

**TO: DIRECTOR OF ADULT SOCIAL CARE, HEALTH AND HOUSING
9TH MARCH 2016**

**BRACKNELL FOREST ADULT WEIGHT MANAGEMENT SERVICE
CONSULTANT IN PUBLIC HEALTH**

1 PURPOSE OF REPORT

- 1.1 The purpose of this report is to seek approval to award a new contract for the Bracknell Forest Adult Weight Management Service.

2 RECOMMENDATION

- 2.1 That the Adult Weight Management Service contract commencing 1st April 2016 is awarded to Tenderer B.**

3 REASONS FOR RECOMMENDATION

- 3.1 This contract will ensure that residents of Bracknell Forest can access a Tier 2 (T2) Adult Weight Management service that is focussed on achieving the best healthy weight outcomes for people.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 The alternative is to not to commission a weight management service for people who are in the obese categories which would risk a rise in overall obesity locally and an adverse impact on both health and clinical health services,

5 SUPPORTING INFORMATION

- 5.1 The most recent data from PHOF shown 61.4% of the Bracknell Forest population is in the excess weight category, slightly better than the England average. Prevalence of obesity (BMI obesity (BMI>30kg/m²) is estimated at 23.8% of women and 23.6% of men – approaching 1 in 4 people. There is consistent evidence that obese people with no intervention will continue to gain weight over time.

There are well-documented medical complications arising from obesity, linked to both independent risk factors and worsening of at least 30 common health conditions. An estimated 14% of cancer deaths in men and 20% of deaths in women are due to obesity. People who are obese can also experience social isolation and discrimination and are at increased risk of depression.

The different levels or tiers of care within the Programme are shown in the Adult Obesity Care Pathway.

- Tier 1 - prevention and health promotion services
- Tier 2 - primary care and community interventions

Unrestricted

- Tier 3 - Community Specialist Weight Management Services
- Tier 4 - supra-specialist interventions (surgical interventions)

5.2 Information collected to date on users of Bracknell Forest weight management service suggests that it has been effective in helping people achieve weight loss. Among a sample of 518 programme completers, 59% achieved 5% weight loss (which in most cases would be medically significant) and 13.5% achieved 10% weight loss. This compares favourably with rates of weight loss reported in published research.

5.2 Key Service outcomes:

- To reduce weight in People with a BMI of 30 and above, and for people to achieve and sustain weight loss in the range of 1-5% and 5-10% according to the agreed performance indicators as detailed at Specification Appendix ii
- To improve diet and nutrition, promote healthy weight and levels of physical activity of people using appropriate validated tools
- To promote better weight management for people
- To improve excess to weight management services across Bracknell Forest
- To raise awareness among People of the health benefits of weight loss and the problems associated with obesity so that they can take more responsibility for their own health

5.3 The tender process was a one stage open procedure, in accordance with the Council's Contract Standing Orders. Since the full contract value was below the threshold for advertising in the Official Journal of the European Communities (OJEC), the tender for the service was advertised on the South East Business portal and Contracts Finder under the Light Touch Regime.

5.4 All 9 organisations expressed an Interest on the South East Business portal, 3 organisations submitted a tender.

5.5 The Tenders received were evaluated by the Project Team, details of which are set out in the confidential annexe. The evaluation criteria had been agreed by the panel prior to the tender invitations.

5.6 Tenderers were invited to attend to give a presentation and answer questions in respect of the implementation of the services for which they had tendered. These presentations were held on the 1st February and 4th February 2016 and following this the evaluation panel finalised the tender evaluation. As a result Tenderer B received the highest evaluated score (based upon Quality and Price on a 50:50 ratio).

5.7 The following checks were undertaken in order to ascertain, as far as reasonably possible, the suitability and viability of the three tenderers:- relevant references were obtained and credit checks undertaken.

5.8 The contract is due to start on 1st April 2016. The contract will be a 1 year contract with optional 1 year extension (1+1).

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 There are no specific legal implications arising from the report.

Borough Treasurer

6.2 The contract value, set out in Annex A, is the maximum the Council will be charged for the service. Charges are calculated based on the number of individuals accessing services, therefore actual costs may be less than this contract value. The contract value is similar to what is being paid under the current contract, so there should be no budget pressure from entering this contract.

Equalities Impact Assessment

6.3 Equality for all people being supported was considered at all stages of the procurement.

Strategic Risk Management Issues

6.4 Detailed risk management, monitoring and contingency criteria were included in the Request for Quotation and taken into consideration during the evaluation of the bid. Performance and progress can be measured against the criteria.

7 CONSULTATION

Principal Groups Consulted

7.1 None.

Method of Consultation

7.2 None.

Representations Received

7.3 None.

Contact for further information

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