



OBESITY CARE PATHWAY

Support Package

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Adult Obesity Care Pathway

NHS CITY & HACKNEY:

An Ideal or Realistic Local Adult Obesity Care Pathway

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In City and Hackney, a visit from the National Support Team for Childhood Obesity in 2008 prompted a refresh of the PCTs existing healthy weight strategy, including developing childhood obesity pathways. The development of an adult care pathway fell somewhat by the wayside, as childhood obesity was seen as the local priority. There was therefore a long gap between initial stakeholder involvement and action, and a change in staff meant that some of the initial learning was lost.

The adult mapping process was revived by inviting key stakeholders (or those who we thought were key stakeholders!) to a service mapping exercise. It was inspiring to come across enthusiastic service providers who were keen to work towards improved service provision. There was, however, lack of engagement by commissioners (commissioners were invited, but were unable to attend), which was disappointing as it is they, and not the service providers, who ultimately determine service provision.

The pathway development was led by public health, with good engagement from provider services. Sample pathways in the NICE guidelines, DH *Healthy Weight, Healthy Lives*, and the PHAST 'how to' guide, were all helpful in designing an ideal local pathway. Public health struggled however, to decide whether to strive to provide services to match the ideal pathway, or to develop a pathway outlining current services available locally – in the end it was decided that the PCT would strive to develop a pathway as close to the ideal pathway, within the limitation of the currently allocated resources.

The main difficulty in the pathway development process came when it emerged that there were significant gaps in current service provision (for example, the pathway lacked a defined 'level 1' and 'level 3' service for professionals to refer to). It was decided that further service development work was needed prior to launching the pathway, and the pathway was put on hold. A needs assessment has now been undertaken looking at one of the main service gaps.

Adult Obesity Care Pathway

NHS CITY & HACKNEY:

An Ideal or Realistic
Local Adult Obesity
Care Pathway

Key learning points:

- ▶ Aim to have the same person involved in developing child, adult and maternity pathways – much of the learning is the same. This should be an explicit part of someone's role, otherwise it may be seen as an extra piece of work than can be de-prioritised.
- ▶ Set a timeline for the development of the pathways and try to stick to it – long gaps between planning and action lead to loss of momentum and work may need to be re-done.
- ▶ Involve commissioners in the process early – make it clear to them why this process is important to them, and ensure meeting dates are set when they are available.
- ▶ Think about the order in which things need to be carried out (i.e. development of services) – without having relevant services in place, it will not be possible to implement and publicise a pathway.

Child Obesity Care Pathway

NHS CAMDEN:

Commissioning Children's Weight Management Services

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NHS Camden is in the process of developing 3 children's Healthy Weight Healthy lives (obesity) care pathways: 0-4 years (early years), 5-11 years (primary school), and 12-18 years (secondary school). The mapping of local obesity services highlighted that there were gaps in service provision for targeted weight management interventions aimed at overweight and obese children and their families. Funding was secured in 2009/10 to commission an integrated weight management service to provide a seamless provision of care for children and young people aged 0-18 years who are overweight and obese or at risk of overweight and obesity in the context of the whole care pathways. The commissioning followed a two phase procurement process:

Specification 1: procurement of the programme for tier 2. *Healthy Weight Healthy Lives* child weight management programme and training providers framework (2-18year olds) (2009) was used for the procurement of tier 2. This phase is now complete and the following providers have been selected to provide the service: MEND for 2-11 year olds (both the early years and primary school pathways), and WATCH IT for 12-18 year olds (secondary school pathway).

Specification 2: procurement of a provider for the Child Weight Management Service (CWMS) which relates to the actual delivery of the following phases and elements of the pathways:

- Tier 2 weight management programme that had been commissioned during the first phase/specification of the commissioning process (MEND and WATCH IT);
- Tier 3 specialist multidisciplinary weight management team (paediatric dietetics, psychology, physical activity/specialist physical activity);
- Maintenance phase for those children who have achieved success at Tiers 2 and/or Tier 3; and
- A single referral route and case management throughout the service.

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NHS CAMDEN:

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The procurement is currently not complete and the contract is yet to be awarded.

The overall aim of the (CWMS) is to manage and deliver weight management services to **'enable sustained long term movement towards and maintenance of a healthier weight among overweight and obese children and young people in Camden.'**

Key learning points:

- Commission the weight management services in parallel with the care pathway development.
- Ensure dedicated commissioning and procurement expertise and support from the beginning
- A realistic timeline – complex process that requires sufficient time at each stage of procurement
- HWHL child weight management programme and training providers framework – ensure sufficient time, capacity and expertise to allow comprehensive assessment of providers. This is a complex process that requires the comparison of a broad range of approaches that may differ in terms of programme design, cost, age ranges, and training.

Child Obesity Care Pathway

NHS Tower Hamlets:

Provider development of Children's Weight Management Services

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NHS Tower Hamlets has three weight management programmes, BEST (since 2004), MEND (May 2007 to July 2009, and again from May 2010) and Activ8 (since 2008). BEST and MEND are multi-component 10-week child weight management services for older children aged 12-16 years (through the home-grown BEST programme) and for younger children aged 7-11 years (through MEND). BEST and MEND are both delivered by the Local Authority's BEST children's weight management service. Activ8 offers 1-1 and group support for up to 6-weeks for 0-18year olds and is a home-grown NHS service delivered by dietitians, physiotherapy and a psychologist. 370 children and their families should be able to access these services in 2010-11, which cost about £400,000 (and includes such additional elements, such as training and post programme support for up to a year).

Draft Healthy Weight Care Pathways for children (July 2009) placed all three programmes in tier 2 although Activ8 was to be more targeted and BEST/MEND was to prioritise lower risk children. The Associate Director of Public Health (children and young people's health) commissioned an evaluation of the children's weight management services which included assessing the alignment with national guidelines (e.g. National Obesity Observatory Standard Evaluation Framework – NOO SEF) and benchmarking against national performance. Contracts are in place with BEST and Activ8 until March 2012 so the evaluation was to inform short term improvements as well as longer term commissioning intentions.

The evaluation recommended a number of improvements to the care pathway and the three programmes provided by BEST and Activ8:

1. Review the draft obesity care pathways, which have a combination of gaps, duplication, over-and under-provision of services across the tiers.

Child Obesity Care Pathway

NHS Tower Hamlets:

Provider development of Children's Weight Management Services

2. Clarify and strengthen the difference in referral criteria to each service to ensure that the same children are not eligible for both services.
3. Establish one point of referral as part of the 'Children's Weight Management Service in Tower Hamlets' including a common referral form.
4. Implement common output and outcome measures across all 3 programmes which are consistent with the NOO SEF to ensure that cross-comparisons and benchmarking can be made with the existing services and with any future services.
5. Introduce robust data collection methods to collect the common output and outcome measures. Consider developing a shared online electronic data management system for all weight management programmes for storage of all data. This would also help with future evaluations of the services and whole obesity care pathway.

NHS Tower Hamlets public health commissioners are reviewing its children's care pathways and exploring links to the adult care pathway and adult weight management services to make sure a family approach is developed. They are working with BEST and Activ8 to implement the recommendations above: new referral criteria and common output and outcome measures have already been agreed, and a common excel spreadsheet to store all data is being uploaded to both provider databases.

Key learning points:

- Audit how well care pathways and service specifications are working in practice. It can be tempting to assume the written word is how it continues to work!
- Home grown Tower Hamlets services in both the NHS and Local Authority bring links and buy in which benefit the services and clients, e.g. access to subsidised leisure facilities, strong links to the healthy schools programme, links to school nursing
- Make the links across adult and children's care pathways and services to make it easier for the whole family to participate.

Maternal Obesity Care Pathway

NHS Lambeth and Guys and St Thomas' Hospital NHS Trust:

**Comprehensive Maternal Obesity
Health Needs Assessment used
to inform the care pathway**

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NHS Lambeth commissioned a health needs assessment on maternal obesity during 2007/08. The final report aimed to clearly explain the systematic method used to identify the met and unmet health and health care needs of the maternal obese (obese pregnant women and obese women trying to conceive) population of Lambeth, and to provide short and long-term recommendations for improving current service provision in order to meet the unmet needs.

The prevalence of maternal obesity in Lambeth was estimated to be high due to the high synthetic rates of adult obesity. In addition, at time of analysis, the Lambeth population consisted of 38% BME and the borough had high levels of deprivation with almost all of its local areas in the 40% most deprived in England. The effect of maternal obesity on the health of the mother and baby was supported by plentiful evidence.

Despite the obvious need for services to assist with identifying and treating maternal obesity, limited services existed in Lambeth. Both service providers and service users universally recognised the unmet health and health care needs and recommended meeting these needs by providing services equitably across the whole borough. Recommendations focused on the need to support the identification and management of obese pregnant women and obese women trying to conceive, in addition to public health programmes that concentrate on preventing obesity in women of child-bearing age. The identification of obese pregnant women in Lambeth was inaccurate and incomplete with 36% of women not having BMI calculated at booking. In addition, the management of obese pregnant women was inadequate: limited information was provided by health care professionals, no specific weight loss services existed and obese pregnant women cannot access specialist services unless they have co-morbidities. Although the identification of obese women trying to conceive as accurately taking place within fertility treatment

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clinics, increased recording of BMI in primary care needed to occur to prevent obese women being referred for fertility treatment.

National guidance and evidence for the successful prevention and treatment of obesity in these two groups of the population was lacking and therefore the expansion of existing services or design of new services to meet the unmet health care needs would need to take place with limited evidence of effectiveness and cost-effectiveness. Finally, it was acknowledged that extending current services and introducing new interventions would inevitably require increased resources, both human and financial.

Key learning points:

- ▶ Conduct a robust health needs assessment prior to beginning to develop maternal obesity care pathways and supportive weight management interventions.
- ▶ Any new services implemented need to be supported by a robust evaluation in order to add to the limited evidence on managing maternal obesity.
- ▶ Draw on the expert views of local service providers and recommendations from local users when designing new interventions.