption from publication under Schedule 12A Local Government Act 1972</b>	

#### List of Appendices

None

#### 1. Purpose of Report

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- 1.1. This is to seek approval to use the Public Health grant to fund a community programme of growing, cooking and healthy eating projects to improve health and wellbeing of local communities across North and West Northamptonshire.

#### 2. Executive Summary

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- 2.1. Public Health is currently hosted by North Northamptonshire Council and the service is delivered across both unitary authorities in the County. Addressing overweight and obesity is a key priority for Northamptonshire to improve health and wellbeing outcomes.
- 2.2. Community based approaches are effective ways to work with communities to better target and coproduce interventions and reduce health inequalities.

- 2.3. Public Health want to develop a community-based programme to support communities to improve their knowledge, confidence and ability to grow, cook and eat healthy food. This is a key part of the whole systems approach to obesity.
- 2.4. To achieve this Public Health are proposing to fund a Voluntary and Community Sector organisation £125,000 per year for four years to recruit a coordinator to develop capacity and skills within communities and to fund projects that aim to support healthy eating and access to health food through growing, cooking, and healthy eating projects.
- 2.5. There will be one programme funded in North Northamptonshire Council and one in West Northamptonshire Council.

### **3. Recommendations**

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- 3.1. It is recommended that the Executive:
  - a) Approve the investment of £125,000 per annum of the public health grant for four years to develop a community programme to support growing, cooking and eating healthy foods.
  - b) Note that £125,000 per annum of public health grant will also be invested by West Northamptonshire Council in a similar programme.
  - c) Delegate authority to the Executive Member for Adults, Health and Wellbeing in consultation with the Director of Public Health to issue community grants to enable the delivery of the programme.

### **4. Background**

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- 4.1. Obesity is a complex issue, with many contributing factors, including the food we eat and how active we are; our culture and communities; the resources and money available to us; the nature of our built environment; and the food environment, which can lead to excess calorie consumption and physical inactivity.
- 4.2. Reducing obesity levels in the adult population is a key priority for Northamptonshire. Overweight and obesity is the leading cause of years of life lost to disability, and other long-term conditions. Around 2 in every 3 adults (68%) in the county are overweight or obese and this equates to 309,425 adults aged 16-64 years and 89,240 adults aged 65 and over. Tackling this level of obesity also requires influencing the physical and social environment and focusing on obesity prevention as well as treatment.

- 4.3. Public Health currently commission Tier 2 weight management services, which support people who are overweight / obese to lose weight, residents who require additional support are referred to these services.
- 4.4. Tier 1 services are the universal offer to support people to be a healthy weight and provide additional support in the system at a community level. Public Health would like to invest £250,000 per year (£125,000 for North Northamptonshire Council and £125,000 for West Northamptonshire Council) over the next four years to develop capacity within local communities to support projects around growing, cooking and eat healthy foods as part of this pathway. This would be delivered through a community grant process.
- 4.5. This would deliver several outcomes ranging across knowledge, skills and behaviours, it would also create additional community capacity around healthy food choices and a pathway for training and employment. It would also be part of the Healthy Weight pathway and motivate people to use the tier 2 weight management offer if required.

## 5. Issues and Choices

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- 5.1. Several issues have highlighted the need for a coordinated community focus on healthy weight, including a pathway approach from Universal /Tier 1 to a Tier 4 service as being crucial to have maximum impact.
- 5.2. **Issue 1: Need for a whole systems approach** to promoting healthy weight and tackling obesity. Northamptonshire Public Health are working with partners across the county to develop a whole systems approach to obesity. Within the planned framework for tackling healthy weight there is a clear gap in a coordinated provision in the community to encourage conversations, activities and behaviour change around cooking and eating healthily.
- 5.3. **Issue 2: The Covid pandemic** has demonstrated a link between the severity of the impact of Covid on people who are overweight and obese. This has always been known regarding a full range of health and social impacts, but the size and severity of the pandemic has meant a call to arms by the government on this issue and funding and impetus have been given to the work.
- 5.4. **Issue 3: Food and eating patterns**  
Eating patterns and behaviours have changed markedly over the years with people citing less skills and confidence in cooking, having less time due to full time employment and this is linked to low income, being male, and all associated with less time spent cooking.
- 5.5. The influences on peoples' diets in the UK are complex and numerous and include:
  - The availability and price of various kinds of foods.
  - People's own dietary needs and preferences, and those of others in their household;

- The dominant food culture and practices among others with whom they interact (e.g. caring and other arrangements for distributing food within households and social groups);
- The extent and security of their financial resources (which affects the type and variety of affordable foods, and the equipment and space available for food storage and preparation, as well as the ability to plan food purchases);
- Their physical ability to access and prepare food;
- The time they have available for purchasing and preparing food;
- Their own knowledge, skills, and confidence when it comes to planning and preparing meals.

5.6 PHE (Public Health England) research demonstrates that:

- Many people find it challenging to eat healthily, primarily because we are living in less than healthy environments. Where less healthy food options are the default, making it harder to maintain healthier lifestyles.
- Meals eaten outside of the home tend to be associated with higher intakes of sugar, fat and salt, and portion sizes tend to be bigger.
- Increasing consumption of out-of-home meals has been identified as a key factor contributing to rising level of obesity.
- Dining out habits in the UK 2019 – Kitchen Stories survey investigating the dining out habits of consumers living in the UK. 40% of respondents ate out once a month, on average. By contrast, 8.5% dined out several times per week.

#### 5.7 **Issue 4: Community centred approaches**

Community-centred approaches are a crucial tool in health improvement, and public health enabling investment in more sustainable and effective approaches to reduce health inequalities, that mobilises the capacity and assets of people and place. The approach identifies and makes visible the health-enhancing assets in a community.

5.8 All communities have health assets, that can contribute to the positive health and wellbeing of its members, including:

- the skills, knowledge, social competence, and commitment of individual community members.
- friendships, inter-generational solidarity, community cohesion;
- local groups and community and voluntary associations, including Town and Parish Councils.
- physical environment.

5.9 Community-centred ways of working mean the gain is not just the result of healthy weight but also the impact along the way: empowerment; being connected; reducing isolation; mental wellbeing.

5.10 NICE guidance emphasises how active communities can have a positive impact on health outcomes by improving services and influencing the governance of health services and endorses community engagement as a strategy for health.

- 5.11 Community-centred approaches offer a unique way to use local resources, and some studies have evidenced that there is good social return on investment.
- 5.12 **Issue 5: Evidence that a Tier 1 approach helps develop healthy weight**  
Research and evaluations range from individual evaluations of programmes to systematic reviews. The individual service evaluations demonstrate delivery of groups to numbers and evidence of increased skills.
- 5.13 An LSE review noted that interventions that include cooking may result in improved food choices, dietary behaviours, and other health related outcomes. A further systematic review by Lacovou, Pattieson, Truby and Palermo (2012) concluded that community-based cooking programmes may be effective interventions in improving participants' cooking skills and nutritional intake. Reicks et al., 2014) found that qualitative and quantitative measures suggest a positive influence on dietary intake, knowledge, skills, cooking attitudes and health related outcomes.
- 5.14 Alternative options considered included to internally recruit a lead who would work with communities and issue grants. However, it was decided that the most appropriate option would be to build capacity in the Community and Voluntary Sector to deliver this programme as they will be able to effectively reach out to and engage with local communities and this will maximise social value to the programme.
- 5.15 **The proposed choice**  
Public Health therefore want to work with local communities to support them to improve cooking and eating through developing community capacity to deliver projects around growing, cooking, and eating healthy foods.
- 5.16 The proposal is to issue a two-year grant in the first instance to a lead organisation in North Northamptonshire Council and a lead organisation in West Northamptonshire Council. The lead organisations will then recruit a project coordinator to work with community organisations to develop their skills and capacity in delivering interventions around growing, cooking, and eating more healthy foods. This will be reviewed after two years and if successful Public Health will provide continued funding for another two years.
- 5.17 The programme will involve:
- Mapping and networking with current groups delivering cooking and growing together projects;
  - Delivering training regarding healthy eating messages;
  - Linking in with adult learning, Further Education colleges and University of Northamptonshire to create a pathway of learning and opportunities for employment.
- 5.18 The project will focus on communities most at risk of poor health outcomes because of overweight and obesity and will address health inequalities.
- 5.19 A core part of this programme will be to gather evidence on the effectiveness of this type of intervention to build on the knowledge and learning about these

types of interventions and to inform future work. A review of the project will take place after the initial two years and a decision taken about continuation of funding and any service improvements that are required.

### **Grants**

- 5.20 The option exists to procure the delivery of the project under a contract for services. Under this option, the Council's Contract Procedure Rules would apply to the arrangement and although it may be deemed to be a public contract, the stated total value of £500k means that it would not be subject to the full requirement of the Public Contracts Regulations 2015. Nevertheless, the Council will be contractually bound to pay the selected contractor for the delivery of the project whether the Council is in receipt of funding itself or not, and standard contractual obligations imposed under a legal contract would apply to both the Council and the selected contractor.
- 5.21 However, the report sets out the benefits of adopting a community-based approach and outlines the intention of supporting local communities in the development of a community-based programme. As the Funding is from the Office of Health Improvement and Disparities (OHID) in the form of a grant award, a further option exists to make a sub award grant to local partners in the Voluntary and Community Sector where payments to the VCS partner will be subject to the Council being in receipt of funding from OHID. The VCS partner will be obliged to use the grant for the purposes for which it was given, applicable provisions under the grant with OHID can be flowed down to the VCS partner as necessary and funds may be clawed back if they are not spent for the specific purpose or if they are misapplied. Unlike a commercial contract arrangement where the contractor would be entitled to make and retain profits, under a grant award, the VCS partner would be obligated to return any surplus funds to the Council.

## **6 Next Steps**

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- 6.1 Public Health are seeking approval to issue a grant to an organisation to develop the programme for North Northamptonshire Council. The grant will be for £500,000 for four years. A separate grant of £500,000 will be issued to a provider for West Northamptonshire Council.
- 6.2 The grant will be for two years initially, and a review and evaluation will take place to inform the following two years funding.
- 6.3 Public Health would like to use a grants process for this. At present there is no comprehensive policy in place for the selection of recipients who are to receive grants from the Council. Therefore, a grant selection and giving process will need to be developed. Public Health are requesting that delegated authority is given to the Executive Member in partnership with the Director for Public Health to issue a grant to a VCS provider to deliver this programme.
- 6.4 If a grant selection and giving process is implemented, Public Health will follow the process in selecting the Voluntary and Community Sector organisation to

deliver the project. If approval is given, the application process will be launched, and the aim is to award a provider to start in April 2022.

## **7 Implications (including financial implications)**

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### **7.1 Resources and Financial**

7.1.1 The funding will cover the staffing and project management costs and a grants pot to support local organisations to set up and delivery their projects.

7.1.2 There is budget allocated to this from the Public Health grant.

<b>On-going costs (revenue)</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>	<b>2024/25</b>
Total on-going costs (revenue)	250,000	250,000	250,000	250,000
WNC	125,000	125,000	125,000	125,000
NNC	125,000	125,000	125,000	125,000
<b>Funding by</b>	Public Health Grant			

### **7.2 Legal and Governance**

7.2.1 Public Health will ensure continued compliance with the terms of the OHID funding award and guidance documents available from OHID's website.

7.2.2 If the grant selection and giving process described at clause 6.2 – 6.3 has been implemented, Public Health will ensure this is strictly followed and if not yet implemented, a fair and transparent process in the selection of the VSC partner that will deliver the project should be followed.

7.2.3 Once approval is given and the VCS partner selected, Public Health will liaise with legal to ensure that an appropriate grant agreement is put in place with the VCS partner.

### **7.3 Relevant Policies and Plans**

7.3.1 This proposal will assist the Council in meeting its commitments, for example in the Corporate Plan.

1. Active, fulfilled lives
2. Green sustainable environment

### **7.4 Risk**

7.4.1 Without investment in Tier 1 services levels of poor diet and subsequently related ill-health and obesity levels may increase and put extra demands on health and social care.

7.4.2 There is a risk that there are no appropriate VCS organisations who can lead on this, however, through the development of the Tier 2 weight management offer Public Health are aware of several organisations who can deliver this.

7.4.3 The council does not currently have a grants policy in place for grants above £25,000. The grant giving process will need to be developed with legal and finance to ensure that appropriate processes are followed, and this will support the development of a policy for the council.

## 7.5 Consultation

7.5.1 This proposal has been discussed with a range of stakeholders including:

- Sustainable Food Partnership - both North and West and the sub-group for Food and Health
- Senior Leadership Team for Housing, Communities and Wellbeing, in both West and North Northants Council
- A system wide presentation on Healthy Weight to people from across local authority, NHS, and voluntary and community sector
- Presentations to Primary Care
- Public Health and adult learning discussions
- Other areas that have this provision – Greenwich
- Northampton Health and Wellbeing Forum Meeting
- Northamptonshire Physical Activity Network

## 7.6 Consideration by Executive Advisory Panel

7.6.1 Whole systems approach paper discussed and approved at Executive Advisory Panel, Health, Wellbeing and Vulnerable People 1<sup>st</sup> October 2021 meeting between Cllr Harrison and Lucy Wightman DPH. This proposal is one part of the complete system that works together to influence the issues.

Notes from minutes 1/10/21: 'WSA Healthy Weight - The identification of unhealthy weights is a widespread problem across all social classes. An overarching strategy is needed along with the flexibility to adapt as needed to reach all residents.'

## 7.7 Consideration by Scrutiny

7.7.1 None.

## 7.8 Equality Implications

7.8.1 This project intends to ensure that groups who currently are not using our services and who we know are at risk of inequalities and obesity will be targeted



with this programme. This is therefore a positive impact of this work and the levelling up agenda.

7.8.2 An Equality Screening Assessment has been completed and it identified no negative impacts.

## 7.9 **Climate Impact**

7.9.1 Climate and Environmental impacts include the potential to encourage community planting and food growing and the opportunity to reduce food miles.

## 7.10 **Community Impact**

7.10.1 This project will make direct positive impact in targeted communities based on the analysis of public health data regarding deprivation, inequalities, and levels of obesity.

## 7.11 **Crime and Disorder Impact**

7.11.1 There are no implications arising from any recommendations that are being proposed.

# **8 Background Papers**

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8.1 No background papers