

**Public Health and Communities Directorate  
Healthier Communities**

**Business Case  
Adult Weight Management Programme  
9 February 2024**

**1. Executive Summary**

This business case presents an evidence base for the commissioning of the Barnsley Tier 2 Adult Weight Management Service, which has proved to be effective in reducing levels of overweight and obesity, improving mood, and increasing physical activity of adults with a Body Mass Index (BMI) of 25 – 40.

Rates of obesity in England are high and rising. In Barnsley, the percentage of adults (18+) who are classified as overweight or obese is significantly higher than the regional and national averages. Weight management forms one part of a whole system's approach to obesity. The prevalence and rate of increase are not spread equally across society, and there is a strong systemic relationship between obesity and deprivation. Some protected characteristic groups are also more likely to be impacted than others.

It is acknowledged that the broad 'healthy weight' agenda not only focuses on obesity and overweight but also includes issues relating to hunger, food insecurity, and malnutrition, leading to being underweight. Nationally, there are some gaps in terms of strategy, measurement, legislation and progress in relation to poverty and food access, but there have been some developments as part of the Barnsley response to the cost of living crisis, and this continues to be a priority moving forward.

The scope of this business case focuses only on obesity and overweight, which remains a significant public health challenge.

**2. Introduction**

Although 'Obesity Prevention' is not a statutory public health responsibility for local authorities, it continues to be recognised as an important issue in Barnsley, especially considering the higher-than-average rates and links to economic deprivation in the borough and it remains closely linked to both food access and poverty agendas.

In line with local and national strategies, the council aims to reduce health inequalities linked to circumstances in which people are born, grow, live, work, and age, broadly described as the social determinants of health. Barnsley has a strong sense of community, and as a council, we work closely with local health partners and community groups to support people in several ways. A number of

organisations are all actively working in local communities through commissioned or grant-funded service provision, working together to prevent ill health and improve quality of life.

Barnsley's Tier 2 Adult Weight Management Programme was launched in January 2019 and is currently delivered by Barnsley Premier Leisure (BPL). Known as the Barnsley Wellbeing Programme, it is a free 12-week initiative that supports participants in making positive lifestyle changes to help them improve and maintain their health and wellbeing.

### **Aim**

To provide targeted support around diet, nutrition, physical activity and mental wellbeing.

### **Objectives**

- To offer 1:1 and/or group support for individuals for up to 12 weeks, ensuring an appropriate exit strategy on completion.
- To administrate/manage a system for self and professional referrals.
- Undertake appropriate initial assessment to ensure the right level of support for individuals before and after the intervention.
- To develop sustainable solutions for individuals to maintain healthier lifestyles and continue engagement in a range of activities on offer, maintaining those who 'can' and 'will'.
- Ensure effective partnership working for signposting and onward referrals to support individuals in their local communities and promote connections with other community-based activities to meet needs.

### **3. Rationale, local priorities and evidence base**

Health inequalities have been a focus for a number of years but more recently highlighted as part of Marmot's report to Building Back Fairer (2020) following the COVID-19 pandemic.

#### **Health inequalities are**

**'.....avoidable, unfair and systematic differences in health between different groups of people'**  
**(Kings Fund)**

There is an acknowledgement that many of the factors that underpin wellbeing and increase resilience are often social and not medical, and some of this work is key in creating a range of co-produced solutions with local organisations and people. Helping people to access and influence health and social care is a crucial part of addressing inequalities.

There is not one single solution to the obesity crisis, and the evidence continues to suggest that a whole systems approach is the best way forward. In Barnsley, the elements of this approach happen across different parts of the council and wider system. Over the years, there have been significant cuts to public health budgets (due to austerity), which have impacted the capacity of local weight management services.

Alongside the Barnsley 2030 priorities, particularly Healthy Barnsley, this work also forms a key part of the developments across the health and care system and the Barnsley Health and Care Plan 2023-2025, which works towards the following priorities;

- **Make services more accessible** – so you get the right support when and where you need it
- **Provide more joined-up care in the community** – removing barriers to health and care across different places so you experience seamless care
- **Support people to keep healthy** – giving you opportunities to keep a healthy lifestyle for yourself and your family
- **Offer the best possible start in life for people** – helping you to nurture a lifetime of good health and happiness for your child from birth to adulthood
- **Develop our talented workforce** – so they are equipped to make sure you can experience excellent healthcare

This work is important in terms of the obesity prevention agenda as part of these priorities and benefits residents and the wider system.

### Level of need



The service forms part of the tiered approach to adult weight management, combining NHS and council-commissioned programmes. Weight management forms one part of a whole system's approach to obesity. As seen in the diagram above, it is linked to other (NHS) commissioned Tier 3 and 4 and digital weight management services, as well as connecting to more universal and targeted (tier 1 and 2 respectively) services supporting access to food, nutrition, physical activity, and the impact of the wider determinants of health e.g. employment, housing, education.

### 3.1. Inequalities and deprivation

Rates of obesity in England are high and rising. In Barnsley, the percentage of adults (18+) who are classified as overweight or obese is significantly higher than the regional and national averages.

Despite a decrease from 74% in 2019/20, percentages are still one of the highest in the region for 2020/21, with 71% of adults classified as overweight or obese.

The prevalence and rate of increase are not spread equally across society, and there is a strong systemic relationship between obesity and deprivation. Obesity rates are also higher in women than in men and in some ethnic minority groups compared to the white British group (Kings Fund, 2021).

Differences in health and wellbeing between groups in society are unfair. Social and health inequalities mean that some people can expect to live shorter lives, have poorer health and have less fulfilling lives simply because of where they were born and who they are. For example, within Barnsley, life expectancy at birth for men range from 75.0 years in Kingstone Ward to 82.8 years in Penistone East (a gap of 7.8 years), and life expectancy at birth for women ranges from 78.7 years in Stairfoot Ward to 86.2 years in Penistone East (a gap of 7.5 years) (Barnsley Health and Wellbeing Strategy 2021 – 2030).

It has been recognised for many years that people with learning disabilities are at increased risk of being overweight or obese compared to the general population, with poorly balanced diets and very low levels of physical activity. This risk, in turn, increases the likelihood of a range of health and social problems. On average, the life expectancy of women with a learning disability is 18 years shorter than for women in the general population, and the life expectancy of men with a learning disability is 14 years shorter than for men in the general population (NHS Digital 2017).

Differences can also be seen between people from different ethnic backgrounds. In the year to November 2021, 72.0% of adults from black ethnic groups were overweight or living with obesity – the highest percentage out of all ethnic groups. Compared with the year ending November 2016, the percentage of adults who were overweight or living with obesity went up in the white British ethnic group from 62.1% to 64.5%, mixed ethnic group from 53.9% to 59.5% and 'other' ethnic group from 58.9% to 66.2%.

In line with the Equality Act (2010), Barnsley aims to eliminate discrimination in the planning and delivery of services, ensuring that everyone has the opportunity to participate and achieve positive outcomes and that diversity is embraced and respected.

The Barnsley Health and Wellbeing Strategy 2021 – 2030 sets out the aim to reduce health inequalities by acting on the wider determinants of health. Barnsley is ranked the 38<sup>th</sup> most deprived local authority of the 317 in England. It is important for Barnsley to take a joined-up, place-based approach, drawing on local assets and working together to improve outcomes for local communities.

### **3.2. Healthy weight**

It has already been acknowledged that healthy weight covers those at risk of obesity and underweight, but the focus of the business case will concentrate on Obesity. Nationally, recommendations from NICE and OHID promote a system-wide approach to tackling obesity and not focusing solely on individual behaviour change, e.g. to lose weight, as a single outcome. Obesity remains a 'major public health challenge' (PHE 2016) and is linked to a range of health conditions,

including type 2 diabetes, cardiovascular disease, and cancer. The resulting NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year (Foresight 2007).

As mentioned above, differences in obesity rates translate to worse health outcomes for people in more deprived areas. Children resident in the most deprived parts of the country are more than twice as likely to be living with obesity than those in the least deprived areas. (Tackling Obesity; empowering adults and children to live healthier lives; Dept of Health and Social Care 2020) In addition, rates of obesity-related hospital admissions in the most deprived areas of England are 2.4 times greater than in the least deprived areas (NHS Digital 2021; Ministry of Housing, Communities and Local Government 2019).

The rising levels of obesity in Barnsley remain a priority, but the determinants of obesity are also complex, including factors of genetic disposition, early life nutrition and growth, individual lifestyle, psychological issues, the physical and cultural environment, food production and consumption, education, social and economic factors, and the influence of the media (Foresight 2007). This supports the need for a whole systems approach. No single agency can address this problem. A wide range of partners should work together to develop and implement community-wide approaches to tackle these determinants of health.

### **3.3. Physical activity**

Physical inactivity is the 4th leading risk factor for global mortality, accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis, and colon/breast cancer and with improved mental health. In older adults, physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year. The World Health Organisation recommends that adults should undertake at least 150 minutes (2.5 hours) of moderate activity per week (World Health Organisation, 2022).

### **3.4. Behaviour change**

Community engagement and outreach are often a vital component of behaviour change interventions, and the support from peers who share similar life experiences can be a powerful tool for improving and maintaining health (PHE 2015).

Prochaska and DiClemente's Transtheoretical Model of Behaviour Change (1983) describes the various stages in the process of people's 'readiness' to change. In light of the available evidence relating to health inequalities and community engagement, it is important to consider those who are ready (contemplative stage) and those who are not ready to make changes (pre-contemplative – they don't consider their behaviour to be a problem) which may for a range of reasons including lack of capacity, support, knowledge or skills. This has been adapted by the local service offer that is currently in place.

The evidence for achieving weight management outcomes and sustained weight loss in the longer term is limited, but there are a series of behaviour change techniques for consideration where evidence is still emerging. These include Social Support (Practical and emotional) changes to the social environment, goal setting, self-monitoring (NICE Behaviour Change Individual Approaches (2014) and NICE Weight Management: lifestyle services for overweight or obese adults (2014a), which are due for review in 2024.

Programmes that support healthy weight loss and increased levels of activity should support self-management, foster independence, and provide ongoing support from the local community, family/friends, etc. Provision for this is available throughout the borough, e.g., community-based activity clubs, Slimming World, Weight Watchers, etc.

There is some variation in the evidence that suggests that engagement in public health programmes is more likely to require a 'fit for purpose' than a 'one size fits all' approach, and this is the approach currently adopted as part of the service offer.

#### **4. Current provider and offer**

Barnsley's current tier 2 Adult Weight Management Programme was launched in January 2019 and is delivered by Barnsley Premier Leisure (BPL). Known as the Barnsley Wellbeing Programme, it is a free 12-week initiative that supports participants in making positive lifestyle changes to help them improve and maintain their health and wellbeing. The core contract value of this programme is £90,000 per annum.

The service offers targeted support to all-age adults who are motivated to change their lifestyle by becoming more active, connected, learning, giving, and taking notice, the 'five ways to wellbeing' (New Economics Foundation, 2018). The 12-week Wellbeing Support Programme addresses mental wellbeing, diet/nutrition, and increases levels of physical activity. It also ensures that support is aligned with existing local provision/groups and was designed to work closely with local area teams and ward alliances to ensure integration and sustainability where possible so that people are empowered and enabled to help themselves in future within their local communities.

The current providers have established the infrastructure for tier 2 weight management to be implemented locally. It directly connects with their own local health referral scheme and the tier 3 weight management service delivered by SWYPFT, which is commissioned by the NHS. This service remains under review as part of the NHS Integrated Care (ICB) arrangements across South Yorkshire.

The service launched with a referral target of 768 per year. Demand for the service has remained high, and the total number of referrals received in 2023 was 2,707. Of those, 2,480 individuals (91%) were accepted onto the programme, with 927 participants completing the full 12 weeks of the programme, 133 still in the programme and 31 awaiting appointments (as of 31 December 2023). The capacity of the service has remained consistent, but it has also benefited from some increased resources from central government following the pandemic. However, this funding was limited to only one year.

During 2021/2022, the service had the 2<sup>nd</sup> highest number of people enrolling (starting) in Yorkshire and the Humber, the 11<sup>th</sup> highest number of people enrolling in the country – higher than some major cities including Newcastle, Liverpool and Nottingham and some county-wide programmes including Suffolk, Norfolk, Kent and Oxfordshire and the completion rate of the programme was the highest in Yorkshire and the Humber and 9<sup>th</sup> highest in the country.

Feedback received as part of the exit survey demonstrates that 85% of individuals rate the wellbeing programme as excellent and 15% as good. 96.1% of individuals reported that they will continue to participate in some form of physical activity following completion of the programme.

The outcomes from the service include:

- **Weight loss** - 90.8% of service users saw their weight decrease.
- **Increased physical activity** - 99.4% of service users saw an increase in the amount of physical activity they undertake.
- **Continued physical activity** - 95.9% of service users stated that they would continue to participate in some form of physical activity after completing the Barnsley Wellbeing Programme.
- **Increased physical fitness** - 96.5% of service users found that their physical fitness increased through attending the programme.
- **Improved health conditions** - 95.1% of service users found that the Barnsley Wellbeing Programme had helped their medical conditions.
- **Mental wellbeing** - 98.5% of service users found that their mental wellbeing improved since they commenced the scheme.
- **Improved quality of life** - 97.4% of service users found that their quality of life had improved since the commencement of the scheme.

This provides evidence of the success of the programme and the importance of maintaining support for an all-age adult weight management programme.

## 5. Partnerships and wider dependencies

There are a number of related programmes delivered across Barnsley that widely support health and wellbeing and contribute to the healthier weight agenda as part of the whole systems approach.

A number of these are commissioned or led by the Council:

- Barnsley Older People Physical Activity Alliance (BOPPAA),
- What's Your Move
- Good Food Partnership,
- 'How's thi ticker' campaign,
- National Child Weight Measurement (NCMP) programme
- Cancer Education and Prevention work,
- Local Area Council commissioned services for, e.g. Barnsley FC Community Trust (formerly Fit Reds) as well as a number of local community-based clubs/groups.
- NHS Health Checks

These all provide opportunities to engage with the weight management programme and would be signposted to other programmes as appropriate. Other NHS-commissioned programmes that this service is linked to include:

- **National Diabetes Prevention Programme (NDPP)** – free, nine-month, evidence-based lifestyle change programme for people identifies as at risk of developing type 2 diabetes.
- **NHS Digital Weight Management Programme** – free 12-week online behavioural and lifestyle programme supporting adults with a BMI 30+ living with obesity who also have a diagnosis of diabetes, hypertension or both to manage their weight and improve their health.
- **Tier 3 Weight Management Service (delivered by SWYFT)** - a specialist weight management service that supports obese individuals in achieving a healthier weight, targeting people with a BMI of 40+.
- **Social Prescribing (NHS Primary Care)** – signposting help and support for people to address non-medical issues often associated with wider determinants of health, but that is impacting on their health and wellbeing.
- **Health and Wellbeing Coaches (NHS Primary care)** - work with individuals to help them manage their own health, looking at ways to improve existing health problems or prevent new ones.

## 6. Commissioning intentions

The Barnsley Wellbeing Programme continues to meet its targets and improve health outcomes for local people. There would be no evidence based, specialist provision (Tier 2) in place if the programme does not continue.

The proposal is to direct award the contract to the current provider to deliver the Barnsley tier 2 weight management programme for a minimum of five years, from 1 October 2024 to 31 March 2029, with an option to extend for a further three years should funding be identified, taking the contract term to 2032.

### 6.1. Finance

Healthier Communities (BU8) has a base budget value of £90k per annum to support this work.

Funding Source	Amount per annum	Eight-year contract term total (5+1+1+1)
Healthier Communities	£90,000	£450,000 (+£270,000)

Other sources of external funding will continue to be explored.

### 6.2. Options appraisal

Proposal	Advantages	Disadvantages
Option 1 – Do nothing/ decommission the current weight management offer	Opportunity for cost savings as part of the council's transformation programme.	Decommissioning the service would create a gap in provision and would impact on health and wellbeing of



		<p>individuals.</p> <p>No alternative service in place offering the level of support for those that need it.</p> <p>Gap in provision to support people with a BMI of 25-40, leading to increased demand for other council and NHS services.</p> <p>Questions regarding the council's commitment to reducing prevalence of obesity, health inequalities and improving longer term health outcomes for local people.</p>
<p>Option 2 - Develop an entirely new offer to include the under-weight that will also reduce the prevalence of obesity and inequalities.</p>	<p>This could lead to an increased number of people who complete the programme.</p> <p>The programme could deliver a bigger impact on the health and wellbeing of local people, including those who are underweight.</p>	<p>It will likely require initial set-up costs and additional resources to achieve a positive impact.</p> <p>Insufficient resources for a full-scale 'healthy weight' support programme may restrict suppliers.</p> <p>Additional time and resources are needed to develop a new model and approach.</p> <p>There is limited evidence regarding a compassionate approach to healthy weight to develop a programme of this type.</p> <p>Reputational damage with residents and partners on decommissioning existing service</p>

<p>Option 3 – Procure an offer focusing on obesity and overweight over a longer contract term</p>	<p>Maintain a service that has demonstrated positive health outcomes for individuals.</p> <p>Targeted approach to specifically address the prevalence of obesity, which is very high in Barnsley.</p> <p>Longer contract terms provide security for local providers. Evidence-based approach that has continued to demonstrate positive health outcomes.</p> <p>Increased capacity to support more people and provide a full offer. Opportunity to identify additional resources to extend capacity further.</p>	<p>Financial commitment for the longer term.</p> <p>Unable to address a wider healthier weight approach to include underweight</p>
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**6.3. Recommendation**

Given the programme's success to date, continuing the work over an extended period would be beneficial to enable maximum impact and benefit.

**Option 3** – Procure an offer focusing on Obesity and overweight to maximise resources over a longer term.

This would be the preferred option, with an annual contract value of £90,000.

Contract term proposed: Five years with the option to extend for three additional years should funding become available.

Timescales: October 2024 – May 2032

**6.4. Timescales**

Business case development	Jan - Feb 2024
Approvals process	Feb - March 2024
Development of provider selection regime (PSR), paperwork for proposed direct award	April – June 2024
Contract Award	July 2024
Mobilisation Period	August/September 2024

New service start date	1 October 2024
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**7. Conclusions**

The council’s 2030 Priorities for both ‘Healthy’ and ‘Learning’ Barnsley highlights the commitment to support this model by building strong and resilient communities and supporting people to achieve their potential.

This business case highlights the value of this service and how it can help create a better Barnsley, working to meet the needs of local people. Where appropriate, connections need to be made with other organisations that are key in engaging and supporting local communities with a view to reducing the risk of inequalities and poor health.

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