

Decision Maker: Executive

**For Pre-Decision Scrutiny by the Care Services PDS
Committee on 22nd January 2014**

Date: 12th February 2014

Decision Type: Non-Urgent Executive Non-Key

Title: **REQUEST FOR CARRY OVER OF FUNDING FOR PUBLIC
HEALTH WEIGHT MANAGEMENT PILOT SCHEMES**

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Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: (All Wards);

1. Reason for report

- 1.1 This report constitutes a request to carry over £98K of funding from the 2013-14 obesity budget into 2014-15 to cover the costs of two weight management pilot schemes which will commence in 2013-14 and complete in late summer 2014. This £98K current underspend in the obesity budget has occurred because budget from 2012-13 (whilst Public Health was still in NHS) was used to buy vouchers in advance for the weight management service of which sufficient numbers of vouchers still remain to continue the service to the end of this financial year.
- 1.2 Obesity is an important condition because of the medical complications it causes. It is a major risk factor for diabetes and for heart disease. Obesity and diabetes are both priorities in the Health & Wellbeing Strategy. Both of these conditions are significant risk factors for the major cause of mortality and morbidity in Bromley – circulatory disease.
- 1.3 The aim of the adult weight management programme is to reduce the incidence of complications from obesity i.e. diabetes, heart disease, by reducing body weight. Evidence shows that for every kilogram of weight loss, there is a reduction in blood pressure, cholesterol and blood glucose amongst other benefits.
- 1.4 One of the objectives in the Health & Wellbeing Strategy is to develop and commission a service for obese patients at a higher risk of cardiovascular disease and diabetes.

- 1.5 It is proposed to pilot two weight management schemes to address this objective, each to a value of £49K, sufficient to manage up to 100 patients (in each scheme) over a period of 6 to 12 months.
 - 1.6 The potential impact of these pilot schemes is the prevention of diabetes and/or circulatory disease in 50 people per 100 treated. These pilot schemes are necessary so that we can evaluate the most effective and cost effective interventions for weight management (to prevent diabetes and circulatory disease) in Bromley going forward.
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2. RECOMMENDATIONS

- 2.1 **Care Services PDS Committee are asked to comment on the contents of this report;**
- 2.2 **The Executive are asked to agree the proposal to carry forward £98K of funding for 2013-14 to 2014-15 for two weight management pilot schemes.**

Corporate Policy

1. Policy Status: Existing Policy: Further Details The JSNA and the Health & Wellbeing Strategy identify obesity and diabetes prevention as priorities. The Public Health Outcomes Framework includes indicators relating to levels of physical activity and also to the mortality rates for preventable cardiovascular disease.
 2. BBB Priority: Excellent Council Quality Environment Supporting Independence: Further Details
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Financial

1. Cost of proposal: Estimated Cost Total £98K (£49K for CVD /Diabetes Prevention Intervention Pilot and £49K for Tier 3 Weight Management Intervention Pilot)
 2. Ongoing costs: Not Applicable: Further Details: No on-going costs – one off pilot schemes funded from an underspend in the Obesity Budget.
 3. Budget head/performance centre: Obesity Budget – Public Health
 4. Total current budget for this head: £113,750
 5. Source of funding: Public Health Grant
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Staff

1. Number of staff (current and additional): Nil
 2. If from existing staff resources, number of staff hours: N/A
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Legal

1. Legal Requirement: Statutory Requirement: Further Details This proposal is linked to the statutory NHS Health Checks Programme, which is described in the Health & Social Care Act 2012.
 2. Call-in: Applicable:
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 100 in the two pilots. The number potentially eligible from identification through NHS Health Checks is approximately 800, the number potentially eligible as identified through their level of obesity is approximately 5300.
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments:

3. COMMENTARY

3.1 Introduction

3.1.1 This report asks the Executive to consider agreeing to carry forward to 2014-15 up to £98K of funding from this year's obesity budget for:

- A pilot Circulatory Disease and Diabetes Prevention Lifestyle Intervention Project;
- A pilot Tier 3 Weight Management Service (see Appendix for definition of weight management tiers).

3.1.2 Both pilots to be started this financial year (if timing allows) and to complete in six to twelve months.

3.2 Strategy

3.2.1 Obesity is an important condition because of the medical complications it causes. It is a major risk factor for diabetes and for heart disease. Obesity and diabetes are both priorities in the Health & Wellbeing Strategy. Both of these conditions are significant risk factors for the major cause of mortality in Bromley – circulatory disease.

3.2.2 Circulatory disease is also responsible for considerable morbidity (ill health) in the borough. For example, there are over 5000 people identified as having had a stroke in Bromley and over 4000 people with dementia. Both of these conditions are part of the spectrum of circulatory disease, and both have significant implications in terms of their burden to both health and social care services.

3.2.3 The aim of the adult weight management programme is to reduce the incidence of complications from obesity i.e. diabetes, heart disease, by reducing body weight. Evidence shows that for every kilogram of weight loss, there is a reduction in blood pressure, cholesterol and blood glucose amongst other benefits.

3.2.4 One of the objectives in the Health & Wellbeing Strategy is to develop and commission a service for obese patients at a higher risk of cardiovascular disease and diabetes (which is a precursor to circulatory disease). The diabetes priority in the Health & Wellbeing Strategy is concerned with the prevention of diabetes.

3.2.5 The CVD/Diabetes Prevention Intervention proposal seeks to address the prevention of diabetes and also the development and commissioning of a service for overweight/obese patients at a higher risk of cardiovascular disease and diabetes.

3.2.6 This proposal links with and supports the recent proposal for a project to improve the identification of patients at risk of diabetes which recently had funding approved by the Portfolio Holder supported by the Care Services Scrutiny Committee. This project is part of the pathway for the statutory NHS Health Checks Programme.

3.2.7 The second pilot is an extension of the current Tier 2 weight management programme, to provide a service to higher risk patients, to be able to compare the relative effectiveness of each.

3.2.8 These pilots are important going forward with commissioning for obesity as they will provide the evidence base for decision making for the most effective and cost effective provision.

3.3 The Project

- 3.3.1 The project is a pilot providing an intensive lifestyle intervention (diet, physical activity and motivational support) to patients identified as having a high risk of circulatory disease or diabetes over a period of 6 to 12 months.
- 3.3.2 The pilot will be evaluated to assess its effectiveness and viability to continue as a mainstream service. The evaluation will help to determine the most effective services to commission for the following year.
- 3.3.3 Patients will be identified from the NHS Health Checks Programme (approximately 800 potentially eligible) and from the work to identify patients at high risk of diabetes.
- 3.3.4 The funding required for this project is £49,000, which will allow for the management of 40 to 50 patients over the 6 month period of the pilot. The potential impact of this pilot scheme is the prevention of diabetes and/or circulatory disease in 50 people per 100 treated.
- 3.3.5 The second pilot, a Tier 3 Weight Management service involves an intensive personalised lifestyle intervention over a period of 6 months to be delivered to those patients with the highest levels of body mass index (current potentially eligible pool is approximately 5300 patients) who require a longer and more intensive intervention than that currently delivered in Tier 2 to see significant improvements in health outcomes.
- 3.3.6 The funding required for this project is £49,000, which will allow for the management of 40 to 50 patients over the 6 month period of the pilot.
- 3.3.7 Should approval be given for the carry forward, a provider will be identified using the recognised Council procurement process and it is envisaged that the pilot would commence in early 2014. There will be a one month set up period, during which time patients will be identified and recruited to start on the programme in the following month, giving a pilot completion date six months later.

4. POLICY IMPLICATIONS

- 4.1 The Bromley Health and Wellbeing Board's first strategy 2012 – 15 outlines the top priorities for improving health and wellbeing of people living in the Borough. The strategic vision for the strategy is to ***“Live an independent, healthy and happy life for longer”***
- 4.2 This will be achieved by improving the quality of life and wellbeing for the whole population, and for those with specific health needs, leading to an increase in life expectancy in the targeted areas.
- 4.3 The Health & Wellbeing Strategy states that in the next 5 years we aim to:
- slowdown the rise in the number of new cases of diabetes;
 - continue to slow the rate of increase of people diagnosed with hypertension;
 - raise awareness on the links to obesity, diabetes and hypertension.

5. FINANCIAL IMPLICATIONS

5.1 The budget being used is the Public Health Obesity Budget (Budget Code 800 160). The total value of this budget for 2013-14 is £113,750. The total value of this budget for 2014-15 will be approximately £50,000 (savings have been proposed from this budget and final budget not yet known).

2013-14 Obesity Budget	Projected Spend	Proposed Carry Forward	Variation
£113,750	£15,113	£98,000	-£637 (underspend)

5.2 The 2013-14 obesity budget includes £98,950 for Tier 2 Weight Management services (Vouchers for 12 week referrals of obese patients to Weight Watchers or Slimming World). *Spend to date:* £313 (to pay for conversion of vouchers from standard type to call centre type).

5.3 *Reason for underspend:* This £98K current underspend in the obesity budget has occurred because budget from 2012-13 (whilst Public Health was still in NHS) was used to buy vouchers for the service of which sufficient numbers of vouchers still remain to continue the service to the end of this financial year.

5.4 *Next Year's Obesity Budget:* Under savings proposals for 2014-15, it is likely that the obesity budget for next year will be significantly lower (approximately half) than this year. Given the budget constraints going forward, it will be important to identify which are the most effective services to commission. These pilots will inform the decision making.

5.5 As only the start of this pilot will fall in this financial year, this paper is requesting permission to carry forward the funding from this year to the next financial year for this pilot.

6. LEGAL IMPLICATIONS

6.1 The Health & Social Care Act 2012 requires the NHS Health Checks Programme to be delivered by Local Authorities as a mandated service. This proposal is linked to and supports the NHS Health Checks Programme.

Non-Applicable Sections:	Personnel Implications
Background Documents: (Access via Contact Officer)	Health & Wellbeing Strategy 2012-2015 JSNA 2012 Health & Social Care Act 2012 Report No. CS13046 NHS s.256 Funds Approval to Use Carry Forward – Bromley NHS Health Check Programme (29 th Oct 2013)

APPENDIX 1

Weight Management Tier Definitions

Tier 1 Services are universal interventions:

- Brief interventions by health professionals
- Change 4 Life (a nationally based campaign)

Tier 2 Services are provided to support individuals who are “ready to change”. These are lifestyle interventions comprising multicomponent weight management services for example Weight Watchers or Slimming World.

Tier 3 Services are specialist services comprising more individualised care delivered by a multidisciplinary team.

Tier 4 Services are secondary care (Acute) services for the morbidly obese. These services include the delivery of bariatric surgery. These are commissioned by NHS England.