ITEM No …11……...

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 23 NOVEMBER 2022**

REPORT ON: **ADULT WEIGHT MANAGEMENT**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC35-2022**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide information and assurance regarding access to Adult Weight Management services in Dundee.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

2.1 Notes the current service model of the weight management service.

2.2 Notes the current waiting list and associated improvement plans.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

4.1 The Dundee City Plan monitors the percentage of Primary 1 children classified as Obese or Overweight and this data is collated and published nationally by Public Health Scotland (PHS). Data has not been widely collected in Dundee and Tayside since 2018/19 due to a transformation in the School Nursing Service. Subsequently Public Health have taken on collecting this data for Tayside, and all eligible P1 pupils across Tayside were weighed and measured last school year (2021/22). Data was submitted to PHS and results are expected in Q4 2022/23. Measurements are currently being collected for school year 22/23. National data published in December 2021 showed a large increase in the number of children at risk of obesity. The most recent 2018/19 data showed that 13.5% of Primary 1 age children in Dundee were at risk of becoming overweight and 11.3% were at risk of obesity.

4.2 The Scottish Health Survey is a suite of surveys and linked research used to estimate the prevalence of particular health conditions in Scotland, to estimate the prevalence of certain risk factors associated with these health conditions and to document the pattern of related health behaviours. Latest data for 2019 reported that 63% of Scottish females and 69% of Scottish males are either overweight or obese. Obesity is strongly correlated with deprivation and associated co-morbidities. The survey reported that only 66% of the Scottish population meet national guidelines for physical activity and 55% of the Dundee population have good physical wellbeing. The current activity guidelines advise adults to accumulate 150 minutes of moderate activity or 75 minutes of vigorous activity per week or an equivalent combination of both, in bouts of 10 minutes or more.

4.3 Dundee experiences high rates of deprivation, an ageing population, frailty and age-associated conditions being diagnosed earlier in life than in more affluent Partnerships. The cost of living crisis is placing further pressure on families in Dundee, more families than ever are living in food insecurity and links have been made locally regarding the consequences which include the increased risk of poor diet quality and obesity and worsening mental health. The Scottish Health

Survey reported in 2019 that 11% of Dundee's citizens were worried that they would run out of food, compared with 9% of the Scottish population.

4.4 The prevalence of type 2 diabetes in Tayside has shown a year on year increase since 2010. Type 2 diabetes has traditionally been viewed as a progressive and lifelong condition but recent evidence from a primary care-based randomised controlled trial demonstrated that a large proportion of people can achieve durable diabetes remission if they lose and maintain sufficient weight loss within 6 years of diagnosis. Remission is high on the agenda of people with diabetes, and the concept is increasingly recognised within clinical guidelines, and has a central place within the Scottish Government framework guidance. Intensive weight management programmes have not been routine practice within NHS settings, and place new demands on healthcare services.

4.5 Over 1,100 pieces of equipment to support people who are overweight have been issued by the Joint Equipment Store. These include beds, chairs, stools and walking and showering aids.

5.0 TAYSIDE ADULT WEIGHT MANAGEMENT SERVICE

5.1 Tayside Adult Weight Management service (TAWMS) is a Tayside-wide service which delivers a range of patient pathways and interventions. The service is funded from core and external Scottish Government funding.

5.2 Since 2019, in response to the COVID-19 pandemic and the requirement to deliver on several milestones in relation to 'A Healthier Future: type 2 Diabetes prevention, early detection and intervention: Framework' (2018), several milestones were set by the Scottish Government. The service has expanded and implemented new patient pathways and weight management interventions. In early 2020, TAWMS only offered individuals a single tier 3, 12 month group weight management intervention along with a service to patients referred for bariatric surgery.

5.3 The service currently offers the following interventions:

- 12-week digital structured education and lifestyle intervention for people newly diagnosed with type 2 diabetes (T2D) – this programme is commissioned from Oviva
- 9 month digital structured education and lifestyle intervention for people diagnosed with prediabetes
- 12 month T2D remission programme – this programme is commissioned from Oviva
- Tier 2 programme commissioned from Second Nature – this is a digital lifestyle weight management intervention which is app-based
- 12 month TAWMS tier 3 programme
- Pre- and post-operative assessment and support for bariatric patients.

5.4 Tier 2 and Tier 3 Weight Management Services for Adults

In 2019 NHS Scotland published the 'Standards for the delivery of tier 2 and tier 3 weight management services for adults in Scotland':

5.5 *Tier 2* definition:

"Multicomponent overweight and obesity management intervention for adults usually delivered in groups with healthy weight specialists from a range of professional backgrounds. Referrals are triaged at a single point of entry to the pathway by a specialist clinician."

5.6 *Tier 3* definition:

"Management of more complex cases (e.g. higher grades of obesity and obesity with associated comorbidities, psychosocial difficulties and/or additional needs), which may require a variety of interventions to be delivered by specialist multidisciplinary teams composed of weight management dietitians, psychology, physiotherapy and physical activity specialists. Referrals are triaged at a single point of entry to the pathway by a specialist clinician."

5.7 TAWMS is working towards achieving the minimum standards for the delivery of tier 2 and tier 3 weight management services and has recently undertaken and completed an adult healthy weight standards gap analysis exercise with a linked plan on how gaps will be addressed. This was reported to the Scottish Government in October 2022 with positive improvement noted, although it is recognised there is still improvement required.

5.8 Tier 3 Weight Management Services

Over the last two and a half years, the structure of TAWMS tier 3 weight management intervention has undergone radical change as a result of the COVID-19 pandemic. Prior to March 2020, patients attended 12 month group programmes which were delivered across Tayside. In March 2020 weight management-related work was categorised as non-urgent and all clinical activity was suspended and staff were deployed to areas with the greatest clinical need. As services resumed, TAWMS were challenged with the following:

- Rewriting and remodelling the tier 3 programme so that it could be delivered digitally
- Establishing Information Governance (IG) permissions to deliver digital groups
- Re-engagement with patients whose intervention was suspended
- Delays in recruitment of additional staff

5.9 The service remobilised in November 2020, initially with patients whose programme had been suspended because of the pandemic. Unfortunately, it took several months to finalise permissions to use MS Teams for group interventions. Therefore, instead of 10-15 patients in a 1-1.5 hour group session, patients were seen at one to one Near Me or telephone appointments, which significantly reduced the throughput of patients.

5.10 TAWMS tier 3 weight is currently delivered:

- remotely via a model of a blended approach using digital groups and 1:1 coaching sessions
- 1:1 phone calls for patients who do not have access to technology or require 1:1 support
- Oviva Way to Wellness digital programme.

5.11 The Tier 3 TAWMS intervention comprises of:

- 1 hour assessment
- Phase 1: 12 fortnightly appointments
- Phase 2: 6 monthly appointments

5.12 Tier 3 New Initiatives

- The service has recently moved to patient-focussed booking to support a reduction in DNA numbers.
- We are currently testing a weight management group for patients living with diabetes that will focus on diabetes education as well as weight management.
- We are currently testing a low carbohydrate group for individuals living with type 2 diabetes. This group has had excellent patient engagement and initial data such as weight loss is very encouraging.

5.13 Outcomes for Tayside Adult Weight Management Service – Oct 2019-Sept 2022

Patients opted in - 371
Number of patients starting phase 1 - 196
Number of patients at end of phase 1 (attended session 12) - 87
Number of patients starting phase 2 - 29
Number of patients end of phase 2 (attended session 6) - 24
Average reported weight loss at 6 months (87 patients) - 5.3%
Average reported weight loss at 9 months - 5.6%
Average reported weight loss at 12 months (24 patients) - 5%

Notes:

- The period Oct 2019–Sept 2022 includes the period during the COVID-19 pandemic when the service was suspended from March to November 2020. The significant difference between the number of patients who opted into the service and then did not progress to start the programme can be explained in part by the suspension of services.
- The number of new patients invited to the engage with the service has been significantly impacted by the fact that we had to re-engage with patients (explained above) and until March 2022 all patient appointments were one to one because of the restrictions placed by Information Governance in relation to digital group work.
- TAWMS is currently undertaking analysis of the data for new patients from March 2022, as this will provide a more accurate indication of outcomes.
- All weights are self-reported.

5.14 Additional feedback was also collected specifically from patients at the end of the phase one, 1:1 programme (6 months) which was the initially delivered following the suspension of services due to the pandemic. Sixty evaluations were undertaken, 47 (78%) were completed and 12 were not completed because patients did not attend their last appointment. One patient was unwell at their last appointment and the clinician did not think it was appropriate to prolong the appointment to answer questions.

5.15 Start weight and final weight were available for 58 patients, all weights were self-reported. The average weight loss was 7.7kg, ranging from +4.1kg to 20kg, two patients increased their weight. The average percentage weight loss was 6.2%, ranging from +2.9–20%. Thirty-eight (63%) patients achieved a percentage weight loss of at least 5%, and 7 (12%) patients achieved greater than10% weight loss.

5.16 To address waiting times, NHS Tayside procured 201 Oviva Digital Way to Wellness places, 101 in 2019/20 funded from slippage in core Nutrition and Dietetic budget generated from staff vacancies, and 100 in 2020/21 funded by Scottish Government. No further funding was made available in 2021/22 or 2022/23, therefore patients no longer have access to this programme.

Table 1: Oviva Way to Wellness. Evaluation data summary for 41 patients who have completed the Oviva Way to Wellness Programme since August 2020 (data provided by Oviva).

Average weight reduction from baseline at 6 months	8.8kg*
Average weight reduction from baseline at 12 months	12.5kg*
Average % weight reduction from baseline at 12 months	10.2%*
Number of eligible referrals attended the programme	84%
Patients supported in 3 different languages	Polish, Urdu, Spanish

*Reported weights

5.17 Tier 2

TAWMS are currently funded to deliver tier 3 weight management interventions and not tier 2. We have recently secured additional fixed term funding to tackle waiting times. A proportion of this funding has used to procure and test a tier 2 service in partnership with commissioned services i.e. Second Nature and Football Fans in Training. Second Nature is a digital education and lifestyle intervention delivered via an app, and Football Fans in Training is a face to face intervention delivered by the SPFL Trust, by Arbroath, Dundee United, St Johnstone, Brechin, Forfar and Montrose football clubs.

5.18 When patients are referred to the weight management service, the referrals are vetted and prioritised using criteria including clinical need and complexity. The tier 2 service is initially being prioritised for patients who have been waiting the longest and are deemed not to require the support of specialist weight management service (tier 3). In addition to addressing the waiting list the test of change will help to establish criteria for patients who need to manage their weight, but do not require the specialist multidisciplinary team tier 3 approaches, thereby enabling patients to access the most appropriate weight management intervention. We are currently testing an enhanced 30 minute triage appointment, to ensure patients are ready and suitable for our tier 2 interventions. Additional tier 2 funding is available from the Type 2 Diabetes Framework, but this is only for patients at risk of type 2 diabetes.

6.0 TYPE 2 DIABETES

6.1 In Tayside, we now have an operationalised referral and treatment pathway to provide a 12 week structured education and lifestyle intervention for people newly diagnosed with T2D. Referrals to this programme were initially accepted solely from primary care clinicians, however, recently, significant efforts have been made to improve the enrolment process, and to reduce barriers to access and individuals can now also self-refer via links posted through social media.

6.2 Since the programme began in May 2020, the following outcomes have been reported:

- Over 700 patients have been referred, with 77% of people taking up the offer
- Of those who begin the programme, 83% complete
- Average weight loss from baseline is 4.3kg (4.1% body weight)
- HbA1c reduces by 15 mmol/mol on average (effects of medication have not been adjusted for – this will be investigated further). HbA1c is a blood test that measures how well diabetes is controlled – average blood glucose levels for the last two to three months
- 49% of attendees are male
- 34% of attendees come from the most deprived areas (SIMD 1 and 2)
- 2.2% of attendees are of Asian ethnicity
- Participants confidence to self-manage the condition from pre- to post-programme rise on average from 6/10 to 8/10
- 94% rate themselves as 'likely' or 'extremely likely' to recommend the service to friends/family.

6.3 In Tayside, we are now delivering a 12 month T2D remission programme in a group setting, jointly led by health psychology and dietetics. This is an entirely new service. The delivery model being used maximises access to specialist clinicians, provides best value and introduces crucial peer support. In particular, across Scotland, access to psychology services in weight management is limited, yet it is well recognised to be a crucial feature of specialist weight management interventions.

Preliminary results are encouraging, though dropout rates and alternative approaches to targeting remission require full consideration. An operationalised T2D remission pathway that primary care colleagues can refer into will be available by Q4 2022/23.

6.4 Research stretching back over 20 years has convincingly demonstrated that modest weight loss in the region of 5-7% body weight is effective in reducing progression to T2D by around 60%. However, until recently, this had not resulted in diabetes prevention programmes being delivered within NHS settings. In Tayside, we now have an operationalised referral and treatment pathway to provide lifestyle interventions for people with 'prediabetes' or a history of gestational diabetes – this is a new service to proactively reduce risks. It is a 9-month programme which combines tailored support from a specialist dietitian, with Smartphone technology using an App, to help people to lose weight. We work in partnership with Oviva to provide this service. This has been operational since September 2021, with 131 people enrolled so far. It is too early to evaluate outcomes, but this will take place in due course. Referrals to this programme are currently accepted from primary care clinicians, and via self referral through social media adverts for women with a history of gestational diabetes.

7.0 ACCESS TO SERVICES

7.1 The majority of patients for the tier 3 adult weight management service are referred through SCI Gateway by GPs. When patients are referred they are vetted and prioritised based on clinical presentation. At the start of the COVID-19 pandemic the waiting list was approximately 250, in October 2022 this has increased to 1500. The reasons for the increase are:

- Suspension of service from March to November 2020
- One to one appointments instead of group sessions
- Significant increase in referrals to the service.

Table 2: Referrals from 2019 to October 2022, reported by NHS Tayside Business Unit.

2019	2020	2021	2022
426	360	942	1,249

7.2 Waiting Times for Adult Weight Management Service (as at end of September 2022)

Average wait time: 215 days (30 weeks)
Longest wait time: 599 days (85 weeks)

8.0 WORKFORCE

8.1 TAWMS is supported by a multidisciplinary team consisting of clinical psychology, physiotherapy, dietitians, support workers and administrative staff. The workforce numbers 11.6 whole time equivalent staff.

9.0 AREAS TO SUPPORT IMPROVEMENT OF WAITING TIMES

- Appointment of two fixed term band 5 dietitians to deliver tier 2 assessments and additional tier 3 groups
- Commissioning of tier 2 services from Second Nature and Football Fans in Training
- Remodelling of tier 3 services to increase capacity
- Implementation of patient-focussed booking, to reduce Did Not Attends
- Based on patient feedback we are aiming to test a blended model of face to face group sessions with one to one digital coaching sessions. We are currently challenged with setting up face to face groups because many of the venues used pre-COVID are no longer available. We have identified Kirkton Community Centre for this test which will start in January 2023.
- Further building on use of digital solutions for service delivery.

10.0 NEXT STEPS

- Prompted by the dropout statistics, developing a rolling programme in which patients are able to join at any group session, thereby enabling maximum capacity to be utilised and reducing waiting times for new referrals.
- Using the data from the tier 2 test of change streamline pathways to direct patients to the most appropriate intervention.

11.0 RISK ASSESSMENT

Risk 1 Description	As a result of increasing demand (and the pandemic impact) for the adult weight management service patient waiting times are increasing, response times for priority referrals is increasing and the wellbeing of staff is being negatively impacted.
Risk Category	Quality (or care) / Clinical
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16
Mitigating Actions (including timescales and resources)	Additional staffing resources (2 band 5 posts) appointed for 12 month contracts Remodelling of tier 2 and tier 3 services to provide enhanced, person centred care. Enhanced digital solutions for service delivery. Development of T2D Services in line with Scottish Government Strategy
Residual Risk Level	Likelihood 4 x Impact 3 = Risk Scoring 12
Planned Risk Level	Likelihood 4 x Impact 2 = Risk Scoring 8

Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

12.0 POLICY IMPLICATIONS

This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

13.0 CONSULTATIONS

The Chief Officer, Head of Service – Health and Community Care and the Clerk were consulted in the preparation of this report.

14.0 BACKGROUND PAPERS

None.

Diane McCulloch
Head of Service

DATE: 9 November 2022

Matthew Kendall
Allied Health Professions Lead

Linda McGrath
Community Food and Health Service Lead, Tayside Nutrition and Dietetic Service, NHST

Lynsey Webster
Senior Officer, Strategy and Performance

Will Cook
Consultant Dietician in Public Health