Developing a specification for lifestyle weight management services

Best practice guidance for tier 2 services

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Policy	Clinical	Estates
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Planning / Performance	Improvement and Efficiency	Social Care / Partnership Working

Document Purpose	Best Practice Guidance
Gateway Reference	18703
Title	Developing a specification for lifestyle weight management services
Author	Department of Health, Obesity and Food Policy Branch, PHD
Publication Date	**March 2013**
Target Audience	Directors of PH, Local Authority Commissioners of weight management services
Circulation List	Local Authority CEs
Description	This document contains best practice guidance on developing a tier 2 lifestyle weight management service specification for adults and children. This document is not mandatory.
Cross Ref	N/A
Superseded Docs	N/A
Action Required	N/A
Timing	**N/A**
Contact Details	Obesity and Food Policy Branch Department of Health Wellington House London SE1 8UG 0207 972 4448
For Recipient's Use	

First published March 2013
Published to DH website, in electronic PDF format only.
www.dh.gov.uk/publications

Developing a specification for lifestyle weight management services

Best practice guidance for tier 2 services

Prepared by the Obesity and Food Policy Branch, Department of Health

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Executive summary

This document provides guidance which can be used by local authorities when commissioning tier 2 lifestyle weight management services. It provides explanatory notes for developing a service specification, and includes two best practice example specifications - one for adults and one for children.

This guidance is non-mandatory. Local authorities can choose to use it if they wish to do so.

The guidance has been developed by the Department of Health, working closely with public health commissioners, weight management providers, and includes input from academics with expertise in weight management.

Introduction and background

The documents that follow consist of explanatory notes which should be read in conjunction with the best practice examples which are attached at Annex A and Annex B. These documents have been developed with the aim of supporting commissioners to improve the quality of tier 2[1] lifestyle weight management service specifications, for adults and children in their locality. It is intended to be used as the basis for a service tendering process and can be adapted for use in the final contract documentation.

Service specifications have an essential role to play in the commissioning process, they are a key tool that enables the commissioning organisation to set out the need, expectations of service quality, outputs and outcomes of the service being sought. They are the key source of information from which a service provider will shape the design and delivery model for the service that they are proposing. Producing a good quality service specification is crucial in securing market interest during the tendering process and in helping to secure an intervention that is fit for purpose.

Currently guidance is available from the National Institute for Health and Clinical Excellence (NICE) on the *prevention, identification, assessment and management of overweight and obesity in adults and children*[2] . It includes recommendations on the clinical management of overweight and obesity in the NHS, and advice on the prevention of overweight and obesity that applies in both NHS and non-NHS settings, and should be considered alongside this document.

This document is not mandatory. However, it has been produced to assist commissioners developing service specifications for tier 2 lifestyle weight management services, by highlighting essential and important areas for consideration. In doing so, this document provides prompts and questions intended to help commissioners ensure that their own service specification draws together relevant and appropriate information that will help to secure the delivery of a successful service for their local needs. Additionally, this document provides commissioners with guidance on a small number of realistic outcomes that could be included and linked to performance. The first guidance of its kind, offered to drive up minimum standards and set out achievable outcomes within service specifications to enable effective local services.

Local authorities can choose which contract they use for the main terms and conditions. The Public Health Services Contract is a non-mandatory contract[3] which can be used by local authorities when commissioning tier 2 lifestyle weight management services. Appendix A of the contract has a template service specification which can be adapted for use with this document.

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[1] A tier 2 service includes multi-component weight management services
[2] NICE clinical guidelines 43, (2006) http://guidance.nice.org.uk/CG43/NICEGuidance/pdf/English.
[3] Public Health Services Contract 2013/14 Guidance on the non-mandatory contract for public health services http://www.dh.gov.uk/health/2013/01/phs-contract/

Developing a service specification is a key part of the procurement process, which is one part of the commissioning cycle. The other elements of the commissioning cycle, illustrated in Figure 1, are crucial to the development of the service specification. Therefore, this document assumes that commissioners have already undertaken steps to, for example, identify need, gauge patient's preferences and map existing provision, and so have access to strategic planning information and, where a service is being recommissioned, have access to monitoring, evaluation and experience from past services as this information will be essential to informing the content of the service specification in the light of questions and considerations set out in the following sections.

NICE is currently working on producing new public health guidance which will assist commissioners on managing i) overweight and obese adults through lifestyle weight management services (final guidance is expected to be published in May 2014), and ii) managing overweight and obese children and young people through lifestyle weight management services (final guidance is expected to be published in October 2013).

Figure 1. Commissioning Cycle

Explanatory notes for developing a lifestyle weight management service specification

Table 1 sets out a structure and headings that may be used for a service specification. This structure of headings has also been adopted in the best practice example service specifications, which have been developed to illustrate how the questions and considerations identified here might be addressed. The example adult specification is attached at Annex A and the example child specification is attached at Annex B.

These specifications have focused mainly on outcomes that can successfully assess and compare the effectiveness of weight management services. There may be other outcomes that you may wish to consider. However it is important to note that based on current evidence these are not likely to provide sufficient evidence of effectiveness and should not be used for outcomes based commissioning e.g. the basis of payment by results.

The child specification refers to children aged 2-18, and the adult specification refers to adults aged 16 and over. This provides commissioners with the flexibility to decide which services to refer children to. Commissioners will wish to consider a range of issues, including the views of the family.

Table 1. Example service specification headings

Section 1: Setting the scene	**Section 2: Scope of the service**	**Section 3: Finance, monitoring and evaluation**
Introduction	Aims of the service	Finance
National/local context and evidence base	Objectives of the service	Service, monitoring and evaluation
Population needs	Any inclusion and exclusion criteria and thresholds	Evaluation criteria
Overview of local obesity services and the obesity care pathway	Referral route	
	Applicable service standards	
	Service delivery	

Section 1 of the Service Specification: Setting the scene

The content of this section, within the service specification, should seek to provide a concise introduction, background and context, an overarching aspiration, and information on existing services and the local weight management care pathway.

Section 1: Introduction

Although the weight management market is still developing there are a number of providers experienced in offering weight management services. Providing information on the public health problem presented by overweight and obesity and national policy in this area should not be necessary as providers should be acutely aware of this issue and the policy landscape relating to obesity. Instead, focus on providing a high-level description of the service that is being sought so that service providers can gain an initial sense of whether or not it is relevant for them, and they should read on.

Section 1.1 National/local context and evidence base

This section should provide a summary of the information and evidence gathered through the work undertaken in the preceding stages of the commissioning cycle. It can be helpful to include information that addresses the following questions:

- To what extent is overweight and obesity a problem in your locality?
- Why is overweight and obesity a public health priority in your locality?
- How does tackling overweight and obesity contribute to corporate priorities?
- What are the demographic characteristics of the population affected by overweight and obesity?
- What are the preferences and needs of individuals seeking to access weight management services?
- What services already exist and what has been the impact and outcomes to date?

While it is helpful to provide a complete overview, it is also important to ensure that this section is succinct. Where possible it may be helpful to signpost providers to further existing and accessible sources of information such as the eatlas[4] produced by the National Obesity Observatory (NOO)[5], the local Joint Strategic Needs Assessment and other publicly available documents.

The example service specifications refer to the risk that overweight and obesity presents to health. Being obese and overweight increases the risk of a range of diseases that can have a significant health impact on individuals eg. heart disease, type 2 diabetes and certain cancers.

[4] http://www.noo.org.uk/visualisation/eatlas

[5] From 1 April 2013, the National Obesity Observatory (NOO) will be part of Public Health England (PHE). All NOO publications and resources will be available via the PHE website

You may therefore wish to consider linking information to other health databases eg diabetes; and cardiovascular such as Myocardial Ischaemia National Audit Project (MINAP) and heart disease as run by the National Institute for Cardiovascular Outcomes Research (NICOR).

Section 1.2 Population needs

Having included information on the context it can be helpful to clarify to the service provider, the organisations overarching vision for tackling overweight and obesity. Try to help the provider to understand what it is that you are trying to achieve with regards to tackling overweight and obesity in your local population; when you want to achieve it by; and the role that this commissioned service set out in this specification has to play in contributing to this organisational aspiration.

The Government has set out national ambitions for adults and children in the *Call to action* on obesity *in England*[6]. These ambitions are aligned to the Public Health Outcomes Framework which includes two indicators for improvement. This includes excess weight in children (4-5 and 10-11 year olds), and excess weight in adults.

Section 1.3 Overview of local obesity services and obesity care pathway

The more relevant information and context that can be provided, the more tailored the providers' proposals can be which should help to improve the quality of the eventual commissioned service. This section should therefore provide an overview of the local obesity care pathway, explaining to the potential service provider for each tier of service (see Appendix i of the example specifications):

- What interventions are available?
- What data on outcomes is available?
- Whether the intervention has been or is being evaluated using the NOO Standard Evaluation Framework (SEF) for weight management services[7]
- How the intervention is delivered and the responsible organisation.
- How the intervention is accessed e.g. via self-referral or professional referral.
- Any eligibility or inclusion/exclusion criteria – these may be clinical or non-clinical.
- Where and how the tier 2 service being commissioned fits within the care pathway.
- Whether the tier 2 service is the sole provision or if there are other tier 2 services.
- Whether other relevant services are planned but not yet commissioned or delivered.
- Describe how a patient may move through each of the tiers of service.
- Describe how services interface e.g. will the tier 2 service provider be expected to refer individuals back to tier 1 services or onto tier 3 services?

[6] http://www.dh.gov.uk/health/2011/10/call-to-action/
[7] http://www.noo.org.uk/core/frameworks

This should help the provider to understand where the tier 2 service fits locally in relation to other services, where the service provider's responsibility for delivery starts and finishes and when other elements of the care pathway interface with the tier 2 service provision.

Section 2 of the Service Specification: Scope of the service

The second part of the service specification should aim to provide in depth information on the aim and objectives of the service being commissioned, who the service will target, the approach for recruiting targeted individuals into the service and key factors that need to be addressed through the service delivery.

Section 2.1 Aims of the service

This section should set out the aim of the service by telling the service provider what you want to achieve, who the target audience is and the type of service being sought. It needs to be brief and yet reflect the key aspects of the tender.

Section 2.2 Objectives of the service

With the high level aim for the service set out above, it is important to define the objectives that the service will need to achieve. This is a fundamental component of the service specification. If the objectives are ambiguous it is considerably harder to determine whether or not, following delivery, the service has been successful. It may also mean that service providers misinterpret the brief and that time is wasted clarifying questions and points or considering inappropriate tender responses.

Including objectives which are specific, realistic and defined over a set period of time is essential to providing clarity, it is also important that the objective can be measured and is Specific, Measurable, Attainable, Realistic and Time-Bound (SMART). Being clear what objectives will be the responsibility of the provider (versus the responsibility of the wider commissioning organisation) is vital to clarify expectations. Objectives for the service provider should be included in the service specification. Objectives for the wider commissioning organisation should be enshrined in the local weight management strategy. Including SMART objectives or linking the objectives to SMART Key Performance Indicators (KPIs) or outcomes will help to ensure that the provider is aware of what is expected from the service. In the example service specifications, the outcomes are set out in Appendix ii.

As the objectives will form the foundation of the service and the basis for evaluating success it is essential that they are given thorough consideration and are shaped by the information, evidence and data gathered through the preceding stages of the commissioning cycle.

Objectives can take a variety of forms and should be shaped by what it is you are seeking to achieve. Therefore, you need to consider whether you are looking for the service provider to achieve outputs such as securing the engagement of a

specific number of individuals in the service,or in delivering a specific number of programmes and whether these need to take place in prescribed areas. You will need to consider whether process objectives are appropriate, for example you might be seeking a high level of engagement, a high level of completion and a high level of customer satisfaction with service or clinical and patient engagement in the governance of the intervention. Additionally, in the context of weight management services you should include a realistic and achievable objective that reflects the requirement to help individuals lose weight. You may also want to consider whether you want the service to support individuals to sustain that healthier weight and if so, how long for.

The objectives that you require should drive the service provider to recommend appropriate interventions that have been proven to deliver them (in addition to integrating with your care pathways and other service requirements); rather than the service specification indicating the intervention that they wish to commission. The priority here is the objectives, with service providers developing and delivering services which deliver to them. This will support innovation in provision of services.

For success, objectives must be realistic; based on the best available evidence of what's achievable. Services can often be 'set up for failure' if unrealistic objectives and expectations are set from the start. Weight management, as with any behavioural change intervention, is complex and challenging and there are considerations that need to be made around realistic levels of engagement, completion and relative success in behavioural changes.

Section 2.3 Any inclusion/exclusion criteria and thresholds

The local authority responsibility in relation to the public health services they commission is a duty to take steps to improve the health of the people in their area. The duty is not limited to residents, or people permanently in the area. It is therefore for the local authority to consider the extent of their duty and determine whether any eligibility criteria can be justified given clinical requirements, resources or other priorities etc. Having set out the objectives for the service you need to consider whether and what the inclusion and exclusion criteria for accessing the service will be, will it be broad allowing a wide range of individuals to engage or will it target those with specific characteristics? Again, the criteria used should align with what it is the service is trying to achieve. For example if you are looking to target deprived areas or particular minority ethnic groups, age groups or gender, you may wish to specify the proportion of participants who should be recruited from these populations. It is also useful to list exclusion criteria for the service – who won't be eligible for the service - as this will help the provider to anticipate the characteristics of individuals eligible to access the service and their likely needs and requirements and in turn, the cost of delivering the intervention to this audience. It should be noted that most providers of tier 2 services do not impose an upper Body Mass Index (BMI) limit, so you may wish to consider tier 2 services for patients with higher BMIs. This needs to be clear in the specification.

2.4 Referral route

This section should help the provider to understand how people will access the service. Will individuals self-refer or is the provider dependant on referrals from other professionals? Some of the questions you may want to consider addressing in this section include:

- Who can refer to the scheme? (e.g. GP, nurse, health visitor, community pharmacist , health trainer or other primary or secondary care clinical staff), can individuals self-refer?
- How will referrals be managed within NHS e.g. directly from GPs, via a central access hub?
- Define the responsibility or referrer or the provider throughout the process.

If you have a local weight management care pathway it is helpful to set out any expectations about how this new service will fit with existing processes and provision. If you are expecting the service provider to accept referrals from primary care only or to generate self-referrals you should set these expectations out here.

You may want to consider whether you want to collect data on individuals who were offered an intervention, but who did not engage, noting there may be practical difficulties to collecting this information.

2.5 Applicable service standards

When commissioning a tier 2 lifestyle weight management service it is essential to set out the core service assurance factors that providers must comply with in the design and delivery of the intervention, highlighting both national as well as any specific local requirements.

You should consider whether in the tender response you want the service provider to demonstrate: how they comply with statutory requirements and clinical guidance, the skills and competence of the staff delivering the service and their ongoing professional development, how they will implement clinical governance processes, any quality assurance mechanisms that may be required, organisational competence in delivery of weight management services, how legal requirements such as the data protection act will be fulfilled.

2.6 Service delivery

This section should set out key tasks that the service provider is or isn't expected to do, that have not been addressed elsewhere. For example, it may be that venues have already been identified and secured for the delivery of the service and so the service provider is not required to plan and cost for this element of service provision. Alternatively, you may be seeking to prescribe anti-obesity drugs as part of the intervention and so the provider will need to work with the responsible prescriber and ensure that the service addresses this element of the intervention. Additionally, it can be helpful to identify what the commissioner may be able to do to support the implementation of the programme, for example, introduce the

provider to key stakeholders that may be able to support the development of clinical governance processes or to provide promotional materials and merchandise.

Section 3 of the Service Specification: Finance, monitoring and evaluation

The third part of the service specification should aim to share with the provider further information on the funding, monitoring and evaluation arrangements for the service as well as information on the criteria that will be used to evaluate the tender response. Where a contract is awarded, any finance, monitoring and evaluation requirements should be added to the relevant contract schedules, rather than included in the final service specification.

3.1 Finance

This section should identify the budget available for the service, the term over which the service is being delivered and how payment will be made.

In setting the budget for the service it is important to consider that there are a large number of ways that the service requirements may influence the service delivery costs, flexibility in achieving the service requirements and meeting the service cost can be limited if a minimum number of participants that the service must support is stated.

To develop and deliver innovative weight management programmes commissioners and providers will need to have discussion on how they best share financial risks associated with setting challenging outcomes which push beyond the current evidence base.

3.2 Service monitoring and evaluation

This section should set out the contract monitoring processes that the provider will be required to fulfil. You will need to consider whether you want to receive project plans, risk registers etc, whether a project board needs to be established and if so whether this will be the providers responsibility, whether you will want the provider to produce updates or reports, and the information aligned with the Standard Evaluation Framework for weight management services, that you want the provider to collect and present in monitoring reports and the information that the provider will need to collect in order to evidence the outcomes.

Additionally, you will need to consider whether you want a service evaluation and what this might include and who will conduct it. Evaluation is an important component of any service that is provided, but this will have cost implications. You will need to consider how much of the budget should be set aside for the evaluation. As a guide, you may wish to consider allocating 10 percent of your budget for evaluation purposes. Evaluation should be planned from the outset to ensure that relevant and timely data collection can occur.

Patient satisfaction is an important consideration/ factor in assessing the acceptability of a service. You or the service provider will need to think about whether you are content to seek patient satisfaction feedback.

While it is possible for the service provider to perform all of these functions it is important to remember that each one will involve a time requirement and therefore a financial cost. Therefore, it is essential to plan in resources to allow the service provider to deliver this element of the service to an acceptable level.

Section 4 of the Service Specification: Evaluation criteria

In addition to generic criteria, such as resilience, experience, financial suitability, staff structure, qualifications, policy on equality. It is important that the method for evaluating tender responses is transparent and clearly set out. The criteria should be weighted to reflect local needs. Key factors must be addressed in the design and delivery of the programme. In particular, evidence of the services effectiveness should be addressed by a service provider referencing published or unpublished evaluations of the outcomes achieved by the intervention delivered in other localities.

You should consider what level of evidence of effectiveness you will expect from service providers to demonstrate previous success of delivering interventions that meet the objectives in your service specification. Will you accept:

- Peer reviewed and published - independently collected and analysed
- Peer reviewed and published - internally produced and analysed
- Unpublished - independently collected and analysed
- Unpublished - internally produced and analysed

Having a scoring framework to consider the extent to which the evidence provided meets the evaluation criteria is extremely important, see table 2 for an example scoring framework, as it will enable you to reflect the extent to which the requirement has been addressed.

Table 2. Example scoring system for evaluating weight management tenders[8]

Score label	Score	Definition of score
Deficient	0	Confident that an inadequate service delivery is likely to occur or that the requirement is not met
Limited	1	Doubt that a satisfactory service delivery will occur due to limited information provision or a response that only partially addresses the requirement
Acceptable	2	Confident of acceptable service delivery, the response provides satisfactory detail, which is of relevance to the requirement

[8] Department of Health (2009) *Healthy Weight, Healthy Lives: Child Weight Management and Training Providers Framework*. London: Central Office of Information

Comprehensive	3	Confident of additional service delivery value and /or a response that is comprehensive in terms of detail and relevance to the requirement
Superior	4	Confident of additional service delivery value and /or a response that excels in terms of detail and relevance to the requirement.

Appendix ii of the Service Specification: Objectives, outcomes and methods of measurement

The outcomes listed in this section should align with the objectives set out in section 2.2 of the example specification so that they form a clear underpinning structure that will form the basis of the approach for managing the contract. As far as possible the outcomes should follow the SMART principle, therefore they should be Specific, Measurable, Attainable, Realistic and include a Time element. It is important that there are a mixture of outcomes aligned with the contract, and that it is clearly stated which outcomes are the responsibility of the service provider and which are the responsibility of the commissioning organisation and presented within the service specification for information / context only.

It is particularly important to include measurable primary outcomes which are realistic, rather than only including outcomes on attendance and through-put which are more reflective of process outcomes (albeit important). The realistic outcomes listed under Appendix ii of the example specifications have been developed through a peer developed process which has involved: undertaking a rapid review of the literature from 2000 -2012 (at the time of the review) on the published outcomes of multi-component lifestyle weight management interventions, stakeholder engagement with both adult and child weight management service providers, discussion with public health commissioners and input from academic experts in weight management.

The following factors should be taken into account:

Attrition and completion rates for individuals participating in weight loss interventions is an important process measure: In addition, level of initial engagement is important to provide insight into process of patient identification and selection. The example specifications provide suggested ways of measuring engagement and completion rates for adults and children that you may wish to consider using, in addition to realistic minimum standards for outcomes.

You should consider whether you require outcomes reported for the whole population, by BMI bands, or age or presented in any other ways.

It may be reasonable to initially commission and set objectives for a short term intervention and then reassess patient progress. Patients may then be re-referred to the same intervention if successful, or to an alternative service. Evidence suggests that that re-referral to the same service provider can lead to additional weight loss.

Other secondary outcomes were considered as part of this process but are not appropriate primary outcomes for a tier 2 lifestyle weight management service. However you may wish to consider the following:

Weight change at 12 months: Collecting longer-term data on outcomes is thought to be valuable, but most weight management interventions are commissioned for a shorter duration than 12 months and it is likely that contact with the participant may be diminished / lost adding practical complexities and cost to gathering this type of outcome data. Despite best efforts there will be participants lost to follow up, and failure to collect data from a large proportion of the participants in the commissioned service will reduce the generalisability of the information collected.

Evidence suggests that even weight loss that is only maintained for a relatively brief time following behavioural weight management programmes may have long term health benefits. Although weight regain is common after weight loss interventions, the mean rate of regain appears broadly similar after lifestyle interventions. Accordingly, greater initial weight loss would be expected to be sustained for a longer period, and as such the current evidence supports the assertion that greater initial weight loss is associated with greater weight loss at 12 months. However, given the limited evidence base of what works in delivering longer term weight management outcomes, commissioners and providers can usefully work together to develop and test different weight loss and weight maintenance service models, which, if well evaluated, will identify any impact on slope of weight regain over time.

This is important for commissioners of whom there is an expectation of delivering services which show sustainable reductions in weight amongst those exposed to intervention. If you wish to set any 12 month outcome measures you should consider whether the commissioner or the service provider should be responsible for this. If it is the responsibility of the service provider, it is likely to increase the cost per participant. The greater cost of longer term outcomes as a routine part of a provider specification will need to be weighed up against the risk of asking other providers, such as primary care, to provide follow up data through routine care or the added value in collecting this information in routine practice.

Reduction in waist circumference: It may prove difficult and impractical to collect accurate measurements of waist circumference, but you may wish to include this as a measure to help raise awareness of the benefits of a reduction in waist size. If you do, it is important to recognise the large inter-individual variability in measurement and to consider the training needs so that the measurement is taken accurately.

Insulin sensitivity, cholesterol and blood pressure measurements: Weight loss achieved by participants in commissioned services might result in clinical or health care outcomes which positively impact beyond the duration of the intervention with a positive impact on chronic disease management in primary care. You may wish to evaluate this impact so that system benefits beyond the public health outcome of weight loss are acknowledged. The complexity of the governance processes for taking clinical measurements mean that it may not be

appropriate for the service provider to measure these outcomes but consideration should be given to whether this is measured by the health professional making the referral.

Quality of life / emotional well-being: In cases where referral to weight management interventions are specifically for the purpose of improving mental health and well-being, such outcome measures may be required.

Measures of increased physical activity and improved diet: Promotion of a healthy, well balanced diet and increased physical activity are essential components within a tier 2 multi-component lifestyle weight management service that meets NICE (2006) best practice guidance. Service assurances will need to provide evidence to demonstrate how the intervention delivers to NICE best practice standards.

The NOO Standard Evaluation Framework recommended the measurement of diet and physical activity as core components of an evaluation of a weight management intervention, alongside body weight. However, it is recognised that measurement of physical activity and diet is complicated. It is particularly challenging for weight management services to collect data using valid objective measures, which can also add considerable time and cost to commissioned services, and increase the burden on participants.

It is therefore recommend that commissioners focus on demonstrating change in the primary indicator of body weight, as successful weight loss strongly implies positive changes in diet and/or physical activity. Collecting and reporting data on diet and physical activity will considerably enhance the evaluation, and help to demonstrate the effectiveness of individual components of the programme, but this is not essential.

Annex A

BEST PRACTICE EXAMPLE: TIER 2 LIFESTYLE WEIGHT MANAGEMENT SERVICE SPECIFICATION FOR ADULTS

Purpose of this document

The purpose of this document is to provide a best practice example of a tier 2 adult lifestyle weight management service specification. This document should not, in itself, be used to commission services. This best practice example is intended to provide an illustration of what, and how, key information needed for commissioning a tier 2 adult lifestyle weight management service can be incorporated into a service specification. It should be read in conjunction with the associated explanatory notes.

In some cases, this document includes examples of the type of information that should be included in a service specification. However, final content should be locally determined.

SUMMARY	
Service specification number	(insert)
Service	Tier 2 adult weight management service
Authority / Commissioner lead	(insert name)
Tender response deadline	(insert date)
Interview/meeting date	(insert date)
Contract awarded	(insert date)
Period of contract delivery	[X years]
Date of review	(insert)

1. Introduction

We are seeking to commission a service provider to design and deliver an accessible tier 2 lifestyle adult weight management service, which supports overweight and obese adults to lose weight and learn how to maintain a healthier weight, and that will form an integral part of the local weight management care pathway.

This service contract is for [insert number of years], more information on the aims, objectives, outcomes and budget are set out in the following sections. All responses to this service specification will be evaluated against their evidence of the criteria set out in section 4.

1.1 National /local context and evidence base

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

social care costs. An estimated [insert percentage] of adults in the locality are obese, with [insert percentage] overweight, equivalent to over [insert figure] and [insert figure] people respectively and rising. More information on local trends and prevalence can be found in the Joint Strategic Needs Assessment (insert link here).

Evidence shows that there is a strong association between obesity and deprivation and some minority ethnic groups. These are the two key factors in considering prevalence across the locality as we have high levels of deprivation, and a large proportion of the local population is made up of higher risk minority ethnic groups (insert percentage proportions here).

In order to tackle this key public health problem we are seeking to commission the delivery of a new lifestyle weight management service for adults (aged 16 years or over) with a [9]BMI of >25 which will support them to lose weight and learn how to maintain a healthier weight. This service will also need to support a reduction in health inequalities by ensuring resources are targeted to priority communities.

1.2 Population needs

The prevalence of overweight and obesity across the locality are considerably higher than the English average, over the next [insert number of years] we are seeking to halt the continued rise in unhealthy weight prevalence in adults and aim for a sustained downward trend and will draw on the data gathered through the Public Health Outcomes Framework to evidence the changing trend.

Our local weight management strategy sets out a range of interventions that we will be implementing in order to achieve this aspiration, one key service that will contribute to this will be the tier 2 lifestyle weight management services for overweight and obese adults.

1.3 Overview of local obesity services and the obesity care pathway

Our weight management strategy is evidence based, driven by local need and incorporates best practice; aiming to deliver an integrated suite of preventative and treatment interventions through four tiers of services (insert link to strategy here). Tier 1 services comprise of a broad spectrum of community-based interventions which are universally available to all adults living or working within the locality, for example, cook and eat sessions, walking for health, cycling highways and Change4Life.

The service resulting from this commission will form the basis of our new tier 2 service offer to adults within the care pathway. Tier 2 services include multi-component weight management services. In addition, existing clinical based tier 3 specialist multidisciplinary service and tier 4 surgical interventions are available to all adults meeting the necessary eligibility criteria. A report on progress and outcomes to date across tier 3 and 4 can be accessed here (insert link). Tier 2 services will be new to this area.

The pathway that links the services are illustrated at Appendix i. In addition, we have committed, through the weight management strategy, to continue to develop the provision of tier 2 services that engage with, attract and deliver outcomes to specific at risk groups

[9] The National Institute for Health and Clinical Excellence (NICE) is developing public health guidance, Assessing thresholds for body mass index (BMI) and waist circumference in black and other minority ethnic groups. The final guidance is expected to be published in June 2013.

in our locality. These are detailed within the strategy and informed by the local Joint Strategic Needs Assessment.

2. Scope of the service

2.1 Aims of the service

To design and deliver an evidence based, accessible tier 2 lifestyle weight management service for adults aged over 16 years of age, which will support people with a BMI >25 to lose weight and learn how to maintain a healthier weight.

2.2 Objectives of the service

The objectives of the service are set out below, Appendix ii aligns these with outcomes, against which the successful provider will be monitored, and the proposed measurement approach that will be used to evaluate the achievement of the outcome.

2.2.1 Key process objective

a) To implement an accessible tier 2 lifestyle adult weight management service for overweight and obese adults aged 16 and over within the locality, which forms an integral part of the weight management care pathway.
b) To target access to the service in line with local Joint Strategic Needs Assessment as stated within the local weight management strategy:
c) To monitor and evaluate the delivery of the service to the stated objectives.

2.2.2 Key health objective

d) To provide a lifestyle multi-component weight management service that supports overweight and obese adults to lose weight and learn how to maintain a healthier weight.

2.3 Any inclusion/exclusion criteria and thresholds

This tier 2 service will sit within our existing care pathway and link to tier 1 interventions aimed to prevent unhealthy weight and tier 3 interventions to support those with greater clinical needs. As such, individuals eligible to access this service must be aged 16 years, in the locality and have a BMI equal to or greater than 25.

Individuals not complying with these criteria will not be eligible to access the service but can access alternative provision as shown on the care pathway in Appendix i. Furthermore, individuals meeting the following criteria should be excluded from this service:

- are pregnant, or breastfeeding
- have an eating disorder
- have an underlying medical cause for obesity and would benefit from more intensive clinical management than a tier 2 service
- have significant co-morbidity or complex needs as identified by their GP or other healthcare professionals
- with a BMI of $\leq$25
- who have previously self funded sessions with a multi-component weight management provider in the 3 months prior to referral
- under the age of 16.

2.4 Referral route
The service provider will:

- Accept self-referred individuals complying with the inclusion/exclusion criteria.
- Accept referrals from primary care, all health care professionals and relevant stakeholders.
- Where the individual is not eligible for this service, where eligible, refer them on to other services within the weight management care pathway or signpost to other relevant health and social care services.

2.5 Applicable service standards
Providers are expected to demonstrate in their response, and will be evaluated against, how their intervention complies with the following:

- CQC compliance if applicable
- The relevant aspects of NICE (2006) guidance on the *prevention, identification, assessment and management of overweight and obesity in adults and children*, including best practice guidance on multi-component lifestyle weight management programmes
- Any evidence of previous success delivering interventions that meet objectives in this service specification
- Service meets statutory Health and Safety requirements
- Service meets local and national safeguarding requirements
- Service model and staffing structure will deliver all aspects of the required service
- Staff recruitment, training and development policies and practises ensure that staff have the appropriate competencies to deliver the intervention
- Data protection and information governance, qualified as a minimum level 2 within NHS Information Governance standards.
- Implementation plan shows how the service will be delivered to timescales, and that risks are mitigated
- Ability to meet demand and ability to increase capacity if demand rises

2.6 Service delivery
The provider will be responsible for co-ordinating and meeting the suitable budget available for the cost of securing the equipment, facilities and materials necessary to deliver the intervention. The commissioner may be able to assist with brokering relationships with key local partners to facilitate the identification of appropriate venues.

3. Finance and Monitoring

3.1 Finance
The total maximum budget available for the delivery of this service is £[insert numbers] for the duration of the [insert number of years]. Payments will be made as per the terms of the contract.

3.2 Service, monitoring and evaluation
The provider will be required to attend quarterly contract meetings with the commissioner and to produce quarterly update reports, which includes information on:

- The outcomes set out in appendix ii

- Programme expenditure.

4. Evaluation Criteria

Responses to deliver to this service specification will be evaluated against the following criteria:

a) Service design and delivery

The tender response demonstrates:

i. The service delivery model and the patient journey through the service.
ii. That the service is designed on the basis of current evidence and meets all NICE (2006) best practice standards for a multi-component weight management programme
iii. That appropriate monitoring and project management systems are included within the service design and evidence of appropriate governance arrangements has been provided.
iv. Evidence that the service will be accessible and free to users at the point of contact
v. how the service will target and engage those priority high risk individuals as stated within the local weight management strategy
vi. Evidence of how the service will comply with quality assurance requirements, including statutory requirements as set out in section 2.5
vii. How the objectives set out in section 2.2 and appendix ii will be achieved.

b) Previous experience

viii. The service provider's previous experience in delivering multi-component lifestyle weight management services.
ix. Evidence of the proposed intervention effectiveness to deliver to objectives.

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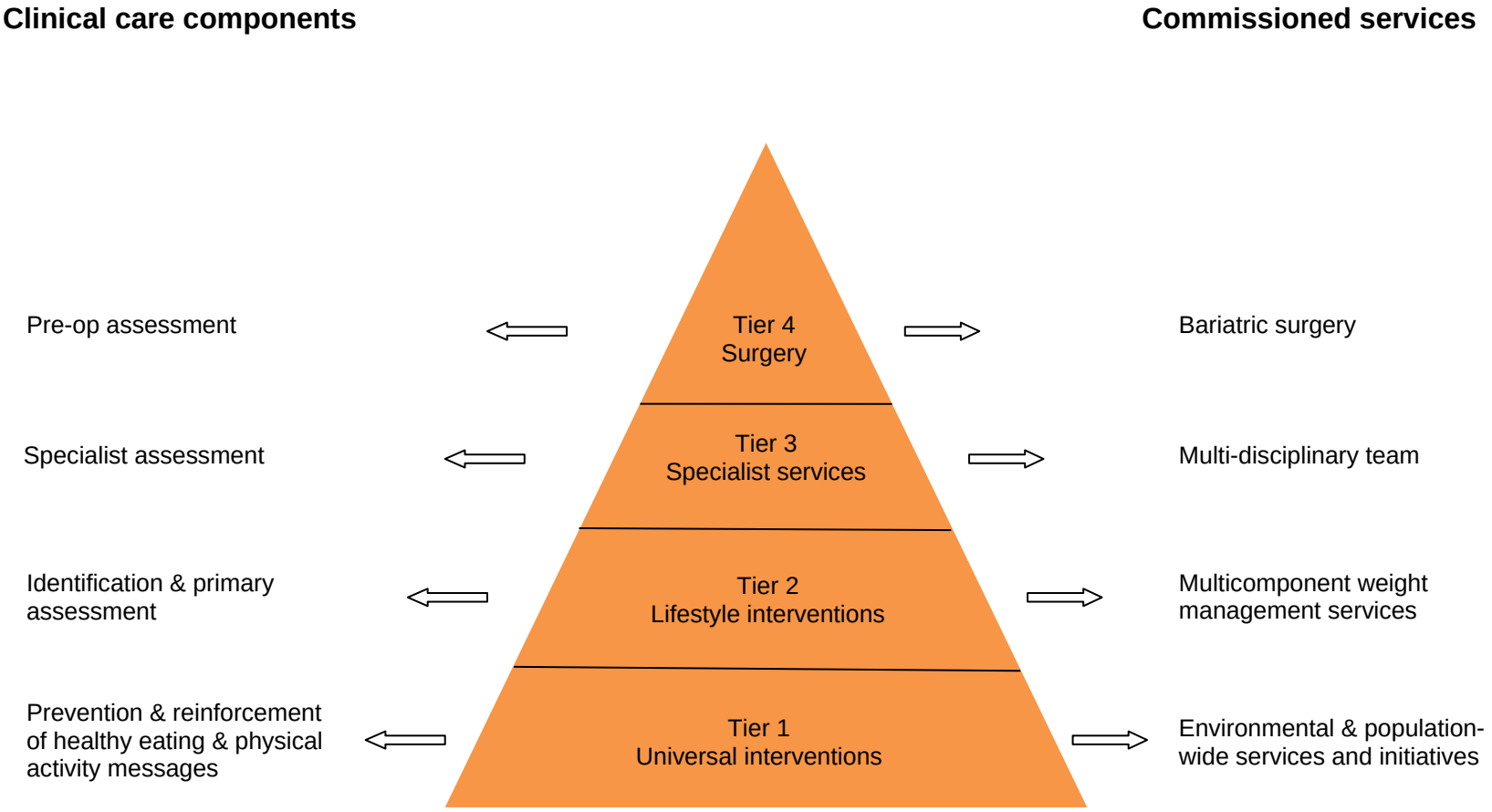
c) Finance

x. The service presents value for money
xi. The overall cost of the service.

Appendix i: Obesity care pathway



Appendix ii: Objectives, Outcomes and Method of Measurement

Process			
Objective	**Outcome**	**Method of Measurements**	**Period of Activity Covered**
a) To implement an accessible tier 2 lifestyle adult weight management service for the overweight and obese adults aged 16 and over within the locality, which forms an integral part of the weight management care pathway.	i. 100% of patients accessing the service meet the eligibility criteria.	i. Number of participants.	i. [Insert as appropriate].
	ii. A minimum of 60% of all engaged participants complete the intervention. Engaged participants are those who have attended at least 2 sessions of the intervention[10]. Completion is measured as participants attending at least one of the last three sessions of the intervention.	ii. Engagement and completion rates.	ii. [Insert as appropriate].
	iii. The service is free at the point of contact and resources shared with users are provided free of charge.	iii. Project initiation.	iii. [Insert as appropriate].

[10] Evidence shows that, despite assessing readiness to change before a programme, a small number of participants attend only one session; by excluding these participants here, we are seeking to ensure than a minimum of 60% of all other participants go on to complete the programme'

	v. The service is safe, appropriate and complies with legislative requirements. v. 100% of staff are appropriately trained and competent in delivery of the proposed services. vi. Services are available locality wide and during the day, evening and weekends. vii. Key stakeholders are engaged in the ongoing development and governance of the programme.	iv. External audit of procedures, protocols and adherence to legal requirements. v. External audit of staff qualifications and competencies. vi. Service programming. vii. Evidence that governance arrangements are in place and being utilised.	iv. [Insert as appropriate]. v. [Insert as appropriate]. vi. [Insert as appropriate]. vii. [Insert as appropriate].
b) To target access to the service in line with local Joint Strategic Needs Assessment as stated within the local weight management strategy: (i) individuals living in areas of deprivation (insert specific definition here)	i. xx% of individuals achieving outcomes are from deprived areas, as defined within the contract. ii. xx% of individuals achieving outcome are from the identified priority high risk groups.	i. Proportion of participants from specific LSOA post code. ii. Proportion of participants from the priority high risk groups.	i. [Insert as appropriate]. ii. [Insert as appropriate].

(ii) individuals from priority high risk groups [Other priority groups]			
c) To monitor and evaluate the delivery of the service to the stated objectives.	i. 100% of participants demographic details are recorded in line with SEF criteria and weight status is measured and recorded as a minimum at the beginning and the end of the intervention ii. XX% of key stakeholders e.g. primary care professionals are aware of the service and rate it as good or excellent. ii. XX% of participants rate the service as good or excellent. v. To report the service outcomes using the NOO SEF.	i. Participant demographics and weight status ii. Insert iii. Insert iv. Insert	i. [Insert as appropriate]. ii. [Insert as appropriate]. iii. [Insert as appropriate]. iv. [Insert as appropriate].

Health			
Objective	**Outcome**	**Method of Measurements**	**Period of Activity Covered**
d) To provide a multi-component lifestyle weight management service that supports overweight and obese adults to lose weight and learn how to maintain a healthier weight. .	) Participants who have attended at least 1 session of the intervention achieve a mean weight loss of at least 3% of their initial weight, at the end of the intervention. This minimum standard is using BOCF analysis (classed as all participants who have attended at least 1 session of the intervention)[11]. ii) At least 30% of all participants have achieved a weight loss equal to or greater than 5% of their initial weight at the end of the intervention. This minimum standard is using BOCF analysis	i) BOCF mean weight change analysis of all participants attending at least 1 session. ii) BOCF % weight change analysis of all participants attending at least 1 session	i. [Insert as appropriate] ii) [Insert as appropriate]

[11] Only participants who have attended at least one session will have a baseline weight recorded from which overall weight change during the programme may be calculated'

	(classed as all participants who have attended at least 1 session of the intervention)		

Annex B

BEST PRACTICE EXAMPLE: TIER 2 LIFESTYLE WEIGHT MANAGEMENT SERVICE SPECIFICATION FOR CHILDREN

Purpose of this document

The purpose of this document is to provide a best practice example of a tier 2 child lifestyle weight management service specification. This document should not, in itself, be used to commission services. This best practice example is intended to provide an illustration of what, and how key information needed for commissioning a tier 2 child lifestyle weight management service can be incorporated into a service specification. It should be read in conjunction with the associated explanatory notes.

In some cases, this document includes examples of the type of information that should be included in a service specification. However, final content should be locally determined.

SUMMARY	
Service specification number	(insert)
Service	Tier 2 child weight management service
Authority/ Commissioner lead	(insert name)
Tender response deadline	(insert date)
Interview/meeting date	(insert date)
Contract awarded	(insert date)
Period of contract delivery	(X years)
Date of review	(insert)

1. Introduction

We are seeking to commission a service provider to design and deliver an accessible tier 2 lifestyle weight management service, which supports overweight and obese children to reach and maintain a healthier BMI, and that will form an integrated part of the local weight management care pathway.

This service contract is for [insert number of years], more information on the aims, objectives, outcomes and budget are set out in the following sections. All responses to this service specification will be evaluated against their evidence of the criteria set out in section 4.

1.1 National /local context and evidence base

Overweight and obesity presents a major challenge to the current and future health of the local population. In children, a BMI centile ≥ 91st is associated with health and psychosocial problems within childhood itself and may put individuals at a greater future health risk of type 2 diabetes, Coronary Heart Disease, hypertension and some forms of cancer. It also contributes to increased social care costs. Our locality has a relatively high

proportion of overweight and obese children and young people, [insert percentage] between 2 – 18 years, compared with the average in England and data from the National Child Measurement Programme (NCMP), which involves the weighing and measuring of Reception Year (age 4-5) and Year 6 (age 10-11) highlights that: [please insert relevant statistics for your area eg.] More information on local trend and prevalence can be found in the Joint Strategic Needs Assessment (insert link here).

- In Reception, over a fifth of the children measured were either overweight or obese. In Year 6, this proportion was one in three.
- The percentage of obese children in Year 6 was more than double that of Reception year children.
- In Reception Year, obesity prevalence is statistically significantly lower than it was last year, while the prevalence of overweight has remained about the same.
- Conversely, in Year 6, obesity prevalence is statistically significantly higher than it was last year, while there has been a drop in the prevalence of overweight children.
- Correlation between obesity prevalence and deprivation is very strong, with prevalence roughly double in the most deprived areas compared with the least deprived. There are also marked differences between ethnic groups, with greatest obesity levels in Black African children and lowest in Chinese children.

These trends have important health implications for the health of children in our locality, particularly as nearly [insert percentage] of residents are from Minority Ethnic Groups and a number of wards are in the bottom quintile of the Index of Multiple Deprivation. More information on child obesity prevalence and the population demographic can be found in our Joint Strategic Needs Assessment.

In order to tackle this key public health problem, we are seeking to commission the delivery of a new lifestyle weight management service to support and enable children between 2 and 18 years of age with a BMI centile at or above 91 to reach or maintain a healthier BMI. This service will also need to support a reduction in health inequalities by ensuring resources are targeted to priority communities.

1.2 Population needs

The prevalence of overweight and obesity in 2 – 18 year olds in our locality is considerably higher than the English average. Over the next [insert number of years] we are seeking to achieve a sustained downward trend in unhealthy weight prevalence in 2-18 year olds by taking a life course approach to weight management service provision. We will draw on the data gathered through the Public Health Outcomes Framework to evidence the changing trend.

Our local weight management strategy sets out a range of interventions that we will be implementing with parents, children and young people in order to achieve this aspiration and the obesity care pathway shown in Appendix i demonstrates how these services will integrate to form a seamless and integrated offer. One key element that will help us to achieve our aspiration is the provision of tier 2 lifestyle weight management services for overweight and obese children.

1.3 Overview of local weight management services and obesity care pathway

Our weight management strategy is evidence based, driven by local need and incorporates best practice; aiming to deliver an integrated suite of preventative and treatment interventions through four tiers of services (insert link to strategy here). Tier 1 services comprise of a broad spectrum of community-based interventions which are universally available to children, for example, the healthy schools programme, walking school buses, and Change4Life sports clubs.

The service resulting from this commission will form the basis of our new tier 2 service offer to children and will form a key component of the obesity care pathway. Tier 2 services include multi-component weight management services. Our obesity strategy commits to the continued expansion of the pathway which will include the development of new services targeting early years, teenagers and to the development of more intensive lifestyle services for children with greater needs in the form of tier 3 and tier 4. In addition, clinical based tier 3 specialist multidisciplinary service and tier 4 surgical interventions are available to all children meeting the necessary eligibility criteria.

The pathway that links the services are illustrated at Appendix i. In addition, we have committed, through the weight management strategy, to continue to develop the provision of tier 2 services that engage with, attract and deliver outcomes to specific at risk groups in our locality. These are detailed within the strategy and informed by the local Joint Strategic Needs Assessment.

2. Scope of the service

2.1 Aims of the service

To design and deliver an evidence based accessible, tier 2 lifestyle child weight management service that will assist children and young people between 2 and 18 years of age who are on or above the 91st BMI centile to reach and maintain a healthier BMI.

2.2 Objectives of the service

The objectives of the service are set out below. Appendix ii aligns these with outcomes, against which the successful provider will be monitored, and the proposed measurement approach that will be used to evaluate the achievement of the outcome.

2.2.1 Key process objective

a. To implement an accessible tier 2 lifestyle child weight management service for overweight and obese 2 – 18 year old population within the locality, which forms an integral part of the obesity care pathway
b. To target access to the service in line with local Joint Strategic Needs Assessment
c. To monitor and evaluate the delivery of the service to the stated objectives.

2.2.2 Key health objective

d. To provide a lifestyle weight management service that helps children to achieve and maintain a healthier BMI.

2.3 Any inclusion/exclusion criteria and thresholds

This tier 2 service will sit within our existing care pathway and link to tier 1 interventions aimed to prevent unhealthy weight and tier 3 interventions to support those with greater needs. As such, individuals eligible to access this service must be aged between 2 -18 years, in the locality and have a BMI equal to or greater than the 91st centile.

Individuals not complying with these criteria will not be eligible to access the service but may be eligible to access alternative provision as shown on the care pathway in Appendix i. Furthermore, individuals meeting the following criteria should be excluded from this service (unless deemed appropriate by specialist staff):

- Have an eating disorder,
- individuals with an underlying medical cause for obesity and would benefit from more intensive clinical management than a tier 2 service.
- Children with more complex needs such as learning difficulties and mental health issues should be considered on a case by case basis, and not part of the tender specification.

2.4 Referral route

The service provider will:

- Accept referrals from primary care, all healthcare professionals and relevant stakeholders.
- Accept self-referrals from eligible local families.
- Make onward referrals to other relevant health and social care services where appropriate.

2.5 Applicable service standards

Providers are expected to demonstrate in their response, and will be evaluated against, how their intervention complies with the following:

- CQC compliance if applicable
- The relevant aspects of NICE (2006) guidance on the *prevention, identification, assessment and management of overweight and obesity in adults and children*, including best practice guidance on multi-component lifestyle weight management programmes.
- Any evidence of previous success delivering interventions that meet objectives in this service specification
- Service meets statutory Health and Safety requirements,
- Service meets local and national safeguarding requirements and staff working with children and vulnerable people – e.g. CRB checking,
- Service model and staffing structure will deliver all aspects of the required service
- Staff recruitment, training and development policies and practises ensure that staff have the appropriate competencies to deliver the intervention.
- Data protection and information governance, qualified as a minimum level 2 within NHS Information Governance standards.
- Implementation plan shows how the service will be delivered to timescales, and that risks are mitigated
- Ability to meet demand and ability to increase capacity if demand rises.

2.6 Service delivery
The provider will be responsible for co-ordinating and meeting the suitable budget available for the cost of securing the equipment, facilities and materials necessary to deliver the intervention. The commissioner may be able to assist with brokering relationships with key local partners to facilitate the identification of appropriate venues.

3. Finance and Monitoring

3.1 Finance
The total maximum budget available for the delivery of this service is £[insert number] for the duration of the [insert number of years]. Payments will be made as per the terms of the contract.

3.2 Monitoring
The provider will be required to attend quarterly contract meetings with the commissioner and to produce quarterly update reports, which include information on:

- The outcomes set out in Appendix ii.
- Programme expenditure

4. Evaluation Criteria

Responses to this tender response to deliver to this service specification will be evaluated against their demonstration of the following criteria:

a) Service design and delivery
The tender response demonstrates:

i. The service delivery model and the patient journey through the service.
ii. That the service is designed on the basis of current evidence and meets all NICE (2006) best practice standards for a multi-component weight management programme
iii. That appropriate monitoring and project management systems are included within the service design and evidence of appropriate governance arrangements has been provided.
iv. Evidence that the service will be accessible and free to users at the point of contact
v. How the service will target and engage those priority high risk individuals as stated within the local weight management strategy
vi. Evidence of how the service will comply with quality assurance requirements, including statutory requirements as set out in section 2.5
vii. How the objectives set out in section 2.2 will be achieved and appendix ii will be achieved.

b) Previous experience
viii. The service provider's previous experience in delivering multi-component

lifestyle weight management services to children and their families/carers.

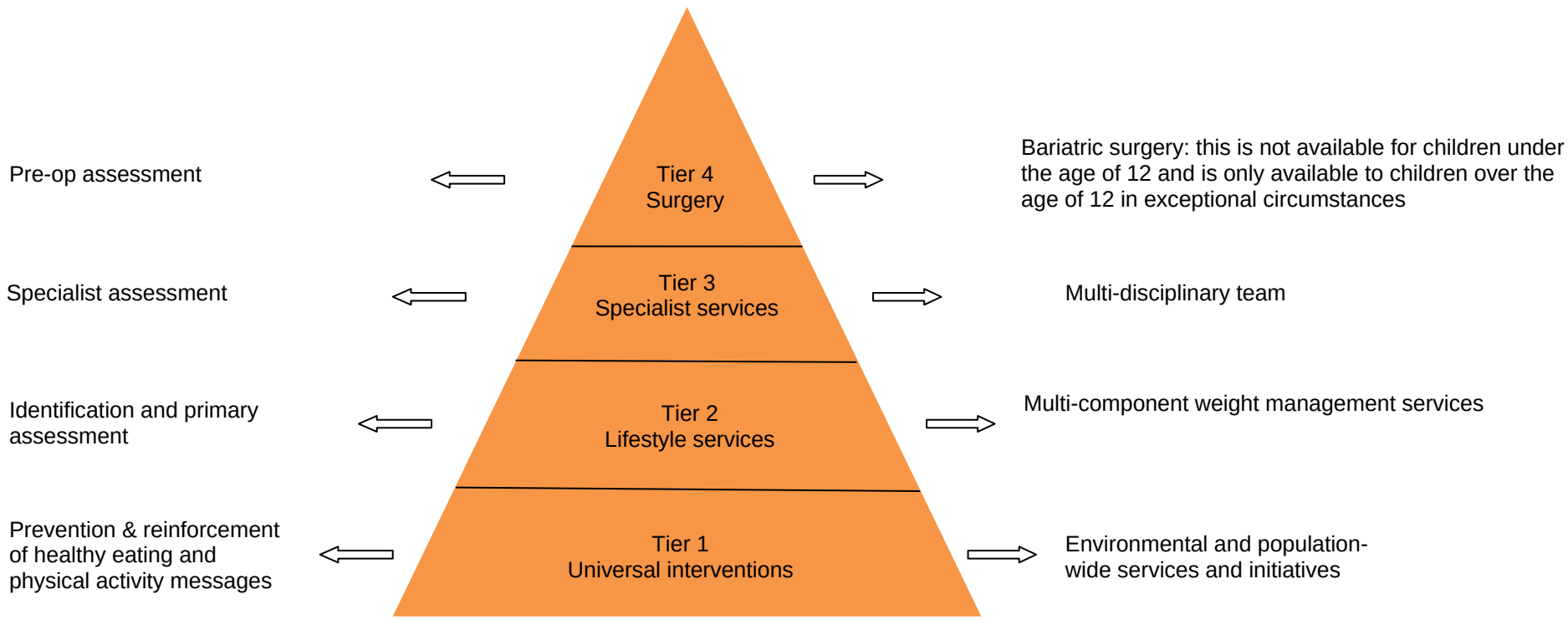
ix. Evidence of the proposed intervention effectiveness to deliver objectives.

c) Finance

x. The service presents value for money

xi. The overall cost of the service.

Appendix i: Obesity care pathway



Appendix II: Objectives, Outcomes and Method of Measurement

Process			
Objective	**Outcome**	**Method of Measurement**	**Period of Activity Covered**
a) To implement an accessible tier 2 lifestyle child weight management service for the overweight and obese 2 – 18 year old population within the locality, which forms the an integral part of the obesity care pathway.	i. 100% of patients accessing the service meet the eligibility criteria. 100% of children who attended the 1st or 2nd session should be measured at baseline.	i. Number of participants.	i. [Insert as appropriate].
	ii. A minimum of 65% of all engaged participants complete the intervention. Engaged participants are those who have attended at least 2 sessions of the intervention. Completion is measured as attendance by an engaged participant of at least 60% of the sessions of the intervention.	ii Completion rates.	ii. [Insert as appropriate].
	iii. The service is free at the point of contact	iii. Project initiation.	iii. [Insert as appropriate].

	and resources shared with users are provided free of charge.		
	iv. The service is safe, appropriate and complies with legislative requirements	iv. External audit of procedures, protocols and adherence to legal requirements.	iv. [Insert as appropriate].
	v. 100% of staff are appropriately trained and competent in delivery the proposed services.	v. External audit of staff qualifications and competencies.	v. [Insert as appropriate]
	vi. Services are available locality wide and during the evening and weekends.	vi.Service programming.	vi. [Insert as appropriate]
	vii. Key stakeholders are engaged in the ongoing development and governance of the programme.	vii Evidence that governance arrangements are in place and being utilised.	vii. [Insert as appropriate]
b) To target access to	i. [insert percentage] of	i. Proportion of	i. [Insert as

the service in line with the local Joint Strategic Needs Assessment: (i) children living in areas of deprivation and high obesity prevalence. (ii) children from minority ethnic groups.	individuals achieving outcome are from deprived areas. ii. [insert percentage] of individuals achieving outcome are from minority ethnic groups. iii. [insert percentage] of individuals achieving outcomes are from other priority groups [state as appropriate].	participants from specific LSOA post code. ii Proportion of participants from minority ethnic groups.	appropriate]. ii. [Insert as appropriate].
c) Monitor and evaluate the delivery of the service to the stated objectives.	v. [insert percentage] of key stakeholders e.g. primary care professionals are aware of the service and rate it as good or excellent. vi. [insert percentage] of participants rate the service as good or excellent. vii. To report the service outcomes using the NOO SEF.	v. Insert vi. Insert vii. Insert	v. [Insert as appropriate] vi. [Insert as appropriate] vii [Insert as appropriate]

Health			
Objective	**Outcome**	**Method of Measurement**	**Period of Activity Covered**
d) To provide a lifestyle weight management	i. 80% of children	i. Results.	i. [Insert as

service that helps children to achieve and maintain a healthier BMI.	completing the programme maintain or reduce their BMI z-score. For information and definitions relating to classifying BMI in children see "*A simple guide to classifying Body Mass Index in Children*" (June 2011) Produced by the National Obesity Observatory.		appropriate]