

# Birmingham City Council

## Report to Cabinet

27<sup>th</sup> July 2021



<b>Subject:</b>	Child and Family Weight Management Services Grant
<b>Report of:</b>	Justin Varney, Director of Public Health
<b>Relevant Cabinet Member:</b>	Councillor Hamilton: Cabinet Member for Health and Social Care
<b>Relevant O &amp;S Chair(s):</b>	Councillor Pocock: Chair Health and Social Care Overview & Scrutiny Committee
<b>Report author:</b>	Jo Bradley

Are specific wards affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No – All wards affected
If yes, name(s) of ward(s):		
Is this a key decision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If relevant, add Forward Plan Reference:		
Is the decision eligible for call-in?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, provide exempt information paragraph number or reason if confidential :		

### 1 Executive Summary

- 1.1 Approval is sought from Cabinet for the decision to agree Single Contract Negotiation (SCN) with Beezee Bodies (BZ) to provide child and family behavioural interventions for children identified as above a healthy weight in the National Child Measurement Programme (NCMP).
- 1.2 The cost will be funded from the Child and Family Weight Management Services Grant (No.31/5627) awarded to Public Health on 30<sup>th</sup> June 2021 from Public Health England (PHE) for £861,994 available for 12 months from 1<sup>st</sup> July 2021 to 20<sup>th</sup> June 2022
- 1.3 A joint funding application between Public Health and Beezee Bodies was made to PHE on 22<sup>nd</sup> April 2021. Developed at pace following the call for submissions on the

15<sup>th</sup> March. Beezee Bodies were chosen as a partner because of their extensive experience in delivering this type of programme and their unique use of Behavioural Insight and Evidence.

- 1.4 The Council does not have the capacity to deliver this service using internal resources and there are no existing commissioned providers in Birmingham.
- 1.5 This funding provides an opportunity to test and learn with an experienced partner and leverage extensive local relationships and previous engagement work. This will generate insights for future evidence-based commissioning.
- 1.6 The funding is non-recurrent and delivery has to commence in September 2021 in line with the academic year. PHE were unwilling to directly fund Beezee Bodies as the grant has to be awarded to the Council as the lead partner. Hence this paper is brought to Cabinet without prior notice on the forward plan because of the national timelines.

## **2 Recommendations**

- 2.1 To approve the Single Contractor Negotiations and the award of contract to Beezee Bodies who were partners in the funding application process.

## **3 Background**

- 3.1 The government committed £100 million to support children, adults and families to achieve and maintain a healthier weight. Competitive funding was assigned for children and families weight management services. The funding was identified for 1 year and said to be available from April 2021.
- 3.2 In Birmingham 2019/20 overweight/obesity prevalence for children in reception is 22.7% similar to national average of 23.0%. For year 6 it is 29.7% compared to national average of 35.2%. Levels of excess weight amongst Black African and Black Caribbean children are higher than the national average.
- 3.3 Whilst adult weight management grant funding was awarded to local authorities directly, for funding to be assigned to children and families weight management services, a competitive funding round was instigated on the 15<sup>th</sup> March. The deadline for completed applications was 12pm 22<sup>nd</sup> April 2021.
- 3.4 The funding could be used to introduce new brief interventions where local authorities could test approaches for the proactive follow-up of children identified as being overweight or having obesity through the National Child Measurement Programme (NCMP), and offer motivational support, including onward referral to locally available behavioural weight management services for children and families.
- 3.5 Public Health does not currently commission any providers to deliver specific family weight management interventions.
- 3.6 Following announcement of the funding the Public Health team started to scope the market for suitable providers, looking for providers who had experience of delivering in deprived urban communities and diverse communities with a demonstratable

track record of delivering outcomes and working with communities. On 26<sup>th</sup> March 2021 Public Health was approached by BZ, they suggested working in partnership to develop a funding application using our accumulated knowledge and their expertise in mobilising contracts quickly and efficiently. Public Health outlined they would need a service that was evidence-based, innovative, comprehensive and able to meet families where they are.

- 3.7 BZ agreed they would be able to meet both Public Health's requirements and the above funding criteria by delivering: a proactive follow-up of children identified as being overweight or having obesity through the National Child Measurement Programme; an offer of motivational support; and deliver a locally available behavioural weight management service for identified children and families. Whilst a generic offer, delivery would be underpinned by a focus on engaging Birmingham's Black African and Black Caribbean communities helping to address health inequalities. They added strength to the bid with knowledge expertise with current client group facilities already in place.
- 3.8 BZ has unique intellectual property for a digital coding behavioural insight framework that links individual assessment and demographic intelligence to behaviour change interventions which allows real time iteration of evidence based practice to meet the cultural and circumstances of the individuals. This is a unique offer that linked data management to adjustment of the intervention and this is fundamental to the elements of the project which are aiming to strengthen the outcomes for African and Caribbean families.
- 3.9 The funding will enable the implementation of engagement for all eligible families, using coproduction and community collaboration to engage with African and Caribbean families.

#### **4 Options considered and Recommended Proposal**

- 4.1 To carry out the work in-house - this option was discounted as there is no capability or experience within the council to provide this work
- 4.2 To carry out a procurement exercise – this was not practical as this was a time limited application process and funding offer. 15<sup>th</sup> March 2021 funding announcement, West Midlands webinar to discuss funding 23<sup>rd</sup> March 2021, application deadline 22<sup>nd</sup> April 2021. Funding awarded 30<sup>th</sup> June 2021. Funding for 1 year, 1<sup>st</sup> July 2021 to 30<sup>th</sup> June 2022.
- 4.3 Preferred route – Through a SCN to use the funding awarded by PHE to work in partnership with the named delivery provider, using our accumulated knowledge and the provider expertise in mobilising contracts quickly and efficiently. This joint application has enabled Public Health to apply for the available funding in the first place and the partner has IP that is unique to meeting the needs of the Council in delivering the project at pace and scale.
- 4.4 These interventions will support Birmingham City Council in addressing and working towards reducing childhood obesity by 2030.

- 4.5 Turn down the funding offered – this could be viewed as a missed opportunity to engage with and help families to make behaviour changes, offering appropriate interventions and testing and learning, generating insights for any future evidence-based commissioning.
- 4.6 Therefore the recommendation is for Cabinet to approve the SCN award to allow the project to proceed at pace.

## **5 Consultation**

- 5.1 The Director of Public Health has been consulted and is in agreement with the contents of this report
- 5.2 Prior to the funding application deadline, a report was presented to the Council Leadership Team (CLT) and the application was signed off with approval
- 5.3 The situation has been discussed with the Cabinet Member for Health and Social Care, the Cabinet Member for Finance and Resources and the Chair of Health and Social Care Overview and Scrutiny.
- 5.4 The funder, Public Health England have approved the joint funding application with the named provider

## **6 Risk Management**

- 6.1 The key risk is returning funding already secured. Not progressing through the SCN will place the programme at risk and mean that PHE are likely to rescind the grant offer which means the Council will lose the opportunity to develop and pilot interventions to address weight management in children and young people.
- 6.2 Missing an opportunity to test and learn, generating insights for any future evidence-based commissioning.

## **7 Compliance Issues**

### **7.1 Strategic Alignment**

- 7.1.1 The approval of this funding for the delivery of the service will be an asset to the delivery of the Council's outcomes, priorities and plan for 2018-22. As well as bringing additional funding to the council and the city, this will impact on the following outcomes and priorities:

- Birmingham is a great city to live in
- Birmingham is an aspirational city to grow up in

### **7.2 Legal Implications**

- 7.2.1 Section 6C of the National Service Act 2006 as amended by the Health and Social Care Act 2012 and The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 provide for the discharge of public health functions by Local Authorities

- 7.2.1 Sec 111 Local Government Act 1972 confers power on the Council to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any of their functions.

### **7.3 Financial Implications**

- 7.3.1 The acceptance of this funding does not commit the council to expenditure.
- 7.3.2 The cost of the service is £861,994 in total. This has been determined from a robust budget submitted to PHE as part of the funding application process.
- 7.3.3 The cost will be funded from the Child and Family Weight Management Services Grant (No.31/5627) awarded to Public Health for delivery of this work.
- 7.3.4 Oversight of grant delivery will be through the Public Health Grant funded Public Health Children and Young People's team.

### **7.4 Procurement Implications**

- 7.4.1 Entering into an SCN with the organisation detailed in 2.1 above is in accordance with Standing Order 2.5 due to the provider jointly completing the funding application, in which they were identified as the named provider of the delivery model approved by the funder. This means that the funding was awarded based on only the named provider delivering the services outlined in the funding application.
- 7.4.2 The named provider is unique in the current market in that they have a digital platform that combines individual citizen data with the evidence base for behavioural insight to create highly personalised and tailored behaviour change interventions in real time. The provider has experience of delivering at scale in urban settings with diverse and deprived communities and achieving outcomes for children and young people.
- 7.4.3 An exploration of the market has been undertaken to ensure that Beezee Bodies are unique in their service delivery model. The comparisons and outcome are captured in Section 8.1.
- 7.4.4 Birmingham City Council cannot procure the exact services included in the successful funding bid. Doing so would reveal the make-up of BeeZee Bodies services and breach their right to commercially sensitive confidentiality.

### **7.5 Human Resources Implications (if required)**

- 7.5.1 This funding would not create any Human Resource implications.

### **7.6 Public Sector Equality Duty**

- 7.6.1 Enter single contractor negotiations and concluding the award of this contract does not revise, amend or review Council policies of functions and therefore an Equality Impact Needs Assessment is not required.
- 7.6.2 The requirements of the Equality Act 2010 will be specifically included as part of any implementation of any decision.

## 8 Appendices

### 8.1 Market Comparison Table

Service Delivery Model	Beezee Bodies	ABL Health UK	Park-wood Healthcare	SHINE Health Academy	Com- pass UK	More Life	Every- one Health	My Weight Matters	HENRY
1. Provider of weight management for children and families with a focus on primary school age	Yes	No	No	No	Yes	No	Yes	No	Yes
2. Real time digital iteration - the nuanced additions and changes required to tailor services to a local audience, particularly those in deprived wards and in ethnically diverse communities	Yes	No	No	No	No	No	No	No	No
3. Use thematic analysis	Yes	No	No	No	Yes	No	No	No	No
4. Apply academic behavioural and social science theories to underpin existing programmes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No
5. Experience of delivering in an urban setting	Yes	No	No	No	No	No	No	No	No
6. Experience of working with diverse communities	Yes	No	Yes	Yes	No	Yes	Yes	Yes	No
7. Published external evaluation partner	Yes	No	No	No	No	No	Yes	No	No

<b>Service Delivery Model</b>	<b>Beezee Bodies</b>	<b>ABL Health UK</b>	<b>Park-wood Healthcare</b>	<b>SHINE Health Academy</b>	<b>Com-pass UK</b>	<b>More Life</b>	<b>Every-one Health</b>	<b>My Weight Matters</b>	<b>HENRY</b>
8. Underpinned by scientific rigour	Yes	No	No	No	No	Yes	Yes	No	No
9. Co-production with families	Yes	Yes	No	No	No	No	No	No	Yes
10. Fully NICE compliant	Yes	Yes	No	No	No	Yes	No	No	No
11. Visible leadership/partnership with Black African and Black Caribbean communities	Yes	No	No	No	No	Yes	No	No	No