

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
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To: Adult Social Care and Health Cabinet Committee

Date: 2nd May 2014

Subject: Adult Healthy Weight Review

Classification: Unrestricted

Summary:

Kent County Council inherited a number of commissioned services when public health responsibilities transferred into the authority. As a part of a structured programme of commissioning, these services are being systematically reviewed prior to re-commissioning.

This paper outlines the background to the healthy weight services, details the current service provision, and discusses the lessons learnt from a review of those services.

Next steps in the process of developing service specifications are discussed, along with the potential changes in the national landscape which may impact on the services commissioned.

Recommendation(s):

The Adult Social Care and Health Cabinet Committee is asked to:

1. Endorse the commissioning of a universal (Tier 1 and Tier 2) adult healthy weight service for Kent

1.0 Introduction

- 1.1 This paper looks at Adult Healthy Weight programmes only. We are taking a phased approach to the healthy weight agenda, and the Children's Weight programme will be reviewed as a subsequent piece of work.
- 1.2 Nationally, two-thirds of English adults are obese or overweight. It is estimated that approximately 28% of the Kent adult population is obese (354,022).

Body Mass Index (BMI) categorisations

Body Mass Index is defined as a person's weight in kilograms (kg) divided by his or her height in meters squared.

Category	BMI kg/m
Underweight	<18.5
Healthy weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	>30

1.2 The percentage of adults in England who have excess weight (overweight and obesity combined) is 63.8%, in Kent the rate is 64.6%. This translates into 771,476 people across Kent aged 16 and above and the following numbers of individuals by District:

Ashford	64,275	Canterbury	69,009
Dartford	53,554	Dover	58,009
Gravesham	53,887	Maidstone	84,142
Sevenoaks	61,172	Shepway	59,146
Swale	75,761	Thanet	
75,118			
Tonbridge and Malling	63,203	Tunbridge Wells	54,696

1.3 Canterbury is the only authority where prevalence is lower than the England average (54.2%). Both Thanet (68.4%) and Swale (68.8%) are worse than the England average. All the nine other authorities are similar to England.

1.4 Obesity tends to track into adulthood, so obese children are more likely to become obese adults. There are stark inequalities in obesity rates between different socioeconomic groups: among children in reception and year 6, the prevalence of obesity in the 10% most deprived groups is approximately double that in the 10% least deprived. The Chief Medical Officer has stated that the public can no longer recognise overweight as it has become a social norm. Along with the reluctance of clinicians to raise the issue of weight in consultations, this makes the work of reducing prevalence in the population more challenging.

1.5 Obesity is the leading cause of type 2 diabetes, heart disease and some cancers. An estimated 40,000 deaths in England are attributed to being overweight or obese.

1.6 Costs to the NHS are in the region of £5.1 billion per annum and there will be similar costs in adult social care. Predictions are for sharp rises in the cost to the taxpayer for treating obesity and related chronic illness.

1.7 The move of public health responsibilities into local government presents new opportunities for utilising local authority resources at both district and county level to support improvements in the wider determinants of health.

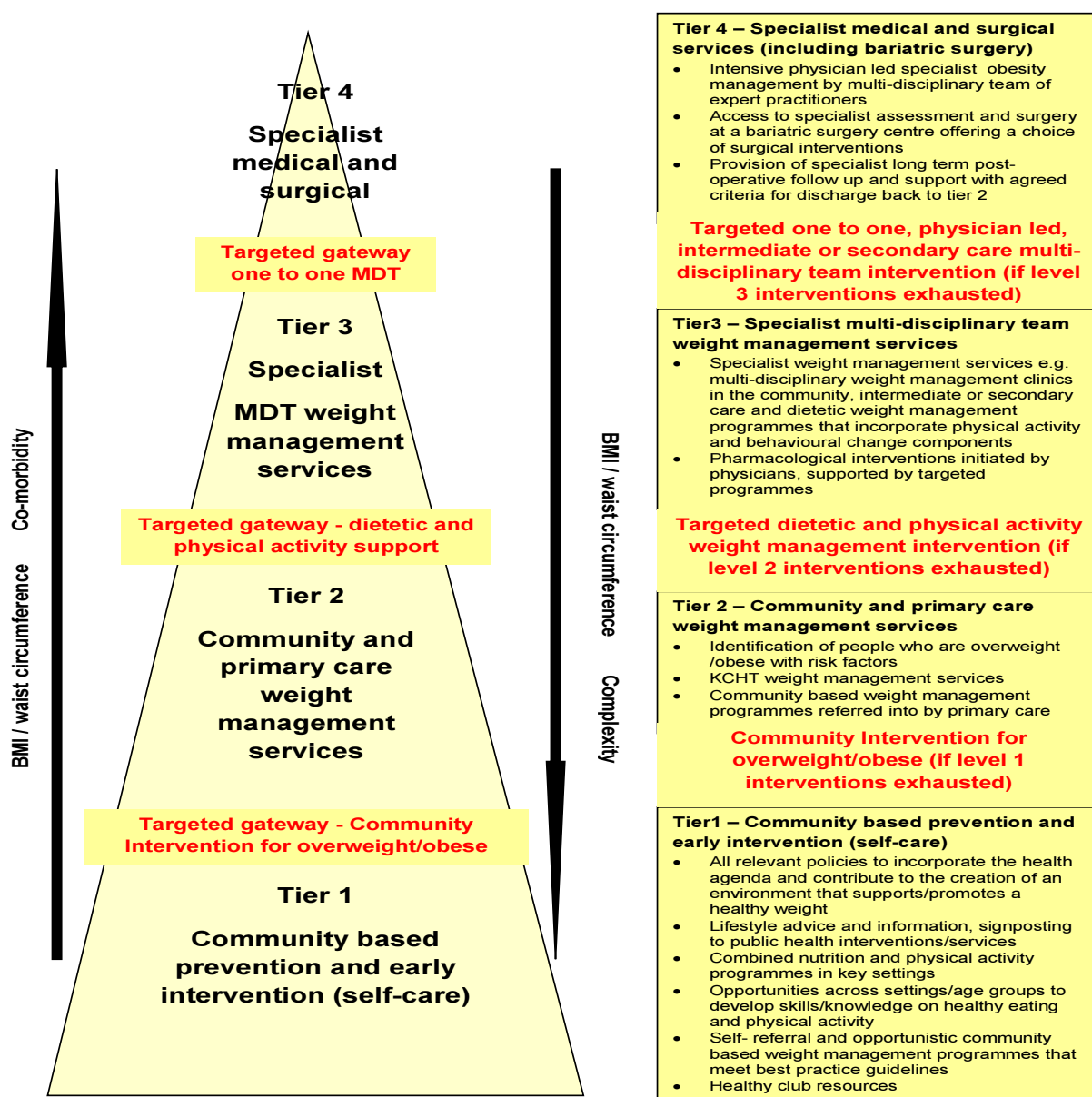
1.8 At district level, resources important in tackling this agenda include

- leisure,
- environmental health,
- parks,
- public places
- planning

- 1.9 Services across the County Council also play a significant role in supporting this agenda, whether through the provision of easily-accessible Country Parks and public rights of way, the information provided through Explore Kent, or the leadership role provided by the Sports service.
- 1.10 The service specification for a re-commissioned service will be developed, taking account of all the resources outlined above.

2.0 Adult Healthy Weight Pathway

- 2.1 The pathway is described in tiers as shown in the diagram below; from universal interventions to help people to stay a healthy weight (Tier 1), through 12 week community weight management programmes (Tier 2) to specialist weight management programmes (Tier 3) that may lead on to bariatric surgery (Tier 4). This is a recognised national pathway.



- 2.3 All the programmes are required to meet NICE guidance, which states that weight management programmes are required to deliver a multi-component service. This includes the provision of behaviour change interventions, physical activity and nutrition advice. A target of a 5-10% weight loss is recommended. (*NICE clinical guidance: Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children (2006)*).
- 2.4 In addition, providers of weight management programmes are required to undertake a risk assessment for diabetes which is recommended in the *NICE public health guidance: Preventing type 2 diabetes - population and community interventions (2011)*. From this year the Service Level Agreement also includes 2013 guidance PH 47, for working with young people and PH 49, Behaviour Change.
- 2.5 At present, KCC Public Health are responsible for commissioning all non-clinical interventions, which includes all of Tier 1 and Tier 2 services, and some non-clinical elements of Tier 3 services.
- 2.5 There is currently a national consultation underway about the responsibilities of Clinical Commissioning Groups for commissioning specialist non-surgical (Tier 3) and specialist surgical (Tier 4) services, therefore this paper concentrates on the delivery of Tier 1 (universal services) and Tier 2 (community-based 12 week programmes for people who are either obese or who are very overweight and have co-existing health problems such as diabetes)

3.0 Current Provision

East Kent

- 3.1 The majority of programmes that were provided in the former NHS Eastern Coastal Kent PCT area were provided by the Health Improvement Team in Kent Community Health Trust. They provide programmes at Tier 1, 2 (and 3). Most Tier 2 services (Fresh Start) are provided from community pharmacies.
- 3.2 Balmoral General Practice (in Deal) offers a service to its own and neighbouring practice patients, independently, and this has provided weight management interventions for patients in the Deal area since 2008. Last year they saw 177 new patients.
- 3.3 Services provided by Kent Community Health NHS Trust in the former Eastern Coastal Kent PCT area.

Intervention	Outcomes
Health Walks	Over 1,980 people took part in walks last year, a total of 38,936 walker attendances. These walks are mainly led by volunteers
Food Champions	36 new volunteers were trained last year to run interventions, including cooking classes, at least 4,641 people were directly impacted

Exercise Referral Scheme	2216 people engaged with the service last year 86% of participants reduced weight at 12 weeks. Mean BMI reduced from 32.04 to 30.8
Fresh Start	451 adults completed the 12 week programme last year. Mean BMI reduced from 34.01 to 31.13

West Kent

- 3.4 Tier 2 Community Weight Management programmes were provided by District and Borough Councils in the former West Kent PCT area.
- 3.5 Tonbridge and Malling Borough Council services are provided by the leisure provider and Maidstone Borough Council have recently de-commissioned a service from a local gym and brought all their services in-house.
- 3.6 There is very little Tier 1 public health commissioned service in place across west Kent which means that although participants can be directed to other Tier 1 services, for example within leisure centres or adult education, there is a clear imbalance between east and west in what is commissioned by public health.
- 3.7 A 'Healthy Passport Club' internet portal was constructed to advertise local programmes in West Kent. This was initially funded by the Department of Health Change for Life grant. Latterly this was extended across Kent but it had little success in really engaging with the population. Following a review this will not be continued, and a new proposal to increase physical activity is in development, and will be discussed by this committee at a later meeting. We will be looking to provide a county-wide programme that will identify, engage and provide support to Kent residents whose health is at risk due to a lack of physical activity. This programme will aim to engage the half of Kent residents not currently meeting recommended levels of physical activity.
- 3.8 As there are different providers of Tier 1 and Tier 2 services in West Kent, there has been a disincentive for providers to refer people on to a different provider. This is not the case in East Kent, where referrals can be made within the same service to the different tiers, which is a better offer for the population. The East Kent programmes also benefit from a single referral portal.

4.0 Emerging Themes from the Review

- 4.1 From the review of the existing services, there are clear lessons emerging which will be used to inform the development of a service specification for new services.
- 4.1 Men in general, and people under 50, are not well represented as users of commissioned programmes. This also applies to people from ethnic groups, particularly people from a South Asian origin and those with disabilities, particularly learning disabilities, who are at greater risk of obesity.

- 4.2 There is very little Tier 1 (universal services such as walking, cycling and dancing) public health commissioned service in place across West Kent which means that, although participants can be directed to other Tier 1 services, for example within leisure centres or adult education, there is a clear imbalance in what was historically commissioned by public health between East and West Kent. Our aim is to commission a universal Tier 1 service, accessible across the whole of Kent.
- 4.3 Tier 2 services (typically a 12 week weight management course) are very similar in all settings and follow NICE and other national guidelines. However, some are less flexible than others, delivering from a fixed setting as opposed to a service that is able to be moved from one location to another which can offer a much better service to the community. The exception may be primary care based services which are designed for a particular community. It has been left at the discretion of providers whether they offer a free or a subsidized service, and this will need to be addressed to ensure equity.
- 4.4 Where a provider sub-contracts to another organization, it has been difficult for the provider to access performance data in a timely fashion, so a consideration about sub-contracting needs to be made.
- 4.5 Tier 2 services in the east of Kent are better placed to offer the whole pathway.
- 4.6 In relation to Tier 3 (specialist non-surgical weight management services) there is a gap in the availability of suitable exercise programmes across most of Kent, with the exception of a small pilot programme in Thanet. In addition the Swale Specialist Weight Management Service is not commissioned to have a multi-disciplinary team, which is now necessary, as defined by NICE, to be the gateway to surgery. We would seek to work with the providers to address this issue and their data reporting.
- 4.7 There is no single portal of referral in west Kent as there is in east Kent. A future service would need a single portal of entry, preferably shared with other services, in the interests of economies of scale.
- 4.8 The new physical activity programme under development will also need to be considered.
- 4.9 It is clear that a model for Kent with a single portal which provides interventions at all tiers and is equitable across the east and west of the county is necessary.
- 4.10 There are services and assets in County and District Councils that support this agenda, and the service specification will take account of these and how services should be designed to best utilise these.
- 4.11 Until there has been a decision on responsibilities of Clinical Commissioning Groups for Tier 3 and Tier 4, it will not be possible to commissioning anything above Tier 1 and 2 services.

5.0 Wave 2 Commissioning Timeline

Service Review and Needs Assessment	Nov 2013 - April 2014
Service Planning	April 2014 - July 2014
Tender Process	August 2014 - Jan 2015
ITT issued	September 2014
Contract awarded	January 2015
Mobilisation	January 2015- 1 st April 2015

6.0 Financial Implications

- 6.1 It is difficult to accurately disaggregate the spend on services for adults and children, as in some areas they are both delivered by the same providers. It is anticipated that the review will provide more accurate costings and some comparison.
- 6.2 The current spend on adult and child programmes is £1,905,870, including the specialist adult weight management service (Tier 3 for all of Kent, except Swale) that commenced in April 2013.

7.0 Facing the Challenge

- 7.1 The proposed review is in line with the 'Facing the Challenge' agenda, ensuring that the client is the focus of services. The review is also concerned with ensuring that there is a clear pathway that both professionals and clients can understand. It is especially important to involve the customer in designing, delivering and shaping services. Public engagement formal consultation will take place through engagement events. Support for consultation and engagement has been sought from HOOP (Helping Overcome Obesity Problems), a voluntary group whose membership is people who are obese and who are committed to improving services.
- 7.2 The Health and Wellbeing Boards have shown interest in obesity pathways and this has also involved the Patient Participation Group chairs. Models which include primary and acute care settings and workplaces will need to be considered, to work at a scale that is needed to make a change in adult prevalence rates.
- 7.3 Any model which is developed for Kent needs to take account of inequalities and provide a proportionate universal approach to provision and accessibility.

8.0 Conclusion

- 8.1 The Healthy Weight programme, as currently commissioned, has one main provider in the former Eastern and Coastal Kent PCT locality, and services mainly provided by the District Authorities in the former West Kent PCT locality. This is an unequal service and we would want to ensure that programmes are replicated across Kent.

- 8.2 There have been some performance management issues with providers who use sub-contracted services not receiving reports and data in a timely fashion; this will need to be taken account of when developing a service specification.
- 8.3 Services will need to be more flexible in being able to move between locations to serve the whole community; services which have been inflexible have generally had worse outcomes.
- 8.4 Services and assets of District and County Councils that support this agenda will play an important role in delivering an holistic response to the challenges of excess weight.

9.0 Next Steps

- 9.1 The commissioning of a universal (Tier 1 and Tier 2) adult healthy weight service for Kent will continue as laid out in section 5. A key decision to award the contract will be brought to this committee in December.

Recommendation:

The Adult Social Care and Health Cabinet Committee is asked to:

1. Endorse the commissioning of a universal (Tier 1 and Tier 2) adult healthy weight service for Kent.

10. Background Documents

Developing a specification for lifestyle weight management services March 2013 Department of Health

11. Contact Details

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12. References

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