

13 January 2015		ITEM: 6
Health and Well-being Overview and Scrutiny Committee		
Tier 3 Weight Management Update		
Wards and communities affected: All	Key Decision: Non-key	
Report of: Andrea Cronin, Commissioning Officer, Thurrock CCG		
Accountable Head of Service: Mark Tebbs, Head of Integrated Commissioning, Thurrock CCG		
Accountable Director: Mandy Ansell, Accountable Officer, Thurrock CCG		
This report is Public		

Executive Summary

In April 2013 NHS England published revised national policy for Complex and specialised obesity surgery. In response to the policy there was a South Essex procurement (Basildon and Brentwood, Castle Point and Rochford, Southend and Thurrock Clinical Commissioning Groups (CCGs)) which provided an interim arrangement to allow a full procurement process to be undertaken. More Life is currently providing the interim service until December 2015.

Thurrock CCG is participating in a Pan Essex Procurement of Tier 3 Weight Management. This procurement is being led by Mid Essex CCG, who is coordinating an engagement plan for the procurement.

Thurrock CCG has signed a Pan Essex collaboration agreement for the procurement of the Tier 3 Weight Management Services. The agreement is binding and the CCG would incur a financial penalty if it chose to withdraw from the procurement.

1. Recommendation(s)

- 1.1 The Health and Wellbeing Overview and Scrutiny Committee is asked to note the Pan Essex Procurement of Tier 3 Weight Management and the procurement timeline.**
- 1.2 The Health and Well-being Overview and Scrutiny Committee is asked to note the Tier 3 Weight Management engagement taking place in Thurrock.**

1.3 **The Health and Well-being Overview and Scrutiny Committee is asked to agree that Thurrock CCG proceed with the engagement and the procurement timeline as given in the report.**

2. Introduction and Background

2.1 NHS England is responsible for commissioning complex and specialised bariatric surgery for selected patients with severe and complex obesity who have not responded to all other non-invasive therapies.

2.2 In April 2013 NHS England published a revised national 'Clinical Commissioning Policy: Complex and specialised obesity surgery'. A significant change to the eligibility criteria for surgery is noted as the introduction of a structured tier 3/4 non-surgical weight management programme as described below.

2.3 *'The individual has recently received and complied with a local specialist obesity service weight loss programme (non surgical Tier 3 / 4). This will have been for duration of 12-24 months. For patients with Body Mass Index (BMI) > 50 attending a specialist bariatric service. The minimum acceptable period is six months. The specialist obesity weight loss programme and Multi-Disciplinary Team (MDT) should be decided locally.'*

2.4 *This will be led by a professional with a specialist interest in obesity and include a physician, specialist dietician, nurse, psychologist and physical exercise therapist, all of whom must also have a specialist interest in obesity. In addition to offering a programme of care the service will select and refer appropriate patients for consideration for bariatric surgery.'*

2.5 In order to provide increased support to patients by improving patient awareness, informing the benefits and risks and preparing the patient for the necessary lifestyle changes required to achieve success and in some cases avoid the need for surgery. Thurrock CCG, in collaboration with Basildon and Brentwood, Castle Point and Rochford and Southend CCGs, commissioned MoreLife to provide an interim Tier 3 weight management programme. The contract for the current service has been extended until 7 December 2015 in order to carry out a Pan Essex procurement of a permanent service Tier 3 Weight Management Service.

2.6 It is noteworthy that NHS England is currently consulting on the transfer of commissioning responsibility from NHS England to CCGs from 1 April 2015 for Tier 4 Morbid obesity surgery services.

3. A Model of Care for Weight Management

Evidenced based commissioning

3.1 Commissioning in Thurrock is evidence based and a key document that is referenced is the Thurrock Joint Strategic Needs Assessment (JSNA) in addition to analysis of data in relation to cost and activity. There are two chapters of particular interest in the JSNA:

- Chapter 3 – Lifestyles –Eating habits
- Chapter 5 Health and Wellbeing status - Obesity

Lifestyles

3.2 Thurrock's JSNA states that: A person's weight is mainly influenced by the food they eat and the physical activity they do. One measure of a person's choices related to how healthy they eat is the number of fruit and vegetables they consume in a day. The recommended level is 5 or more pieces of fruit and vegetables each day. Poor diet and nutrition are recognised as major contributory risk factors for ill-health and premature death. The majority of people are still not eating the recommended daily consumption of five or more fruit and veg a day, although fruit and veg consumption is steadily increasing.

Health and wellbeing status

3.3 Thurrock's JSNA states that: The need to tackle the problem of obesity relates to the undisputed evidence that obesity is a risk factor for a range of health problems. The four most common medical problems linked to obesity are coronary heart disease, hypertension, type 2 diabetes and osteoarthritis. The incidence of all these conditions increases with increasing body weight (Jung, 1997, NHS Centre for Reviews and Dissemination, 1997). Being overweight or obese also has a negative effect on mental health, sleep apnoea and respiratory problems. There is a serious impact of obesity on physical and mental health and wider economic and social costs. The prevalence of obesity has risen dramatically in the last 20 years and it is now estimated to cost more to the economy than smoking.

3.4 A Body Mass Index (BMI) of 30 or more is classified as obese and a commonly used measure of obesity. A BMI of over 30 indicates that the person's health could be at risk.

Healthy Weight Strategy

3.4 Developed by the Healthy Weight Workstream, Thurrock's Healthy Weight Strategy describes the need to develop a sustainable pathway across the lifespan as well as the interdependencies and need to work with partner departments in the Council and organisations. Thurrock's Healthy Weight Strategy 2014-17 states that: The data for Thurrock shows that 70.8% of adults (aged 16 +) are overweight or obese. The England average is 63.8%.

The graph below shows that of the CIPFA (Chartered Institute Public Finance and Accountancy) comparator local authorities Thurrock has the second highest prevalence of excess weight in adults.

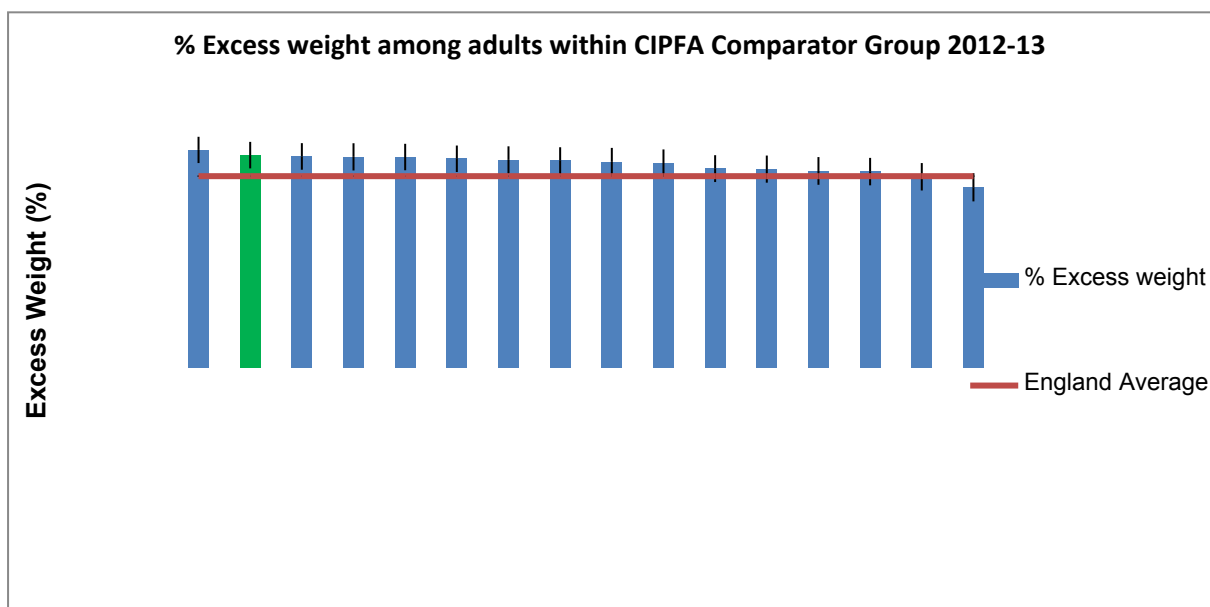


Figure 1 % Excess weight among adults within CIPFA Comparator Group 2012-13

Healthy Weight and Body Mass Index (BMI)

- 3.6 BMI is commonly used to measure whether or not adults are a healthy weight or underweight, overweight or obese. It is defined as weight in kilograms divided by the square of height in metres (kg/m²).
- 3.7 BMI is a key eligibility criteria for accessing NHS services to help people manage their weight. Depending on a person's BMI they are able to access a particular range of services. The services described in the model of care below range from low level interventions, or Tier 1, to high level interventions, or Tier 4. In some cases, generally for low level interventions, a person can self-refer in other cases a GP or health professional would refer. A person can discuss their weight management with a health professional and decide what level of service would best suit their needs. The following table shows the classification commonly used for a weight.

Classification	BMI (kg/m²)
Underweight	Under 18.5
Healthy weight	18.5 to 24.9
Overweight	25 to 29.9
Obesity I	30 to 34.9
Obesity II	35 to 39.9
Morbidly obese	40 or more

Model of care

3.8 A model of care for weight management is outlined below:

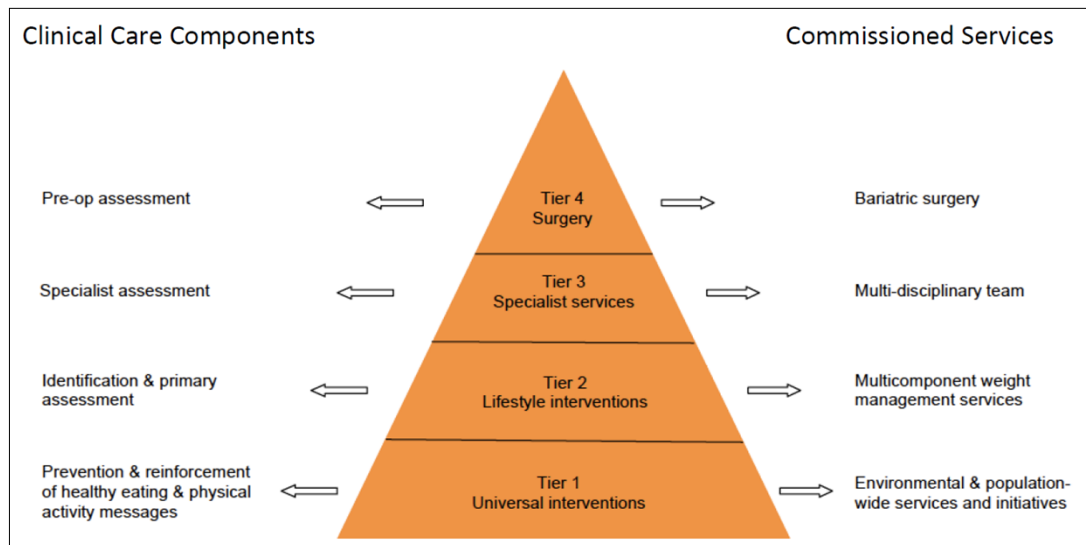
Tier 1 – Universal lifestyle interventions: Primary care and community advice and support on prevention and reinforcement of healthy eating and physical activity messages – commissioned by Public Health England and Thurrock Council, Public Health.

Tier 2 – Lifestyle interventions: Primary care with community interventions – commissioned by Thurrock Council, Public Health.

Tier 3 – Specialist Services: A primary or community care based multi-disciplinary team (MDT) to provide an intensive level of input to patients. These services are non-surgical – commissioned by the NHS Thurrock Clinical Commissioning Group since 1 April 2013.

Tier 4 – Surgery: Specialised complex obesity services (including bariatric surgery) – commissioned by NHS England.

Diagram illustrating the model of care (Source: BOMSS Commissioning guide)



3.9 Note Thurrock Council's Public Health is currently seeking expressions of interest for community based Tier 2 Weight Management activities and services for adults and children, in part with school nursing services.

Introduction of a structured Tier3 non-surgical weight programme

3.10 NHS England is responsible for commissioning complex and specialised bariatric surgery for selected patients with severe and complex obesity who have not responded to all other non-invasive therapies.

3.11 In April 2013 NHS England published a revised national 'Clinical Commissioning Policy: Complex and Specialised Obesity Surgery'. The policy introduces an eligibility criteria for patients to undertake a structured

Tier 3 non-surgical weight management programme prior to accessing Tier 4 Obesity Surgery.

- 3.12 Since April 2013 in order to be eligible to access Tier 4 services patients need to have completed a Tier 3 service. To ensure patients in Thurrock are able to progress along the pathway an interim Tier 3 service was commissioned in collaboration with South Essex CCGs. Provision for this service is currently delivered by Morelife, an award winning weight management provider.
- 3.13 The interim service was put in place to allow for the procurement of a permanent service, which has been market, tested and evaluated.

Procurement of a permanent Tier 3 weight Management programme

- 3.14 The Pan Essex Procurement of Tier 3 Weight Management is being led by Mid Essex CCG. Mid Essex have been engaging with Commissioners from across Essex involving them in the procurement process and the development of the draft Essex wide eligibility criteria for Tier 3 Weight Management (See Appendix A).
- 3.15 Coordinated by Mid Essex CCG, the draft eligibility criteria was developed in line with national guidance and input from clinicians across Essex.
- 3.16 The draft criteria describes in the pathway that: All patients are expected to have completed Tier 2 before Tier 3 otherwise patients will not be motivated and may continue to gain weight to ensure a referral to the higher tiered service. Any patients that are already eligible for Tier 3 should still gain benefit from a Tier 2 service, those patients not able to take part in classes will be those not able to attend even a Tier 3 service (immobile or unable to travel) so a good provider should be able to tailor the sessions appropriately.
- 3.17 The draft eligibility criteria was considered and approved by Thurrock CCG's Quality, Innovation, Productivity and Prevention (QIPP) Board on 11 December 2015.
- 3.18 The criteria have received approval from all seven Essex CCGs. The next phase of the procurement is for Essex CCGs to engage with the public and clinicians on the draft criteria and hold a provider event at the end of January. The Invitation to Tender (ITT) phase is due to commence on 3 March 2015 (See Appendix B).

4. Reasons for Recommendation

4.1 The Communications and Engagement Manager at Mid Essex CCG has advised that a full consultation is not required for the procurement of a permanent service, instead they recommend an engagement approach. The reasons given are:

- There is no material or substantive change in access or location to the service.
- No individual would be disadvantaged should the procurement go ahead.
- The current interim service is being replaced by a permanent service.

4.3 Thurrock CCG is supportive of the engagement approach for this procurement and for the ITT phase to commence on 3 March 2015.

4.4 In addition Thurrock CCG has signed a Pan Essex collaboration agreement. The agreement is binding and the CCG would incur a financial penalty if it chose to withdraw from the procurement.

5. Consultation

5.1 Mid Essex CCG are coordinating the Pan Essex engagement plan for the Tier 3 Weight Management procurement. The events will feed into a provider open day to be held at the end of January 2015.

5.2 In Thurrock the key event will be a presentation to the public and the community and voluntary sector including HealthWatch on 20 January at the Commissioning Reference Group. People will be asked to feedback and comment on:

- The eligibility criteria
- The location of Weight Management services. What's important to them?
- What a standard pathway might look like

6. Impact on corporate policies, priorities, performance and community impact

6.1 The procurement of Tier 3 Weight Management Services aligns with the work of the Council's Healthy Weight Workstream, Public Health initiatives, the Healthy Weight Strategy and the Council's priority to improve health and well-being.

7. Implications

7.1 Financial

The Pan Essex procurement of the Tier 3 Weight Management Service has no financial implications for Thurrock Council.

Thurrock CCG has made provision within its Financial Plans for the procurement and it is anticipated that by participating in a Pan Essex procurement the CCG will enable greater leverage for cost efficiencies.

7.2 Diversity and Equality

The NHS Thurrock CCG has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012. The NHS Thurrock CCG is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. In carrying out its functions, the NHS Thurrock will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010.

This report is compliant with the NHS Constitution and the Human Rights Act 1998.

8. Background papers used in preparing the report

Clinical Commissioning Policy: Complex and specialised obesity surgery April 2013

<http://www.england.nhs.uk/wp-content/uploads/2013/04/a05-p-a.pdf>

A consultation on arrangements for the transfer of commissioning responsibility from NHS England to Clinical Commissioning Groups: Renal dialysis services Morbid obesity surgery services

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380041/2014_11_Consultation_document.pdf

Thurrock Joint Strategic Needs Assessment – Strategic Refresh 2012

<https://www.thurrock.gov.uk/healthy-living/joint-strategic-needs-assessment>

Thurrock Healthy Weight Strategy 2014-2017

<http://democracy.thurrock.gov.uk/thurrock/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=p5UYUxlGaf7imifE5emyLDHv8ggG7d1LDLIMmovuKfeWymzhnnX2Hg%3D%3D&rUzwRPf%2BZ3zd4E7lkn8Lyw%3D%3D=pwRE6AGJFLDNIh225F5QMaQWCtPHwdhUfCZ%2FLUQzgA2uL5jNRG4jdQ%3D%3D&mCTIbCubSFfXsDGW9IXnlg%3D%3D=hFflUdN3100%3D&kCx1AnS9%2FpWZQ40DXFvdEw%3D%3D=hFflUdN3100%3D&uJovDxwdjMPoYv%2BAJvYtyA%3D%3D=ctNJFf55vVA%3D&FgPIIEJYlotS%2BYGoBi5olA%3D%3D=NHdURQburHA%3D&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3D&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3D&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFf55vVA%3D>

BOMSS Commissioning guide: Weight Assessment and management clinics (tier 3)

<http://www.bomss.org.uk/commissioning-guide-weight-assessment-and-management-clinics-tier-3/>

9. Appendices to the report

- Appendix A Draft Essex Wide Eligibility Criteria for Tier 3 Weight Management
- Appendix B Tier 3 Weight Management Procurement Timeline

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Draft Essex Wide Eligibility Criteria for Tier 3 Weight Management

Age Range

Adults 18 years and over

Geographical Coverage

Service available to patients registered with a practice within the boundaries of: North East Essex CCG, Mid Essex CCG, Castle Point and Rochford CCG, Southend CCG, Thurrock CCG, Basildon and Brentwood CCG, West Essex CCG.

Pregnancy

Pregnant women will be offered the tier 2 maternity service with additional psychological support from the tier 3 provider as required; if they meet the tier 3 eligibility criteria post-partum then standard criteria apply.

Pathway

All patients are expected to have completed tier 2 before tier 3 otherwise patients will not be motivated and may continue to gain weight to ensure a referral to the higher tiered service. Any patients that are already eligible for tier 3 should still gain benefit from a tier 2 service, those patients not able to take part in classes will be those not able to attend even a tier 3 service (immobile or unable to travel) so a good provider should be able to tailor the sessions appropriately.

BMI Range

BMI ≥ 40 with or without co-morbidities

BMI ≥ 35 with obesity related comorbidity

Co-morbidity Status

- Hypertension
- Impaired blood glucose tolerance
- Diabetes (type 2)
- Hypercholesterolemia
- Sleep apnoea
- New and existing patients prescribed anti-obesity medication
- Referred to surgery (approvals and refusals BOTH eligible)

Willingness to Change

Requirement to be willing to change behaviour.

Exclusions

- Suicidal Ideation
- Patients that have had bariatric surgery within one year
- Unstable Heart failure
- Renal failure – CKD Stage 5
- Dementia
- Eating disorders

Pan Essex Tier 3 Weight Management Procurement Timeline

<u>Procurement</u>	
Publish advert / Pre-Qualification Questionnaire (PQQ)	03/03/2015
PQQ deadline	20/03/2015
PQQ evaluation	06/04/2015
Publish Invitation To Tender (ITT)	03/03/2015
ITT deadline	05/05/2015
ITT evaluation	08/06/2015
Evaluation report written and approved by project team	08/07/2015
Recommendation approval by CCG governing bodies	15/07/2015
Bidders notified of outcome (informal award)	17/08/2015
10 day stand still period	17/08/2015
Formal award	24/08/2015
Contract signature	25/08/2015
Mobilisation	09/09/2015
New service starts	08/12/2015