

Children and Young People's Weight Management Service



Project Team

Name	Role	Organisation
Callum Gutteridge	Project Lead – CYP Healthy Weight Pathway	NHSG ICB
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Julie Craig	Public Health Manager	GCC
Angelika Avelington	Senior Public Health Officer	GCC
Abiha Valtore	Consultant Paediatrician	GHFT
Priya Bunnell	Clinical Psychologist - CAMHS	GHC
Lisa Fensome	Clinical Psychologist - CAMHS	GHC
Vicky Bittle	Lead Paediatric Dietitian	GHFT
Jane Behary	Lead Dietitian	GHFT
David Thomas	Area Manager	BeeZee Bodies
Leisha Roberts	Contract Manager	BeeZee Bodies
Jane Jones	Senior Family Support Worker	BeeZee Bodies
Chris Davis	Strategic Lead for Health	Active Gloucestershire

Partners were include from a range of children's services to ensure that children, young people (CYP) and Gloucestershire families had their voices heard at each stage of the pathway design.

Project Background

National trends in childhood obesity and health inequality continue in Gloucestershire, with greater risk amongst boys, those living in a more deprived or urban area, of black ethnicity, and children with learning disabilities. Meanwhile, Gloucestershire communities are underserved, with weight management provision not reaching those who need it most. In the UK, children's weight management services typically operate a strictly bound tiered system and do not provide the 'flex' to meet a range of community and clinical needs. Acknowledging pressures on the current health, education and care system, Gloucestershire will prioritise an integrated approach to children's weight management, prioritising a community-led single point of access that is compassionate; shifting the focus towards health, not weight.

Aims & Objectives

Aim

For children, young people (CYP) and their families living with obesity (≥98th centile*) to have equitable access to a local weight management service from September 2023.

Objectives

- To commission the necessary professional support to be part of a children's weight management multidisciplinary team for September 2023.
- To facilitate a seamless connection between community and 'clinical' weight management services.
- Increase the confidence of health and social care professionals across the system to support children and young people in sustaining a healthier lifestyle.

Measures Used

Service Quality and Performance

- Attendance and engagement
- Referral tracking
- Service experience (in-depth qualitative focus)

Physical Health

- BMI (reduction/stabilization)
- Lipid profiles
- Hypertension
- Diabetes
- Sleep apnoea

Mental Health

- Emotional wellbeing
- Weight-related Quality of Life (QoL)

Sustainable Behaviour Change

- Dietary and activity indicators
 - Self-efficacy (healthy lifestyle indicators)
- Consistent measures across community and clinical space.

Quality Service Improvement and Redesign (QSIR) Tools: Methodologies used and contribution to your project

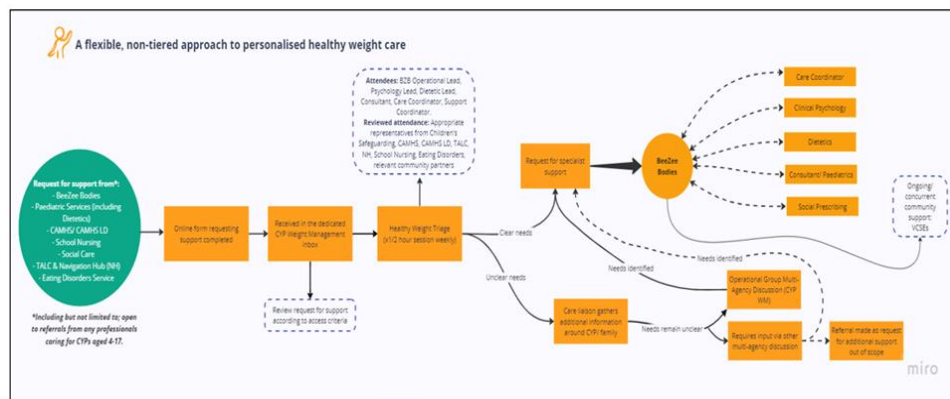
Integrated pathways can be challenging to communicate verbally; visual representation allows partners across organisational boundaries to understand the variety of options available to CYPs and their families and the process in which these can be acquired to allow for proportionate universalism.

A 'walk-through' of the pathway is clearly defined in the operating protocol with a process map acting as a reference point for partners. A hybrid of visual and written aids will reinforce consistent messaging around the community-led single point of access, ensuring a consistent and equitable approach.

BeeZee Bodies' community engagement informed how, where and when CYPs would like their weight-related needs cared for.

A project charter and driver diagram were used to support the development of the service specification and operating protocol which were co-designed alongside key stakeholders.

Any models/ documents will be left in draft format to allow development and iteration throughout the pilot to reflect a test and learn approach. This will be achieved via a PDSA cycle every quarter.



Project Outcomes, Progress and Impact

A two-year pilot, focusing on the delivery of an integrated weight management service for CYP/ families that bridges the gap between community (Tier 2) and clinical (Tier 3) care.

Outcomes and Progress Monitoring

Quarterly PDSA cycle with a tri-focus:

- Assess the quality of care for CYP living with obesity.
- Assess health improvements for CYP living with obesity.
- Assess the effectiveness of a multi-agency approach to weight management care.

Impact

- Equity of access, experience, and outcome for CYP.
- Reduction in physical and mental health complications associated with excess weight.
- Increased motivation, capability, and longer-term resilience to make healthier choices.
- Improved quality of life for children and young people.
- Improvement in weight status, including reduction and stabilization.
- System level impact and enhanced integration.

Learning for the Improvement Community

- Needs assessment, albeit a well-established methodology, is vitally important to understand where communities are underserved, thus informing more targeted and personalised offers.
- Building trust with partners across organisational boundaries is key to ensure meaningful engagement and project development.
- Face-to-face workshops have been key to accelerating service design, bringing people together over a 'shared endeavour'.
- Changing the narrative towards modern pathway designs can be difficult to communicate; using visual aids and clear benefit realisation helps.