Guidance

Guidance: child and family weight management services grant

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Contents

1. Introduction
2. Amount available
3. Background
4. Eligibility criteria
5. Additional criteria
6. Process and timetable
7. Monitoring
Annex A: outline of services and key guidance
Annex B: key success factors and data collection requirements
Annex C: scoring scheme
Annex D: Grant Standards

Print this page

1. Introduction

This guidance has been produced to help local authorities develop their applications for revenue funding from the child and family weight management services grant to expand support for children identified as overweight or living with obesity and their families and reduce the prevalence of obesity and associated ill-health inequalities.

Public Health England (PHE) is seeking applications from local authorities with a high prevalence of childhood obesity and deprivation. Successful applicants will be allocated funding to support their work over the period 2021 to 2022.

Funding will be allocated for the provision of an extended level intervention and enhanced weight management service for children aged between 2 and 18 years old (or up to their 19th birthday if still at school) and their families, using evidence and best approaches for the practical follow-up of children identified as being overweight or having obesity through the National Child Measurement Programme (NCMP), and offer additional support to children who are overweight or living with obesity through weight management services for children and families. Behavioural weight management services for children and families should be based on current evidence and reach those who are most in need of support, including those who are at risk of developing or those living in areas of high deprivation[Annex A]. An outline of these services and the evidence base associated with them can be found in Annex A.

Funding allocated to each local authority will need to be expended based on the:

- number of local authorities applying to the programme
- scale of ambition among those local authorities
- prevalence of obesity (based on NCMP data) and deprivation among children (IDACI) in those local authorities

All applications should be submitted to childhealthweightstaff@phe.gov.uk by 11.59pm on Friday 16 April 2021.

Details of who will need to be involved in the development and sign-off of applications are set out in section 6 of this guidance.

Payments to successful applicants will be awarded to the local authority through a ringfenced section 31 grant, under the Local Government Act 2003. PHE will administer the grant to local authorities on DHSC's behalf.

2. Amount available

PHE is expecting to fund approximately 5 to 10 local authorities that submit ambitious plans (underpinned by how they will identify and meet the needs of children who are overweight or living with obesity and their families).

Up to £4.8 million will be made available in 2021 to 2022 (single year funding) and will be distributed across successful applicants. Applications should show activity across this period and this will be budgeted for. Local authorities should provide the rationale for the funds requested and budgets should be proportional to the funding being requested and the ambition of the proposal. Local authorities will be considered against a guide cost of £70 per child for the extended level intervention and £500 per child for behavioural weight management services, though it is recognised that costs may be dependent on the model proposed [Annex C Section 1].

Given the funding available and the estimated cost of services, it is expected that a local authority could expand support for around 100 children and families. The NCMP as being overweight or having obesity through the extended level intervention, and approximately 25% of primary school children being with obesity (or a similar proportion of a different age group) through a behavioural weight management service.

3. Background

When children begin primary school, 1 in 5 are already overweight or living with obesity, and by Year 6 when children leave primary school, that figure increases to 1 in 3. Prevalence of obesity is much higher for children from the most deprived areas, and this is getting worse[Footnote 1].

Obesity in childhood can lead to health conditions such as bone and joint problems and type 2 diabetes, and can also be associated with poor self-esteem, stigmatism and school absence[Footnote 2] [Footnote 3]. It also increases the risk of obesity in adulthood, which is a major risk factor for a range of non-communicable diseases (NCDs) such as some forms of cancer, type 2 diabetes, heart disease and liver disease[Footnote 4].

The government's Childhood obesity plan: a plan for action, chapter 2 has set a national ambition to halve childhood obesity and reduce the gap in obesity prevalence between children living in the most and least deprived areas by 2030. In the recent obesity strategy, Tackling obesity: empowering adults and children to live healthier lives, the government has committed to providing weight management services so that more people get the support they need to lose weight.

Weight management services for children and families can help support a child to grow into a healthier weight as they grow older. By changing a child's weight trajectory through weight management interventions, there is an opportunity to improve their health and well-being, reduce the immediate consequences of childhood obesity and reduce the risks and consequences associated with obesity tracking into adulthood. Further guidance on what makes up an evidence based weight management intervention for children and families is provided in Annex A.

4. Eligibility criteria

Applications are welcome from local authorities who are able to demonstrate robust and ambitious plans that can be anticipated to lead to:

- increased access to support for children identified as being above a healthy weight, and their families, through the National Child Measurement Programme (NCMP) and behavioural weight management services for children and families
- improvements in BMI z-scores for those children participating in behavioural weight management services
- increased uptake of behavioural weight management services among children and families participating in the extended level intervention

Areas with a high prevalence of childhood obesity and deprivation are particularly important to PHE and local authorities should demonstrate how they will work with local and wider NHS partners to encourage join up across the system, where appropriate.

5. Additional criteria

Bids will also need to be able to demonstrate that:

- the application is signed up to its all mixed organisations. The proposal contains a clear, realistic and ambitious plan to implement the programme in line with 2 of the strategic commissioning approaches of the local partnership
- they provide value for money. The proposal provides evidence that the project is deliverable, and that its impact can be measured using SPAHO (specific, measurable, achievable, realistic and timely)
- they are committed to monitoring the effectiveness of services and dissemination of learning, including working with the national data and analysis leads (including baseline data and a monthly minimum dataset outlined [see Annex 3] for further details)
- they are informed by service users. The proposal provides evidence that where appropriate it has been or will be shaped by users

6. Process and timetable

All applications should be submitted to childhealthweightstaff@phe.gov.uk by 11.59pm on Friday 16 April 2021.

Payments to successful applicants will be made directly to the local authority as a ringfenced section 31 grant, under the Local Government Act 2003 and the grant agreement will exist between PHE and the successful local authority only.

To indicate the commitment of the partnership to the bids being submitted signatures are required from:

- the responsible commissioning officers
- the local authority director of public health
- local authority director of finance
- local authority chief executive

Timetable for applications

PHE and DHSC launch the child and family weight management services grant application process: Monday 23 March 2021

Local authorities submit grant applications to PHE: 11.59pm on Friday 16 April 2021

National panel meets to select successful applicants: late April 2021

Local authorities notified of outcome: week of May Day bank holiday

Local authorities return grant agreement terms and conditions together with requested personal documentation to PHE: May 2021

PHE, working with a national panel, will prioritise the applications against a scoring scheme, attached as Annex C.

Recommendations of successful applicants selected by the national panel will be made to the Parliamentary Under Secretary of State for Public Health and Primary Care for final approval.

Successful applicants will be sent a grant agreement outlining the final funding allocation and conditions and will be asked to return a statement of grant usage by the PHE grants team, along with requested personal documentation prior to funding being released to the local authority.

7. Monitoring

The grant will be awarded under section 31 of the Local Government Act 2003 and will be monitored in accordance with the Cabinet Office minimum standards, as summarised at Annex D.

All or part of the funding may be repayable to PHE in the event that grant conditions, contained in the grant agreement, are not met.

Annex A: outline of services and key guidance

Outline of services funded through the grant

Behavioural (for 2) weight management services for children and their families: Evidence based, multi-component, family based weight management services (family based multi-component programmes addressing dietary intake, physical activity, and behaviour change for children who are overweight or living with obesity, with the parent/carer and family members being the primary change agent rather than the weight loss, depending on the age of the child, stage of growth and degree of obesity).

Extended level intervention: 'Extended level intervention' means one or more sessions where a practitioner (dietitian, nutritionist, psychologist, physiotherapist, exercise specialist) applies techniques to support acceptance and action, and offers tailored support and onward referral to services. This would take place once a child has been identified as overweight or living with obesity.

Key guidance

The guidance and tools included in this annex provide information and support for local authorities to develop a project proposal to meet the criteria outlined to demonstrate: the evidence base for weight management services for children, the PHE population reach and tailored needs for the population, including considerations of data collection and monitoring.

- Identifying the local population and need: NCMP and child obesity profile data (Fingertips)
- Tailoring interventions (evidence): A scoping review of the qualitative evidence exploring the barriers and facilitators to supporting families with children most at risk of developing obesity (Public Health England)
- Weight management services: monthly site user experience (2021): Qualitative study to understand the journeys and experiences of Year 2 and Year 3 weight management service users, including their reasons for attending, the support they received from weight management services providers and commissioners.

Extended brief intervention (EBI)

Funding is available for the provision of an EBI. This will require local authorities to plan and deliver a pathway for the practical follow-up of children identified as being overweight. In this grant period local authorities are expected to use the NCMP to proactively follow up a proportion of children identified as overweight or living with obesity to deliver an EBI and offer support to children who are overweight or living with obesity through weight management services for children and families, and participate in national evaluation of approaches used.

Supporting clinical and practice guidance includes:

- National Institute for Health and Care Excellence (NICE) guidance PH49: Behaviour change: individual approaches (recommendation 9 on extended brief intervention)
- Royal College of Child Paediatrician (RCPCH) A conversation framework for talking to parents (Appendix 1 provides the basis for creating the conditions for supportive conversations about weight)
- NCPCP parent guidance (Chapter 5 - proactive feedback pages 38 to 41)
- Child weight management: short conversations with families (brief intervention)
- Public health childhood obesity toolset software

Behavioural weight management services for children and families

Evidence demonstrates that intensive behavioural weight management interventions can be effective in helping children who are living with obesity and overweight. Funding is available to increase the provision and access to services and focus on how to engage hard-to-reach/hard-to-engage populations.

Supporting clinical and practice guidance includes:

- NICE guidance (clinical and public health guidance for 1-2 child weight management): Obesity prevention (2006)
- CG43 (2014, reviewed 2018): This guideline covers identifying, assessing and managing obesity in children (aged 2 years and over), young people and adults
- PH53 (2015, reviewed in 2017): This guidance covers lifestyle weight management services for children, young people and families who are overweight or living with obesity. It advises how to deliver effective weight management programmes that support children and young people to change their lifestyle and manage their weight.
- QS94 (2016) Obesity in children and young people: prevention and lifestyle weight management programmes. This quality standard covers preventing children and young people (under 18) from becoming overweight or obese, including strategies to increase physical activity and promote a healthy diet in the general population. It also covers lifestyle weight management services for children and young people who are overweight or obese. It describes high quality care in priority areas for improvement.
- NICE guidance (public health guidance 46): Transition NICE guidance for commissioners and providers (local authorities, service providers, commissioning groups, NHS institutions, providers of weight management)

Annex B: key success factors and data collection requirements

Key success factors

Key success factors will be outlined in the grant guidance information sheet and will include the following, measured over the funded period (2021 to 2022):

1. CMP1: percentage of offers of extended brief intervention which are taken up
2. CMP2: percentage of individuals who complete the extended brief intervention
3. CMP3: percentage of individuals who are referred to weight management services from extended brief intervention
4. CMP4: percentage of children who complete the active intervention (extended brief intervention and weight management services)
5. CMP5: percentage of individuals enrolled in the service from high-risk groups (including those living in areas of high deprivation and ethnicity)
6. CMP6: percentage of children whose BMI centile is reduced from week zero, at completion of the active phase of intervention
7. CMP7: percentage of children whose BMI centile is reduced from week zero, at 26 weeks

For each measure, inequalities will be presented (exact details of presentation will depend on the detail and number of children).

Data collection and monitoring

The reporting of a minimum dataset will be outlined as a condition of the grant and is based on the National Child Obesity Services Minimum Dataset (see: National child obesity services minimum dataset: technical guidance for submitters) and will inform the evaluation programme agreed key success factors. Monthly and quarterly data reporting will be expected using the child weight management data collection tool.

Submission of baseline data will also be outlined as a condition of the grant. Baseline data requirements will include the following:

- outline of commissioned weight management services, including delivery mode
- value of commissioned services
- number of commissioned services, including initiation and completion rates
- service provider(s)

In light of COVID-19, information may be requested on services contracted in 2019 to 2020 and 2020 to 2021.

Annex C: scoring scheme

Applications that are deemed to be able to demonstrate value for money will then be judged against the following criteria:

Criteria	Weighting
Identified need of each contributing population (ie, prevalence of obesity and deprivation)	25%
Ambition (ie, ambitious but realistic increase in uptake of services, reduction in BMI and reduction in inequalities)	25%
Plans to reach high risk groups and seldom-engaged groups	15%
Proposed mix of services	20%
Governance	10%
Data collection and monitoring	5%
Collaborative working	5%

Annex D: Grant Standards

The Grant Standards were implemented by the Cabinet Office in December 2016 and have to be effective grant applications across all government departments.

There are currently 10 standards:

1. Standard 1: senior responsible officer for each grant. All government grants require a named senior responsible officer with clearly defined responsibilities throughout the lifetime of a grant.
2. Standard 2: grant assessment. Departments must ensure they have a robust assessment process in place for evaluating proposals and awarding grants. Assessment and awards are available in the Government Grants Information System (GGIS).
3. Standard 3: cross-departmental spend. New government grants, including those that are high risk, novel and contentious, as well as those undergoing major changes in scope or funding, should be considered for submission to the New Grants Advice Panel for review and advice. This applies to all grants.
4. Standard 4: business case. A robust business case, proportionate to the value and complexity of the grant, should be developed for all government grants. This will be scrutinised and approved in stages, as part of the grants approval process, and in line with the guidance in HM Treasury's Managing Public Money.
5. Standard 5: grant agreement. Recipients of government grants should be compelled by default; exceptions may be approved where compulsion would not be appropriate. Detailed supporting evidence for any direct award decision must be documented and approved by DGC.
6. Standard 6: clear and measurable outcomes. Government grants should be awarded through robust grant agreements, proportionate to the value of the grant and which reflect the minimum standards for government grants, in line with guidance in HM Treasury's Managing Public Money. All government grant agreements will include clear and measurable outcomes.
7. Standard 7: monitoring and fraud risk assessment. Government grants should be subject to timely and proportionate due diligence and fraud risk assessment. Recipients of government grants should be required to provide regular monitoring objectives against and longer-term outcomes defined, wherever possible, to enable active performance management, including regular reviews and adjustments where deemed necessary.
8. Standard 8: annual reviews and reconciliation. All government grants will be reviewed annually, taking into account the risk profile of the recipient and taking into account delivery across the period, resulting in a decision to continue, discontinue or amend funding.
9. Standard 9: closure. All those involved in the development and administration of grants must undertake core training in grant management best practice.
10. Standard 10: evaluation. All those involved in the development and administration of grants must undertake core training in grant management best practice.

1. PHE (2019). Difference in child obesity by ethnic group. ↵
2. Estimated costs for productive follow up of parents of children identified as having obesity based on research carried out by the Centre for Behavioural Research and Tropical Medicine (CBRTM) as part of the PROPHSE trial. ↵
3. Based on economic modelling carried out by NICE (2006). ↵
4. NHS Digital (2020). National Child Measurement Programme 2019/20. ↵
5. Simmonds, M. (2020). Obesity and mortality. Public Health Genomics Observatory. Oxford UK. ↵
6. Simmonds, M., et al. (2017). Body mass index and incident type 1 and type 2 diabetes in children and young adults: a retrospective cohort study. Journal of the Endocrine Society, 1(5), 524 to 537. ↵
7. Simmonds, M., Llewellyn et al. (2019). Predicting adult obesity from childhood obesity: a systematic review and meta analysis. Obesity reviews, 17(2), 95 to 107. ↵