Healthy Weight 4 Kirklees

Weight Management Service

Introduction

NHS Kirklees is implementing an end-to-end weight management service for people living in Kirklees aged 16 years or over with a body mass index (BMI) of 30 kg/m^2 or above and who are motivated to lose weight.

The purpose of the service is to reduce the prevalence of obesity in Kirklees and to improve the health of the resident adult population. The service supplements a range of existing universal services which support the Kirklees population to maintain a healthy weight.

Evidence to support the implementation of the service

Obesity is the second most common preventable cause of death after smoking in Britain today and is responsible for more than 9,000 premature deaths per year in England. At present, more than half of the British adult population is overweight and obese; this has trebled in the last 20 years to 22% of men and 23% of women. The same scale of problem is also true for children. The 'Tackling Obesities: Future Choices' review (the 'Foresight Review') believes that should current trends continue then, by 2015, 36% of males and 28% of females will be obese. By 2025, these figures are estimated to rise to 47% and 36% respectively and by 2050, 60% of males and 50% of females could be obese.

Nationally, obesity rates vary among black and minority ethnic (BME) communities with women from black African and black Caribbean communities being more likely to be obese than the general population.

Obese people have an increased risk of dying prematurely or developing cardiovascular disease, type 2 diabetes, hypertension, dyslipidemia, some cancers, musculo-skeletal problems and other diseases.

Most evidence suggests that the main reason for the rising prevalence of overweight and obesity is a combination of less active lifestyles and changes in eating patterns. Both of these factors must be tackled to produce reductions in obesity with even a modest weight loss of 5-10% of body weight in an obese or overweight person resulting in health and well-being benefits.

Local Need

Kirklees' data are broadly comparable to the national picture. The Kirklees Joint Strategic Needs Assessment shows that for adults in 2009:

- 18% of all adults were obese; the prevalence of obesity was highest in 45-64 year olds (22%) compared to 16% in 18-44 year olds and 17% in those aged 65 and over
- 1 in 3 (36%) of all adults were overweight; therefore more than half of all adults were overweight or obese
- Across localities Spen, Dewsbury, Batley and Huddersfield North and South have higher levels of adult obesity
- Levels of adult obesity have been increasing steadily over several years and rates are expected to continue to increase in the future
- Those with diabetes were twice (40%) as likely to be obese than the overall population (18%), which has significant consequences for their risk of further ill health
- 65% of those people who suffered with pain problems and 67% of those with cardio-vascular disease were either overweight or obese
- 42% of women aged 18-44 were obese or overweight, which is significant for the future health of their unborn child
- Obesity rates varied among BME communities with people from black African and black Caribbean communities more likely to be obese (28%) than the general population (18%)

Development of the service

Social marketing insight was gathered to understand the barriers and motivations to weight loss from the target group. Alongside this the Obesity Team conducted a Clinical Obesity Audit to review current practice for identification, assessment and signposting of obese patients into services.

NHS Kirklees identified key stakeholders to act as the expert reference group to shape the redesign of weight management provision. Throughout this process there was full clinical engagement. This group utilised the social marketing insight and findings from the audit were used as the starting point for the review and redesign process.

The outcome from this process was the development of a of single point access weight management service for obese persons (with a BMI of 30+) living within Kirklees. The service provides an evidence based person centered service that will meet local needs going into the future.

What the service will offer

- The service will offer advice, help and support to adults aged 16yrs + living within Kirklees with a BMI of 30 kg/m^2 and above who are motivated to attend a weight management programme
- The service will be made up of the following three elements:
  (a) A single point access service
  (b) Community Weight Management Programmes
  (c) Primary Care Multi-Disciplinary Team
- The service is based on a tiered approach; tier 1 being a community weight management programme through to tier 3 being specialist treatment services
- The model is underpinned by a range of universal programmes to support the general population maintain a healthy weight, those with a BMI of 25 and above and for clients who have accessed the weight management service who require support to maintain their weight loss
- Overweight and obese patients will follow a care pathway that will incorporate a range of interventions tailored to their individual needs to ensure they receive the most appropriate intervention and treatment for them
- The commissioned providers who will be delivering interventions as part of the service are:
  (a) Mid Yorkshire NHS Trust
  (b) Fitbug
  (c) Weight Watchers

The Referral Process

Primary Healthcare Professionals will be able to identify patients who are eligible for referral into the Weight Management Service using the criteria set out below

Inclusion Criteria	Exclusion Criteria
The patient should: • Be aged 16 years and over • Have a BMI 30 kg/m^2 or above • Show a commitment to achieving and maintaining a healthy weight • Score between 6 and 10 on the confidence and motivation to make change • Be willing to commit to attending regular appointments with the Weight Management Service	The patient should not: • Have a BMI of less than 30 kg/m^2 • Be aged under 16 years old • Already be successfully attending a weight management group • Have dropped out of the Weight Management Service in last 6 months • Have a current diagnosis of an eating disorder • Have an unstable cardiac condition • Have an endocrine cause of obesity e.g. Cushings disease, hypothyroidism, adrenal condition • Taking psychiatric medication • Be pregnant or breastfeeding

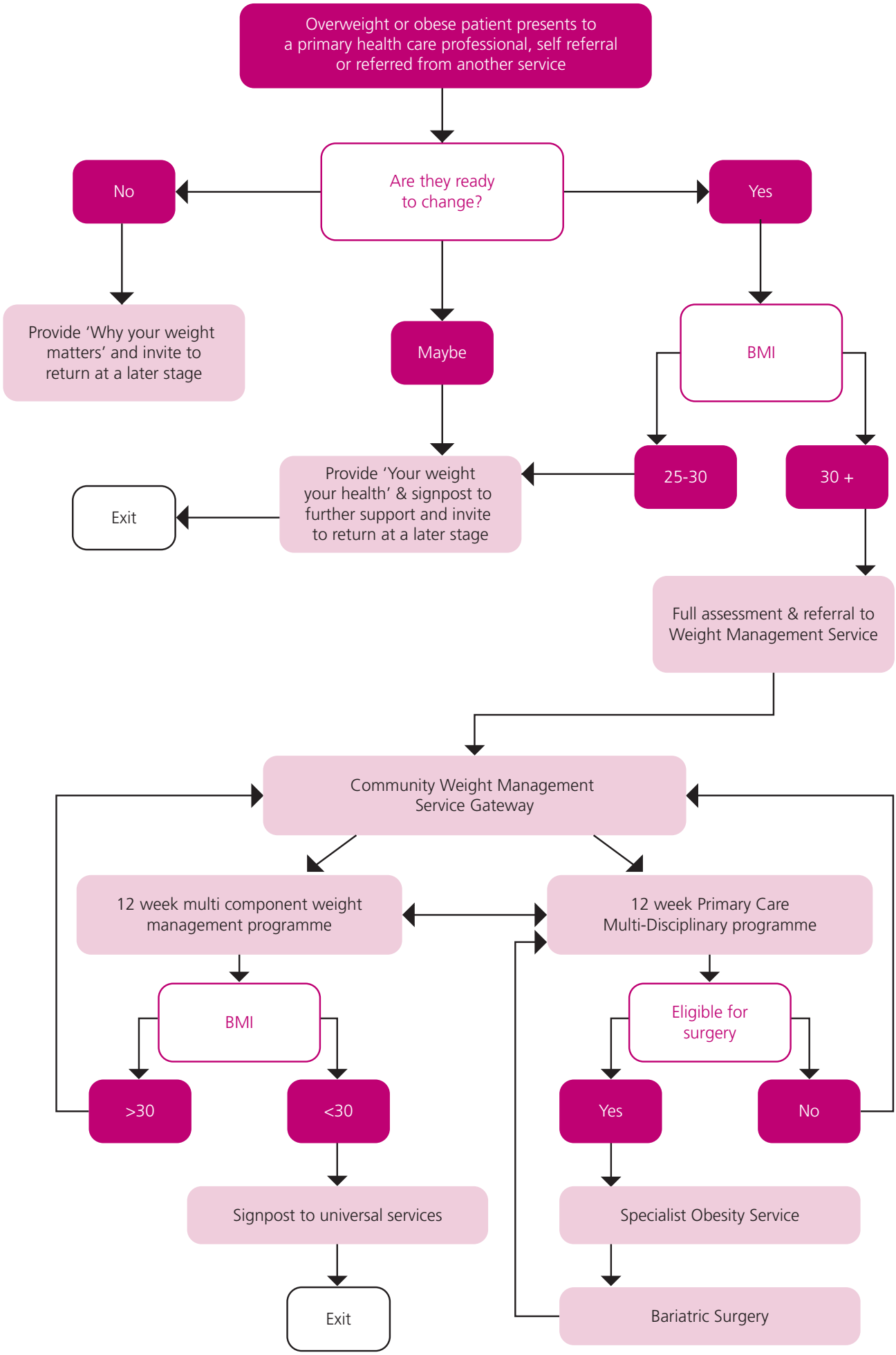
What can a patient expect from the service?

All patients will be provided with a tailored programme to help support them achieve and maintain a healthy weight.

This could include:

- A 12 week group weight management programme
- 1:1 support
- A 12 week multi disciplinary programme providing specialist support including dietetics, physiotherapy and psychological support
- Referral to another service such as PALS, Healthy eating and cooking skills, Specialist Obesity Service
- Referrals will be made using the Weight Management Referral Form contained within this pack

Patient Journey



Summary of Weight Management Programmes available to patients

Weight Watchers: Weight Watchers successful weight loss system is based on four tried and trusted principles – eating healthily, being more active, adjusting behaviours to help weight loss and getting support in weekly meetings.

It is designed to fit into "real life" and offer members realistic and lasting weight control. Members learn how to eat well, feel full and control cravings, even when bored or stressed. So they can successfully lose weight week after week.

The new Discover Plan is based on the Weight Watchers *POINTS* system. Every food has a *POINTS* value, which is calculated based on the food's calories and saturated fat. Members are encouraged to meet a daily *POINTS* allowance and with the help of the Discover Plan, learn to select the best food options to help them eat well, feel full and stay satisfied while still losing weight. So they can enjoy the foods they love and reach their weight loss goals.

If patients are selected to join the referral scheme, they will be expected to attend weekly for a 12 week course, increase their activity level and follow the Weight Watchers healthy eating programme to maximise results.

Fitbug: The Fitbug Weight Management course is a unique 12 week programme based around increasing an individual's activity levels and helping them to make the right lifestyle choices to lose weight in a safe and effective manner. The Course delivers 12 sessions of educational material based around The Eat Well plate, behavioural change techniques and interventions to motivate individuals to make sustainable lifestyle changes. Each participant will receive an accelerometer (called the Bug) which when worn in a pocket or on the waist, accurately tracks the number of steps, aerobic steps, calories burned, and distance walked.

Each week participants will be given personalised weekly step targets, incrementally building activity into their everyday lives. Targets and motivational messages are delivered via text and/or email to encourage ongoing participation.

Every session will aim to stimulate discussion amongst the group on a variety of topics, including 'healthy eating', 'coping with relapses', increasing self esteem, increasing activity levels and practical nutrition advice such as how to read food labels. Each week individuals will send their activity data to fitbug.com and review their results on their personal pages. At the end of the 12 weeks, participants will have the tools to enable them to sustain the lifestyle changes they have made. This will include their own Bug and full membership to Fitbug.com for a further 9 months.

The Fitbug programme has been adapted to benefit those both with and without internet access by integrating the online aspects into weekly sessions, and allowing access to the online services in local community areas.

The Mid Yorkshire Hospitals NHS
NHS Trust

Shape Up Group Session: Patients attending the group sessions will be invited to 12 weekly sessions which will include diet and exercise elements. Clients will be weighed and measured initially and goal setting carried out. Sessions will cover healthy lifestyle, the eat well plate, reading labels, menu adaptation and weight loss maintenance.

Shape Up One 2 One: This service will be available for clients who do not feel confident/like to attend group based activities and wish for their weight management support to be conducted on a one to one basis.

The client will have 4 appointments with the Dietetic Service and 4 visits to the Physiotherapist. Clients will have their present intake fully assessed and anthropometric measurements carried out. Targets will be negotiated and goals set both in physiotherapy and dietetics. Information on how diet and exercise will be given specifically tailored to the clients needs.

The 1:1 sessions will be based on the same elements of the group sessions and motivational interviewing and behavioural therapy techniques will be utilised both in groups and one to one sessions.

Primary Care Multi-Disciplinary Team (MDT)
The MDT is an integral part of Kirklees Adult Weight Management Service. Clients who are not able to achieve their agreed target weight in the community weight management programme will be seen by health care professionals in the multi disciplinary team.

The multidisciplinary team comprises of doctors who specializes in weight management, a Clinical Psychologist, a Specialist Dietitian, an Obesity Nurse Specialist, a Physiotherapist and Health Care Assistants. The team is involved in identifying the reason for the weight problem and its associated comorbid conditions. They will formulate a specialist weight management programme for each individual based on their comorbid conditions. Medications, dietetic and psychological support is provided to clients in this programme. The MDT will also identify and refer clients suitable for bariatric surgery.