CCGs fall well short on tackling obesity!

A 2016 HOOP Report

Helping overcome obesity problems

hoop

Summary

In the UK 1 in 3 children and 2 in 3 adults are overweight or obese. The estimated annual cost of obesity is £27bn to the economy in both costs and lost revenue, higher than any other public health issue. Of this overall cost £6.1bn is associated with direct costs to the NHS, which is comparable to the costs associated with Diabetes (£7.7bn) and Coronary Heart Disease (£6.8bn).

Despite Government policies, significant numbers of CCGs state that they do not consider they are responsible for tackling obesity. Further, only 0.18% (children) and 0.12% (adults) of those eligible have any access to weight management services. Obesity costs the NHS over £6 billion PA and is a primary cause of Type 2 Diabetes and cardiovascular disease, both of which receive many billions of public funding despite NICE guidance clearly showing that investment in tackling obesity is cost effective, this questions the degree of parity of action on well recognised health priorities. This raises serious questions about the validity of NHS and Local government investment decisions concerning an issue that many agree will bankrupt the NHS as well as having serious consequences for individuals, families, society and the economy as a whole.

Cost Consequences of Failure to Tackle Obesity

There is clear evidence that severe obesity (BMI 40+) significantly increases the risk of the primary comorbidities (Type 2 diabetes, Cardiovascular disease and several forms of cancer) and these present a significant short and long term pressure on the NHS and on Clinical Commissioning Groups (CCGs) in particular.

Helping Overcome Obesity Problems (HOOP) is a national charity focused on supporting people with weight problems and giving them a voice. In 2014 we began reviewing the investments made by Local Authorities on public health issues to understand if action was associated with need. Our reports in 2014 and 2015 focused on Local Authority expenditure have shown a clear lack of funding in tackling obesity.

The last few years have seen significant changes in the healthcare system and we believe these changes have been detrimental to tackling obesity. There appears to have been a lack of clarity about responsibility for Community (tier 2) and Specialist (tier 3) services which in economically challenging times has led to disinvestment in support for those in need. We have observed and reported on these changes in those Local Authorities who are responsible for Community tier 2 services. Therefore we felt it was important to understand the investment made by CCGs in supporting obese people. In addition we continue to hear from many of our members that they are unable to access quality local services that help them lose weight and keep it off. For some of those that do receive help, the guidance they receive is poor with many members suggesting they are encouraged to "gain weight to meet the criteria for Bariatric surgery". We have also heard from a number of our members in Essex that Mid Essex CCG stopped services whilst they were still attending a programme. These observations of our members are in-line with a report by the Royal College of Physicians (2013), which described weight management services in England as "patchy" and more recently by Public Health England in a review of Tier 2 and Tier 3 service provision. This is all despite guidance from the National Institute for Health and Care Excellence (NICE) which demonstrates that taking action on obesity, both prevention and providing weight management services, is cost effective.

A core value of HOOP is a not judgemental approach to issues associated with obesity. We recognise that the issue of health is broad and people who suffer from all health issues warrant appropriate support and care. The primary aim of this document is to present the facts about the burdens of this health related issue and explore if there is parity between investments. We believe only through such transparency can we make progress in tackling major health issues such as obesity.

We have chosen to focus this report on services for those people with a BMI 40+ (or equivalent in children) which is the responsibility of CCGs. Previously we have prepared two reports about Tier 2 and prevention services which reflect the responsibility of Local Authorities.

We contacted all Clinical Commissioning Groups in England with a freedom of information request to understand what proportion of their allocation spent on Tier 2 and Tier 3 weight management services (WMS).

Key findings

- 136 CCGs (out of 211 CCGs in England) responded to our request:
- 2 reported providing Tier 3 WMS for children and young people.
- 34 reported providing Tier 3 WMS for adults.
- 1 CCG reported providing funds for children's Tier 2 WMS but not Tier 3 services.
- 6 CCGs reported providing funds for Adult Tier 2 services, but only 2 of these were alongside Tier 3 provision.
- The average allocation of funds for WMS for children is £37,200 and adults is £99,925, representing 0.00005 % and 0.005 % of the CCG allocation of funds respectively.
- 70 CCGs reported that they are **not responsible** for WMS for children.
- 49 CCGs reported that they are **not responsible** for WMS for adults.
- A total spend of £4.8m was reported by CCGs during the financial year 2015/16.
- In comparison, investment in Type 2 diabetes is £2.2bn per annum to address the NHS costs of £7.7bn (£1bn is spent on Type 1 Diabetes)[i] and cardiovascular disease[ii] costs the NHS £6.8bn (2013/14).

Conclusion

- Despite its recognition as a major impact on the NHS there is minimal investment in tackling obesity in children and adults.
- This lack of investment is worrying given it has been outlined by the Government as a national priority and there is clear evidence that services are cost effective.
- Of concern is the fact that over 50% of CCGs reported that they do not believe they are responsible for obesity services, despite NHS England and PHE policy documents suggesting otherwise.
- Using a published tariff we estimate national annual provision is available for approximately 253 children (out of an estimated 141,000)[iii] and 3,160 adults (out of an estimated 2,600,000), or 0.18% of the eligible children and 0.12% of the eligible adults.
- Using Type 2 diabetes as a comparator the NHS is investing £2.2bn in treatment for a condition that costs £7.7bn per annum. Obesity however receives £4.8m (£36m including surgery) for a condition that costs £6.1bn per annum. This further demonstrates the disparity of investment in an issue that many agree will bankrupt the NHS.
- Recently the National Diabetes Programme has been launched however, NHS England have outlined that this new programme should complement not replace Tier 2 and Tier 3 services. In addition, the programme would be considered comparable to Tier 2 services rather than Tier 3 services given the prescribed model and workforce.
- Given the clear case for investment and the evidence of cost effectiveness of interventions, the NHS needs to explain why it is failing to address such serious health and economic issues, and failing to provide services that can significantly help to stem the rising tide of NHS costs on diabetes, heart disease and some cancers, in addition to its significant impacts on the mental wellbeing and social capital of significant numbers of people.

Introduction

Obesity has been outlined as a national priority, reports over the last 2 decades have outlined that levels of obesity are increasing, the consequences of which are significant in terms of our populations health and the burden on our wider society and economy[iv]. Over the last two decades there has been significant policy activity around obesity with a large number of policy documents being published [v,vi,vii,viii,ix].

Approximately 4.5 million UK children and young people and 30.8 million UK adults[x,xi] are overweight or obese, it is therefore one of the most common diseases[xii] in our population. There is now clear evidence of the significant direct (NHS) and Indirect (work productivity, social care, housing modifications, unemployment etc.) costs that are associated with obesity.

A recent report in the Lancet (2015) outlined

"Recent data from the USA suggest that 8% of patients with severe obesity (BMI ≥35 kg/m²) account for 40% of the total costs of obesity, whereas the more prevalent grade 1 obesity accounts for a third of costs."

Dietz (2015)[xiii]

This evidence is also supported by UK reports[xiv] which shows that

"It is estimated that 23% of spending on all drugs is attributable to overweight and obesity. The minimum annual cost of any drug prescriptions at BMI 20 rose from £50.71 for men and £62.59 for women by £5.27 and £4.20, respectively, for each unit increase in BMI to a BMI of 25.3. Increases for each BMI unit were greater to BMI 30, and greater still, £8.27 (men) and £4.95 (women), to BMI 40."

Such statements demonstrate the importance of tackling obesity especially at the higher end of the weight spectrum. However, it is our view that rather than following these clear evidence based perspectives the opposite is occurring with reducing resources on tackling obesity especially at the higher end of the weight spectrum.

In April 2013 the management of obesity (except medical management) was transferred from Primary Care Trusts to Local Authorities. This transformation was established to enable local authorities to determine their local priorities and ensure public health services were provided to meet these demands. This is particularly important for the issue of obesity as it is now recognised that the burden of obesity on the wider economy is many times the NHS costs. NHS England and Public Health England[xv] provided further clarity about service provision responsibility and outlined that as of April 2014 Local authorities were responsible for Tier 2 (community) services whilst CCGs were responsible for Tier 3 (specialist) services[1]. Based on current estimates this would suggest that there are approximately 140,000 children and 2,600,000 adults with severe obesity that would fall under the responsibility of CCGs.

Despite these serious impacts there is strong evidence from NICE[xvi,xvii] that services that help people with weight problems to lose and maintain their weight loss (Weight management services) are cost effective. In 2009 it was estimated that comprehensive implementation of weight management services across England that were NICE compliant would lead to annual savings of £16m[xviii]. Unfortunately global and national action on obesity is poor as outlined in several recent reports (How the World Could Better Fight Obesity Report by McKinsey (2014)[xix], NHS England Five Year Forward View (2014)[xx] Obesity 2015 Report by The Lancet[xxi].

In 2012 the National Audit Office[xxii] undertook an update on the governments response to the issue of obesity, in this document it outlined that there was no central government funding for the provision of weight management services and that the responsibility for such services falls on local authorities and CCGs. This is also in-line with the government's strategy on obesity **Healthy Lives, Healthy People: A call to action on obesity in England**[xxiii] which has attempted to shift the emphasis of responsibility for obesity from government to individuals and the

1 The working group concluded tier 4 with NHS England, tier 3 with CCGs, tiers 1 and 2 with Local Authorities was the preferred approach to commissioning responsibility within the current system.

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food industry. This emphasis is in conflict with the Foresight Report (2007) which was a consensus of leading experts on the issue of obesity. A critical and progressive statement in this report was that *"obesity is a biological vulnerability to a toxic environment."* This is important as it shows leading experts do not believe obesity is a lifestyle choice as the policy narrative seems to suggest.

Helping Overcome Obesity Problems (HOOP) is a national charity that was established to be the voice of people with obesity. We primarily provide support groups to help overweight and obese people and now have an active and vibrant community. Since our inception in 2013 we are regularly told by our members, that they cannot access local weight management services, or that the services they are able to access are at best not appropriate for their needs at worst detrimental to their confidence and future weight management. Most have been surprised by this and it has become a hot topic on our discussion forums. We have heard of Mid Essex CCG withdrawing services whilst participants are halfway through the service. Also Members being encouraged to gain weight to be able to access bariatric surgery. More recently further discussion has occurred between members as there are clear differences in service provision across the country. This experience of our members is echoed in the report by the Royal College of Physicians – Action on obesity: Comprehensive Care for All (2013), which reported that weight management services across England were "patchy".

A core value of HOOP is a non-judgemental approach to issues associated with obesity. We recognise that the issue of health is broad and people who suffer from all health issues warrant appropriate support and care. The primary aim of this document is to present the facts about the burdens of this health related issue and explore if there is parity between investments. We believe only through such transparency can we make progress in tackling major health issues such as obesity.

We have chosen to focus this report on services for those people with a BMI 40+ (or equivalent in children) which is the responsibility of CCGs. Previously we have prepared two reports about Tier 2 and prevention services which reflect the responsibility of Local authorities.

What we did?

Survey

We sent freedom of information requests to all CCGs England in September 2015. Within the survey we asked for the following information:

- Total financial allocation to each CCG
- The total allocations the CCG made for the following services:
- Tier 2 weight management children
- Tier 3 weight management children
- Tier 2 weight management adult
- Tier 3 weight management adults:

See Appendix 1. For an example of the Freedom of Information questions sent to CCGs.

What we found

136 out of 211 CCGs responded to our Freedom of Information request, this represents a response rate of 64%.

	n =	% =
No response	75	36%
Responded	136	64%
• **Provided no information**	51	24%
• **Reported not responsible (but NHS England, PHE or LA were responsible)**	49	23%
• **Reported data on investments**	36	17%

Table 1 shows the number of responses and none responses by CCGs.

Despite a reasonable response rate only 36 (17%) of CCGs reported investments they have made in obesity services. It is of concern that almost a quarter of CCGs reported that they did not have responsibility for the provision of weight management services. This raises questions about the degree to which CCG's are aware of their responsibilities. A further quarter of responders to the FOI however provided no data of investments.

Of concern is the fact that 36% of CCGs did not respond despite the request and several follow up contacts. This suggests a lack of recognition and compliance with the Freedom of Information Act. It may be that those CCGs who declined to respond did so because they could provide no evidence of investment or action.

Table 2 shows the investments made across all four areas of provision. In total 3 out of 136 have reported investment in children's services. This demonstrates obese children appear not to be part of the vast majority of CCGs considerations despite the fact that approximately 140,000 children and young people have a weight which would make them eligible for surgery if they were adults. They have significantly greater risk of Type 2 diabetes, CVD, several Cancers and Mental Health issues than their normalweight peers.

Investments reported by all CCGs	**Tier 2 CYP**	**Tier 3 CYP**	**Tier 2 Adults**	**Tier 3 Adults**
Total Investment	£37,200	£272,308	£1,087,750	£3,397,441
Range	£37,200	£12,308 -£260,000	£25,000-£400,000	£3,000 - £620,393
Number of CCG investments	1	2	6	34
Average investment per CCG	£37,200	£136,154	£181,292	£99,925
% of total CCG allocation	0.00005%	0.00040%	0.00159%	0.00497%

Table 2 shows the investments made by CCGs in Tier 2 and 3 children and adults services.

What we found

Almost a quarter of the investment is focused on Tier 2 adults services which would be deemed inappropriate given this investment is the responsibility of Local Authorities. Whilst it could be seen as part of a comprehensive pathway of integrated care in partnership with Local Authorities, given only 2 of the 6 CGGs invested in both Tier 2 and Tier 3, this would suggest this is not the case, a more likely analysis is that Tier 2 services are being used as a "cheap option" by CCGs.

Only 34 of 136 respondents outlined they provided any provision for their local population for Tier 3 services. The average spend per CCG was £99,925, this is out of an average allocation of per CCG of £324m. Using a published tariff[xxiv], we estimate provision is available for approximately 93 people per CCG. Given each CCG has an average population of 226,000 of which 6780 would have a BMI 40+, this appears to a very low level of provision. We also found a wide range of investments with one CCG spending £3000 compared to the highest investment of £620,393. It is unclear why there is such wide variation. The total investment in Tier 3 services for adults is the equivalent of 0.005% of the overall CCG allocation. Given obesity costs the NHS approximately 8% of its budget or £6.1bn per year this seems an incredibly low level of investment.

Conclusion

This report supports our previous findings reflecting minimal national investment in tackling obesity. We hear media reports on a weekly basis about the issue of obesity especially in children. The continual delay of the Childhood obesity strategy which was a commitment made in the government manifesto demonstrates the lack of prioritisation of this issue. We are also very concerned about the lack of joined up government, with the recent announcement that revenue generated by the 'sugar tax' would be used to invest in school sport. Unfortunately the evidence shows the beneficiaries of schools sport is "sporty" not obese kids and based on this evidence it would seem more prudent to spend it where it's most needed.

In 2012 the National Audit Office reported that there are no additional resources made available from central government to support the provision of weight management services as it is now the responsibility of local agencies to provide such services. However it is clear from this evidence and our previous reports that local agencies are not acting on this issue, despite the economic case and evidence of cost effective interventions. Indeed many report they are not responsible when Public Health England and NHS England policy document suggest otherwise.

These findings support those of the Royal College of Physicians (2103), Obesity 2015 The Lancet Series on Obesity (2015), the NHS England Five year Forward View (2014), the McKinsey Report Overcoming Obesity: An initial economic analysis (2014) and the report from Public Health England on service provision in England. We believe this is very short sighted, and we feel this lack of action is the primary reason we are not seeing progress on tackling obesity.

An issue often raised about weight management services is that they are not effective and often lead to relapse. NICE guidance clearly shows that obesity interventions that are aligned to NICE guidelines are cost effective, demonstrating such an opinion is outdated. They report that the provision of services that implement NICE guidelines across the country would return the investment and lead to savings of £16m each year. Given this evidence we are shocked that local and central government and its agencies are not prioritising investments that provide a positive return.

We are also concerned about the lack of investment made by CCGs on childhood obesity when it is clear severely obese children are suffering now[xxv] and are likely to have a deteriorating health profile as they get older[xxvi].

HOOP remains committed to acting on behalf of overweight and obese people and we will undertake this survey each year. We believe strongly in the voice of the obese person and will focus our efforts on making sure this voice is heard and that parity is given to

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people with weight problems. We also hear from our members that they experience wide variation in the quality of service provision and we will also begin to assess services against NICE guidance to determine the provision of quality services.

When compared to type 2 diabetes we find that investment in obesity is approximately £4.8m (plus £31m investment in bariatric surgery funded by NHS central commissioning) despite the estimated costs of £6.1bn. In contrast there is approximately £2.2bn investment in treatment of diabetes with estimated costs of £7.2bn (£1bn is associated with Type 1 diabetes). Many people may argue that obesity is a self-inflicted condition and "if people wanted to lose weight they could". This is the reason we have chosen Type 2 diabetes as a comparator, given the evidence that Type 2 diabetes can be prevented or go into remission following a healthy lifestyle[xxvii], so the argument of "choice" (which HOOP does not agree with) is relevant to both conditions and yet the investment is significantly different. In addition, as our reports on Local Authority investments show, significant investment is made in public health issues such as Alcohol, Substance Misuse and Sexual Health, which may also be considered as lifestyle issues.

We believe this report alongside our other reports about local authority investments show that central and local health care commissioners are not taking the issue of obesity seriously. We do not believe that obesity is different to any of the other health issues that we have outlined and therefore we do not agree with the government's attempts to shift the emphasis of responsibility to individuals and the food industry as outlined in **Healthy Lives, Healthy People: A call to action on obesity in England**. We are even more convinced by this evidence that government leadership is critical to prioritise this health issue as local decision making is not.

Actions requested

We call on Central Government to:

- **Be transparent –** To explain why they do not feel tackling obesity is a priority?
- **Take this issue seriously –** Ensure greater parity and a response that is proportionate to the burden this health issue puts on our society.
- L**eadership –** Given 65 % of the population are overweight or obese we feel leadership from a Department of Obesity or similar is critical. It's function would be to provide central guidance to support local capability and capacity to truly tackle obesity.
- **A Long term plan –** Develop and support the implementation of an actionable cross party long term (20-30 years) plan to tackle obesity with the provision of weight management services for those that have a weight problem to be a central pillar of the plan.
- **Monitor –** CCGs must be monitored on their use of investments to ensure they meet the needs of local people. Furthermore, monitoring systems must be in place to ensure that local weight management services adhere to NICE guidance.

We call on CCGs to:

- **Take responsibility –** For health issues that are clearly their responsibility but to also work with local government through Health and Wellbeing boards to focus on primary and secondary prevention as called for in the Five Year Forward View.
- **Use evidence to drive decisions –** Allocate resources based on evidence based needs, we do not believe healthcare planning is being appropriately applied with regard to obesity.
- **Ensure Parity –** Recognise that overweight and obese children, young people and adults have the same rights as those facing other health issues such as type 2 diabetes, CVD and Cancer.
- **Build capability and capacity –** Current knowledge, capability and capacity is limited requiring, investment to ensure health commissioners have the skills to support effective local action.
- **Recognise wider Impact –** Recognise the impact of action will be felt in many positive ways within their community. Also to work more closely with Local Authorities to deliver more coherent approaches to tackling obesity.

Our action

- **Review action –** We commit to undertake this review on an annual basis as we believe strongly in transparency and the importance of giving our members a voice.

- **Focus on obesity –** A central mission of HOOP is to Overcome Obesity issues, we are firmly focused on addressing obesity. We are not a fat acceptance group as we fully recognise the impact of weight on health and wellbeing. We believe it is important to distinguish between the acceptance of obese people so they do not feel stigmatised and disengaged in their efforts to overcome their weight challenge, whilst focusing on addressing their obesity in a compassionate and effective way.

- **Review Quality –** Our members tell us that there is wide variation in their experiences of weight management services therefore we will also work with our members across the UK to assess the degree to which their local services comply with NICE guidance, as we believe low quality services are detrimental to peoples physical and mental health.

- **Monitor CCGs –** With ongoing changes in the health care systems we will carry out this process with CCGs who are responsible for supporting those with more severe obesity.

Summary

Despite Government policies, significant numbers of CCGs state that they do not consider they are responsible for tackling obesity. Further, only 0.18% (children) and 0.12% (adults) of those eligible have any access to weight management services. Obesity costs the NHS over £6 billion PA and is a primary cause of diabetes and cardiovascular disease, both of which receive many billions of public funding despite NICE guidance clearly showing that investment in tackling obesity is cost effective. This raises serious questions about the validity of NHS investment decisions concerning an issue that many agree will bankrupt the NHS as well as having serious consequences for individuals, families, society and the economy as a whole.

Appendix 1

Questions

Please can you respond to the 4 questions and sub questions. All responses are required in Great British Pounds £. We only require information specific to the CCG allocation.

1. What is the overall allocation of financial resources for financial year 2015/16*?

£ .....

2. What is the prevalence of overweight and obesity in your population?

Men: Overweight ..... Obese .....

Women: Overweight ..... Obese .....

3. How much of the CCG allocation (for financial year 2015/16) is spent on children accessing the following services
(please see National Obesity Forum Obesity Model below for examples)

a. **Tier 2 Children's weight management services** – For children with a BMI above the 85th percentile. The primary purpose of these programmes is to support overweight and obese children using a combination of diet, physical activity and behaviour modification. Outlines of the types of these services can be found below in the NOF Obesity model. £.....

b. **Tier 3 Children's weight management services** – For children with a BMI above the 99th centile or 98th percentile with complex needs. The primary purpose of these programmes is to support overweight and obese children using a Multi Disciplinary Team involving some or all of the following clinicians, GP, Dietician, psychologist, family therapist, exercise/physical activity, lifestyle coaches. £.....

c. **Tier 4 Children's weight management services** – For children with a BMI above the 99th Centile with complex needs – Residential weight loss camps. £.....

4. How much of the CCG allocation (for financial year 2015/16) is spent on adults accessing the following services (please see National Obesity Forum Obesity Model below for examples)

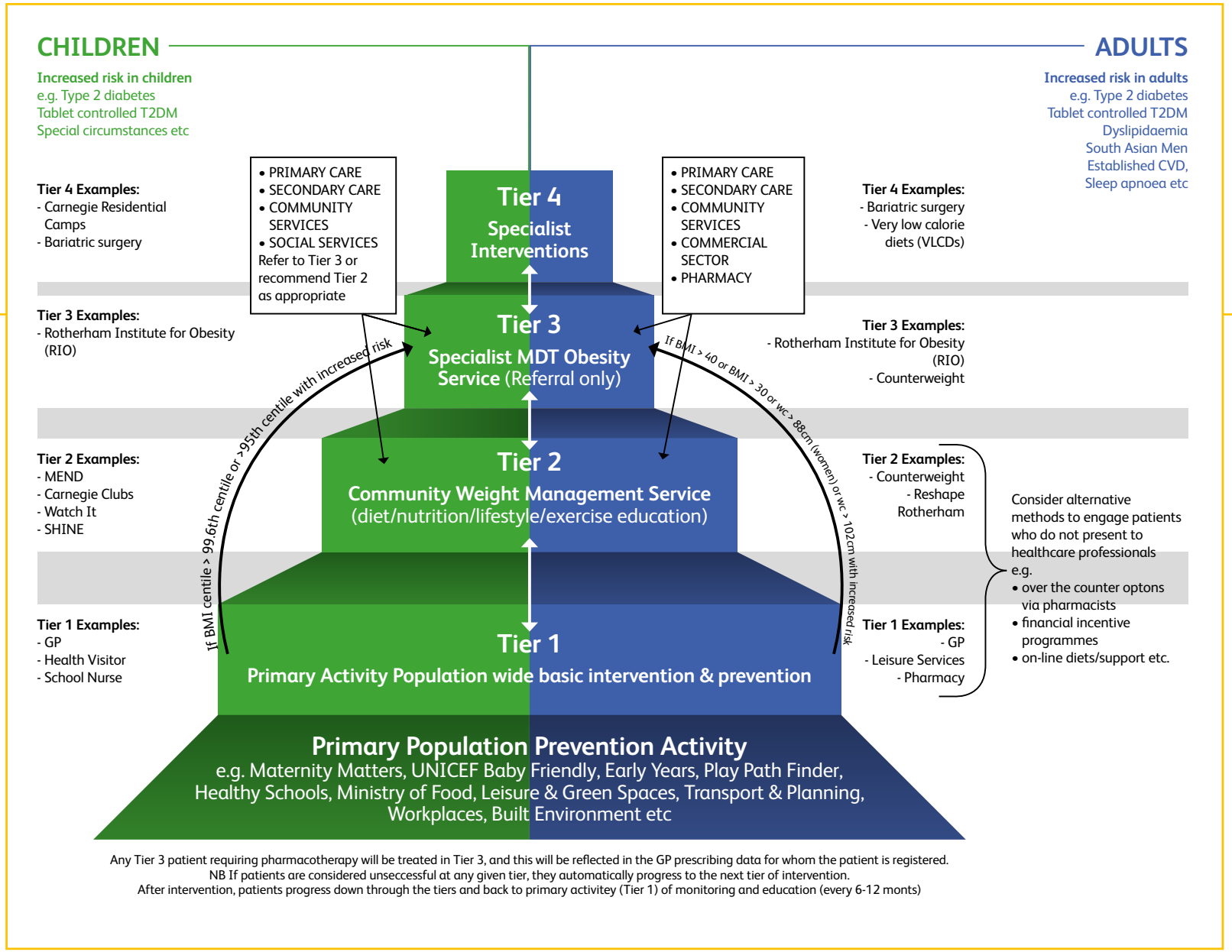
a. **Tier 2 Adult weight management services** – For Adults with a BMI above 25. The primary purpose of these programmes is to support overweight and obese adults using a combination of diet, physical activity and behaviour change. Outlines of the types of these services can be found below in the NOF Obesity model. £.....

b. **Tier 3 Adult weight management services** – For adults with a BMI above 40 or above 35 with comorbidities. The primary purpose of these programmes is to support obese adults involving some or all of the following clinicians, GP, Dietician, psychologist, exercise/physical activity, lifestyle coaches. £.....

*Assumed to be the tax year from April 2015 to March 2016

Appendix 2

National Obesity Forum Obesity Model



Any Tier 3 patient requiring pharmacotherapy will be treated in Tier 3, and this will be reflected in the GP prescribing data for whom the patient is registered.
NB If patients are considered unseccessful at any given tier, they automatically progress to the next tier of intervention.
After intervention, patients progress down through the tiers and back to primary activitey (Tier 1) of monitoring and education (every 6-12 monts)

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