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Executive Decision Record

Please find set out below an Executive Decision taken at the HAMPSHIRE COUNTY COUNCIL Executive Member for Public Health Decision Day held remotely via Microsoft Teams on Thursday, 26th November, 2020

2. TIER 2 ADULT WEIGHT MANAGEMENT SERVICE

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Item 2

HAMPSHIRE COUNTY COUNCIL

Executive Decision Record

Decision Maker:	Executive Member for Public Health
Date:	26 November 2020
Title:	Tier 2 Adult Weight Management Services
Report From:	Director of Public Health

Contact name: Sian Davies, Consultant in Public Health

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1. The decision:

- 1.1. 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.

1 Reasons for the decision:

- 1.2. 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%).
- 1.3. 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.
- 1.4. 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).
- 1.5. On average, obesity deprives an individual of an extra 9 years of life, preventing many individuals from reaching retirement age or preventable death.
- 1.6. 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.
- 1.7. 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.

- 1.8. 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.”
- 1.9. 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.
- 1.10. 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.
- 1.11. 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.
- 1.12. 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.

2 Other options considered and rejected:

2.1 The option not to commission a service would have a negative impact on our ability to improve the health of the population.

3 Conflicts of interest:

3.1 Conflicts of interest declared by the decision-maker: None.

3.2 Conflicts of interest declared by other Executive Members consulted: None.

4 Dispensation granted by the Conduct Advisory Panel: N/A

5 Reason(s) for the matter being dealt with if urgent: N/A

6 Statement from the decision maker:

Approved by:

Date:

Cllr Judith Grajewski
Executive Member for Public Health

26 November 2020

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