

Monitoring & Evaluation Form - All Wales Weight Management Pathway Report

Organisation	HDUHB	Allocation	£374,400	Date of Report	5 th October 2023	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 2023
- Peer Review of Plan – tbc June 2023
- Final Sign Off of Plans – July 2023
- Interim Report – 16 October 2023
- Final Report – 15 April 2024

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

- 16 October 2023 (covering the period 1 April 2023 to 30 September 2023)
- 15 April 2024 (covering the period 1 October 2023 to 31 March 2024)

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	What was achieved	Spend actual and planned including a	Spend of HB core budget	Prevention fund investment into
--	---------------------	--	-------------------	--	-------------------------------	------------------------------------

		including a timeline		breakdown of resource time	against HWWH	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>One of the planning objectives which informs this strategic objective is PO 4G – to implement the Healthy Weight Healthy Wales strategy and ensure weight management services meet the standards set out in the All Wales Weight Management Pathways (AWWMPs)</p>		<p>Service change and development at Levels 2 and 3 of the All Wales Weight Management Pathway were supported by the HDUHB Enabling Quality Improvement in Practice (EQIIP) programme and the evaluation of the assessment process at Level 3 of the AWWMP is part of the Bevan Exemplar programme.</p> <p>The delivery phase of the All Wales Diabetes Prevention Programme is underway. The 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>	Spend April to September 2023 - £201,603	Spend April to September 2023 - £121,484	£377,000 from Strategic Programme for Primary Care (SPPC) fund

			<p>A Diabetes Prevention Steering Group has been established to oversee the delivery of the programme.</p> <p>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 and is based with Swansea Bay Public Health Team. There are continued delays in recruitment to the remainder of the regional team. Although Job descriptions have been approved individually in both UHB's the national consistency checking process has resulted in further queries – October 23. Once these are resolved the remaining 3 posts can be advertised.</p> <p>A report summarising the outputs of the 3 system mapping workshops across Hywel Dda has been produced. This contains the system maps and will guide the next phase which will be to try and identify one or two regional sub-system priorities. These are</p>			
--	--	--	--	--	--	--

			<p>being shared with stakeholders and partners as part of on-going engagement.</p> <p>The governance structure for the implementation of the HW:HW strategy within HDUHB is via the HB Quality, Safety and Experience Committee</p>			
Progress against Level 2 services	<p>Overall aim:</p> <p>To continue to develop capacity and resources to support accessible, timely delivery at Level 2 of the AWWMP.</p> <p>Increase provision of HB led level 2 intervention in order to maintain the prudent delivery of the level 3 weight management service.</p>		<p>Our rates of referral into the HDUHB weight management service have continued to increase with the monthly average increasing to 235 per month between April and July 2023, from 164 per month in 2022/23.</p> <p>In order to ensure that people are accessing weight management at a time when it is important to them, from August 2023, we have changed the referral pathway into the service to be 'self referral' only.</p> <p>We have added mitigations to ensure there are no risks associated with this. A standard letter including details of the change to the pathway and a link to our</p>			

			<p>self-referral form is being sent to everyone who we have received referrals for so that they can easily access the service if they wish to do so.</p> <p>In exceptional circumstances such as post private bariatric surgery where there is deemed to be a clinical risk to the patient, we will except referrals from HCPs.</p> <p>The change in pathway has been communicated to all of our primary care colleagues and all HDUHB staff.</p> <p>The new process went live on the 1st August 2023 and we received 178 'self referrals' in August.</p> <p>Alongside this we have increased the level of detail provided via our self referral form to enable people to be triaged to level 2 or level 3 of the AWMS without having to have a telephone assessment appointment. This will ensure the prudent and efficient use of our resource at level 2 of the AWWMP and mean that the release of capacity from the telephone assessment</p>			
--	--	--	---	--	--	--

			<p>appointments can increase the volume of interventions provided at level 2 of the pathway. It is anticipated that this will have a positive effect on patient flow through the service and enable waiting times for the level 2 WMS to reduce. We expect to be able to discontinue the telephone assessment appointments by early 2024 when all of the people who have accessed the service via HCP referral will have been offered an appointment.</p> <p>Work is underway to streamline the self referral process. We are working with software developers to improve the IT systems that support self referral and triage. This will reduce the administration time needed to triage and process referrals and improve service efficiency.</p> <p>There have been 303 telephone assessment appointments since April 2023.</p> <p>Of those 56% have been identified as needing the level 3 WMS, 30% have been identified as needing level 2 and 14% have been</p>			
--	--	--	---	--	--	--

			<p>signposted elsewhere, outside of the WMS.</p> <p>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 (DAPs).</p> <p>43 people have completed the Foodwise for Life programme over the past year with 90.7% successfully achieving weight loss and 7% maintaining their weight.</p> <p>An evaluation protocol has been established for the DAP led one to one clinics and early outcomes suggest 89.3% of individuals are achieving weight loss with an average weight loss of 4.9%.</p> <p>Following the publication of the Minimum Data sets for Adult Weight Management Services in September 2023, the evaluation protocol will be reviewed to ensure it meets the criteria in the All Wales MDS.</p> <p>We have recruited to the post of 0.5WTE Therapy</p>			
--	--	--	---	--	--	--

			<p>Assistant Practitioner (TAP). As described in previous reports, given the high proportion of people presenting in the WMS who are identified as needing the level 3 service it was decided to strengthen the offer at Level 2 of the WMS.</p> <p>In addition to the Foodwise for Life programme we are now offering a more holistic multidisciplinary group called 'Actively Being Well'. This group focuses on dietary and behaviour change in addition to sessions focussing 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 holistic and multidisciplinary level 2 group, this will reduce the proportion of people who require support at level 3.</p> <p>This group has been developed by the MDT including clinical psychology, dietetics, occupational therapy and physiotherapy and will be delivered by the TAP with support from the Assistant Psychologist and DAPs.</p>			
--	--	--	---	--	--	--

	<p>Ensure AWWMP pathways are aligned with the delivery of the All Wales Diabetes Prevention Programme (AWDPP).</p>		<p>The first Actively Being Well group commenced in September 2023.</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 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.</p> <p>As the AWDPP service delivery has commenced, we aim to have seamless transition between the AWDPP and AWWMPs depending on need. Examples of this include individuals who self refer to the WMS with prediabetes being offered a brief intervention appointment as part of the AWDPP, to individuals who attend the BI appointment as part of the AWDPP being able to access the level 3 weight management service if they need more intensive</p>			
--	--	--	---	--	--	--

	Establish a scalable service at level 2 of the pathway to be delivered within primary care.	<p>Work is delayed regarding the timeline set out in the Forward Plan for 2023/24.</p> <p>Once the SPPC funded programmes have been established 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>support than can be offered as part of the AWDPP.</p> <p>The delivery of the AWDPP is now underway in each of the 7 GP clusters in HDUHB with 318 brief intervention appointments delivered between April and September 2023. 3 Foodwise for Life programmes have completed, 3 are currently being delivered and 2 programmes are due to start in October 2023.</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.</p> <p>A strategic group was established to oversee the implementation of these services and to 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 to re-establish this group once the SPPC funded</p>			
--	---	--	--	--	--	--

	<p>To develop a maternity specialist weight management pathway/service</p>		<p>programmes are operational.</p> <p>The Public Health Midwifery service did receive some 'Prevention and Early Years' Funding towards supporting smoking cessation in pregnancy which has enabled the recruitment of band 3 Health Care Support Workers (HCSWs) to support women to achieve a healthier pregnancy. The remit of the HCSWs includes brief interventions around weight management and the delivery of the Foodwise in Pregnancy programme. The HCSWs and Public Health Midwife have completed Nutrition Skills for Life training (provided by Health Improvement Dietitians) to enable them to deliver the Foodwise in Pregnancy programme.</p> <p>The model being used is to offer all women information on the Foodwise in Pregnancy App at the start of their pregnancy regardless of their weight.</p>			
--	---	--	--	--	--	--

			<p>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.</p> <p>The HCSWs will also offer some limited individual support to women, under the supervision and support of the Public Health Midwife.</p> <p>Delivery of the first Foodwise in Pregnancy programmes commenced in September 2023.</p> <p>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.</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>Currently there is no weight management service for children and young people in HDUHB. If the business case is not resourced then this will continue to be an unmet need and we will be unable to comply with the AWWMP for children, young people and families.</p>	<p>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. We are currently waiting for a date to present this business case to the HDUHB via the Children's Board meeting.</p> <p>The Clinical Lead Dietitian for Paediatric Weight Management left post in August 2023. We felt it prudent to wait for the outcome of the business case before advertising the vacant post as the outcome will influence the likelihood of recruitment to that post.</p>			
<p>Progress around Level 3 services</p>	<p>To continue to develop capacity and reach to support accessible, timely service delivery at Level 3 of the AWWMP.</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</p>	<p>Recruitment to the full multidisciplinary team was completed with the band 7 Clinical Lead Physiotherapist coming into post in April 2023 and the band 4 Therapy Assistant Practitioner coming into post in June 2023.</p> <p>The Band 8a Clinical Psychologist has returned from maternity leave and the 2 Assistant Psychologists who were recruited on a fixed term</p>			

	<p>Continue to 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. Focus on evaluating the impact and outcomes of the new process for service users and staff as part of the Bevan Exemplar programme</p>	<p>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>basis to support her maternity cover have now finished in post.</p> <p>The permanent Assistant Psychologist, funded from the core HWW budget has left post and her vacancy is currently out to advert.</p> <p>One of the Dietitians is due to return from maternity leave in October 2023 and another Dietitian is due to start maternity leave in January 2024.</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</p>			
--	---	---	--	--	--	--

			<p>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 introduction of the biopsychosocial assessment was presented as a poster presentation in the category of 'Quality Improvement in Practice' for the Bristol Patient Safety Conference in May 2023.</p> <p>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. With the support of the Bevan Commission, a full evaluation protocol is being established with a view to being ready for presentation in March 2024.</p> <p>With support from the Value Based Healthcare</p>			
--	--	--	---	--	--	--

			<p>(VBHC) team we have set up an automated Patient Reported Experience Measure (PREM) to gather feedback from individuals regarding their experience of the assessment appointment.</p> <p>Initial feedback from the BPS assessment shows 92% of individuals reported that they 'always' felt listened to and understood during the assessment appointment. 75% of the individuals rated their overall experience of the appointment as a 9 or 10 on a scale of 1 to 10,</p> <p>Examples of participant comments include <i>'I didn't feel judged or pressurised', 'I was listened to and not judged', '... listened with compassion and was very kind', 'a pleasant, non judgemental conversation', 'felt listened to and received great advice', 'understood my thoughts and feelings well'</i></p> <p>380 biopsychosocial (BPS) assessment appointments have been carried out since</p>			
--	--	--	--	--	--	--

			<p>we started in April 2022. The individuals undergoing the BPS assessments have presented with a high level of complexity. 50% reported experiencing at least 1 Adverse Childhood Experience (ACE). 57% of individuals presented as having levels of psychological distress that ranged from moderate to severe using the CORE 10 questionnaire.</p> <p>63% of individuals presented with poor wellbeing using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), 92% presented with physical and psychological weight-related comorbidities</p> <p>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</p>			
--	--	--	--	--	--	--

	<p>We will increase the provision of all services offered at level 3 as we recruit to the full MDT. We will focus on the development of occupational therapy and physiotherapy pathways in addition to the existing dietetic, psychology and medical pathways.</p>		<p>protocol for the whole level 3 service is being established. This will be reviewed to ensure it meets the standards set out in the Minimum Dataset, which has just been published.</p> <p>The range of interventions offered at Level 3 of the WMS now includes:</p> <p>Food for Thought' Dietetic led group programme</p> <p>'Mind Over Food' Psychology led group programme</p> <p>Guided Self-help for binge eating</p> <p>CBT-E for binge eating disorder</p> <p>Fatigue management</p> <p>Dietetic support</p> <p>Psychology support</p> <p>Occupational Therapy support</p> <p>Physiotherapy support</p> <p>Specialist MDT Weight Management Clinic – medical support included</p> <p>Additionally work is underway to develop a multidisciplinary group as part of our suite of options for the level 3 weight management service. It was noted that upon MDT</p>			
--	--	--	---	--	--	--

			<p>discussion post the level 3 BPS assessment, many individuals were identified as needing a number of different interventions from different disciplines within the service. In order to meet this need, the MDT is developing a group that will combine input and support from dietetics, clinical psychology, occupational therapy and physiotherapy. This group will be piloted in January 2024. It is hoped that this intervention will reduce the demand for the profession specific interventions and improve flow through the level 3 service.</p> <p>Outcomes from the level 3 interventions are positive</p> <p>Mind Over Food demonstrated reductions in emotional eating (80%); anxiety (73%); depression (80%); weight (73). 87% reported increased self-efficacy in relation to eating</p> <p>Clinical psychology interventions for Binge Eating over 12 months showed 14/15 people (93%) reported binge eating was resolved.</p>			
--	--	--	---	--	--	--

			<p>Clinical Psychology are developing a group based programme for binge eating disorder.</p> <p>Snapshot data from the Dietetic led one to one interventions demonstrates 75% achieving weight loss with average weight loss of 4%.</p> <p>The Dietetic led Food for Thought group has demonstrated 89% of participants achieved weight loss or maintenance, 71% reported an improvement in the quality of their diet, 69% reported improved regulation of their eating behaviour.</p> <p>Feedback from the Food for Thought group included</p> <p><i>'Felt that the course brought out the best in me and able to utilise helpful tools I have learned.'</i></p> <p><i>'Helpful to share experiences'</i></p> <p><i>'Felt less lonely, others going through same thing'</i></p> <p><i>'Feeling I am not alone, easy to understand and follow '</i></p> <p><i>'More aware of impact of anxiety on food choices '</i></p>			
--	--	--	--	--	--	--

	<p>We will develop evaluation protocols for all interventions within the level 3 WMS and we will ensure that these are consistent with the All Wales minimum dataset when it is launched.</p>		<p><i>'Course was very helpful, very happy that is wasn't you must eat this mustn't eat that approach'</i></p> <p><i>'More knowledgeable, feeling supported in making changes'</i></p> <p>Development of the Occupational Therapy pathways are ongoing. Progress to date has included -</p> <p>Participation in MDT clinic at level 3 to screen for appropriate clients. Enhancing the delivery through OT home visits for clients who are unable to access the clinic due to mobility or transport issues and providing signposting and onward referral to community therapy teams, expert patient programmes, 3rd sector services and carers support networks.</p> <p>1:1 fatigue management interventions delivered with service users. Patient reported outcomes have included improvements in Hospital Anxiety and Depression Scale and Modified Fatigue Impact Scale scores as well as a reported reduction in</p>			
--	---	--	--	--	--	--

			<p>alcohol consumption, improved satisfaction in managing fatigue, increased physical activity and improved assertiveness.</p> <p><i>"I can say to family about my boundaries, when I can't do something and need help I can ask that now".</i></p> <p>Ongoing involvement in the wider occupational therapy service development and delivery of a multi-morbidity "Living with Fatigue" group with clients from the adult weight management service attending alongside clients from other occupational therapy specialist areas. Involvement in this wider service offers a prudent way of reaching this client group with sessions running throughout the year. This will be evaluated in due course.</p> <p>Ongoing work with the integrated community equipment stores in the Carmarthenshire area to source specialist providers of bariatric equipment to accommodate the needs of clients. Clients have benefited from the</p>			
--	--	--	--	--	--	--

			<p>provision of equipment allowing them to engage safely and independently in activities of daily living, such as showering, cooking, toileting, going up and down stairs and getting outdoors. This involvement with integrated equipment stores will be expanded to the rest of the health board localities as the service develops and the need arises.</p> <p>Evaluation protocols are still being developed, and OT is linking with a network of occupational therapists working in weight management services across the UK and Ireland to review current practice, and in discussions with researchers in Copenhagen surrounding current evidence based practice on the role of OT in weight management services to help structure delivery and support.</p> <p>Progress regarding the physiotherapy pathways has included -</p> <p>Development of physiotherapy component</p>			
--	--	--	---	--	--	--

	<p>As per level 2 we will develop our communication strategy, specifically focusing on raising awareness with our referrers of the self-referral pathways.</p>	<p>of level 2 and 3 MDT group interventions</p> <p>Attendance at Level 3 MDT Clinic to identify and establish physiotherapy MDT provision within this setting</p> <p>Delivery of Physiotherapy perspective for level 3 MDT treatment planning and support</p> <p>Understanding of physiotherapy pathways across HDUHB services including referral routes</p> <p>Initial scoping and network development in relation to wider community-based PA opportunities</p> <p>Planning of education and awareness of WM service/issues for wider physiotherapy service</p> <p>We have communicated with all referrers across primary care and informed them of the new referral pathway. We have also communicated with our secondary care partners and utilised the HDUHB global email system to ensure everyone within the</p>			
--	--	---	--	--	--

	<p>We will link with work already underway on developing the pathway interface between primary and secondary care to ensure the inclusion of the weight management pathways, thereby ensuring that patient facing practitioners in primary care are clear re the appropriate referral pathways for people living with obesity.</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 signposting to the national Healthy Weight Healthy You</p>		<p>HB is aware of the service, the access criteria and the referral pathway.</p> <p>We will keep reinforcing the messaging re the referral pathways as when referrals are received from HCPs they are returned to them with a letter explaining the referral pathway. At the same time, the individual who has been referred receives a letter with the link to refer themselves should they wish to.</p> <p>We have worked with the community pathways team and have ensured that information re a tiered approach to WM inline with the standards of the AWWMP are included. We have provided information on initial signposting followed by providing information and the self referral details to the WMS.</p> <p>This work is planned for the 2nd half of 2023/24 so we will link with the communications team re updating our internet page in the coming months</p>			
--	--	--	---	--	--	--

	<p>website and other 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>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>			
Comments/updates on Level 1 and Level 4	Delivery of Nutrition Skills for Life programmes		<p>The HDUHB Dietetics Team continues to deliver the Nutrition Skills for Life programmes focussing on prevention and early intervention. These programmes are targeted at providers of childcare, education settings, parents and families.</p> <p>Since April 2023 we have delivered 5 Level 2 Community Food & Nutrition Skills courses to 35 learners</p> <p>Types of learners include – school nurses, midwifery teams, MH & LD DAP's, Food & Fun facilitators, Community Wellbeing team, school catering team</p>			

	Signposting to self directed support		<p>100% of the learners reported learning something new about nutrition with themes of new knowledge including Eatwell Guide recommendations, portion sizes, nutrition for different population groups e.g. older adults and pregnancy, food labels, dietary fats.</p> <p>63% of learners rated the course as excellent and 37% rated it as good</p> <p>26 Quality assurance visits were provided for Food & Fun programmes across HDUHB</p> <p>The Weight Management Team has put together a list of self help resources including the Healthy Weight Healthy You website, which are provided to people who are on the waiting list to access the WMS. The list includes a variety of websites where people can access a range of support to begin to consider behaviour change and their weight management</p>			
--	--------------------------------------	--	--	--	--	--

			<p>needs. Work is underway to ensure that people will automatically receive these resources when they self refer into the WMS.</p> <p>The Weight Management Team continues to link with local projects such as Health Coaches in primary care and Smoking 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>Level 4 – HDUHB continues to refer people to level 4 services via the agreed referral pathways. Work is underway on a national basis to improve communication and promote joint working between levels 3 and 4 of the AWWMP.</p>			
--	--	--	---	--	--	--

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved
Standards			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved
<p>Health Boards are asked to provide sufficient evidence of their progress against the Standards</p> <p>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 and those with specific needs e.g. pregnant women</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.</p>	<p>Following on from the original 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 has been submitted annually which builds on the actions and achievements from the original plan. The most recent Forward Plan for 2023/24 was submitted to WG in July 2023.</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 annual plans, most recently in the 2023/24 plan. As the plan is implemented, we will evaluate and report on capacity at each level of the pathway.</p> <p>Capacity and demand analysis that was carried out as part of the development of the Children & Young People's business cases, showed 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>It was highlighted previously that there is a risk to capacity within the level 3 Specialist Multi-disciplinary clinic and the wider Weight Management Service due to the potential demand for new medications such as saxenda (liraglutide), which can only be prescribed via the Level 3 WMS. This risk has increased with the launch of semaglutide (wegovy) which follows the same pathway for prescription. We are experiencing a sustained increase in demand for weight management services and feel this is in part likely to be due to the extensive publicity via national media on the availability and effects of the medication.</p> <p>The increased demand is leading to longer waiting times to access the WMS, longer in</p>	<p>The progress against the priorities set out in the 2023/24 plan have been described above</p> <p>An SBAR regarding the potential demand for saxenda was taken to the HB's Effective Clinical Practice Advisory Panel. Work is underway to consider the projected demand for semaglutide (wegovy) within HDUHB. An All Wales group has been established with Level 3 Weight Management Services to consider how services can manage the demand for these medications</p>

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved
		<p>service waits and difficulty meeting patients expectations.</p> <p>Corrective Actions</p> <p>Currently we are maintaining 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.</p> <p>We are adding information regarding the pathways and eligibility criteria for the new medications to our 'self referral' form. This is to ensure we can manage patient's expectations from the time they enter the service. We have added a list of 'self-help' resources to be automatically sent to people after they submit their self-referral form so they can access some self-directed support while they wait.</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 has being written to support the development of weight 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>	

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved
<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>Planning, commissioning, evaluation and delivery of services actively engages with and involves people living with overweight and obesity.</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 seamless manner as needs change.</p>	<p>Weighing guidance review.</p> <p>Training to other HCPs regarding supporting people with obesity when they access HB services</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>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</p>	<p>Due to the variety of different pathways for weight management support within primary care and community services at level 2 of the AWWMP, it can be difficult to achieve join up between the full range of services available.</p> <p>The Pathway Lead will continue to link with colleagues in Public Health and Primary Care with a view to joining up services across the pathway.</p>	<p>The reviewed weighing guideline is being implemented, ensuring that people living with obesity are treated with dignity and respect during any procedure including weighing.</p> <p>Training and awareness raising has been provided by members of the Weight Management MDT to other HCPs re the appropriate management of people living with obesity within their services.</p> <p>Feedback from service users is a core part of the WMS evaluation protocol. During the development of the business case for a weight management service for children, young people and families, support was provided by the Patient Experience Team to engage with families via questionnaires and focus groups.</p> <p>Initial 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</p>

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved
<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>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>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>move seamlessly between the different services and across the different pathway levels.</p> <p>This will be written into evaluation plans as services are developed</p> <p>Child protection protocols informed by the All Wales Child Protection Procedures (2008) will be followed.</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>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> <p>This work forms part of the annual reporting to WG. Evaluation protocols are now established for services at levels 2 and 3 of the Adult Weight Management Pathway and we expect to be able to continue to report on outcomes for future reports.</p> <p>All staff currently have to undergo child protection training as part of their HB mandatory training.</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>

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved
Weight management services share their learning with colleagues within and beyond weight management services	<p>The members of the MDT provide training to their own professions in order to empower staff to feel confident supporting people living with obesity across the wider HB services.</p> <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>