**Appendix 1: Service Specification: Cooking and Growing in the Community**

This specification is for North Northamptonshire Council Area and West Northamptonshire Council Area.

1. **Background Information and Current Position**

Overweight and obesity presents a major challenge to the current and future health of the local population. Higher Body Mass Index (BMI) is associated with an increased risk of morbidity and mortality from a range of conditions and contributes to increased health and social care costs.

Obesity is one of the most important risk factors for ill health in Northamptonshire. It is strongly associated with higher levels of deprivation and is an important driver of inequalities in health. Heart disease is the condition that contributes most to the gap in life expectancy between the most and least deprived communities in Northamptonshire and obesity is a significant contributor to this. Across the county there are significant inequalities in obesity-related health conditions. Obesity is recognised as a key priority in the Northamptonshire Health and Care Partnership (NHCP’s) NHS Long Term Plan and Health and Wellbeing##### Strategy.

Diet‐related ill health in the UK is not just due to excess energy from food turning into body fat. The diets of large sectors of the population are failing to meet recommendations aimed at maintaining health and avoiding ill health more generally. Recent nationwide surveys demonstrate low fruit and vegetable consumption, diets high in salt and sugar, saturated fat and too little fibre.

Public Health Northamptonshire have already begun adopting Public Health England’s “whole systems approach (WSA) to obesity” to develop a county wide approach to tackling obesity. One element of this system wide approach is to work with local communities to look at developing more opportunities to grow and cook healthy foods.

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

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

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

Community-centred ways of working mean the gain is not just the end result of perhaps healthy weight but also the impact along the way: empowerment; being connected; reducing isolation; mental wellbeing. NICE guidance emphasises how active communities can have a positive impact on health outcomes by improving services and influencing the governance of health services and endorses community engagement as a strategy for health.

Eating patterns and behaviours have changed markedly over the years with people citing less skills and confidence in cooking, having less time due to full time employment and this is linked to low income, being male all associated with less time spent cooking.

**1.1 Current data**

Reducing obesity levels in the adult population is a key priority for Northamptonshire. Overweight and obesity is the leading cause of years of life lost to disability in Northamptonshire. Around 2 in every 3 adults (64%) in the county are overweight or obese and this equates to approximately 348,000 adults aged 16+. Tackling this level of obesity also requires influencing the physical and social environment and focusing on obesity prevention as well as treatment.

**2. Local Context – Healthy Weight and Physical Activity Services**

Nationally, Weight Management Services are offered at 4 levels:

* Tier 1 services: a broad spectrum of population-based interventions which are universally available to all adults living or working within the locality, walking for health, cycling highways and the National Change4Life programme
* Tier 2 services cover lifestyle interventions
* Tier 3 services are clinically based specialist multidisciplinary services
* Tier 4 services are surgical interventions which are available to adults meeting the necessary eligibility criteria

Public Health Northamptonshire want to commission a Tier 1 offer that focuses on cooking and growing healthy food, and links with other services across the tiers, providing information on local services to residents. The types of interventions that this will include are growing and cooking skills, which bring people together and provide opportunities to meet other people, as well as provide opportunities for skills development and volunteering. Local residents have told us that these types of services would enable them to live healthier lives.

Some of the existing relevant local services are:

Tier 1

* NSport are Northamptonshire’s Active Partnership and support a number of organisations and initiatives across the county that help keep people active.
* Other local services in the Voluntary and Community Sector provide Tier 1 support.

Tier 2

* National Diabetes Prevention Programme
* Digital Stream of National Diabetes Prevention Programme
* Weight management services – LA and CCG
* NHSE digital weight management offer

Tier 3

* Northamptonshire Healthcare Foundation Trust’s Dietetics Team currently provide the Tier 3 weight management service for the county.
* Other physical activity services targeted to those with existing long-term conditions include the ‘Activity on Referral’ programme in which local leisure services provide evidence-based courses

Tier 4

* There are no Tier 4 services in the county, and people access these out of county, through referral from tier 3.

**3. Aims and objectives**

**3.1** **Aims**

* To build community capacity to enable local organisations to support their communities to grow, cook and eat healthy food through the provision of training, capacity building and grants to local organisations. The focus is on healthy eating and the selection and cooking of food as the pivotal aspects.
* To increase nutritional knowledge, cooking confidence and provide the necessary skills to support behavioural change in relation to eating a balanced diet.

**3.2** **Objectives**

* + To develop and implement a model that informs and trains local organisations in delivering healthy cooking and eating interventions and links to growing opportunities.
	+ To work in partnership with other organisations working to similar aims to develop a network of organisations who work together to provide increased opportunities for growing, cooking and eating healthy food.
	+ To work with local community groups to develop opportunities for residents to have access to support for growing, cooking and eating healthy foods.
	+ To support and enable community leaders to develop food growing schemes.
	+ To support a network of volunteers.
	+ To administer a grant scheme to support community groups to set up food growing, cooking and eating schemes.
	+ To build evaluation and monitoring methodology into the project in partnership with Public health.

**4. Outcomes**

**4.1 Process**

* Greater involvement across key targeted groups and communities in community activities regarding healthy eating, cooking skills and growing food.
* Build capacity in the voluntary and community sector to build on / initiate the delivery of cooking and growing workshops.
* Coordination of this intervention by public health across the sector to ensure consistency and quality of services and key monitoring to evidence the impact.

**4.2 Behaviour change**

* Greater awareness of key healthy eating messages and information regarding healthy eating and healthy lifestyles.
* Self-reported increase in knowledge and confidence around healthy eating and cooking skills.
* Self-reported increase in cooking from scratch.
* Increase in 5 a day consumption.
* To contribute to a reduction in the number of adults in the county with excess weight as evidenced through the Public Health Outcomes Framework.

**5. Service description**

The Provider(s) shall develop a model of delivery that meets the requirements set out in this service specification and is flexible and responsive to changing needs across the population and the resources available. This will include:

* Work with the commissioner to identify where to focus activity based on areas of high levels of obesity, deprivation or high-risk groups in either West or North Northants.
* Recruit a service coordinator who has training and experience in nutrition to implement a Community Food intervention and facilitate the grants programme. This role includes:
	1. Mapping and networking with current groups delivering cooking and growing together projects;
	2. Train and support a network of community volunteers who can deliver ‘cook and eat’ style courses, and other courses around growing and eating healthy food which provides support and education to local communities to address health need;
	3. Work with local communities to identify any areas of need around food and preparation of food and growing of food;
	4. Work with key partners to support communities to develop local assets and social capital to support wellbeing;
	5. Deliver a train the trainer model to upskill locally identified community volunteers so that they can deliver healthy cooking and eating courses in their local community
	6. Have available information and material to support the programme, that is accessible to all and that adheres to the relevant NICE and DHSC standards and messaging;
	7. Ensure that sessions cover the components of healthy eating and being more physically active as well as mental wellbeing;
	8. Administration of a small grants programme;
	9. Offer groups in community and health settings in local areas;
	10. Ensure the programme is relevant for all cultures and is person centred;
	11. Make available clear information on healthy eating options that are relevant to the cultural aspects of people’s lives;
	12. Build on the learning from the pandemic and the rise of community food support in the shaping of this work;
	13. Link with adult learning, Further Education colleges and University of Northamptonshire to create a pathway of learning and opportunities for employment;
	14. Liaise with the West or North Sustainable Food Partnership groups;
	15. Monitor and evaluate the work and report to the commissioner. The Provider(s) shall use feedback tools provided by commissioners when requested to collect and analyse feedback from service users and shall use this to inform service development.

Implicit in this project is the identification of social capital that already exists in communities that can be built on and encouraging new groups. As this is a community-based model, we encourage local community organisations to apply who already have knowledge and links within local communities and can build on these relationships and networks. The provider will be expected to develop this work across different targeted groups. Therefore, we are splitting the service into two lots: North Northamptonshire and West Northamptonshire. Applicants can express an interest in applying for the whole county, but this will only be considered if suitable applications do not come forward for the individual Unitaries.

**6. Grant Term**

The grant term will be for two years from May 2022 and then reviewed for a potential further two years.

**7. Grant value**

The funding available is £125,000 per annum for one Unitary area.

This funding should include a full-time post as well as delivery of a small grants programme as detailed in the SLA.