Written evidence submitted by Weight Watchers UK Ltd (PHP0027)

Executive summary

Weight Watchers welcomes the opportunity to give evidence to this timely inquiry and to the four separate categories – public health spending, public health delivery, the effectiveness of local authorities and the public health workforce.

This evidence looks to provide an overview of some of the key changes in each of these four categories that have resulted from the 2013 Health and Social Care Act reforms, specifically on the subject of disease prevention and weight management and on this basis provide recommendations as to how the opportunities following the reforms can best be seized.

A summary of Weight Watchers’ recommendations is as follows:

1. **Spending:** Public Health spending, whether at local or national level, should reflect the cost effectiveness of prevention and considerable potential saving for the NHS budget, and so receive the same level of protection as NHS front line services.

2. **Delivery:** Responsibility for commissioning tier two weight management services should return to the NHS, with processes put in place to monitor and ensure accountability and so ensure that obesity treatment has the same joined-up, outcomes focused approach as other diseases.

3. **Local Authorities:** The creation of a national, publicly accountable strategy on the procurement of weight management services with greater collaboration between commissioners and providers.

4. **Public Health Workforce:** Improved awareness and understanding among local commissioners about the official (NICE) guidance demonstrating the clinical and economic cost-effectiveness of obesity prevention and management services including commercial programmes.

Given the economic and societal cost of obesity, **Weight Watchers also recommends that the impact of the Health and Social Care Act on obesity, and specifically the availability and quality of the front-line services available to treat it be considered as a potential case study for the Committee to investigate further.**

Background

Founded over 50 years ago, Weight Watchers is the global leader in healthy weight management. Our mission is to help people lose weight in a sustainable way by helping them adapt to a healthier lifestyle and a healthier relationship with food and activity. We are well known for providing weight management services to individuals but also have extensive experience in providing weight management services in partnerships with the NHS and Public health (Weight Watchers on referral – WOR) since 2005. So far, over two thirds of local health authorities have had the scheme on offer to their patients.

1. Evidence relating to public health spending
1. Following the 2013 Health and Social Care Act, The Secretary of State for Health now has responsibility for setting the total budget for public health, deciding how that allocation should be distributed between Public Health England and local authorities (via a ring-fenced grant) and deciding how that ring-fenced grant should then be allocated between each authority.

2. In 2013/14, the Department of Health spent around £5.48 billion on public health (approximately 5.1% of total health spending). Almost half of this – £2.66 billion – was given to local authorities in the form of grants.

3. In March 2015, The charity HOOP published figures obtained by Freedom of Information requests revealing that just 2.5% of local council budgets were spent treating adult obesity in comparison with substance misuse (29%) and sexual health (21%).

4. These figures demonstrate how Public Health has become the poor relative of overall health spending while spending on obesity has become itself the poor relative within the local ring-fenced public health budget.

5. Given that the cost of tackling obesity for the NHS is estimated at £5bn, and its wider costs to the economy at £27bn the figures also reveal a profound disconnect between the economic burden of obesity and the investment made in addressing it.

6. This situation occurs despite the fact that the economic argument for prevention has been broadly accepted. NHS Chief Executive, Simon Stevens disease has declared that ‘prevention and moderating the rate of increase in demand’ is worth about a quarter of the size of the required ‘efficiency opportunity’ to deliver the £22 billion savings to the NHS budget. NICE recently concluded that “public health interventions are a good use of public money”.

7. Despite this, public spending on public health is being cut, with the public health grant to local authorities for 2015/16 reduced by £200 million (6.2%), and cut further following the November 30 Spending Review. The Faculty of Public Health have referred to the cuts as by any measure a false economy saying £200m reduction alone will cost the NHS an extra £1bn.

8. Because some services are “mandated”, such as the national child measurement service, or locked into long-term contracts, this year’s cuts are likely to fall disproportionately on front-line services, including weight management. Indeed a survey amongst public health professionals by the Royal Society for Public Health (RSPH) from June 2015 revealed that weight management was the service most likely to see rationing as a result of the cuts.

9. HOOP (the charity acting as the voice to champion obesity treatment) released a report on obesity treatment and investment in 2013 and more recently, a follow up report (HOOP, 2015). One of their key findings is as follows (from 132 local authorities): On average 2.26% of the public health allocation was spent on weight management services, this represents a 10% reduction compared to 2013.
10. Weight Watchers shares the concerns expressed by HOOP regarding the impact of cuts to public health budgets and has witnessed first hand how programmes are being stopped and the volumes of interventions being commissioned reduced.

11. Weight Watchers has substantial evidence of effectiveness for its WOR programme, both in terms of clinical outcomes and cost effectiveness. A randomised controlled trial published in the British Medical Journal (BMJ) demonstrated that the Weight Watchers intervention was more effective and less expensive than those provided by NHS health professionals (1). Those participating in Weight Watchers had the largest initial and sustained weight losses and had the highest number of participants who achieved a clinically significant >5% weight loss.

12. Additionally, two independent trials both showed Weight Watchers to be the best value for money of any of the NHS or external weight management providers under evaluation (3,4). Furthermore, a growing body of evidence demonstrates that, given a choice of weight management programmes by their health professional, Weight Watchers is the most popular choice.

Recommendations

1. Public Health spending should receive the same budgetary protection as spending on front-line NHS services.

2. Public Health spending, whether at local or national level, should reflect the long-term cost effectiveness of disease prevention and in particular, weight management interventions and their potential to cut obesity levels and so reduce NHS spending.

3. The ring-fenced public health budget should be allocated equally between local authorities to avoid the current disparity in levels of care.

2. Evidence relating to the delivery of public health functions

4. The 2013 Health and Social Care Act that transferred responsibility for public health services from Primary Care Trusts (PCTs) to Local Authorities, including the commissioning of a number of lifestyle interventions – smoking cessation, sexual health and weight management services.

5. An immediate outcome of this was a further fragmentation of the obesity treatment pathway. Tier 1 and 2 services (early intervention and lifestyle weight management services) are the responsibility of Local Authorities to commission. While tier 3 and 4 services (multidisciplinary specialist care including surgery) are the responsibility of the NHS.

6. This disjointed approach has a number of unintended outcomes that undermine the understanding, prevention and treatment of obesity – with significant health and financial implications.

7. First of all the lack of clear, joined up ownership of the obesity treatment pathway. A case in point is that the cuts in local public health budgets referred to above result in reduced availability of tier 2 lifestyle weight management services, despite the fact that they can prevent progression towards more complex, more expensive and higher risk tier 3 and 4 services whose budget is protected under the NHS umbrella.

8. Secondly, local authorities commission in line with the Public Health Outcomes Framework (PHOF) - the 39 key indicators set out by the Department of Health, of which a small number (5-6) relate to the factors and consequences of being obese and overweight.

9. Since the government does not monitor the way in which the ring-fenced grant provided to Local Authorities for Public Health is spent other than against these PHOF indicators, it has only a limited view of which interventions actually work, or indeed the levers to incentivise improved standards or the sharing of best practice.

10. To further illustrate the lack of a joined up approach, there is a parallel lack of monitoring and incentivisation amongst health care professionals with respect to weight management. Under the Quality and Outcomes Framework (QoF) they are required to note obese patients on a register, however there is no monitoring of patient’s progression towards obesity, nor of its connection with lifestyle interventions or the referral, uptake or outcomes of these interventions.

Recommendations

11. Weight Watchers advocates a move towards ‘clinically-focused’ commissioning under the responsibility of the National Health Service – ensuring that obesity treatment has the same joined-up, outcomes focused approach as other diseases, designed to take input from both local authorities and primary care.

12. To address these, Weight Watchers believe that tier 2 lifestyle weight management services should be joined up with all higher tier obesity treatment services (3 and 4) and become the responsibility of the NHS, commissioned by Clinical Commissioning Groups (CCGs) within primary care, with processes put in place to monitor and ensure accountability via Quality Outcome Frameworks and other levers. This connected, clinically-focused approach to commissioning across the obesity treatment pathway will achieve greater national consistency, accountability and long-term cost savings while also leading to improved access for patients and healthier outcomes.

13. Population-based prevention and whole community based healthier lifestyle work should remain the responsibility of Local Government.

3. Evidence relating to the effectiveness of local authorities in delivering the envisaged improvements to public health
14. One of the outcomes of the squeeze on local public health budgets following the 2013 reforms, is a growing trend amongst Local Authorities towards integrated public health commissioning whereby weight management services are tendered for alongside those for other lifestyle needs such as smoking cessation, physical activity and drug misuse under a single lead provider and sub-contractor.

15. This means that in more and more cases, the lead provider may possess little or no knowledge of the services for which they are subcontracting, for example, a smoking cessation provider subcontracting a weight management service. Since large, effective, specialist providers such as Weight Watchers are unable to take on the lead provider role, what results is very small, local and frequently without any evidence-base providers providing piecemeal services for patients.

16. Meanwhile, the lack of monitoring and incentivisation under the PHOF indicators means there is little motivation for an evidence base, be it record of success, cost-effectiveness or user preference, to be used by commissioners as the preeminent factor when deciding which services to choose.

17. The situation is exacerbated by the lack of pre-tender dialogue within the local commissioning process, particularly around seeking lead providers and aggregators vs providers of specialist services which mitigates against flexibility, often makes it impossible for providers to locate lead providers and affects the capability of providers to tailor services to meet the specific needs of target groups.

18. These three factors – integrated commissioning, the lack of commitment to the evidence base and a lack of constructive dialogue results too often in unproven, more expensive and frequently experimental services being selected.

19. This, in turn results in:

   a. The bundling of services – which ignores a fundamental reality of weight management namely that individuals can have very different weight loss needs.

   b. The commissioning of time-limited interventions which fails to address the fact that weight loss is a lifelong struggle for people who are obese, many of whom have a complex range of health, social and economic problems.

   c. A dramatic variation in the availability and quality of services patients can access and a national postcode lottery of services.

Recommendations

20. Weight Watchers recommends the creation of a national, publicly accountable strategy on the procurement of weight management services. If obesity treatment stays in public health, those responsible for local government procurement should work collaboratively with providers to facilitate a mutually beneficial and better informed approach which delivers value for money and successful, tangible outcomes.
21. As part of this strategy, national minimum standards for outcomes and reporting practices for weight management programmes should be established to support evaluation and commissioning. Those programmes with insufficient or no evidence should only be commissioning with public monies under research environments. Work has already been undertaken to produce these (DoH lifestyle weight management advice), but is rarely used in its intended format and commissioners continue to seek providers to deliver unrealistic outcomes which places responsible providers at a disadvantage.

4. Evidence relating to the public health workforce

22. The 2015 HOOP report referred to above investigated why investments into obesity were funded so poorly in comparison to other public health issues. The report revealed that: “When asked why obesity treatment investment was so low, respondents answered ‘because it’s historic’ and it is suspected that stigma and misunderstanding also influence this ongoing lack of commitment.”

23. Weight Watchers has similar experience of misunderstanding surrounding obesity management following the transfer of public health from the NHS to local government and specifically, a loss of skills, knowledge, experience and expertise in weight management services commissioning. Examples of this are as follows:

- A bias against commercial programmes as an effective referral route for overweight and obese NHS patients within local obesity strategies or care pathways - despite the evidence base outlined above and NICE guidance recommending that ‘healthcare agencies should recommend to patients, or consider endorsing, self-help, commercial and community weight management programmes if they follow best practice’.
- Commissioners designing, producing, piloting and refining new interventions with unrealistic weight-loss outcomes rather than using those that established and evidence-based.

24. As demonstrated above, there is now good evidence that for overweight and obese patients, referral to Weight Watchers is more effective and costs the taxpayer less than the alternatives, including GP led weight management services.

Recommendations

25. Weight Watchers recommends that steps be taken to educate and inform those in the public health workforce responsible for the commissioning of lifestyle weight management interventions about the scientific and economic evidence for their efficacy with the intention to overcome stigma surrounding them. Specifically, there should be greater distribution, awareness and understanding of the NICE and DoH recommendations on the provision of effective multi-component lifestyle weight management services.

26. Alongside this, we echo NICE's call for Public Health England and other national agencies with an interest in the effectiveness of lifestyle weight management programmes, to work together in collaboration with providers, to
establish a national source of information on programmes suitable for commissioning, as well as to promote the improved sharing of best practice to support future commissioning and the design of lifestyle intervention tenders.

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