

## **APPENDIX D: PROCUREMENT OF LIFESTYLE WEIGHT MANAGEMENT SERVICES IN BRIGHTON AND HOVE**

### **1. Introduction**

1.1 We are seeking to commission a service provider to design and deliver accessible tier 2 multi-component, lifestyle weight management services. The purpose of the services will be to:

- Assist children and young people aged between 2 and 18 years who are on or above the 91<sup>st</sup> centile to reach and maintain a healthier Body Mass Index (BMI).
- Support overweight and obese adults aged 16 years and over to lose weight and learn how to maintain a healthier weight (The age overlap between children and adults provides the flexibility to decide which services to refer children to. Providers will wish to consider a range of issues, including the views of the family).
- Support the referral of children and adults to services through the delivery of a Healthy Weight Referral Service\*

*\*Please note that we are currently reviewing the way in which referral services through out Brighton and Hove work, with a view to establishing a single Referral Hub in the long term. The Healthy Weight Referral Service will form part of this review, and as such, our requirement is for a transitional service, to be delivered in a way that will assist us in completing the wider review. Because of the possibility that our requirements will change, we are only offering funding for the Healthy Weight Referral Service for an initial period of 12 months. However there will be an option to extend this depending on the outcome of our review of referral services. We will ensure that at least 3 months notice will be given in the event that funding awarded to a particular provider is to cease.*

1.2 We are particularly interested in proposals from several organisations forming a partnership (with one Lead Applicant) to deliver the Tier 2 lifestyle management services seamlessly across the population age ranges and across areas in the city. This service will also need to support a reduction in health inequalities by ensuring resources are targeted to priority communities identified in the local Joint Strategic Needs Assessment (<http://bhllis.org/needsassessments>).

1.3 The funding agreement is for 3 years from 1<sup>st</sup> April 2014 to 31<sup>st</sup> March 2016. We would expect the successful application **to be set up for delivery of services from 1<sup>st</sup> April 2014.**

### **2. National and Local context:**

2.1 Overweight and obesity presents a major challenge to the current and future health of the local population. Higher Body Mass Index is associated with an increased risk of risk of morbidity and mortality from a range of conditions including hypertension, heart disease, stroke, type 2 diabetes

and several cancers. It also contributes to increased health and social care costs.

- An estimated 29% of children aged 10-11 years are overweight or obese in the city. This represents over 600 children out of 2080 measured as part of the National Child Measurement Programme (NCMP) 2011/2012. An estimated 19% of children aged 4-5 years are overweight or obese representing 380 children out of 2,000 measured in the NCMP 2011/2012. Locally obesity prevalence is 2 to 3% higher for boys than girls in both year groups. Both locally and nationally, overweight and obesity among children and young people increases with age.
- The 2011 South East Coast Policy Review on bariatric surgery for obesity and related co-morbidity estimates that 20.2% or 43,632 of the total population 18 and over (214,000) would be obese (BMI >30) in Brighton and Hove. Three per cent or 6,420 of adults are morbidly obese (BMI ≥40). The Department of Health 2012 Health Profiles provide an estimate of the prevalence of obese adults in Brighton and Hove (this is a modelled estimate using Health Survey for England data for 2006-2008).
- Local obesity prevalence for children and adults remain a little lower than nationally however given that the UK has one of the highest rates of obesity in Europe, there is no room for complacency.
- Evidence shows that there is a strong association between obesity and deprivation. The most deprived individual is now 1.7 times more likely to be obese than the most affluent. The wards with significantly higher rates of obesity are North Portslade plus Hangleton and Knoll. Rates are also higher in East Brighton, Hollingdean and Stanmer and South Portslade (though not significantly so).
- There is also an association between deprivation and childhood obesity in the city. The wards with the highest rates of childhood obesity, with over 20% of children age 10-11 years who are obese (2009/10 to 2011/12 data combined), are Mouselcoomb, North Portslade, Hangleton and Knoll and East Brighton

2.2 The Public Health Team as part of the former Primary Care Trust (PCT) has been commissioning weight management services in the city for several years with some good results in terms of health outcomes and service effectiveness.

2.3 Since the 1<sup>st</sup> April 2013 following the NHS Reform, Public Health is now an integral function of Local Authority. Tackling obesity is an important public health area for local authorities. The National Child Measurement Programme (annually children in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) have their height and weight measured during the

school year to inform local planning and delivery of services for children) is now a nationally mandated function for local authorities. The public health team has a key role to influence and support colleagues from across the local authority, such as those in planning, transport, leisure and housing to take action on obesity.

- 2.4 Public Health commissioning is required to follow its new host organisation, Brighton and Hove City Council’s procurement process and rules.
- 2.5 This tender aims to build on the local evidence of needs and good practice to develop Tier 2 services. The new services will aim through the delivery of well designed and effectively promoted initiatives and programmes to engage with, attract and deliver outcomes across the age ranges and across a wide range of communities in our locality. For example the new Tier 2 service should improve referrals of overweight and obese children on to services – through close working with the primary care sector and the school nursing service as well as increase the retention of children and their families on child community weight management programmes.
- 2.6 Existing Tier 1 services are comprised of a broad spectrum of community-based interventions which are universally available to all adults living or working within the locality, for example, cook and eat sessions, walking for health, cycling infrastructure and Change4Life campaigns. Existing clinically based tier 3 specialist dietetic service and tier 4 surgical interventions are available to all adults meeting the necessary eligibility criteria.
- 2.7 Below is an illustration of the nationally recommended obesity care pathway, including the Tier 2 lifestyle weight management interventions of this tender. In Brighton and Hove Tier 3 is currently specialist dietetics service for adults, and not at the time of writing a multi-disciplinary service. For children there is a multi-disciplinary clinic at Seaside View.

Appendix i: Obesity care pathway



