

Introduction

Background and need

Excess weight remains one of the greatest public health challenges both nationally and locally; it is the third biggest risk factor for premature death and is strongly associated with a number of life-limiting diseases as well as with poorer mental health and wellbeing and outcomes. Childhood and adult obesity are closely linked, and it is well established that overweight / obese children are more likely than their healthy-weight counterparts to become overweight / obese adults. Evidence suggests that 79% of obese teenagers will remain so during adulthood. There is also a significant link between parents', particularly mothers', weight status and that of their children. It is therefore essential that excess weight in children is not treated in isolation but as part of a holistic, whole family approach to health that incorporates social, emotional and educational as well as physical health support.

In Lincolnshire 25.6% of children in Reception and 36.4% in year six are overweight or obese; this equates to approximately 4125 children and is significantly higher than both the East Midlands and England. Nationally, childhood obesity is strongly associated with deprivation, and this is also the case in Lincolnshire, with children in the most deprived areas being 1.7 times more likely to be obese than those in the least. Children's physical activity levels in the county are also a cause for concern with only 48.9% meeting the CMO's recommended levels. And, as with obesity, it is far more likely for children from the most deprived areas to be inactive than those from the most affluent.

The child and family weight management and healthy lifestyle service will provide direct support to Lincolnshire children, aged four to twelve, and their families, to help them adopt and maintain healthier lifestyles, in particular with respect to diet and physical activity, as well as greater resilience and improved mental and emotional wellbeing.

Changing families' lifestyles requires a whole system approach that combines the individual, the community and the population with tiers of intervention that take account of personal circumstances, neighbourhoods and wider determinants of health. The service will be a key component of this approach and will focus on supporting individual families within this broader context.

The service will offer vibrant, holistic and non-stigmatising activities that motivate, enable and support families to change their diet and activity levels as well as supporting parents to adopt more positive and effective parenting styles. Eligibility for the service will be via identification of children as overweight or obese by the National Child Measurement Programme (NCMP) or through referral from a range of partner organisations according to a child or family's capacity to benefit with respect to the key service outcomes.

Whilst the service will be universally available, a targeted approach will seek to address inequalities by focusing resources on those areas with greatest need in terms of both weight status and deprivation.

Aims

The provider will deliver interventions that support children and their families to modify those behaviours that have the greatest impact on childhood obesity, i.e., diet and physical activity, as well as supporting improvements to social, emotional and mental wellbeing more broadly. This will be achieved by the provision of a high-quality service that adopts a holistic approach to families' needs, operates in a non-stigmatising way, is co-produced with local families and contributes to a reduction in health inequalities.

A countywide, branded programme will contribute to:

- Increased levels of childhood and family physical activity
- Improvements in children's and families' diet and an increase in fruit and vegetable consumption
- Improved health and reduced health inequalities
- Improved wellbeing, better parenting skills and greater resilience amongst families with complex needs
- A stabilisation or reduction in childhood obesity, especially in areas of greatest need
- Lincolnshire's whole system, preventative approach to tackling obesity and inactivity
- A long-term reduction in the cost burden of health and care services

Objectives and outcomes

The objectives of the service are:

- To implement a needs-led intervention that aligns closely to the NCMP as well as allowing for children with a broader range of needs to receive support
- To support children and families to make sustainable, positive lifestyle choices whilst reducing inequalities
- To monitor and evaluate the delivery and impact of the service and provide robust data in line with local indicators to demonstrate the health and wellbeing outcomes

The outcomes are described fully in the KPI schedule (Appendix A, below) against which the providers will be monitored.

The overarching outcomes for children are:

- Improvement / stabilisation in BMI / BMI z scores
- Increased participation in physical activity
- Improved diet and increased fruit and vegetable consumption
- Increased mental wellbeing scores

Whilst the outcomes described in the KPI schedule are principally targeted at children, it is expected that parents / carers may also benefit with respect to the following:

- Increased participation in physical activity
- Improved diet and increased fruit and vegetable consumption
- Increased mental wellbeing scores

- Increased referrals to Lincolnshire's Integrated Lifestyle Service

Service Description

Service overview

- The service will entail two tiers of support.
- The service will be offered county-wide but resources will be weighted towards those areas with the highest levels of deprivation and /or childhood obesity
- The providers will ensure that all components of the service are consistent with NICE guidance and Quality Standards (e.g., QS94, PH42, PH17, PH49) and that they are based on techniques that have been shown to be effective. However, given the lack of national evidence around children's weight and lifestyles interventions, the providers will have the flexibility to try innovative methods that are not necessarily supported by existing research; these should be based on a sound rationale and include comprehensive data collection processes that allow their effectiveness to be measured, with any learning being fed back into the service.
- The provider will use recommended behaviour change techniques that will include a respectful, non-stigmatising approach that fosters independence and self-management and the setting of realistic lifestyle goals that are sustainable in the long term and focus on the prevention of relapse
- The service will be delivered by highly skilled practitioners trained in motivational interviewing
- The providers will identify and signpost to on-going sources of support once the programme ends and will encourage families who need specialist support to discuss this with their GP or other health professional
- Families who drop out of the programme will be contacted in order to understand the reasons for their withdrawal and to try to put an appropriate, alternative plan in place; this may include the offer to participate in a future weight management or healthy lifestyle course, one-to-one support or referral to a different service
- The providers will put in place robust monitoring and data collection processes. In addition to weighing and measuring children on the weight management programme, all families will be asked to complete brief self-reported outcome assessments prior to their first session, upon completion of the group activities, at 26 weeks and at 52 weeks in order to measure the extent to which behavioural changes are being achieved and maintained
- The providers will be responsible for branding the service in a positive, vibrant way that focuses on children's overall wellbeing rather than just their weight status, and for promoting the service to external stakeholders and potential service users.

Tier One

Extended Brief Intervention

The extended brief intervention (EBI) will typically consist of a 30-minute phone-call with eligible families. The EBI calls will be delivered by staff trained in motivational interviewing and will align with MECC principles and the NCMP Conversation Framework. It will include an assessment of families' needs, goals and motivation to change in line with NICE guidance PH49.

The key aims of the EBI are to encourage families to take up the offer of a place on a weight management or healthy lifestyles group programme, and to encourage and motivate those families that do not go onto the group programmes to make small, positive changes to their lifestyle or to seek out alternative sources of help.

The providers will initiate a phone-call to the families of referred children to deliver the EBI. Alternative methods, for example letter or email will be used if the providers are unable to contact the families by phone.

Following from the EBI the family will be offered a range of options, such as:

- A referral into a weight management or healthy lifestyles group programme.
- An opportunity to book onto an online 'taster' session where families can learn more about the services on offer and how to make simple healthy lifestyle changes.
- The opportunity to attend a community taster session which will be held in accessible settings in areas with high levels of deprivation and childhood obesity.
- Details of how to self-refer into the service at a later date for families who are not yet ready to take up the offer of a place on one of the group programmes
- At the discretion of the providers, the opportunity for one-to-one support

Families will be informed about how to access other healthy lifestyles information and services including through the providers' website, as well as through national campaigns and resources

Following the completion of NCMP measurements, in areas with high deprivation and obesity rates EBI calls will be supplemented by drop-in sessions in schools to encourage parents to come and talk to the providers about any concerns they may have.

Tier Two

Tier two support will consist of two pathways; weight management and healthy lifestyles. Both pathways will offer a programme of primarily group-based, multi-component activities that motivate, enable and support children to make sustainable improvements to their BMI scores and help families to make long-term changes to their diet, physical activity levels and social and emotional wellbeing as well as encouraging parents to adopt more positive and effective parenting styles.

Weight Management Programme

The weight management intervention will typically consist of:

- An initial consultation at which eligibility is confirmed and baseline outcome data gathered
- Twelve sessions that combine one-to-one and group activities that take place during school term-time at accessible locations and at times that take account of the needs of service users, particularly those who work during the week or who do shift work

- Children's engagement in a non-competitive, fun physical activity, for example, dance, trampolining, swimming or martial arts. The activities should be accessible and affordable to families when their participation in the service ends
- Parents learning about positive parenting techniques as well as about the importance of physical activity and healthy lifestyles. They will also be taught about nutrition through topics such as portion control, snacking and treats, blood sugar levels, reading food labels plus food tasting sessions
- Families will be offered the opportunity to continue with the activity at a reduced cost following on from the 12-week programme, encouraging long term sustainability of behaviour change.
- Healthy weight siblings will be permitted to attend where their exclusion would act as a barrier against a family's attendance

Healthy Lifestyles Programme

The healthy lifestyles intervention will typically consist of:

- An initial consultation at which eligibility is confirmed and during which baseline outcome data will be gathered
- Six sessions that combine one-to-one and group activities
- Children will engage in a non-competitive, fun physical activity, for example, dance, trampolining, swimming or martial arts. The activities should be accessible and affordable for families when their participation in the service ends
- Parents will spend the session learning about positive parenting techniques as well as about the importance of physical activity and healthy lifestyles. They will also be taught about nutrition through topics such as portion control, snacking and treats, blood sugar levels, reading food labels plus food tasting sessions
- Families will be offered the opportunity to continue with the activity at a reduced cost following on from the six-week programme, encouraging long term sustainability of behaviour change.

One-to-One support

At the discretion of the provider, one-to-one sessions will be available in the following types of situations:

- For children / families with more complex needs or requiring additional support
- For children with extremely low levels of self-esteem
- For children above the 99.6th BMI centile

- As a way of maintaining motivation where there is likely to be a significant delay before a place at a group programme will become available

One-to-one support will generally consist of fortnightly sessions; however, the providers will have the flexibility to tailor the interventions to suit individual families' needs.

Drop-in sessions

Following the NCMP measurement programme, drop-in sessions will be held at a number of schools in areas with the highest levels of childhood obesity and / or deprivation

Taster Sessions

The providers will offer all eligible families an opportunity to take part in an on-line or in-person taster session prior to signing up for the group programme.

Eligibility

1. Eligibility for Extended Brief Intervention

The parents / carers of children aged four to twelve will be eligible for an EBI phone-call if:

- They are identified as overweight by the NCMP
- They are identified (either informally, 'by eye,' or through measurement) as overweight by a referral partner
- They are identified by a referral partner as likely to have the capacity to benefit from inclusion in the intervention with respect to the criteria at paragraph 3.

2. Eligibility for 12-week weight management intervention

Eligible

Children aged four to twelve will be eligible if:

- Their parents are deemed to be sufficiently motivated to complete the programme and make positive lifestyle changes, as assessed through the EBI and confirmed at an initial consultation, and:
 - They are identified through the NCMP as having a BMI between 91st and 99.6th centile
 - They are identified through being weighed and measured by a referral partner as having a BMI between 91st and 99.6th centile
 - They are identified 'by eye' by a referral partner as likely to have a BMI between 91st and 99.6th centile and their BMI is subsequently confirmed as such by the provider at the family's initial consultation

Ineligible

If a child or their parent fulfils any of the following criteria, they will be ineligible:

- A BMI below 91st or above the 99.6th centile
- Any medical condition that would severely restrict physical activity or compliance with any other part of the programme
- Lacking the necessary motivation to change, as assessed through the EBI
- A level of need that is beyond the capabilities or expertise of the service
- They have already completed the intervention
- They have dropped out of the intervention due to a lack of motivation to complete

The provider will have the discretion to:

- Review a child's eligibility status if there is sufficient change with respect to any of the above criteria.
- Offer one-to-one support for any child who is deemed ineligible for the core service; this will be decided on a case-by-case basis and may result in the child becoming eligible for the core service or being signposted to another appropriate agency for further help.
- Offer support via the healthy lifestyle pathway where the child's BMI is below 91st centile

3. Eligibility for 6-week healthy lifestyle intervention**Eligible**

- Children aged four to twelve who are identified by a referral partner as having the capacity to benefit from the intervention with respect to at least one of the following outcome measures:
 - 3.1.1 Healthy diet
 - 3.1.2 Physical activity
 - 3.1.3 Social and emotional wellbeing, and
- whose parents / carers are deemed sufficiently motivated to complete the programme and make positive lifestyle changes, as assessed through the EBI and confirmed at an initial consultation

Ineligible

If a child or their parent fulfils any of the following criteria, they will be ineligible:

- Any medical condition that would severely restrict physical activity or compliance with any other part of the programme
- Lacking the necessary motivation to change, as assessed through the EBI
- A level of need that is beyond the capabilities or expertise of the service
- They have already completed the intervention
- They have dropped out of the intervention due to a lack of motivation to complete

The provider will have the discretion to:

- Review a child's eligibility status if there is sufficient change with respect to any of the above criteria.

- Offer one-to-one support for any child who is deemed ineligible for the core service; this will be decided on a case-by-case basis and may result in the child becoming eligible for the core service or being signposted to another appropriate agency for further help.

Referral

Referral Routes

Weight management intervention

The providers will work with the commissioner's Information Assurance and Early Help teams to ensure the necessary data sharing is in place to allow parents of children identified as being within the eligible weight range to be contacted by the providers.

- The NCMP will supply the provider with details of all children identified as having a BMI within the eligible range.
- Children can be referred onto the weight management programme by any agency that is able to identify the child as overweight through weighing and measuring. This will include, but is not limited to, primary care, secondary care, school nurses and health visitors. The referral will initially be for an EBI during which eligibility for the weight management intervention will be assessed.
- Children can be referred onto the weight management programme by any agency which is in a position to reasonably infer that a child's weight is within the eligible range without having weighed and measured them. This will include, but is not limited to, schools, primary care, secondary care, health visitors and Early Help. The referral will be for an EBI, followed by an initial consultation during which eligibility and suitability for either the weight management or healthy lifestyle intervention will be assessed.
- Parents / carers can self-refer onto the programme. Self-referrals will lead to an EBI, followed by an initial consultation during which eligibility and suitability for either the weight management or healthy lifestyle intervention will be assessed. Self-referrals will be closely monitored in year one to assess their impact on health inequalities.
- Parents / carers with a child identified as overweight by the NCMP who turn down an opportunity to attend the full weight management intervention will remain potentially eligible for inclusion and will be able to self-refer or to access the service through a referring agency.

Healthy Lifestyles intervention

- Referrals can be made into the healthy lifestyle programme by any agency with whom the child and / or family has enough contact to have gained an understanding of the child's needs with respect to the outcomes at paragraph 3. This will include, but is not limited to,

schools, primary care, secondary care, health visitors and Early Help. The referral will initially be for an EBI during which eligibility for the lifestyle pathway of the core service will be assessed.

- Parents / carers can self-refer onto the programme. Self-referrals will lead to an EBI, followed by an initial consultation during which eligibility and suitability for either the weight management or healthy lifestyle intervention will be assessed. Self-referrals will be closely monitored in year one to assess their impact on health inequalities.

Referral mechanisms

- The provider will develop appropriate referral tools that clearly describe the eligibility criteria. The provider will be responsible for promoting these to referral partners and supporting partners to make appropriate referrals.
- The provider will develop a self-referral process, including an on-line form and telephone contact point, for parents of children identified as being within the eligible weight range by the NCMP who turn down an initial offer of support made during their EBI. The providers will make parents aware of this process during their EBI conversation.
- The provider will work closely with the commissioner's Early Help Team to develop appropriate referral mechanisms for children in the NCMP, ensuring compliance with the commissioner's information assurance requirements.

General Service Delivery Requirements

Service throughput and key performance indicators

As the service is new to Lincolnshire, targets for KPIs in year one will be indicative only and will focus on throughput. Outcomes and learning from year one will shape the content and inform the setting of firm targets for year two KPIs. These will be agreed between the provider and commissioner during the fourth quarter of delivery in year one.

Appendix A: Year on KPIs and performance indicators



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Access and Engagement

The Supplier shall ensure that resources are deployed in such a way as to promote equity and ease of access into their service across all areas of the county for all those individuals who require help and support by this service.

The Supplier shall continuously review (through reporting but also service user and public feedback) where services are being delivered and the days/hours of operation to ensure that the differing needs of all service users across the county can be met and that access to services is optimised at the appropriate locations and times.

The Supplier shall enable a flexible, easy entry into the services which is straightforward to navigate through and have clear, visible pathways.

The Supplier shall deliver a range of engagement activities and encourage referral into the service from a variety of sources. This will include working with other relevant third parties in the development of clear pathways, including self-referral where appropriate.

Partnering and Networking

The Supplier shall evidence strong partnership working across the county to ensure that all of the components of the service are delivered using all appropriate means, this will be done during contract management meetings and by providing evidence of linked in organisations and partners.

Interdependencies with Other Services

The Supplier shall signpost to, and work with, appropriate mainstream health, well-being and lifestyle services, including but not limited to:

- Local authorities
- Clinical commissioning groups
- Community pharmacies
- Community and voluntary sector provider agencies
- The independent sector (including private sector) providers
- Peer support and self-help services
- Mental Health Services and CAMHS
- GP's
- United Lincolnshire Hospitals Trust (ULHT)
- Lincolnshire Community Health Service (LCHS)
- Lincolnshire Partnership Foundation Trust (LPFT)
- Neighbourhood Teams
- Carers and Young Carers services
- Connect to support
- Active Lincolnshire
- Sport and leisure providers

- Schools
- Children's Centres
- Holidays Activities and Food providers

Management and Development of the Service

The Supplier shall:

- Be accountable for all aspects of the provision of the service including quality and governance
- Work with the Customer to develop and improve services in accordance with need, policy or budget change. Service improvement issues shall be discussed at contract management meetings with the Customer; and
- Contribute to the development and delivery of local health prevention strategies.
- The service must be flexible in its approach and develop as new guidance is published. Any changes to the service delivery model will be discussed and agreed with the Customer and be in line with the latest research findings.

Quality and Service Standards

The Supplier shall:

- Have a clear quality assurance process in place, which is effective and kept under regular review.
- Obtain feedback, through a workable mechanism, on the quality of the service from Service Users and their support network, staff, and other stakeholders. This feedback will govern plans and action to improve the Service User experience.
- As part of the quality assurance process, ensure that current and future risks are identified, accountability is assigned and risks are routinely monitored and managed to ensure the safety and well-being of Service Users.
- The supplier shall work with the Customer to develop or amend performance and quality measures as the service evolves over the lifetime of the contract.
- The Supplier shall be wholly responsible for ensuring any subcontracted work is carried out to the same standard as set out in this specification and must work with subcontracted suppliers to ensure they have all relevant accreditations, working practices, policies and procedures in order to satisfy the same level of quality.
- The Supplier shall comply with requests to conduct investigations/supply information which arise out of the Customer receiving any complaints/communications of concern.
- The Customer reserves the right to visit the Supplier and/or any Service User to monitor compliance against this service specification at any reasonable time without giving notice.
- The Supplier shall have a system in place to capture in detail both aggregated and individual outcome achievements
- The Supplier shall also take any relevant Department of Health, Public Health England (PHE) or NICE guidance into consideration in the delivery of the services, and amend service delivery in line with any future legislation or guidance changes.
- The Supplier will provide access to data or provide reports requested by the customer outside of the performance schedule and contract management meetings as necessary and in a timely manner, as agreed between the Supplier and Customer.

Law and Guidance

The Supplier shall have appropriate policies, strategies and protocols in place to deliver a safe and effective service, as a minimum these shall include:

- Safeguarding - children and adults
- Equality Act
- Health and Safety
- Complaints and compliments
- Service User and carer involvement
- Records management
- Information governance
- Confidentiality
- General Data Protection Regulations (GDPR)
- Human Resources
- Consent, including Mental capacity Act 2005
- Domestic Abuse Protocols and Practices
- National Health Service Accessible Information Standard

The Customer may scrutinise all Supplier policies and procedures as part of the quality assessment framework.

National Outcomes

The Supplier shall have an understanding of the Public Health Outcomes Framework, the NHS Outcomes Framework and the Every Child Matters Outcomes Framework (and the associated outcome indicators) and work with the Customer to assist them, through the provision of the service, in contributing towards outcomes communicated by the Customer to the Supplier.

The Supplier shall not be required to report directly on the services specifically in relation to attaining outcomes on a national level however the Supplier shall consider the outcomes and indicators when developing action plans and service delivery.

Quality Service Standards

National Standards

Interventions by the Supplier shall comply with the following list of service delivery standards as a minimum level of service delivery:

- Association for Nutrition Workforce Competence Model in Nutrition
- Care Quality Commission (CQC) (2010) Essential Standards for Quality and Safety
- DH (2004) Standards for Better Health
- Disability Discrimination Act
- Equality Act 2010
- Register for Exercise Professionals – National Occupational Standards
- DH (2011) Healthy Lives, Healthy People: a call to action on obesity in England
- Start Active Stay Active A report on physical activity for health from the four home countries Chief Medical Officers (2011)
- DH (2013) Guidance: local authority charging for public health activity

The Supplier shall deliver an evidence based lifestyle service in line with best practice guidance and key policies from the Department of Health, NICE and other advisory bodies both current and as issued. Relevant policy and guidance includes (but is not limited to):

- NICE Guidance: Behaviour Change - Individual Approaches, 2014 (PH49),
- NICE Guidance: Nutrition Support in Adults, 2012 (QS24)
- NICE Guidance: Walking and cycling, 2012 (PH41)
- NICE Guidance: Obesity - working with local communities, 2017 (PH42)
- Obesity Healthy Lives, Healthy People: A call to action on obesity in England (DH 2011)
- NICE Guidance: Obesity Prevention, 2006 (CG43)
- NICE Guidance: Behaviour change, general approaches, 2007 (PH6)
- NICE Guidance: Maternal and Child Nutrition, 2014 (PH11)
- NICE Guidance: Weight management: lifestyle services for overweight or obese children and young people, 2013 (PH47)
- NICE Guidance: Social and Emotional Wellbeing, 2012 (PH40)
- NICE Guidance: Physical activity for children and young people, 2009 (PH17)
- NICE Quality Standards: Obesity in children and young people: prevention and lifestyle weight management programmes, 2015 (QS94)

Local Standards

The supplier shall also operate services in line with local standards, strategies and guidelines:

- Lincolnshire Joint Health and Wellbeing Strategy
- Joint Strategic Needs Assessment
- Community Wellbeing Commissioning Strategy

- Lincolnshire County Council Organisational Strategy

Quality Outcome Indicator requirements

Full contract management visits will take place annually and incorporate the Quality Assessment Framework (QAF) checks. The QAF checks within the contract management framework identify the standards that the service provider is required to achieve. The Service Provider will be allocated a level of achievement annually and a risk rating which will be reviewed via ongoing contract management. The objectives are as follows:

- Assessment and Support Planning
- Security, Health and Safety
- Safeguarding and Protection from Abuse
- Client Involvement and Empowerment

Annual contract management visits comprise a validation of the supporting evidence in relation to objectives and a consultation exercise with both staff and service users receiving the service. Failure to meet the required minimum standards will result in joint action being taken to address and resolve identified areas requiring improvement. Persistent failure may result in the commencement of default proceedings or more formal action under the contract.

Additional regular contract management meetings shall take place [monthly], or at the required frequency as described in Appendix D [of the main contract between the Supplier and the Customer](#). Service specific site visits will be incorporated into these.

At regular contract management meetings, the Contract Managers of both Parties shall meet to monitor and review the performance of this Contract. Failure to meet the required minimum service levels will result in a Remediation Plan being produced to address and resolve identified areas requiring improvement.

In the event of any problem being unresolved or a failure to agree a plan, the procedures set out in Clause H7 [of the main contract between the Supplier and the Customer](#) shall apply. Progress at implementing the plan shall be included in the agenda for the next regular contract management meeting.

In addition to the key performance indicators in the Performance Framework, the Customer shall monitor the number of Safeguarding referrals and Serious Incidents reported and received. Prior to the commencement of the contract a method for reporting Serious Incidents will be agreed that meets the requirements of the Customer.

An open book accounting process will be adopted as part of the contract management framework. This will include an annual reconciliation of tendered versus actual costs. The outcome of this reconciliation will be considered in accord with the levels of demand. Providers must be able to

evidence that the available budget is maximised and that any potential underspend is reinvested back into the service.

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