



## TOOL D12 Commissioning weight management services for children, young people and families

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D12

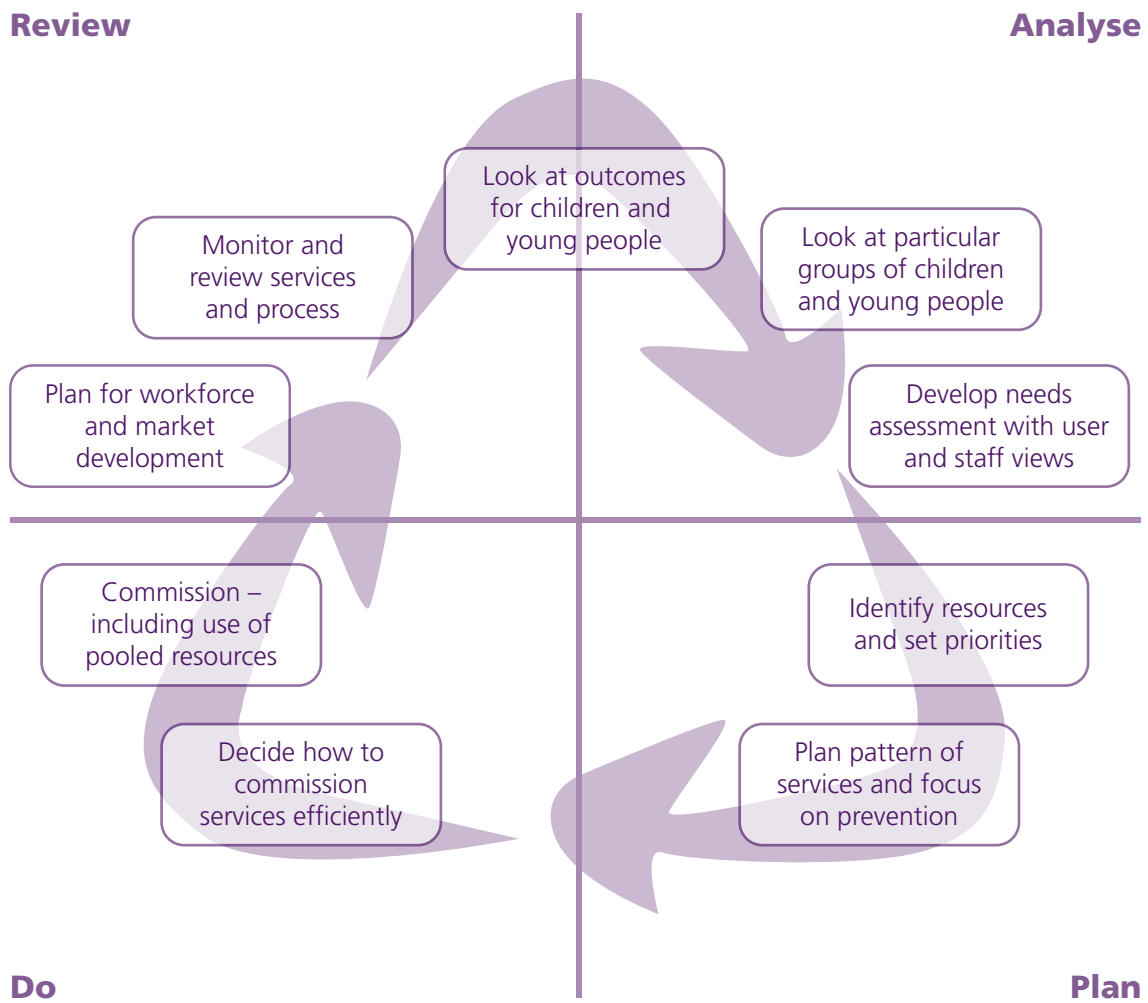
<b>For:</b>	Commissioners in primary care trusts (PCTs) and local authorities
<b>About:</b>	This tool offers a framework for commissioning weight management services for children, young people and families. The framework is a combination of the Joint Planning and Commissioning model, the Commissioning Framework for Health and Well-Being and a model offered by the Institute of Public Care used in the Commissioning eBook and further developed by the Care Services Improvement Partnership North West (CSIP NW). The framework reflects the principles of World Class Commissioning, focusing on how commissioners achieve the greatest health gains and reduction in inequalities, at best value, through 'commissioning for improved outcomes'. It also recognises that a) some children, young people and their families will be motivated to achieve a healthy weight and will require a minimum level of support and b) as indicated in <i>Healthy Weight, Healthy Lives</i> , <sup>1</sup> commissioners in local areas will want to commission a range of interventions that prevent and manage excess weight, including weight management services.
<b>Purpose:</b>	To provide local areas with an understanding of the key steps to commissioning weight management services for children, young people and families. This is the first tool and overarching framework of a more comprehensive resource being developed to support commissioners specifically in the area of weight management.
<b>Use:</b>	<ul style="list-style-type: none"> <li>• As a guide for commissioners in local authorities and PCTs to develop commissioning plans for weight management services</li> <li>• As a checklist of activities to be agreed, and to measure progress against, as part of the commissioning process and joint performance management systems</li> <li>• In working with partners and providers to develop both a shared language and commissioning model</li> <li>• To engage children, young people and families and providers in the process of service planning and design</li> </ul>
<b>Resource:</b>	<i>PCT procurement guide for health services</i> . <sup>199</sup> <a href="http://www.dh.gov.uk">www.dh.gov.uk</a>

The Joint Planning and Commissioning model outlines nine steps to commissioning services for children and young people (see diagram on next page). Each of these nine steps will involve a number of 'activities' that can be broadly divided into four sections, which also reflect the processes and competencies of World Class Commissioning:

- analysis
- planning
- doing, and
- reviewing.

The diagram below shows these nine planning and commissioning steps divided into the four sections. The table on the next page offers, through a series of questions, a guided journey through some of the key commissioning activities, including needs assessment, service specification, contract management, relationship with providers and workforce development. Some of these activities will be supported by more specific tools and templates with case studies and examples as best practice emerges and the body of evidence grows.

Steps involved in commissioning services for children and young people



## 4. Review

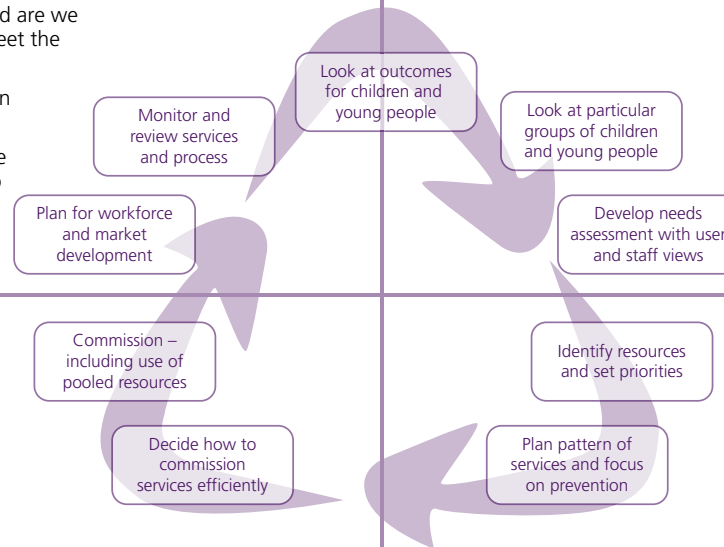
1. Are we achieving the intended outcomes for individual children, young people and families?
2. Is the monitoring of services and processes giving us the financial and activity data we require, including GP-based services?
3. Can we demonstrate value for money?
4. Are the commissioned services supported by relevant policies and guidance?
5. How does provider performance match up to our commissioning strategy?
6. Is a workforce training plan for weight management services being implemented?
7. Is the capacity of the provider market developing and are we confident that it is sustainable, dynamic and able to meet the diversity of demands?
8. Are we sharing and using all the relevant information collectively?
9. What changes, if any, do we therefore need to make to our process for joint planning and commissioning to ensure the best outcomes for children, young people and their families?

## 1. Analyse

1. What are successful healthy weight outcomes for children, young people and their families?
2. How well do we know and understand the weight management needs and lifestyle interests of children, young people and their families?
  3. What are our local, regional and national priorities in terms of reaching and caring for particular children, young people and their families?
4. What does the review of existing weight management services tell us, including GP-based services?
  5. What is the current level of capacity and financial investment across our partners in these services?
  6. What is our analysis of the current market place and providers of weight management services?
  7. What is the legislative base and guidance to meeting the healthy weight management needs of our local and national population?
  8. What is our analysis of the research and current evidence base for this work, including the views and experience of people delivering services?

1. What is in our joint purchasing plan – including advertising, tendering process, selection process and contracting?
2. What needs to be in place for joint commissioning of weight management services to be carried out efficiently, for example, capability, leadership and accountability?
3. How do we manage joint commissioning of weight management services with pooled resources?
4. Having secured our range of weight management services, who will manage the contracts?
5. What is in place to quality assure services?
6. Who will manage relationships with providers and how will this be done?
7. Is our approach to contracting helping to build a dynamic and diverse market place and supply of effective services?

1. How do we ensure we have children, young people and their families at the centre of joint planning and commissioning of weight management services?
2. What are the gaps in service provision across PCTs and local authorities, including GP-based services, that we need to plan for?
3. What levels of resources are available to address gaps in services and identified inequalities?
4. Who will be involved in our joint commissioning strategy planning exercise?
5. When will we complete our strategy, which could include working with GPs through practice-based commissioning?
6. What is the design of the services and the range of care pathways we are planning to put in place?
7. What do we need to include in our range of service specifications?
8. What needs to go into service level agreements and contracts to ensure high quality services delivered by high quality providers?



## 3. Do

## 2. Plan