Healthy Weight Services redesign - Risk Profile APPENDIX 1

| Risk Description  | Likelihood of the risk occurring  | Impact if the risk occurs   | Severity  | Owner                    | Mitigation  | Contingent/transition action  | Progress on actions   | Status |  |  |  |  |
|---|---|---|---|--------------------------|---|---|---|--------|--|--|--|--|
| Strategic Change Risks  |   |   |   |                          |   |   |   |        |  |  |  |  |
| Lack of confidence of health, education and other professionals in ability of alternatives to structured programmes to address unhealthy weight leading to failure to identify/refer CYP / adults living with obesity | programme – i.e. activities &   | High  | Medium  | Localities Commissioning | Deliver child & adult healthy weight pathways that professionals can have confidence in. Deliver training to all professionals & deliver evidence-based healthy weight training to early-years settings (children and family hubs) Make greater use of social prescribers to act as intermediaries/ facilitators linking patients to help, advice and local support   | The primary risk is during the transition as new support is being developed - so need to capitalise on support resources that are there now & have a Healthy Weight Directory in place as a priority action (that can then be built on)   | Healthy weight booklets have<br>been produced and will be<br>going out to partners with<br>fresh comms<br>Engagement with GPS through<br>presentations at PCN Meetings<br>Engaging key GPs in the design<br>& cultivating GP Champions  |        |  |  |  |  |
| Lack of confidence in general population in ability of alternatives to structured programmes to address unhealthy weight leading to failure to seek support   | Low – evidence indicates low<br>visibility/recognition of current services<br>so change in provision unlikely to impact<br>on numbers seeking support due to lack<br>of confidence in alternatives                                    | Low – numbers are very low so overall population impact will be low although individual impact will be higher | Low   | Localities Commissioning | The new approach is aimed at breaking down<br>current barriers, introducing small manageable<br>changes, using trusted voices and raising visibility<br>of healthy weight support through developing a<br>professional communications strategy for<br>residents   | Clear communications to residents at appropriate points about what we are doing & why with relatable examples of how the change will benefit them - a key message is that individuals, communities and organisations will all be part of making these changes - No 'doing to'   |   |        |  |  |  |  |
| Increase in population obesity rates as a result of removing structured weight management programmes  | Low - Any increase in population obesity rates will not be due to a reduction in individual weight management programmes. The impact of these programmes on overall rates has been repeatedly evaluated as miniscule.                 | Low   | Low   | Localities Commissioning | There is no short-term mitigation as overweight & obesity levels have been on an upward trend for decades & it is very unlikely that there will be any immediate drop off in rates through changing our approach. Impact will need to be measured over the next 10 years. A good evalution methodology needs to be created and properly resourced so that changes can be evidenced  | We will be commissioning an independent evaluation  |   |        |  |  |  |  |
| Safeguarding / neglect risk – if no services for the GP / NCMP Team to refer obese children to.   | Medium - determining the level of actual risk rather than perceived risk is difficult as there is a lack of evidence as to the impact that referring children with severe obesity to existing child weight management programmes has. | High  | Low   | Localities Commissioning | There will be a focus on working with partners and the provider to ensure that new healthy weight interventions are being provided & tested for key priority groups as quickly as possible. (Acknowledging this may take some time to set up and build) The provider will also be developing healthy weight pathways that GPs can follow including and Healthy Weight Navigators which GPs can refer to A new Family Support Role is also being introduced tinto the NCMP Team For very severe CYP obesity leading to other health complications we would 'Complications of Excess Weight Service' to pick up | During the transition period we will ensure additional commissioned service is in place to support parents and the statutory child weight management programme, this will include bolstering the HAF summer activity programmes and strengthening the NCMP team as well as introducing new Child & Family / Adult Directories of Activities | A new NCMP Family Support Worker is currently being recruited The additional HAF places have been commissioned An NCMP healthy weight tips film using B&D children's voices & animation is being produced by NELFT to & will be put out on social media to parents & cheldren 3 healthy weight resources booklets have been produced for adults/OP/children & families NHS digital resources are being promoted |        |  |  |  |  |
| Reputational Risk - in removing traditional structured programmes it may be perceived that we are abandoning people to live with unhealthy weight in a borough with one of the highest obesity rates in London        | Medium - but could be high if messaging unclear and all partners are not in agreement with the new approach   | High  | Medium  | Localities Commissioning | We know the best way to lose weight is slowly,<br>by making achievable changes to eating and<br>physical activity habits. Managing weight is a life-<br>long commitment – not just following a healthy<br>weight programme for a few weeks so we need<br>to convey that message effectively and<br>convincingly. This is critical   | An immediate comms strategy explaining the changes and reasons for them   | The new strategic approach has been agreed by partners who accept that traditional weight management programmes have not worked in B&D - but embedding acceptance of change will be a long term process   |        |  |  |  |  |
| Lack of Partnership Engagement - the<br>new strategy relies on a whole system<br>approach to Healthy Weight Support &<br>the active involvement of partners &<br>communities is essential to it's success.            |   |   | Medium: It will be possible to carry through the changes but they will take longer and impact will be lessened without a whole borough partnership approach | Localities Commissioning | The new Strategy has been presented and signed up to at a number of Partnership forums including ICL & LTC beard.  The work will sit under the partnership LTC Board The Specification sets out a key role for the provider in building partnerships across communities, VCFS & statutory partners A 3 pillar approach has been agreed across Healthy Weight, Good Food & Place Activity Partnerships   | A partnership Panel will conduct the evaluation of design partner bids we will also be holding a Healthy Weight Summit in September to further engage with partners & develop partnership pledges.  |   |        |  |  |  |  |

| Procurement Risks  |  |   |  |                          |  |  |  |  |  |  |  |  |
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| provider appointed | Whilst this is a possibility we know that<br>there is a market for this work & that<br>providers who we will be invited to<br>tender are doing similar work in other<br>areas  |   | We will know the outcome by the end of July so will be able to put the mitigations in place  | Localities Commissioning | We plan to undertake soft market testing prior to launching the ITT  | If we can't find an external provider it will be possible to bring the process in house and commission out the work in parcels |  |  |  |  |  |  |
| TUPE               |  |   |  |                          |  |  |  |  |  |  |  |  |
|                    | The proposed model is fundamentally different from the previous service as delivered by Heathy Lifestyle staff and there should ber no overlap of roles between the two. We expect dozens of community groups to be engaged throught the work, with each playing different functions, such as championing healthy lifestyles in their communities etc. | could be particularly costly, dependant on<br>the number of claimants' if it were<br>successful | Whilst the impact of litigation would be severe in terms of reputational & financial damage to the council the risk is low in terms of whether this could be successfully prosecuted given the radical differences in the 2 models of service & provided robust oversight is maintained throughout the development phases. | Localities Commissioning | Legal advice is that it is 'crucial that robust<br>contractual provisions are in place, addressing<br>the potential risks and liabilites'. This will be the<br>case - the development work will be conducted<br>in partnership with LBBO commissioners<br>ensuring that any development designs proposed<br>can be examined (with Legal & RR Colleagues) to<br>ensure that they do not have TUPE implications. |  |  |  |  |  |  |  |