

Commissioning Child Weight Management Services

To: Children and Young People Committee

Meeting Date: October 11, 2022

From: Director of Public Health

Electoral division(s): All

Key decision: Yes

Forward Plan ref: KD2022/090

Outcome: The Committee is asked to consider and support the proposed competitive procurement for commissioning Child Weight Management Services to improve health outcomes for children and young people.

Recommendation: The Committee is asked to consider and support the following recommendations.

- a) A competitive procurement to commission Child Weight Management service with a contract duration of 3 years with the option of extending for an additional 2 years with a break point at year 4.
- b) Subject to approval by Peterborough City Council; to jointly commission the Child Weight Management Services with Peterborough City Council (PCC).
- c) Subject to approval by Peterborough City Council to agree that Cambridgeshire County Council to act as lead commissioner and undertake the procurement.
- d) Authorise the Director of Public Health, in consultation with the Chair and Vice Chair of the Children and Young People Committee, to award a contract up to the value of £2,275,000 to the successful provider, subject always to compliance with all required legal processes.
- e) Authorise Pathfinder Legal Services Ltd to draft and complete the necessary contract documentation.

Voting arrangements: Co-opted members of the committee are eligible to vote on the item.

Officer contact:

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Member contacts:

Names: Councillor Bryony Goodliffe and Councillor Maria King

Roles: Chair and Vice Chair

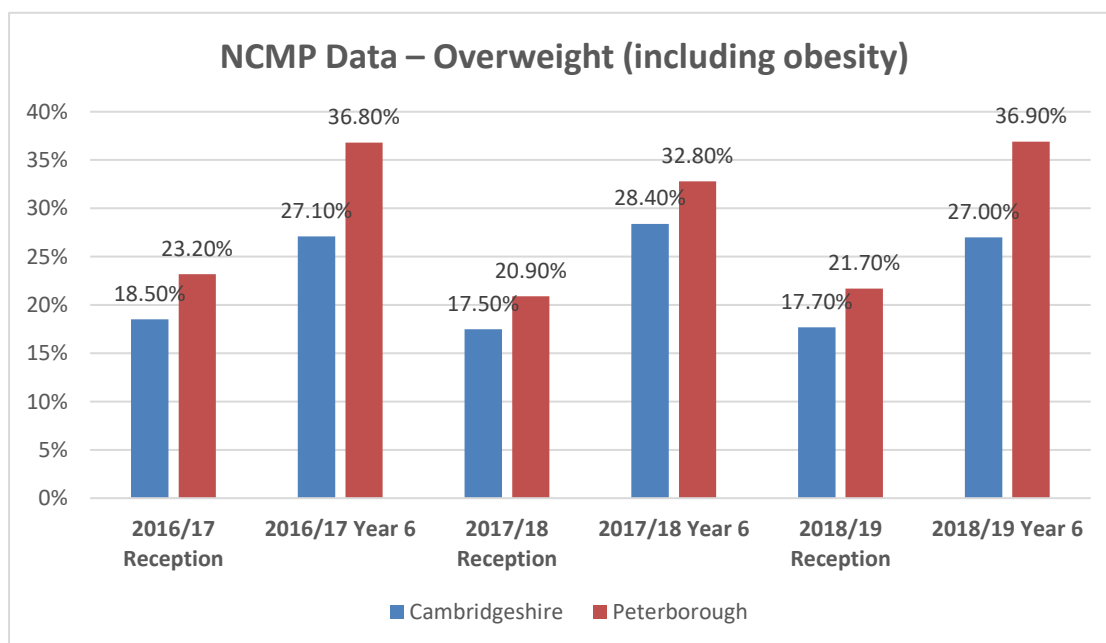
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1. Background

- 1.1 The Strategy and Resources Committee approved £350,000 of annual recurring funding from the Public Health Grant uplift to address childhood obesity. Public Health commissions community-based preventative and some treatment interventions to address childhood obesity. A new service will be commissioned to develop and expand these interventions in response to the increases in the proportions of children either overweight or obese both nationally and locally.
- 1.2 In Cambridgeshire prior to the pandemic there had been some variation in annual rates of childhood obesity. However, there was still a high proportion of children living with an unhealthy weight which means that they have a high risk of poor health in childhood which will continue though into adulthood. Table 1 shows the proportion of children either overweight or obese in reception and year 6 in Cambridgeshire schools up until 2018/19.

Table 1: [Cambridgeshire Childhood Obesity Profile Reception and Year 6 School Years \)](#)



- 1.3 In April 2022 the Office of Health Improvement and Disparities (OHID) based on data from the National Child Measurement Programme (NCMP) reported that the increase in child obesity prevalence in 2020 to 2021 was the largest increase recorded in the NCMP since the programme began in 2006 to 2007. ([National Child Measurement Programme \(NCMP\): changes in the prevalence of child obesity in England between 2019 to 2020 and 2020 to 2021](#)). This national annual school-based Programme measures all children in Reception and Year 6.

The report's main messages were as follows:

- Prior to 2020 to 2021 prevalence of obesity and severe obesity was high.

- In 2020 to 2021 unprecedented increases were seen in the prevalence of obesity of 4.7 percentage points in Reception boys, 4.4 percentage points in Reception girls, 5.6 percentage points in Year 6 boys and 3.3 percentage points in Year 6 girls.
- Boys, particularly in Year 6, have experienced the largest increases in obesity and severe obesity.
- The largest increases in the prevalence of obesity and severe obesity in boys and girls have occurred in the most deprived areas of England, resulting in the large and persistent disparities in child obesity having worsened.
- Disparities in obesity prevalence between ethnic groups have also increased with the ethnic groups that previously had the highest obesity prevalence, in the most part, experiencing the largest increases.
- These increases in child obesity and severe obesity prevalence in 2020 to 2021 follow the COVID-19 pandemic which resulted in school closures and other public health measures. More data is needed to know whether this is a long-term increase.

- 1.4 Public Health commissions the NCMP in Cambridgeshire, the dataset was incomplete because of COVID-19 in 2019/20 and only 10% of children across the country were measured in 2020/21. Initial feedback from the measuring that has been taking place in 2021/22 that included all schools, indicates that the percentage of overweight/obese children were not as high as in 2020/21 but still higher than any other year since measuring commenced. We will not have the full validated report until November.
- 1.5 The Health and Well Being Board (HW&B) and Integrated Care System (ICS) Health and Well Being Strategy has a strong focus on outcomes for Children and Young People (CYP). The Child Weight Management Service aligns and supports the Health and Well Being Strategy priority: "We will achieve better outcomes for our children." It also supports the Health and Well Being environment priority that has proposed focus upon childhood obesity.

2. Main Issues

- 2.1 The increase in childhood obesity requires a comprehensive response. Currently we have focused on developing population level services or Step 1 services. These are primary prevention interventions and are universal. However we do not commission any bespoke children's weight management services for families that need support to help with their children's weight issues. Although the Lifestyle Service which provides adult weight management services has appropriately skilled staff and support families who have especially challenging issues. The proposed service is for an integrated Child Weight Management (CWM) Service that includes prevention along with specialist treatment interventions which addresses the gap in services for children with more complex weight management needs.
- 2.2 Appendix 1 describes the different service elements which will be integrated into the one Service; it will include the NCMP, a range of community evidence-based prevention and early intervention activities along with specialist treatment interventions. Access to the services will be through a Single Point of Contact either through a professional or self-

referral and there will be a multi-disciplinary team, reflecting the often, complex issues, confronted by children and their families.

Step 1 refers to interventions that are at a population level with a focus on prevention.

Step 2 targets children and families who require some additional support. This group is notoriously difficult to engage, and different approaches based on the varied experiences of the Team members who have worked in this field will be piloted.

Step 3 is targeted at those families that have complex issues and who require one to one support.

- 2.3 In 2018/19 the NCMP alone in Cambridgeshire identified around 2,000 children as being overweight or obese along with others who would benefit from a preventative intervention. In terms of activity this investment will reach 250 children through groups or one to one support. In addition, there will be follow up through a tailored approach of circa 3,500 children identified through the NCMP. The Step 1 part of the Service will be community based and has the potential to engage with large numbers of children and families through different events and activities.
- 2.4 The issue of successfully engaging families means that the level of activity for group and one-to one support is based on the best uptake along with a stretch target. Demand will be monitored closely to identify if the service requires additional capacity.
- 2.5 The Strategy and Resources Committee approved investing in Child Weight Management Services from recurring funding arising from an uplift in the Public Health Grant. The contract is for 3 years with the option of extending for an additional 2 years with a break point at year 4. The total value is up to £2,275,000 over 5 years with the CCC and PCC split as follows:

CCC

3 years @ £350,000 x 3 = £1,050,000

Additional two years £350,000 x 2 = £700,000

CCC TOTAL = £1,750,000

PCC

3 years @ £105,000 x 3 = £315,000

Additional two years £350,000 x 2 = £210,000

PCC TOTAL = £525,000

TOTAL VALUE OVER 3 YEARS £1,365,000

TOTAL VALUE OVER 5 YEARS £2,275,000

- 2.6 The procurement approach has been discussed with our Senior Procurement Category Manager. A full competitive procurement with the following timeline

Market testing to inform procurement: October 31st 2022

Procurement start date: January 3rd, 2023

Contract award: April 28th 2023

Lead time: May 1, 2023, to July 31st 2023

Contract start date: August 1st, 2023

- 2.7 We have discussed social value with procurement and agreed to develop our approach to incorporating it into the contract. Market testing will also contribute to our understanding of the local market and opportunities for social value.

3. Alignment with corporate priorities

3.1 Environment and Sustainability

There are no significant implications for this priority.
or

The following bullet points set out details of implications identified by officers:

- The contracting decisions involved in the commissioning of these services will consider net zero to reduce carbon emissions, and include environmental criteria

The report above sets out the implications for this priority in [ref paragraph]

3.2 Health and Care

The following bullet points set out details of implications identified by officers:

- The services described in this paper support the delivery the Health and Wellbeing Board Strategy priority relating to improving the outcomes of children and young people
- The aim of services considered is to improve outcomes and combat health inequalities informed by needs assessment and based on population health management across the county

3.3 Places and Communities

The following bullet point sets out details of implications identified by officers:

- The procurement process will include consultation with communities, stakeholders, and service users . Any service developments will reflect the findings.

3.4 Children and Young People

The report above sets out the implications for this priority in 1.2, 1.3, 2.1, 2.2, 2.3, 2.4

3.5 Transport

The following bullet point sets out details of implications identified by officers:

- The contracting decisions involved in the commissioning of these services will include requirements to minimise travel that involves transport.

4. Significant Implications

4.1 Resource Implications

The report above sets out details of significant implications in 2.5

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The following bullet point sets out details of significant implications identified by officers:

- The procurement will be undertaken with the support and approval of the Procurement team conform to Contract Procedure Rules

4.3 Statutory, Legal and Risk Implications

The following bullet point sets out details of significant implications identified by officers:

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding.

4.4 Equality and Diversity Implications

The following bullet point sets out details of significant implications identified by officers:

- The Service will be universal but will develop specific interventions to ensure that any equality and diversity issues are addressed.

4.5 Engagement and Communications Implications

The following bullet point sets out details of significant implications identified by officers:

- Any equality and diversity implications affecting engagement and communications will be identified before any service developments are implemented and promoted

4.6 Localism and Local Member Involvement

The following bullet point sets out details of significant implications identified by officers:

- We will work with local members to make them aware of the Service and so that they can champion and promote it with their communities.

4.7 Public Health Implications

The report above sets out the implications for this priority in 1.2, 1.3, 2.1, 2.2, 2.3, 2.4

4.8 Environment and Climate Change Implications on Priority Areas

4.8.1 Implication 1: Energy efficient, low carbon buildings.

Status: Neutral

Explanation: Not influenced by the Service

4.8.2 Implication 2: Low carbon transport.

Status: Neutral

Explanation: Not influenced by the Service

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats, and land management.

Status: Neutral

Explanation: Not influenced by the Service

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.

Status: Neutral

Explanation: Not influenced by the Service

4.8.5 Implication 5: Water use, availability, and management:

Status: Neutral

Explanation: Not influenced by the Service

4.8.6 Implication 6: Air Pollution.

Status: Positive

Explanation: The Service will promote active travel and reduced use of transport to access services in service users' daily lives.

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.

Status: Neutral

Explanation: Not influenced by the Service

Have the resource implications been cleared by Finance? Yes

Name of Financial Officer: Justine Hartley 22.09.2022

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement? Yes

Name of Officer: Clare Ellis 22/09/2022

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? Yes

Name of Legal Officer: Fiona McMillan 21/09/2022

Have the equality and diversity implications been cleared by your EqIA Super User? Yes

Name of Officer: Jyoti Atri 30/09/2022

Have any engagement and communication implications been cleared by Communications? Yes

Name of Officer: Karen Newton 22/09/2022

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes

Name of Officer: Jyoti Atri 30/09/2022

Have any Public Health implications been cleared by Public Health? Yes

Name of Officer: Jyoti Atri 30/09/2022

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer? Yes

Name of Officer: Emily Bolton 27/09/22

5. Source documents

- 5.1 [Overview | Weight management: lifestyle services for overweight or obese children and young people | Guidance | NICE](#)

Appendix 1 Proposed Child Weight Management Service

