Nottinghamshire County Council

Health Scrutiny Committee

Monday, 24 November 2014 at 14:00

County Hall, **County Hall, West Bridgford, Nottingham, NG2 7QP**

AGENDA

Notes

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in

the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

(3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact David Ebbage (Tel. 0115 977 3141) or a colleague in Democratic Services prior to the meeting.

(4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE
Monday 29 September 2014 at 2pm

Membership

Councillors

Colleen Harwood (Chairman)
John Allin
Kate Foale
Bruce Laughton
John Ogle
Jacky Williams

District Members

	Trevor Locke	Ashfield District Council
A	Brian Lohan	Mansfield District Council
	David Staples	Newark and Sherwood District Council
A	Griff Wynne	Bassetlaw District Council

Officers

Martin Gately	Nottinghamshire County Council
Alison Fawley	Nottinghamshire County Council

Also in attendance

Joe Pidgeon	Healthwatch Nottinghamshire
Trudi Cameron	Healthwatch Nottinghamshire
Claire Grainger	Healthwatch Nottinghamshire
Gail Maxwell	Healthwatch Nottinghamshire
Deb Morton	Healthwatch Nottinghamshire

MINUTES

The amended minutes of the meeting held on 28 April 2014, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

The minutes of the last meeting held on 23 June 2014, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

There were no apologies for absence.

DECLARATIONS OF INTEREST

There were no declarations of interest.

NG25 MORTALITY RATE GROUP – FINAL REPORT

Councillor Bruce Laughton gave a verbal report on the work of NG25 Mortality Rate Group.

The group was set up by Newark and Sherwood Clinical Commissioning Group to examine the higher rate of deaths in the NG25 postcode. The Group was originally commissioned for 6 meetings but after the initial meeting the reason for the increase was evident and only 3 meetings were required.

The increase in mortality rates was attributed to the opening of Southwell Court Care Home which had attracted a greater number of elderly people to the area. Analysis of practice data revealed that older people were encouraged to stay in their homes rather than be admitted to hospital. The level of care given was noted as excellent and as an example of best practice in how to improve care of the elderly. Newark & Sherwood CCG planned to extend this example of good practice across the group. Councillor Laughton praised the GPs for being proactive and the CCG for their openness and cooperation with the work of this group.

Members discussed how the statistics for death rates were affected by whether a person died at home or in hospital or as the result of a road traffic accident and how this caused spikes in the data, as shown in the Southwell Court example. It was noted that as it is a national reporting process little can be done to change it.

Councillor Harwood thanked Councillor Laughton and the Group members for their hard work which had resulted in a negative statement being turned into a positive one.

HEALTHWATCH

Joe Pidgeon, Chairman of Healthwatch Nottinghamshire (HWN), and members of the HWN team presented the annual report and business plan.

Mr Pidgeon presented information on the structure and mission of HWN and how it had established itself in its first year. Copies of the Annual Report had been circulated prior to the meeting and Members were invited to feedback their views on the document including length, style and content.

Mr Pidgeon discussed the report and in particular the structure of HWN and how recruitment to the various roles had been undertaken. As HWN is accountable to the public, the board had adopted an open reporting policy. The Advisory Group fulfilled the role of critical friend and had representatives from 17 stakeholder groups. The Prioritisation Panel reviewed issues/problems which had been reported to HWN and discussed appropriate actions. Mr Pidgeon reported that communication had been good in the first year and had

used a variety of media. As a future plan Mr Pidgeon hoped to establish three Have Your Say points in each district.

Members discussed how HWN would develop and strengthen links with stakeholder groups in each district.

Claire Grainger introduced the Business Plan 2014-16 and discussed the short and medium term outcomes and the long term mission statement. The guiding principles reflected HWN's strong commitment to equality and diversity and the themes which had been identified in the setup consultation. Ms Grainger discussed issue 2 of the Have your say report and distributed copies to Members. Ms Grainger drew attention to examples of You said…. We did…. which highlighted how HWN engaged in local issues.

Deb Morton gave Members an overview of volunteering and explained how volunteers played a vital role in developing and adding value to HWN locally and ensured its continued success particularly as resources were limited and Nottinghamshire was a large county.

Members discussed the current funding arrangements for HWN which were in place until 2016 and the implications for the service after that date.

Trudy Cameron informed Members about the work of the Prioritisation Panel who met each month and used a scoring system to review the issues reported to HWN and to make decisions on actions to be taken.

Gail Maxwell explained to Members the important work of outreach volunteers who were involved in many initiatives from distributing leaflets or manning a stall at an event to the Dementia Friends programme which was being developed.

Mr Pidgeon responded to additional questions and comments from Members which included:

- HWN was not accountable to Healthwatch England. A legislative framework was in place but it was up to each regional Healthwatch to decide how this was implemented
- Members identified that the number of missed GP/hospital appointments was a concern financially and for the efficient use of resources and that this might be an area for HWN to review in the future.

Councillor Harwood thanked Mr Pidgeon and his team for their interesting presentation and for their hard work and commitment to HWN

WORK PROGRAMME

The work programme was discussed and noted.

Members suggested the following items be added to the work programme:
CAMHS (January meeting)
Obesity
Substance misuse
Hospital car parking charges
Misdiagnosis

Martin Gately agreed to circulate the dates for Joint Health Scrutiny Committee meetings which members would be welcome to attend.

The meeting closed at 3.45pm.

CHAIRMAN

29 Sept 2014 - Health Scrutiny

Nottinghamshire County Council

Report to Health Scrutiny Committee

24 November 2014

Agenda Item: 4

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST

Purpose of the Report

1. To introduce a briefing on the work of Sherwood Forest Hospitals NHS Foundation Trust.

Information and Advice

2. Sherwood Forest Hospitals NHS Foundation Trust is an acute hospitals trust providing healthcare services for people in and around Mansfield, Ashfield, Newark & Sherwood, and parts of Derbyshire and Lincolnshire. This trust's hospitals include King's Mill, Newark, Mansfield Community and Ashfield.

3. Jacqui Tuffnell, Director of Operations for Sherwood Forest NHS Foundation Trust will attend the Health Scrutiny Committee to brief Members and answer questions. A written briefing from Ms Tuffnell is attached as an appendix to this report.

4. Members may wish to identify areas on which they require further briefing and schedule these for consideration at future meetings.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Receives the briefing and asks questions

2) Commission and schedule further briefing, as necessary

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Sherwood Forest Hospitals NHS
NHS Foundation Trust

NEWARK HOSPITAL UPDATE

CT SCANNER

In late July 2014, the Trust announced that it would be replacing the 'end of life' static CT scanner at Newark hospital with new, mobile CT scanning facilities and increasing the static CT scanning facilities at Kings Mill Hospital. The Trust undertook a number of listening events to understand the concerns of staff, patients and other stakeholders in relation to this decision and following further work to the business case have confirmed that the new CT scanner for Newark Hospital will be a static scanner, housed in the current Hounsfield suite. The new scanner for Newark Hospital is being planned for replacement during the financial year 2015/16.

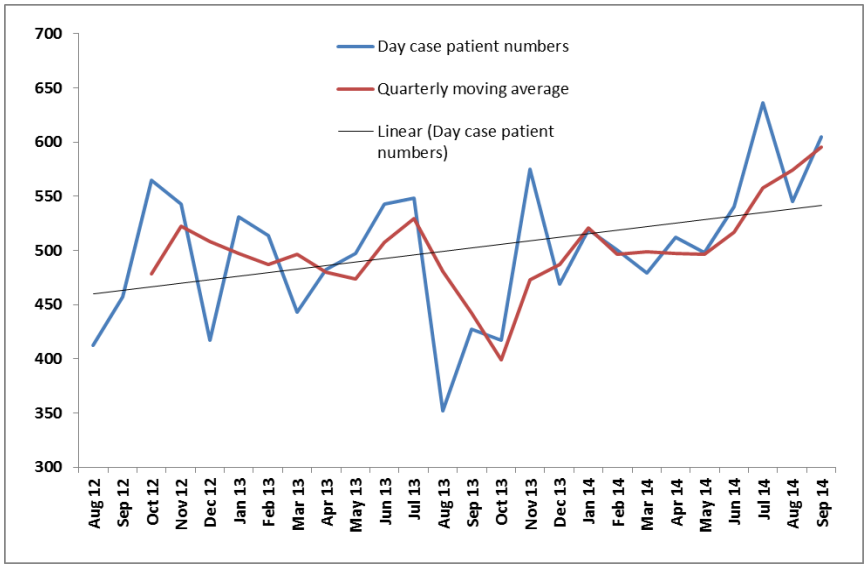
INCREASING DAYCASE, THERAPEUTIC & DIAGNOSTIC SERVICES AT NEWARK

Following the publication of the 'Vision and Strategic Direction for Newark Hospital' in October 2013 and the NHS England review of surgery at Newark hospital the Trust has been working in conjunction with commissioners to implement the recommendations of both reports. The following recommendations have now been implemented:

Ambulance protocols reviewed to reduce the number of exclusion categories
End of life pathway reviewed to ensure where clinically appropriate patients can choose Newark
24/7 admissions to Fernwood Community Unit
Surgical ward (Minster) re-engineered into a daycase only facility
Communication strategy developed
Improving staff facilities in particular case note store
Launch of care and comfort and communication boards

Work is progressing well with commissioners in relation to a joint service with GPs for out of hours services. Accelerated design events have taken place and plans for structural changes to MIU are at sign off stage.

The Trust has invested in project support to escalate increasing the utilisation of the daycase facilities at Newark. The first phase of this is almost complete with an increase on average of 100 patients per month using this facility and more services planned to commence before the end of December.



The overarching programme plan provides clarity in relation to how the Trust will safely deliver more activity at Newark Hospital over a six month period; this focuses on specialties that have previously been identified by the divisions for service improvement as well as those that have been identified as enablers by the current programme team. The plan also identifies how utilising Newark will free up capacity at the 'pressured' King's Mill site. The plan also links with the wider elective transformational programme which the Trust is undertaking.

The programme has been split into 4 tranches and within each tranche there are a number of projects (Appendix 1).

Once a project has been identified the following three phases of delivery will commence. Although the below shows a generalised method of delivery for projects, all projects will have elements that are unique to their pathway requirements.

Phase 1 - Baseline & Discovery - Complete

- Activity data
- Financial data
- Workforce information
- Current state mapping
- Speciality scoping
- Engagement

Phase 2 - Design – Commenced for Tranche 1

- Detailed options
- Benefits realisation
- KPI's
- Workforce implications
- Communication planning
- Service specification
- Future state mapping

Phase 3 – Implementation – Commenced for Tranche 1

- Pilot
- Finalise service specification
- Recruitment

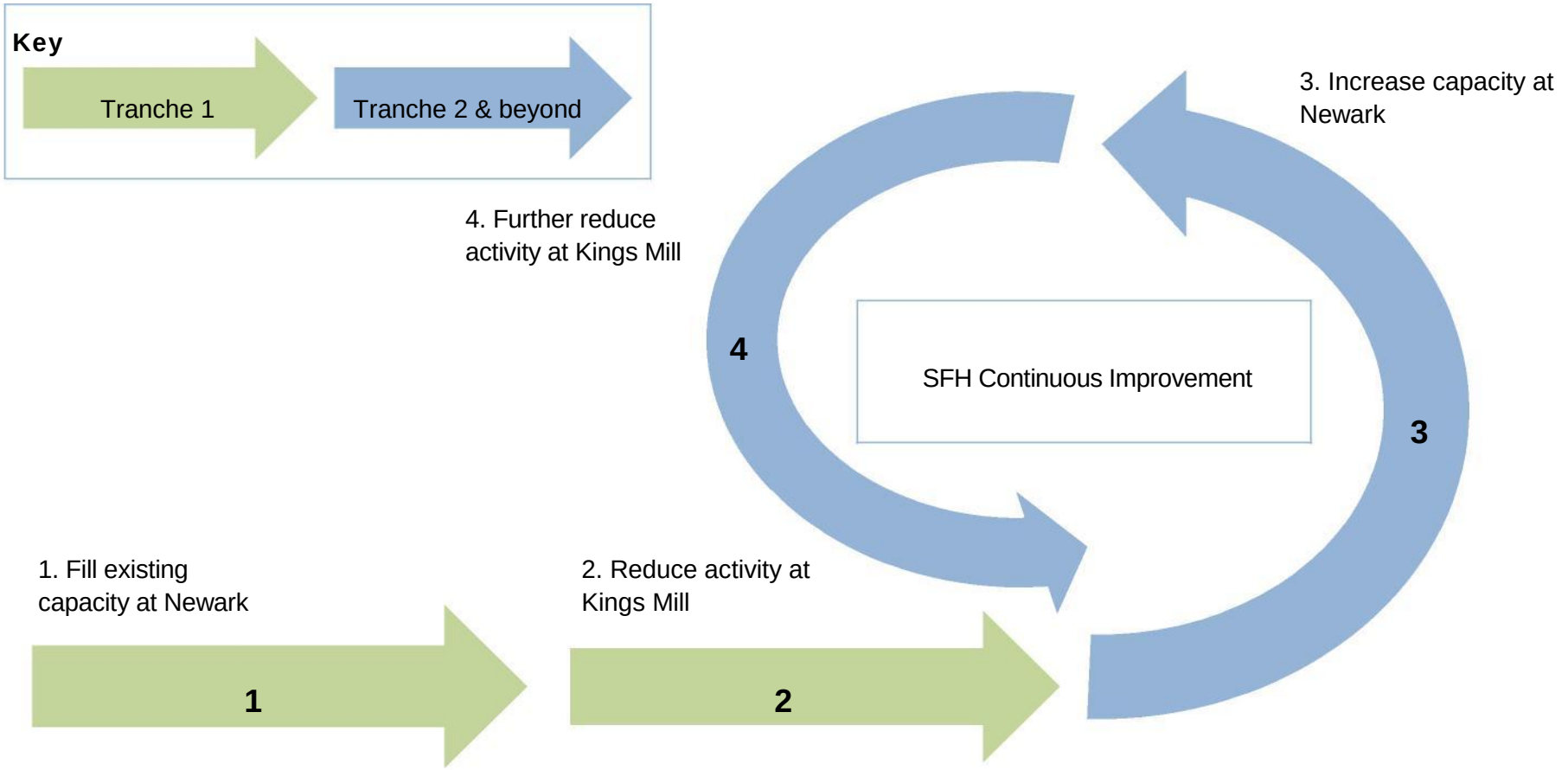
- Roll-out and embed

The programme of change and transformation will now be led by Jacqueline Totterdell, Director of Newark Hospital who commenced with the Trust week commencing 27 October. Hayley Allison, Assistant Director of Operations, Phil Evans, Programme Lead and Donna Mariner, Project Manager are key members of the team delivering these changes alongside Tracey Wall, Hospital Manager.

Key outcomes underpinning the programme of work are:

- Full utilisation of Newark Hospital & decompression of the Kings Mill site
- Expanding services provided out of Newark and further decompress the Kings Mill site
- Specific speciality plan
- Embedding and constant review of improvements

Newark Transformation Programme



Nottinghamshire County Council

Report to Health Scrutiny Committee

24 November 2014

Agenda Item: 5

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

NHS BASSETLAW CLINICAL COMMISSIONING GROUP - OVERVIEW

Purpose of the Report

1. To introduce a briefing on the work of Bassetlaw Clinical Commissioning Group (CCG).

Information and Advice

2. NHS Bassetlaw Clinical Commissioning Group represents 12 GP practices and 111,700 patients and is responsible for commissioning healthcare for the population of Bassetlaw. Commissioning is a process of planning and buying services to ensure that the people who live in Bassetlaw have the right healthcare. The steps involved in this process are:

   - determining the needs of local people to improve health outcomes, reduce health inequalities and prevent ill health
   - finding out what people think about the healthcare they receive
   - designing better ways to deliver healthcare
   - contracting with other organisations to provide the healthcare services that are needed
   - monitoring the healthcare provided to make sure it is of the right quality and offers good value for money.

3. Mr Phil Mettam, the Chief Officer of NHS Bassetlaw CCG will attend the Health Scrutiny Committee to provide a briefing on the work of the CCG and answer questions.

4. A written briefing from Mr Mettam is attached as an appendix to this report.

5. The Committee will wish to schedule further consideration of this topic at a future meeting, or commission further briefing on areas of interest that emerge from the briefing today.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Receives the briefing and asks questions as necessary

2) Schedules further consideration of the work of NHS Bassetlaw CCG

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

NHS
Bassetlaw
Clinical Commissioning Group

APPENDIX A

Nottinghamshire County Council – Health Scrutiny Committee
24th November 2014.

Health Services in Bassetlaw

1. The Committee will be attended by the Chief Officer who will provide an update on the following:

- **What the CCG has achieved so far**
  In its first year as a statutory body the CCG has prioritised a number of services, with a focus on quality and the patient. These have included:
  - eradication programme for MRSA in nursing homes
  - Care Home Forum focussing on clinical practice development
  - improved staffing and performance around emergency care
  - safeguarding metrics implemented through contracts
  - sustainable services and workforce
  - Assessment and Treatment Centre BDGH
  - Telehealth pilot
  - Complex Wound Care Service
  - Cardiac Rehabilitation Service
  - older peoples mental health intermediate care team
  - primary care deep vein thrombosis pathway
  - community paediatrics Bassetlaw Hospital.

- **Feedback from partners and patients**
  The CCG has received very positive feedback from local partners as part of the national survey. At our recent AGM we invited presentations from both Nottinghamshire Healthwatch and local voluntary services. Both provided very positive feedback.

  Relationships with the local district council have never been stronger. The CCG jointly established a new community partnership with the local council, and with other partners we are developing a neighbourhood led strategy to improve the quality of life for local people. The themes that have emerged to date are rural isolation, making our towns more family friendly, and engagement with young people.

- **Strategic Priorities**
  Our 5 year strategic plan includes the following priorities:
  - access to same day care
  - mental health services
  - quality of care in residential and nursing homes
  - care of the frail and the elderly in the community
  - helping people become independent after treatment.

  We have established a partnership board to oversee this (Integrated Care Board), and have re-arranged community services into 4 neighbourhood teams so that they work more closely with general practice.

- **Innovation**
  The CCG is developing a reputation for developing and following good practice. The Bassetlaw Hospital Assessment and Treatment Centre has been recognised nationally, and the new Bassetlaw Quality Improvement Scheme for care homes is the first in the country. The CCG has recently introduced social prescribing and is working closely with the voluntary sector following the success of a similar initiative in Rotherham.

- **Playing our part on a regional and national basis**
  The CCG is recognised widely. The Clinical Chair is co-chair of a national body, the Accountable Officer jointly presented with the Medical Director of the NHS at the NHS Confederation national conference on seven day services. The Chief Nurse has presented to a national conference of the Royal College of Emergency Medicine on urgent care.

- **Commissioning Support**
  The CCG is currently supported by the Y&H CSU, it has proposed to roll this arrangement forward into 2015/16.

- **Challenges and pressures**
  There are a number of service pressures that continue to be a focus and where improvement is needed locally. These would include:
    - ambulance services
    - access to cancer diagnosis
    - an ongoing focus on A&E
    - diagnostic waits.

- The CCG is working with other CCGs in South Yorkshire, North Derbyshire and North Yorkshire to ensure some acute services continue to be sustainable. This programme is called Working Together, services currently being reviewed include paediatrics, ophthalmology, and some other small volume specialties.

2. The CCG would also welcome the opportunity to discuss the impact on front-line health and social care services of the County Council previous, current and future budget cuts.

3. Also in attendance will be the CCG Corporate Services Manager. Heather Woods is a diabetic nurse by profession and will be available to answer questions regarding diabetic care in Bassetlaw.

Phil Mettam
Chief Officer
October 2014

Nottinghamshire County Council

Report to Health Scrutiny Committee

24 November 2014

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

BASSETLAW – DIABETIC CARE FOR THE ELDERLY IN HOSPITAL

Purpose of the Report

1. To provide a general briefing on diabetic care for the elderly in hospital prior to receiving information from NHS Bassetlaw Clinical Commissioning Group.

Information and Advice

2. Amongst the elderly population of the United Kingdom as a whole, type 2 diabetes continues to increase and a larger proportion of diagnosed diabetics are older.

3. Treating diabetes is problematic in the elderly since older people may not display the 'classic' symptoms of the condition – the symptoms may be masked or harder to spot.

4. Other disabilities associated with aging can contribute to complexity of strictly self-managing diabetes. Impaired physical functioning can mean that adjusting to a diabetes care routine is more difficult; likewise cognitive impairment can also prove to be a problem.

5. Diabetes related complications are more common and harder to manage; exercise and adapting a diet can also be more difficult for older people.

6. All diabetic complications can occur in older patients, but cognitive problems are more common amongst the elderly. In addition, a large number of elderly patients have a predisposition towards hypoglycemia (very low levels of glucose in the blood, leading to fatigue, dizziness, blurred vision, loss of consciousness, convulsions and in extreme cases coma.

7. Public Domain data derived from the NIMROD audit data for Nottingham City indicated that 30 % of diabetic patients aged 65-74 had one more repeated admissions to hospital (Members may wish to request similar information that is Bassetlaw or Nottinghamshire specific).

8. Diabetes UK estimated that 1 in 4 care home residents have diabetes and that a person with diabetes is admitted to hospital from residential care every 25 minutes. The median age of diabetic inpatients was 75, and that the majority had been admitted as an emergency. Factors which increase the likelihood of hospital admission of older people include care home residency, mismanagement of medication and carer fatigue.

9. Older adults with diabetes have a 2-4 fold increase in the risk of hospitalisation and pre-admission medical co-morbidities and disability often results in poor clinical outcomes and prolonged length of stay. Major vascular episodes such as stroke or myocardial infarction are common causes of admission in older patients with diabetes. Older people may experience discrimination in the degree of active management offered compared with younger people.

10. Heather Woods, a diabetic nurse by profession and NHS Bassetlaw CCG Corporate Services Manager will attend this meeting of the Health Scrutiny Committee to brief the committee and answer questions as necessary. Members have indicated a particular interest in diabetic care in hospital.

11. Members may wish to request further briefing on aspects of diabetic care, either in Bassetlaw or other Nottinghamshire localities.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Receives the briefing and asks questions as necessary

2) Requests further briefing on diabetic care as required

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Council

Report to Health Scrutiny Committee

24 November 2014

Agenda Item: 7

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

NEW OBESITY SERVICES – CONSULTATION AND SERVICE DESIGN

Purpose of the Report

1. To consider the consultation on obesity services and how it influenced service design.

Information and Advice

2. Since April 2013, Nottinghamshire County Council has been responsible for providing a wide range of lifestyle services including obesity prevention and weight management. People who have a high weight to height ratio (or Body Mass Index, BMI) are more likely to suffer from a range of illnesses such as Type 2 diabetes and they may have a lower life expectancy.

3. In Nottinghamshire it is estimated that over 20,000 children (aged 2-15), nearly 166,000 adults aged 16 and over and 28,000 women of child bearing age are obese. The latest Nottinghamshire National Child Measurement Programme data for school year 2012/13 shows that:

    - around one in five children in reception (4-5 year olds) is overweight or obese
    - around one in three children in Year 6 (10-11 year olds) is overweight or obese.

4. From current evidence, programmes to help people to lose weight include lifestyle changes such as healthy eating, physical activity and behavioural change. For those that are very overweight low and very low calorie diets, psychological support, drug treatments or surgery may also be needed.

5. Obesity prevention and weight management services consist of four tiers:

    - **Tier 1** focuses on the ***prevention of excess weight for the wider population***, with an emphasis on those who are more at risk e.g. lower socio-economic and socially disadvantaged groups, particularly women, people with physical disabilities, people with learning difficulties, people diagnosed with a severe and enduring mental illness and older people.

    - **Tier 2** focuses on the provision of ***community lifestyle weight management services*** for those who are overweight or obese.

Local authorities have the primary commissioning responsibility for Tiers 1 and 2, including population level interventions to encourage healthy eating and physical activity, as well as lifestyle related weight management services.

- **Tier 3** focuses on the provision of a ***specialist multidisciplinary weight management service*** for those with complex obesity and for those who wish to access bariatric (weight loss) surgery. This tier includes the use of anti-obesity drugs which should only be considered in adults aged 18 years and over after dietary, exercise and behavioural approaches have been started and evaluated.

Nationally, there has been a lack of clarity around who is the responsible commissioner (Clinical Commissioning Groups or Local Authorities) for the Tier 3 specialist weight management services. In Nottinghamshire it has been agreed (with the Clinical Commissioning Groups) that Tiers 1, 2 and 3 are commissioned in an integrated approach. When final national guidance is published discussions will take place with Clinical Commissioning Groups as is appropriate.

- **Tier 4** focuses on the provision of ***weight loss (bariatric) surgery*** for adults defined as morbidly obese, when all other measures have failed. NHS England is currently responsible for the commissioning of bariatric surgery, although this is to transfer to CCGs in 2015/16

6. The way in which obesity prevention and weight management services in Nottinghamshire have developed means that there are gaps in service provision and a fragmented approach. A new approach to the prevention and management of excess weight is required as:

- the current service provision does not meet the identified needs of the local population in which around a quarter of adults are estimated to be obese and one in five children in reception is overweight or obese and nearly one in three children in Year 6 is overweight or obese. Neither does it support the management of obesity during pregnancy. Maternal obesity increases childhood obesity and infant mortality as well as impacting on the mother's immediate (complications of pregnancy) and future health.
- there are parts of the overweight/obesity pathway in which there are gaps (for example there is no Tier 3 specialist weight management service) and some parts in which there is risk of duplication (Tier1)
- resources are not currently aligned to those areas of highest need or to those groups most at risk of excess weight
- currently there is not an appropriate balance of investment and effort between prevention and treatment
- there is inequity in current service provision across the county with Tier 2 community weight management services only being delivered in Bassetlaw
- overweight and obesity pathways and services are not currently integrated to ensure they deliver clinically effective outcomes whilst being cost efficient and providing value for money
- current commissioned interventions may not be compliant with NICE national guidance.

7. Consultation on obesity prevention and weight management services for adults and children in Nottinghamshire took place between 7th October 2013 and 31st December 2013. The

consultation was promoted using the Nottinghamshire County Council website, media releases to the press, the use of 'tweets', by sending out an email to a wide variety of stakeholders and through the Nottinghamshire Health and Wellbeing Board. The aim was to understand views and opinions about a new proposed model for the delivery of obesity prevention and weight management services from a wide range of stakeholders and the general public.

8. There were a number of ways that individuals and organisations could take part in the consultation. These were to:

   - visit the webpage at: www.nottinghamshire.gov.uk/obesityconsultation and complete the online survey
   - attend one of three stakeholder consultation events
   - complete a paper copy of the survey, available at local libraries, and return using the freepost address
   - send an email to obesity.consultation@nottscc.gov.uk

9. For young people a short questionnaire appropriate to them was developed to obtain their opinions of the proposals.

10. To ensure involvement of service users, focus groups took place with service users of all current commissioned services.

11. A total of 97 responses to the questionnaire were received (63 online and 34 paper copies) and three stakeholder events took place with 111 individuals attending. A total of 44 people completed the young people's questionnaire. Eleven sessions were held across Nottinghamshire with focus groups of service users of all currently commissioned obesity prevention and weight management services including exercise referral schemes, community nutrition and weight management services. A total of 80 service users attended across all 11 focus groups.

12. Although an easy read version of the documentation was developed (alongside communication colleagues) and available there was feedback stating that some found the wording of the documentation difficult. For future consultations Public Health and communication colleagues will learn from this feedback to simplify language further so that it is understandable to all.

13. All feedback from the consultation was analysed and a report produced (please see Obesity Prevention and Weight Management Consultation report. Feedback was used to inform changes to the model and the development of a service specification for the formal tendering stage. Section 6 of the consultation report provides a number of recommendations that were made as a result of the consultation. The table below provides what action was taken for each of the recommendations made:

Recommendation	What NCC did
To review and amend the proposed system model for obesity prevention and weight management service	The model was amended to incorporate these changes – please see final version of the model within the service specification (Appendix 1 page

provision for adults (including pregnant women) and children in Nottinghamshire County to support sustained behaviour change so that it includes universal prevention and on-going support through the community/voluntary sector and peers/family.	26 of the service specification)
To further develop the outcome and performance measures for the service specification particularly around pregnant women	Outcome and quality measures were refined and included in the service specification – section 2.3 page 9 and section B service specific quality indicators pages 35 – 40.
To undertake work to identify potential numbers accessing different parts of the model and the associated costs to enable a greater understanding around need and demand.	The Public Health Intelligence team developed undertook system modelling using a programme Scenario Generator to identify numbers that may access the obesity prevention and weight management system and identify the numbers for the procurement exercise.
To consider offering obesity prevention /weight management services alongside other lifestyle support services such as stop smoking, drugs/+ alcohol	The Lot for Obesity Prevention and Weight Management Services was part of a tender that include substance misuse services so that Providers could bid for both if they so wished.
The service specification to be developed so that it support the commissioning of an integrated obesity prevention and weight management system	The service specification developed is for an integrated obesity prevention and weight management service that taking a life course approach covering Tiers 1, 2 & 3: • Tier 1: Targeted Prevention and early intervention healthy eating and physical activity activities • Tier 2: Lifestyle Community Weight Management Services • Tier 3: Specialist Multidisciplinary Weight Management Services
The service specification to ensure that age appropriate preventative and weight management services for children and young people are accessible and non-judgemental are provided	Service specification states that services for children and young people are accessible and non-judgemental – section 3.3.2
The service specification to ensure that service provision is person	This is covered in the service specification under section 3.3.2 – Access.

centred, flexible to meet need and provide evening and weekend sessions.	
The service specification to ensure that a communication and marketing strategy and action plan is developed as part of the service provision	This is covered in the service specification under section 3.3.5 titled: Communication and marketing.
The new service provider/s to gain a more detail view of what weight management support should be available for children and young people.	This is set out in the service specification section 3.3.12 titled service user and family member involvement.
The new service provider/s to ensure staff have been provided with appropriate training including motivational interviewing skills and techniques.	This is set out in the service specification section 3.3.16 titled staff competence and training.
The new service provider/s to provide brief intervention training for frontline staff to be able to raise the issue of obesity. This will include consistent information on healthy eating and physical activity and how to signpost to services.	This is set out in the service specification section 3.3.14 titled obesity prevention and weight management training of the wider workforce.

14. After going out to tender earlier in the year, Nottinghamshire County Council was unable to implement the decision to award the contract for obesity prevention and weight management service. The Council is currently out to tender again for an integrated obesity prevention and weight management service taking a life course approach covering Tiers 1, 2 & 3:

- Tier 1: Targeted Prevention and early intervention healthy eating and physical activity activities
- Tier 2: Lifestyle Community Weight Management Services
- Tier 3: Specialist Multidisciplinary Weight Management Services

15. The Public Health Committee will decide on the preferred provider at the meeting to be held on 11th December with the new service being in place by 1st April 2015.

16. Anne Pridgeon, Senior Public Health Manager, Nottinghamshire County Council will attend to brief the Health Scrutiny Committee and answer questions as necessary, accompanied by Barbara Brady, Consultant in Public Health. A written briefing is attached as an appendix to this report.

17. Members will wish to consider and comment on the nature of the consultation and how the results of the consultation have informed the service design.

18. This is the first time that details of a consultation on a health service commissioned by Nottinghamshire County Council's Public Health Department has been brought before the Health Scrutiny Committee. The process for Public Health engaging with Health Scrutiny is therefore in an early stage of development. Members may wish to reflect on the sort of information that they might wish to see in future briefings and the timing of engagement.

19. The Local Authority Health Scrutiny Guidance issued in June 2014 provided welcome clarity when it indicated that the Local Authority Public Health Function falls within the scope of Health Scrutiny. It is therefore anticipated that future changes of service and consultations will be brought to the Health Scrutiny Committee at an early stage (as indicated by the new guidance). Members usually consider if changes are in the interests of the local health service immediately prior to or during consultation. In this case, the issue is under consideration after the consultation period has concluded and during the tendering period. Therefore, on this occasion, Members are not asked to form a view on whether or not this new service is in the interests of the local health service.

20. Members need to be aware that the procurement process is still underway and there may be issues raised which it is not possible to respond to for reasons related to the legal requirements of the procurement process.

21. Members may wish to schedule consideration of the outcomes of the obesity service following discussion with Public Health officers regarding when performance information will become available.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the consultation on obesity services and how it has informed service design

2) Schedule consideration of obesity service outcomes

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

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Background Papers

Final Service Specification

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Council

Obesity Prevention and Weight Management Consultation

1.0 Introduction

This document describes the process that Nottinghamshire County Council has used to seek views on obesity prevention and weight management services which took place between 7th October 2013 and 31st December 2013, along with the key findings from this consultation.

The consultation was promoted using the Nottinghamshire County Council website, media releases to the press, the use of 'tweets' and by sending out an email to a wide variety of stakeholders.

The aim of the consultation process was to understand views and opinions about a new proposed model for the delivery of obesity prevention and weight management services from as wide a range of stakeholders and the general public. The findings have been considered and recommendations made for amendments to the proposed model and for the development of the service specification in preparation to go out for tender in February 2014.

2.0 Consultation Methods

A number of methods were used as part of the consultation process.

2.1 Questionnaires

A questionnaire was developed (Appendix 1) and promoted on the Obesity and Weight Management consultation website (www.nottinghamshire.gov.uk/obesityconsultation) with a link provided to 'Survey Monkey' a web based survey. The weblink and invitation to take part in the consultation was cascaded to a wide variety of stakeholders and included:

- All Nottinghamshire County GP's and Practice Managers
- Nottinghamshire County and Nottingham City Public Health staff
- Chief Executives of all Nottinghamshire and Nottingham City Acute Trusts
- Chief Executives of each District Council across Nottinghamshire
- Chief Operating Officers for Clinical Commissioning Groups
- Current Nottinghamshire Obesity Prevention and Weight Management Provider services
- Healthwatch Nottinghamshire
- All Members of Parliament across Nottinghamshire
- Members of the Nottinghamshire Integrated Commissioning Group
- NAVO
- NHS England Local Area Teams
- Nottinghamshire Health and Wellbeing Board Members
- Those responding to the Nottinghamshire County Council Prior Information Notice (PIN) (Appendix 2)
- Public Health England
- Nottinghamshire Public Health Sub Committee members (now call Public Health Committee)
- Providers who took part in soft market testing
- Nottinghamshire Children's Trust members
- Head of Midwifery Services for all Nottinghamshire and Nottingham City Acute Trusts

In addition consultation documentation including paper copies of the survey was sent to all 60 libraries across Nottinghamshire. A freepost address was made available to receive paper copies of the survey. All the information received from the paper versions of the questionnaires were transferred onto the 'Survey Monkey' web based survey.

In response to feedback during the consultation period, a questionnaire was produced to engage young people in November 2013 *(*Appendix 3*).* This was developed into a 'Survey Monkey' web based survey and promoted by the Children's Integrated Hub and via the Obesity and Weight Management consultation website to the Youth Service, School Nursing, current Obesity Prevention and Weight Management providers, the Voluntary and Community sector as well as other services working directly with children and young people. Questions were designed to provide opportunities for young people to say what they think will be useful and helpful to tackle obesity in children.

2.2 Stakeholder Consultation Events

Three stakeholder consultation events were arranged to take place in November and December 2013. When registered to attend an event all participants were sent copy of:

- Consultation pack – full version
- Frequently Asked Questions sheet
- Questionnaire

Hard copies were available on each table during the events themselves. Information regarding the purpose of the consultation and current situation was presented at the start of each event. Each table was facilitated by a member of either Nottinghamshire County Council's (NCC) Public Health Directorate. The purpose of the group work was to answer the following questions:

- Identify what is working well and not so well with current services
- Identify any advantages and barriers to the proposed model to commission future obesity prevention and weight management services
- Identify if obesity services should be offered alongside other lifestyle services such as smoking cessation and drugs/alcohol services
- What does success look like?

A scribe recorded on a flipchart comments, and encouraged participants to capture extra thoughts/questions on the post-it notes; that would be captured in the final analysis.

In addition a member of NCC's procurement team attended two of the three events to answer any specific procurement questions.

2.3 Service User Focus groups

These were organised by each provider and took place during November and December 2013. Each was facilitated by at least one member (mean 2.4) of the NCC Public Health Directorate. Facilitators gave an overview of the reason for the consultation and what the proposed model of delivery was. Participants were asked to comment on the following questions:

- What is working well with services at the moment?
- What is not working well with services at the moment?
- What do you like about the proposed model to deliver services?
- What don't you like about the proposed model to deliver services?
- What do you think about obesity prevention and weight management services being offered alongside other lifestyle support services such as stop smoking, drugs and/or alcohol?

- What do you like about how we propose to measure success? What does good look like? Is there anything missing?
- What don't you like about how we propose to measure success? Do we need to make any changes?

2.4 Textual data collection

An email address was established and this was published alongside a freepost postal address on the consultation website. This was to enable individuals to respond directly and record their experiences and views in addition to the specific questions asked via one of the other consultation methods. Participants attending the consultation events were also given the email contact details to enable them to send any additional views afterwards.

3.0 Analysis

Each consultation method was analysed separately using quantitative and qualitative methods as appropriate. For the free text/consultation/focus group responses, thematic analysis was used to identify, analyse, and reporting patterns (themes) within data. Emerging themes have been collated around each of consultation method but no comparisons or weighting of emergent themes have been made.

3.1 Reflexivity

Bias or the potential distortion of the consultation outcomes, has been considered by those leading the consultation and analysing the responses. This is a particularly critical issue for this consultation as the "interviewers and facilitators" were staff from within the Public Health Directorate. Through the process of collecting the responses efforts were made to establish strong relationships with those being interviewed (and the focus group/stakeholder event participants) in order to delve deeply into the subject matter and extract respondents beliefs.

Bias was minimised throughout this process by acknowledging that the roles of the interviewers/facilitators could influence the outcomes of the consultation. Reflexivity is one way that addresses the distortions or preconceptions the interviewers and facilitators may unwittingly introduce into the methods used to gather the responses. This was minimised within this consultation process by:

- Multiple interviewers and facilitators were used, this led to the discussions that provided some context to the differing beliefs, values, perspectives and assumptions of those involved
- Use of reflective practice where those involved reflected upon what is happening in terms of one's own values and interests
- Triangulation a method used by qualitative researchers to check and establish validity in their studies by analysing a research question from multiple perspectives. For this process several different members of staff were involved in the analysis process. This consisted of a small team where each team member examined an aspect of the consultation. The findings from each were then compared to develop a broader and deeper understanding of how the different individuals view the issue. If the findings from the different evaluators arrive at the same conclusion, then confidence in the findings was reinforced.

4.0 Results

4.1 Questionnaire responses

A total of 97 responses were received: 63 online and 34 paper copies. Of the paper questionnaires:

- 19 were through the post
- 3 from the Ashfield Community Nutrition Focus Group
- 5 from the Kirkby in Ashfield consultation event
- 3 from the Broxtowe Exercise Referral Scheme Focus Group
- 4 from the Bassetlaw consultation event

Those organisations that completed the questionnaire are given in Appendix 4.

- A breakdown on the responses indicated that 63% and 37% of respondents were female and male respectively.

- 16% of respondents were from Bassetlaw, followed by Ashfield (15%), Newark and Sherwood (14%), Mansfield (12%), Broxtowe (9.5%), Rushcliffe (9.5%), Gedling (7%). A total of 17% of responses were from those who lived in district outside of Nottinghamshire.

- The vast majority of respondents were White (97.6%), followed by Mixed (1.2%) and 1.2% from another ethnic background.

- Most of the respondents were aged 45-59 (42%), followed by those aged 35-44 (23.5%), over 65's (16.5%), 25-34 (9%), 60-64 (7%), 16-24 (1%).

- 20% stated that they had a long standing illness or disability.

- Most of the respondents were Christian (75%) followed by no religion (16%), other (5%) with 4% who preferred not to say.

- Most of the respondents were heterosexual/straight (86%), 11% who preferred not to say and 1% bisexual and 1% gay man.

- Most of the respondents (97%) were the same gender as assigned at birth

Below provides an overview of how people responded to each of the questions asked in the questionnaire.

Question 1 asked people whether they agreed or disagreed with the proposed new system model. A total of 70 people (73.7%) said that they agreed with this.

Do you agree or disagree with the proposed system model?		
Answer Options	**Response Percent**	**Response Count**
Agree	73.7%	70
Disagree	14.7%	14
Don't know	11.6%	11
If you disagree please state why		29
answered question		**95**
skipped question		**2**

Comments made include:

- *"To a degree: the basic model is sound and makes sense. The effectiveness of it will depend on the quality of interventions that are implemented at each tier. The effectiveness will depend on the delivery model in place - the proposal model should consider the length and scope of the intervention provided."*
- *"The proposed model appears to make sense in that it is a tiered system but I want to make sure there is plenty of provision on tier 1 – prevention."*
- *"Emphasis should be on Tier 1 - prevention, also focus on the young - prevention of future illness and associated cost to all."*
- *"Only one change! Tier 3 makes no mention of behaviour change. At this stage of obesity ingrained behaviour patterns have developed. Working alongside empathetic, experienced individuals is crucial in enlightenment of self behaviour/self improvement."*
- *"The proposed system model targets behaviour change at Tier 2. The most effective strategies target behaviour change at prevention stage (Tier 1) as opposed to treatment."*

Question 2 asked if the proposed model would address gaps in current weight management service provision. A total of 60 people (64.6%) agreed that the proposed model would address the gaps.

Do you agree or disagree that the proposed model addresses the gaps in current weight management service provision?		
Answer Options	**Response Percent**	**Response Count**
Agree	64.5%	60
Disagree	17.2%	16
Don't know	18.3%	17
If you disagree please state why		21
answered question		**93**
skipped question		**4**

Comments made include:

- *"There is insufficient proposed contact with organisations that offer exercise (walking groups, cycling clubs, dance clubs sports organisations, etc.). None of the obvious organisations are currently mentioned."*
- *"The model appears to only target those people who are at the contemplative or action stage of the behavioural change cycle. How do we address those people who are pre-contemplative? Again, the effectiveness will depend on what is delivered at each stage. There is a need for practical cooking skills. The model excludes people that have a weight problem due to medical conditions, eating disorders etc.; what happens to those people. Also, this is not a holistic approach. Research informs us that people from low socio-economic backgrounds are likely to have, in addition to weight issues, smoking, alcohol and drug issues. However in terms of maternal obesity there is a current gap in service provision County wide that would be bridged by the new model."*
- *"We have this in place at Bassetlaw, tried weight management with children twice, hasn't taken off"*
- *"The proposed model focusses on overweight people only and does not address the gaps in provision for underweight people"*
- *"The fundamental issue of controlling weight is one of societal dietary habit. There would be far more impact in taxing 'takeaway' food at source and increasing the price per unit of alcohol"*
- *"Concerned that disabled children and young people have not been addressed"*

Question 3 asked if the proposed model is based on best practice, in which 66.7% agreed that it is.

Do you agree or disagree the proposed model is based on best practice?		
Answer Options	**Response Percent**	**Response Count**
Agree	66.7%	62
Disagree	12.9%	12
Don't know	20.4%	19
If you disagree please state why		22
answered question		**93**
skipped question		**4**

Comments made were:

- *"Owing to current NICE Guideline reviews underway: the definition of 'best practice' may shift over next 3 - 6 months"*
- *"It makes no mention of good schemes that exist in other countries with similar health systems to our own e.g. other EU countries, NZ and Canada. Best practice should be based on what already works effectively in other countries."*
- *"Based on NICE guidelines so yes however I would also like to know that whatever services are commissioned are things that have been demonstrated to good effect in different parts of the country"*
- *"I disagree as currently best practice is not working for the majority of the population hence the obesity levels."*

Question 4 asked if the model will provide access to weight management services across the whole of the county. A total of 60 (64.5%), agreed that it would.

Do you agree or disagree that the proposed model will provide access to weight management services across the whole of the county?		
Answer Options	**Response Percent**	**Response Count**
Agree	64.5%	60
Disagree	20.4%	19
Don't know	15.1%	14
If you disagree please state why		29
answered question		**93**
skipped question		**4**

Comments made include:

- *"I'm not sure that it will or indeed it should. The document stated that obesity in adults and children is higher in the more deprived districts, so why not focus resources there? It may work if interventions at the different tiers are locality based e.g. mostly tier 1 interventions are available in Rushcliffe and there is a greater emphasis on tier 2 & 3 in Mansfield and Ashfield. The above statement also reflects maternal obesity and weight retention after birth - both of which are related to socio-economic deprivation (Haselhurst, 2010). I would also suggest that people from the groups which most need targeting are those that would be defined as hard to reach, and engage with, so how is that going to happen? Statistics indicate that its areas high on IMD where the problems appear most so diluting resources*

across the whole of the County is unlikely to make the most impact in the short term which is what is needed to start with."

- *"I feel it is really important that there is consistency across the County. Services should not be available based on post code - there are pockets of deprivation in even the most affluent of localities as we are well aware"*
- *"The definition of the word 'access' does not allow for the compliance of the users. The services will be 'available' but will not be patronised to any great extent due to apathy"*
- *"Most of the population of Nottinghamshire is in the south. Many people in the north of the county would find it easier to go outside the county to towns such as Chesterfield and those in the east might find it easier to get to Lincoln. There needs to be co-operation between counties"*
- *"I believe that different areas are faced with different challenges and do not necessarily have the same requirements"*

Question 5 asked if the model will improve the integration of obesity prevention and weight management services as a holistic model. A total of 66 (71.7%) agreed that it would.

Do you agree or disagree that the proposed model will improve the integration of obesity prevention and weight management services as a holistic model?		
Answer Options	**Response Percent**	**Response Count**
Agree	71.7%	66
Disagree	10.9%	10
Don't know	17.4%	16
If you disagree please state why		15
answered question		**92**
skipped question		**5**

Comments made included:

- *"I think there needs to be more emphasis on prevention. The model is very biased towards dealing with people when they are obese / overweight already. Care needs to be taken to avoid perverse incentives such as those that currently exist where people are inadvertently encouraged by the system to gain more weight to access treatments."*
- *"It must have buy in from midwives Health visitors and GP's for this to succeed. Would need integrated services manager to bring this all together and improve joint working."*
- *"There needs to be a good range of links to voluntary organisations that provide exercise."*

Question 6 asked if the proposed model will support improvements in diet, physical activity and the weight of individuals. A total of 55 (58.5%) agreed that it would.

Do you agree or disagree that the proposed model will support long term improvements in diet, physical activity and weight of individuals?		
Answer Options	**Response Percent**	**Response Count**
Agree	58.5%	55
Disagree	21.3%	20
Don't know	20.2%	19
If you disagree please state why		33
answered question		**94**
skipped question		**3**

Comments made included:

- *"Need to ensure the model does not just create a "leaky bucket" scenario where by as people lose weight and leave the system, more are not coming in to the bottom - due to the lack of support available in the past there is a need for significant "pump priming" to provide enough resource across the support framework."*
- *"Long - term (12 months +) outcomes will only be maintained if those motivated to implement lifestyle change have the option of support into year 2 +."*
- *"The services being in place is one thing, access to the service, good word of mouth & on-going support for individuals will see benefits in the long term."*

Question 7 asked if the proposed model is an efficient and effective use of resources. More than half (57%) of the respondents agreed that it was.

Do you agree or disagree that the proposed model is an efficient and effective use of resources?		
Answer Options	**Response Percent**	**Response Count**
Agree	57.0%	53
Disagree	18.3%	17
Don't know	24.7%	23
If you disagree please state why		27
answered question		**93**
skipped question		**4**

Comments made included:

- *"Only if follow up kept up. Many people regain weight if not encouraged even after 1 year."*
- *"Excellent use of resources in Bassetlaw and we do not want to lose any provision here in favour of other areas gaining facilities. We do not want the service watered down."*
- *"The proposed model will not bring about long term behaviour change and with therefore not be a good use of resources."*
- *"It is not clear to me how these people will be identified. Self referral is clearly part of the model, which is great. As a GP I would love to have a service my patients can go to, but I am already snowed under with work, so it needs to be something that is easy for us to direct people to. I am seriously concerned about the explosion in obesity and Diabetes related to it, so welcome this idea very much, but will it be adequately resourced and how long for? Are dieticians running it, because they are thin on the ground from my experience?"*
- *"Prevention is the most effective use of resources."*

Question 8 asked if the model will give users and referrers into services a clearer understanding of service provision and how to access it. A total of 61 (66.3%) agreed that it would.

Do you agree or disagree that the proposed model will give users and referrers a clearer understanding of service provision and how to access it?		
Answer Options	**Response Percent**	**Response Count**
Agree	66.3%	61
Disagree	15.2%	14
Don't know	18.5%	17
If you disagree please state why		22
answered question		**92**
skipped question		**5**

Comments made included:

- *"Difficult to determine at this stage until more detail is available on how the model will work and is promoted."*
- *"It depends on how this is communicated to the user. Practical examples of what might be on offer at each tier would help understanding. It is not possible to answer this question without seeing practical delivery model. The proposed system model does not make any reference to how the service will be communicated to service users. This is a major failure of the consultation as in essence it doesn't mean a lot without details of what is actually going to be done, or am I missing something? I also think that we should disagree with a positive statement unless it is proven, to 'don't know' is to disagree with a positive assertion."*
- *"Subject to adequate 'social marketing', patient identification and GP training on referral into service."*
- *"While we agree with the model, getting a clearer understanding of service provision and how to access it for users and referrers, will only happen once the "how" has been defined. In our experience most users are more interested in their personal journey through a service and the impact this has on them rather than the model that sits behind the service. We are sure that referrers would support an integrated service for obesity and weight management prevention; however it is likely that they will be most interested in the logistics of making a referral and the journey of the patient thereafter."*
- *"As long as you employ someone to oversee the model and bring it all together."*
- *"How do disabled people including children access the services?"*
- *"Guidance will be required to support the diagram, although this is reasonably self-explanatory"*

Question 9 asked if the model will improve working practices for staff involved in delivery. A total of 50 (54.3%) agreed that it would.

Do you agree or disagree that the proposed model will improve working practices for staff involved in delivery?		
Answer Options	**Response Percent**	**Response Count**
Agree	54.3%	50
Disagree	10.9%	10
Don't know	34.8%	32
If you disagree please state why		22
answered question		**92**
skipped question		**5**

Comments made include:

- *"For the service to be successful I do believe that a joined up approach, where regardless of your postcode you are able to access the same standard of service, is the best approach to take. However, at this stage I feel it is too early to say if the model will or will not improve working practices for staff. Again it is fully dependent on the delivery model (and indeed service provider) that is adopted. Staff who are currently based in one district could end up travelling county wide to deliver there element of the service."*
- *"Hopefully will make boundaries clearer and work patterns can be established."*
- *""Has the potential to, due to increased clarity with regard to their role and responsibilities"*
- *"Working with the public this this area will involve working unsociable hours. Although this will undoubtedly be a benefit to service users - it will not be for staff."*

Question 10 asked if the model will increase confidence in obesity prevention and weight management service provision in Nottinghamshire. A total of 57 (62.6%) agreed that it would improve confidence.

Do you agree or disagree that the proposed model will increase confidence in obesity prevention and weight management service provision in Nottinghamshire?		
Answer Options	**Response Percent**	**Response Count**
Agree	62.6%	57
Disagree	16.5%	15
Don't know	20.9%	19
If you disagree please state why		22
answered question		**91**
skipped question		**6**

Comments made include:

- *"Nobody will know until service is running."*
- *"Everything seems to be based on BMI. I feel the criteria needs looking at be broader."*
- *"Weight management services are already available in Bassetlaw so this change does not improve services."*
- *"Confidence will come with results and achieving outcomes. Ensuring that consultation and engagement, and the communication of changes to the proposed model are delivered effectively will encourage confidence from the outset."*
- *"Why should it?"*
- *"It is a possibility."*

Question 11 asked if the proposed outcome measures would assess success. A total of 54 (57.4%) agreed that it would.

Do you agree or disagree with the proposed outcome measures for assessing success?		
Answer Options	**Response Percent**	**Response Count**
Agree	57.4%	54
Disagree	14.9%	14
Don't know	27.7%	26
If you disagree please state why		21
answered question		**94**
skipped question		**3**

Comments made include:

- *"BMI is a crude measure and other criteria need to be used for weight, but also fitness."*
- *"Should there be some indicators around the building blocks of sustained behavioural change e.g. no. people attending practical cooking/nutrition courses? or should it be about 'completing' the courses? Pregnant woman: the success criteria is based around the US Institute of Medical Guidelines. These guidelines are based around purely observational data and evidence that has not been validated by any intervention studies. The date is also based around US population and may not apply to populations within the UK with different ethnic compositions. PHIAC (Public Health Interventions Advisory Committee) are unable to support*

the use of such guidelines, thus drawing on existing NICE guidelines might be a better measure of success."

- *"Needs 'harder' targets and more info for tiers 2/3/4 - what is % of achievement?"*
- *"I would only be looking at the tier one and I'm not sure how successful it will be to go back to people after 12 months - maybe this length of time needs to be adapted depending on how much of the service they access – i.e. for a short course, a shorter length of time would be more appropriate. Also need to think about how you gather this information and the resources it will take up."*
- *"What happens if you have a service user who hasn't lost 15% body weight within 12 months on tier 3? This cannon be seen as a failure if this individual has committed and implemented changes, is losing weight slowly & consistently. This shows strong steps towards sustained success or the individual."*
- *"BMI is a very outdated model."*
- *"Need to consider psychological improvement."*
- *"The overall outcome in the long run needs to be a drop in the incidence of type 2 diabetes and reduced need for painkillers, etc. by people with conditions such as osteoarthritis, as well as reduced levels of heart disease and cancer."*
- *"Not comprehensive enough, also needs longer term follow up measure (two years) to truly measure weight maintenance."*
- *"Partially although they are jumbled between measures of activity and demand and outcome measures. There will be fundamental problems in obtaining accurate and consistent data as the definitions are not clear enough and there are no descriptions of when for example the clock starts for time bound measures and reasons for delays. They may be patient choice issues."*
- *"I would like to know what happens after the year is up? Would these people have access to support networks after the year is up!?"*

Question 12 asked people about the proposed ways to manage performance of obesity prevention and weight management services. A total of 52 (56.5%) agreed with these.

Do you agree or disagree with the proposed ways to manage performance?		
Answer Options	**Response Percent**	**Response Count**
Agree	56.5%	52
Disagree	9.8%	9
Don't know	33.7%	31
If you disagree please state why		15
answered question		**92**
skipped question		**5**

Comments made include:

- *"Too much emphasis on BMI."*
- *"In the long run, you should be looking at the % of people with a BMI of over 22 and the % of people with type 2 diabetes."*
- *"Every case should be considered individually according to start weight."*
- *"Every person needs are different not just 10% of weight because one size does not fit all."*
- *"Although it is a start. There needs to be changes in the language and probably more focus on patient reported outcomes for quality of life and wellbeing etc., maybe things they have achieved as a result of healthier eating. This will provide rich vignettes which will not be*

captured any other way. It would also be a more positive focus than on what has been lost i.e. in terms of weight (although obviously key)"

Question 13 asked if obesity prevention and weight management services should be offered alongside other lifestyle support services such as stop smoking, drugs and/or alcohol services. A total of 78 (83.9%) agreed to this principle.

Do you agree or disagree that obesity prevention and weight management services could be offered alongside other lifestyle support services such as stop smoking, drugs and/or alcohol?		
Answer Options	**Response Percent**	**Response Count**
Agree	83.9%	78
Disagree	11.8%	11
Don't know	4.3%	4
If you disagree please state why		30
answered question		**93**
skipped question		**4**

Comments made include:

- *"And absolutely must be - support needs to be focussed more on the overall lifestyle and not the individual issues. Also the family unit needs to be considered, because for example it is no good supporting the kids if their parents continue to provide them with junk food in excess."*
- *"An integrated approach would prove much more effective for the service user and, depending on the reason for referral, prove more rewarding and achieve greater results for staff working on the scheme."*
- *"At tiers 2/3 a bespoke service is required even though common element does exist across these treatment areas."*
- *"Would not wish to see these other lifestyle support services offered as part of a holistic tender/package. Believe that the skills and expertise required to deliver each service area are discrete and it would confuse service users to be offered all services from one provider."*
- *"There is certainly an opportunity to work with smoking cessation services. Caution should be given to linking with specialist drug and alcohol services, given the health and safety implications of people suffering with related drug and alcohol conditions participating in certain obesity interventions, particularly around exercise. The point of referral from these services should be after a patient has successfully completed a specialist drug or alcohol programme."*
- *"As a concept this could work, specifically when considering smoking cessation and weight management. Careful consideration would be needed as to whether drug and alcohol services being delivered alongside, dependant on at what stage of recovery a client is at. More specialised services may need to be commissioned."*
- *"Because they are not connected and services would be diluted."*
- *"It makes a lot of sense to offer services alongside however it is not usually realistic to tackle more than one behaviour change at a time. That said, nutrition & activity support would be very useful for people stopping smoking that have concerns about weight gain."*
- *"Think this is a MUST - Holistic approach necessary as generally addictive personalities towards weight, cigarettes, alcohol etc. - may be key to addressing."*
- *"Already in place in Bassetlaw."*
- *"Very much so!!!"*

- *"This is a huge step and although agreeing with holistic approaches, there should be a go do evaluation of such an approach used elsewhere and by other Councils. Undertaking such a transition will take time and should not be rushed in to."*

Other general comments received:

- *"We suggest no changes to the proposed new model, we are very happy with it. Thought through adaptable for all. As long as all services are working together for adults (including pregnant women) and children in Nottinghamshire (Ashfield especially considering its obesity statistics)."*
- *"Effective communication is needed."*
- *"Necessary review points need to be described within the service specification."*
- *"A flexible service specification will enable the provider to be innovative."*
- *"In developing the specification, I think it would be useful to ask tenderers to specify the range of facilities and locations from which they would deliver the service in order to satisfy the council that they are capable of achieving delivery across the county."*
- *"I don't believe that the service should be offered free at the point of delivery. If one wishes to inculcate long term behaviour change in adults and children, then making them pay something in the first instance is important. If it's free, they won't value it. If it's free they've lost nothing if they quit. If it's free for 12 weeks or so at the start of the programme it is mightily difficult to get them to then pay at the end of that period. Even a nominal amount per month for the first 3 months creates the habit of paying and when they are asked to increase their payment commitment in order to continue it is not so much of a financial jump or culture shock to them and they are far more likely to sustain their involvement in regular sport and physical activity."*
- *"I am concerned this is not innovative transformative and radical enough. Good that 'best practice' will be addressed as not all best practice is evidence based. Nottinghamshire needs to be brave and innovative at this time; if it works it works..."*

There were also a number of comments received about the wording in the consultation documentation and that some found it difficult to understand. The questions within the questionnaire were also felt to be framed in a positive way and weren't neutral so by answering 'don't know' arguably means that you disagree.

4.2 Children and Young People questionnaire responses

Timescales were tight allowing only a month to cascade the request and collect the findings. Despite this very short turnaround 44 people completed the questionnaire. Only multiple choice answers were used and no young people provided any additional comments.

- 44 people completed the online questionnaire, even though the questionnaire targeted children and young people, the age breakdown of respondents indicated that 7 respondents were aged 22-44. One respondent stated that they were responding as a parent of a 7 and 8 year old, it is however unclear if the other adults were responding as parents or carers of children and young people. 14% of respondents were aged 13 years, followed by 14 years (12%), 15 years (12%), 16 years (12%), 10 years (10%).

- A breakdown of the responses indicated that 68% of respondents were female.

- The vast majority of respondents were White (88%), followed by Asian (5%), and Black (2%)

- 29% of respondents stated that they have a disability

- 56% of respondents were from Ashfield, followed by Rushcliffe (14%), Mansfield (11%), Gedling (7%), Broxtowe (5%), Newark and Sherwood (2%). No responses were received from Bassetlaw, and 5% of respondents were unsure of which district they reside in.

- 79% of respondents agreed that developing services for children and young people to prevent obesity was important. 19% stated that they did not know if this was important.
- 88% agreed that commissioners should provide information and support about healthy eating for children and young people to help them to be a healthy weight. 13% did not know if this was important.
- The respondents that stated that prevention measures were important identified a range of interventions as important as can be seen below. It is interesting to see that community cooking courses was identified as the most popular intervention, followed by promotion of healthy eating in schools, youth clubs and colleges.

8. If yes, tick what you would like to see:

	Response Percent	Response Count
Community cooking courses	**82.1%**	**32**
Community gardening opportunities	28.2%	11
Promotion of healthy eating in school	64.1%	25
Promotion of healthy eating in youth clubs	46.2%	18
Promotion of healthy eating in colleges	46.2%	18
Other (please tell us your ideas)		3
answered question		**39**
skipped question		**6**

- 95% of respondents stated that we should support children and young people to be more physically active. Of those that agreed it was important, physical activity within local communities was highlighted as the main preference, however all their preferences for interventions were fairly evenly spread as can be seen below.

10. If yes, tick what you'd like to see

	Response Percent	Response Count
Physical activity sessions in school	63.2%	24
Physical activity sessions in your community	**71.1%**	**27**
Promotion of cycling and walking to and from school	52.6%	20
Girls only physical activity sessions	50.0%	19
Boys only physical activity sessions	44.7%	17
Other (please tell us your ideas)		4
answered question		**38**
skipped question		**7**

- 87% of respondents stated that there should be help for overweight children and young people to manage their weight. When asked about how to engage target groups of children and young people in activities and interventions, the following options were identified.

12. How can overweight children and young people be encouraged to join in and take part in services to be a healthy weight?

	Response Percent	Response Count
Attending the service with a parent or carer	41.0%	16
Offering a voucher on completion of the course	48.7%	19
Running sessions at school	**64.1%**	**25**
Boys only weight management services	46.2%	18
Girls only weight management services	51.3%	20
Other (please tell us your ideas)		5
answered question		**39**
skipped question		**6**

4.3 Stakeholder Consultation Events

Three stakeholder events took place across the County with 111 individuals attending.

It was identified that there is a range of obesity prevention and weight management provision across the county. Services included Tier 1 services around exercise referral and community nutrition and some Tier 2 community weight management services. Provision, other than that commissioned by Public Health was also mentioned such as Nordic Walking, outdoor gyms, cycling, pharmacy support. However it was also identified that there are gaps in current provision and there is inequity across the county *'post code lottery when it comes to services'*, with services not based on deprivation. Gaps include support for teenagers and young people, lack of support for pregnant women in some parts of the county, lack of information and support for those with learning disabilities plus their carers, lack of Tier 1 (prevention) & Tier 2 (lifestyle weight management) services and no Tier 3 weight management service. Although not part of the consultation, one person raised concerns that for those who have had bariatric surgery, there is no opportunity on the NHS to have excess skin removed and this can lead to mental health issues.

The model was felt to be evidence based, recognised ethnicity, taking a life course approach inclusive of pregnant women, children and young people. The general feeling was that this was a consistent approach for the whole county and holistic way forward, taking a similar approach to other the models used in other areas of the country. One person described the model as '*putting the pieces of the elephant together'*. The measures for success were felt to be lacking in a number of areas, particularly around emotional health and wellbeing, behaviour change and patient related outcomes and some expressed concern that they were too ambitious/challenging.

Many discussed the inclusion of 'universal' primary prevention work and urged that the model encompass broader work with schools, fast food outlets and local food providers, community gardening/allotments and other activities to address the '*obesity promoting'* environment along with social marketing linking to the national Change 4 Life campaign

For many, clarity around how the model will work became evident and concerns included: that people don't always fit into 'tiers'; that this was a 'reactive' model and did not address the underlying issues that cause obesity in the first instance; that brief intervention/making every contact count was not included in Tier 1; that parts of Tier 1 should come before assessment; that it was unclear which Tier those with a range of medical problems should fit into; that the links to bariatric surgical units were essential to ensure that post-operative care doesn't duplicate or leave gaps. Many did not like the term 'discharge' and suggested that this include signposting to other lifestyle interventions and that this be '*phased*' for individuals. Peer support was felt to be an important aspect.

Concern was raised that those with pre-diabetes were not included and although out of scope for this consultation, that those with dis-ordered eating and eating disorders were not included. For some there was a feeling that private providers may see the tender of these services as a financial gain.

In terms of considering if weight management services should be offered alongside other lifestyle services there were mixed responses. Some felt that there were natural links (smoking/alcohol and weight) that would make it sensible to consider this approach. It was felt that efficiencies could be gained and the approach may address equity and access issues. Others thought it would be too complex to commission and there was a potential to dilute expertise and services. Concern was raised at how quickly this should be done. It was also raised that there may be an issue of linking all

services together, as some people will not want to be seen as being under the same 'umbrella' as people who have substance misuse issues.

The following themes have been identified:

Theme 1: Integration

It was identified that in other areas services were more joined up / co-ordinated and that in Nottinghamshire people can fall out of the system. For providers there was a feeling of frustration in the disparity of what is available and what they wanted to offer. More integration with primary care services, such as GP's, dentists and pharmacists was suggested. Integration was seen to be positive to ensure a more joined up/seamless approach and if successful, demand for Tiers 2 & 3 should reduce over time.

"*All other fields are looking at integration so if we don't consider whole model we could miss out!"*

One person suggested that services, rather than contracts, need to be integrated and another suggested that providers working together would be beneficial. In general it was felt that there are strong partnerships and resources within the districts to promote a whole system approach to obesity and weight management. It was felt that these could be further strengthened however it was identified that partnerships take time to build.

Theme 2: Loss of current services*:*

The loss of current service providers and potentially elements of certain services such as exercise on referral and community nutrition was of concern. One response from a County Councillor requested that the Chrysallis programme in Bassetlaw remains in its current format. There was also concern that Bassetlaw already has an integrated lifestyle service (smoking and weight management) and changes mean that this will break it down, destabilising existing teams.

Theme3: Access

Many stated that they would want to see equitable access to services. This should be flexible to meet need and should include evening and weekend sessions. Meeting the needs of those on low income and those with different languages was seen as important as was ensuring that reasonable adjustments are made for those with different educational, learning or disability needs. Concern was raised about cross-border issues and that individuals may wish to access a service which is not where they live.

There was concern that for Tier 1 services the same people were accessing them and not those that are 'hard to reach' or from black or ethnic minority groups. Some felt that there were barriers to accessing leisure centres for low income groups and that in-reach work into local communities would be an improved approach. The provision of Tier 1 preventative activities is felt to be essential as is the need for multiple referral points.

Theme 4: Person centred approach

The proposed model was seen as being flexible allowing people to move up or down dependent upon need and therefore potentially removing silos. It was also seen as enabling providers to be innovative. Assessment was felt to be essential to ensure that individuals were signposted to the correct level of intervention. However, it was suggested that the system needs to be flexible for the patient and not the service provider. Age appropriate services taking a family approach were suggested with greater consideration being given to separating children from adults/families.

Theme 5: Criteria, meeting demand and timescales

There was concern raised about being able to meet demand especially if accepting self-referrals. Some felt that the criteria at different levels of the model needed to be changed to manage demand. The limitation of the use of Body Mass Index (BMI) was raised on numerous occasions. The longer timescales to measure impact of interventions were welcomed and it was suggested that longer than 12 months should be considered. Some areas are now measuring individuals 2 years after and one person asked why we should not be more ambitious and measure up to 5 years after. It was identified that the challenge will be keeping engagement with individuals.

Theme 6: Staff knowledge and training:

It was acknowledged that staff working within current services have local expertise along with a *'rich tapestry'* of skills and knowledge. However it was also that staff may need more training on motivating behaviour change. The training of professionals (teachers, antenatal staff and midwives), parents, children and adults was also felt to be important, particularly around portion sizes. Staff should also ensure that they take a lead and are a role model and address any weight problems they may have.

Theme 7: Communication, consistency of messages and marketing

This was identified as an area to be improved to promote more shared understanding. Services need to be publicised more to the general public – a menu of support was suggested. Many people suggested ensuring that there are consistent messages along some with much harder hitting messages accompanied with lifestyle choices that are made more attractive and appealing. There was emphasis on ensuring that new services with a 'snappy' title are promoted and advertised extensively.

4.4 Service User Focus groups

Eleven sessions were held across Nottinghamshire with focus groups of service users of all currently commissioned obesity prevention and weight management services including exercise referral schemes, community nutrition and weight management services.

The mean number of service users attending was 7.2 (median 7, mode 5), the smallest number of service users at any focus group was 1 and the largest number 16, 42% of attendees were male and 58% female and a total of 80 service users attended across all 11 focus groups.

A number of themes were consistently expressed by the focus groups. Service users were interested in the social aspect of the services, and the opportunities afforded to get out and meet people, which they would not otherwise have been able to do. They were concerned that the services should be holistic, and not focus on just weight loss, for example. There was repeated mention of the service users' relationship with their GP. The key person delivering the service was the focus of a lot of comments. There were concerns expressed over the future of the service. Service users also expressed their views about how accessible the services were, and about the length of time they were able to access the services for. These themes are expanded below:

Theme 1: Social

Many of the service users were elderly, especially users of the exercise referral schemes, and they were especially keen to express their support for the services as a way of "getting out of the house" and "meeting people". Service users reported that they had enjoyed being able to make new friends, experience more social support – this support was often related to the service (e.g. peer-support to encourage weight-loss or healthy eating) but also went further than that to encapsulate the development of wider social networks.

Theme 2: Holistic

Service users expressed concerns that the services were too focussed on one area only – for example, only on one aspect of weight loss (e.g. exercise). Many of the focus groups felt that a broader service would be more helpful – a service that provided self-help guidance and support to make changes at home, with more focus on prevention of weight-gain and not so much on weight loss. The groups also frequently mentioned the need for a more personalised service, and that although the 'one-size-fits-all' approach helped to an extent, the service users felt that if their own individual needs were assessed and a programme of exercise/weight loss/nutritional advice devised to suit them alone it would be more beneficial. Service users also identified the importance of the psychological aspects of the interventions, and felt that these could be focussed on and developed further (though no suggestions were made by any of the focus groups as to how this might be done).

Theme 3: Relationship with GP

Several service users in some of the focus groups reported that they needed to see their GP less often than before they attended the service, with a corresponding lower need for medications. However, they also felt that it would be useful if the GP was kept informed about their progress via regular reports from the service deliverers. They felt that a tailored service could be developed hand-in-hand with their GP, along with specific health advice from the GP.

Theme 4: Deliverers

One of the strongest themes that emerged from the consultation was that service users experienced great satisfaction with the people delivering the service to them. Their concerns were only that the deliverers might be over worked, and that there should be more people like them to help deliver the services. There was concern that some of the instructors that had been working with service users had left, which had broken the continuity of the service and made engagement more difficult.

Theme 5: Time and access

A theme that emerged quite strongly from the focus groups was that the programmes to which they had been referred did not last long enough. They felt that 12 weeks was not sufficient time to make a lasting change in their lives. Conversely, some services allowed people to access them indefinitely, and this resulted in some people accessing the service for a number of years (this was viewed as a positive thing, due to the social and psychological aspects of the service use). There was concern over the variability of service availability and type, even within the same district. The service users also expressed concern over accessibility of some of the services – for example, where leisure centres are not on bus route they are difficult for some people to get to and these people find themselves unable to attend exercise classes. Affordability of some services was also a concern – that is, the up-front cost to service users. They would prefer a free service.

Theme 6: The future of services

A very strong theme that emerged was that of the future of services. Many service users were concerned that the service which they view as working well would be "diluted" and unnecessarily changed. A frequent refrain was that we should not try to fix something that is not broken. There was also concern about the provision of services by private companies, and the focus shifting from helping people to making profits. The possibility of managing all 'lifestyle' services together – that is, weight loss services, alcohol services, drug services – was received coolly, with service users reluctant to attend services "if there's an alcoholic there". The focus groups strongly expressed their desire to see resources, energy and time invested into the first Tier of the programme – that is the targeted early interventions to prevent developing problems, with a focus on education about nutrition, practical food-based sessions, cooking on a budget, and access to physical activity sessions. They felt that if this Tier was sufficiently robust, the other Tiers would be less necessary. The focus groups also expressed almost universal displeasure with the term "discharge" as the end

point of the flow-diagram for the system model for obesity prevention. They felt it should be something more like “on-going support” or “continuation of health”.

4.5 Textual data collection: emails, letters, other

The consultation email received 11 responses which included:

- Letters and completed questionnaires from different organisations (3) – these have been added to the on line survey and included in section 4.1
- Comments from professionals (2) – these have been incorporated into the stakeholder consultation section 4.3
- Comments from the general public (2) – these have been incorporated into the stakeholder consultation section 4.3
- Offer of venue options for sessions when services are in place (2)
- A request that the Chrysallis programme delivered in Retford continues in its current format (1) – this has been incorporated into the stakeholder section 4.3.
- Complaint about the religions included in the equality monitoring data (1)

Two letters were received via the post. Both were from service users who had attended a service user focus group and these comments have been incorporated into section 3.4.

In addition, a petition signed by 19 people was also received to urge commissioners to continue to support the ongoing Chrysallis programme in Retford and to consider it be used as the model for wider development of services across the county.

5.0 Discussion

Responses to the general questionnaire and consultation events would suggest that people are on the whole supportive of the proposed model which is seen as a consistent approach for the county and holistic way forward, taking a similar approach to other the models used in other areas of the country. Preventative/early intervention services are seen as being important and respondents were positive to see that weight management services are to be commissioned. Many disliked the box in the model which included the word ‘discharge’ and felt the need to see more positive on-going support for individuals to maintain weight loss and behaviour changes including community and voluntary sector healthy lifestyle opportunities (especially around physical activity) and peer support. Further work is needed on the outcome and performance management measures for the service specification.

In terms of considering if weight management services should be offered alongside other lifestyle services it was felt that efficiencies could be gained and the approach may address equity and access issues, however it may be too complex to commission and there was concern about the potential to dilute expertise and services.

Children, young people and adults who responded to the young people’s questionnaire are supportive of preventative services which increase physical activity and improve healthy eating; as well as weight management for children and young people who are overweight or obese. Respondents would like to see a variety of preventative interventions in a range of settings including schools, youth clubs, with a large majority of respondents keen to see the establishment of community cooking courses and physical activity sessions being offered.

In terms of weight management for children and young people, 64% of respondents stated that weight management should be offered through school based sessions. This is thought-provoking as some children opt out of the National Child Measurement Programme because of fear of being judged in school; this should be explored further with children, young people and school

communities to see if this is achievable and yet also protective of children and young people who may be considered overweight or obese. Further work may be required to gain a more detailed view of what should be available, how this is targeted as well as ensuring that provision is accessible and non-judgmental for key target groups.

The work with service user focus groups has identified that overall satisfaction with services is good, especially with the individuals who are delivering the interventions at the front line and with the psycho-social aspects of the services. There were concerns that the services were insufficiently holistic or individualised, however, at the same time as concerns that change was not necessary on a grand scale and fears that services would be diluted or undermined by change. Where change is desirable, the focus groups felt that it should be to make services more tailored to them. There was also the feeling that Tier 1 of the model should be the focus of investment in order to stop problems taking hold.

6.0 Recommendations

- To review and amend the proposed system model for obesity prevention and weight management service provision for adults (including pregnant women) and children in Nottinghamshire County to support sustained behaviour change so that it includes universal prevention and on-going support through the community/voluntary sector and peers/family.

- To further develop the outcome and performance measures for the service specification particularly around pregnant women.

- To undertake work to identify potential numbers accessing different parts of the model and the associated costs to enable a greater understanding around need and demand.

- To consider offering obesity prevention/weight management services alongside other lifestyle support services such as stop smoking, drugs/+ alcohol.

- The service specification to be developed so that it supports the commissioning of an integrated obesity prevention and weight management system.

- The service specification to ensure that age appropriate preventative and weight management services for children and young people that are accessible and non-judgemental are provided

- The service specification to ensure that service provision is person-centred, flexible to meet need and provide evening and weekend sessions.

- The service specification to ensure that a communication and marketing strategy and action plan is developed as part of the service provision.

- The new service provider/s to gain a more detailed view of what weight management support should be available for children and young people.

- The new service provider/s to ensure staff have been provided with appropriate training including motivational interviewing skills and techniques.

- The new service provider/s and to provide brief intervention training for 'frontline' staff to be able to raise the issue of obesity. This will include consistent information on healthy eating and physical activity and how to signpost to services.

Authors:
Anne Pridgeon, Senior Public Health Manager
Ed Brooks, Specialty Public Health Registrar
Irene Kakoullis, Senior Public Health Manager

Date: 21st January 2014

Appendix 1: Consultation Response Form

A proposed system model for
Obesity Prevention and Weight Management services for adults and children in Nottinghamshire County to support sustained behaviour change

Consultation Response Form

The closing date for responses is Tuesday 31st December 2013

Please answer the following questions relating to the proposed system model for obesity prevention and weight management services. Please tick which box indicates how you feel about each of the following statements			
Do you agree or disagree with the proposed system model?	Agree	Disagree	Don't know
If you disagree please state why			
Do you agree or disagree that the proposed model addresses the gaps in current weight management service provision?	Agree	Disagree	Don't know
If you disagree please state why			
Do you agree or disagree the proposed model is based on best practice?	Agree	Disagree	Don't know
If you disagree please state why			
Do you agree or disagree that the proposed model will provide access to weight management services across the whole of the county?	Agree	Disagree	Don't know
If you disagree please state why			
Do you agree or disagree that the proposed model will improve the integration of obesity prevention and weight management services as a holistic model?	Agree	Disagree	Don't know
If you disagree please state why			
Do you agree or disagree that the proposed model will support long term improvements in diet, physical activity and weight of individuals?	Agree	Disagree	Don't know
If you disagree please state why			
Do you agree or disagree that the proposed model is an efficient and effective use of resources?	Agree	Disagree	Don't know
If you disagree please state why			
Do you agree or disagree that the proposed model will give users and referrers a clearer understanding of service provision and how to access it?	Agree	Disagree	Don't know
If you disagree please state why			

Do you agree or disagree that the proposed model will improve working practices for staff involved in delivery?	Agree	Disagree	Don't know
If you disagree please state why			
Do you agree or disagree that the proposed model will increase confidence in obesity prevention and weight management service provision in Nottinghamshire?	Agree	Disagree	Don't know
If you disagree please state why			
Do you agree or disagree with the proposed outcome measures for assessing success?	Agree	Disagree	Don't know
If you disagree please state why			
Do you agree or disagree with the proposed ways to manage performance?	Agree	Disagree	Don't know
If you disagree please state why			
Do you agree or disagree that obesity prevention and weight management services could be offered alongside other lifestyle support services such as stop smoking, drugs and/or alcohol?	Agree	Disagree	Don't know
If you disagree, please state why			
Please use this box to tell us about any comments or suggestions you have for the proposed new system model:			
If you believe the current obesity prevention and weight management services do not need changing , tell us why and use this box to let us know what works well:			

Which district of Nottinghamshire do you live?

☐ Ashfield
☐ Bassetlaw
☐ Broxtowe
☐ Gedling
☐ Mansfield
☐ Newark & Sherwood
☐ Rushcliffe
☐ Other

If you are responding on behalf of an organisation, please say which one:

Monitoring Information

Nottinghamshire County Council is committed to ensuring that all of its services are delivered fairly. Please answer the following questions about yourself to help us assess whether all sections of the community are equally satisfied with our service. We will use the information for no other purpose. The questions in this section are voluntary but the more information you provide, then the more we can learn about customers' views of our services

Gender

Are you male/female? Male ☐ Female ☐

Age

What is your age?

Under 16		45-59	
16-24		60-64	
25-34		Over 65	
35-44			

Disability

Do you have a long standing illness or disability? Y/N

If yes, please specify the type of impairment.

Mobility	
Hearing	
Vision	
Learning	
Mental Health	
Communication	
Other (please specify)	

Race

What is your ethnic origin?

		✓
White		
Black		
Asian		
Chinese		
Mixed		
Other (please specify)		

Religion and Belief

What is your religion?

Christian	
Hindu	
Jewish	
Muslim	
Buddhist	
Sikh	
No religion	
Prefer not to say	
Other – please state	

Sexual Orientation

What is your sexual orientation?

Heterosexual/Straight	
Lesbian or Gay Woman	
Gay Man	
Bisexual	
Prefer not to say	

Gender Reassignment

Is your gender identity the same as the gender you were assigned at birth? Y/N

Thank you for completing this form.
We will consider every response received and produce a summary report. This will be used to inform the next stage of the process.

Please return this form to:
Obesity Prevention and Weight Management Consultation
Freepost RTCU-CTYJ-XXKA
Public Health Directorate (Meadow House)
Nottinghamshire County Council
County Hall
Loughborough Road
West Bridgford
NOTTINGHAM
NG2 7QP
Or by email: obesity.consultation@nottscc.gov.uk

Appendix 2: Procurement Information Notice - PIN

Integrated Obesity Prevention and Weight Management Service for Adults (including pregnant women) and Children.

As part of the re-design of existing obesity prevention and weight management services, contract(s) will be competitively tendered during 2014 for the provision of an integrated obesity prevention and weight management service for adults (including pregnant women) and children across all seven districts of Nottinghamshire (Mansfield, Ashfield, Newark and Sherwood, Bassetlaw, Gedling, Broxtowe and Rushcliffe).

The range of services to be offered will seek to secure a contribution in reducing excess weight in children and adults through a creative and innovative approach aimed at supporting individuals to be a healthy weight.

The procurement is led by Nottinghamshire County Council. The procurement exercise will include Tier 1 obesity prevention (excluding breast feeding) and Tiers 2 & 3) weight management services for adults (including pregnant women) and children in Nottinghamshire (excluding Nottingham City).

Estimated contract start date: 01.08.2014
Contract length: 3 years with an option to extend by 2 years.
Estimated contract value: Approximately £1.5 million per year, but the Council will be looking for improvements on this

The Council is to undertake a soft market testing exercise and consultation to canvass independent views to support and shape the specification and anticipate holding some supplier events that interested parties may wish to attend.

Neither the intention nor the purposes of this soft market testing exercise is to confer any advantage upon its participants in any future procurement process.
This PIN is NOT a call for tenders and responses.

Further information about the project can be requested by contacting Nottinghamshire County Council Procurement Department on (corporate.procurement@nottscc.gov.uk stating Community Weight Management in the email heading).

Appendix 3: Consultation questions for Children and Young People on overweight and obesity prevention and management services in Nottinghamshire

Nottinghamshire County Council is looking for your views on how we help people to be a healthy weight. This survey provides you with a chance to answer questions and tell us what you think of our plans.
This is confidential so we won't tell anyone what you write and you do not need to provide your name or address. Please complete this questionnaire by 31st December 2013.

1. How old are you?

11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐
Other ☐ please state your age ….

2. Are you male or female?

Male ☐ female ☐

3. Which of the following best describes your ethnicity?

- Black
- White
- Mixed
- Asian
- Chinese
- Other
- I don't want to answer

4. Do you have a disability? Yes ☐ No ☐

5. Which district do you live in?

Bassetlaw ☐ Ashfield ☐ Mansfield ☐ Gedling ☐
Rushcliffe ☐ Broxtowe ☐ Newark & Sherwood ☐
Don't know ☐

6. Do you think we should be developing services for children and young people in Nottinghamshire to prevent them from becoming overweight and be a healthy weight?

Yes ☐ No ☐ Don't know ☐

7. Do you think we should provide information and support about healthy eating for children and young people to help them be a healthy weight?

Yes ☐ No ☐ Don't know ☐

If yes, tick what you would like to see

- Community cooking courses ☐
- Community gardening opportunities ☐
- Promotion of healthy eating in school ☐
- Promotion of healthy eating in youth clubs ☐
- Promotion of healthy eating in colleges ☐
- Other (please tell us your ideas)

8. Do you think we should support children and young people to be more physically active?

   Yes ☐ No ☐ Don't know ☐

   If yes, tick what you'd like to see
   - Physical activity sessions in school
   - Physical activity sessions in your community
   - Promotion of cycling and walking to and from school
   - Girls only physical activity sessions
   - Boys only physical activity sessions
   - Other (please tell us your ideas)

9. Do you think we should help overweight children and young people manage their weight?

   Yes ☐ No ☐ Don't know ☐

10. How can overweight children and young people be encouraged to join in and take part in services to be a healthy weight?
    Tick which you feel would work
    - Attending the service with a parent or carer
    - Offering a voucher on completion of the course
    - Running sessions at school
    - Boys only weight management services
    - Girls only weight management services
    - Other (please tell us your ideas)

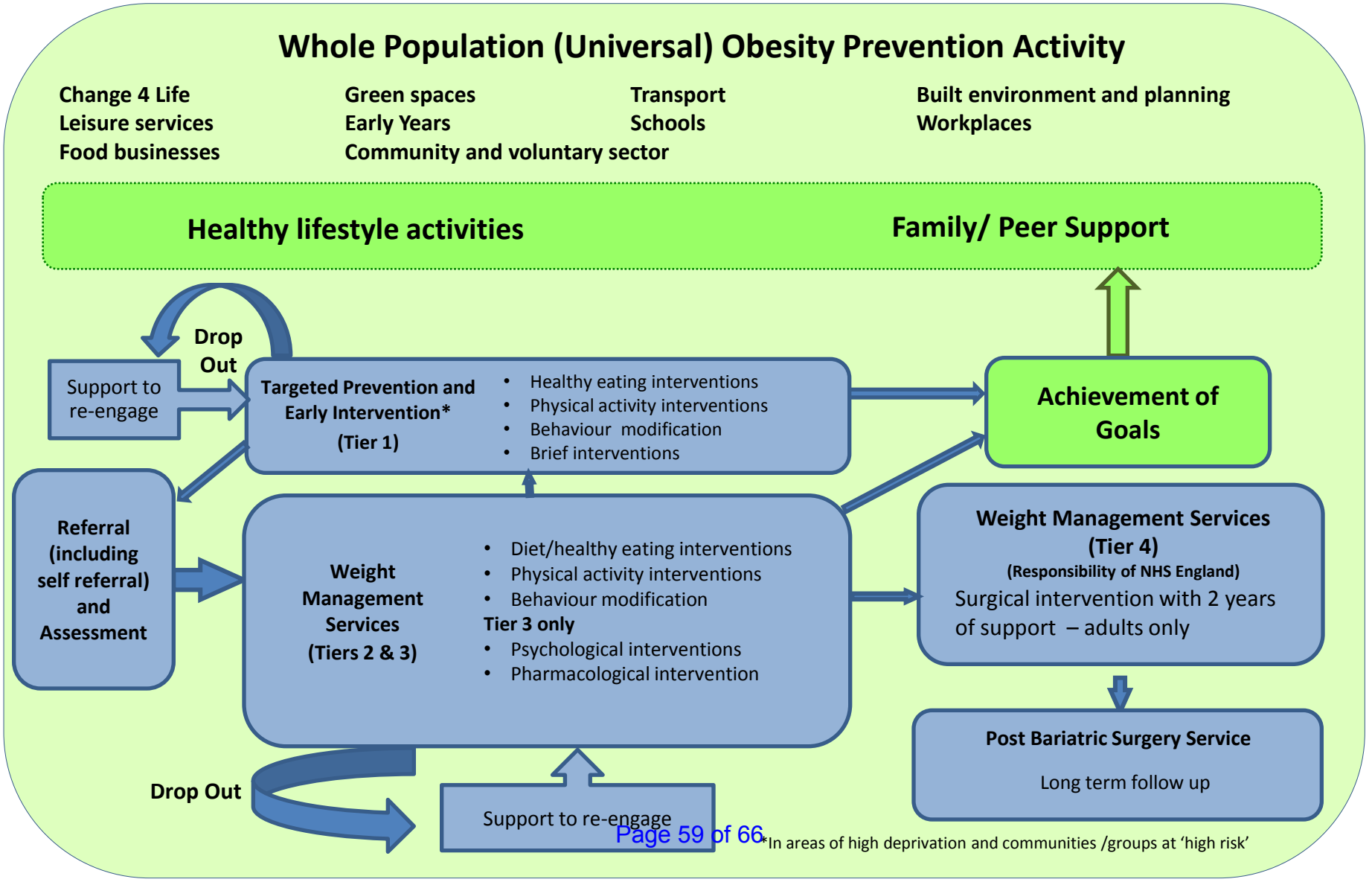
Thanks for taking the time to complete this questionnaire.

Appendix 4: List of organisations that completed the questionnaire

Nottinghamshire Local Pharmaceutical Committee
Sport and Leisure Management / Everyone Active
Doncaster and Bassetlaw Hospitals NHS Foundation Trust
Lightlife UK LTD
Nottingham Unitarians
Sport Nottinghamshire
Gedling Borough Council
The Joseph Whitaker School and it's 6 feeder schools
Ashfield District Council
Sure Start (Nottinghamshire Children and Families Partnership)
Rushcliffe Borough Council
Newark and Sherwood
Primary Schools in Mansfield - some of them.
Bassetlaw District Council
Bassetlaw CCG
Food Dudes Health Ltd
Barnsley PL
Nottingham City CCG

Nottinghamshire County Council

Aspiring for a system that empowers children, young people, adults and families to achieve and maintain a healthy weight in Nottinghamshire.



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Nottinghamshire County Council

Report to Health Scrutiny Committee

24 November 2014

Agenda Item: 8

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

1. To consider the Health Scrutiny Committee's work programme.

Information and Advice

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations and reviewing other issues which impact on services provided by trusts which are accessed by County residents.

3. The work programme is attached at Appendix 1 for the Committee to consider, amend if necessary and agree.

4. The work programme of the Committee continues to be developed. Emerging health service changes (such as substantial variations and developments of service) will be included as they arise.

5. Members may also wish to suggest and consider subjects which might be appropriate for scrutiny review by way of a study group or for inclusion on the agenda of the committee.

RECOMMENDATION

1) That the Health Scrutiny Committee considers and agrees the content of the draft work programme.

2) That the Health Scrutiny Committee suggests and considers possible subjects for review.

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2014/15

Subject Title	**Brief Summary of agenda item**	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
23 June 2014				
Proposed Merger of Clipstone Health Centre and Farnsfield Surgery	Consideration of GP surgery merger	Scrutiny	Martin Gately	Matt Doig, Dr Smith & Partners and Keith Mann NHS England
Mid-Nottinghamshire Better + Together Integrated Care Transformation	Consideration of transformation programme	Scrutiny	Martin Gately	Dr Amanda Sullivan, Newark and Sherwood CCG
Healthwatch Information Sharing	A new regular item focussing on the work of Healthwatch	Briefing	Martin Gately	Joe Pidgeon of Healthwatch
29 September 2014				
NG25 Mortality Rates Group – Final Report	A verbal update from Councillor Bruce Laughton on the work of this group	Briefing	Martin Gately	Councillor Bruce Laughton
Healthwatch Nottinghamshire – Annual report	To examine the Annual Report of Healthwatch Nottinghamshire	Scrutiny	Martin Gately	Joe Pidgeon, Chairman of Healthwatch
24 November 2014				
Sherwood Forest Hospitals Foundation Trust	Update on the work of the Sherwood Forest Hospitals Foundation Trust TBC	Briefing	Martin Gately	Paul O'Connor, Chief Executive [or other relevant senior officer] TBC

Stroke Pathway Briefing TBC	Update on the current position with stroke services	Briefing	Martin Gately	Paul O'Connor/Dr Amanda Sullivan TBC
Bassetlaw Health Services	An update on the work of Bassetlaw Clinical Commissioning Group from the Chief Operating officer, Mr Phil Mettam. TBC	Briefing	Martin Gately	Mr Phil Mettam Bassetlaw CCG
Care of Diabetic Elderly People in Hospital (Bassetlaw)	An initial briefing on diabetic care of the elderly in hospital	Briefing	Martin Gately	Heather Woods Bassetlaw CCG
Obesity Service	An initial briefing on the service design for new obesity services, with a focus on how the service design was consulted on	Briefing	Martin Gately	Anne Pridgeon, Barbara Brady Public Health
26 January 2015				
Quality Account Priorities – Sherwood Forest Hospitals Trust and Doncaster & Bassetlaw Trust	Initial consideration of priorities in advance of considering draft Quality Accounts	Scrutiny	Martin Gately	TBC
CQC Hospital Inspections	Briefing on outcomes from recent inspections TBC	Briefing	Martin Gately	TBC
Child and Adolescent Mental Health Services (CAMHS) contracts operating with the County	Initial briefing on the operation of Child and Adolescent Mental	Briefing		TBC
Stroke Pathway Briefing TBC	Update on the current position with stroke services	Briefing	Martin Gately	Elaine Moss, Director of Quality and Governance, Newark and Sherwood CCG

23 March 2015				
End of Life Care	Initial briefing with a view to undertaking a review	Briefing	Martin Gately	TBC
Misdiagnosis	Further briefing with a view to undertaking a review	Briefing	Martin Gately	Dr Amanda Sullivan, Newark and Sherwood CCG
Kings Mill Hospital Car Parking Charges	An initial briefing with a view to undertaking a review	Briefing	Martin Gately	Sherwood Forest Hospitals Foundation Trust
18 May 2015				
Quality Accounts	Consideration of draft Quality Accounts (Sherwood Forest and Doncaster & Bassetlaw Trusts)	Scrutiny	Martin Gately	TBC
20 July 2015				

Potential Topics for Scrutiny

Never Events
Misdiagnosis
Health Inequalities
Obesity
Substance Misuse
Hospital car parking charges

To be scheduled

Stroke Pathway (TBC)	Scrutiny of potential stroke services reconfiguration proposals/consultation	Consultation	Martin Gately	Dr Amanda Sullivan, Newark and Sherwood/Mansfield and Ashfield CCG