

SERVICE SPECIFICATION

Barnet Child Weight Management Programme.

Barnet Council are seeking to commission a service provider to design and deliver an accessible tier 2 lifestyle weight management service, which supports overweight and obese children to reach and maintain a healthier BMI, the service will form an integrated part of the local weight management care pathway.

The service will need to be NICE compliant and therefore offer physical activity, healthy eating and behaviour change. The service will target children who are obese (98th centile or above), or overweight (91st centile or above), but without complicating co-morbidities. In line with the NICE PH47 guidance¹, only the UK90 growth reference charts (boys and girls) will be used.

1. Introduction

The Public Health Team wish to implement a child weight management programme in order to improve children's obesity levels in Barnet. Children and Young people under the age of 20 years make up 25.5% of the population of Barnet, and 25,700 children are educated within Barnet's primary schools. Commissioned lifestyle weight management services need to meet the needs of local children and young people, including those of different ages, different stages of development and from different cultural backgrounds.

Public Health England compared National Child Measurement Programme (NCMP) obesity data to the 'benchmark' for England and rated Local Authorities as better, similar or worse. Barnet has similar obesity prevalence to England for both Reception (9.3% England, 10.2% Barnet), and Year 6 (18.9% England, 19.1% Barnet). In terms of excess weight (obese and overweight) Barnet also has a similar prevalence to England for Year 6 (England 33.3%, Barnet 33.6%) and Reception (England 22.2%, Barnet 23.6%)². Although similar to the national prevalence the trend in Barnet has not been improving and there is much we can do within the borough to help reduce these levels.

The Public Health Team have identified a need, gauged stakeholder preferences and mapped existing provision, and this information gathered has been essential to informing the content of this service specification. This specification outlines the

¹ NICE PH47, (October 2012) Managing overweight and obesity among children and young people: lifestyle weight management services

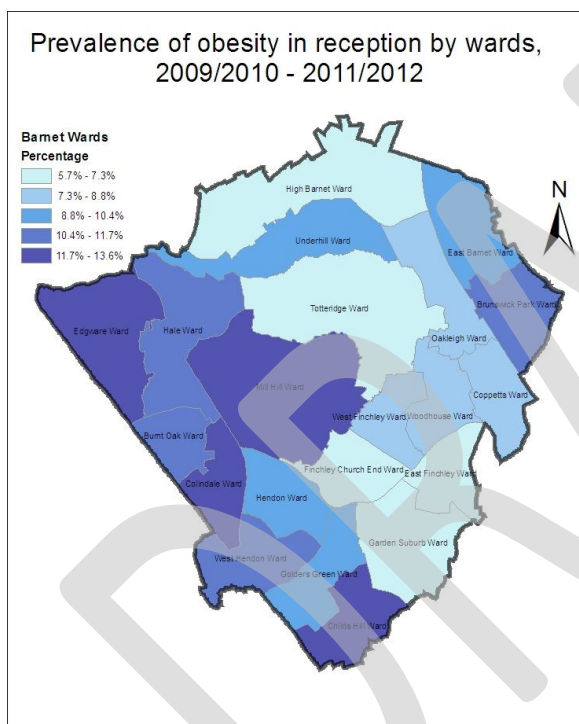
² Public Health England NCMP Local Authority Profile 2012/13 <http://fingertips.phe.org.uk> accessed online 10/02/14

commissioning requirements which focus on outcomes that can successfully assess and compare the effectiveness of weight management services.

2. Background

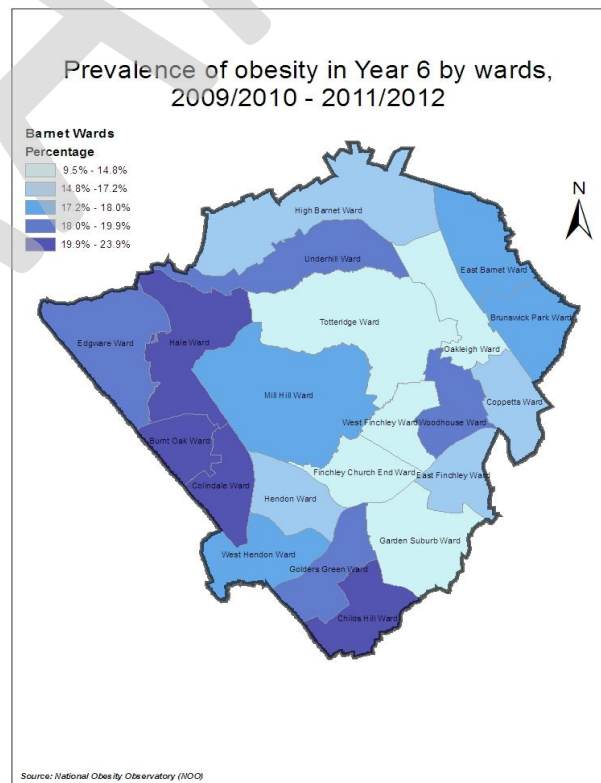
Overweight and obesity presents a major challenge to the current and future health of the local population. In children, a BMI greater than or equal to 91st centile is associated with health and psychosocial problems within childhood itself and may put individuals at greater future health risk of type 2 diabetes, coronary heart disease, hypertension and some forms of cancer. It also contributes to increased social care costs.

Looking at NCMP data for 4 and 5 year-olds (Reception) by the wards in Barnet there is an 8% difference in the prevalence between the wards with the lowest rate (Finchley Church End 5.7%) and that with the highest (Colindale 13.6%). Colindale, Edgware, Childs Hill, Mill Hill, Hale and Burt Oak all have obesity rates higher than the London average (10.8%) at this age.



Source: National Obesity Observatory (NOO)

In Year 6 this gap widens and there is a 14.4% difference between the ward with the lowest rate (Garden Suburb 9.5%) and that with the highest (Hale 23.9%). Hale, Burnt Oak, Colindale and Childs Hill have obesity rates higher than the London average for this age group (22.4%).



Source: National Obesity Observatory (NOO)

Barnet is a very diverse population and as the table below shows Barnet has a higher percentage of children from black/ethnic minority groups compared to England but slightly lower percentage compared to London. Weight management programmes

should meet the needs of the population and be culturally specific as well as NICE compliant.

Table 1: School children in Barnet from black/ethnic minority groups

	Local	London	England
School children from black/ethnic minority groups % of school population (5-16 years)	29,869 (67.9%)	679,515 (69.3%)	1,740,820 (26.7%)

3. Scope

3.1 Aims of the service

To design and deliver an evidence based and accessible tier 2 lifestyle child weight management service that will assist children between the ages of 4-11 years of age who are above the 91st BMI centile to reach and maintain a healthier BMI. The overall aim of this service is to provide a weight management programme that overweight and obese children, accompanied by their parents/guardians, can be referred on too. The service resulting from this commission will form the basis of our new tier 2 service offer to children and will form a key component of the obesity care pathway.

The provider of this service will need to:

- **Ensure the programme is family based, and multi component focusing on healthy eating habits and physical activity and using behaviours change techniques**
- **Be a multi agency approach to promoting healthy weight and preventing obesity, with the input from a multi-disciplinary team**
- **Consist of a team of professionals who specialise in children, young people and weight management including input from a registered dietitian and a qualified physical activity instructor**
- **Encourage adherence to lifestyle weight management programmes**
- **Ensure there is a clear communications strategy in place to advertise the programme**
- **Ensure those involved in referring to, or delivering lifestyle weight management programmes have the skills and confidence to discuss weight management, if not they should be offered support and training**
- **Offer clear referral routes for professionals to signpost to the weight management programme**

3.2 Inclusion/exclusion criteria and thresholds

This tier 2 service will sit within our obesity pathway for children and link to tier 1 interventions aimed to prevent unhealthy weight and tier 3 interventions to support those with greater needs. As such, individuals eligible to access this service must be aged between 4-11 years, in the locality (either live within Barnet or attend a school within the borough) and have a BMI equal to or greater than the 91st centile. The service should be offered to all those children as identified through the NCMP as overweight or obese but without complicating co-morbidities.

Individuals not complying with these criteria will not be eligible to access the service but may be eligible to access alternative provision in the care pathway. Furthermore individuals meeting the following criteria should be excluded from this service:

- Have an eating disorder (as diagnosed by the appropriate medical professional)
- Individuals with an underlying medical cause for obesity and would benefit from more intensive clinical management than a tier 2 service
- Children with more complex needs such as learning difficulties and mental health issues should be considered on a case by case basis, and not part of the tender specification

3.3 Referral Route

- The service provider will:
- Accept referrals from primary care, all healthcare professionals and relevant stakeholders
- Accept self referrals from eligible local families (child would be assessed at first visit and BMI taken)
- Make onward referrals to other relevant health and social care services where appropriate

It should also be noted that a specific school nurse role has been identified. This role will focus on follow up of families where children have been identified through NCMP as overweight or obese. Further clarification of this role is still being determined, and can be made available to the provider when complete.

3.4 Applicable service standards

Providers are expected to demonstrate in their response, and will be evaluated against, how their intervention complies with the following:

- CQC Compliance if applicable
- The relevant aspects of NICE (2013) guidance on Managing overweight and obesity among children and young people: lifestyle weight management services
- Any evidence of previous success delivering interventions that meet this service specification criteria
- Service meets statutory health and safety requirements
- Service meets local and national safeguarding requirements and staff working with children and vulnerable people- e.g. DBS checks and hold valid registration as appropriate on the Register of Exercise Professionals (Level 2, Physical Activity for Children).
- Staff recruitment, training and development policies and practices ensure that staff have the appropriate competencies to deliver the intervention
- The Provider will ensure that staff are trained and up to date on information governance and handling data,
- The Provider must also comply with the London Borough Harrow's information governance policy
- The Provider must ensure that any incidents and/or complaints in relation to the provision of the service will be reported in a written format to the Commissioner within 7 working days of the incident
- Implementation plan shows how the service will be delivered to timescales, and that risks are mitigated
- Ability to meet demand and ability to increase capacity if demand rises

3.5 Service Delivery

The provider will be responsible for co-ordinating and meeting the suitable budget available for the cost of securing the equipment, facilities and materials necessary to deliver the intervention. The commissioner may be able to assist with brokering relationships with key local partners to facilitate the identification of appropriate venues.

3.6 Intellectual property and copyright

The Council will retain ownership of all data and information collected by the Provider. Any data, information or research pertaining to the service may not be transferred, disseminated or used by the Provider without explicit permission from the Commissioner.

3.7 Exit/ handover arrangements at end of contract

- The Provider will produce end of project evaluation report.
- The Provider will pass a copy of electronic records to the Commissioner.
- The Provider will produce a list of key contacts collated

3.8 Finance and Monitoring

Payment will be made as per the terms of the contract.

3.9 Monitoring

The provider will be required to attend quarterly contract meetings with the commissioner and to produce quarterly update reports, which include information on:

- The KPI's set out below
- Programme expenditure

The Provider shall produce an implementation plan demonstrating how it will deliver, monitor and evaluate the service which will meet the requirements of this service specification.

The Provider shall agree and produce appropriate methods for collecting, monitoring and reporting required data. Validated tools must be used to collect data as agreed with the Commissioner.

Throughout the contract the Provider shall submit monitoring reports which will be used to assess performance against the key performance indicators. The monitoring reports will be submitted before the contract monitoring meetings to inform the meetings.

The Provider will also be required to produce an end of project evaluation report summarising the activity and results.

4.0 Evaluation Criteria

Responses to this tender response to deliver to this service specification will be evaluated against their demonstration of the following:

A. Service design and delivery

1. The tender response demonstrates:
2. The service delivery model and the patient journey through the service
3. That the service is designed on the basis of current evidence and meets all NICE (2013) best practice standards for a multi component weight management programme
4. That appropriate monitoring and project management systems are included within the service design and evidence of appropriate governance arrangement has been provided
5. Evidence that the service will be accessible and free to users at the point of contact
6. Evidence of how the service will comply with quality assurance requirements, including statutory requirements as set out in section 3.4
7. How the KPIs will be achieved

B. Previous experience

1. The service provider's previous experience in delivering multi-component lifestyle weight management services to children and their families/carers
2. Evidence of the proposed intervention effectiveness to deliver objectives

C. Finance

1. The service present value for money
2. The overall cost of the service

5.0 Key Performance Indicators

To be agreed with the provider.

6.0 Timescales/ Implementation timetable

Key Milestones	By dates
Invitation to Quote	11 th September 2014
Deadline for Questions from Providers	10 th October 2014
Deadline for receipt of quotations	17 th October 2014
Contract Award	1 st December 2014
Programme commencement/launch	26 th January 2015
Service delivery phase ends	TBC
End of project report and evaluation	January 2016