

Isle of Wight Council

Business Case for stop smoking and weight management services

Decision Maker:	Hampshire and Isle of Wight Public Health SMT
Date:	10/03/20
Title:	Isle of Wight Wellbeing Service – future proposal
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1. Summary

- The Isle of Wight population experiences a high burden of poor health from smoking and excess weight (obesity and overweight). The public health responsibilities of the IOW Council are to improve the health of the population which includes reducing smoking prevalence and supporting healthy weight.
- Lifestyle behaviour change services are currently provided on the Isle of Wight by the in-house Wellbeing Service. The service does not currently meet the needs of the Island as defined by the proportion of the population able to access the service, or the number of positive health outcomes achieved. The current budget for these services is insufficient to meet these needs.
- An additional £117,150 is required to meet needs for lifestyle behaviour change services. This consists of £84,650 for stop smoking services and £32,500 for weight management services.
- A paper was presented to SMT in November 2019 which detailed options for both stop smoking and weight management services. The request from that meeting was that this business case be written and presented to SMT.

1.2 Decision required

SMT is asked for a decision to invest an additional £117,150 for a lifestyle behaviour change service, which includes stop smoking and weight management services.

1.3 Recommendation

The Isle of Wight Council identifies an additional £117,150 of the public health grant to allow the procurement and provision of a community stop smoking service and a tier 2 community-based weight management services.

2. Background – the case for change

2.1 Context

- The NHS Long-Term Plan recognises the role of the NHS in strengthening preventative programmes to reduce poor health outcomes and health inequalities. Obesity and smoking are significant risk factors for the principal causes of ill-health and premature adults; therefore the Long-Term Plan prioritises preventative programmes to reduce the prevalence of obesity and smoking.
- Smoking cessation and weight management services are a vital part of obesity and smoking preventative programmes. These services are commissioned as part of wider care pathways. Responsibility for different elements of these pathways lie with different parts of the health and care system, requiring partners to work together to ensure residents are supported to access the services they need.

2.2 Isle of Wight Council (IWC) responsibilities

- Local authorities traditionally commissioned community-based services for smoking cessation and Tier 2 weight management services.
- There have been indications from local and national networks that stop smoking services may become a mandatory function for Local Authorities in 2021.

2.3 Smoking and health on the Isle of Wight

- Smoking prevalence on the Isle of Wight is 13.2%, which is similar to both the South East and England averages. This average rate masks great variation within the population. Over half (52.2%) of people in routine and manual occupations on the island smoke, and people with a severe mental illness are almost three times more likely to smoke than the general population. Smoking therefore makes a significant contribution to health inequalities on the Isle of Wight.
- Smoking attributable mortality rates on the Isle of Wight are significantly higher than the South East, especially smoking related deaths from heart disease. Potential years of life lost to smoking related illness are also higher than the South East.
- Smoking causes a significant amount of poor health and premature death on the Isle of Wight and is a priority for action for the health and care system.
- The Isle of Wight has much higher rates of smoking in pregnancy (14.5%) compared to both the South East (9.9%) and English (10.8%) rates. The nationally set ambition is to reduce the prevalence of smoking in pregnancy to 6% or less by the end of 2022.
- Smoking in pregnancy increases the risk of a range of poor pregnancy outcomes including miscarriage, stillbirth, premature birth, neonatal complications, low birth weight and sudden infant death syndrome (cot death).

The Isle of Wight has significantly higher rates of premature births than the South East and England.

2.4 Healthy weight

- Almost two thirds of adults (62.3%) on the Isle of Wight are overweight or obese, which is similar to both the South East and England rates.
- On average obesity deprives individuals of 9 years of life. Obesity is an important risk factor for chronic medical conditions such as cancer, cardiovascular disease, diabetes and respiratory disease. These are the principal causes of ill-health and premature death on the Isle of Wight. This has a negative impact on the lives of residents and the services we provide.
- Adult weight management services are commissioned as part of a pathway of interconnected community weight management services. Tier 1 is provided in primary care and community services and consists of advice and guidance. Tier 2 services are offered to those people who have been unsuccessful in losing weight on their own and who are obese. Tier 3 and 4 are specialist clinical weight management services including bariatric surgery, commissioned by NHS organisations. The Isle of Wight care pathway specifies that residents need to complete a course of Tier 2 services before they can access tier 3 and 4 services, to ensure that residents are supported with the appropriate level of care for their needs.

3. The current service

- Lifestyle behaviour change services have been provided exclusively through the in-house well-being service since January 2017. The service provides behaviour change support for smoking, weight management and physical activity.
- A review of need, current service provision and audit of the well-being service established that the current service is not meeting the needs of the Island's population in terms of the number of residents supported, addressing inequalities and improving health outcomes. The current service sees around a fifth (21%) of the estimated need for stop smoking services and just over half (54%) of estimated need for weight management services.
- The current stop smoking service is not resourced sufficiently to enable it to follow evidence-based guidelines with respect to stop smoking pharmaceuticals. This means that Island residents do not have access to the same level of clinically effective and cost-effective stop smoking services as residents in other parts of the country.
- There are an estimated 16,344 smokers and 71,000 people with excess weight on the Isle of Wight. The estimated need for behaviour change services each year based on national guidelines is 817 people for stop smoking services and 740 for Tier 2 weight management services. The current service meets only a fifth (21%) of the estimated need for smoking cessation services and just over half (54%) of the estimated need for weight management services.

4. Evidence for interventions

- The evidence base for stop smoking services is clear. Smokers who receive a combination of pharmacotherapy and skilled behavioural support are up to four times as likely to quit successfully compared to no support or over the counter nicotine replacement therapy. Providing support for smokers to quit is highly cost effective.
- A tiered approach to stop smoking services is used by many local Authorities facing budgetary constraints. This model aims to maintain provision of cost-effective support for quitting, with priority groups offered the most intensive and effective interventions to manage risks of exacerbating health inequalities. It also offers smokers choice based on their preferences and commitment levels
- There is good evidence that losing 5% of body weight has significant impact on long-term conditions. We know that preventing ill health or delaying the negative impacts of long-term conditions on individuals is cost effective as it reduces demand on health and social care services. For people diagnosed with certain long-term conditions, such as stroke and dementia, costs to social care services are higher than the costs to the health service
- NICE guidance clearly states the components that weight management services should include and the criteria they should meet.

5. Benefits to the system

- Smoking and obesity have significant societal costs. These include the costs to the NHS of managing ill-health caused by smoking and obesity, to Local Authorities for social care and costs due to sickness and reduced economic activity. Smoking is estimated to cost the Isle of Wight over £31m a year. The costs of smoking and obesity to the English economy are estimated at £11bnⁱ a year and £27bnⁱⁱ a year respectively.

6. Finance

- The cost of an evidence-based stop smoking service to meet the needs of the Isle of Wight's population has been estimated as £203,000
- The cost of an evidence-based weight management service to meet the needs of the Isle of Wight's population has been estimated at £32,500.
- The 2019/20 budget for well-being services, which includes stop smoking, weight management and physical activity services is £118,370 a year. Most of this budget is for staff costs and the stop smoking pharmaceuticals budget.
- In order to provide an evidence-based stop smoking and weight management service, an additional budget of £117,150 a year is required.

7. Options

- The options for the future of lifestyle behaviour changes on the Isle of Wight are:

Option 1 - To continue service as it is. Additional funding - £0.

Risks

- The current service is not meeting the needs of the population.
- The current service is too small and insufficiently resourced to provide a resilient, evidence based and effective service. The current service is not sustainable.

This option is not recommended and is not considered further.

Option 2 - To stop providing lifestyle wellbeing services altogether. Cost saving of £118,370 per year.

Risks

- Stop smoking and weight management services will not meet the needs of the population. These are public health priority areas as outlined in the paper.
- There would be no preventative service for partners (particularly primary care) to refer people who are at high risk of avoidable illness (such as heart attacks, strokes, high blood pressure, diabetes, cancer).
- Negative impact is greatest on those from areas of highest deprivation therefore widening the inequality gap.
- This option has significant reputational risks. It sends a negative message to partners, particularly NHS colleagues who will be expecting leadership from public health with respect to these areas which have been prioritised within the NHS plan.
- Risks to relationships with key partners, in particular the CCG and primary care, whose support is crucial to implement wider strategies to reduce obesity and smoking prevalence.
- Stop smoking services may become mandated by Public Health England in future, therefore may need to be provided.
- Full consultation is required to stop the existing service. This would include consultation with IOW Trust, CCG and primary care to ensure the resultant gaps in care pathways are fully understood.

This option is not recommended and is not considered further.

Option 3 - To provide stop smoking services only and stop providing weight management services. Additional funding required £84,650.

Risks

- Weight management services will not meet the needs of the population. These are public health priority areas as outlined in the paper.

- Negative impact is greatest on those from areas of highest deprivation therefore widening the inequality gap.
- Significant reputational risks, particularly with NHS colleagues who may view a decision to stop weight management service as contrary to wider action on prevention across the health and care system.
- Risks to relationships with key partners, in particular the CCG and primary care, whose support is crucial to implement wider strategies to reduce obesity and smoking prevalence.
- Additional costs to other parts of the health and care system, both the NHS through increased demand for specialist weight management services and weight related adult social care costs.

This option is not recommended and is not considered further.

Option 4 - To provide both stop smoking and weight management services. Additional funding required £117,150.

Risks

- Unable to identify provider within estimated budget required. A best estimate of required budget has been made using a variety of methods.
- Lack of demand for services from the population and partners. Mitigated through service specification

Recommended option.

7.2 Planned procurement approach

7.2.1 A full procurement is planned in accordance with Isle of Wight Council's Contract Standing Orders.

7.2.2 A new service specification has been developed using NICE Guideline; Stop smoking Interventions and Services NG92 published in March 2018 and guidance from Public Health England; Models of delivery for stop smoking services published in September 2017. The service specification describes the population needs, key service outcomes, scope of the service, quality standards and performance measures and pricing. The service specification will retain the universal offer element for any adult that wants to try and stop smoking.

7.2.3 The Isle of Wight Council in-house procurement team are supporting the public health team to develop an electronic market engagement exercise. This will take the form of a soft market testing questionnaire which will be released to the market directly following agreement of the financial envelope. The intelligence gathered as a result of this activity will inform the development of the final service specification.

8. Discussion

- If limited additional budget is available, it is recommended that the service focuses on a stop smoking only model, because:
 - There is insufficient budget to deliver both weight management and stop smoking services in an evidence-based way within the current budget.
 - Smoking remains a key contributor to preventable mortality and morbidity and to health inequalities
 - Attempting to deliver both a weight management and stop smoking service within the current budget will not provide a stop smoking service that falls far short of evidence-based guidelines with a risk of exacerbating health inequalities.

However, this option carries significant risks as outlined above. These risks need to be balanced against the relatively small cost of providing weight management services.

- The proposed model ensures the Isle of Wight Council responds to the needs of the population with respect to stop smoking and weight management services. The stop smoking support will include a digital component of triage, signposting and information giving. This aligns to the council's digital strategy and provides good value for money.
- If we are to stop either or both stop smoking and weight management services a full consultation would be required, and we would need to work with the CCG and primary care to ensure the resultant gaps in care pathways are fully understood.

9. Conclusions and recommendation

9.1. The current Wellbeing Service is not meeting the needs for lifestyle behaviour change services on the Isle of Wight.

9.2 It is recommended that the Isle of Wight Council identifies an additional £117,150 of the public health grant to fund smoking cessation and tier 2 weight management services.

ⁱ Department of Health (2017) *Towards a smoke free generation; a tobacco control plan for England* <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>

ⁱⁱ PHE Blog (2017) <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2>