



Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Weight management service procurement

- 1.1. The contents of this paper can be shared with the general public.
- 1.2 This paper is for the Health & Wellbeing Board meeting on the 11th July 2017.
- 1.3 Author of the Paper and contact details
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2. Summary

- 2.1 The aim of this paper is to set out the plans for the procurement and award of a new contract for weight management services for delivery in Brighton & Hove.

3 Decisions, recommendations and any options

That the Board grants delegated authority to the Executive Director of Health & Adult Social Care to carry out the procurement and award of a contract for Tier 2 weight management services with a term of three years.

That the Board delegates authority to the Executive Director of Health & Adult Social Care to extend the contract at the end of the three year term with the potential to extend the contract a further two years if he deems appropriate and subject to budget being available

4 Relevant information

Background information

Overweight and obesity in adults

- 4.1 49% of the adult population in Brighton & Hove are overweight or obese. Three per cent (n= 6,810) of adults in Brighton & Hove are estimated to be morbidly obese (BMI ≥ 40).
- 4.2 There is an association between obesity and socioeconomic status in the general population, with higher levels of obesity among more deprived groups; however the prevalence of obesity in England has increased across all groups.

Overweight and obesity in children

- 4.3 In 2015-16, 19.8% of 4-5 years old and 26.1% of 10-11 years old were overweight or obese in Brighton & Hove.
- 4.4 Children who are overweight at Reception are four times more likely than healthy weight children, to be overweight/obese at Year 6.
- 4.5 Children who are obese at Reception are twenty-four times more likely than healthy weight children, to be overweight/obese at Year 6.
- 4.6 Deprivation is highly significant in predicting obesity. Children living in the most deprived parts of Brighton are twelve times more likely to be obese at Year 6 than children living in the least deprived parts of Brighton.

- 4.7 Ethnicity appears to be significant in predicting obesity. Those children who are of a BME group are almost twice as likely to be obese than White British children although this is possibly influenced by deprivation.
- 4.8 Parents from deprived backgrounds are more likely to underestimate their child's weight, which may be contributing to the problem of social inequalities in obesity.
- 4.9 A child growing up in a family where one or both parents are obese have an increased risk of becoming obese themselves.
- 4.10 Obese children are at increased risk of becoming obese adults, making a strong case for any weight management intervention being designed with a life course approach and considering the treatment and prevention of obesity for the whole family unit.

Impact of overweight and obesity

- 4.11 Overweight and obesity presents a major challenge to the current and future health of the local population. Overweight and obesity are associated with an increased risk of morbidity and mortality from a range of conditions including hypertension, heart disease, stroke, type 2 diabetes and several cancers. Obesity reduces life expectancy by an average of three years and severe obesity by 8-10 years. Severely obese people are more than three times more likely to need social care than people of a healthy weight.
- 4.12 We spend more each year on the treatment of obesity and diabetes than we do on the police, fire service and judicial system combined. It was estimated that the NHS in England spent £5.1 billion on overweight and obesity-related ill-health in 2014/15 year and that the annual social care costs of obesity to local authorities is £352 million.
- 4.13 The return on investments of interventions to promote physical activity is £23 in quality of life, reduced NHS use and other gains for each £1 invested.
- 4.14 Lifestyle risk factors (including poor diet and lack of physical activity) operating together explain 40% of ill health in England. That is, a 40% of the workload in the health service is potentially preventable.
- 4.15 Even reductions of 5% in bodyweight can have a profound impact on the health of obese people and their risk of future disease through the better control of insulin in the liver, fat and muscle tissues. Furthermore, the evidence suggests that weight loss that is maintained for a relatively short period of time has long term health benefits.



Effective weight management services

4.16 Evidence shows the most effective weight management services are multi-component, focus on diet and physical activity together, foster supportive relationships with providers or peers and encourage maintenance of healthy lifestyle. Many interventions have the potential to be delivered to families as well as to individuals.

Existing weight management services provided

4.17 To address high rates of overweight and obesity and associated conditions the Public Health Team has been commissioning weight management services across the obesity pathway in the city for several years. These services include:

- Tier 1 services (universal prevention): these 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.
- Tier 2 (lifestyle interventions): The current contract is held by the Food Partnership as the lead provider, working in partnership with Albion in the Community; this service provides one-to-one sessions, group sessions and coaches for adults, families and children.

Weight management services to be provided under the new contract

4.18 The long term aim of the 'Healthy Weight Programme Board' is to develop a whole systems approach to healthy weight for people in Brighton & Hove. It will promote a city wide environment that should support active travel, and physical activity as part of everyday life. The 'Healthy Weight Programme Board' wants to help make a healthy choice available as an option whenever residents are eating outside the home, and to support them to shop, cook and prepare food in a way that supports a longer term healthy diet.

4.19 In addition, the new weight management services will take a life course approach; that is, intervening across the life course and at specific times where there may be specific opportunities to influence behaviour (e.g. early years, pregnancy, and menopause), times linked to spontaneous changes in behaviour (e.g. leaving home, becoming a parent), and periods of significant shifts in attitudes (e.g. peer group influences, diagnosis of ill health).



- 4.20 The weight management services will be provided so as to support sustainable behaviour change to improve diet and get more physically active. A 12 week programme will save costs in the longer term, but an integrated programme to support healthier lifestyles over 12 to 24 months is more likely to produce greater weight loss and sustainable lifestyle changes with associated positive health outcomes.
- 4.21 Weight management services should be accessible to all but particularly those at greatest risk of obesity including those living in more deprived areas, people living with disabilities and in certain BME groups. A new online platform will be required to be launched to increase accessibility to the weight management service.
- 4.22 The weight management service delivered under the new contract should have the capacity within the allocated budget to be scaled up and tailored to meet the needs of different population group who are at increased risk of being overweight and obese.
- 4.23 In order to assist and improve service delivery the monitoring and evaluation systems will be strengthened in the new contract. The contract will be managed through quarterly contract monitoring reviews and annual evaluations reports, reporting against outcomes detailed in the project monitoring and evaluation framework. Please see below and 4.26 for more details on some of the performance outcomes and objectives being reported on:-

4.24 **Relevant public health outcomes framework indicators:**

- Excess weight in children and adults
- Average number of portions of fruit and vegetables consumed daily by children and adults
- Percentage of physically active and inactive adults
- Standard evaluation framework (National Obesity Observatory)

4.25 **Objectives for the weight management service under the new contract**

Key health objectives

- To provide a lifestyle multi-component weight management service that:
- To support overweight and obese adults to lose weight and learn how to maintain a healthier weight and lifestyle
- To help children to achieve and maintain a healthier BMI and lifestyle



Key process objectives

- That weight management services take a life course approach
- That weight management services take whole systems approach
- That weight management services for children and young people address the family unit.
- To ensure that the weight management services are accessible to clients.
- To ensure that the weight management services are acceptable to clients and stakeholders.
- To address health inequalities by prioritising weight management services in line with Joint Strategic Needs Assessment ('JSNA') in Brighton & Hove.
- Monitor and evaluate the delivery of the service to the stated objectives

4.26 **Performance and contract management**

The weight management service delivered under the new contract will be managed through quarterly contract monitoring reviews and through annual evaluations reports. It is expected that at least 200 people per quarter will be referred to the weight management service.

The performance of the weight management service delivered under the new contract will be assessed through a new monitoring and evaluation framework. This framework draws on NICE and the Department of Health guidance, the Standard Evaluation Framework and other sources of program guidance. This will assess how the weight management service delivered under the new contract performs against key health outcomes and health inequalities. For example:

- the percentage of adult client who should lose at least 5% of body weight,
- the percentage of adult client who should lose at least 3% of body weight,
- the percentage of adults who maintain their weight loss at 6 months and 12 month post intervention.
- the percentage of children who maintain or reduce their BMI standard deviation score at 6 and 12 months post-intervention,
- the percentage of clients who achieve NHS recommended levels on physical activity levels.
- the percentage of clients who achieve NHS recommended levels of dietary intake.
- The percentage of clients achieving positive outcomes who are from quintiles 1&2 (most deprived).
- Over the life of the contract it is expected that there will be an improvement in the trend of children identified as overweight and



obese (by NCMP data) at reception to achieve a healthy weight by the time they reach year NCMP at year 6.

In addition to these indicators, the monitoring and evaluation framework will assess how the weight management service delivered under the new contract performs against key process objectives such as ensuring the safety, accessibility and acceptability of the service and promoting a life-course, whole systems and family approach.

4.27 **Financial and other implications**

It is estimated that the value of the new contract for weight management services will be £1,200,000 over a 3 year period which represents a £300,000 saving in total compared to the existing contract worth £1,500,000.

Savings will be made by incorporating some previously provided Tier 1 (universal prevention interventions) services into the weight management services under the new contract (e.g. embedding healthy weight messages in the schools).

The provisional timetable for the procurement of the new contract is as follows:

Task	Length	Date(s)
Tender out	30-35 days +	1/9/2017
Tender back	1 day	1/10/2017
Evaluation (individual)	7-21 days	15/10/2017
Moderation and clarification	1 – 14 days	1/11/2017
Cost analysis and eval report	7-14 days	15/11/2017
Award	1 day plus 10 day standstill	1/12/17
Mobilisation	TBC	1/12/17-1/4/18
Contract Start	n/a	1/04/18

4.28 **Consultation/community engagement**

The evaluation of the weight management service provided under the existing contract collected clients' views through a survey and focus groups. The feedback on the service which is currently

provided showed high satisfaction levels and made recommendations for improvement such as improving exercises classes, ensuring privacy during weighing, and psychosocial elements of the services.

The weight management services specification for the new contract will continue to include a requirement for the provider to gather clients and stakeholders views to monitor and evaluate the services.

The CCG has also has contracts with a number of voluntary sector organisations to help obtain the views and experiences of communities we don't hear from as readily as others. The CCG has used these organisations to consult on the topic of weight management. This engagement has been undertaken with the following funded providers:-

- LGBT HIP
- FFT
- Possability People
- TDC - in partnership with HKP, SIS, BMEYPP, BMECP, Mosaic
- Downslink YMCA
- Mind
- AgeUKB&H
- Speak Out
- Carers Centre & Amaze
- Trans Alliance
- Faith in Action
- Community Works, Impetus for their Lay Assessor work) and Healthwatch.

The CCG has also facilitated a children referrals workshop to engage with all key partners working on the childhood obesity agenda.

The main aims of the workshop were to:-

- Share information between providers about current services in the city for families with children above an ideal weight and how they fit together (this is alongside briefing info sent out prior to the workshop)
- Look at the current offers and identify where there are gaps and what could fill them (note BHFP do have resources that can be used in different ways to meet needs identified)
- Consider how to increase referrals
- Consider what barriers there are both to people participating in programmes and referring to services and how to overcome them



- Develop a jointly agreed action plan

5. Important considerations and implications

Legal:

- 5.1 The council's contract standing orders require that authority to enter into a contract valued at £500,000 or more be obtained from the relevant committee which in this instance is Health & Wellbeing Board.
- 5.2 Schedule 3 of The Public Contracts Regulations 2015 will apply to the procurement of the new contract for weight management services and the contract must be awarded in accordance with Section 7 of the Regulations. The council is required to advertise the contract by way of a PIN or contract notice published in the OJEU setting out the process by which it is intended to award the contract.
- 5.3 The tender process conducted must be at least sufficient to ensure compliance with the principles of transparency and equal treatment of economic operators bidding for the contract.
- 5.4 In accordance with contract standing orders, any contract resulting from the tender process must be in a form approved by the Head of Law and executed as a deed under the common seal of the council.

Lawyer consulted: Isabella Sidoli

Date: 13/06/17

Finance:

- 5.5 The new Weight Management contract totals £1.2m over the next 3 years which includes a saving of £0.300m, as per paragraph 4.20. This contract will be funded by the Public Health grant.

Finance Officer consulted: Sophie Warburton Date: 14/06/2017

Equalities:

- 5.6 Equalities implications for healthy weight and diet have been considered with age, ethnicity and disability being characteristics by which dietary habits and healthy weight outcomes particularly differ.
- 5.7 The weight management service specification for the new contract will require that the provider take into account health inequalities, as identified in the JSNA, in their service design and thus improve the chances of better outcomes across the whole population. Likewise, equalities implications will be a criterion to assess proposals and to award the contract.



Sustainability:

- 5.8 There are no significant sustainability implications. The weight management services will promote physical activity and thus the use of open spaces, active travel and reduced food consumption.

Health, social care, children’s services and public health:

- 5.9 The implications for health, social care, children’s services and public health have already been covered in this paper.

6. Supporting documents and information

Appendix i: Obesity care pathway

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Clinical care components

Commissioned services



