

Monitoring & Evaluation Form - All Wales Weight Management Pathway Report

Organisation	HDUHB	Allocation	£374,000	Date of Report	9 th September	Report Prepared By	Claire Jones
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The Deputy Minister for Mental Health, Wellbeing and Welsh Language agreed funding of £6.5m to support the delivery of Healthy Weight: Healthy Wales, which included £2.9m to deliver Pathway Transformation Plans. The Children and Families Pathway is one in a series of documents laying out the components, standards and guidance to support the development and delivery of weight management services across Wales. The pathway sets out the key elements and principles underpinning the planning, commissioning and delivery of weight management services for the population of Wales.

Reporting Schedule: The Adult and Children’s Weight Management Pathways timetable for funding and reporting is detailed below:

- Submission of Draft Plan – 30 April 2022
- Peer Review of Plan – 18 May 2022
- Final Sign Off of Plans – 30 June 2022
- Interim Report – 14 September 2022
- Final Report – 14 April 2023

Progress against the organisation’s plan is to be reported bi-annually. This form is to be submitted on:

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

Completed form to be returned to: hss.performance@gov.wales

To be completed by Welsh Government on receipt of Monitoring Form

Total allocation	£
Total spend	£
Total agreed	£
Total reimbursement	£

Update on the actions implemented during the current operational year to advance the development of the AWWMP in the health board's day to day activities

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into the pathway into level 1 and 2
Planning						
Ethos of Healthy Weight: Healthy Wales is embedded into service change/transformational programmes and service delivery plans	<p>Healthy Weight: Healthy Wales is embedded within Strategic Objective 4 (S04) of HDUHB - to achieve the Best Health and Wellbeing for individuals, families and communities.</p> <p>The planning objectives which inform this strategic objective include</p> <p>PO 4G – to deliver HWHW and implement by March 2022.</p> <p>PO 4N Create and implement a process in partnership with local</p>		<p>Service change at Levels 2 and 3 of the All Wales Weight Management Pathway are being embedded with the focus on evaluation protocols. The process of service change was supported by the HDUHB Enabling Quality Improvement in Practice (EQIIP) programme.</p> <p>An internal cross-directorate group has been convened in HDUHB to maximise alignment across HWHW, the All Wales Diabetes Prevention Programme (AWDPP) and the Strategic Programme</p>	<p>Actual spend from April to August 2022 - £109,207</p> <p>Planned spend - £155,825</p> <p>Slippage - £46,618</p>	<p>April to August 2022 - £112,117</p>	<p>£377,000 from Strategic Programme for Primary Care (SPPC) fund</p>

	<p>authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest.</p> <p>PO 4F Develop a plan by September 2021 to improve the life chances of children and young people working with the “Children’s Task Force” and begin implementation in April 2022, prioritised on the basis of the opportunity to improve the lives of the most deprived.</p> <p>PO 4O Develop and implement a food health literacy programme for Year 5 children with a pilot taking place in 2021/22, with scaling to all 3 counties of Hywel Dda within the next 3 years. The longer term goal</p>		<p>for Primary Care (SPPC). This should help with maximising investment and economies of scale but also help develop a set of meaningful population outcome measures across programmes and facilitate joint accountability and reporting.</p> <p>The implementation of the All Wales Diabetes Prevention Programme is underway. The Lead Dietitian is in post and the 7 Health and Wellbeing Facilitators have been recruited and are due to come into post in October 2022.</p> <p>HUHB is supporting this project by funding the programme delivery in each GP cluster in addition to the funding being received as part of the national programme. The implementation of this project is being supported by the HB’s transformation team and diabetes prevention will be fully aligned with the weight</p>			
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	<p>will be to make this routine for all children in the area within the next 10 years.</p> <p>PO 5L Implement the making nutrition matter – dietetics expansion plan within two years as agreed at Board on 26th September 2019</p>		<p>management pathway so that service users are provided with the appropriate support to best meet their individual need.</p> <p>Work is underway to develop a whole system approach (WSA) to the implementation of HWHW and is being progressed on a regional footprint, in partnership with Swansea Bay UHB. A commissioning document is just being completed to enable stage 1 – Stakeholder Mapping, to be progressed. The lead regional post has not yet been advertised.</p> <p>A Food Systems Feasibility Study, commissioned by HDUHB and undertaken by North Star Transition. Has reported. Three high level recommendations will now inform the ongoing work to develop specific planning objectives within the Health Board on the food system – specifically on procurement, support to staff, catering provision and the HB’s role in engagement</p>			
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and leadership around the food system.

Governance structures for the implementation of the HW:HW strategy within HDUHB have been proposed and submitted to the Executive Team for feedback. The proposed structure will consist of a 'Living Well: Healthy Weight Strategic Leadership Group' which will support the work taking place as part of the clinical pathway implementation and the whole system approach documented above. This group will then feed into the HDUHB Strategic Development and Operational Delivery Committee (SDODC) and up to the HDUHB Executive Team. There is a meeting with the Board Secretary to refine and agree the proposals in September.

PO 4.O has been incorporated within PO 4.F and work is ongoing

			PO 5L – this has been closed as a planning objective as the dietetics expansion plan has been completed and work is underway to implement the malnutrition strategy with outcomes being reported to the Executive Board.			
Progress against Level 2 services	To continue to develop capacity and resources to support accessible, timely and Covid secure service delivery at Level 2 of the AWWMP.	This work is progressing following the timelines set out in the Forward Plan submitted in June 2022. Any unexpected reduction in staffing due to sickness, staff leaving posts would be a risk to the effective delivery of the Level 2 service	<p>We have established a single point of access for all referrals into the HDUHB Weight Management Service. Individuals can be referred by health professionals or can refer themselves via the HB’s website.</p> <p>Individuals undergo a telephone assessment appointment as their first point of contact with the WMS. The aim of this appointment is to assess whether an individual’s needs will be met in the level 2 or level 3 service and ensure the prudent use of resource at level 3.</p> <p>Since March 2022, 207 people have had a phone assessment appointment and of these 61% have been identified as needing the</p>			

			<p>level 3 WMS, 31% have been identified as needing level 2 and 8% have been signposted elsewhere, outside of the WMS.</p> <p>The offer as part of the HB WMS at level 2 has been increased to include the Foodwise for Life weight management programme and a programme of individual appointments with Dietetic Assistant Practitioners.</p> <p>An evaluation protocol is currently being established for the individual appointments which will be guided by the minimum dataset which is being developed by PHW.</p> <p>Two Foodwise programmes have completed since April 2022 with 82% of participants achieving weight loss. Three further Foodwise programmes are currently being delivered and are due to complete in September 2022. Work is planned to amend the delivery of Foodwise to ensure that it meets the standards described for</p>			
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	<p>Align HWHW weight management pathway with AWDPP.</p> <p>Establish a scalable service at level 2 of the adult pathway to be delivered within primary care.</p>	<p>It had been expected that the AWDPP would enter delivery phase in July/August 2022 but due to delays with the recruitment of the 7 Health and Wellbeing Facilitators, this timeline has been changed to October 2022.</p> <p>Work is progressing as per the timeline in the Forward Plan for 2022/23.</p>	<p>level 2 interventions going forward.</p> <p>The service delivery model for the AWDPP is being established and in HDUHB includes the delivery of the Foodwise for Life programme and the National Exercise on Referral Scheme (NERS) alongside the initial brief intervention appointment as core parts of the service. This ensures that the AWDPP pathway is closely aligned with the level 2 WMS pathway and as such patients' pathways will be mapped through the 2 services and service outcomes will be aligned.</p> <p>Funding has been received by the Deputy Director of Primary Care via the Strategic Programme for Primary Care fund (SPCC) to deliver weight management services in primary care and community pharmacies. A strategic group has been established to oversee the implementation of these services and will ensure that</p>			
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			<p>the services offered as part of the SPPC fund are aligned to a shared set of objectives and values with the HDUHB WMS. The aim will be that individuals have access to a suite of options at level 2 and can access the service best suited to their individual needs. Work will be done to ensure seamless links between the individual services to enable patients to move between level 2 weight management services depending on their individual preference and need.</p> <p>The variety of services which will be offered at level 2 of the AWWMP will enable us to evaluate a range of different service options and consider what may work best as a longer term, scalable service across primary care in HDUHB.</p> <p>Work at level 2 will also align with the work that is taking place on an All Wales basis via the National Primary Care Obesity Prevention Group.</p>			
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			<p>The Lead Clinical Psychologist for the HDUHB WMS is the psychology representative for this group and the pathway lead receives feedback via the Dietetic networks.</p>			
	<p>To develop a maternity specialist weight management pathway/service</p>	<p>Work is progressing as per the timeline in the Forward Plan for 2022/23.</p>	<p>A multiprofessional task and finish group has been established to design and implement a weight management service within pregnancy at levels 1 to 3 of the AWWMP. A business case is currently being developed for the establishment of specialist weight management services in pregnancy. Currently high level service modelling and capacity and demand analysis is being conducted and the business case is expected to be submitted in October 2022.</p> <p>The Public Health Midwifery service did receive some 'Prevention and Early Years' Funding towards supporting smoking cessation in pregnancy which is enabling the recruitment of band 3</p>			

	<p>To plan, design and cost a sustainable and compassionate model of service provision for children and families at Level 2 and 3 of the AWWMP.</p>	<p>This work is progressing as per the Forward Plan for 2022/23</p>	<p>Health Care Support Workers (HCSWs) to support women to achieve a healthier pregnancy. The remit of these HCSWs will include brief interventions around weight management and the delivery of the Foodwise in Pregnancy programme even though the funding was not specifically for weight management.</p> <p>The business case will aim to establish some specific resource for weight management in pregnancy.</p> <p>A Task and Finish group has been established and work is underway on developing a business case to support the establishment of a weight management service for children, young people and families at levels 2 and 3 of the AWWMP.</p> <p>The work is currently focused on high level service modelling and the establishment of service values and objectives. Work is underway to</p>			
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			<p>analyse potential demand and capacity in order to inform the service staffing model and funding requirements. The business case will be submitted in October 2022.</p> <p>Following the business case submission and a decision on funding, work on the detail of the service model will be carried out. The lead Dietitian has linked with the patient experience team to design questionnaires to ensure the views of families and service users are central to any detailed service design. Focus groups will also be established to ensure detailed service user feedback is obtained.</p>			
Progress around Level 3 services	To continue to develop capacity and reach to support accessible, timely and Covid secure	The timeline for the recruitment to the Level 3 MDT has been changed to December 2022.	The Clinical Lead Occupational Therapist post has been recruited to. The job description for the Clinical Lead			

	<p>service delivery at Level 3 of the AWWMP.</p> <p>Complete recruitment to the remaining MDT posts</p>	<p>This is due to delays with the recruitment process for the Physiotherapist, Assistant Psychologist and Support Worker posts.</p>	<p>Physiotherapist has been agreed and is due to be advertised shortly. The Band 8a Clinical Psychologist is on maternity leave. We have successfully recruited to one of the fixed term Assistant Psychologist posts but have had delays with recruiting to the other post. It is expected that the 2nd fixed term Assistant Psychologist will be in post by December 2022. These posts are funded in part by the slippage money from the band 8a psychologist working 3 days per week and from her maternity leave.</p> <p>A review of the administrative support needed was carried out as it became clear that the original administrative resource was been significantly underestimated. In order to avoid clinical time being diverted to administrative tasks, the administrator job description was re-evaluated and re-banded and an additional band 2 Clerical Officer post was</p>			
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	<p>Fully embed the streamlined assessment process with individuals at level 3 receiving a full biopsychosocial assessment in order to establish how we can meet their needs.</p>	<p>This is ongoing but the demand for the Level 3 BPS assessment was higher than originally expected. Resource has been shifted to increase capacity to deliver the assessment appointments but there is a risk that if there were unplanned</p>	<p>created. This post has been recruited to and we expect the successful candidate to start in post shortly.</p> <p>The one remaining post is the band 4 Support Worker, which will be an Occupational Therapy Technician. We have delayed recruiting to this post in order to allow the Clinical Lead OT to become established in the team as she came into post in August 2022. We expect to advertise for the OT Technician post in October 2022.</p> <p>The biopsychosocial assessment as the first contact in the level 3 WMS is now established with all members of the MDT receiving training to do the assessment. This is followed by an MDT discussion re each patient and where their needs might be best met within the suite of options available as part of the level 3 WMS.</p>			
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	<p>We will increase the provision of all services</p>	<p>reductions in staffing due to sickness or staff leaving post for example, this could lead to an increase in waiting times for this part of the service.</p>	<p>Since March 2022, 63 BPS assessment appointments have been carried out.</p> <p>The proportion of people needing to access level 3 of the WMS was more than we had originally estimated (61% of people attending telephone assessment appointments have required the L3 service) so work has been done to review job roles within the MDT and increase capacity to provide the level 3 BPS assessment appointments.</p> <p>A database has been established to ensure the ability to map each individual's journey through the level 3 service and a full evaluation protocol for the whole level 3 service is being established. This will be guided by the publication of the national minimum dataset for level 3 weight management services.</p> <p>We are currently establishing our interventions available as</p>			
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	<p>offered at level 3 as we recruit to the full MDT.</p> <p>We will monitor and evaluate the outcomes and experiences of the level 3 WMS in line with the All Wales minimum data set.</p>		<p>part of the suite of options at level 3 of the WMS. These include</p> <p>Food for Thought' Dietetic led group programme 'Mind Over Food' Psychology led group programme Guided Self-help for binge eating CBT-E for binge eating disorder Dietetic support Psychology support Specialist MDT Weight Management Clinic – medical support included Occupational Therapy and Physiotherapy programmes are due to be established shortly.</p> <p>Although evaluation protocols are being established, snapshot outcomes demonstrate that within the L3 WMS 89.5% of contacts are achieving or maintaining weight loss 79.5% of contacts are reporting feeling empowered to self manage</p>			
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	<p>As per level 2 we will develop our develop communication strategy to ensure referrers and the public are aware of what is offered within the WMS and how to access it.</p>	<p>Timeline revised to December 2022</p>	<p>This is evidenced by the following reported outcomes</p> <ul style="list-style-type: none"> • Increased confidence • Achieving goals • Increased activity • Reduction in uncontrolled eating • Adoption of regular eating patterns • Improved sleep patterns <p>As described in level 2 we have introduced the option of 'self-referral' into the WMS at levels 2 and 3. The plan was to communicate this widely and encourage individuals to 'self refer' into the service in order to avoid the current situation where we receive 100- 150 referrals per month but only 50 – 60% of those go on to engage with the WMS when they are offered an appointment.</p> <p>However, due to a number of factors including the legacy of the service being stood down due to Covid 19 and delays with</p>			
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recruitment, we have had very high numbers of people on our waiting list, with a significant number of those breaching the 14 week waiting time target.

We therefore took the decision to delay widely communicating the service and self referral until we had reduced our waiting times in order to ensure that those people who did self refer could be seen in a timely manner.

We have now introduced a 'waiting time recovery plan' which has consisted of us offering everyone on the waiting list an alternative pathway of attending the Foodwise for Life programme with the option of referring themselves back into the WMS following completion of the programme. This has required a diversion of resource to support increased delivery of Foodwise between August and December 2022.

	<p>As per level 2 we will continue to develop our Hywel Dda WMS internet page with the aim being that this will act as a digital resource for individuals attending, alongside signposting to self-directed resources.</p> <p>Develop a business case for the improvement in access to level 3 specialist weight management support for pregnant women.</p>	<p>Work is progressing as per the Forward Plan for 2022/23</p>	<p>Capacity and demand analysis is underway to enable the service to manage waiting times going forward and prevent future waiting time breaches but it was felt without bold action to remove the back log of people waiting, the service would not be able to get to a place where it could deliver timely services to individuals.</p> <p>From October 2022 we will enact our communication plan and increase awareness of the L3 WMS and the option of 'self-referral' with the aim of promoting self-referral as the main access route into the service.</p> <p>As described in Level 2, work is underway to develop a business case for the improvement in access to level 3 specialist weight management support in pregnancy. At level 3 this will focus on aligning services in pregnancy with</p>			
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	<p>To plan, design and cost a sustainable and compassionate model of service provision for children and families at Level 2 and 3 of the AWWMP.</p>	<p>Work is progressing as per the Forward Plan for 2022/23</p>	<p>the adult weight management service and improving access to multi disciplinary support for those with the most complex weight related needs. It will also include links to post pregnancy support.</p> <p>As discussed in level 2, work is underway to develop a business case to support the development of a weight management service for children, young people and families.</p>			
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Comments/updates on Level 1 and Level 4			<p>Level 1</p> <p>The HDUHB Dietetics Team continues to deliver the following prevention and early intervention programmes targeted at providers of childcare, education settings, parents and families.</p> <p>Nutrition Skills for Life courses</p> <ul style="list-style-type: none">• Community Food and Nutrition Skills			

			<p>for Early Years programmes</p> <ul style="list-style-type: none">• 7 Food and Fun programme (previously School Holiday Enrichment Programme) – were delivered over summer holidays in 2022. <p>The HDUHB Dietetics Team continues to deliver the following programmes to support the provision of evidence based messages around healthy eating and healthy lifestyle behaviours in the community.</p> <p>Nutrition Skills for Life –</p> <ul style="list-style-type: none">• Level 2 Community Food and Nutrition Skills• Level 1 Community Food and Nutrition Skills• Foodwise Facilitation Training. <p>The Weight Management Team continues to link with local projects such as Health Coaches in primary care and Smoking</p>			
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			<p>Cessation Services who are providing support around healthy lifestyle behaviours and have ensured that they are able to signpost people into the Weight Management Service.</p> <p>The WM team have been involved in the national development of the Foodwise for Life app and the Foodwise in Pregnancy app. There are plans in place to pilot the Foodwise in Pregnancy app in Pembrokeshire.</p> <p>The Pathway Lead and Lead Psychologist have linked with the development of the national level 1 website – Healthy Weight; Healthy You and have ensured details of the local HDUHB weight management services will be available on the national website.</p> <p>Level 4 HDUHB continues to refer people to level 4 services via the agreed referral pathways. Communication remains difficult with a lack of clarity about the</p>			
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			individual roles for level 3 and 4 regarding assessment and follow up. The level 3 MDT are in the process of commenting on the WHSSC consultation re the updates Service Specification for bariatric surgery in Wales.			
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Standards

Each Health Board publishes a strategic weight management pathway development plan, agreed with Welsh Government. The plan should set out: an assessment of need to inform priorities for action; a phased development plan; a description of services at each level of the All Wales Weight Management Pathway for adults, children	Following on from the Hywel Dda UHB Healthy Weight Strategic Development Plan submitted to WG in May 2021, which detailed an assessment of need and the priority actions for 2021/2022, a forward plan for 2022/23 was submitted to WG in June 2022 which built		The progress against the priorities set out in the 2021/22 plan have been described above.	Spend is currently focused on implementing the Adult Level 3 Service as described above.		
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and those with specific needs e.g. pregnant women.	on the actions and achievements from the original plan					
Health Boards can demonstrate how services in the strategic weight management pathway development plan will meet the needs of the population and reduce inequalities in outcomes. Health Boards should be able to demonstrate that services are: accessible; targeted to specific needs where appropriate and; that monitoring of service uptake considers equity of access for vulnerable groups. Health Boards should report annually on service capacity at each level of the pathway.	<p>The details of how services in the strategic weight management pathway development plan meet the needs of the population and reduce inequalities were documented in the 2021/22 plan and again in the 2022/23 plan.</p> <p>As the plan is implemented, we will be able to evaluate and report on capacity at each level of the pathway.</p> <p>Capacity and demand analysis that is taking place as part of the</p>	<p>It was highlighted previously that there is a risk to capacity within the level 3 Specialist Multi-disciplinary clinic due to the potential demand for new medications such as saxenda, which can only be prescribed via this pathway. If everyone who met the eligibility criteria for this medication was referred into the service, this would overwhelm the service and have significant consequence regarding patient flow through the service, patient experience of the service and waiting</p>	<p>An SBAR regarding the potential demand for saxenda was taken to the HB's Effective Clinical Practice Advisory Panel. Advice was issued to develop a task and finish group to assess the capacity which would be needed to meet the potential demand and to discuss with colleagues within weight management services across Wales.</p> <p>This remains a risk to the capacity of the level 3 WMS.</p>			

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	<p>development of the maternity and Children & Young People's business cases, show that the demand for services will be higher in areas of greater deprivation. This need for potentially targeted interventions will be considered when services are being planned.</p>	<p>times to access the service. This risk has not changed since the last submission to WG in June 2022.</p> <p>The funding allocation for the implementation of the WM pathways is focussed on the implementation of the Adult Level 3 Service. Business cases are being written to support the development of weight management services for children, young people and families and to improve access to weight management support during pregnancy. A risk to the ability of the strategic weight management development plan being able to meet the</p>				

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		needs of the population will be if the business cases for maternity and children and young people do not get approved.				
People with higher body weights are treated with dignity and respect and do not feel stigmatised due to a lack of appropriate equipment or facilities. This includes patient transport and emergency services.	<p>Weighing guidance review</p> <p>Bariatric working group developed</p> <p>The Pathway Lead presented to the HDUHB Nutrition and Hydration Steering Group regarding supporting people with obesity in an acute hospital setting.</p>		<p>A review of the HB's weighing guideline has been carried out. The guidelines place a significant focus on ensuring that people living with obesity are treated with dignity and respect during any procedure including weighing.</p> <p>A bariatric working group has been convened, with the aim of ensuring the HB has accessible, appropriate equipment and facilities for people living with overweight or obesity.</p>			

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			<p>The Clinical Pathway Lead was invited to present to the HB's Nutrition and Hydration Steering Group regarding supporting people living with obesity in an acute hospital setting. Following the presentation there are plans for the Pathway Lead to meet with the HB nursing teams to disseminate the information re how they can ensure they treat all patient living with obesity with dignity and respect.</p>			
<p>Planning, commissioning, evaluation and delivery of services actively engages with and involves people living with overweight and obesity.</p>	<p>Ensure people living with overweight and obesity have the opportunity to contribute to the design and implementation of all new weight</p>		<p>Feedback from service users is included in the plans for the evaluation of the new adult level 3 weight management service.</p>			

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	management services as they are set up		<p>Information from existing service users was used to inform the planning and development of the WMS internet page.</p> <p>The Clinical Lead Dietitian for the Children and Young People's weight management service is linking with the Patient Experience Team to ensure that families of children and young people living with obesity have a chance to contribute to the design of a WMS for children and young people. Questionnaires have been sent out to families and from the responses focus groups will be established to ensure that service users views are</p>			

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			involved in the planning and design of services.			
<p>The Weight Management Pathway in the local area is managed and co-ordinated. Services delivering elements of the pathway have a clear understanding of roles and responsibilities and mechanisms to facilitate movement of individuals within the pathway in a seamless manner as needs change.</p>	<p>The Weight Management Pathway is co-ordinated by the Clinical Pathway Lead.</p> <p>A strategic group is being established, with representatives from Primary Care, Public Health, Weight Management, and the Executive Team to ensure that services across the AWWMP including those based within the HB WMS, Primary Care and the AWDPP align around a shared set of values and objectives and that individuals can move seamlessly between the different</p>		<p>The Public Health Obesity Lead has presented a paper to the Executive Board to outline the progress of the AWWMP implementation and how that will link with the wider Systems work. The purpose of the meeting was to clarify the governance structures for this work within the HB. Future meetings are planned to take this forward.</p> <p>Additionally an initial meeting has been held to consider the strategic oversight of the implementation of services particularly at level 2 of the pathway and to ensure the aims,</p>			

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	services and across the different pathway levels.		<p>objectives and values of the services that have been funded through the SPPC fund align with those of the rest of the Weight Management Pathways</p> <p>The work of the AWDPP is connected to the Clinical Pathways with plans being agreed to map people's journeys between the 2 services so that people who wish to access the WMS following identification of a need within a brief intervention as part of the AWDPP can seamlessly transfer over to the WMS and that journey can be mapped to inform the evaluation of both the WMS clinical pathway and the AWDPP</p>			

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Protocols informed by the All Wales Child Protection Procedures (2008) are followed when childhood obesity is a cause for professional concern, regarding wellbeing and risk of harm	Child protection protocols informed by the All Wales Child Protection Procedures (2008) will be followed.		Once the clinical pathways are developed the child protection protocols will be strengthened. All staff currently have to undergo child protection training as part of their HB mandatory training.			
Staff working within the Health Board receive training to enable them to offer compassionate, psychologically informed care that avoids stigma and discrimination. All staff are able to engage in supportive conversations with patients regarding weight management in line with Level 1 of the pathway.	Training is in place for all staff working within the Weight Management Service. This includes training and supervision provided by our Weight Management Psychology Team to ensure all of the staff within the Weight Management Team are skilled and confident in the provision of psychologically informed services and		The values of the WMS are that it is a patient centred and compassionate service that addresses the needs of individuals and offers a range of psychologically informed services to individuals dependent on their specific needs. This can be demonstrated by the streamlining of the assessment process and			

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	<p>interventions across levels 2 and 3 of the Weight Management Pathway.</p> <p>Some staff groups in the Health Board have undertaken training in Making Every Contact Count 'MECC', enabling them to have supportive conversations with patients.</p>		<p>the move away from an initial dietetic assessment and introduction of the more holistic full biopsychosocial assessment at level 3 of the pathway. The purpose of this is to enable us to identify and meet individual's needs in a more timely way, thereby providing a more patient centred service.</p>			
<p>The Health Board adopts a continuous improvement approach to service quality and outcomes using the minimum dataset and other mechanisms including patient stories.</p> <p>The Health Board submits returns to Welsh Government in line with the</p>	<p>This will be written into evaluation plans as services are developed</p>		<p>This work will form part of the annual reporting to WG. Evaluation protocols are now established for services at level 3 of the Adult Weight Management Pathway and we expect to be able to report on outcomes when we submit the final report in April 2022.</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into the pathway into level 1 and 2
minimum services standards and actively encourages participation in national audit and review.			The change to the assessment process as part of Levels 2 and 3 of the Adult Pathway has been supported by the HB's Enabling Quality Improvement In Practice (EQIIP) programme which means that all service changes have been underpinned by quality improvement methodology.			
Weight management services share their learning with colleagues within and beyond weight management services.	Will take part in peer review process with other Weight Management Services Will continue to communicate with local and national stakeholders re the outcomes and learning from weight management services within HDUHB. Will maintain strong links to national					

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into the pathway into level 1 and 2
	structures and organisations such as WG, the HWHW implementation board and its subgroups and PHW.					

Relevant Strategies and Guidance

AWWMP Guidance <https://gov.wales/adult-weight-management-pathway-2021>

<https://gov.wales/weight-management-pathway-2021-children-young-people-and-families>

Weight Management Standards <https://gov.wales/weight-management-services-standards>

Welsh Government Healthy Weight: Healthy Wales Strategy <https://gov.wales/healthy-weight-strategy-healthy-weight-healthy-wales>

Delivery Plans <https://gov.wales/healthy-weight-healthy-wales-delivery-plan-2020-2022>

Welsh Government 'A Healthier Wales' <https://gov.wales/healthier-wales-long-term-plan-health-and-social-care>