

Report to Adult Social Care and Public Health Committee

14 May 2018

Agenda Item: 4

REPORT OF DIRECTOR OF PUBLIC HEALTH

PROGRESS WITH PUBLIC HEALTH COMMISSIONED SERVICES: OBESITY PREVENTION AND WEIGHT MANAGEMENT SERVICE

Purpose of the Report

1. To report the progress of work undertaken in 2017/18 to improve the performance and value for money of the commissioned obesity prevention and weight management service.

Information

Context and Background

- 2. Being overweight or obese is a major risk factor poor mental wellbeing, and many serious long term conditions including type 2 diabetes, liver disease, cancer, heart disease, pregnancy complications and musculoskeletal conditions (Nottinghamshire Joint Strategic Needs Assessment, 2016). In addition, to the consequences for individuals, the costs to local social and healthcare services and wider society is high. It is estimated that obesity costs the NHS £6.1 billion and wider society £27 billion per year (Public Health England, 2017).
- 3. Sixty five percent of all adults in Nottinghamshire are an excess weight and 26% are obese compared with 61% and 23%, respectively in England (Public Health England, 2018a). However, levels of child obesity in the county are significantly lower than the England average and have not increased over the last decade as in the country as a whole. Nevertheless, approximately twice as many children in the county are obese when they finish primary school aged 10-11 years (17.4%) compared with at the start of primary school at age 4-5 years (8.6%) in line with the whole of England (Public Health England, 2018b).
- 4. The County Council Public Health Division commissions an Obesity Prevention and Weight Management service as a central part of the county's framework to address excess weight. The service includes:
 - Tier 1 Obesity prevention: Targeted public health interventions aimed at prevention and reinforcement of healthy eating and physical activity messages for all ages.
 - Tier 2 healthy lifestyle weight management: Weight management, healthy eating, physical activity and behaviour change delivered in the community to children, young people, and adults including pregnant women.
- 5. A 4 year contract (with two year extension option) for this service was awarded to Everyone Health Ltd in April 2015, with a contract value of £1.4 million per year.

Service Improvement in 2017

6. From April 2017, Public Health Commissioners have worked with the Provider to implement several changes to the service which are described below.

Improving the impact and sustainability of Tier 1 obesity prevention programmes

- 7. During 2016/17 it was reported that the service had 16,000 children and adults contacts. However, it was determined that many of these represented one-off contacts at events and in schools which may have had little impact on sustained behaviour change. The service is still supporting these community activities but is now putting more emphasis on working with community groups, schools and workplaces to build their own skills and capacity as healthy places.
- 8. In June 2017 it was agreed that, at no extra cost to the Council, the service would align with the County Council's work to reduce falls in older people. The service is setting up a new network of strength & balance exercise sessions aimed at older people at risk of falls and training exercise instructors. This is a significant development working with the Public Health funded Adult Social Care Falls Prevention project. This will lead to at least 2 exercise classes in each district of the county in 2018, which a pool of more than 14 trained instructors.

<u>Increasing the number of tier 2 adult weight management sessions</u>

- 9. The weight management service is available at locations across the county (appendix 1). The uptake of the adult tier 2 weight management offer continues to be excellent in 2017/18 with the service having achieved more than double (218%) of their annual target number (258) of service users.
- 10. Over a third of service users who complete the 12 week programme achieve a clinically significant weight loss at 3 months. The physical activity, dietary and mental wellbeing outcomes of the service are also positive at 3 months. Forty percent of service users who remain in contact in the service at 12 months maintained a clinically significant weight loss. Appendix contains the feedback from 2 service users.
- 11. During 2017/18 it was determined that the tier 2 weight management service could reach many more people than the planned 258 core service users at no extra cost to the commissioner. To do this the service is now sub-contracting other weight management providers. During October 2017 to March 2018, over 1000 additional adults started 12 week weight management on referral courses delivered by partnered weight management providers. Initial findings indicate that over a third of service users who complete this 12 week programme achieve a clinically significant weight loss at 3 months.

Re-profiling the payments per service user for tier 2 weight management

12. To date the service has been paid for each service user who accesses the directly provided 12 week weight management courses. There are also payments for support to service users at 6 months, and for outcomes at 12 months. From April 2018, the service will only get paid the majority of the price per service user when service users attend 9 of the 12 weekly sessions. This has been put in place to incentivise the service to encourage services users to participate in more sessions, which should in turn improve service outcomes.

Addressing underperformance in children's and maternity tier 2 weight management

- 13. The uptake of the children and families weight management declined in the first two quarters of 2017/18. To improve this, commissioners have worked with the service provider to enable a service user to join a programme at any point in its 12 week duration, to deliver extra weight management targeted courses within schools, to promote the service more effectively with schools and to increase referrals from the national child measurement programme.
- 14. As a result, the uptake of the children and families weight management has started to improve by quarter 4 of 2017/18 with the service achieving 43.5% of the annual target (108 children) in 2017/18. The latest outcome data shows that when children do engage with the service there are positive improvements in excess weight gain, physical activity and diet.
- 15. The uptake of the maternity weight management has been poor in the first two years of the contract. Commissioners have worked with the service provider to develop a service development and improvement plan for this part of the service.
- 16. Improvements have included working with the 3 maternity services to redesign the maternity pathway for weight management support, working with local maternity clinical leads to improve the referral systems to increase referrals into the service. Also, providing new weight management support for obese women planning to have a baby so they get support earlier. Further developments will include training of midwives around brief intervention and healthy weight and weight management. Also, information in packs and mobile phone apps for pregnant women about the weight management offer and healthy eating.
- 17. This work is starting to produce an increase in the number of pregnant women accessing the service with 23 women accessing the service in quarter 4 of 2017/18 from a target of 29. This is a significant increase on the previous quarters and previous year.

Transferring the commissioning responsibility for tier 3 weight management to the NHS

- 18. In 2016 revised guidance stated that the NHS Clinical Commissioning Groups should commission tier 3 specialist weight management. Local authorities should commission tier 1 prevention services and tier 2 healthy lifestyle weight management.
- 19. From 2016 the Public Health Commissioners worked with the Clinical Commissioning Groups (CCG) to transfer this tier 3 commissioning responsibility. The County Council commissioning of tier 3 weight management ended on the 31st March 2018. In Bassetlaw the CCG has entered into a contract with the current provider to continue taking new referrals. In the rest of the county the CCGs are ensuring that the current case load have continued support, but they are not funding new referrals. The CCGs are developing their longer term commissioning plans.
- 20. This has enabled the commissioning of more tier 1 prevention from the service from the 1st April 2018. This will enable more residents to be supported. As a result, the service will deliver the following additional tier 1 prevention activities during 2018/19:
 - Expansion of the Healthy Options Takeaway Scheme which is a partnership between County Council Public Health and District Council Environmental Health teams which engages businesses which offer takeaway food in making improvements to their choice of healthy food and drink for their customers. An important part of this scheme is publicity to

- increase public awareness which in turn encourages more businesses to participate in the scheme.
- Workplace health promotion in businesses linking with the County Council workplace travel planning and the Wellbeing at Work Programme.
- Supporting new mothers in Nottinghamshire to breastfeed as part of the integrated countywide programme working with Public Health, Nottinghamshire Healthcare Trust and other partners.
- New physical activity and healthy eating initiatives developed within each district in partnership with local communities and partners.

Conclusion

- 21. This report describes the work undertaken in 2017/18 to improve the performance and value for money of the commissioned obesity prevention and weight management service. This work has included:
 - Improving the impact and sustainability of tier 1 obesity prevention
 - Increasing the number of tier 2 adult weight management sessions
 - Re-profiling the payments per service user for tier 2 weight management
 - Addressing underperformance in children's and maternity tier 2 weight management
 - Transferring the commissioning responsibility for tier 3 weight management to the NHS and re-investment of the funding in tier 1 obesity prevention
- 22. Together these represent significant improvements to the service which will be rigorously monitored by commissioners in 2018/19 working in partnership with the service provider.

Other Options Considered

23. No other options were considered in the writing of this report.

Reason for Recommendations

- 24. Obesity and overweight remain significant public health issues. Securing maximum value for money and health impact from this contract is critical.
- 25. To enable the County Council to publicise the Healthy Options Takeaway scheme which this commissioned service is adding capacity to.

Statutory and Policy Implications

26. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

27. No financial implications are contained within this report.

Human Resource Implications

28. There are none to be reported.

Implications in relation to the NHS Constitution

29. The service is commissioned in line with the NHS Constitution and any directly provided activity is free at the point of access.

RECOMMENDATION/S

- 1) Consider any further action required to secure best outcomes and value for money for residents
- 2) Approve publicity of the Healthy Options Takeaway Scheme described in paragraph 20.

Jonathan Gribbin Interim Director of Public Health

For any enquiries about this report please contact:

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Constitutional Comments (LMC 27.04.2018)

30. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report.

Financial Comments (DG 27.04.2018)

31. The financial implications are contained within paragraph 27 of this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Department of Health (2013). Developing a specification for lifestyle weight management services. Best practice guidance for tier 2 services.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142723/Weight_Management_Service_Spec_FINAL_with_IRB.pdf

Nottinghamshire Joint Strategic Needs Assessment. Excess Weight in children, young people and adults (2016). http://www.nottinghamshireinsight.org.uk/research-areas/jsna/cross-cutting-themes/excess-weight-in-children-young-people-and-adults-2016/

Public Health England (2018)a. Public Health Outcomes Framework [obesity statistics] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

Public Health England (2018)b. National Child Measurement Programme Local Authority Profile https://fingertips.phe.org.uk/profile/national-child-measurement-programme

Public Health England (2017). Health matters: obesity and the food environment. https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment--2

Electoral Division(s) and Member(s) Affected

All