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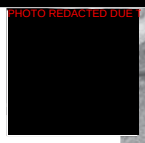
Healthy Weight, Healthy Lives: Commissioning weight management services for children and young people



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Healthy Weight, Healthy Lives: Commissioning weight management services for children and young people

Contents

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Executive summary

This guide has been developed to support local areas in commissioning weight management services for children and young people. Local areas are increasingly commissioning these services to provide support to overweight and obese individuals in moving towards and maintaining a healthier weight, as part of broader healthy weight strategies.

The Government's Healthy Weight, Healthy Lives strategy includes a commitment to support local areas in commissioning weight management services for children and young people. This guide is one of the first steps in delivering on that commitment, and builds on a wider suite of publications to support local delivery of the national strategy.

The guide is aimed at commissioners in primary care trusts and local authorities, and has been designed to reflect the overall move towards world class commissioning and joint commissioning of children's services. It includes:

- an introduction setting out the wider context, along with additional plans to provide support to commissioners in this area; and
- a series of tools to support specific stages of the commissioning process.

It is recognised that expertise and robust evidence in the field of weight management are at an early stage. The intention is therefore to provide a guide to developing best practice and encouraging innovation.

A wide range of stakeholders have fed into the development of this guide, and their contributions are gratefully acknowledged.

Introduction

Purpose of the guide

Obesity is a growing challenge across England, and the Government is committed to supporting local areas in addressing this issue. As set out in the Healthy Weight, Healthy Lives strategy,[1] the Government has a particular commitment to support the commissioning of weight management services, which play a vital role in helping overweight or obese children and young people move towards and maintain a healthier weight. The publication of this guide is one of a series of steps that is being taken by the Cross-Government Obesity Unit to support local areas in commissioning weight management services.

This guide aims to help commissioners improve health outcomes for children and young people. It will also support commissioners towards achieving the world class commissioning competencies. Commissioners who may be new to commissioning in primary care trusts (PCTs) and local authorities or new to joint commissioning through children's trust arrangements will find the guide useful:

- in outlining the process of commissioning for weight management to local partners;
- when developing common protocols with any local provider networks; and
- as a working document to support a dialogue when forging new partnership arrangements.

The guide has been designed to:

- locate the commissioning of weight management services within Every Child Matters[2] and the new landscape of children's trust arrangements and joint commissioning;
- provide information and tools to support commissioners in the area of weight management, and in particular in taking an outcome-focused approach; and
- help local partnerships prepare for the potential growth in demand for weight management services, which may be generated by, for example, the introduction of routine feedback to parents from the National Child Measurement Programme, the Change4Life social marketing campaign and other activities aimed at achieving a healthy weight across the population.

1 Cross-Government Obesity Unit (2008) *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England.* London: Department of Health and Department for Children, Schools and Families (DCSF).

2 Every Child Matters, the government programme for a national framework to support the 'joining up' of children's services.

This commissioning guide is **not** intended to:

- be applied to the implementation of healthy weight prevention strategies, or in specialist commissioning for surgical or pharmaceutical weight management services;
- suggest that there is only one approach to the commissioning of weight management services;
- suggest that there is a particular type of service or method of delivery that all local areas should commission;
- provide an evidence base for commissioning weight management services; or
- act as a commissioning guide for an overarching strategic healthy weight plan.

The guide has been commissioned by the Department of Health (DH) North West Public Health Group and developed by the Care Services Improvement Partnership (CSIP, North West Development Centre), in consultation with PCT and local authority commissioners and a range of other stakeholders, including some providers. It complements the wider suite of publications produced by the Cross-Government Obesity Unit to support local delivery of the national Healthy Weight, Healthy Lives strategy, including:

- *Healthy Weight, Healthy Lives: Guidance for Local Areas*,[3] which suggests how local partners can develop their own plans, from understanding the scale of the problem in their communities, to setting local goals and choosing interventions where it is agreed that local action is required, and ensuring that progress is monitored and evaluated; and
- *Healthy Weight, Healthy Lives: A toolkit for developing local strategies*,[4] which provides a set of resources to help those working at the local level to plan, co-ordinate and implement comprehensive strategies to prevent and manage overweight and obesity.

Both of these documents are structured around five key steps that can help PCTs and local authorities develop local plans for tackling child obesity: understanding the problem and setting goals; local leadership; choosing interventions; monitoring and evaluation; and building local capabilities. This guide is designed to support local areas in the third of these key steps.

Local areas are at different stages of commissioning weight management services and have varying arrangements for joint commissioning. In recognition of this evolving context, the guide has been constructed to provide different levels of support to local

3 Cross-Government Obesity Unit (2008) *Healthy Weight, Healthy Lives: Guidance for Local Areas.* London: Department of Health and DCSF.

4 Cross-Government Obesity Unit (2008) *Healthy Weight, Healthy Lives: A toolkit for developing local strategies.* London: Department of Health and National Heart Forum.

areas in making progressive development towards joint world class commissioning for weight management for children and young people.

It is also recognised that expertise and robust evidence in this field are at an early stage. The intention is therefore to provide a guide to developing best practice and encouraging innovation in responding to the weight management needs of children and young people.

Obesity as a national, regional and local priority

Obesity is one of the most significant health challenges facing the UK. Currently, two-thirds of adults and a third of children are either overweight or obese. Without action, this could rise to almost nine in ten adults and two-thirds of children by 2050.[5] This trend is having an increasing impact on the health and well-being of individuals, increasing the risk of conditions including diabetes, cancer, heart disease and liver disease. The prevalence of childhood obesity varies across the English regions and within regions, but is a significant issue throughout the country.

The economic impact of this increasing trend is shown by the Foresight report *Tackling Obesities: Future Choices.*[6] This estimated that, in 2002, those who were overweight or obese cost the economy £7 billion in treatment, benefits, loss of earnings and reduced productivity. If no action is taken, the total costs to society are expected to rise to £50 billion by 2050 – nearly half the current annual budget of the NHS.

The Government has set itself a new ambition: "of being the first major country to reverse the rising tide of obesity and overweight in the population by ensuring that all individuals are able to maintain a healthy weight". The initial focus is on children: "by 2020 we will have reduced the proportion of overweight and obese children to 2000 levels".[7]

This ambition is reflected in the Government's Public Service Agreement (PSA) on child health and well-being, published in 2007. This includes a child obesity indicator which states that, in the context of a trajectory to reach the 2020 ambition, over the period 2008–11 the Government aims to reduce the rate of increase in obesity in children under 11. This means that by 2011 there should be at least 34,000 fewer obese children – either prevented from becoming obese, or moved out of the obese category.

5 Foresight (2007) *Tackling Obesities: Future Choices.* London: Department for Innovation, Universities and Skills. www.foresight.gov.uk/OurWork/ActiveProjects/Obesity/Obesity.asp
6 Op. cit.
7 Cross-Government Obesity Unit (2008) *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England.* London: Department of Health and DCSF.

The priority to promote healthy weight is reflected across many government policies, including *Building Brighter Futures*;[8] *The Child Health Promotion Programme*;[9] the Early Years Foundation Stage; *Health Inequalities: Progress and Next Steps*; and *Our NHS, Our Future* and the corresponding strategic health authority reports.

The Government has sent a clear signal to local areas that enabling individuals to maintain a healthy weight is important by including childhood obesity as a national and local priority in the National Indicator Set (NIS), from which local area agreements (LAAs) are drawn; in the NHS Operating Framework (Tier 2 – Vital Signs); and in the Children and Young People's Plan. The NIS includes two indicators specifically on childhood obesity, which are aligned with the NHS Operating Framework. The two indicators are: NI 55 – obesity among primary school children in Reception Year; and NI 56 – obesity among primary school children in Year 6. In England, 122 local areas have included either one or both of these in their priorities.

Nationally, Health Survey for England prevalence data is used to measure success in meeting the new ambition and the Child Health PSA. Data from the National Child Measurement Programme is used by PCTs and local authorities to set goals (as part of both the LAA and the NHS Operating Framework) and then to monitor performance.

The Government is supporting local areas in playing their role in tackling the obesity challenge through the provision of extra funding over the period 2008–11. An initial £65.9 million has been included in the overall PCT allocations for 2008/09.

PCTs will align their local strategic priorities in a five-year strategic plan. All PCTs will need to plan to improve outcomes on life expectancy and health inequalities, to which obesity has clear links. PCTs will also support these with up to eight additional outcomes determined locally to reflect local strategic priorities, some of which may also include or be connected to obesity.

Weight management services

As the national Healthy Weight, Healthy Lives strategy sets out, providing advice and support for those who are already overweight or obese, as well as ensuring that preventative measures are in place, is crucial. Many areas are already commissioning services that help people with excess weight move towards and maintain a healthier weight.

As with any other service, it is vital that commissioners take an outcome-focused approach to provision for weight management. There is no set model of what a weight management service should look like, although the 2006 National Institute for

8 Department for Children, Schools and Families (2007) *Building Brighter Futures: A young person's guide to the Children's Plan.* London: DCSF.
9 Shribman, S and Billingham, K (2008) *The Child Health Promotion Programme*. London: Department of Health and DCSF.

Health and Clinical Excellence (NICE) guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children does set out minimum good practice criteria.[10]

In addition to the drivers for increasing provision of weight management services set out above, *High Quality Care for All: NHS Next Stage Review Final Report*,[11] published in June 2008, highlighted the important role of well-being and prevention services, including weight management services, and set out an expectation that PCTs will increase commissioning of these services.

In addition to this guide, the Cross-Government Obesity Unit is developing further support for local areas in commissioning weight management services for children and young people – including a list of 'pre-qualified' providers from which PCTs will be able to call off services quickly and easily.

This list – or 'framework' – of providers is expected to be available from February 2009. It will cover providers that can offer the following package of services in England:

- an approach to weight management for overweight and/or obese children and young people;
- training for local staff to enable them to deliver that approach to weight management to children, young people and families; and
- ongoing support to local staff who have completed the training.

The national procurement process to develop this list of providers began in August 2008. The decision to develop this framework of providers was based on feedback from local areas on how national-level support could best be provided, including by:

- setting standards for provision of weight management services;
- increasing the range of choice available to commissioners; and
- ensuring that providers are better able to tailor their services to meet local needs.

Consultation showed that there is a strong preference among commissioners and obesity leads for local-level organisations to deliver weight management services to children, young people and families. These delivery partners may be from a range of organisations, so the intention is to ensure that providers on the framework will be able to adapt their training to meet different needs and reflect different levels of experience.

10 National Institute for Health and Clinical Excellence (2006) *Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children*. London: NICE.

11 Department of Health (2008) High Quality Care for All: NHS Next Stage Review Final Report. London: DH

It will not be mandatory to use the framework and, while only PCTs will be able to call off services, it is also expected to be a useful tool for local partnerships. Further information is available from healthyweight@dh.gsi.gov.uk

A new **Commissioning Support Programme** is also being developed by DCSF and the Department of Health with the aim of transforming the commissioning of services for children, young people and families. It will be on offer to local authorities, PCTs and other children's trust partners. The programme is jointly sponsored by DCSF and the Department of Health and has been developed in partnership with Communities and Local Government. The shared aim is to improve outcomes for children, young people and families through effective commissioning of services.

The programme will run until April 2011 and will cover the commissioning of all services for children, young people and their families, including both health and education. It will develop a community of practice, consisting of online tools, case studies and advice, special topic groups and local knowledge networks, followed by bespoke peer-to-peer commissioning support for commissioners. More information is available from www.commissioningsupport.org.uk/

Taking a family-based approach

The NICE guidance is clear about the importance of taking a family-based approach to weight management for children and young people, and of involving parents, carers and wider family members, as appropriate to the age of the child or young person.

There is strong evidence of a correlation between excess weight in children and excess weight in their parents.[12] It is also the case that most children and young people live in family units and, depending on their age and maturity, do not operate independently in terms of key activities such as shopping and cooking. To effectively secure sustained behaviour change, services to achieve healthier weight in children and young people therefore need to adopt a whole-family approach. A different approach may, of course, be required where teenagers are developing more independent lifestyles.

This commissioning guide therefore aims to reflect the crucial role of the family in weight management for children and young people, and the fact that many local areas may want to commission services that meet the needs of the whole family.

12 The Information Centre (2008) *Statistics on Obesity, Physical Activity and Diet: England, January 2008*. Leeds: The Information Centre.

Reducing health inequalities through commissioning weight management services

Commissioning plans for weight management services need to ensure that services are equitable in terms of access and delivery and contribute to reducing health inequalities. Plans will be informed by the joint strategic needs assessment, and may include community-based services in areas of high deprivation, services tailored to reflect the local population profile, services that are inclusive of people with disabilities, and the application of Department of Health consumer insight analysis relating to child obesity to the tailoring and targeting of services.

The commissioning context

Overarching approaches to commissioning that are relevant to weight management services for children and young people are:

1. world class commissioning, which seeks to transform the way in which services are commissioned by health bodies;
2. the joint planning and commissioning framework for children, young people and maternity services; and
3. the commissioning framework for health and well-being.

1. World class commissioning

World class commissioning is a statement of intent, designed to raise ambitions for a new form of commissioning that demonstrates better outcomes through the following:

Better health and well-being for all

- People live healthier and longer lives.
- Health inequalities are dramatically reduced.

Better care for all

- Services are evidence-based, and of the best quality.
- People have choice and control over the services that they use, so they become more personalised.

Better value for all

- Investment decisions are made in an informed and considered way, ensuring that improvements are delivered within available resources.
- PCTs work with others to optimise effective care.

World class commissioning competencies are described by a series of 11 headlines. These require that commissioners:

- are recognised as the local leaders of the NHS;
- work collaboratively with community partners to commission services that optimise health gains and reductions in health inequalities;
- proactively seek and build continuous and meaningful engagement with the public and patients, to shape services and improve health;
- lead continuous and meaningful engagement with clinicians to inform strategy and drive quality, service design and resource utilisation;
- manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements;
- prioritise investment according to local needs, service requirements and the values of the NHS;
- effectively stimulate the market to meet demand and secure required clinical and health and well-being outcomes;
- promote and specify continuous improvements in quality and outcomes through clinical and provider innovation and configuration;
- secure procurement skills that ensure robust and viable contracts;
- effectively manage systems and work in partnership with providers to ensure contract compliance and continuous improvements in quality and outcomes; and
- make sound financial investments to ensure sustainable development and value for money.

More information on world class commissioning and the competencies described above is available at www.dh.gov.uk/commissioning

2. The joint planning and commissioning framework for children, young people and maternity services

Better commissioning and development of children's services is at the heart of the Department for Children, Schools and Families (DCSF) plan to achieve better outcomes and improve the delivery of services to children, young people and their families. The intention is for children's trusts to have a single joint commissioning unit to implement the joint commissioning strategy.[13]

Joint commissioning of children's services, with its focus on improved outcomes, has stimulated a greater focus on prevention and gives opportunities for local authorities to develop standardised contracts and monitoring arrangements with providers from all sectors.

3. The commissioning framework for health and well-being[14]

The commissioning framework for health and well-being covers commissioning for all of the population in a locality and is designed to enable commissioners to achieve:

- a shift towards services that are personal and sensitive to individual need and that maintain independence and dignity;
- a strategic reorientation towards promoting health and well-being, investing now to reduce future costs of ill health; and
- a stronger focus on commissioning the services and interventions that will achieve better health, across health and local government, with everyone working together to promote inclusion and tackle health inequalities.

This framework identifies eight steps to more effective commissioning, building on the White Paper *Our health, our care, our say*:[15]

- putting people at the centre of commissioning;
- understanding the needs of populations and individuals;
- sharing and using information more effectively;
- assuring high-quality providers for all services;

13 Department for Education and Skills and Department of Health (2006) *Joint planning and commissioning framework for children, young people and maternity services*. London: Department for Education and Skills and Department of Health. www.everychildmatters.gov.uk/strategy/planningandcommissioning/

14 Department of Health (2007) *Commissioning framework for health and well-being*. London: Department of Health.

15 Department of Health (2006) Our health, our care, our say: A new direction for community services. London: Department of Health

- recognising the interdependence between work, health and well-being;
- developing incentives for commissioning for health and well-being;
- making it happen – local accountability; and
- making it happen – capability and leadership.

The commissioning cycle and presentation of tools

Stronger commissioning for children, young people and their families is key to achieving improved health outcomes.

The Department of Health and DCSF are developing a framework to secure better health for children and young people through world class commissioning, which:

- sets out who is involved in commissioning for improved health outcomes for children, young people and their families;
- outlines the world class commissioning competencies in the context of improving health outcomes for children, young people and their families;
- aligns the 2006 joint commissioning framework with the ten-step commissioning cycle for health services; and
- highlights how commissioners should work together to achieve improved outcomes.

The framework will also demonstrate that, while the cyclical processes of commissioning set out in guidance from the Department of Health and DCSF may look different, they essentially cover three similar overarching stages or phases of activity. These three phases are:

- **Phase 1: Needs assessment and strategic planning;**
- **Phase 2: Shaping and managing the market; and**
- **Phase 3: Improving performance, monitoring and evaluating.**

This guide for weight management services is therefore presented in terms of these three broad phases of activity.

The guide also recognises that local areas are at different stages in terms of commissioning weight management services, with differing levels of experience and expertise in this area. The tools have been designed to reflect this.

- The first tool provides a '**core offer**', consisting of a guide through some of the key commissioning activities, including needs assessment, service

specification development, contract management, and managing relationships with providers. It is presented as a checklist of questions outlining key commissioning activities that a commissioning partnership might find useful to consider.

- The remaining tools provide a more comprehensive '**extended offer**', covering the various steps in the commissioning process in more detail. Commissioners may choose to follow these tools in sequence, or to dip in and out and use tools that can support them on a particular aspect of the commissioning process.

List of tools

Each tool included in this guide is listed below, grouped under the three phases outlined above.

Needs assessment and strategic planning

- Tool 1: A checklist of key steps in commissioning weight management services
- Tool 2: Setting outcomes for children and young people from weight management services
- Tool 3: Developing a profile of the local population who may be potential users of weight management services
- Tool 4: Engaging with the user population, practitioners and providers
- Tool 5: Developing a profile of current weight management services
- Tool 6: Identifying gaps, opportunities and priorities
- Tool 7: Developing obesity care pathways for children and young people

Shaping and managing the market

- Tool 8: Developing service specifications for weight management services
- Tool 9: Developing quality assurance for weight management services
- Tool 10: Predicting real costs of weight management services and risks
- Tool 11: De-commissioning weight management services
- Tool 12: Developing the provider market for weight management services
- Tool 13: Procuring weight management services

Improving performance, monitoring and evaluating

- Tool 14: Monitoring and reviewing the outcomes of weight management services
- Tool 15: Evaluating weight management services

Development of the guide

The consultation process and development of the tools in this guide have been led by CSIP (North West). The development of the guide has been collaborative, using a range of approaches to engage stakeholders and experts in different disciplines.

Each region has been represented in the process, and invited to liaise within their region to draw on a range of expertise and views. The project team consulted a wide range of stakeholders, and set up and attended events around England in order to establish what support commissioners and public health colleagues identified as needing when commissioning weight management services. An interactive, collaborative web-based tool was also set up to enable an online exchange of views and information.

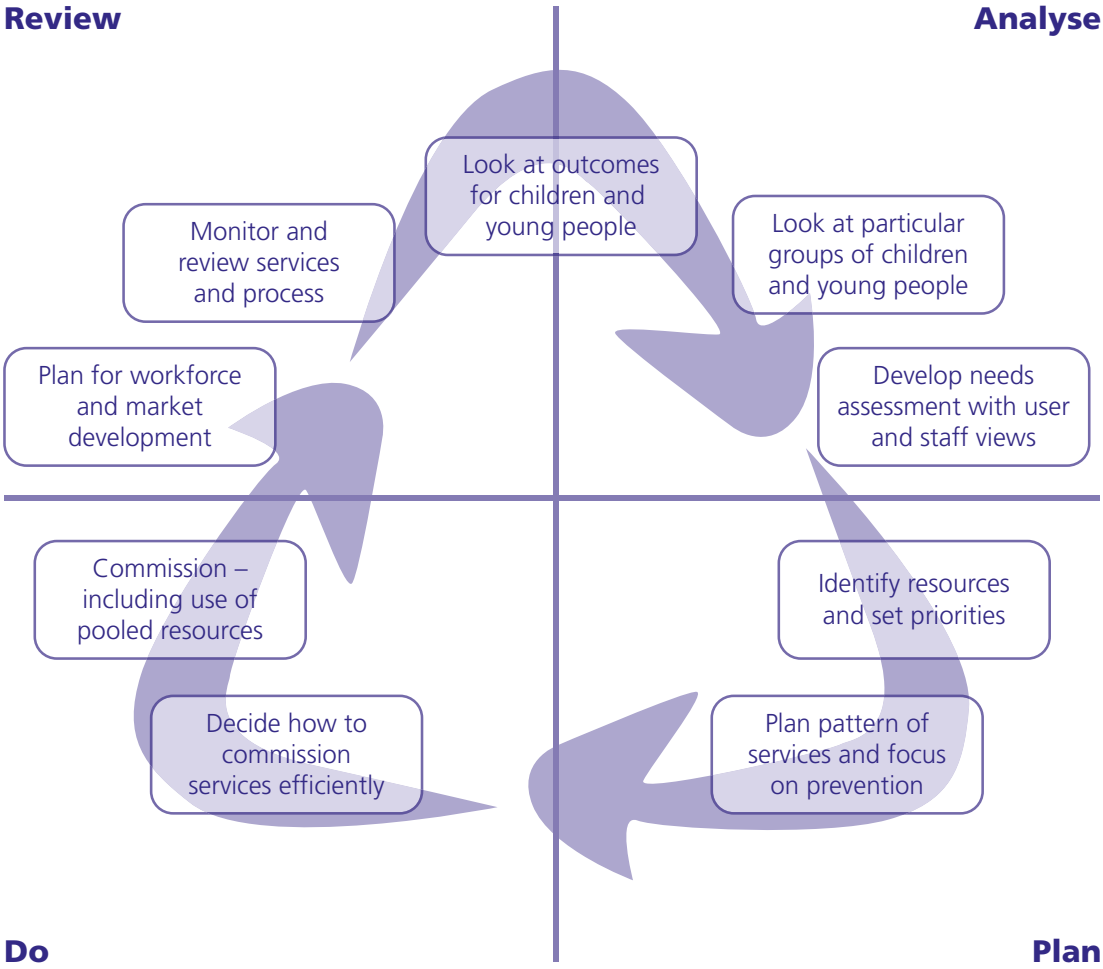
Advice has been provided by the Cross-Government Obesity Unit, the National Obesity Observatory and commissioning experts in the Department of Health and Department for Children, Schools and Families. And finally, a wide range of people have fed in views and information, as acknowledged at the start of this document.

TOOLS

TOOL 1: A checklist of key steps in commissioning weight management services

PURPOSE	Guidance from the Department for Children, Schools and Families and the Department of Health frequently uses a planning and commissioning model with steps divided into four elements. This is not dissimilar to the three overarching phases described in the overall introduction to this guide. This four-step model is used here to set out a comprehensive list of commissioning activities, followed by a series of questions to guide commissioners through the process of commissioning weight management services for children and young people. The subsequent tools in this guide go into these various steps in more detail.

'Analyse, Plan, Do, Review' commissioning cycle



Analysis and assessment

This element of the commissioning cycle involves activities such as:

1. Investigating weight management outcomes for and with children, young people and their families
2. Undertaking needs analysis to identify the current and likely future needs of particular groups of children and young people for these services
3. Clarifying the priorities, whether local or national, and the research and best practice basis for the services
4. Mapping and reviewing services across agencies to understand providers' strengths and weaknesses, and identifying opportunities for improvement or change in providers
5. Conducting a provider analysis and assessing the current market's ability to meet the identified needs with available resources
6. Identifying the resources currently available and agreeing future resources across agencies
7. Knowing and understanding the legislative basis and policy guidance for intervening in the lives of children, young people and their families
8. Analysing the risks involved in implementing change and/or continuing with the status quo
9. Analysing the evidence base and research on weight management outcomes for children, young people and their families, within the wider context of prevention and self-care

1. Putting people at the centre – investigating weight management outcomes for and with children, young people and their families

a. What are the benefits of and mechanisms for engaging children, young people and their families in this commissioning process?

b. Who are the advocates for people who find it hard to express their views?

c. Who are our other partners in this commissioning process? Do we need a core group and associates?

d. What are successful weight outcomes for children, young people and families?

e. Can we describe the behaviour changes we would expect to see for people of different age groups and abilities?

2. Needs analysis and assessment

   a. How well do we understand the current and future needs of the population and individuals for these weight management services?

   b. What are the needs of particular groups of children and young people in the locality, both from their perspective and from the perspective of the people who work with them?

   c. What can be learnt from other international programmes?

   d. What other data is needed/offered in preparing for the joint commissioning plan?

   e. Is this supported by information in the joint strategic needs assessment (JSNA) and other intelligence?

3. Local and national priorities

   a. What is the National Child Measurement Programme telling us about the local prevalence of child obesity, and of the gender and ethnicity of overweight and obese children?

   b. Is there any specific ward-based data to provide a more detailed geographical analysis?

   c. To what extent is childhood obesity a local priority?

   d. Does the local area agreement (LAA) include an indicator for childhood obesity?

   e. Are there local plans and targets?

   f. Can weight management services contribute to the achievement of other LAA indicators?

4. Mapping and reviewing service provision

   a. Is there a map of weight management services in the local area?

   b. Does the map identify where the services are and what they provide?

   c. Have the services been reviewed against a set of criteria?

   d. What conclusions can be drawn about the quality of these existing services?

   e. What are the gaps and areas for improvement or change?

5. Provider analysis

   a. What is known about the current range of providers?

   b. Who are they? e.g. primary care trust (PCT) provider arm, third sector, independent and commercial sector, local partners.

   c. What is their capacity to meet increased demands and variability with available resources?

   d. What are understood to be the strengths and weaknesses of these providers?

   e. What is the assessment of their potential for partnership working?

6. Resource analysis

   a. What level of resource (public and private funding) is currently invested in weight management?

   b. What commercial weight management services are people already paying for?

   c. What are the outcomes from existing weight management services, and is there potential for improvement?

   d. Is there an agreed formula for assessing cost, e.g. full cost recovery?

   e. What level of resource is available for future investments across the local authority and PCT?

7. Legislation and policy

   a. What is the understanding of the legislative basis and policy guidance for intervening in the lives of children, young people and their families?

   b. Is there specific knowledge related to 'looked after' children and young people, safeguarding policies and practice, and/or young people with disabilities?

8. Risk analysis

   a. Is there a shared risk analysis of changing current services and implementing new ones across key agencies?

9. Research and evidence base

   a. What is the current research and evidence base of best practice for weight management services?

   b. What is already known about how local families would prefer to receive services, including people in minority groups?

c. Has relevant market segmentation been applied to inform commissioning for priority groups?

Plan

This element of the commissioning cycle involves activities such as:

1. Engaging with children, young people and their families in the joint planning and commissioning of weight management services
2. Designing services that meet needs and address gaps across PCTs and local authorities
3. Designing care pathways that include prevention and maximise effectiveness
4. Matching needs with the scope of resources and priorities
5. Forming a strategic commissioning partnership and plan for collaboration
6. Structuring the supply of weight management services
7. Managing demand
8. Ensuring high-quality providers and world class commissioning

1. Engaging with children, young people and their families

a. How is engagement with children and families going to be started?

b. What do children and families need in order that they can take part in this planning and design process?

c. Are there any existing focus groups of children and families?

d. What can be learnt from other collaborative and participation programmes, especially those with children and young people?

e. How are children and families going to engage with the providers?

f. What is the process for agreeing desirable outcomes for weight management interventions between potential service users and providers?

2. Designing services

a. What is required from weight management services?

b. What are children, young people and families (including those in minority groups) saying about how they would prefer to receive these services?

c. What needs to be put into a service specification?

d. Will the range of services address the gaps and inequalities identified?

e. Do the services focus on the agreed outcomes and promote prevention?

3. Care pathways

a. How do these services fit within the care pathways? Is there a need for innovation and redesign?

b. Do the care pathways reflect a partnership approach?

c. What is the referral system, given that a service for a whole family and other interventions for different age groups/genders are to be provided?

d. Is there scope for innovation in the care pathways to increase effectiveness and efficiencies?

e. Do the care pathways provide choice?

4. Resources

a. How are users' needs and priorities going to match up with the resources and providers available?

b. What are the views and experiences of clinicians and practitioners?

c. Is the knowledge and experience of existing practitioners and clinicians being maximised?

5. Commissioning partnership

a. Who are the partners and are they on board?

b. How will the collaboration of workplaces, schools, colleges and other partners be secured to support individuals and families?

c. What role and involvement do the voluntary and community sectors have in shaping the supply of weight management services?

d. How is self-care recognised within the commissioning strategy and partnership?

e. Is there openness in the provider market and encouragement for new entrants?

6. Structure of supply

   a. Can a strategic and systematic approach be taken to developing the supply of weight management services?

   b. What is the market intelligence in relation to commissioning aims?

   c. What are the plans for building capacity in the market?

   d. Where does practice-based commissioning fit within the strategy?

   e. Why might there be a need to de-commission a service and what might be the implications?

7. Managing demand

   a. Will children, young people and families receive the best weight management support in the right places?

   b. How will the demand for services be managed in the short term and the long term?

   c. Does the approach to demand management fit within the broader strategy to tackle obesity?

   d. Is a robust evidence base of demand being built?

8. Quality provision and world class commissioning

   a. How much choice is being offered to children, young people and their families in how their needs are met?

   b. Is there quality assurance of the planning process and service delivery? What are the standards?

   c. Has a mental health impact assessment been undertaken?

   d. Has an equality impact assessment been undertaken?

   e. What assurance of world class commissioning is in place?

Do

This element of the commissioning cycle ensures that weight management services are contracted and delivered as planned, in ways that efficiently and effectively deliver the priorities and targets set out in the commissioning strategy. It involves activities such as:

1. Developing a joint purchasing plan to include advertising, the tendering and selection process, and contracting
2. Developing commissioning and contracting models that incentivise the achievement of outcomes
3. Deciding how to commission services efficiently – purchasing new services and de-commissioning services
4. Making it happen, including using pooled resources and managing the balance of services to reduce risks
5. Managing contracts
6. Making arrangements to ensure service quality
7. Developing good communications and effective relationships with existing and potential providers
8. Building capacity in the marketplace

1. Joint purchasing plan

a. Where will advertising take place and how will the range of potential providers know that we have gone to advert?

b. What will the tendering process look like?

c. Who is going to be involved in reading tenders, shortlisting and interviewing?

d. Is there confidence that bidders will be able to meet the agreed outcomes and contribute to the evidence base?

e. Can this activity be linked to social marketing programmes?

2. Commissioning and contracting models

a. What can be learnt and applied from 'results-based accountability' and 'payment by results' in negotiating and agreeing contractual terms?

b. Are the success criteria outcome-oriented with supporting metrics?

c. Will the contracts facilitate the achievement of key policies (Every Child Matters; Our Health, Our Care, Our Say; and Healthy Weight, Healthy Lives)?

d. Do the contracts reflect the JSNA and the local strategy to tackle obesity?

3. Commissioning services efficiently

a. How will new services and service providers be introduced?

b. Are there business case reviews to re-invest in services?

4. Making it happen

a. Has every possible 'assumption' about the service been addressed, and have expected measurements and outcomes been identified to ensure the delivery and capture of what is needed?

b. What is the joint governance system?

c. Are there systems to evaluate costs/benefits and value for money across the partnership?

d. Is there compatibility and maximum interoperability (i.e. ability of organisational systems and processes to fit together)?

5. Managing contracts

a. Is available contracting guidance being followed?

b. Are the outcomes as clear as possible?

c. Are contracts being designed that are linked to attaining outcomes?

d. Who is answering basic questions regarding documentation?

e. What is the negotiating position and what do we do if providers fall short of or exceed their contract?

6. Safeguarding service quality

a. What arrangements are being made to ensure service quality?

b. Have quality assurance criteria been agreed?

c. How are service users to be involved in this?

d. Are there child- and family-friendly versions of service quality criteria?

e. Have impact assessments been checked?

7. Good communications and effective relationships with existing and potential providers

   a. Is there a single main point of contact with each provider, and has the same information been given to every provider?

   b. Is there an understanding of the provider's organisational structure and how that fits in with the commissioned service?

   c. Are copies of provider policy documents – e.g. health and safety policy, grievance policy (including written complaints procedure), inclusiveness policy – and written evidence of adequate insurance cover for providers available?

   d. Has there been confirmation of the frequency of formal meetings with providers, and has a reporting schedule been agreed?

8. Building capacity in the marketplace

   a. How can a dynamic and diverse marketplace be built?

   b. What is the commissioner's role in building capacity to respond to increasing demands?

Review

This element of the commissioning cycle is about monitoring the impact of services and analysing the extent to which they achieve the intended outcomes. It involves activities such as:

1. Reviewing outcomes for children, young people and their families, analysing any changes in population need, and reviewing the overall impact of services
2. Monitoring service performance and processes
3. Reviewing the alignment of services with policy and guidance
4. Reviewing the weight management strategy, and considering the effectiveness of service models to respond to needs
5. Reviewing the health and well-being of the workforce
6. Developing the provider market
7. Sharing and using information collectively
8. Making revisions and improvements

1. Reviewing outcomes and impact
   a. Is there an agreed joint evaluation framework with agreed criteria in place?
   b. Have the services delivered against local strategic targets?
   c. Can outcomes be compared from different types of provision across the whole system locally?
   d. How much did the service cost and can it be shown to be the most cost-effective solution?
   e. Were there any hidden extra costs, unforeseen at the start?
2. Monitoring service performance and processes
   a. Are the right data systems in place to ensure best value for money?
   b. What are the joint risk-sharing arrangements?
   c. How does the gathered data compare to the desired outcomes set out in the service level agreement/contracts?
   d. Has the desired level of coherence across different service contracts been achieved?
   e. What were the cost implications of commissioning for outcomes?
3. Aligning services with policy and guidance
   a. What support does the NICE guidance offer?
   b. What will be the type of service required in the future, and is the current provision 'future-proof'?
   c. What gaps in provision may emerge?
4. Reviewing strategy with market performance
   a. What is the view of different service models across the market?
   b. Should the strategy be revised? If so, in what way?
   c. Is the market rising to the challenge of local need and diversity?
5. Workforce health and well-being
   a. Are services setting an example as healthy places to work?
   b. How can the evaluation of weight management services help us to identify training needs and implications for workforce development?

c. Are there any recognised national training programmes available to address identified areas for development?

6. Provider market

a. Is the capacity of the provider market developing in line with demand?

b. Is the supply sustainable, dynamic and able to meet the diversity of demands?

c. What more can be done to improve and develop the market?

7. Sharing and using information collectively

a. Can the outcome data be fed back to stakeholders, including service users?

b. What information has been gathered, and how is this information stored and processed?

c. In what format is the information?

d. Who is the information shared with?

e. How is any personal data collected and protected?

8. Revisions and improvements

a. Does this review help to identify further training and development needs for the workforce?

b. Are there any recognised/accredited local, regional and national support programmes?

c. Who will take responsibility for feeding the learning and experience into a national evidence base?

d. Is the capability and leadership across the strategy partnership growing in pace with the challenge of achieving healthy weight outcomes for our population?

e. Is there openness to both support and challenge to what is being commissioned?

TOOL 2: Setting outcomes for children and young people from weight management services

PURPOSE	Commissioners need to define the outcomes that they want to achieve from weight management services in order to gain value for money and to hold providers to account. They need to discuss with providers not just the numbers of children and young people passing through the programme but what the specific outcomes will be. This tool applies outcome-based accountability as one approach to identifying the outcomes needed to address overweight and obesity in children and young people. It uses a 'Talk to Action' process to establish outcomes and measurable improvements.

Introduction

Weight management services should have the overall aim of helping overweight or obese children, young people and their families move towards and maintain a healthier weight. Clearly commissioners will have specific objectives in terms of targeting particular groups and achieving the required outcomes as a result of commissioning the weight management service. These objectives will be informed by local goals around child obesity and accompanying local strategies.

Stated outcomes from the weight management service need to be attainable, understood and negotiated to the satisfaction of both the commissioner and the service provider. However, this doesn't mean that the outcomes should not be ambitious or difficult to achieve.

In order to support the establishment and agreement of outcomes, an 'outcome-based accountability' approach can be applied across the commissioning process. It is an approach that can be used to identify and negotiate weight management outcomes and measurable improvements for children, young people and their families. It starts by defining:

- What do we want?
- How will we recognise it?
- What will it take to get there?[16]

16 Friedman, M (2005) *Trying Hard Is Not Good Enough*. Victoria: Trafford Publishing. www.resultsaccountability.com

As well as describing the results required from weight management services, outcome-based accountability can also develop the indicators that quantify the achievement of the results in terms of quantity, quality and impact measures; these indicators can be included in service specifications and/or represented on a report card system (see Tool 14).

The seven steps used in the outcome-based accountability approach can be used to define or clarify what the local strategic outcomes for weight management services might be. The seven steps are presented below as a series of questions, along with some possible answers:

Step 1: What do we want for children and young people who are overweight or obese?

- Accessible, quality services that can support both the family as a unit and individual members as appropriate
- A sustained reduction in overweight or obesity

Step 2: What should these weight management services look like?

- Part of a comprehensive childhood obesity care pathway
- Choice of provision that is innovative as well as responsive to the needs of children and young people, and their parents and carers

Step 3: How can we measure the impact of the weight management services?

- Weight management services are used by children, young people and their families
- Children and young people are progressing towards achieving a sustainable healthy weight
- Families are making sustainable behaviour and lifestyle changes
- Weight management services have a system for receiving and acting on feedback from children, young people and parents/carers

Step 4: How are we doing on the most important measures?

- Providers can demonstrate service activity levels and impact
- Ensuring there are appropriate weight management services to support children and young people returning to community services after specialist treatment

Step 5: Who are the partners that have a role in weight management services and how are they engaged?

- Clinicians, front-line practitioners, GPs, pharmacists, local authority leisure services, leisure trusts, children's centres etc

Step 6: What works in terms of doing better?

- Encouraging innovation
- Sharing practice
- Applying outcomes from research and evaluation
- Establishing a workforce training programme

Step 7: What do we propose to do?

- Strengthen the research into and evaluation of weight management services
- Develop the provider market of weight management services

The Department for Children, Schools and Families has produced a checklist of essential questions for partner agencies to determine the outcomes for services for children. Commissioners of weight management services for children and young people might want to refer to these questions. A way of applying these questions specifically to weight management services is set out below:

QUESTIONS	
1.	What group of children and young people is being considered for weight management services?
2.	How are children and young people doing against the range of outcomes?
3.	Does the data reveal any trends in overweight or obesity in children and young people?
4.	Are there any outcomes for weight management services that are satisfactory for now, and do any need attention?
5.	Are any outcomes not being achieved well that could be achieved better?
6.	Which children and young people are underperforming against the outcomes?
7.	What are the main characteristics of these underperforming children and young people?

QUESTIONS	
8.	Do we know what is happening or not happening to make these children and young people underperform?
9.	Can children and young people with similar weight management needs be grouped together?
10.	Can these groups be described by the needs they have in common?
11.	Can the size of these groups be estimated in order to assess the resource that will be needed?
12.	What are the priorities for achieving the outcomes?
13.	What steps can we take to meet these children and young people's healthy weight needs (for example, preventative action such as increasing protective factors and reducing risks)?
14.	What evidence is there that particular service interventions and responses can help?
15.	What configuration of policies, practices and services can meet the needs best?
16.	Could the provision of additional or differently focused services at an earlier stage have reduced the incidence of need?

Further information

Information about results-based accountability is available at: www.resultsaccountability.com and www.idea.gov.uk/idk/aio/5573454

See also www.idea.gov.uk/idk/core/page.do?pageId=5046718 for case studies and www.raguide.org for publications, papers and details of workshops.

TOOL 3: Developing a profile of the local population who may be potential users of weight management services

PURPOSE	This tool is designed to help commissioners create a profile of the local population who may potentially need to access weight management services, so that there can be an initial estimate of the potential demand. The process below looks initially at whole population data, followed by guidance on extrapolating an estimate of the number of potential weight management service users.

Developing an overview of the local population

Estimating the demand for weight management services involves analysing the profile of the local population and projected changes together with the prevalence of overweight and obesity among children and young people.

Commissioners will be able to source their overall population data from the local joint strategic needs assessment and supplement this with relevant data available from public health observatories and the National Obesity Observatory website.

In planning weight management services for children, young people and their families, it is useful to obtain current and estimated future total population numbers and to analyse these by:

- age range;
- households with children under 16 years;
- gender; and
- ethnicity.

The information required for each of the above categories is provided on a series of datasets from the Office for National Statistics (ONS). The dataset number in the table below refers to the relevant table on the ONS website for the category of data, if this is required.

Commissioners may want to make sure that they fully utilise data-sharing contacts with local partners. Local authorities are likely to have useful complementary evidence and analysis of local population characteristics which draw on, for example, the National Pupil Database.

Data required	Data source	Dataset number	Target population	Questions to consider
Age range	2001 Census, ONS[17]	UV04	Children and Families	Which localities/wards have the greatest concentration of school-age children?
Families	2001 Census, ONS[17]	UV46	Families	Which localities have the greatest concentration of families?
Gender	2001 Census, ONS[17]	UV03	All	Are there any significant gender imbalances for target age groups?
Ethnicity	2001 Census, ONS[17]	UV09	All	Which ethnic minorities live in the local authority area and in which localities/ wards? What is the age range of these ethnic minority groups?

In projecting future demand on weight management services, commissioners may want to consider the following:

Projected population

Commissioners may wish to consider the impact of projected population changes on weight management services. Projected population data can be found by following the hyperlink in the table below to a PDF document. Select the relevant region from the list to download a Microsoft Excel file containing population projections down to local authority or county level by sex and quinary age (i.e. in five-year bands).

Data required	Data source	Table number	Target population	Questions to consider
Projected numbers of people, disaggregated by local authority	2006 Sub-National Population Projections, ONS[18]	N/A	All	Which age groups have the greatest projected growth and over what period?

17 http://neighbourhood.statistics.gov.uk/dissemination/LeadHome.do
18 www.statistics.gov.uk/downloads/theme_population/SNPP-2006/InteractivePDF_2006-basedSNPP.pdf

The projections are based on observed patterns in births, deaths and migrations over the last five years, and assume that the factors for population change in each area will remain constant. Projections can be made for the whole duration of commissioned services, but the data becomes less accurate the further into the future it goes and will require periodic updating.

Families with children under 16 years (ONS Dataset UV46)

As the weight management services being commissioned may often be for children and their families, it is useful to capture a local picture of how many households have dependent children under the age of 16. ONS dataset UV46 provides a breakdown of people by household, including those with one or more dependent children.

Ethnicity (ONS Dataset UV09)

It is useful to capture the ethnic make-up of an area and to note where there are large clusters of particular ethnic groups. Where possible, this data needs to include the ethnicity of relevant age groupings of children and young people as well as their parents. Cultural beliefs and values may have an impact on the planning stages of any weight management services for children, young people and families from these communities. Consider the proportion, and location, of the ethnic groups below:

- white;
- black Caribbean;
- black African;
- Indian;
- Pakistani;
- Bangladeshi;
- Chinese; and
- other.

Prevalence of obesity within the local population

Information on the prevalence of overweight and obese children and young people can be sourced from *Healthy Weight, Healthy Lives: A toolkit for developing local strategies*, which includes a tool for estimating the number of children aged 1–15 years within a primary care trust (PCT) area who are obese or overweight (Tool D2). The data used in the tool is from the Health Survey for England 2006 and is gathered by self-reported survey to provide national prevalence rates.

Local statistics on the prevalence of overweight and obesity in children aged 11 and under can be also drawn from the National Child Measurement Programme (NCMP).

Results from the NCMP for each local area can be found on its website. The NCMP provides data, broken down by PCT and local authority, on the numbers of underweight, healthy weight, overweight and obese children aged 4–5 years (Reception) and 10–11 years (school Year 6). Analysis of this information will help to inform planning and need for weight management services in a particular locality.

Further information

Department of Health (2007) *Guidance on Joint Strategic Needs Assessment.*
This guidance provides tools for local partners undertaking a joint strategic needs assessment. It describes the stages of the process, including stakeholder involvement, engaging with communities and recommendations on timing and linking with other strategic plans.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097

National Child Measurement Programme.
The National Child Measurement Programme (NCMP) weighs and measures children in Reception (aged 4–5 years) and Year 6 (aged 10–11 years) to assess overweight and obesity levels.
www.ncmp.ic.nhs.uk

Department of Health (2008) *Healthy Weight, Healthy Lives: A toolkit for developing local strategies*.
This toolkit is designed to help PCTs and local authorities plan, co-ordinate and implement comprehensive strategies to prevent and manage overweight and obesity.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_088968

National Obesity Observatory
www.noo.org.uk

Office for National Statistics
www.statistics.gov.uk

TOOL 4: Engaging with the user population, practitioners and providers

PURPOSE	This tool is designed to help commissioners engage with service users, practitioners and providers in the process of commissioning weight management services.

Participation of children, young people and their parents or carers in planning weight management services

As with any other service, it is vital that users of weight management services – in this case children, young people and their parents or carers – are involved throughout the commissioning process. It is particularly important that their views are considered as part of the needs assessment and service design process. Their feedback on service performance will also provide crucial information for commissioners.

Commissioners may feel that getting user input on weight management services may be a particular challenge due to sensitivities around the issue of overweight and obesity, but there is a lot of scope for drawing on good practice from other areas.

Local authorities or voluntary organisations may have particular expertise in terms of engaging with children, young people and their parents or carers, for example through participation networks or via Parent Support Advisers or the youth service.

There are a number of approaches that commissioners can use to gather the views of children, young people and their parents or carers about weight management services, such as: questionnaires which can have the advantage of being anonymous; one-to-one interviews which can allow for detailed discussions; or focus groups where the issue of weight management services could be integrated into discussions about other lifestyle issues.

The following case study offers an example of how one local area engaged with children and young people and their families to find out what they wanted from a weight management service.

Case study: consulting children in Stockport

Stockport Primary Care Trust (PCT) and the Children and Young People's Directorate recently consulted overweight children and their families on what they thought a new targeted programme for children aged 7–11 should include. The children who were consulted were taking part in fun physical activity sessions run by Stockport Sports Trust for children who are overweight or inactive and not engaged with school PE or with sport.

The consultation fed back some clear messages about what programmes for overweight children should include, but it also highlighted some points about what works well in consulting young people:

- For this age group of 7–11 it's essential to consult parents and carers as well as the young people themselves. In many cases parents will be bringing their children to the session so details such as the timing, venue and length of the activity can be consulted on.
- You can't just go cold into consultation – children and their families will only speak up when they are comfortable and in a known environment with workers they know – so try to use existing groups.
- Be aware of age differences – you will need different consultation skills and tools according to the age of the groups – use the expertise of your early years or youth workers.
- Try to make the consultation fun – combine it with a physical activity session, or a trip to ten pin bowling. Reward those you have consulted, for example with a free swimming pass.

Case study provided by Stockport PCT/Children and Young People's Directorate and Stockport Sports Trust 'Be Active'

Feedback from users of weight management services

Commissioners may wish to set up an overweight and obesity service user group in their area which would become a source of regular feedback and allow services to be developed and revised in the long term. These do require some form of administrative support and organisation but the benefits can outweigh the time, cost and effort through developing more user-focused services, leading to greater user engagement and service effectiveness.

Gathering the views of potential service users

Potential or future service users of overweight and obesity services (i.e. those at risk) may already be using other services (e.g. paediatric services) and their opinions can be sought by engaging with other service providers and agencies.

Involvement of providers and practitioners in commissioning weight management services

While service users should be kept at the centre of service design and be involved throughout the commissioning process, service providers and practitioners are also an important source of information about the needs of the target population and how services can be designed to meet those needs.

In order to most effectively capture the views and insights of providers and practitioners, there are some key points to consider when involving them in the strategic planning for weight management services:

- Consider the full range of providers – e.g. those in the voluntary or independent sector, as well as those in provider arms of PCTs or local authorities.
- Consider different ways to engage with a range of providers – e.g. those in the voluntary sector may have limited time or resources. It is also important to reassure all providers that any subsequent tendering will be conducted in a fair and transparent manner and will be open to all potential providers.
- Consider developing and sustaining a relationship with all potential service providers and practitioners of weight management services, as they have direct experience of working with service users which could well be different from those in a more removed, strategic role.
- Engage with service providers and practitioners as part of an ongoing process to capture new information and ideas as they emerge. A regular flow of information provides feedback to people on how their contribution is captured and processed.
- This involvement of providers and practitioners could take place through stakeholder consultation events, in steering groups or on a more one-to-one basis. It is important, however, to be clear about boundaries when carrying out any tendering process. More information is available in Tools 12 and 13.

Further information

National Children's Bureau and PK Research Consultancy (2003) *Building a Culture of Participation – Handbook.*
This handbook and the accompanying research report both aim to provide useful ideas about how to actively involve children and young people within services and policy making.
www.everychildmatters.gov.uk/participation/buildingaculture/

Care Services Improvement Partnership Better Commissioning (2006) *Commissioning eBook*, Chapter 3.
The *Commissioning eBook* is a collection of articles written by people actively involved in commissioning who want to share their insights and experience. Contributions explore challenges, concerns and best practice of different stages within the commissioning process.
www.integratedcarenetwork.gov.uk/BetterCommissioning/Commissioninge-book

TOOL 5: Developing a profile of current weight management services

PURPOSE	This tool is designed to help commissioners gain an accurate picture of existing provision of weight management services in their area, and to develop an understanding of the current provider market. It can also help commissioners build a profile of existing service users.

Developing a profile of current weight management services

Capturing the range, capacity and distribution of current provision is a key step in the commissioning process, and is crucial to identifying gaps and establishing where additional services may need to be commissioned.

A geographic information system (GIS) mapping system can be used to identify weight management services that are currently available in the area, and to identify where the service users are based in the local area. This will help commissioners to see clearly whether, for example, existing services are serving areas with the highest need and to compare with maps identifying the key 'cluster groups' identified by the Department of Health consumer insight work.

It may be necessary to work with partner agencies to complete this mapping exercise and to make sure that all relevant services are captured. Some services may not be easily identified as weight management services, but may still play an important role in helping overweight or obese children and young people achieve a healthier weight. Examples of relevant services that are possibly already being delivered in the local area include:

- weight management clinics in GP surgeries or commissioned through practice-based commissioning;
- community-based weight management services delivered by externally commissioned providers;
- weight management services delivered by the provider arm of the primary care trust or the local authority;
- weight management services run in dietetic clinics; and
- targeted physical activity sessions for overweight or obese children and their families delivered by leisure providers.

Building up a more detailed profile of each service using the checklist below will help commissioners to establish the contribution that each service is making, for example in terms of geographical coverage and numbers of users.

Developing a profile of existing service users

As well as identifying the services that are currently available in the local area, commissioners will also want to build up a picture of the individuals or groups that are using those services. This may include:

- actual numbers using the service;
- distance travelled and mode of travel by service users;
- geographical spread of service users;
- ethnicity or socio-economic status of service users; and
- referral/recruitment and retention rates for different groups.

Establishing this kind of information will help commissioners to understand where needs are – and are not – being met and inform a gap analysis (see Tool 4 and Tool 6).

Checklist of questions

The following checklist of suggested questions can be used to help build up a profile of existing local weight management services and service users.

QUESTIONS	
1.	Name of service/programme?
2.	What is the aim of the service?
3.	Where is it delivered?
4.	When does it operate? (opening hours, session times)
5.	Who is the service aimed at? (e.g. particular BMI range, specific age group)
6.	How many clients does the service see? (weekly, monthly, quarterly, annually)
7.	What is the range of clients? (e.g. age, gender, geographical location)
8.	How much does it cost to provide the service per client?
9.	Who provides the service?
10.	Is the service provided by a particular source of funding? And if so, which one and is it restricted? Are there any contributions in kind, e.g. free venue, provided?
11.	How do clients access the service?
12.	How long do clients stay in the service?
13.	Why do clients leave? (e.g. drop out, onward referral)
14.	Is the service effective?
15.	What is the staff/provider structure?
16.	What is the range of qualifications and experience in the delivery team?
17.	How accessible is the service?
18.	Does the service have a waiting list, and, if so, how long?
19.	Is any support provided for clients while on the waiting list?
20.	How many appointments/places are missed? What are the attendance rates?
21.	Is there existing capacity to extend the service?
22.	Does the delivery model lend itself well to duplication in a new setting?
23.	Is there strong evidence about effectiveness of the service?
24.	Has a recent service review been undertaken, and, if so, what were the outcomes?

TOOL 6: Identifying gaps, opportunities and priorities

PURPOSE	This tool is designed to take commissioners through a gap analysis, which compares actual delivery of existing services with the potential demand for services. It then describes a process to identify priorities for weight management services.

Gap analysis

A gap analysis is a process that helps to identify the gaps between the need for services and the current delivery system (or supply), allowing commissioners to compare existing service activity with potential demand. The gap analysis is a key step to informing the strategic planning process and the service specification for the procurement of weight management services.

Tool 3 provides guidance and resources for the needs assessment process, where the prevalence of overweight and obesity and an understanding of the local potential demand for services were explored. Tool 4 looks at the process of gathering the views of existing and potential service users in the shaping and design of services. With the needs assessment stage completed, commissioners should have an indication of the level of need and some insights into the factors that will lead to greater demand for and uptake of these services.

Tool 5 sets out a process of identifying and developing a profile of existing services. Taken together with the needs assessment information above, the gaps in service provision will start to emerge.

The series of questions below will help guide commissioners through the gap analysis process. This is followed by a description of a SWOT (strengths, weaknesses, opportunities and threats) analysis, which can be applied across the weight management service system and support decision-making in the setting of priorities to take service provision forward.

Questions to consider in conducting a gap analysis around weight management service provision

QUESTIONS	
25.	Are there any needs not being met?
26.	If there are unmet needs, why is this the case?
27.	Are there any geographical locations where there is insufficient delivery of services?
28.	Are any existing services inaccessible to potential service users or particular groups of service users? If so, in what way? (e.g. location, time/day, transport, disability, gender, language or cultural barriers)
29.	Are there any aspects of existing service delivery that need to be redesigned to take into account user views, so as to make the services more appealing to users and drive up demand for such services?
30.	Is the local population able to access the whole range of weight management services? For example, does the programme refer participants to another service set in a different location?
31.	Are services integrated and working with partners in a co-ordinated manner to best meet need? If not, are they responsive and able (or willing) to change?
32.	Are there any areas where there is more weight management support on offer than the level of need, which could be redistributed to other areas of greater need?
33.	Is the local population aware of risks associated with overweight and obesity and of the support services available to them?
34.	Are weight management services effectively marketed in order to target service user groups of greatest need?

Conducting a SWOT analysis around weight management services

A SWOT analysis is one way of analysing all the information about current service provision and using it to highlight gaps in provision, action required for managing risk and where there might be opportunities for service redesign.

Strengths are areas in which the weight management service is performing well and meeting required outcomes.

Weaknesses are areas that need more work and form the basis of the gap analysis. For example, commissioners may have identified a geographical area where there is currently no service provision, or have a target user group for which there is no suitable structure for delivery at present. There may be low referral rates or poor awareness of an existing service.

Opportunities in this context include, for example, the opportunities presented by new resources, new funding streams, new members of staff, new training, guidance and support. These will contribute to redesign and improve the delivery of services in the local area to meet identified need.

Threats are the risks to commissioning and delivery of effective weight management services and include, for example, high incidence of drop-out from services, lack of capacity, and lack of skilled workforce. In addition, planned closures or service reconfigurations may have an impact on service capacity, e.g. around leisure services.

A SWOT analysis can be easily illustrated using a quadrant table as shown in the example below.

STRENGTHS	**WEAKNESSES**
Good range of services already developed, delivered by a range of providers Strong multi-agency partnership approach Excellent relationships with schools and education services	Lack of services in a particular area Lack of service provision for children with learning disability Low referral rates or poor awareness of service Low uptake of existing services
OPPORTUNITIES	**THREATS**
New sources of funding for weight management services Introduction of routine feedback from the National Child Measurement Programme likely to lead to interest in weight management services	Planned closure of a leisure facility, which will have an impact on delivery of the programme, part of which is currently delivered from there Identification of high levels of staff turnover in part of the service

Questions to consider in conducting a SWOT analysis on weight management service provision

The checklist of questions below will help commissioners to perform their own SWOT analysis on local services. To obtain a clear picture, this activity would be best carried out by a multi-agency team or task and finish group, and then circulated to local partners and stakeholders for further consultation to gather as many views as possible.

QUESTIONS	
1.	Which services are working well at present?
2.	Which services have a high number of attendances?
3.	Which services are achieving the best outcomes?
4.	How strong/robust is the evaluation mechanism for these services?
5.	Are there any pockets of high health inequalities and deprivation in the local area?
6.	How strongly does the existing system of services contribute to the reduction of health inequalities in the area?
7.	Is there a high coverage of services in different locations depending on local need?
8.	Is adequate service provision available for children or parents/carers with special needs? (e.g. learning disability, physical disability, sensory impairment)
9.	Is there adequate service provision which takes into account cultural differences within ethnic minority groups?
10.	Is there a range of services available to represent the different levels of intervention required to support the local population?
11.	Are there any planned disruptions to services? (e.g. closure of a facility)
12.	Are there any training needs, currently unmet, for staff and those who deliver services?
13.	Are there any emerging strategic developments that will have an impact on the delivery of services?
14.	Will activity by local partners have a significant impact on demand for weight management services? (e.g. introduction of routine feedback to parents of results from the National Child Measurement Programme, activities around the Change4Life campaign)

QUESTIONS	
15.	Is there a variety of different services on offer, to avoid reliance on just one source of support? If there is only one source of service delivery, have steps been taken to ensure service continuity in the event of unplanned disruption to that service?
16.	Is there any other information from practitioners or providers about current or planned service delivery, which can be included in the analysis?
17.	Is there any other information from service users about current or planned service delivery, which can be included in the analysis?

Prioritisation process

The information from assessing need and reviewing weight management service provision, together with the gap and SWOT analysis processes set out above, will inform the development of recommendations and provide evidence to support the allocation of resources and service redesign to meet the defined outcomes.

The information from the needs assessment and gap and SWOT analysis will also inform the development of the local childhood obesity care pathway which should be running concurrently with the commissioning process. The information from Tools 3–6 in this guide will then in turn inform the design of weight management services and the service specifications for procurement of services.

TOOL 7: Developing obesity care pathways for children and young people

PURPOSE	This tool provides examples of care pathways for overweight and obesity among children and young people, and illustrates how weight management services can fit into these pathways.

Why develop a care pathway for overweight and obesity in children and young people?

A care pathway is a tool that sets locally agreed standards of care based on the available evidence for managing a specific group of people – in this instance for children and young people who are overweight or obese. Developing a care pathway is a crucial part of the planning process, as it helps to identify entry and exit thresholds, establish referral routes which can assist in ensuring that the service is reaching as many of its target population as possible, identify sources of support which can be offered by various agencies, and establish referral and exit routes into particular points or services along the care pathway.

A care pathway is often defined as a way of ensuring care or support:

- for the right people;
- in the right place;
- at the right time;
- by doing the right thing;
- with the right outcomes; and
- focused on the needs of the child and family.

One of the main benefits of having a planned care pathway is that it provides a framework for ensuring equality of service for all users and reduces variations in the quality of services that are offered to individuals. It ensures local implementation of national guidance and evidence-based recommendations, manages risk and also provides a framework for ongoing evaluation of the whole-service system.

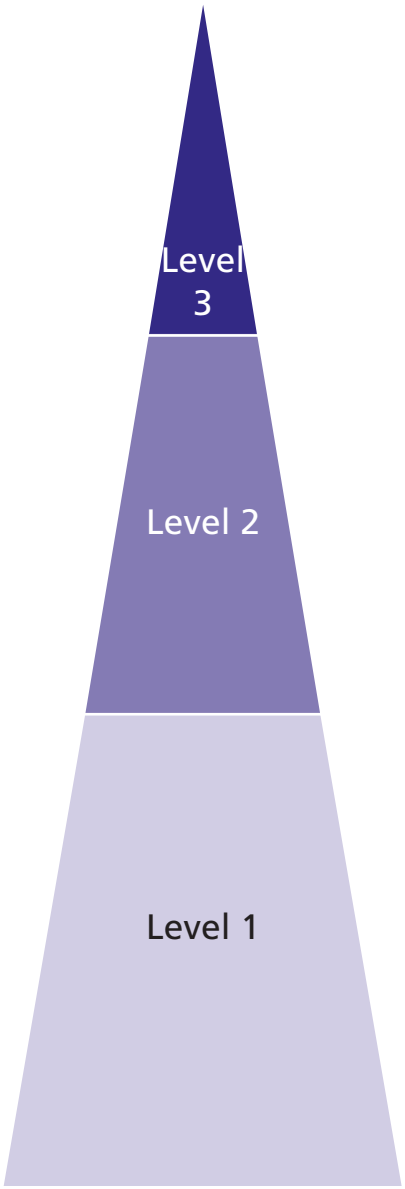
Weight management services should be commissioned in the context of a whole care pathway which sets out the thresholds for entry into weight management services, and exit thresholds either into specialist services or for maintenance through universal services. The pathway should also identify how children return from specialist services into community weight management services and ultimately to universal services.

Three-tier approach

A common basis for developing a care pathway for overweight and obesity services is to use the three-tier 'pyramid' model. This model sets out three levels of service provision from universal services, offered to everybody, through to specialist services, provided to those with particular complex needs.

This commissioning guide is focused on level 2 of this pyramid, but commissioners may find the tools useful in looking at the other types of service.

The following diagram illustrates this typical three-tier approach.



Level 3 – specialist support

This level is often aimed at children or young people with BMI greater than or equal to the 99.6th centile, with a medical cause of obesity, significant co-morbidity, or complex needs (e.g. learning disability). Services at this level often require more intensive and clinical input than level 2 services.

Level 2 – targeted weight management services

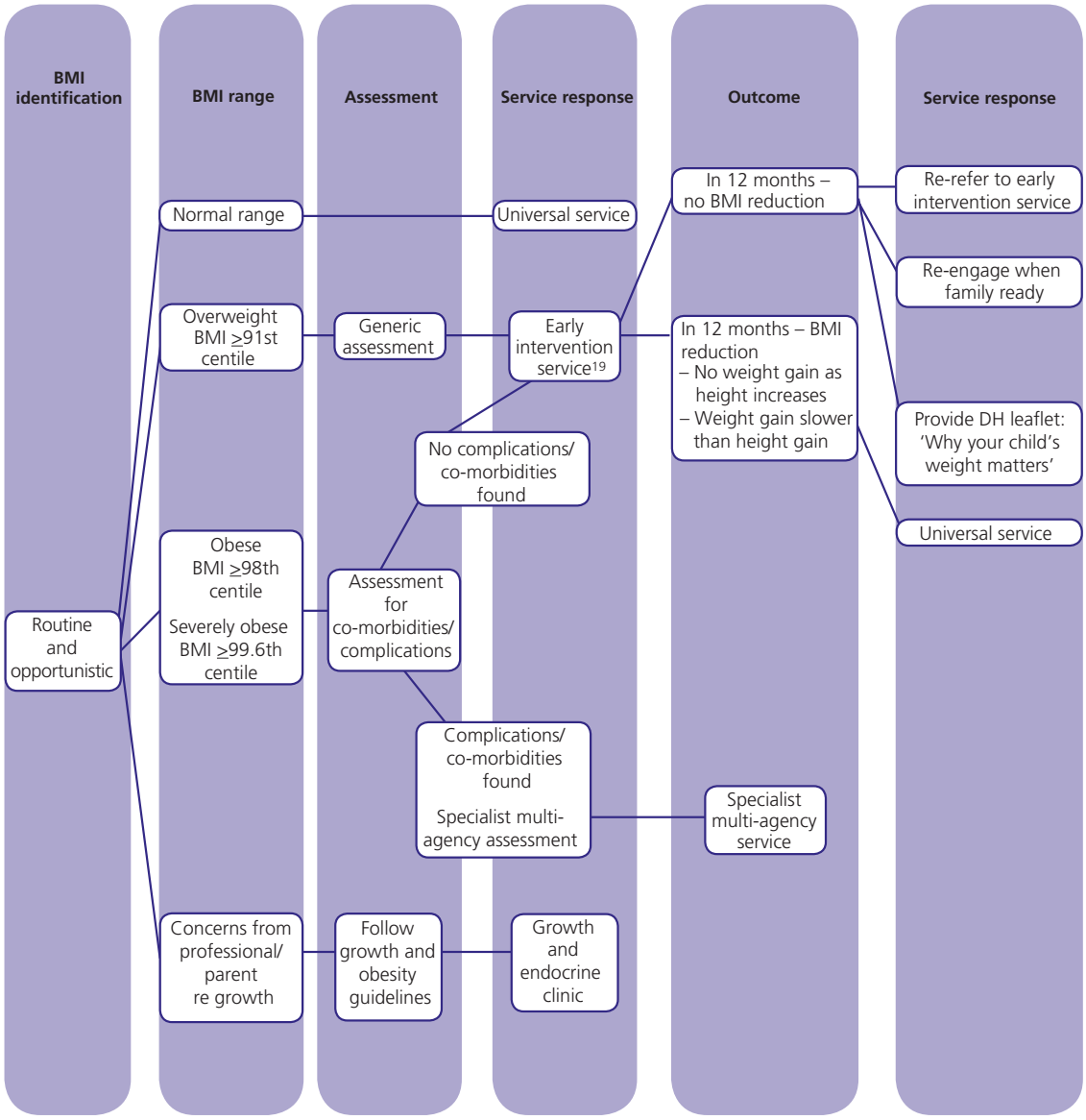
This level of intervention is often aimed at children or young people with BMI between the 91st and 98th centile. Services provided at this level typically take the form of multi-component family-based interventions, often taking place in community settings. They may also be called 'early intervention services', as in the example from Portsmouth shown below.

Level 1 – universal services

This level covers core preventative services that all children and young people and their families should have access to – providing universal healthy eating, physical activity programmes and support. This can include the Child Health Promotion Programme delivered through health visitor-led teams, Children's Centres, Healthy Schools, and primary care. Services at this level also play an important role in providing weight maintenance support for those wanting to maintain a healthy weight.

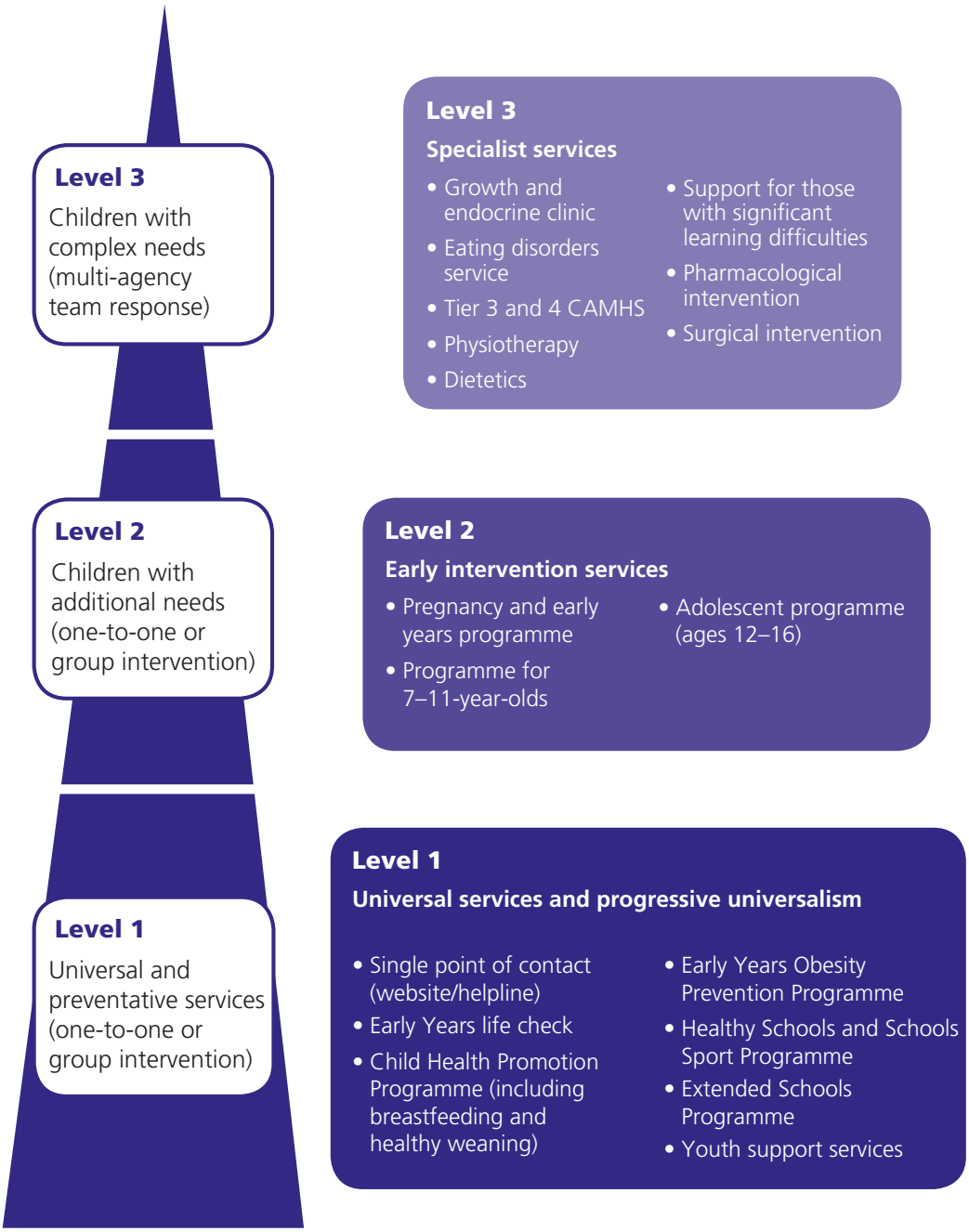
There are different ways of developing and presenting care pathways, much of which will be influenced by existing services and the strength of local partnerships. The following two care pathways have been provided here as examples.

Clinical care pathway for childhood obesity supplied by Portsmouth City Teaching Primary Care Trust

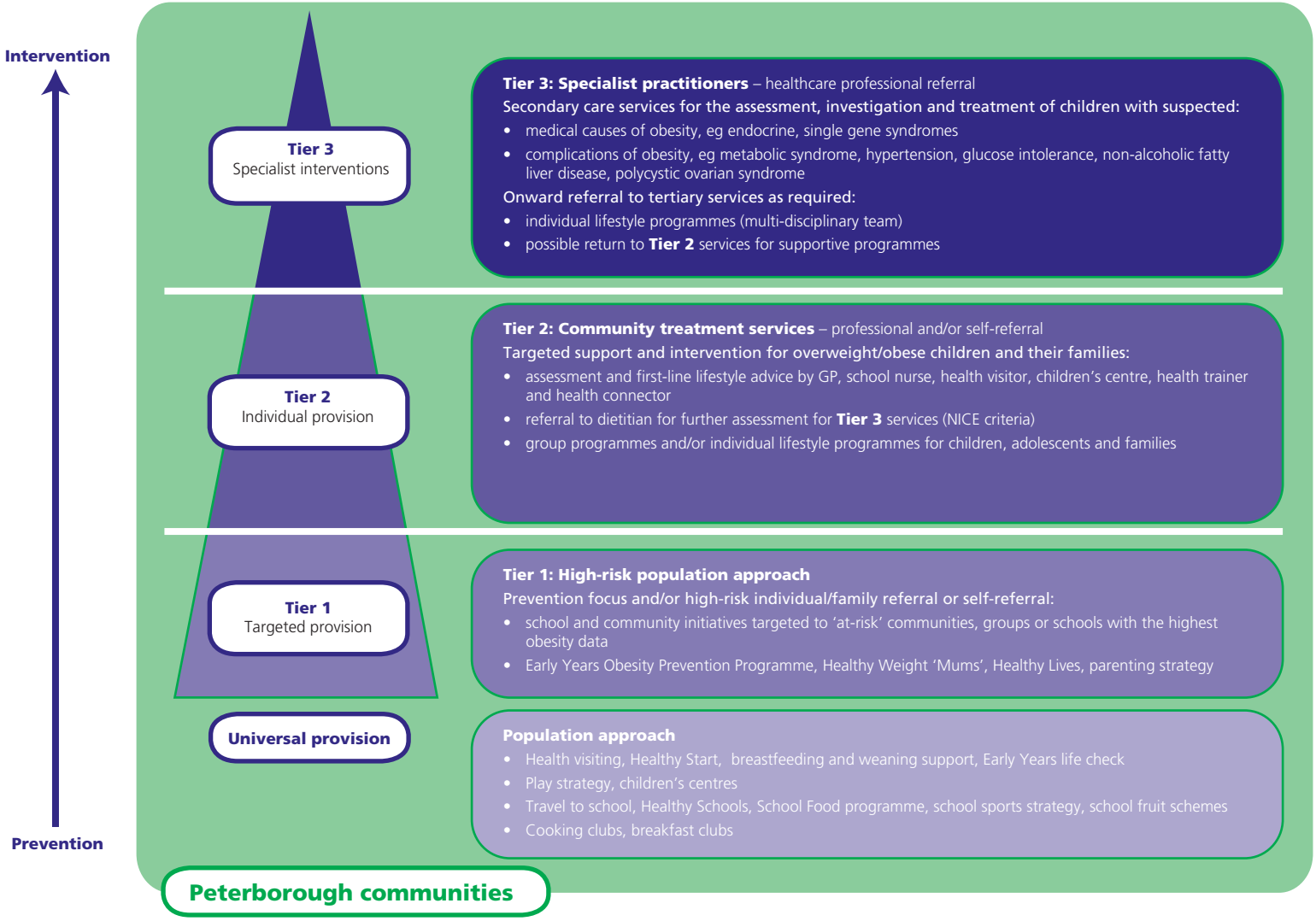


19 Level 2 targeted weight management service.

This diagram maps out the services Portsmouth City Teaching PCT will need to have in place to enable the clinical care pathway to function. Some of these services are already in place, some are currently being piloted and some will require business cases to fund new services.



A three-tier pathway for childhood weight management being developed by Peterborough Primary Care Trust



A whole-service system

Care pathways for childhood obesity may ultimately involve a suite of services, which together form a whole-system approach, meeting the needs of different service users as there is no one-size-fits-all solution to weight management. For example, commissioners may anticipate offering a different group of interventions to a 6-year-old than to a 16-year-old. While the actual interventions offered in each level may be different for different groups, the overall care pathway and the three-tier structure may remain consistent.

Referrals and exit routes

The care pathway helps to determine thresholds for entry and exit routes to and from services. There may be a range of potential referral routes into weight management services which may involve some, or all, of the following:

- GPs and practice staff;
- healthcare professionals;
- school nurses;
- teachers and school support staff;
- health visitors;
- leisure services staff/leisure activity providers; and
- self-referral by parents or children and young people themselves.

Commissioners may choose to commission the service provider to actively recruit children, young people and families into the service. If this is the case, it should be reflected in the service specification (guidance available for this in Tool 8).

Commissioners will also need to consider how care pathways interact with other relevant specialist targeted programmes that may be in place or being developed in their area which, although not specifically focused on obesity, are very likely to bring health practitioners into contact with families with weight problems, for example Family Nurse Partnerships[20] and Family Intervention Projects.[21]

Commissioners will also want to take into account the impact on workforce capacity and capabilities of the increasing need to work with and provide support for families with weight problems. Issues identified through the needs assessment and arising

20 Family Nurse Partnerships is a programme providing intensive, whole-family-based support for vulnerable, young first-time mothers and their babies following them through to age of 2. These families often face multiple challenges, including weight problems.

21 Family Intervention Projects adopt a multi-agency, whole-family approach to working with the most anti-social families.

from planning for weight management services will need to be fed through to workforce development commissioning.

Exit routes will need to be identified to enable smooth transition into weight maintenance or universal services for children and young people who have successfully reduced their BMI. Consideration will need to be given to appropriate signposting for those who don't complete the weight management service programme, which may happen if service users drop out or find the provision is not relevant for them. Examples of exit routes could include:

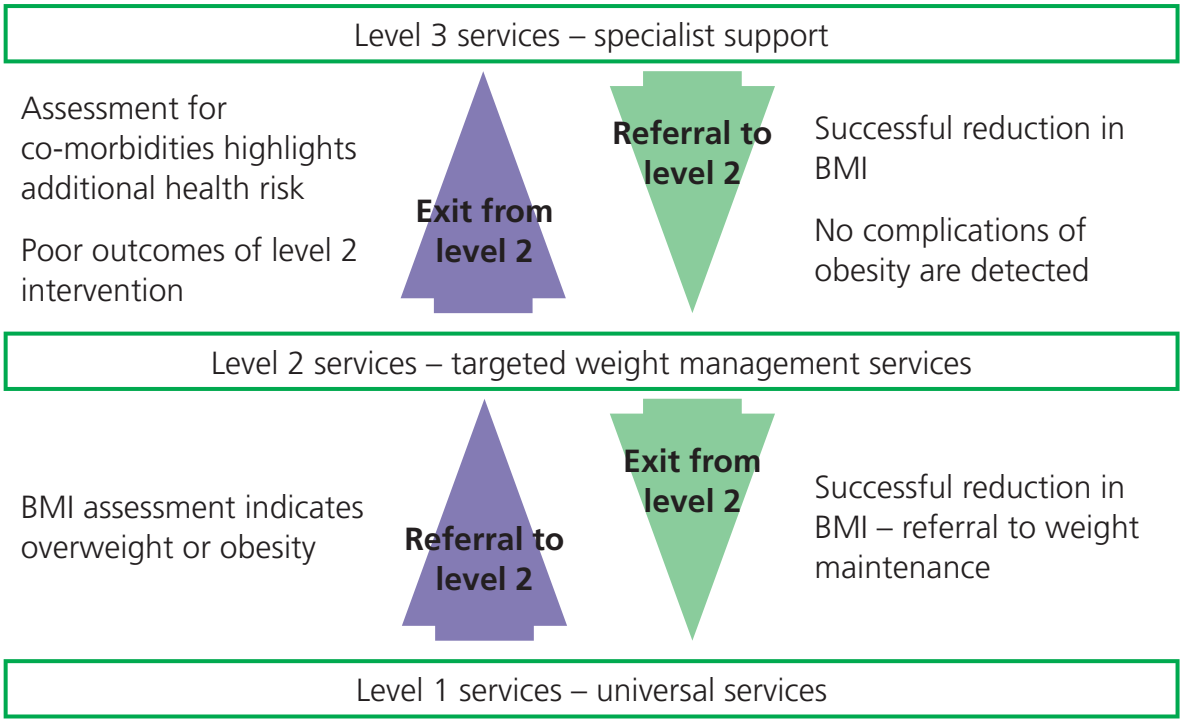
- support and services provided in schools as part of the Healthy Schools programme;
- support and services provided through Extended Schools;
- local community sports clubs;
- activities for children provided by local leisure partners;
- provision of information and booklets;
- universally delivered healthy cooking workshops; and
- youth allotment schemes.

Commissioners may also wish to include interventions in the care pathway for potential service users who decide they are not yet ready to take part in a weight management service, but who may require motivational behaviour change support or some self-help guidance on healthy eating or physical activity.

Referrals between levels will also require some consideration. For example, a child who is obese but found to have no co-morbidities may move down from level 3 (specialist services) to level 2. Equally, a child who was overweight may have progressed well in a targeted intervention service and be ready to move down to level 1 for weight maintenance support in a more universal setting.

The points at which service users move up and down between the levels will be a matter for local decision and will also depend on the range of services available.

The following diagram may help commissioners to map out existing or planned local services within the three tiers of their care pathway and identify referral opportunities between levels.



Reviewing the care pathway

Care pathways are frameworks that should be regularly reviewed and improved to drive up system quality and highlight any weaknesses. Gathering feedback from users about their experiences (as set out in Tool 4) can play a key part in this review process.

Further information

Department of Health (2006) *Care pathway for the management of overweight and obesity.*
Obesity care pathways for adults and children and a supporting booklet with detailed information for health professionals. In addition, there are tools to help GPs raise the issue of weight opportunistically with both adults and children.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4134408

TOOL 8: Developing service specifications for weight management services

PURPOSE	This tool is designed to support local areas in developing service specifications for weight management services for children and young people.

Introduction

This tool is a checklist designed to help local areas in developing service specifications for weight management services for children and young people aged 2–19. It has not been developed to cover secondary care clinical services, but commissioners may choose to draw on it in developing service specifications for that more specialist area. The checklist may also be useful in drawing up specifications for adult weight management services.

Development of the checklist

The checklist is the result of a collaborative process led by the Cross-Government Obesity Unit during summer 2008, in consultation with local commissioners and obesity leads, the National Obesity Observatory, clinicians and expert academics in the field.

Use at the local level

It is of course crucial that service specifications focus on the outcomes that commissioners are seeking to achieve – allowing providers to set out how they will help to deliver those outcomes, rather than commissioners setting out all the 'inputs' required to deliver the service itself. This checklist has therefore been designed to set out some of the outcomes that commissioners may wish to consider including in their service specifications. It also sets out some of the high-level requirements for providers that commissioners may wish to include, drawing on existing guidance around effective weight management services such as the NICE guidance on prevention, identification, assessment and management of overweight and obesity in adults and children.

Local areas will clearly have different needs and priorities. The checklist is therefore designed to be sufficiently high level in order to allow the flexibility for local variation, coverage of a wide range of ages, and a focus on particular priority outcomes. It also suggests specific points where local areas may want to adapt the suggested wording to capture their particular local circumstances. The term 'local area' is used

throughout to refer to the local partnership between primary care trust, local authority and other key partners concerned with planning and commissioning children's weight management services within local children's trust arrangements.

As highlighted in Tool 7, it is of course important that weight management services are situated within a wider care pathway with clear referral routes and thresholds. Commissioners may therefore find it useful to look at Tool 7 in addition to this tool when developing their own service specification.

Given the wide range of ages and target groups for whom services may be needed, local areas may consider commissioning a suite of services to cover the whole care pathway. A report published by the EPPI-Centre[22] in spring 2008 maps a range of weight management interventions for children and young people operating in England. This information, along with a searchable database of the schemes identified in the mapping exercise, can be found at the link provided in the 'Further information' at the end of this tool. This information may be useful to commissioners by providing examples of the type and range of weight management services that exist in other areas.

Weight management services for children and young people: checklist for developing service specifications

Suggested requirements for inclusion in service specification for weight management service		Local issues for commissioner to consider
1. What are the aims of the weight management service?		
1.1	Sustained long-term movement towards and maintenance of a healthier weight among overweight or obese children and young people. ('Long term' is defined here as the minimum of one year from starting to use the service, and BMI standard deviation score is the recommended measure of progress.)	Age of target group Level of overweight/ obesity
2. What are the objectives?		
2.1	To deliver a multi-component service as set out in the NICE guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children.	

22 Aicken, C, Arai, L and Roberts, H (2008) *Schemes to promote healthy weight among obese and overweight children in England*. London: EPPI-Centre. The EPPI-Centre is part of the Social Science Research Unit at the Institute of Education, University of London.

Suggested requirements for inclusion in service specification for weight management service		Local issues for commissioner to consider
2.2	To create a supportive environment that helps overweight or obese children and their families make sustained behavioural changes to achieve: • increased physical activity and reduction in sedentary behaviour; • improved eating behaviour and quality of the child's or young person's diet, and reduced energy intake; and • improved emotional well-being. The service should allow for personalised goal-setting in each of these areas.	
3. Who is the service for?		
3.1	It will be up to local areas to identify the target group(s) for the service and to specify the criteria for admission to the service. This should consider: • age group(s) within the 2–19 age range (with consideration given to ensuring that services treat different age groups appropriately – ideally this will involve separation of age groups but where this is not feasible, clear policies are needed for managing groups with a mix of ages); • which family members should be involved; • level of need (i.e. level of overweight or obesity as defined by BMI centile); • status in terms of co-morbidities (see 4.2 below); • target groups identified in joint strategic needs assessment, health needs analysis and equality impact assessment; • any additional criteria, to be specified by the commissioning organisation, which may include a focus on a group with particular needs or at particular risk of developing co-morbidities, e.g. type 2 diabetes.	Target group(s)

Suggested requirements for inclusion in service specification for weight management service		Local issues for commissioner to consider
4. How should people get access to the service?		
4.1	Referral criteria should be decided by the local area in line with overall care pathways, but where appropriate the principles set out in this section should apply. The local area should be clear about the process and referral mechanisms for children and their families entering the service, including whose responsibility it is to generate referrals. Children and their families should be at a stage where they are ready to make changes and commit to the service.	To set out overarching care pathway
4.2	The service provider should ensure that it is safe and appropriate for all children or young people to participate. In the following cases, it is recommended that the child or young person and their family should be referred to their GP before taking part in the service (unless the referral is made directly by their GP or paediatrician): • children or young people who are overweight or obese and have significant co-morbidity or complex needs (e.g. learning or educational difficulties); • children or young people who may have serious obesity-related morbidity where weight loss is required; • children or young people with a suspected underlying medical cause of obesity; and • children or young people with a BMI equal to or greater than the 99.6th centile. Local areas may wish to consult clinicians on criteria for referral to a GP.	To set out overarching care pathway/ strategy Criteria for referral to a GP
4.3	Parents, carers or other family members who are also participating should be made aware of how they will be involved and, if necessary, be given the opportunity to alert the provider to any concerns of their own.	
4.4	The provider should notify the participants' GPs of their involvement and provide an update of progress, and inform the participant that this is happening.	

Suggested requirements for inclusion in service specification for weight management service		Local issues for commissioner to consider
4.5	Where the service provider is responsible for recruiting participants, the provider should ensure that interest is generated among target groups by using marketing techniques that are consistent with the local area's communication strategy.	Key requirements in terms of fit with local communications strategy
4.6	Where the service provider is responsible for recruiting participants, the provider should establish and maintain close working relationships with primary care professionals, local health improvement services, staff delivering the National Child Measurement Programme and other relevant services (e.g. schools, early years providers and parenting services) to enable effective referrals into and out of the service.	Overall care pathway
5. How should the service be delivered?		
5.1	Parents or carers must be involved but the balance of parent/child involvement may vary according to the age groups participating. Parents or carers should be encouraged to take the main responsibility for lifestyle changes for overweight or obese children, especially if they are younger than 12 years. However, the age, understanding and maturity of the child or young person and the preferences of the child or young person and the parents should be taken into account. For young people who are overweight or obese (particularly young people who are living independently from their parents), it may not necessarily be as important or appropriate to involve the parents, unless it is agreed that the wider family support would be useful.	

Suggested requirements for inclusion in service specification for weight management service		Local issues for commissioner to consider
5.2	If different elements of the service are commissioned from different providers, this must result in a coherent and co-ordinated package for the participants and clear accountability and performance management arrangements with the commissioner.	If different elements of the service are commissioned from different providers, local areas may wish to use appropriate elements of this overarching specification
5.3	The service should ideally be available to families for a total period of at least one year, in recognition of the long-term commitment that is required to achieve and maintain a healthier weight. The service may be delivered in different ways and at different frequencies and/or intensity during this time. The overall approach must: • take account of the participants' preferences; and • enable the provision of sufficient information and support to achieve the aims and objectives of the service.	Any requirements regarding duration of service
5.4	The service must be delivered at times that meet family needs, with a degree of choice over times.	
5.5	The service should be delivered in a format and style that recognises the needs and preferences of target groups, which may include: • key social marketing 'cluster groups' specified by the local area; • different cultural or faith groups; • people with physical and/or learning disabilities; and • black and ethnic minorities. The provider must have a clear equality and diversity policy.	Which cluster groups are being targeted
5.6	Any venues used must be accessible and convenient to target groups.	Any additional requirements regarding venues

Suggested requirements for inclusion in service specification for weight management service		Local issues for commissioner to consider
5.7	The service must be delivered in setting(s) and in ways that do not stigmatise the participants.	
5.8	All people attending the service or referred to use it must be treated with dignity, respect and courtesy, with personal measurements conducted in a private space.	
6. What kind of people should deliver the service?		
6.1	Staff delivering the service must have experience of working with families, parents, children and young people as appropriate.	
6.2	Staff delivering the service must have received appropriate training, and evidence that they have the appropriate competency and knowledge will be required.	
6.3	Staff must have access to ongoing support and refresher training.	
6.4	Safe/appropriate staffing capacity must be ensured at all times.	
6.5	Staff delivering the service directly to children or young people must have completed an enhanced Criminal Records Bureau check.	
6.6	The service must have a designated manager responsible for: • building and maintaining relationships with other local agencies; • liaising with and reporting to the commissioner; • overseeing recruitment as appropriate; and • line-managing and supporting other staff involved in the service.	Any additional requirements

Suggested requirements for inclusion in service specification for weight management service		Local issues for commissioner to consider
7. What should the service include?		
7.1	The service must meet the 2006 NICE guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. This includes but is not limited to: • enabling families to change behaviour to achieve increased physical activity and improved nutritional intake; • helping children or young people to develop a positive body image and build self-esteem; • encouraging parents to role-model desired behaviours; and • encouraging parents of overweight or obese children or young people to lose weight if they are also overweight or obese.	
7.2	The service must reinforce key national messages around healthy eating and physical activity and support families in achieving these. These include: • physical activity recommendation for children of at least 60 minutes/day of at least moderate intensity;[23] and • Food Standards Agency's Eatwell guidelines.[24]	
7.3	The service should focus interventions on activities that are sustainable and fit easily into everyday life.	
7.4	The service should draw on consumer insight research, which highlights how to engage more effectively with different consumer groups, based on their behaviours, attitudes and beliefs.	
7.5	Participants must be encouraged to set realistic personal goals and be helped to monitor progress.	

23 www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4080994

24 www.eatwell.gov.uk/healthydiet/eighttipssection/8tips/

Suggested requirements for inclusion in service specification for weight management service		Local issues for commissioner to consider
8. How should the service be monitored/evaluated?		
8.1	The service provider must collect the core data stipulated in the Standard Evaluation Framework being developed by the National Obesity Observatory and make this publicly available (see Tool 15 for details).	Any additional measures beyond the minimum recommended by the National Obesity Observatory
8.2	The service provider must monitor the impact of the service for at least one year from the point at which individuals start to use the service. This is the minimum period recommended and ideally follow-up should take place beyond one year – in particular to assess the sustained impact of the service on individual outcomes once they have finished using the service.	Any factors to take into account when setting this target, e.g. high population churn
8.3	Staff providing the service must be trained in using, and have access to, appropriate equipment in order to record data accurately.[25]	
8.4	Consent must be obtained from children or young people and their families to ensure that data can be collected in the future and analysed at the national level in order to ascertain the long-term impact of the service. Service providers must consent (and gain consent of participants) to share anonymised data with key national analytical organisations. As data holders, providers will remain responsible for compliance with data protection laws.	Any local data-sharing protocols
8.5	Providers must demonstrate that they will use the results of evaluation to drive improvement and should be encouraged to make the results of their work publicly available (preferably by publishing the results in a peer-reviewed, academic journal).	
8.6	Providers must demonstrate how participant feedback is being used to improve services.	
8.7	The provider must have systems in place to monitor and maintain the quality of the service provision.	

25 The equipment should be as advised in the National Child Measurement Programme guidance.

Suggested requirements for inclusion in service specification for weight management service		Local issues for commissioner to consider
9. What standards must the service comply with?		
9.1	The service must comply with NICE guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children.	
9.2	The service must keep abreast of national guidance, including: • *Standards for Better Health*; • National Service Framework for Children, Families and Maternity Services; and • *You're Welcome quality criteria: Making health services young people friendly*.	
9.3	Clinical governance arrangements must be proportionate to the service provided and comply with any local expectations or requirements of the commissioner.	Any local requirements regarding clinical governance
9.4	Data protection – the service provider will be responsible for compliance with: • Data Protection Act 1998; • NHS Confidentiality Code of Practice; and • local child and adult protection procedures. The service should outline the mechanisms to safeguard patient information when shared.	Any additional local requirements
9.5	Providers must have in place appropriate health and safety and risk management systems and ensure that premises are safe and child or young person friendly.	
10. How should the weight management service or its components relate to other services or programmes?		
10.1	The service must make appropriate links with other services that are also providing weight management support to participants. This could include health professionals who are overseeing a programme of pharmacotherapy.	

Suggested requirements for inclusion in service specification for weight management service		Local issues for commissioner to consider
10.2	A clear exit strategy should be in place, as part of the overall care pathway, providing participants with: • signposting to other healthy living services or activities that are available locally; • signposting or referral to other weight management services, including secondary care services; and • signposting to national information sources, e.g. NHS Choices, Change4Life campaign. • This exit strategy should cover those: • who have completed the service; • who choose to leave the service before completion; and • for whom the service proves to be inappropriate or insufficient in terms of the support available.	To set out local care pathway
10.3	In addition to signposting to healthy living services or other weight management services, those delivering the service should signpost users as appropriate to services including: • mental health services; • parenting support services; • services for adults as appropriate for young people to enable a smooth transition; and • other relevant services identified in the Common Assessment Framework.	To specify options at local level
11. How should the service be performance managed?		
11.1	It will be up to the commissioner to specify reporting arrangements, which could include: • demonstrating the effectiveness of the service at regular points, at least on an annual basis (progress against agreed key delivery milestones); and • meetings as required to review the development of the service or to resolve difficulties.	To specify reporting arrangements

Suggested requirements for inclusion in service specification for weight management service		Local issues for commissioner to consider
11.2	Key performance indicators for the service could include: • outcomes based on the aims and objectives as set out in sections 1 and 2 above; • reduction in BMI standard deviation score in a certain proportion of those entering the service; • increasing the number and source of referrals; • number of completers as a percentage of the number of referrals; and • participant feedback. The commissioner will want to specify which key performance indicators are most appropriate to measure progress in different user groups.	To specify key performance indicators

Further information

Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre) (2008) *Schemes to promote healthy weight among obese and overweight children in England*.
This report was commissioned by the Cross-Government Obesity Unit and published in spring 2008. It maps weight management services for children and young people across England, and is accompanied by a searchable database with details of the services identified.
http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=2393&language=en-US

National Institute for Health and Clinical Excellence (2006) *Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children*.
The NICE clinical guideline on the prevention, identification, assessment and management of overweight and obesity in adults and children includes information on approaches to weight management.
www.nice.org.uk/CG43

TOOL 9: Developing quality assurance for weight management services

PURPOSE	This tool provides a framework that commissioners can use to assure themselves that an organisation can and is providing quality weight management services which will deliver quality outcomes. The tool also includes a checklist for assurance that weight management services are addressing health inequalities.

Introduction

For commissioners to be assured of the quality of weight management services, a number of areas need to be considered:

1. standards within the childhood obesity care pathway that should be shared across strategic health authority areas;
2. standards in the service specification of weight management services for identification, access, delivery and follow-up of children, young people and families;
3. data-sharing protocols;
4. safeguarding children and young people protocols;
5. clinical governance processes;
6. standards for the rights of weight management service users to be informed, be heard, have choice, be safe and be involved; and
7. indicators for addressing health inequalities.

Commissioners will want to assure themselves, through performance monitoring reviews (see Tool 14), that weight management services can demonstrably comply with and build on the standards specified within the contract.

In addition, world class commissioning defines competencies which can be used to assure the quality of weight management services for children and young people.[26]

26 Department of Health (2007) *World Class Commissioning: Competencies*. London: Department of Health.

The framework below outlines some examples that commissioners could consider across the themes of:

- capacity;
- knowledge;
- experience;
- ability; and
- potential.

CAPACITY • to deliver outcome-focused services • to focus on target groups	Providers should have adequate arrangements for managing their organisation in terms of: • staff performance and appraisal; and • policies for health and safety, risk management, dignity and respect, equality and diversity.
	Staff should be experienced and competent, with the relevant qualifications and Criminal Records Bureau disclosures.
	Systems should be in place for collecting data, measuring service outputs and monitoring the impact of services on their intended beneficiaries.
KNOWLEDGE • of weight management issues • of children and young people's issues	Providers should be familiar with current thinking on obesity and weight management.
	Providers should have detailed knowledge of how healthy eating and physical activity are successfully promoted for children and families to achieve and maintain healthy body weight.
	Providers should use a range of approaches for supporting parents/carers in achieving behaviour change with their children.
EXPERIENCE • of delivery of the five outcomes of Every Child Matters • of supporting children and families to change behaviour	Providers should demonstrate how they have worked with children or young people and their families to achieve behaviour change.
	Providers should be familiar with different techniques for engaging children, young people and families with different backgrounds, impairments, cultures, beliefs and attitudes.

ABILITY • to be child- and family-centred • to deliver services safely • to continuously improve services	Providers should define individual services with the involvement of children and young people and, where appropriate, their parents/carers.
	Providers should be able to provide each child and young person with a personalised service for at least one year, with achievable goals and a sustainable exit path.
	Providers should be able to manage their performance, through which they are accountable to commissioners.
	Providers should have systems in place to safeguard personal information, and regularly audit these systems.
	Providers should be able to appropriately signpost individuals to other services.
	Providers should be able to improve services through learning from their own and others' experiences.
POTENTIAL • to collaborate with agencies and services involved in children's well-being • to achieve quality accreditation	Providers should possess or be working towards quality accreditation (e.g. European Foundation for Quality Management (EFQM) or Practical Quality Assurance System for Small Organisations (PQASSO) for social enterprises).
	Providers should enhance their knowledge specific to statutory services (e.g. knowledge of NICE guidance, National Service Frameworks and the Common Assessment Framework).
	Providers should plan to publish evidence-based research for the benefit of their own practice and the wider community of practitioners working on children and young people's weight management.

Health inequalities

Commissioners of weight management services will need to consider the implications for health inequalities during the commissioning process, and be assured that the weight management service itself is reducing health inequalities. Commissioners may want to consider using this checklist:

QUESTIONS	
1.	Has data on the local population (see Tool 3) been analysed to identify which population groups (based on ethnicity or disability, for example) may require tailored weight management services?
2.	Have weight management services been designed to reflect the needs/profiles/lifestyles of the target population, taking into account the fact that 'one size does not fit all'?
3.	Do weight management services that are being commissioned have the capacity to be scaled up to reflect the size of the problem?
4.	Are weight management services innovative, looking for new ways of understanding problems and delivering solutions?
5.	Are weight management services using new ways to reach those obese and overweight children and young people who are least likely to access the service?
6.	Are commissioners using social marketing principles in commissioning weight management services?
7.	Are neighbourhood and community infrastructures (e.g. health trainers, community leaders) used to ensure that weight management services are responsive to the needs of different groups? Are they helped to motivate and support overweight or obese children and young people into services?[27]

27 Department of Health/NHS North West (2008) *Our Life in the North West: Tackling health inequalities locally – a self-assessment framework*. Manchester: NHS North West.

Further information

Department of Health and NHS North West (2008) *Our Life in the North West: Tackling health inequalities locally – a self-assessment framework.*
This self-assessment checklist forms the first part of the (North West) Regional Health Inequalities Strategy, designed to support PCTs in their world class commissioning assurance process and development of strategic plans.
www.northwest.nhs.uk/UserFiles/File/HI%20%20self-assessment%20framework.pdf

TOOL 10: Predicting real costs of weight management services and risks

PURPOSE	This tool shows how the management and understanding of costs, critical paths and risks can be improved.

Introduction

Examining investment and cost-benefit scenarios is increasingly part of public sector planning. HM Treasury, via the *Green Book,* details appraisal and decision-making methods for policy implementation and related project/programme development. It offers critical questions for planners and commissioners.

The purpose of the *Green Book* is to ensure that no policy, programme or project is adopted without first having the answer to these questions:

- Are there better ways to achieve this objective?
- Are there better uses for these resources?

An example of an appraisal method for estimating cost-benefit scenarios is the Easy Monte Carlo Tool.

In a spreadsheet format, this tool gives local authorities and primary care trusts access to an established method for modelling scenarios for planning – the Monte Carlo statistical modelling technique.

The technique allows commissioners to take account of the different factors that may affect spend levels and programme/project outcomes. This approach will give organisations the ability to estimate expenditure and investment more accurately, and to take account of uncertainty and variables that may play into commissioning decisions.

EASY MONTE CARLO TOOL

A powerful, easy way of predicting the real cost of services and risks

This tool was provided to support Every Child Matters and the joint commissioning of children, young people and maternity services. The example scenarios presented are designed to show how problems can be solved and how the management and understanding of costs, critical paths and risks can be improved.

The Monte Carlo technique is a way of estimating the overall distribution and range of outcomes for a process that is made up of a series of individual events or decisions, each of which has a probability of occurring. For example, it can be used to estimate the possible distribution of the total costs of a weight management programme made up of a series of sub-projects whose individual costs are uncertain (such as personalised services within a wider weight management programme). The tool does this by simulating on a computer the whole project many times, choosing the cost of each sub-project (e.g. the personalised component of a broader weight management programme) randomly each time, and then looking at the distribution of total costs for the whole project that this simulation produces.

In considering the total costs of a programme, it is very important to include all costs, including those for which explicit financial payments are not made. This might include 'in-house' staff and facilities, for example. Almost all programmes will include such implicit costs. A straightforward way of dealing with this issue is to list all the resources to be used in a programme, without regard to who is providing these resources, and to assign a cost to each resource.

Points to note when using this tool

Use: The tool is free to be used by any organisation or individual.

Training: Extracts from the Monte Carlo code and results can only be used for education or training purposes on condition that the source is acknowledged.

The accuracy of results from the Easy Monte Carlo Tool is at the user's risk.

Further information

HM Treasury *The Green Book: Appraisal and Evaluation in Central Government.*
All new policies, programmes and projects, whether revenue, capital or regulatory, should be subject to comprehensive but proportionate assessment, wherever it is practicable, so as to best promote the public interest. *The Green Book* presents the techniques and issues that should be considered when carrying out assessments.
www.hm-treasury.gov.uk/green_book.htm

Department for Children, Schools and Families (2007) Joint Planning and Commissioning Easy Monte Carlo Tool.
A spreadsheet-based tool to help commissioners make more accurate estimates.
www.everychildmatters.gov.uk/resources-and-practice/IG00215/

TOOL 11: De-commissioning weight management services

PURPOSE	This tool sets out the steps to go through and a checklist of possible issues to be considered in planning and managing the process and the consequences of de-commissioning weight management services. It is supported by reference to legislation, policy and procedures to be considered.

Introduction

As the evidence base develops in terms of effective interventions for weight management, commissioners may over time need to consider de-commissioning particular services.

De-commissioning is the process of ending the provision of activities/interventions that are no longer required or appropriate. It may take place as part of service redesign or shifting investment to meet new priorities.

When focusing on weight management services, commissioners may also want to consider de-commissioning services that address just one aspect of child obesity – such as diet or activity – and are not part of a coherent, multi-component weight management service as set out in the NICE guidance.

In all cases it is important that there are sufficient and necessary conditions met for de-commissioning – for example, the joint strategic needs assessment provides a 'defensible' process for decisions on priorities.

This tool is based on the steps and elements of de-commissioning that underpin the national occupational standards for commissioning, procurement and contracting of services for children and young people. It sets out a series of steps that commissioners may wish to follow when de-commissioning weight management services, and is outlined in three stages:

- Plan to de-commission services.
- Manage the process of de-commissioning.
- Manage the changes resulting from de-commissioning.

Plan to de-commission services

1. Identify provision that is no longer within the priorities identified for overweight and obese children and young people in the local area, which may be due to:
   a. changed priorities;
   b. achievement of outcomes so that the provision is no longer needed;
   c. the provision is no longer achieving the outcomes;
   d. quality concerns; or
   e. the service no longer being viewed as good practice.
2. Have reliable and valid evidence to identify provision that is no longer required.
3. Explore ways that the service can be redesigned to make a positive contribution to achieving the desired outcomes.
4. Undertake a risk assessment of de-commissioning the current service and commissioning a redesigned service, looking at:
   a. risks to people;
   b. risks to property, e.g. making a community facility untenable;
   c. health and safety risks, e.g. suitable cooking and physical activity areas;
   d. actions that may make adults or children vulnerable to harm from others;
   e. risks of legal action;
   f. risks to reputation;
   g. risks of poor performance; or
   h. risks of financial loss.
5. Share the results of the risk assessment with relevant people.
6. Seek feedback and views about the advisability and feasibility of de-commissioning the provision, for example:
   a. from individuals, families and communities who use weight management services;
   b. from service providers; and

   c. from partners, agencies and organisations who have an interest in what you do.

7. Gain agreement to undertake a planning and consultation exercise with a view to de-commissioning the provision.

8. Plan consultations in detail on the proposal to de-commission, using:

   a. written questionnaires;

   b. electronic feedback;

   c. forums;

   d. public meetings;

   e. consultation events; and/or

   f. individual contact.

9. Develop and share widely the timescales for the de-commissioning and service redesign process.

10. Make plans to address any necessary workforce issues if the service is provided by the delivery arm of the primary care trust.

11. Plan a communications strategy for the individuals, families and communities who use the service, those who provide other services within the same care pathway and may be affected, and others who may need information (such as decision-makers and the media).

Manage the process of de-commissioning

1. Maintain effective communications and keep all relevant people informed of developments as soon as practicable.

2. Consult widely and consider the views of individuals, families and communities using the service about proposed changes.

3. Address concerns and explain new service proposals.

4. Ensure that people using the service are fully aware of the changes and know the reasons for what will change and what will stay the same.

5. Provide information about alternatives such as self-directed support.

6. Involve any individuals, families and communities who wish to participate in the process.

7. Give any necessary notice of de-commissioning to the contractor in line with the contract requirements.
8. Specify and secure redesign provision on a timescale to allow a reasonable period of handover.
9. Make sure that legal requirements are met for the transfer of data between providers.
10. Ensure that an accurate inventory is made if the contract includes the transfer of any equipment, property leases or other assets.
11. Take and act upon legal advice if there are discrepancies in the inventory of assets.

Manage the changes resulting from de-commissioning

1. Recognise and respond to worries and concerns about changes in service.
2. Address any individual problems or issues arising from the changes.
3. If staff are to be transferred, ensure that relevant legislation is complied with and that they have access to specialist advice regarding transfer of employment.
4. Respond promptly to questions or concerns from staff or their representatives, and refer them to specialist colleagues if necessary.
5. Work closely with the current and new service providers to ensure that information about timescales and handover periods is shared with the individuals, families and communities who use the service.
6. Seek feedback from all concerned about the redesigned services.
7. Maintain the communication strategy until the handover period is complete.
8. Ensure that the provider of a redesigned service is aware of the de-commissioning process and issues that have arisen.
9. Review, evaluate and record the effectiveness of the process of de-commissioning and redesigning services.

Commissioners will need to check with their own organisation on the legislation and any specific organisational policy and procedures relating to de-commissioning, to cover:

1. Codes of practice and conduct, standards and guidance, and the roles, responsibilities, accountability and duties of others when de-commissioning services.
2. Current local, UK and European legislation and organisational requirements, procedures and practices for:
    a. data protection;
    b. risk assessment and management;
    c. employment practices; and
    d. making and dealing with complaints.
3. Key government initiatives that affect the organisational practices on de-commissioning.
4. How different philosophies, principles, priorities and codes of practice can affect service redesign.
5. Policies, procedures, guidance and protocols with partner organisations that are relevant to de-commissioning.
6. Legal requirements of the Transfer of Undertakings (Protection of Employment) Regulations (TUPE) and the implications for a changed provider.

Further information

National Occupational Standards (2008) National Occupational Standard 35 (Commissioning, Procurement and Contracting).
This standard is about how to make changes in provision to reflect current or changing outcomes. This could be because of changing priorities or because a particular service needs to be re-designed in order to meet new outcomes, legislation or guidelines.
www.ukstandards.org/Find_Occupational_Standards.aspx?NosFindID=4&FormMode=ViewModeSuiteNos&SuiteNosID=24825

TOOL 12: Developing the provider market for weight management services

PURPOSE	This tool offers a guide to the process of developing the capacity of a local weight management market.

Introduction

Analysis carried out at the national level of the number and variety of providers of weight management services for children and young people indicates that the market is relatively limited. Some local areas may, of course, have better-developed markets, with a wide range of provision available to commissioners. This tool aims to provide some guidance to local areas, and more specifically primary care trusts (PCTs), that may be considering the need to develop the provider market in this area in order to ensure that services will offer choice and meet local needs. This tool should not be regarded as constituting legal advice concerning procurement, and commissioners should seek appropriate advice within their organisations.

This tool focuses on activity that can be carried out in advance of the actual tendering process. Commissioners will also want to refer to Tool 13, which sets out guidance on tendering for services.

Encouraging a strong provider market

Children's trust partners should actively encourage a strong provider market that is based on a diverse pool of suppliers from all sectors, and encourage entry by new participants and growth of underdeveloped sources of supply – which may include social enterprises and the third sector.

The way in which procurement exercises are conducted can play a crucial role in developing markets for specific service areas, by stimulating current and potential providers to develop innovative solutions and scale up capacity. The application of world class commissioning competencies is important to implementing 'intelligent' procurement.

Feedback received by the Cross-Government Obesity Unit suggests that a number of providers would be interested in supplying weight management services to local areas, but because of a perception that procurement is not always conducted in a transparent and open way they feel that there are limited opportunities to express their interest and set out the contribution that they could potentially make.

Planning for procurement

Given the relatively underdeveloped market for child weight management services, commissioners may wish to consider the following key points when planning procurements.

- Take account of the full range of providers – both existing and potential, and from all sectors. In particular, building a market for child weight management services may require encouraging new providers to enter the market or encouraging potential providers that are currently underdeveloped to grow. These may include social enterprises or organisations in the third sector.
- Ensure that there is a level playing field, and actively reduce barriers to market entry where necessary.

When procuring services, commissioners will want to do this in a way that is appropriate and proportionate to the extent and nature of the services being procured. There are some steps, however, that can be taken before the tendering stage that can help to stimulate interest in the market.

Map the current state of the market

Establish who the current and potential weight management service providers are, and identify the appropriateness of provision and what service configuration is needed

Consider what makes a good market for weight management

Publish a 'prior information notice'[28]

This can be used if commissioners want to involve providers in framing up the advertisement for any procurement and to find out what sorts of provider there are, what their ideas are and which ones are interested in providing services

28 The prior information notice (PIN) is the advertisement to the contracting community of future procurement plans. This may be an annual or occasional advertisement in the *Official Journal of the European Union*. PINs are intended to ensure that interested parties have as much time as possible to prepare for participation.

Competitive dialogue process

This new procurement procedure is a flexible approach for use in complex projects where there is a need for the contracting authority to discuss all aspects of the proposed contract with candidates. PCTs can design the process to ensure that smaller bidders are not disadvantaged and that a dialogue process makes the bidders focus on the outcomes and the specification; this also allows more innovative practices to be discussed

Hold a 'meet the buyer' event

An event could be held to bring together any potential weight management service providers and to share the invitation to negotiate. Commissioners could also consider offering training to potential providers, outside any particular tender, to enable them to improve tenders

Set up 'match making' events or websites

These can provide an opportunity for partnerships to develop between providers with part of but not the full range of skills (e.g. education, healthcare, commercial, psychological)

Ensure early involvement of providers

Ensure early involvement of providers to gain a provider perspective when shaping weight management services. Informal consultation is to be encouraged, provided that nothing is done to give a provider an advantage in later competition. Signal to the market that voluntary and community sector involvement would be welcomed

Progress into pre-tender and tendering phase (see Tool 13)

Carrying out this market-building activity can, of course, add time to the overall procurement process, but commissioners may feel it is justified in terms of ultimately achieving better outcomes. As stated above, the procurement needs to be proportionate to the complexity and value of the service, along with how novel it is. It is, however, possible for a procurement process to be quick and fair, which can itself encourage new entrants to the market or existing providers to be more ambitious.

Commissioning for improvement in outcomes

PCTs should review their supplier base and assess providers' skills and willingness to take risks. Challenge should be part of supply-side management, including assessing or critically reviewing contracts and services for effectiveness and intended purpose and ensuring that contractual levers are available to the commissioner for managing poor service delivery. Where necessary, and in line with world class commissioning, attracting the best placed provider(s) could lead to the introduction of contestability, and this in turn (though not necessarily) could lead to open competition.

Market-making activity and existing contracts

If contracts have already been agreed with weight management providers, the provisions within these contracts will be monitored through performance arrangements. However, this should not deter 'market-making activity', which should be ongoing so that other or new weight management service providers can be engaged and supported to enter the tendering process. This can also encourage existing weight management providers to deliver high-quality outcomes and become more innovative.

Market-making at the sub-regional or regional level

As the weight management market is relatively small, commissioners may also want to consider commissioning weight management services through consortia arrangements, on a sub-regional footprint, or through collaborative procurement hubs. This could be a more cost-effective approach and could also encourage more innovation. In developing the provider market, strategic health authorities could provide a co-ordination role, as some functions will be common to whichever arrangements are decided on, such as legal advice, advertising and so on.

Developing social enterprises in the delivery of weight management services

The Government, advisory bodies on social enterprises and social enterprise organisations all give some consistent messages for commissioners.

Commissioners should:

- understand what social enterprises can offer; and
- know about local provision – who the social enterprises are and what they aim to achieve.

Giving consideration to the development of social enterprise solutions for weight management may also help commissioners respond to wider local needs, including employment and regeneration.

Additional support on market development

The Department of Health has produced a series of documents that provide further support to PCTs in developing the provider market.

- **Framework for Managing Choice, Cooperation and Competition**[29]
  This framework supports strategic health authorities and PCTs in understanding the roles, responsibilities, values and behaviours required for the effective management of choice and competition within the NHS.
- **The operating framework for the NHS in England, 2008/09. Annex D – Principles and Rules for Cooperation and Competition**[30]
  The principles and rules for co-operation and competition provide simple, workable guidance for system managers, commissioners and providers on the expected behaviours and rules governing co-operation and competition in the provision of NHS services.
- **Market-making guide (provider responsive tool)** (under development)
  This web-based product will provide tools for analysing the existing market and developing the market, along with more advanced tools for more innovative marketing. It will also provide a downloadable document specifically for market development.

It is important to note that it is a mandatory requirement for all competitively tendered Part B services (see Tool 13) to be advertised on the **supply2health.nhs.uk** website, which will make it easier for social enterprise and third sector providers to know which tenders are in the marketplace. This requirement will also help PCTs comply with EU competition law and promote transparency and non-discrimination, as well as helping with market analysis.

In addition to considering the documents listed above, commissioners may also want to:

- look at Tool 13, which is based on the PCT Procurement Guide for Health Services; and

29 Department of Health (2008) *Framework for Managing Choice, Cooperation and Competition*. London: Department of Health.
30 Department of Health (2008) *The operating framework for the NHS in England, 2008/09*. Annex D – Principles and Rules for Cooperation and Competition. London: Department of Health.

- be aware of the Cooperation and Competition Panel, an independent body that can challenge PCTs if bidders raise issues of process, fairness or competition.

Further information

Department for Children, Schools and Families (2007) *Delivering Better Children's Services through Better Market Development.*
A discussion paper which includes a number of areas of market development and issues for commissioners.
www.everychildmatters.gov.uk/resources-and-practice/IG00226

Office of Government Commerce (2006) *Procurement Policy: Practical guidance on the use of Competitive Dialogue*.
This provides some tips to help in the use of Competitive Dialogue and to reduce the risk of inappropriate use of the negotiated procedure.
www.ogc.gov.uk/documents/ProcurementPolicyCompetitiveDialogue.pdf

Social Enterprise Coalition (2006) *More for your money – a guide to procuring from social enterprises*.
A short guide to achieving better outcomes from public sector procurement and how social enterprises as suppliers can help to achieve this. It is primarily aimed at local authorities but the issues raised are relevant to any public body that purchases goods and services.
www.socialenterprise.org.uk/pages/publications.html

TOOL 13: Procuring weight management services

PURPOSE	This tool sets out some high-level guidance for primary care trusts (PCTs) on procuring weight management services. It will be of use to PCTs that are commissioning services as individual organisations, and will also be relevant in terms of joint commissioning arrangements where the PCT is responsible for conducting the actual procurement of services. It may be particularly useful as a tool in helping colleagues in local partner organisations to understand the procurement process. Local authority commissioners may wish to refer to *Creating Strong, Safe and Prosperous Communities: Statutory Guidance* and other guidance relevant to the local government sector. This tool is not a complete and comprehensive guide to procurement and must be read in conjunction with existing guidance for PCTs.

Introduction

Procuring services is one of the key parts of the commissioning process that, when carried out effectively, makes a huge contribution to ensuring that efficient and effective services are in place.

While services for children and young people are increasingly being commissioned under children's trust arrangements from pooled resources – including finances, capital and staff – the actual procurement function is expected to rest with either the PCT or local authority.

This tool sets out high-level guidance that PCTs may wish to follow in planning for and carrying out their procurements – including for weight management services – in their capacity as separate commissioning organisations or, increasingly, as members of a joint commissioning unit. Commissioners may also want to refer to Tool 12, which provides some guidance on activities that can be carried out in advance of the tendering stage in order to maximise choice of provision and engage a range of providers.

It is important that PCT commissioners do not regard this tool as:

- a comprehensive guide to procurement and that they also read it in conjunction with more detailed national guidance – particularly the *Primary Care Trust Procurement Guide for Health Services*; or
- constituting or substituting for legal advice – they should also seek appropriate legal advice within their own organisation or partnership.

While guidance on procurement may differ according to the organisation, the *Joint planning and commissioning framework for children, young people and maternity services*[31] sets out some principles that can apply across children's trusts. These principles cover all types of service, but commissioners may want to consider how they can apply to weight management services:

- Ensure that there is competitive tendering between providers as far as is practical in terms of the nature and value of the contract.
- Understand the full costs of internal and external services and ensure that all tenders include full costs.
- Consider the use of seed funding, standardised contracting and capacity building to help smaller providers compete, in order to maintain diversity, choice, innovation and sustainability (see Tool 12 for more information about market development).
- Use long-term contracts where appropriate to encourage providers to invest in services.
- Ensure that robust monitoring arrangements are in place, with provision for contract termination if services are failing.

The framework also suggests that, under children's trust arrangements:

- corporate procurement teams and finance, legal and other support functions should be seen as part of the joint commissioning unit; and
- children's trusts should consider whether to co-operate across regions or sub-regions to manage market development.

31 HM Government (2006) *Joint planning and commissioning framework for children, young people and maternity services*. London: Department for Education and Skills and Department of Health.

Procuring weight management services

As set out in *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England*[32] and the subsequent *Healthy Weight, Healthy Lives: Guidance for Local Areas*,[33] local areas must implement robust commissioning strategies for services that will help to prevent and treat obesity in their local populations – including weight management services. A key part of this is ensuring that the procurement process:

- complies with legal requirements;
- is based on guidelines and legal advice within the commissioning authority; and
- supports the aim of delivering the best outcomes for children and families.

Is a formal procurement required?

The PCT procurement guide for health services sets out guidance to assist PCTs in:

- deciding whether to procure; and
- how to procure healthcare services through formal tendering and market testing.

There is no general policy requirement for the NHS to be subject to a formal procurement process. It remains with the PCT to decide whether it wants to formally tender or not after carefully considering its internal governance, legal advice and the advice in the PCT procurement guide.

However, the use of independent and third sector providers to provide NHS-funded services is becoming more widespread, and PCT commissioners would be expected to select and use providers that are best placed to deliver cost-effective and high-quality services.

If PCTs do decide to procure, the general procurement thresholds set out in the next section can assist PCTs in making a decision as to which procurement route to follow.

EU procurement requirements and regulations

Contract value thresholds and tender process

Public sector procurement is governed by UK regulations that implement European Union (EU) procurement directives; these apply specifically to any procurement with a total value over a specified threshold.

32 Cross-Government Obesity Unit (2008) *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England.* London: Department of Health and Department for Children, Schools and Families (DCSF).

33 Cross-Government Obesity Unit (2008) *Healthy Weight, Healthy Lives: Guidance for Local Areas.* London: Department of Health and DCSF.

Where the contract value is above the EU public procurement threshold, it is then necessary to consider whether the service falls within Part A or Part B of the procurement regulations.

Under the regulations, only certain procurement obligations apply to the award of Part B contracts. In particular, if a contract is for purely Part B public services then publication in the *Official Journal of the European Union* (*OJEU*) is not automatically required. In contrast, those contracts that are designated Part A service contracts are subject to the full extent of the requirements of the procurement regulations.

Case law has established that, regardless of the principles about financial thresholds and Part B contracts, there are basic principles, including those of transparency and non-discrimination, which in all cases require "a degree of advertising sufficient to enable the services market to be opened up to competition and the impartiality of the procedures to be reviewed". In these cases, it is possible to advertise in local or national newspapers or trade journals rather than in the *OJEU*.

Contracts for health and social care services and also education and vocational health services are defined by procurement regulations as Part B service contracts.

The contract value threshold at which the procurement regulations will apply to a contract for Part B services is currently £139,893.[34]

The following table sets out basic rules for procuring Part B services and is for guidance only.

Value of contract	Guidance on tender process
Contract values up to £139,893	Under the contract value threshold, the procurement regulations do not apply. However, the PCT commissioner may still choose to advertise and tender the contract in order to demonstrate that the procurement process is open, transparent and non-discriminatory. PCT commissioners are advised to liaise with their legal advisers to ensure they meet the necessary requirements. Bids should normally be obtained in writing, depending on the value and type of service. A PCT would normally issue tenders (with detailed service specifications) to a minimum of three interested bidders. Following evaluation against predefined criteria, the bidder offering the most economically advantageous bid would be awarded a contract.

34 These thresholds should be checked on the EU website as they may be revised (www.tendersdirect.com/?source=OJEC).

Value of contract	Guidance on tender process
Contract values at or above £139,893	For contracts above the contract value threshold, the procurement regulations require the services to be advertised and tendered. PCTs should consider publishing a notice in the *OJEU* (although this is not a legal requirement for Part B services) and/or place advertisements in national newspapers or trade journals, as appropriate.

All tender processes must be fair, open and transparent. It is also important to note that if the contract is one of a series of contracts for similar services then the aggregate value of all the contracts must be used to calculate the relevant financial threshold.

The Department of Health's Procurement Centre of Expertise has set out the following guidance for the procurement of Part A services (only), including the tender processes required. PCTs may choose to use this as a general guide when procuring training services around weight management.

Value of contract	Required tender process
Up to £4,000	One quote
£4,000 to £10,000	Three written quotes
£10,000 to £90,319 (up to EU threshold)	Three or more formal tenders
Over £90,319 (over EU Part A threshold)	EU public procurement limit applies and the contract must be advertised in the *OJEU*

Procurement options for contracts over the *OJEU* threshold

Once the PCT commissioner has established the nature of the services and the thresholds that apply to the services to be tendered, they can decide which procurement option is most appropriate. A number of key considerations, including the size and scope of the services, the service specification, the target market and the key stakeholders, will drive this decision.

There are four main procurement options available to PCTs when the size of the contract exceeds the relevant threshold as set out above:

i) Open procedure

In this case, all interested bidders are invited, via advertisements, to tender to provide the service. This option does not allow for pre-qualification or selection prior to the final contract award stage (although bidders may be disqualified for failure to meet eligibility criteria or minimum requirements as set out in the regulations). No negotiation is permitted and only compliant bids can be evaluated.

ii) Restricted procedure

This is a two-stage process. Firstly, interested bidders are invited to respond to an advertisement by submitting a pre-qualification questionnaire (PQQ). The PQQ asks them to set out how they meet defined criteria relating to their organisation's technical capability and financial standing. Following receipt and evaluation of bids, a shortlist of bidders is then drawn up. The second stage is for all bidders on the shortlist to be invited to tender to provide the service.

The PQQ stage therefore allows commissioners to restrict the number of bidders invited to tender to a more manageable number, allowing the commissioner to focus more on the quality of bids and to make the assessment process more cost-effective.

Under the restricted procedure no negotiation with bidders is allowed, therefore it is only suitable where the PCT commissioner is able to set out their detailed service specification and contract before inviting tenders. Where this is not possible, the PCT should consider using the competitive dialogue or negotiated procedure.

iii) Competitive dialogue

The competitive dialogue procedure is a more flexible procedure than the restricted procedure and is intended for use in 'particularly complex' procurements where the open and restricted procedures are not appropriate. It enables the PCT commissioner to discuss all aspects of the contract and service requirements with bidders prior to concluding and agreeing these. The commissioner can use the process to help define their service requirements in dialogue with bidders. On conclusion of the dialogue stage, the commissioner will issue a final invitation to tender (ITT) to which bidders must respond with a final tender. No major changes are permitted at this stage but there is opportunity for the commissioner to ask bidders to 'clarify' or 'fine-tune' their bids during evaluation. The preferred bidder(s) can then be selected, following which no further dialogue is permitted (only clarification).

iv) Competitive negotiated procedure

This procedure is limited to specific circumstances and should only be used when other procurement procedures have been discounted. Otherwise, this route (according to guidance from the Office of Government Commerce) may only be used in truly exceptional circumstances, including where prior overall pricing is not

possible, where service specifications cannot be drawn up with sufficient precision to permit the award of the contract under either the open or the restricted procedure, or where work is needed for research or development purposes.

In all of the options outlined above, the commissioner must ensure that an evaluation plan is in place and that the evaluation criteria against which bidders will be assessed are clearly set out. Recent case law has highlighted the vital importance of being transparent about evaluation criteria, any sub-criteria and weightings to be used, and also the need to ensure that criteria are consistently applied throughout the procurement process.

Procurement timelines

The time required to undertake a procurement can vary greatly, depending on the size and complexity of the product(s) or service(s) being procured and the procurement route being taken. The time needed can range from a few days or weeks to 12 months for larger-scale procurements.

Procurement may vary in size and duration – for example, a PCT commissioner may decide to tender on a patient-by-patient basis or undertake a procurement to cover all service users over the next four to five years. Some PCTs may choose to procure collaboratively and maximise the opportunity to benefit from economies of scale, which may also have an impact on the timescale.

Competition challenge

The PCT procurement guide for health services should be read in conjunction with the *Principles and Rules for Cooperation and Competition*,[35] published as Annex D of the 2008/09 NHS Operating Framework, and the *Framework for Managing Choice, Cooperation and Competition*.[36]

It is important to note that a DH Cooperation and Competition Panel is being established in autumn 2008, which will need to be satisfied that PCTs have consulted and complied with the *PCT Procurement Guide for Health Services* and the *Principles and Rules for Cooperation and Competition*[37] when making decisions.

35 Department of Health (2008) *The operating framework for the NHS in England, 2008/09*. Annex D – Principles and Rules for Cooperation and Competition. London: Department of Health.
36 Department of Health (2008) *Framework for Managing Choice, Cooperation and Competition*. London: Department of Health.
37 Department of Health (2008) *Primary Care Trust Procurement Guide for Health Services*. London: Department of Health.

Three key stages of procurement

For any procurement route, and in line with guidance from the Office of Government Commerce, the process of procurement can be broken into three key stages, with a number of steps to be followed within each stage, as set out below.

Stage 1 Pre-procurement	**Stage 2** Procurement	**Stage 3** Contract management
• Health needs assessment and planning • Development of service specifications • Consultation • Stimulate market	• Procurement strategy and plan • Advertise • Issue tenders • Evaluate bids • Select preferred provider(s) • Sign contract	• Service transition and mobilisation • Full service commencement • Ongoing contract management (including performance management of providers)

Checklist of stages in the procurement process

The following checklist sets out the key stages in the procurement process and suggested steps that commissioners may want to consider. Different stages will apply depending on the procurement route being taken and the scale of the procurement.

This checklist is not intended to be comprehensive and should not be taken to constitute or act as a substitute for legal advice about individual procurements.

Build a procurement team to deliver the procurement within the required timeframe

- Define resource requirements
- Assess in-house resource capacity and capability
- Buy, share or build resource capacity and capability
- Nominate board-level project lead and project manager
- Define governance requirements

Define project specification

- Identify local needs
- Develop project specification
- Gain approval for project specification in line with governance arrangements
- Obtain sign-off by the strategic health authority (SHA)

Conduct affordability exercise

- Establish costs of procurement, including staffing complement, non-staffing costs and clinical input
- Obtain PCT board sign-off on affordability model
- Inform SHA

Initiate local consultation

- Assess need for local consultation
- Establish formal consultation plan and identify key stakeholders
- Review consultation outcomes to update project specification and affordability model

Develop procurement plan

- Review the PCT procurement guide and OJEU guidance as appropriate
- Identify legally applicable procurement routes
- Develop project execution plan, including procurement methodology and time plan
- Identify lead for delivering steps in identified procurement route
- Define high-level evaluation strategy for the procurement
- Develop communication plan

Advertise to make suitable bidders aware of the procurement

- Draft advertisement
- Determine target bidder market
- Consider legal requirements for scope of the advertisement
- Select appropriate local or national media
- Set target date for publication of advertisement and establish publication lead times
- Publish advertisement

Develop Memorandum of Information to help potential bidders make informed decision on whether to participate

- Complete Memorandum of Information, based on project specification
- Include details of procurement process, with key dates from procurement plan
- Include details of bidder information event if required
- Receive and log expressions of interest from bidders

Hold bidder information event

- Determine format and key messages
- Agree venue and date
- Invite all bidders that have expressed an interest
- Prepare presentations
- Log and circulate all questions and answers from the event to all bidders

Develop pre-qualification questionnaire

- Establish appropriate requirements (e.g. clinical, workforce, commercial and financial)
- Develop associated evaluation plan with shortlisting methodology
- Issue pre-qualification questionnaire (PQQ) to all bidders that expressed an interest
- Manage clarification process

Evaluate PQQ to shortlist eligible and capable bidders to proceed to next stage

- Log receipt of PQQ responses and record bidders' contact details
- Evaluate PQQs in line with evaluation plan
- Notify successful and unsuccessful bidders of outcome

Develop invitation to tender (and hold bidder dialogue/negotiation as appropriate for procurement route)

- Develop full specifications and requirements and complete invitation to tender (ITT) document
- Develop plan for evaluating completed ITT
- Issue ITT to bidders who successfully met pre-qualification criteria
- Engage in dialogue or negotiation with bidders as appropriate
- Log and respond to any clarification questions from bidders

Set out contractual terms for the procurement

- Complete contract and associated schedules in contract template, with particular reference to:
  - service specifications
  - payment mechanism
  - performance management and key performance indicators

Evaluate ITT to enable selection of preferred bidder

- Log receipt of ITT responses
- Carry out evaluation of responses in line with evaluation plan
- Manage evaluator clarification questions and bidders' responses
- Select preferred bidder
- Obtain PCT board approval for recommended preferred bidder
- Notify successful and unsuccessful bidders

Award contract to preferred bidder

- Complete offer letter and send to preferred bidder
- If offer letter is accepted, proceed to contract award (following mandatory 'Alcatel' standstill period)
- If offer letter is rejected, send offer letter to reserve bidder

Mobilisation/transition – ensure that path from contract award to service commencement is clearly defined

- Ensure that provider complies with the mobilisation/transition plan
- Ensure that provider satisfies conditions precedent

Full service commencement

- Formally start the contract period
- Start monitoring of the contract
- Ensure that performance reporting requirements are met
- Evaluate provider's performance on regular basis
- Undertake annual financial reconciliation
- Undertake joint service reviews

Further information

Department of Health (2008) *Primary Care Trust Procurement Guide for Health Services*.
This guide supports NHS commissioners in deciding whether and how to procure health services through formal tendering and market-testing exercises.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084778

Communities and Local Government (2008) *Creating Strong, Safe and Prosperous Communities: Statutory Guidance*.
This document provides statutory guidance to local authorities and their partners on creating strong, safe and prosperous communities. It covers the duty to involve and duties around local area agreements in the Local Government and Public Involvement in Health Act 2007.
www.communities.gov.uk/publications/localgovernment/strongsafeprosperous

Department of Health (2007) *Principles and Rules for Cooperation and Competition*.
The principles and rules for co-operation and competition provide simple, workable guidance for system managers, commissioners and providers on the expected behaviours and rules governing co-operation and competition in the provision of NHS services.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081098

Office of Government Commerce
Guidance on procurement from the Office of Government Commerce – an independent office of HM Treasury, established to help government deliver best value from its spending.
www.ogc.gov.uk/procurement.asp

TOOL 14: Monitoring and reviewing the outcomes of weight management services

PURPOSE	This tool provides suggested indicators for monitoring progress towards achievement of outcomes and a template for reviewing contracts for weight management services. It also provides an example of a self-assessment tool to help commissioners assess their progress in commissioning weight management services.

Commissioners will have identified the outcomes required of weight management services, using either outcome-based accountability or other relevant approaches. A suite of management indicators is needed to monitor the progress of the service towards achieving the required outcomes.

If an outcome-based accountability approach is being used to monitor performance of weight management services, a number of key questions can help frame the indicators:

- What has been done?
- How well was it done?
- Who is better off and how?

The table below gives some examples of indicators that might be relevant to the questions set out above:[38]

What has been done? (Quantity)
Numbers of children recruited
Numbers of children attending weight management services
Numbers of children completing weight management programme
Numbers of families engaged with the programme
How well was it done? (Quality)
Percentage of weight management staff who completed training and to what competency level
Percentage of children/young people satisfied with service
Percentage of children from identified priority groups who were recruited and who attended and completed a programme

38 Friedman, M (2005) *Trying Hard is Not Good Enough.* Victoria: Trafford Publishing.

Who is better off and how? (Results)
Numbers of participants achieving sustained movement towards a healthier weight[39]
Numbers of participants with increased physical activity of at least one hour per day
Numbers of participants with increased physical activity of two hours, three times a week
Numbers of participants keeping a food diary
Numbers of participants eating five portions of fruit and/or vegetables a day
Percentage of participants with increased knowledge about healthy food
Percentage with an attitude change
Percentage who were motivated to change behaviour
Percentage who changed behaviour
Percentage with sustained behaviour change for six weeks

Where a range of weight management services are commissioned, this data will need to be collated and analysed. Commissioners may want to use a report card system or balance scorecard to monitor overall performance of the weight management services in achieving the outcomes defined in the contract (see Tool 2).

Contract review of weight management services

Commissioners will be undertaking systematic reviews of weight management services to assure that contractual agreements are being adhered to, and to discuss any potential risks to performance and any emerging needs or opportunities for service improvement or innovation.

The review criteria could include assessing whether:

- demand for the weight management service is being managed effectively;
- the service is meeting expectations and is seeking quality improvements;
- specified policies in the contract are in place and being adhered to;
- systems are in place for recording and monitoring activity levels, including recruitment, retention and completion;
- there is sufficient workforce capacity and that enough staff have been trained to the required competency levels;

39 This is a long-term indicator.

- a quality assurance process is in place, together with risk assessment;
- financial management systems are in place;
- a service risk assessment has been undertaken; and
- a process is in place to enable participant feedback and that this is used to inform improvement in service delivery.

Reviewing the effectiveness of the commissioning process

Commissioners may find it useful to assess their own current capacity and capability for effective commissioning of weight management services for children and young people. From such a self-assessment process, gaps in service development may be identified, leading to more effective planning. It is also useful to review the quality and information systems that support the commissioning process.

A self-assessment tool described in *Improving the quality and outcomes for services to children and young people through effective commissioning*[40] enables commissioners to score themselves against suggested criteria as to whether significant improvements are needed, minimum standards are being met or good to best practice is evident. These assessment criteria have been adapted to make them relevant to commissioning weight management services.

40 Adapted from Department of Health (2007) *Improving the quality and outcomes for services to children and young people through effective commissioning: A self-assessment tool for commissioners*. London: Department of Health.

Example of a self-assessment tool for effective commissioning of weight management services, with suggested questions

Local areas may wish to use the following table as a basis for developing their own standards and evidence requirements. The first section includes some examples.

	1. Needs significant improvement	2. Meets minimum standards	3. Good to best practice	Evidence source
Assessing need and reviewing service provision				
How have the commissioners identified the unmet needs of overweight or obese children and young people who are not accessing services?	Needs assessments are not conducted regularly, and are not updated with available evidence-based practice	Needs assessments are updated, and gaps in need for weight management services are identified	Protocols for needs assessment for weight management services and health equity audits are used to identify unmet need, especially among vulnerable and disadvantaged children and their families	Joint strategic needs assessment, supplemented by data from the National Child Measurement Programme (NCMP), public health observatory data etc. Consultation held with weight management service users and feedback used
Monitoring and assessing overweight and obesity in children and young people				
Are current NCMP data and other relevant child health data being used? Is the coverage of the NCMP achieving the required target?				

	1. Needs significant improvement	2. Meets minimum standards	3. Good to best practice	Evidence source
Role of weight management services in healthy weight strategies and childhood obesity care pathways				
Is there a childhood obesity care pathway in place that identifies the thresholds for entry into and exit from weight management services?				
Is there adequate commissioning capacity for weight management services?				
Commissioner engagement with weight management providers				
Are there plans for developing the market for weight management services?				
How is the effectiveness of weight management services being evaluated and used to improve commissioning and practice?				

	1. Needs significant improvement	2. Meets minimum standards	3. Good to best practice	Evidence source
Are childhood obesity care pathways being reviewed and redesigned?				
How does the commissioner ensure that safeguarding arrangements are appropriately addressed?				
Managing demand: forecasting demand for weight management services				
How is demand for weight management services modelled?				
Are there well-developed plans for measuring the impact on outcomes in weight management services?				
Establish quality guidelines				
What kind of quality reporting do commissioners receive from providers of weight management services?				

	1. Needs significant improvement	2. Meets minimum standards	3. Good to best practice	Evidence source
Do commissioners have a process for identifying new and best practice in relation to child obesity?				
What criteria are used to evaluate service improvement opportunities for weight management services?				
Managing performance				
Is expenditure on weight management services monitored and does this include a value for money assessment?				
Are there systematic contract reviews of weight management services, with reporting on the impact on outcomes?				

Further information

Department of Health (2007) *Improving the quality and outcomes for services to children and young people through effective commissioning: A self-assessment tool for commissioners*.
This self-assessment tool is designed to assist PCTs and their partners in assessing their knowledge and capability to commission children's and young people's services.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073897

TOOL 15: Evaluating weight management services

PURPOSE	This tool offers initial guidance from the National Obesity Observatory on criteria to include in the evaluation of weight management services.

Introduction

Monitoring and evaluating services and interventions to establish how effective they are is clearly a key part of the commissioning process. For an overview of the monitoring and evaluation process, commissioners may wish to refer to Tool D14 in *Healthy Weight, Healthy Lives: A toolkit for developing local strategies*, which provides a framework and a 12-step guide to the key elements of evaluation, an evaluation and monitoring checklist, and a glossary of terms.

To support local areas further, the National Obesity Observatory is also developing a standard evaluation framework. This will support the development of a robust evidence base on services, programmes and interventions around healthy weight – including weight management services.

The Observatory was established in 2008 to provide a single point of contact for wide-ranging authoritative information on data, evidence and practice related to obesity, overweight, underweight and their determinants. It is a member of the Association of Public Health Observatories and is sited alongside the South East Public Health Observatory.

Standard evaluation framework

It is widely recognised that there is a need to build the evidence concerning which weight management approaches are the most effective. Currently, where services are being evaluated this is being done in different ways, which does not allow for comparisons between different types of service. The standard evaluation framework (SEF) will provide a consistent approach to the collection of evaluation data, which will facilitate the comparability of findings, improve the evidence base and inform commissioning.

The draft data collection criteria for the SEF, which can be found on the National Obesity Observatory website at www.noo.org.uk/publications, are currently out to consultation. The criteria will offer a best practice model for the evaluation and audit of all targeted and population-based weight management interventions, including brief advice and preventative and treatment programmes for adults and children.

It should, however, be noted that the criteria should not be used in the evaluation of individual clinical interventions, which should follow the guidance outlined by the National Institute for Health and Clinical Excellence (NICE) in 2006.

These criteria have been divided into 'essential' and 'desirable' categories. 'Essential' data are proposed as the minimum data needed to provide a meaningful insight into any intervention, and should be collected as a routine part of project monitoring. The 'desirable' data column contains suggestions for additional aspects that will enhance the quality of any evaluation.

Commissioners may wish to use this framework as the basis for requirements about monitoring and evaluation that providers of weight management services would be expected to collect and share.

The National Obesity Observatory is also developing guidance to support the use of this evaluation framework. For further information please contact: info@noo.org.uk.

Further information

National Obesity Observatory (2008) *Standard Evaluation Framework (SEF) for weight management interventions,* consultation document.
Information on plans to develop a robust framework for the collection of high-quality information to support the evaluation of weight management programmes across England.
www.noo.org.uk/publications

Department of Health (2008) *Healthy Weight, Healthy Lives: A toolkit for developing local strategies*, Tool D14 Monitoring and evaluation: a framework.
This tool aims to provide local areas with an understanding of the basics of evaluating and monitoring interventions.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_088968

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