




Key Decision Report

Decision maker(s) at each authority and date of Cabinet meeting, Cabinet Member meeting or (in the case of individual Cabinet Member decisions) the earliest date the decision will be taken	Full Cabinet Date of decision: 30 th March 2015	
	Cabinet Member for Adult Social Care and Public Health Date of decision (i.e. not before): 20 th February 2015 Forward Plan reference: 04391/15/A/AB	 THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA
	Cabinet Member for Adults and Public Health Date of meeting or formal issue: 10 th February 2015	 City of Westminster
Report title (decision subject)	CONTRACT AWARD: CHILD OBESITY PREVENTION AND HEALTHY FAMILY WEIGHT SERVICES	
Reporting officer	<i>Elizabeth Dunsford-Public Health Commissioner</i>	
Key decision	Yes	
Access to information classification	Open report A separate report on the exempt Cabinet agenda provides information regarding the tender evaluation process and outcomes.	

1. EXECUTIVE SUMMARY

To reduce the prevalence of obesity in the boroughs by helping children, young people and their families to eat healthier and be more active, tenders have been sought for two services:

Lot 1 Planning, Policy and Workforce Development

Lot 2 Prevention and Weight Management Programmes

The report proposes that each of the three Councils enters into a contract with the recommended provider to deliver these services.

The report was presented and agreed at Adults Coco Board on 17th November 2014 and at the Shared Services Contracts and Approvals Board on 27th

November 2014. It was also been presented to the Shared Services Business Board on 26th November 2014 and has been agreed.

2. RECOMMENDATIONS

2.1 For Westminster City Council

That this report be exempt from disclosure by virtue of the Local Government Act 1972 Schedule 12A, Part 1, paragraph 3 (as amended), in that it contains information relating to the financial or business affairs of any particular person (including the authority holding that information).

Approval to award a framework agreement for three years, with the option to extend for one further year, to Mytime Active for Lot 1

Approval to award a framework agreement for three years, with the option to extend for one further year, to Mytime Active for Lot 2.

To call off of the framework agreement and enter into a contract for three years from 1st July 2015, with the option to extend for a further year (subject to performance), with the recommended provider for Lot 1 at a three year contract cost of £599,517.33. One year extension cost is £201,235.36 making a 4 year total contract value of £800,752.69.

To call off of the framework agreement and enter into a contract for three years from 1st July 2015, with the option to extend for a further year (subject to performance), with the recommended provider for Lot 2 at a three year contract cost of £1,486,505. One year extension cost of £548,009.78 making a 4 year total contract value of £2,034,514.78.

2.2 For the Royal Borough of Kensington and Chelsea

To call off of the WCC framework agreement and enter into a contract for three years from 1st July 2015, with the option to extend for a further year (subject to performance), with the recommended provider for Lot 1 at a three year contract cost of £599,517.33. One year extension cost is £201,235.36 making a 4 year total contract value of £800,752.69

To call off of the WCC framework agreement and enter into a contract for three years from 1st July 2015, with the option to extend for a further year (subject to performance), with the recommended provider for Lot 2 at a three year contract cost of £1,056,201. One year extension cost of £389,375.37 making a 4 year total contract value of £1,445,576.37

To approve a waiver of the Procurement Standing Orders as only two PQQ's were submitted for Lot 1 and four PQQ's for Lot 2.

2.3 For the London Borough of Hammersmith and Fulham

2.3.1 To call off of the WCC framework agreement and enter into a contract for three years from 1st July 2015, with the option to extend for a further year (subject to performance), with the recommended provider for Lot 1 at a three year contract

cost of £599,517.33. One year extension cost is £201,235.36 making a 4 year total contract value of £800,752.69.

2.3.2 To call off of the WCC framework agreement and enter into a contract for three years from 1st July 2015, with the option to extend for a further year (subject to performance), with the recommended provider for Lot 2 at a three year contract cost of £1,369,149. One year extension cost of £504,745.85 making a 4 year total contract value of £1,873,894.85.

2.3.3 That the decision on whether to extend the contracts for both Lots to a fourth year be delegated to the Cabinet Member for Health and Adult Social Care.

3. REASONS FOR DECISION

3.1 To improve the health of children, young people and families in the three boroughs and to reduce health inequalities.

For the London Borough of Hammersmith and Fulham

3.2 The Labour Manifesto has a strong commitment to putting children and families first, including:

- Sharpening focus on the health of the public,
- Helping children to participate in sport and active play,
- Supporting schools and children and youth centres to provide healthy food and stopping any child going hungry,
- Working with fast food outlets near schools to improve the nutritional content of their food as well as
- Reducing childhood poverty and the effects of it.

The new services proposed will contribute to delivery on all the above commitments by helping children and families to be healthy and improve children's chances in life, for example through increasing physical activity; improving nutrition, promoting early intervention and reducing the effects of child poverty.

4. BACKGROUND

4.1 Tackling childhood obesity is included explicitly or implicitly in the council priorities for all councils and the three boroughs Public Health Service.

London Borough of Hammersmith and Fulham Priorities:

- Every child has the best start in life
- Tackling childhood obesity
- Tackling child poverty

Royal Borough of Kensington and Chelsea Priorities:

- Nutrition
- Physical Activity

Westminster City Council priorities:

- Every child has the best start in life.
- Enabling young people to have a healthy adulthood

Annual Public Health Report priorities

- Giving every child the best start in life
- Tackling childhood overweight and obesity

4.2 The Child Obesity Prevention and Healthy Family Weight services will support children, young people and their families in the boroughs achieve positive healthy eating and physical activity habits and subsequent healthy weight management.

4.3 Overweight and obesity, lack of physical activity and poor nutrition present a major challenge to the current and future health and wellbeing of the local population.

4.4 Obesity, a result of imbalance between energy intake and output, is associated with increased risk of:

- Physical health problems in childhood (with rising rates of hospital admissions in children/young people for conditions exacerbated by obesity such as asthma, sleep apnoea and pregnancy-related conditions).
- Psycho-social problems in childhood include low self esteem, anxiety, depression, bullying and poor educational attainment
- Physical and psycho-social health problems in adulthood, including type 2 diabetes, coronary heart disease, hypertension, some forms of cancer, depression and premature mortality

4.5 In the three boroughs the prevalence of childhood obesity for 2013-14 in year 6 children measured in local authority schools in all three boroughs is significantly higher than the England average of 18.9% (20.1% in H+F, 20.1% in K+C, 25.3% in Westminster)ⁱ. Fig. 1a and Fig.1b demonstrate how childhood obesity rates double between Reception Age and Year 6.

Fig.1a Trend in rates of Childhood Obesity over time Reception Age Children

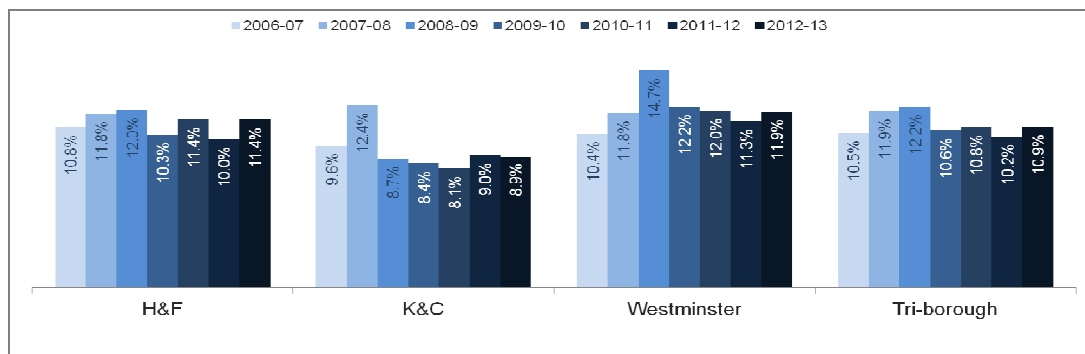
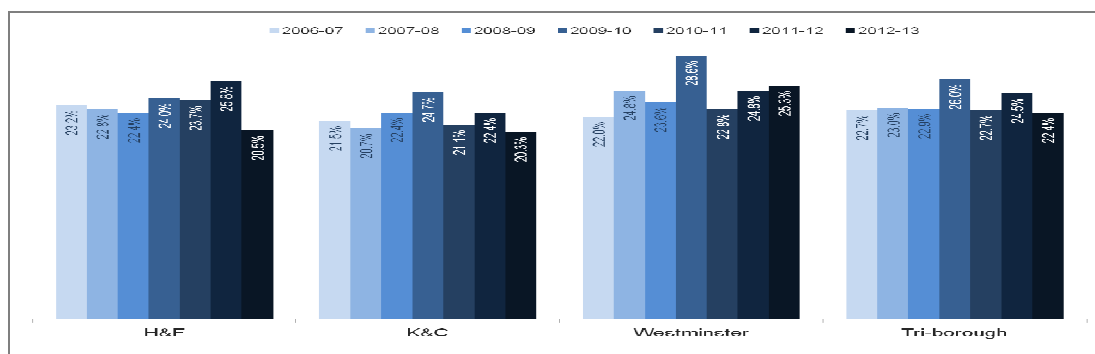


Fig.1b Trend in rates of Childhood Obesity over time Year 6 Children



- 4.6 Recent modelling shows that if the prevalence of obesity trend continues unchecked, 41 - 48% of men, 35 - 43% of women in the UK could be obese by 2030ⁱⁱ.
- 4.7 Many parents believe their child's obesity is linked to metabolic problems rather than lifestyle. The strongest predictor is parental obesity: only 3% of obese children have parents who are not obese. Children with one or two obese parents are more likely to become obese and remain obese into adulthood. However income, social deprivation and ethnicity also have an important impact on the likelihood of an adult or a child becoming obeseⁱⁱⁱ..
- 4.8 Breaking this generational cycle is key to prevent obesity in childhood and therefore achieve the objective to halt and reverse the rising trend in childhood obesity across the three boroughs.
- 4.9 Research shows that 79%^{iv} of obese children become obese adults resulting in vast long term the health and social care costs of obesity, with both direct costs and indirect costs such as increased sickness absence from work (See Table 1.)

Table 1 Modelled Estimates of the costs of childhood obesity

Category	Estimated cost of children currently obese becoming obese adults			
	Hammersmith & Fulham	Kensington & Chelsea	Westminster	Total
Estimated number of children obese aged 4-15 years (2012)	4,000	3,000	4,000	11,000
Annual direct cost based on £31pa per obese child (2007 costing*)	£124,000	£93,000	£124,000	£341,000
Annual cost both direct and indirect if 79% of obese children become obese adults based on £611 pa per person (2007 costing*)	£1,931,000	£1,448,000	£1,931,000	£5,310,000
Lifetime cost if 79% of obese children become obese adults assuming they live to 75 years. (2007 costing*)	£112,726,000	£84,547,000	£112,726,000	£309,999,000

(*Annual cost of child and adult obesity derived from *Tipping the scales Childhood obesity in London April 2011: GLA*)

- 4.10 A high quality, evidence based, service has been sought based on an extensive review and engagement process including:
- A review of the evidence base for child obesity prevention and weight management programmes
 - A review of current Public Health service provision
 - Health needs analysis
 - Mapping of activities that contribute to children's obesity prevention and weight management across the three boroughs
 - Identification of potential providers

- A wide consultation exercise including;
- A stakeholder engagement event including potential providers
- Questionnaire
- Focus groups
- One to one meeting/interviews

Contributions to the consultation came from Central London Community Health Trust (Health Visitors, School Nurses, Oral Health Promotion), GPs, existing providers, potential providers, schools, Healthy Schools Partnership, Children's Services, Local Authority parks, sports and leisure services, planning departments, environmental health departments, social housing, Community Champions and parents from areas of higher child obesity prevalence.

- 4.11 The evidence demonstrates that an increasingly obesogenic environment means it is easy to eat more, move less and gain weight. For children this is particularly pertinent, as they find it harder to influence their environment or control their behaviour. The most recent and comprehensive Cochrane^v review as well as the Foresight^{vi} report conclude the following to be effective in tackling obesity and these findings have recently be reinforced by the Mckinsey^{vii} report:

That a holistic approach combining multiple components is required to address childhood obesity:

- Multi-level: Preventing obesity and treating those already obese at the same time^{viii}.
- Multi-stage: There are opportunities for intervention at key life stages from before birth until early adulthood and then again pregnancy'
- Multi-disciplinary: A range of stakeholders from different fields must work together. Health professionals cannot deal with the issue alone.

Evidence shows that only this holistic approach, with mutually reinforcing components, promises to achieve the impact required to reverse the trends in childhood obesity.

- 4.12 At the same time as having interventions in place to prevent childhood obesity The National Institute for Health and Care Excellent Guidance (PH47)^{viii} reports lifestyle weight management services should be offered to families and are effective in reducing BMI adjusted for age and sex (BMI z scores).

- 4.13 The provider will be regularly reporting on a range of indicators including reduction in BMI, increased time spent physically active and improvements in healthy eating for both prevention and weight management services.

4.14 **Lot 1 Service Aims - Planning, Policy and Workforce Development;**

- To improve settings and environments to make healthy choices the easy choices for children and families in relation to physically activity and healthy eating (including that related to oral health).
- To train the Children's Workforce, and the wider workforce who work with children and families to:
 - Understand their role in obesity prevention

- Be skilled and confident to discuss children's weight with parents/carers and motivate them towards a healthy active lifestyle Be able to signpost families to other relevant services
- To improve the take-up of the Healthy Start scheme for eligible Service Users thereby improving nutrition for the worse off families.
- To promote the importance of recommended vitamin supplements for all pregnant or breastfeeding women and children under 5 and manage the Healthy Start Vitamins programme.

4.15 **Lot 2 Service Aims - Obesity Prevention and Weight Management Programmes;**

- Universal tier 1 lifestyle parent and child obesity prevention services that will assist children aged 0-4 maintain a healthy BMI. This will comprise of delivery in community settings prioritizing children and youth centres, of a range of programmes on healthy eating, physical activity, behavior management and formation of healthy habits for families with children aged 0 to 4, emphasizing the importance of developing good nutrition and physical activity early habits for life .
- Tier 2 lifestyle child weight management services that will assist children and young people between 5 and 18 years of age who are on or above the 91st BMI centile to reach and maintain a healthier BMI.
- Whole school obesity prevention programme for children in target schools with highest rates of obesity over a 3 year period comprising of practical fun, healthy eating activities and extra physical activity and engagement work with parents.

4.16 The provider for Lot 1 will work with all services who work with families and children aged 0-19 but will prioritise those who work with children and families at increased risk of childhood obesity.

4.17 The provider for Lot 2 0-4 year old obesity prevention services will prioritise the recruitment of families at higher risk of childhood obesity but the services are open to all families. Eligibility for services for children and young people above a healthy weight will be based on health need. Priority for schools to receive the whole school obesity prevention programme priority will be given to schools by a range of criteria including: a higher rate of obesity prevalence than the borough average; demonstrated commitment to taking a whole school approach to health and wellbeing through gaining the Healthy Schools Partnership Bronze Award and higher rates of entitlement to the Pupil Premium.

4.18 The outcomes of the Child Obesity Prevention and Healthy Family Weight services are as follows. For detail of how these will be measured and monitored see section B1 on page 20:

Lot 1 Planning, Policy and Workforce Development

- Improvement in settings and environments where children and families live, study and access leisure to support them to eat healthily, be active and maintain a healthy weight

- The Children's Workforce is trained to support and advise families on how to eat healthily and be physically active and signpost families to the Authority's 0-4 child obesity prevention services and 5-18 lifestyle weight management services.
- Improved take-up of the Healthy Start scheme by eligible Service Users, including the take of Healthy Start Vitamins. Increase the numbers of all pregnant and breastfeeding mothers and children under 5 taking vitamin supplements recommended by the Department of Health.

Lot 2 Prevention and Weight Management Programmes

- Reduction in sedentary behaviour
 - Increased time spent physically active
 - Positive changes in health eating behaviour
 - Improvement in knowledge, skills and attitudes about physical activity and healthy eating
 - Increased awareness of and use of local facilities to be physically active.
 - For those children and young people attending weight management services maintenance or reduction in the BMI z-score.
- 4.19 The services will work closely with CCGs, Children's Services, Schools and Early Years Providers, Environmental Health, Children and families community and primary care services including: GPs, Midwifery, Health Visiting and School Nursing services, Community and Leisure services, Third Sector Community Health and Social Care providers, Public Health, CCG and NHS England commissioned child obesity prevention and treatment services.
- 4.20 Current provider performance across the three boroughs is variable and the ranges of services provided are uneven.
- 4.21 The three boroughs had different unit costs due to historical legacy; the services began at different times in different Primary Care Trusts with different resources available and different procurement processes.
- 4.22 A three borough tender enabled an analytical review the level of need for a Child Obesity Prevention and Healthy Family Weight Service based on the evidence base and the National Child Measurement Programme data.
- 4.23 The splitting of the procurement into two lots balanced the need to access as wide a supply market as possible but enables one supplier across the three boroughs, with associated scale benefits. It also has the additional benefit of opening up the opportunity to smaller Voluntary Sector Organisations and helps develop the emerging market for future competitions.
- 4.24 A Multi Supplier Framework was not appropriate for this service because not only are there limited suppliers within the market but the service levels across the three boroughs need to be consistent which is why the procurement is for a Single Supplier Framework Agreement. The Participating Authorities intend to access the Services by awarding contracts (Call-Off Contract) under this Framework Agreement which the successful Tenderer for each Lot, will enter into with the

Authority. Current contracts developed differently in three separate Primary Care Trusts prior to the move from the NHS to local government and have different suppliers working to different service specifications. This Single Supplier Framework ensures consistency and standardisation of service.

- 4.25 Both Lots were openly advertised on capitalEsourcing. 8 suppliers downloaded the PQQ for Lot 1 and 20 downloaded the PQQ for Lot 2.
- 4.26 Pre-Qualification Questionnaires (PQQs) were received from two suppliers, CLCH and Mytime Active for Lot 1 and four suppliers, CLCH, Mytime Active, Morelife and Weight Management Centre, for Lot 2.
- 4.27 Details of the evaluation and tender analysis are shown in the separate report on the exempt Cabinet agenda.

5. CONSULTATION

- 5.1 An options paper was developed from report findings which was presented in March 2014 to Cabinet Member for Public Health for each borough with three options developed. Councillor decision was to proceed with additional investment in child obesity prevention services.
- 5.2 The new Cabinet Member for Public Health in Hammersmith and Fulham was updated on the commissioning in September 2014.
- 5.3 Cabinet Members for Public Health and Adult Social Care were updated on the commissioning process on:

Councillor Robathan	4 th November 2014
Councillor Lukey	6 th November 2014
Councillor Weale	14 th November 2014

Cabinet Member's for Children's Services have been briefed about the Children's Obesity Commissioning at the joint Public Health Children's Services Cabinet Member Meetings.

- 5.4 Public Health is part of Adult Social Care however given the nature of this programme both Adult's and Children's Commissioning and Contracts Boards have received updates on this commissioning and been consulted on the contract award paper.
- 5.5 Children's Services have been engaged from the start of the commissioning process, contributing to the Obesity Review and the design of the specifications. Public Health is currently working with Children's Services to ensure that the training and development that will be on offer to them will suit the needs of their workforce and will be integrated with the new business requirements to roll-out Focus on Practice, thereby minimising time required but optimising skill development.

6. EQUALITY IMPLICATIONS

- 6.1 The service has been designed to tackle health inequalities.

7. LEGAL IMPLICATIONS

- 7.1 This service has been commissioned by Westminster City Council on behalf of the Tri-borough Authorities. The service has been commissioned in line with the Local Authorities' new duties under the Health and Social Care Act 2012. Each borough will enter into its own contract for Lot 1 and for Lot 2 with the successful provider. Legal advice on the procurement process has been provided by Sharpe Pritchard.
- 7.2 Westminster's Contract value is over £175,000 and will be sealed by the Head of Legal Services.
- 7.3 Bi-Borough Legal Services will be available to assist the client department with preparing and completing the necessary contract documentation.
- 7.4 Implications for RBKC and LBHF completed by: Kar-Yee Chan, Solicitor (Contracts), 020 8753 2772 and by Rhian Davies, Corporate Solicitor, for WCC.

8. RISK IMPLICATIONS

- 8.1 The solution is priced as an integrated service where sharing of infrastructure and dedicated resources resulted in efficiency savings for all three boroughs. If one borough does not wish to proceed with the solution, the current proposal from the supplier is no longer applicable and would have to be reworked from first principles. The way forward would be to procure an individual solution for each borough or, if two boroughs continued to procure jointly, an alternative solution that will only result in the efficiencies afforded by two of the three boroughs sharing those dedicated resources and infrastructure.
- 8.2 Lot 1 is deemed as having low risk in contract failure, as the provider has good experience and in-depth knowledge in providing similar services. Contract monitoring provision is a requirement of the contract which enables early identification should any issues or failures arise at any stage of the contract.
- 8.3 Lot 2 is deemed as having low risk in contract failure, as the provider has good experience and in-depth knowledge in providing similar services. Contract monitoring provision is a requirement of the contract which enables early identification should any issues or failures arise at any stage of the contract.
- 8.4 There are clauses in the contract terms and conditions covering breaches in performance. These relate to a number of factors including critical performance defaults, non-critical performance defaults. Remedies include improvement action plans, warnings if improvements are not rectified on time, withholding of payments or part-payments. The contract may be terminated if more than two warnings were given to the provider for such breaches.
- 8.5 There is also provision for contract termination based on termination or reduction of funding from the ring-fenced PH grant. There are also the provisions one would expect to have around failures in consent or having Regulatory Body registration

where applicable, breaches in obligations relating to data protection, insolvency and bankruptcy, bribery etc.

- 8.6 Contract bids are valid for 9 months, therefore the contracts for the new child obesity prevention and health weight services need to be awarded and started by 17 July 2015 otherwise the contract bidders reserve the right to amend their tender prices.

9. FINANCIAL AND RESOURCES IMPLICATIONS

- 9.1 The budget for Lot 1 across the three Councils is £1.8 million for 3 years (£2.4 million across 4 years (3+1 year extension)) which is £600,000 per annum. This will be shared £200,000 per borough per annum.
- 9.2 The service review conducted in March 2014 found various gaps in services in each borough (e.g. no Healthier Catering Commitment in HF and WCC and lack of Healthy Start vitamin delivery infrastructure in WCC and HF) as well as a large variation in funding.
- 9.3 The objective in commissioning Lot1 services is to address these gaps as well as to provide equitable access to services for children and families across the geographical area. It is important to note that providing advice and guidance to schools incurs a level of fixed costs. The number of schools and early years' settings does differ between the three boroughs. Close contract monitoring will ensure that the amount of time available to schools in all three boroughs is proportionate to their funding.
- 9.4 The 3 year contract value across the three boroughs for Lot 1 is £1,798,552 (£2.4 million across 4 years (3+1 year extension)). This will be shared equally across the three boroughs, at £199,839 per year and funded from the ring fenced Public Health budget. (See Table 2)

Table 2 Lot 1 Contract Value

Contract Value	Hammersmith & Fulham	Kensington & Chelsea	Westminster	Total
Year 1	£199,839	£199,839	£199,839	£599,517
Year 2	£199,839	£199,839	£199,839	£599,517
Year 3	£199,839	£199,839	£199,839	£599,517
Total	£599,517	£599,517	£599,517	£1,798,551
1 year extension	£201,235	£201,235	£201,235	£603,705
Grand Total	£800,752	£800,752	£800,752	£2,402,256

- 9.5 The budget for Lot 2 across the three councils is £6.4 million for 3 years (£8.576 million across 4 years (3+1)).
- 9.6 The 3 year contract value for the three boroughs Lot 2 is £3,911,855.65. This will be funded from the ring fenced Public Health budget and shared as detailed in table 3 below:

Table 3 Lot 2 contract value

Contract Value	Hammersmith & Fulham	Kensington & Chelsea	Westminster	Total
Year 1	£408,984	£315,502	£444,040	£1,168,526
Year 2	£455,420	£351,324	£494,455	£1,301,199
Year 3	£504,746	£389,375	£548,010	£1,442,131
Total	£1,369,150	£1,056,201	£1,486,505	£3,911,856
1 year extension	£504,874	£389,375	£548,009	£1,442,131
Grand Total	£2,738,895	£1,445,756	£2,034,514	£5,353,987

- 9.7 The contract values for Lot 2 increase from Year 1 to Year 3 for each borough reflecting the stepped increase in the number of places to be provided each year on 0-4 year old obesity prevention programmes and 5-12 year old weight management programmes. By year 3 the number of places provided are sufficient to offer a place to 30% of families with children aged 0-4 and 70% of children identified as obese each year by the National Child Measurement Programme.
- 9.8 The contract values vary between the boroughs as differing volumes of places on programmes are being commissioned and differing numbers of schools will receive the target schools programme reflecting:
- the differing numbers of children in the borough populations
 - the differing numbers of schools with higher than the borough levels of childhood obesity prevalence
 - the differing numbers of children identified as obese by the National Child Measurement Programme in each borough annually
- 9.9 Combining the information for both lots is represented in table 4 below:

Table 4 Combined Lots 1 and 2 contract value

Contract Value	Hammersmith & Fulham	Kensington & Chelsea	Westminster	Total
Year 1	£608,823	£515,341	£643,879	£1,768,043
Year 2	£655,259	£551,163	£694,294	£1,900,716
Year 3	£705,585	£589,214	£747,849	£2,042,648
Total	£1,969,667	£1,655,718	£2,086,022	£5,711,407
1 year extension	£705,980	£590,610	£749,244	£2,045,836
Grand Total	£2,675,647	£2,246,328	£2,835,266	£7,757,243

- 9.10 The budget for each contract will be held within the respective borough. The provider will be paid by the three boroughs separately.
- 9.11 **Contract Comparison**

The existing contracts and the proposed replacements are not directly comparable as they comprise of a more limited range of services. The current service offer also differs between boroughs.

LBHF's existing contract value is £212,000 delivering some workforce training and 0-4 child obesity prevention and some limited school delivery.

RBKC's existing contract value is £794,827 (revised from £898,061, less £100,000 for adult services). This contract delivers workforce training, advice and guidance for school and early year's settings, the Healthier Catering Commitment and Healthy Start.

WCC's existing total contract value is £210,388 (revised from £301,543) comprising of two contracts delivering 0-4 child obesity prevention programmes, a very small amount of workforce training and a weight management programme for 6-12 year olds.

9.12 Effects on Forecast

The increase child obesity expenditure has been budgeted for. The two tables below show A) a comparison between the existing services and the new proposal and B) a projected spend against budget across the life of the proposed contract.

Table A Comparison between existing services and the new proposed services

Borough	14/15 Budget £000's	14/15 Forecast £000's	15/16 Budget £000's	15/16 Forecast Budget £000's
LBHF	395	212	944	609
RBKC	769	795	791	515
WCC	410	210	1,009	644
TOTAL	1,574	1,217	2,744	1,768

Table B Projected spend against budget over the life of the contracts

Borough	15/16 Budget £000's	15/16 Forecast Budget £000's	16/17 Budget £000's	16/17 Forecast Budget £000's	17/18 Budget £000's	17/18 Forecast Budget £000's
LBHF	944	609	944	655	944	705
RBKC	791	515	791	551	791	589
WCC	1,009	644	1,009	694	1,009	748
TOTAL	2,744	1,768	2,744	1,900	2,744	2,042

Although the new proposed contract sees a significant increase in investment, the costs of the improved services are coming in below the budgeted amount.

9.13 Supporting Children's Centres

The specifications for both Lots were developed in consultation with Children's Services, as stated in paragraph 5.5 above. The successful Provider shall provide the services from venues agreed with the Commissioner, who will be working with

key local partners, Children's services in particular, to identify appropriate venues, such as Children's Centres.

The Provider will work in partnership with Children's Centres' Managers and Hub Leads to tailor these services as appropriate to local needs. This will ensure that the Provider and the services are an integral part of Children's Centres and other early year's provision.

At all times the Commissioner will be working with the Provider to maximise the opportunity for children and families at greatest risk of poor nutrition and poor oral health, both strongly associated with child poverty, to participate in these healthy lifestyle programmes.

10. VALUE FOR MONEY OUTCOMES

10.1 The new services will deliver improvements in child nutrition, child obesity prevention and healthy family weight. It will also ensure a frontline children's workforce who can make the places where children and families go places that support and encourage families in the greatest need to eat well and be physically active and so maintain a healthy weight.

10.2 The investment is proportionate to the scale of childhood obesity identified in the three boroughs and will help mitigate for the significant long term costs of obese children growing up to be obese adults.

10.3 The procurement strategy of grouping a number of services in each lot has optimised monetary resources and the use of a skilled workforce as illustrated in Table B above.

10.4 Lot 1 Planning, Policy and Workforce Development

Mytime Active will deliver the following outputs across the three boroughs by the end of year 3:

- 95% of Local Authority Early Years Settings will have implemented the Eat Better Start Better Guidelines and the Early Years Framework for Physical Development.
- A programme of intensive work will have been delivered in 47 Children's Centres and nurseries in areas of high obesity prevalence as well as outreach to local child minders, libraries, children's play centres etc.
- 95% (120) of schools will have achieved the Healthy Schools Bronze award criteria for Healthy Eating.
- 1,050 front line children and community workers will have been trained by physical activity specialists and nutritionists.
- A minimum of 10 food businesses per year per borough will have achieved the Healthier Catering Commitment Award in target areas e.g. near schools or in high obesity prevalence. In addition all food provision in local authority services used by children and families including without limitation, parks, leisure services etc. will be encouraged to achieve the Healthier Catering Commitment.

- Increased vitamin D supplementation in pregnant and breastfeeding women and children under 5 and maximised take-up of the free Healthy Start Vitamins programme by families living in poverty and from black and minority ethnic groups.

10.5 Lot 2 Prevention and Weight Management Programmes

Mytime Active will deliver the following outputs by the end of year 3:

- **An obesity prevention programme for families with children aged 0-4** comprising of 3 elements; a post-natal programme, toddler group programme and 1 to 1 appointments amounting to **900 places** in year 1, **1,600 places** in year 2 and **2,420 places** in year 3.
- For those already above a healthy weight **child weight management services that will assist children between 5 and 12 years of age** to reach and maintain a healthier BMI delivering **384 places** in year 1, **1,600 places** in year 2 and **968 places** in year 3.
- **A weight management service for 13-18 year olds** co-designed, piloted and evaluated **3 pilot programmes** run in year 1, **11 programmes** run in year 2 and **12 programmes** run in year 3.
- **43 target schools** (15 in HF, 10 in RBKC and 18 in WCC) will be offered a 3 year evidence based **whole school obesity prevention programme** for all their children in school year 1 and school year 4. By the end of the 3 years all the children in the participating schools will have benefited from the programme.

10.6 Evaluation

Contract performance will be closely monitored and evaluated. The provider will report quarterly against Key Performance Indicators and meet quarterly with the Commissioner to discuss performance against expected outcomes. Details of the Key Performance Indicators are included in Part B, section B11, page 4, Contract Monitoring and Reporting.

Stuart Lines

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