

# HAMPSHIRE COUNTY COUNCIL

## Decision Report

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| <b>Decision Maker:</b> | Executive Member for Public Health     |
| <b>Date:</b>           | 26 November 2020                       |
| <b>Title:</b>          | Tier 2 Adult Weight Management Service |
| <b>Report From:</b>    | Director of Public Health              |

Contact Name: Sian Davies, Consultant in Public Health

Telephone: 02380 383307 Email: [sian.davies@hants.gov.uk](mailto:sian.davies@hants.gov.uk)

### Purpose of this report

1. The purpose of this report is to seek approval from the Executive Member for Public Health to spend for Tier 2 Adult Weight Management Service up to the maximum value of £2,290,000, for a maximum contract term of 6 years (4 years with an option to extend for a period or periods of up to a total of 2 years) commencing on 1 October 2021.

### Recommendation

2. That the Executive Member for Public Health approves spend for a Tier 2 Adult Weight Management Service up to the maximum value of £2,290,000 for a maximum contract term of 6 years (4 years with an option to extend for a period or periods of up to a total of 2 years), commencing on 1 October 2021.

### Executive Summary

3. The County Council is ensuring the Tier 2 Adult Weight Management Service provides an evidence-based approach and measures in place to ensure that the provision is targeted to those for whom weight loss will provide positive health outcomes.

4. The current service operates on a payment by results basis and this approach would be extended to the future service. This will ensure the County Council is paying for a weight management service upon delivery of performance.
5. The Tier 2 Adult Weight Management Service contributes to the County Council's strategic goal: People in Hampshire live safe, healthy and independent lives.

### **Contextual information**

6. It is estimated by Public Health England that in 2017-2018, sixty-three percent adults in Hampshire were overweight or obese. This is higher than the proportion estimated for England (62%) and the South East region (60%).
7. The Tier 2 Adult Weight Management Service is an important part of the adult weight management pathway for Hampshire and has been a key cornerstone of the previous and planned Hampshire Healthy Weight Strategies. Tier 2 services are defined as community weight management interventions.
8. The contract for the current Tier 2 Adult Weight Management Service, provided by WW, expires on 30 September 2021. The service offers evidence-based, multi-component support to adults over 18 years (those aged 16-18 years can access the service with GP consent).
9. On average, obesity deprives an individual of an extra 9 years of life, preventing many individuals from reaching retirement age or preventable death.
10. There are significant inequalities in the distribution of obesity across our population. Excess weight affects all population groups but is higher for those people aged between 55-74 years, people living in deprived areas and in some Black, Asian and Minority Ethnic (BAME) groups compared with the general population. It is established that the health risk of excess weight for some BAME groups occur at a lower Body Mass Index (BMI) than for White populations.
11. The urgency of addressing excess weight in the population has been brought even more to the fore by evidence of the link of an increased risk from COVID-19. Being clinically obese puts people at greater risk of serious illness or death from COVID-19, with risk growing substantially as

body mass index (BMI) increases. Nearly 8% of critically ill patients with COVID-19 in intensive care units have been morbidly obese, compared with 2.9% of the general population.

12. A national policy paper was published in July 2020, announcing a set of new policies to empower people to make healthier choices. This paper established that “helping people to achieve and maintain a healthy weight is one of the most important things we can do to improve our nation’s health.”
13. Guidance from the Government and National Institute of Health and Clinical Excellence (NICE) states that commissioned weight management services should be multi-component and include diet, physical activity, and behaviour change components. Physical activity services alone are not considered to be weight management services.
14. The National Institute of Health and Clinical Excellence recommends that people aim to lose 5-10% of their body weight, but even a smaller weight loss can have a clinical benefit if sustained over time.
15. NICE guidance indicates that tier two weight management interventions are considered cost effective (all age groups and both genders) if participants achieved at least one kg weight loss and maintained it for life and the intervention costs less than £500 per person.
16. Tier two weight management programmes are lifestyle weight management programmes for overweight or obese adults that are multi-component and aim to reduce a person's energy intake and help them to be more physically active by changing their behaviour. These programmes are usually based in the community, workplaces, primary care or online.

### **Current Tier 2 Adult Weight Management Service**

17. The current Tier 2 Adult Weight Management Service is due to finish on 30<sup>th</sup> September 2021. The allocated budget for this service is £415,000 per annum. Where expenditure has been lower, additional services have been procured to address healthy weight in Hampshire.
18. WW is the current provider for the Hampshire Adult Tier 2 Weight Management Service, commissioned by Public Health.
19. This service comprises initial assessment by WW followed by twelve face-to-face group sessions including a weekly weigh-in. Every member who

elects to undertake group sessions is also eligible for access to the digital weight management programme.

20. Those who elect for the digital weight management programme do not access group sessions and digital members self-report their weight.
21. Since March 2020, with the onset of the pandemic, delivery of the group sessions has been undertaken remotely, with each member able to participate in an unlimited number of remote group sessions. The weight of each group-session participant continues to be measured on a weekly, face-to-face basis. The service is evidence based.
22. During the period 1 October 2016 - 30 September 2020, twenty thousand and twenty people in Hampshire accessed the Tier 2 Adult Weight Management Service. Of those accessing the service 61% were aged 50+ years and the mean starting body mass index (BMI) was 36.9. Further information on performance is given in paragraphs 28 and 29.
23. One hundred and fifty-seven (157) GP practices made at least one referral to the service from 1 October 2016 – 30 September 2020. The provider is paid on a payment by results basis, ensuring that the County Council only pays for successful outcomes (achievement of loss of  $\geq 5\%$  initial bodyweight).

### **Access and Referral to the Service**

24. There are a number of routes for referral. Access to the service by self-referral is for those aged eighteen years and above with a Body Mass Index  $\geq 30$ . All participants access the service via the process detailed on the Hampshire WW landing page;  
<https://www.weightwatchers.com/uk/hampshire>
25. Primary care and NHS providers are able to refer their patients directly. This ensures people at higher risk of the complications of obesity, such as those with long-term conditions are referred as part of their clinical care.
26. Referral to the Tier 2 weight management service is part of the pathway for those identified as eligible during the NHS Health Check.
27. WW sub-contracts weight management service for pregnant women to 'Glowing Potential'. The service consists of an initial assessment followed by an eight-week remote coaching programme with a Registered Dietitian,

including peer support. There has been a low level of uptake for this component of the service.

### **Performance of the current service**

28. The service is contract managed using a suite of key performance indicators. The target groups are: People living in the most deprived areas, men, people from Black and Asian minority ethnic groups and people with long term conditions. Of people starting the programme, 18% were men, 33% were from the three most deprived deciles in Hampshire, 7% were from BAME groups and all participants reported at least one long-term condition. The most common long-term conditions were hypertension, asthma and diabetes.
29. The performance is given below, and where national service standards exist the benchmark is shown.
  - a) From October 2016 - September 2020, 20,020 residents made contact with the service, of these 16,234 (81%) attended the first session.
  - b) At the end of the weight management programme 11,653 people (72%) had lost at least 3% of their initial bodyweight. NICE states that even losing this amount of weight is likely to lead to health benefits if sustained. Public Health England suggest 75% as a key performance indicator for any weight loss.
  - c) At the end of the weight management programme 7,869 people (48%) has lost at least 5% of their initial bodyweight. Public Health England suggest 30% as a key performance indicator.
  - d) As part of the contract the provider is asked to follow-up people at six months and twelve months. Whilst all people completing the programme are contacted, only 26% responded at six months and 14% at twelve months.

### **Future Tier 2 Adult Weight Management Service**

30. A new service specification will be developed through the refinement of the current service specification which is in line with NICE guidance. The

service specification will also take account of the latest Public Health England guidance which suggests that weight management interventions using behaviour change techniques associated with self-regulation or control theory, appear to lead to more weight loss. This includes techniques such as prompt specific goal setting, provide feedback on performance, prompt self-monitoring of behaviour and prompt review of behavioural goals.

31. The specification will describe the population needs, key service outcomes, scope of the service, quality standards and performance measures, pricing and include details of the pathway for overweight and obese adults in Hampshire.
32. It is anticipated that future service will continue to include both self-referral and referral mechanisms to maximise uptake of the service. The service will also focus on the benefits of physical activity as part of a healthy lifestyle, particularly embedding physical activity into daily life.
33. The provider of the service will be required to embed learning from Hampshire pilot schemes which have sought to identify best marketing and promotion methods and managing an invitation process directly with targeted patients via primary care.
34. The successful provider will enable access to evidence-based weight management programme/s which can be accessed either remotely or face-to-face and will operate a service on a continuous, fully-flexible basis with the ability to deliver weight management interventions despite adverse and changing circumstances, such as the pandemic.
35. The service will operate on a payment by results basis. We will go to market with the intention to incentivise successful outcomes. Our preliminary outcomes are;
  - A weight loss of  $\geq 5\%$  initial bodyweight
  - Weight loss of  $\geq 5\%$  initial bodyweight achieved via digital intervention (Where applicable)
36. Additional Key Performance Indicators will include: Physical activity levels at 12 weeks; the proportion of clients losing  $\geq 5\%$  of their body weight who live in the most deprived areas of Hampshire; the proportion of clients losing  $\geq 5\%$  of their body weight from Black, Asian and Minority Ethnic populations, the proportion of clients losing  $\geq 5\%$  of their body weight who are men and the proportion of clients losing  $\geq 5\%$  of their body weight who have been diagnosed with a with long term condition.

37. Payment will be given on evidence of having delivered a service and achieved the outcomes detailed in the specification.
38. It is expected that the service specification will be modified further following an engagement exercise with the public and primary care from 22 October – 22 November 2020. The final service specification is expected to be ready by the end of November 2020.
39. A market engagement event will take place on 11th November 2020 to help inform the development of the final Tier 2 Adult Weight Management Service specification.
40. The views and experiences of both primary care practitioners and adults in Hampshire who receive a digital survey in October/November 2020 will also be considered and integrated where possible and practicable for the final service specification.

### **Consultation and Equalities**

41. The distribution of obesity, and the health consequences arising from obesity, are unequally distributed across the population. This service aims to address these health inequalities by actively targeting the population groups most affected. Within the service being proposed there will be positive impacts for people living in areas of deprivation, those living with long term conditions, men and those from Black, Asian and Minority Ethnic groups. For further details please refer to the full Equalities Impact Assessment.
42. A COVID-19 Health Equity Audit is currently in process in addition to the annual Health Equity Audit required of the current service. Together these will help to identify the key issues regarding inequalities and social disparities in terms of access and outcomes of participants.
43. It is for the Executive Member as decision maker to have due regard to the need to: Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act and advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

### **Finance**

44. Within both the current and future budget plans there are sufficient funds available to meet the cost of the proposed contract value of up to £365,000

per year for 4 years (with an option to extend for a period or periods of up to a total of 2 years). There will also be non-recurrent funding of £100,000 for the first few years of the contract to help mitigate the impact of obesity on Covid-19 outcomes. The total budget for this service will therefore be £2,290,000. This contract value is based on achievement of the successful outcomes. Our preliminary outcomes, for which we are going to the market for are:

- A weight loss of  $\geq 5\%$  initial bodyweight
- Weight loss of  $\geq 5\%$  initial bodyweight achieved via digital intervention (Where applicable)

## Conclusions

45. Sixty-three percent (63%) of the Hampshire adult population is overweight or obese. This is higher than the proportion estimated for England (62%) and the South East region (60%).
  46. The Tier 2 Adult Weight Management Service is an important component of the adult weight management pathway for Hampshire and has been a key cornerstone of the previous and planned (draft) Hampshire Healthy Weight Strategy 2020-2025.
  47. A national policy paper was published in July 2020, announcing a set of new policies to empower people to make healthier choices. This paper established that “helping people to achieve and maintain a healthy weight is one of the most important things we can do to improve our nation’s health.
  48. This service will provide flexible and evidence-based support to individuals to enable them to lose weight and to maintain their weight loss.
  49. The service will be targeted to populations at significant disadvantage and who experiencing social disparities, thereby helping to reduce health inequalities in Hampshire.
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**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

|   |     |
|---|-----|
| <b>Hampshire maintains strong and sustainable economic growth and prosperity:</b> | NO  |
| <b>People in Hampshire live safe, healthy and independent lives:</b>              | YES |
| <b>People in Hampshire enjoy a rich and diverse environment:</b>                  | NO  |
| <b>People in Hampshire enjoy being part of strong, inclusive communities:</b>     | NO  |

*NB: If the 'Other significant links' section below is not applicable, please delete it.*

**Other Significant Links**

|  |                             |
|--|-----------------------------|
| <b>Links to previous Member decisions:</b>                           |                             |
| <u>Title</u><br>NHS Health Checks                                    | <u>Date</u><br>25 July 2018 |
| <b>Direct links to specific legislation or Government Directives</b> |                             |
| <u>Title</u>   | <u>Date</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.)

|                 |                 |
|-----------------|-----------------|
| <u>Document</u> | <u>Location</u> |
| None            |                 |

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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 by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) 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 protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are 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 in which participation by such persons is disproportionately low.

### **2. Equalities Impact Assessment:**

2.1 This service will take into account the needs of those people identified in law as being at risk of discrimination. The needs of these populations are currently being assessed via a COVID-19 Health Equity Audit together with an Equality Impact Assessment of the current service. Together these this will identify the key issues regarding inequalities and social disparities in terms of access and outcomes of participants.

- 2.2 If funding is approved to commission a Tier 2 Adult Weight Management Service for Hampshire residents there will be a neutral impact for the majority of adults currently eligible to access the service.
- 2.3 Within the service being proposed there will be positive impacts for people (who meet the eligibility criteria) from the most deprived communities in Hampshire, those with long term conditions, men and/or who are from Black, Asian and Minority Ethnic Groups. The focus on these groups should increase uptake and thus allow them to benefit from engagement with the service.

### **3. Impact on Crime and Disorder:**

- 3.1 By definition, interventions considered to improve and protect the public's health are designed to support the citizens of Hampshire to live safely and have improved health and wellbeing.

### **4 Climate Change:**

- 4.1 Consideration of climate change and its impacts on the population and its current and future health forms part of the evidence informing interventions to improve and protect the public's health.
- 4.2 A core component of the Tier 2 Adult Management Service encourages service users to increase levels of physical activity which includes implementing active travel for both leisure and work purposes. This could therefore reduce levels carbon emissions from motorised transport.