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PSNC Briefing 033/13: Developing a specification for Weight Management Services

In England, most people are now overweight or obese and the Government has agreed [a policy for reducing obesity and improving diet](#).

The Department of Health document [Healthy Lives, Healthy People: a call to action on obesity in England](#) sets out national ambitions:

- a downward trend in the level of excess weight averaged across all adults by 2020; and
- a sustained downward trend in the level of excess weight in children by 2020;

Health problems associated with being overweight or obese cost the NHS more than £5 billion every year, and currently:

- 61.3% of adults and 30% of children aged between 2 and 15 are obese;
- People who are overweight have a higher risk of getting type 2 diabetes, heart disease and certain cancers; and
- Excess weight can also make it more difficult for people to find and keep work, and can affect self-esteem and mental health.

Local Authorities (LAs) are responsible for working with other organisations to improve the health of people living in their area and have been given a budget specifically for public health, which will allow them to provide services that meet the health needs of their local community. This may include helping local people who are overweight or obese, for example by providing weight management services.

[Health profiles](#) are available giving an overview of health for each LA in England. They are designed to help local government and health services understand health in their areas and make decisions and plans to improve local people's health and reduce inequality. The profiles use a set of important health indicators to highlight potential problems and opportunities by making comparisons with other areas and with the national average. They can be used by LPCs as an information source on the extent of a local health problem, how this compares locally and nationally and whether it is a local priority. Child (Year 6) and adult obesity are indicators in these profiles.

The Department of Health published [Developing a Specification for Lifestyle Weight Management Services](#) in March 2013 which aims to assist LAs in improving the quality of their service specifications by providing:

- best practice guidance for Tier 2 weight management services for adults and children; and
- advice on the development of a service specification with two best practice specification examples.

Service specifications are essential to the procurement process enabling the commissioner to set out details of the service required, and the provider to design their proposed service model. A good quality specification is crucial to generate interest during the tendering process, and in commissioning an intervention that is fit for purpose. These weight management specifications are for children aged 2-18 and for adults aged 16 and over. The overlap allows flexibility for commissioners in deciding which service to refer into and the final content will be determined locally.

The guidance is non-mandatory and LAs can choose to use it if they wish. It focuses on outcomes that can successfully assess and compare service effectiveness and the final specification is intended to be used as the basis for a service tendering process, and can also be adapted for use with the final contract documentation. The service specification template not only focuses on the usual headings, but also sets out the criteria against which any tenders in response to the service specification will be evaluated.

LAs can choose which contract they use for the main terms and conditions. To assist them, DH has published a [Public Health Services Contract and guidance](#) which is non-mandatory and can be used by LAs if wanted when commissioning tier 2 lifestyle weight management services.

The model service specification is divided into four sections:

- Section 1 - Setting the scene
- Section 2 – Scope of the Service
- Section 3 – Finance, monitoring and evaluation
- Section 4 – Evaluation criteria

Section 1: Setting the scene

The introduction should be concise, focusing on a high-level description of the service being sought so that prospective providers can easily assess whether the service is relevant for them, and also include:

- National/local content and evidence base – to include the local extent of the problem, priority, demographics, risks to health, local need and links to other information, e.g. Joint Strategic Needs Assessment (JSNA);
- Population needs – to include national targets and indicators, clarification of local vision for tackling overweight and obesity and the role the service specification and service provision play; and
- Overview of local obesity services and obesity care pathway – to provide relevant information to explain each tier of service and their relationship to other services enabling providers to tailor their proposals.

Section 2: Scope of the service

This should aim to provide detailed information on the aims of the service, targeting and recruiting and key factors for service delivery under the headings:

- Aims of the service – to inform the service provider of the key aspects of the tender;
- Objectives of the service – these form the foundation of the service and the basis for evaluation success. Weight management is a complex behavioural change intervention and therefore objectives need to be very clear, SMART (specific, measurable, attainable, realistic and timely) and define responsibilities;
- Any inclusion/exclusion criteria and thresholds – LA responsibilities are not limited to residents and LAs must consider if the service is to target any specific groups and if any exclusion criteria can be justified. Clarification is needed to allow the provider to assess needs, requirements and cost;
- Referral route – to include details on how the service is accessed and whether the service provider can generate self-referrals or accept primary care referrals only;
- Applicable service standards – to include national and local core service assurance factors that providers must comply with. The service provider may need to demonstrate how these will be fulfilled in the service tender response; and
- Service delivery – to include any additional key facts e.g. commissioner support, whether prescribed drugs form part of the intervention.

Section 3: Finance, monitoring and evaluation

This should aim to provide information on arrangements for finance, monitoring and evaluation which, once the service is commissioned will be included in the contract schedule. The criteria to be used in evaluation of the tender response are also included here.

- Finance – this includes the service budget, time over which it is to be delivered and how payment will be made. If innovative services are to be delivered, discussions on financial risk sharing between commissioners and providers will be needed; and

- Service monitoring and evaluation – sets out the processes and data collection the provider will need to fulfil, evaluation planning, patient satisfaction and budgeting.

Section 4: Evaluation criteria

The method for evaluating tender responses must be transparent and clearly set out, including the level of evidence of effectiveness required. Key factors set out in the specification must be addressed by the provider in the design and delivery of the service, and evidence of service effectiveness should be provided which will be assessed against a scoring framework.

Best practice examples

Best practice examples for adult and child service specifications are set out as Annex A and B which show model details under these headings. Section 2 provides the details of the service and provider requirements and Section 4 shows the criteria against which responses to deliver the service from prospective providers will be evaluated. Both of these best practice examples include Appendices showing relevant i) obesity care pathways and ii) objectives, outcomes and methods of measurement. Points to note in the latter include:

- Outcomes and objectives should be aligned to form the basis for contract management;
- Responsibility for outcomes (commissioner or provider) should be stated;
- A mixture of outcomes should be included, e.g. realistic measurable primary outcomes as well as numbers attending;
- Commissioners are advised to focus on demonstrating change in the primary indicator of body weight;
- Attrition and completion rates for individuals participating in weight loss interventions is an important process measure; and
- Additional outcomes for consideration include weight loss at 12 months, reduction in waist circumference, insulin sensitivity, cholesterol and blood pressure measurements, quality of life and measures of increased physical activity and improved diet.

For more information on this briefing please contact [Barbara Parsons, PSNC Head of Pharmacy Practice.](#)