

Monitoring & Evaluation Form - All Wales Weight Management Pathway Report

Organisation	HDUHB	Allocation	£374,000	Date of Mid-Year Report	09.09.22	Mid-Year Report Prepared By	Claire Jones
				Date of End of Year Report	14.04.23	End of Year Report Prepared By	Claire Jones

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 -</p> <p>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 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</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 and the evaluation of the service change has been accepted onto Cohort 8 of the Bevan Exemplar 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 for Primary Care (SPPC). This should help with maximising</p>	<p>Actual spend for full year - £305,774</p> <p>Planned spend – £374,000</p> <p>Slippage - £68,256</p>	<p>For full year £287,529</p>	<p>£377,000 from Strategic Programme for Primary Care (SPPC) fund</p>

	<p>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 will be to make this routine for all children in the area within the next 10 years.</p>		<p>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 and the 7 Health and Wellbeing Facilitators are in post and clinical delivery has commenced across HDUHB.</p> <p>HDUHB 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 is now fully aligned with the weight management pathway so that service users are provided with the appropriate support to best meet their individual need.</p> <p>A Diabetes Prevention Steering Group has been established now that the</p>			
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programme is operational and its inaugural meeting is due to take place in April 2023.

Regional Whole System Approach (WSA) to healthy weight - A regional Principal Public Health Practitioner (Systems Working) has been appointed and commenced in post on the 1st March with Swansea Bay Public Health Team. Recruitment to the remainder of the regional team will commence following job matching and/or consistency panel processes in both UHBs.

Underspend, due to delays in recruitment to the regional team, enabled Leeds Beckett University to be commissioned to support the mapping of the healthy weight system across each of the five PSB areas in the region during January and February. The three workshops across Hywel Dda were attended by 33 people representing Health, Local Authorities, Universities, the Third sector, Natural Resources Wales the Mid and

West Wales Fire and Rescue Service, the West Wales Corporate Joint Committee. Outputs are currently being analysed and will be shared with PSB's and UHBs in April.

Following the reporting on the Food Systems Feasibility Study a Food Systems Action Group has been established with a plan to embed the concept of whole systems approach to food for wellbeing into HB business as usual with the establishment of Terms of Reference for the Food Systems Action Group (FSAG) that recognises the scope of food related interest within the HB and the development of a work plan that aligns whole systems priorities and plan for 23/24 of the regional HWHW programme –

- Healthier Schools programme,
- PSB-specific food projects,
- HB food Procurement projects ,
- Site specific plans i.e the One Health strategy plan

			<p>Currently the governance structure for the implementation of the HW:HW strategy within HDUHB is via the HB Quality, Safety and Experience Committee.</p> <p>PO 4.O has been incorporated within PO 4.F and work is ongoing</p>			
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. We continue to promote self referral as the optimum route into the AWMS and have developed posters and flyers with QR codes for individuals to scan to take them to the 'self-referral' form. The posters and flyers have been sent to GP surgeries and community pharmacies across HDUHB. Additionally we will still accept referrals from health professionals into the AWMS.</p> <p>There has been an increase in the number of referrals</p>			

coming into the WMS over the past year with the monthly average increasing from 114 per month in 2021/22 to 164 per month in 2022/23.

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.

There have been 588 telephone assessment appointments since the introduction of this process in March 2022.

Of those 61% have been identified as needing the level 3 WMS, 31% have been identified as needing level 2 and 8% have been signposted elsewhere, outside of the WMS.

The offer as part of the HB WMS at level 2 includes the Foodwise for Life weight management programme and

a programme of individual appointments with Dietetic Assistant Practitioners.

An evaluation protocol has been established for the individual appointments and there will be a focus on collecting evaluation data over the next 6 months. Further evolution of the evaluation protocol will be dependent on the requirements of the national minimum dataset which is being developed by PHW.

Ten Foodwise programmes have completed since October 2023 with 89% of participants achieving weight loss. 69% of participants reported feeling 'more confident' or 'much more confident' to manage their weight after completing the programme.

Comments from participants included –

'I found the Tutors to be extremely knowledgeable and they have taught me a great deal. I also know that I still need to make changes myself ie eat regular meals and portion control'

	Align HWHW weight management pathway with AWDPP.	Following recruitment of the 7 Health and Wellbeing Facilitators it had been hoped	<p><i>'Thank you for putting the course together and sharing such useful and important information. All the information and staff involved were understanding and very helpful. Would welcome another one as a review. Thank you.'</i></p> <p>Given the high proportion of people presenting in the WMS who are identified as needing the level 3 service there is a plan for 2023/24 to strengthen the offer at Level 2 of the WMS. We plan to keep the Foodwise for Life programme but to add additional sessions to focus on lower level emotional eating, habit formation, sleep and managing stress among other topics. It is hoped that by offering an option of a more psychologically focused level 2 group, this will reduce the proportion of people who require support at level 3.</p> <p>The service delivery model for the AWDPP has been established and in HDUHB includes the delivery of the Foodwise for Life programme and the National Exercise on</p>			
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	<p>Establish a scalable service at level 2 of the adult pathway to be delivered within primary care.</p>	<p>service delivery would commence in October 2022. Due to delays in the recruitment processes and the scale of the challenge to get access to all of the GP surgeries across the HDUHB area, the service delivery commenced in January 2023.</p> <p>Work is slightly delayed regarding the timeline set out in the Forward Plan for 2022/23. This is due to a delay in the implementation and roll out of the</p>	<p>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 two services and service outcomes will be aligned.</p> <p>As described above a steering group has been established to oversee and guide the work of the HB wide diabetes prevention programme and the Weight Management Clinical Pathway Lead is the deputy chair of this group. This will ensure that the work across the AWDPP and the AWWMP remains closely 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</p>			
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		<p>SPPC funded programmes. The programme is at the stage of imminently going out to tender for the pharmacy led commercial weight management provision and the primary care based lifestyle management clinics. Once these programmes have been agreed and the delivery commences the aim will be to use them to add to the variety of options at level 2 and to use the evaluation data to inform longer term service provision at level 2</p>	<p>of these services and will ensure that 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>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 but the development of a business case for the expansion of weight management services in pregnancy has been delayed. This is in order to allow the model being implemented currently from the 'Prevention and Early Years' funding to be evaluated as the outcomes of this work will be used to inform the development of the business case.</p>	<p>The Lead Clinical Psychologist for the HDUHB WMS is the psychology representative for this group and the Pathway Lead is the alternate Dietetic representative on the group.</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 Health Care Support Workers (HCSWs) to support women to achieve a healthier pregnancy. The remit of the HCSWs will include brief interventions around weight management and the delivery of the Foodwise in Pregnancy programme. These posts have now been recruited to and the HCSWs and Public Health Midwife are currently undergoing Nutrition Skills for Life training (provided by Health Improvement Dietitians) to enable them to deliver the Foodwise in Pregnancy programme. The model being used is to offer all women information</p>			
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on the Foodwise in Pregnancy App at the start of their pregnancy regardless of their weight.

Any women presenting with a BMI of > 30kg/m² at the start of their pregnancy will be offered the Foodwise in Pregnancy programme. This will also be offered to women who are identified as having higher than expected weight gain at 28 weeks gestation.

The HCSWs will also offer some limited individual support to women, under the supervision and support of the Public Health Midwife.

The longer term plan will be to evaluate this service model and use the outcomes to inform the development of a business case for long term, sustainable weight management support across levels 2 and 3 of the pathway during pregnancy.

The business case will aim to establish some specific resource for weight management in pregnancy.

	<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>A working draft of 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 has been developed and will be presented to the Executive Board shortly. The details of how this will be presented are just being agreed.</p> <p>Questionnaires were sent to families who had been referred to the Paediatric Dietetic Service for weight management and focus groups were conducted with a sample of 5 parents in order to ascertain their experiences of weight management support and their ideas regarding what they would find helpful.</p> <p>The themes that emerged included</p> <p>Unhelpful Attitudes and Behaviours from Professionals with parents reporting experiences of judgement and stigma from health professionals</p>			
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“He has had a lot of judgement from healthcare professionals when it comes to his diet”

“I find the adults are the problem”

Links with school also featured as a theme

“We felt a bit abandoned. The school didn’t want to know, they weren’t that interested”

“Need more support as she transitions into high school”.

Another theme was **challenges at home** with difficulties around mealtimes *“trying to cater for a large family, people have different tastes.*

Parents expressed a wish for specialised advice that is tailored to the individual child and an opportunity to continue to link with other parents as they found the focus group experience helpful .

“Realise you are going through the same thing”.

Parents reported they would value a hybrid approach to service delivery with a

mixture of both virtual and face to face appointments.

They also expressed a wish to keep service delivery away from hospital settings where possible.

Once the outcome of the business case is known then the information described above will be used to inform the detailed service delivery model.

In the absence of a multidisciplinary team, the Clinical Lead Dietitian has started delivering some dietetic clinics to families who have been referred for weight management. These are virtual clinics and a holistic, person centred dietetic assessment proforma has been developed to try to help these families to set and achieve some behaviour change goals. This is a time limited process in the absence of the ability to provide a full level 2 or 3 weight management service.

<p>Progress around Level 3 services</p>	<p>To continue to develop capacity and reach to support accessible, timely and Covid secure service delivery at Level 3 of the AWWMP.</p> <p>Complete recruitment to the remaining MDT posts</p>	<p>Full recruitment to the L3 AWWMP will be achieved by May 2023</p>	<p>Of the remaining MDT posts, the 0.5 WTE band 7 Clinical Lead Physiotherapist has commenced in post in April 2023. The 0.5 WTE band 4 Therapy Assistant Practitioner has been recruited and is due to come into post by May 2023.</p> <p>The Band 8a Clinical Psychologist remains on maternity leave and we have recruited 2 Assistant Psychologists on a fixed term basis to support the delivery of the psychological interventions under the governance and supervision of the Lead Psychologist for Weight Management. This is in addition to the permanent Assistant Psychologist who is funded from the core Healthy Weight Healthy Wales funding. These Assistant Psychologist 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 0.4WTE band 2 Clerical Officer came into post in October 2022 to support the administration of the WMS</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 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>and she works under the supervision of the band 4 Administrator.</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> <p>The introduction of this was supported by the EQiP programme with the aim of streamlining the assessment process and identifying individual's needs sooner. Prior to the implementation of this process, the median number of appointments an individual would have to attend before they were signposted to a service other than dietetics was 3 appointments. Following the implementation of the biopsychosocial assessment, 100% of individuals had their primary needs identified at their 1st appointment. The</p>			
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introduction of the biopsychosocial assessment has been accepted as a poster presentation in the category of 'Quality Improvement in Practice' for the Bristol Patient Safety Conference in May 2023.

The process has also been accepted onto Cohort 4 of the Bevan Exemplar Programme with the aim of building on the progress achieved so far and focussing on the evaluation of the assessment process. Initial participant feedback is positive but through working with the Value Based Healthcare (VBHC) team we aim to conduct a thorough evaluation of the new processes.

Examples of participant feedback -

'I have tried everything....for the first time I feel like I am going to get the right support, the support I need.'

This has been really helpful. I've learned more about why I'm like this than I have before – I didn't realise it was so complicated'

	<p>We will increase the provision of all services offered at level 3 as we recruit to the full MDT.</p>		<p><i>'Thank you for taking the time to listen.....I wasn't expecting to talk about other things, only about food.'</i></p> <p><i>'I am really touched by the level of thoughtfulness and commitment that you and your team are putting into helping me.....the fact that you're not giving up on me'</i></p> <p>580 people have attended the telephone assessment appointment that functions as the single point of contact for the level 2 and level 3 WMS. 61% of these individuals were identified as requiring the level 3 service, 31% required the level 2 service and 8% were signposted elsewhere.</p> <p>The majority of people attending the telephone assessment appointments had already had multiple attempts at weight loss prior to accessing the HB WMS with 70% reporting previous attendance at commercial slimming organisations.</p> <p>251 biopsychosocial (BPS) assessment appointments have been carried out in the past year. The individuals</p>			
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	<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>undergoing the BPS assessments have presented with a high level of complexity. 47% reported experiencing at least 1 Adverse Childhood Experience (ACE). 55% of individuals presented as having levels of psychological distress that ranged from moderate to severe using the CORE 10 questionnaire. 66% of individuals presented with 'very low' or 'below average' scores for level of mental wellbeing on the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). The complex needs of the individuals presenting at level 3 demonstrates the need for a range of multidisciplinary interventions to meet individual patient needs at this level.</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</p>			
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the national minimum dataset for level 3 weight management services.

The range of interventions offered at Level 3 of the WMS now includes:

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

Fatigue management

Dietetic support

Psychology support

Occupational Therapy support

Specialist MDT Weight Management Clinic – medical support included

Physiotherapy programmes are due to be established shortly.

With regard to the psychology led interventions there were

113 new referrals within the past year and of these -

28 (24.7%) presented with Moderate-Severe depression

18 (15.9%) presented with Moderate-Severe anxiety

			<p>35 (31%) presented with very low self-esteem</p> <p>19 (17%) presented with emotional eating which significantly impacted their ability to lose weight</p> <p>20 people attended the Mind Over Food group</p> <p>36 people received one to one psychology support and 12 people received one to one support for binge eating disorder.</p> <p>There are 137 people currently waiting for clinical psychology support with</p> <p>63 people waiting to attend the Mind over Food group</p> <p>39 people waiting for one to one support</p> <p>19 people waiting for treatment for binge eating disorder and</p> <p>16 people who had come into the service via the old pathway before the introduction of the BPS assessment are waiting for psychology assessment.</p> <p>Of the people who attended the Mind over Food group</p> <p>75% reported weight loss,</p>			
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70% reported improvements in anxiety and depression,
60% reported a reduction in psychological distress,
80% reported an improvement in general wellbeing
80% reported a reduction in emotional eating.
40% reported improvements in self-esteem.

We have introduced Occupational Therapy support into our suite of interventions at level 3 of the WMS. So far this has focused on the development of fatigue management support. OT screening appointments have been completed with service users identified as having fatigue related difficulties impacting their ability to engage in required weight management behaviour change. This offer is aligned with the wider occupational therapy service fatigue management offer across the health board to prevent duplication of intervention. One to one sessions and resources have been developed for clients

unsuitable for the group-based delivery or who wish to take a self-guided role in fatigue management.

The OT intervention has also included attending specialist MDT weight management clinics to engage with patients with increased functional complexity due to their obesity and comorbidities. Outcomes have included maintenance of performance in self-care activities and domestic activities of daily living.

Evaluation protocols are being established with suitable occupational therapy specific outcome measures being explored. Some initial verbal feedback from clients includes reports of increased confidence in mobility, ability to maintain ADL's, feeling safe at home and reported positive changes in thought processes.

With regard to the Dietetic led interventions, although evaluation protocols are being established, snapshot outcomes demonstrate that within the L3 WMS

			<p>72% of people are achieving or maintaining weight loss</p> <p>At 71.6% of contacts within the dietetic led one to one intervention, people are reporting feeling empowered to self manage</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 <p>One dietetic led Food for Thought group has completed and another is due to complete in April 2023. Although numbers are small early outcomes suggest participants are achieving weight loss or maintenance, making positive changes to their eating behaviours and reporting improvements in the self regulation of eating behaviours.</p> <p>This programme will continue to be evaluated over the coming year.</p>			
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	<p>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>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</p>	<p>Work is progressing as per the Forward Plan for 2022/23</p> <p>This will be considered as part of next years work plan.</p>	<p>As described in level 2 we have introduced the option of 'self-referral' into the WMS at levels 2 and 3. We have had a total of 1865 referrals into the WMS over the past year and of these 640 people 'self-referred'. In time it is our aim that the majority of people accessing the WMS will be via 'self-referral'.</p> <p>We have enacted our communication plan and have been working to increase awareness of the L3 WMS and the option of 'self-referral' with our primary care colleagues. This has been through presentations at GP cluster meetings and local meetings and update days. We have also sent posters and flyers advertising the WMS to all GP practices and community pharmacies across HDUHB. The posters and flyers contain QR codes via which people can access our self referral form.</p> <p>The internet page has not been updated and continues to provide just an overview of</p>			
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	<p>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>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>the WMS and a link for individuals to refer into the service.</p> <p>Nationally the Healthy Weight Healthy You website has been launched which contains links to our local internet page and self referral form. This website has been added to the list of resources we send to people while they are on the waiting list to access the WMS.</p> <p>Further consideration will be given to our internet page/digital offer over the coming year.</p> <p>This is described under level 2 as the work will span levels 2 and 3 of the pathway.</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>			
<p>Comments/updates on Level 1 and Level 4</p>			<p>Level 1</p> <p>The HDUHB Dietetics Team continues to deliver the following prevention and</p>			

			<p>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 for Early Years programmes – 27 people completed <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 – 34 people completed• Level 1 Community Food and Nutrition Skills – 13 people completed <p>The Weight Management Team continues to link with local projects such as Health Coaches in primary care and Smoking Cessation Services</p>			
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			<p>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>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 individual roles for level 3 and 4 regarding assessment and follow up.</p>			
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	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
Standards						
Each Health Board publishes a strategic weight management pathway	Following on from the Hywel Dda UHB Healthy Weight Strategic Development Plan		The progress against the priorities set out in the 2022/23 plan have been described above.	Spend is currently focused on implementing		

<p>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 and those with specific needs e.g. pregnant women.</p>	<p>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 on the actions and achievements from the original plan</p>			<p>the Adult Level 3 Service as described above.</p>		
<p>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</p>	<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. As the plan is implemented, we will be able to evaluate and report on capacity at each level of the pathway. Capacity and demand analysis that is taking place as part of the development of the Children & Young</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 (liraglutide), 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. This remains a risk to the capacity of the level 3 WMS.</p>			

<p>access for vulnerable groups. Health Boards should report annually on service capacity at each level of the pathway.</p>	<p>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>Additionally this risk will increase significantly with the launch of semaglutide (expected Spring 2023). The prescribing criteria for this medication are wider than for saxenda (liraglutide) and potentially anyone who is eligible for a level 3 WMS would also be eligible for semaglutide. Currently we plan to maintain our service pathways as the likelihood of successful, long term weight loss is reduced if the factors contributing to an individuals difficulty managing their weight is not addressed. However, this is likely to lead to a significant increase in demand for the level 3 WMS.</p> <p>The funding allocation for the implementation of the WM pathways is focussed on the implementation of the Adult Level 3 Service. A business case is being written to support the development of weight</p>				
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		<p>management services for children, young people and families. A risk to the ability of the strategic weight management development plan being able to meet the needs of the population will be if the business cases for children and young people does not get approved.</p>				
<p>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>	<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> <p>The Clinical Pathway Lead was invited to present to the HB's Nutrition and Hydration Steering Group regarding</p>			

			<p>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 management services as they are set up</p>		<p>Feedback from service users is included in the plans for the evaluation of the new adult level 3 weight management service.</p> <p>Specifically patient experience measures are being developed as part of the evaluation for the new level 3 BPS assessment process.</p> <p>The Clinical Lead Dietitian for paediatric weight management has worked with the Patient Experience Team to engage with families referred to the Paediatric</p>			

			<p>Dietetic department for support with weight management. As described above questionnaires were sent to families and focus groups were conducted with a sample of 5 parents in order to ascertain their experiences of weight management support and their ideas regarding what they would find helpful.</p> <p>The information received will be used to inform detailed service planning if the business case for children, young people and families is approved.</p>			
<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</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,</p>		<p>The Deputy Director of Public Health, Principal Public Health Practitioner for Regional Whole Systems Working and the Weight Management Clinical Pathway Lead will present a report on progress around the implementation of HWHW at the HB Quality, Safety and Experience Committee shortly.</p>			

<p>seamless manner as needs change.</p>	<p>Primary Care and the AWDPP align around a shared set of values and objectives and that individuals can move seamlessly between the different services and across the different pathway levels.</p>		<p>Additionally meetings have been held to consider the strategic oversight of the implementation of services particularly at level 2 of the pathway and to ensure the aims, 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 aligned to the Weight Management Clinical Pathways with processes 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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<p>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</p>	<p>Child protection protocols informed by the All Wales Child Protection Procedures (2008) will be followed.</p>		<p>Once the clinical pathways are developed the child protection protocols will be strengthened.</p> <p>All staff currently have to undergo child protection training as part of their HB mandatory training.</p>			
<p>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.</p>	<p>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 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 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.</p> <p>This can be demonstrated by the streamlining of the assessment process and 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,</p>			

	<p>The Clinical Lead Occupational Therapist presented on the role of occupational therapy in adult weight management and weight stigma and bias awareness at a service wide showcase, reaching over 120 members of the occupational therapy service across the health board.</p>		<p>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. The Health Board submits returns to Welsh Government in line with the minimum services standards and actively encourages participation in national audit and review.</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 continue to report on outcomes for future reports.</p> <p>We are working with the Patient Experience team to capture patient stories and aim to do this on a six monthly basis.</p> <p>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</p>			

			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.	<p>Will take part in peer review process with other Weight Management Services</p> <p>Will continue to communicate with local and national stakeholders re the outcomes and learning from weight management services within HDUHB.</p> <p>Will maintain strong links to national structures and organisations such as WG, the HWHW implementation board and its subgroups and PHW.</p>					

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>