

Commissioning additional Child Weight Management Services

1.0 Purpose

1.1 This paper presents the rationale for Peterborough City Council's (PCC) allocation of £450,000 of recurrent Public Health funding to commission a Child Weight Management Service. The drivers for this commission are childhood obesity rates and that currently there are limited weight management options for children.

1.2 The second purpose of this paper is to present the rationale for PCC to undertake a joint procurement with Cambridgeshire County Council (CCC) through a Partnering and Delegation agreement. This would enable PCC to delegate authority to CCC to commission, co-produce and hold the contract for child weight management services with the successful provider on its behalf.

1.3 This service procurement supports the Joint Health and Wellbeing/ Integrated Care System Strategy ambition of 'Having better outcomes for our children', and the priority of 'Creating an environment to give people the opportunity to be as healthy as they can be'.

2.0 Childhood Obesity Profile in Peterborough

2.1 Currently Public Health commissions community-based preventative and some treatment interventions to address childhood obesity. It is proposed to develop and expand these interventions in response to the increases in the proportions of children either overweight or obese both nationally and locally.

2.2 The National Child Measurement Programme (NCMP) is an annual school-based Programme measures all children in Reception and Year 6. In Peterborough, levels of overweight (including obesity) in both reception and year 6 have increased since pre-pandemic levels. The most notable change has been in year 6, where the percentage of overweight and obesity increased by 4.3% from 2018/19 (36.9%) to 2021/22 (41.2%). Table 1 and 2 shows the proportion of children either overweight or obese in reception and year 6 in Peterborough schools up to 2021/22. The NCMP dataset was incomplete because of COVID-19 in 2019/20 and only 10% of children were measured in 2020/21.

Table 1: Peterborough and England Childhood Obesity Profile Reception and Year 6 School Years (<https://www.gov.uk/government/collections/national-child-measurement-programme>)

	Reception			Year 6		
	Cambridgeshire	Peterborough	England	Cambridgeshire	Peterborough	England
2016/17	18.5%	23.2%	22.6%	27.1%	36.8%	34.2%
2017/18	17.5%	20.9%	22.4%	28.4%	32.8%	34.3%
2018/19	17.7%	21.7%	22.6%	27.0%	36.9%	34.3%
2019/20*						
2020/21*						
2021/22	18.5%	22.0%	22.3%	32.1%	41.2%	37.8%

RAG compared to England

*The NCMP dataset in Cambridgeshire and Peterborough was incomplete because of COVID-19 in 2019/20 and only 10% of children were measured in 2020/21. Therefore, this data has not been included as it does not provide us with a representative sample.

2.3 National data published in November 2022 showed the following inequalities:

- Boys have a higher prevalence of living with obesity than girls for both age groups. In Reception, 10.3% of boys were living with obesity compared to 9.9% of girls. In Year 6, 26.4% of boys were living with obesity compared to 20.4% of girls.
- Children living in the most deprived areas were more than twice as likely to be living with obesity, than those living in the least deprived areas. 13.6% of Reception children living in the most deprived areas were living with obesity compared to 6.2% of those living in the least deprived areas. 31.3% of Year 6 children living in the most deprived areas were living with obesity compared to 13.5% of those living in the least deprived areas.
- Overweight and obesity data is not recorded for children in secondary education; however, we know that there is a significant increase between year 6 NCMP measurements and adults aged 18 and over. The percentage of adults classified as obese or overweight in Peterborough is 60.7% (Sport England Active Lives Survey, 2021).

3.3 Rationale

3.1 Childhood obesity and excess weight are significant health issues for children and their families, and the number of children with an unhealthy weight is a national public health concern. Tackling obesity is one of the greatest long-term health challenges this country faces; with children who are living with an unhealthy weight being at increased risk of several health problems which negatively impact on their physical, mental and social wellbeing.

- 3.2 Children who develop obesity are likely to continue to have excess weight into adulthood. Peterborough adult health outcomes for obesity related conditions such as under 75 preventable deaths from cardiovascular disease are higher than national and regional rates.
- 3.3 These poor health outcomes impact upon demand for services and present considerable cost for the wider health and social care system for children and adults. For example Public Health England (2017) estimated that obesity costs the wider society £27 billion and the NHS £6.1 billion, spend more on the treatment of obesity related disease than is spent on police, fire service and judicial system combined.

4 .Service model

- 4.1 The proposal is for an integrated Child Weight Management (CWM) Service that addresses prevention and treatment. Appendix 1 describes the different service elements. These will be integrated into one service including the NCMP and a range of community evidence-based prevention and early intervention activities. The model will address a wide range of needs. Access will be through a Single Point of Contact, either through a professional or self-referral and there will be a multi-disciplinary team, reflecting the often, complex issues, confronted by children and their families.
- 4.2 As childhood obesity has a high population prevalence Step 1 refers to interventions that are at a population level with a focus on prevention. Step 2 targets children and families who require some additional support. This group is notoriously difficult to engage, and different approaches based on the varied experiences of the Team members who have worked in this field will be piloted. Step 3 is targeted at those families that have complex issues and who require one to one support.
- 4.3 In 2021/22 the NCMP identified 595 reception and 1165 year 6 pupils in Peterborough as being overweight or obese who would benefit from a preventative intervention.
In terms of activity this investment will reach 250 children through groups or one to one support. In addition, there will be follow up through a tailored approach of circa 3,500 children identified through the NCMP. The Step 1 part of the Service will be community based and has the potential to engage with large numbers of children and families through different events and activities.
- 4.4 The issue of successfully engaging families means that the level of activity for group and one-to one support is based on the best uptake along with a stretch target. Demand will be monitored closely to identify if the service requires additional capacity.

5.0 Commissioning Model

- 5.1 The model for this service commissioning will be for PCC to undertake joint procurement with Cambridgeshire County Council (CCC) through Partnering and Delegation agreement. This would enable PCC to delegated authority to CCC to commission and hold the contract for child weight management services with the successful provider.
- 5.2 This joint commission will be more cost effective, from the tender process through to service delivery. A single tender will only incur one set of costs, such as legal fees and Public Health staff time, rather than being separate for each Local Authority. With service delivery covering both PCC and CCC the service will be able to secure efficiencies through for example management efficiencies Also the service model will also realise efficiencies through aspects of the service such as the single point of contact, administration and triage being centralised. It will also allow specialised staff such as Dietitians and Clinicians to work across both areas, rather than having two separate multidisciplinary teams.

6.0 Financial model

- 6.1 The total contract value is up to £2,200,000 for 5 years with optional breaks at year 3 and 4. Funds for both CCC and PCC will be transferred to the provider by CCC. The breakdown between CCC and PCC is as follows:

LA	Total	Annual
CCC	£1,750,000	£350,000
PCC	£450,000	£90,000

Appendix 1 - Integrated Child Weight Management Service Proposal

NCMP Contact Point
(Child Health Practitioner)

Filter contacts from parents and forward on where appropriate (e.g. to Everyone Health, to Val)

Guide parents in to CWM offers, ideally steps 2 and 3 (especially step 3 for VOW and UW)

NCMP Proactive Follow Up
(Child Health Practitioner + Admin)

Contact all parents with OW and VOW (and UW?) letters after 3-4 weeks with a pack of information and a personalised letter.

If able to obtain parental phone numbers, follow up phones call 2 weeks after letter sent if we haven't heard anything

Guide parents in to CWM offers, ideally steps 2 and 3 (especially if VOW or step 3 for UW)

SINGLE POINT OF CONTACT
Referral received

Initial Contact
Child Health Practitioner

Initial Screening
Child Health Practitioner

Referral to GP for further clinical input

Referral to Dietetics Service

Referral to Early

MDT Assessment Service
Clinician, Dietician, Physical Activity Specialist, Psychologist, Parenting Expert, HCP Practitioner, Child Health Practitioner

'Step 1 - Non-Complex, non-targeted'

Online resource pack (also available as hard copy posted to families), to include:

- Healthy You Website landing page which links to CWM provider website
- Downloadable resources
- Signposting to local services/resources
- Parenting advice/support
- National resources e.g. Better Health Food Scanner App
- 'Completers' receive vouchers e.g. leisure centres, fruit and veg, swimming

'Step 2 - Non-Complex Targeted'

- Pilot face to face groups
- Pilot virtual groups
- Pilot purely digital offer
- Consultation - what do parents want/need?

'Step 3 - Complex Targeted'

Weight Management Support Programme for CYP with Complex Needs

