

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Health and Public Health
Date:	17 December 2015
Title:	Public Health Tier 2 Weight Management Services
Reference:	7095
Report From:	Interim Director of Public Health

Contact name: Sian Davies, Consultant in Public Health

Tel: 02380 383307

Email: Sian.davies@hants.gov.uk

1. Executive Summary

- 1.1. The Decision Report, reference 6325 and titled Public Health – Healthy Lifestyle Services Procurement and Approved List of Providers sought approval to go out to tender and authorisation to spend for four commissioned services in the Healthy Lifestyles category. The decision report was given Executive Member Approval on 27 January 2015. For the Weight Management commissioned services authorisation was given to procure and to spend up to £865,000 as a total contract term value.
- 1.2. During this period there have been a number of developments and feedback on the Healthy Weights Strategy implementation which have led to the need to increase the total contract value for tier 2 weight management services.
- 1.3. The purpose of this paper is to seek approval to spend up to a maximum value of £2,075,000. This increases the total contract value for weight management services over 5 years by £1,210,000 for a 3 year contract with the option to extend for up to two years. This equates to an annual spend of £415,000.

2. Contextual information

- 2.1. It is estimated that 65% (699,000) of adult residents in Hampshire have excess weight that is a Body Mass Index over 25. Of these, 22% (238,000) are thought to be clinically obese with a Body Mass Index of 30 or over. Please see Appendix C for the definition of Body Mass Index. This is important because the current situation has profound consequences for individuals and society now and in the future.
- 2.2. Obesity is an important risk factor for chronic medical conditions which are the principal causes of ill-health and premature death in adults. This has a negative impact on the lives of residents and the services we provide

- 2.3. Obesity is a significant economic and business challenge locally and nationally. A report by the National Obesity Observatory highlighted that obese individuals are estimated to have medical costs 30% higher than normal weight peers. The cost to the NHS in Hampshire of managing diseases related to overweight and obesity has been estimated to be £333.8 million. A report by Mckinsey Global Institute estimates that obesity costs the UK health system £5.9 billion and employers £4.6 billion (USD) annually.
- 2.4. There is good evidence that behaviour weight management programmes, of the kind we commission for our residents can lead to long term weight loss. We know that preventing ill health, or delaying the negative impacts of long-term conditions on individuals is cost effective as it reduces demand on health and social care services. For people diagnosed with certain long-term conditions, such as stroke and dementia, costs to social care services are higher than the costs to the health service.
- 2.5. Adult weight management services are commissioned as part of a pathway of interconnected community weight management services. Tier 1 is provided in primary care and community services and consists of advice and guidance. This is provided as part of routine care. Tier 2 services are offered to those people who have been unsuccessful in losing weight on their own and who are obese. These are currently provided through professional referral to community based weight loss services. Tier 3 and 4 are specialist clinical weight management services including bariatric surgery, commissioned by NHS organisations.
- 2.6. Hampshire County Council currently commissions 2,000 places a year for evidence based group weight management sessions for three months. These are only accessible to people who fit strict criteria and are referred by a health professional. In 2015 the criteria were expanded in line with new evidence based guidance from the National Institute of Health and Social Care to include all people with a Body Mass Index of 30 and over. Previously people with a BMI of 30-35 had to also have a diagnosed medical condition. The threshold for people with specific medical conditions and for people from black and minority ethnic groups was also lowered to a BMI of 28.

The development of the Hampshire Healthy Weight Strategy 2015-2019

- 2.7. Hampshire's Joint Health and Wellbeing Strategy 2013-2018 recognises the importance of living well through empowering people to live healthier lives by providing access to the right information and support. This will ensure that fewer people die early from avoidable disease.
- 2.8. The first Hampshire Healthy Weight Strategy (2012-2015) focussed on multi-agency partnership working aimed at children and young people. The current refresh incorporates action across the whole population and reflects the key focus of the Health and Wellbeing Strategy to empower people to live healthier lives. The future development of the tier 2 service is integral to the Hampshire Healthy Weight Strategy.
- 2.9. An essential component of the refresh of this strategy was the setting up of three topic specific multi-agency task and finish groups, overseen by a

steering group. The groups looked at the current epidemiology of overweight and obesity, evidence of effective interventions and identified the key priorities for Hampshire.

- 2.10. The Clinical Pathways sub-group focussed on treatment for obesity. The pathways group included a patient representative, with experience of weight management services and clinical representatives from a local hospital, primary care and Public Health England. This group recommended trialling self-referral to tier 2 services, and attracting more men and people from disadvantaged areas into the service. As a result a key priority emerged to diversify the current tier 2 service to ensure it met with new NICE guidance and attracted population groups that are underutilising the current service.
- 2.11. The objectives and high level interventions were developed and tested in a multi-agency workshop in July 2014 which included representatives from Council departments and the District Councils. Action plans with key priorities were developed to underpin the main strategic objectives.
- 2.12. The Hampshire Healthy Weight Strategy 2015-2019 was supported, in draft form by the Hampshire Health and Wellbeing Board on 4 February 2015. A consultation exercise was then carried out with multi-agency stakeholders. Agencies consulted included District Councils, Clinical Commissioning Groups, and the final strategy was published online in September 2015.

3. Finance

- 3.1. This service is funded from the Public Health specific grant and supports delivery of the 'Living well' theme of the Hampshire Joint Health and Wellbeing Strategy alongside smoking cessation, alcohol and substance misuse, sexual and mental health services. Experience demonstrates that efficiencies and cost effective delivery of smoking cessation services will achieve a budget saving and this has been taken into account in the re-procurement of tobacco control services. This saving can be reallocated to fund the increase in the tier 2 weight management contract of up to £242,000 per annum. The resource transfer will have no adverse impact on the smoking cessation services currently commissioned by Hampshire County Council.
- 3.2. In addition, an on-going review of other service areas will identify opportunity for further flexibility in the use of the Public Health grant to ensure it is aligned with strategic objectives and evidence based outcomes and ensure the County Council is in a good position to manage within a reduced overall grant following the Government's Comprehensive Spending Review.

4. Performance

- 4.1. In 2014/15 2,221 people were referred into the service. The need for the service is now outstripping supply. Forty-five percent of people referred and accessing the service in Hampshire lost at least 5% of their body weight, a loss that is clinically significant. This shows that the current service is effective in facilitating people to lose weight. The cost per person is also highly competitive compared with other local authority areas.

- 4.2. There is high satisfaction with the services provided. Participants are not only losing weight but are reporting that they are making behaviour changes that will benefit their health in the longer term.
- 4.3. For the re-procurement of the service we propose to move to an outcomes based contract. Payment will be based on achievement of 5% weight loss for an agreed number of people. Targets will also be set to ensure those most at risk of developing serious health problems receive the service. By using an outcomes based approach we will enable providers to provide services that are tailored to deliver outcomes in the most cost effective way.

5. Consultation and Equalities

- 5.1. In 2014 a questionnaire was sent to all Primary Care practices in Hampshire to gauge their views on the service and how it could be improved. Sixty-two practices responded. The main areas of service improvement suggested were data reporting and expanding eligibility. Particular comments related to having good quality feedback from the provider, widening eligibility to people with a Body Mass Index over 30 and targeting those with clinical needs. In terms of referral some GPs suggested opening the service to self-referral.
- 5.2. A consultation with key stakeholders was conducted on the Draft Hampshire Healthy Weight strategy in Spring 2015. The consultation went to all District Authorities and Clinical Commissioning Groups in Hampshire, Public Health England, Hampshire Fire and Rescue, patient representatives and voluntary agencies such as MIND and Sustrans. The consultation was also sent to all the departments in Hampshire County Council. Many of the consultees were engaged in the development of the draft strategy. A summary of responses can be found in Appendix D.
- 5.3. A public survey was conducted in November and early December 2015 via Facebook. The findings from this will be used to gain insight into attitudes towards weight management services and to identify preferences and priorities for service provision.
- 5.4. The proposed re-procurement would see a focus on reducing inequalities in access and outcomes for people with protected characteristics. The equalities impact assessment has identified a medium positive impact for two identified groups: gender and poverty. In addition there will be a small positive impact on other protected groups as the range and availability of services will be increased across the county. The service will be linked to services tailored for minority groups in Hampshire, and the criteria reflects clinical evidence of the differential impact that obesity can have on health in some ethnic groups. No negative impacts were identified.
- 5.5. In 2014/15 only 17% of people referred were male. In addition there were more referrals from the highest 3 deprivation deciles than the lowest 3. Providers will be asked for clear plans describing how they will increase the proportion of people with these characteristics accessing and benefitting from the service as part of the procurement process. The outcomes based service specification includes specific targets on the proportion of people with these characteristics achieving a 5% weight loss. This will lead to an increase in

the proportion of men and people from the lowest deprivation deciles benefiting from the service.

6. Future direction

- 6.1. The current tier two weight management contracts expire at the end of September 2016 with an option to extend to March 2017. The authority to procure Tier 2 weight management services was given in January 2015 (Report reference 6325). We intend to go out to tender for weight management services in early 2016 to have the new services in place by 1 October 2016. We expect the new service to triple the number of people achieving a 5% weight loss each year, and in the longer-term, delivering positive outcomes for the residents of Hampshire.
- 6.2. A key priority in the Healthy Weight Strategy is to diversify tier 2 and ensure the service delivers positive outcomes for people at the greatest risk of developing chronic conditions. It is clear that the need for this service is high. Concurrently there has been pressure from medical consultants in local hospitals and other allied health professionals to have the ability to refer to tier two weight management services as they are increasingly seeing patients with health problems that are caused, or worsened by obesity. The need for evidence based weight management interventions linked to wider obesity pathways will continue to increase given the current obesity epidemic.
- 6.3. The procurement of a new service is an opportunity for the Council to maximise the outcomes from the service and provide users with choice depending on their needs – with minimal interventions for highly motivated individual to more intensive support for those with greater support needs. This should allow us to expand the number of people who can access the service whilst minimising costs. The service will be able to support individuals to manage their own health as well as delaying service demand and reducing current expenditure on health and social services.
- 6.4. In order to deliver a diversified service it is recognised that the current capacity and service model is insufficient. By using a contract based on weight loss outcomes, rather than activity only, we can support innovation in this area. This will deliver value for money for the Council as it incentivises suppliers to focus on the desired endpoint, rather than activity per se.
- 6.5. During market engagement providers have made it clear that to deliver new models of service, including digital solutions in line with the Councils' digital ambitions the potential budget available needs to be sufficient to attract their interest, especially with the Council's intention to move from a contract where payments are based outcomes, rather than just activity. The providers also noted that they require flexibility within the service specification to deliver the range of services expected.

7. Recommendation

That the Executive Member for Health and Public Health gives approval to spend up to £2,075,000 for weight management services representing an increase of £1,210,000 for a 5 year contract on the basis of 3+1+1.

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	no
Maximising well-being:	yes
Enhancing our quality of place:	no

Other Significant Links

Links to previous Member decisions:		
<u>Executive Member for Adult Social Care and Public Health</u>	<u>6325</u>	<u>27 January 2015</u>
Direct links to specific legislation or Government Directives		
<u>Health & Social Care Act 2012</u>		<u>27 March 2012</u>

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

DocumentLocation

None

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;

Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. Equalities Impact Assessment:

Hampshire County Council are proposing to increase the budget for Tier 2 Weight Management Services from October 2016 as a response to market and public engagement undertaken between January and October 2015. The additional budget will have a medium positive impact on the two priority groups identified as underutilising current services men, and residents from areas of higher deprivation. The additional budget will enable the commissioned service to meet the needs of these groups and address blocks to access through innovative service design, while maintaining the availability and accessibility of universal services. There will be a small positive impact on all other protected characteristics as the range and availability of services will be increased across the county and will include digital provision.

2. Impact on Crime and Disorder:

2.1. Not applicable

3. Climate Change:

How does what is being proposed impact on our carbon footprint / energy consumption?

There will be a greater emphasis on using remote technologies in the new service specification.

How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

N/A

Appendix C: What is Body Mass Index?

Overweight and obesity are technical terms with clear definitions. These definitions have been developed by the World Health Organisation (WHO) based on the Body Mass Index (BMI). BMI is calculated by dividing a person's weight (in kilograms) by the square of their height (in metres) and is the recommended measure of overweight and obesity.¹

Whilst BMI does not measure body fat directly research has shown that BMI is moderately correlated with more direct measures of body fat and it is also strongly correlated with various metabolic and disease outcome as are these more direct measures of body fatness. In general, BMI is an inexpensive and easy-to-perform method of screening for weight.²

Body Mass Index (BMI) classification for adults

Classification	BMI Range (kg/m²)
Underweight	Under 18.5
Healthy weight	18.5 to 24.9
Overweight	25 to 29.9
Obese	30 to 39.9
Morbidly obese	40 and over

The BMI calculation can be applied to adult men and women of all aged. BMI can be less accurate for assessing weight in some individuals e.g. athletes or the elderly where a slightly higher BMI is not necessarily unhealthy. Adults of South Asian origin have higher body fat levels at a given BMI.

¹ Hampshire Joint Strategic Needs Assessment 2013. Obesity. <http://documents.hants.gov.uk/public-health/jsna-2013/ObesityJSNA2013.pdf> . Accessed 6th December 2015

² Centre for Disease Control. About BMI. http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/ Accessed 6th December 2015

Appendix D: Responses to the draft Hampshire Healthy Weight Strategy

The draft healthy weight strategy was sent to all Hampshire District Councils, and Clinical Commissioning Groups, patient representatives, Public Health England, Sustrans, Action Hampshire, Dietetics, Portsmouth Hospital Trust, a GP representative, Hampshire Fire and Rescue and MIND. The draft healthy weight strategy was also sent to seventeen Hampshire County Council personnel across the departments. Comments on the strategy can be found below:

District Councils (Tier 2 specific)	<ul style="list-style-type: none"> • Ensure weight management services can be delivered to all residents not just residents in areas of high deprivation • Support for focussing on populations and age groups more likely to put on weight • We need to understand revenue implications of developing tier 1 and 2 weight management programmes • Target those with chronic disease, also children with high BMIs
District Councils (Other)	<ul style="list-style-type: none"> • Note on funding dependency for some behaviour change projects • Good strategy • Comment on how the District Councils can enable the development of the countywide strategy • Issue with capacity of EHOs to deliver eat out, eat well. • Full support to join planning with health impacts • Would be an achievement to do a local responsibility deal • To increase breastfeeding need better communication and signposting by health service staff • Incorporate community led plans • To make every contact count staff need to be aware of local services and opportunities • Targeted investment to reinvigorate cook and eat. • Need to Focus on workplace health and wellbeing
Hampshire County Council	<ul style="list-style-type: none"> • Accords with strategic direction for Countryside Access • Clarification on wording around footpaths and cycle routes