

Monitoring & Evaluation Form - All Wales Weight Management Pathway Report

Organisation	CTMUHB	Allocation	£439,000	Date of Report	14 th September 2022	Report Prepared By	Gary Howell, Head of Nutrition and Dietetics, Dan Clayton, Principle Public Health Practitioner and Hannah Crocker, Project Lead, Life Sciences Hub Wales
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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 2022
- Peer Review of Plan – 18 May 2022
- Final Sign Off of Plans – 30 June 2022
- Interim Report – 14 September 2022
- Final Report – 14 April 2023

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

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

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 including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
1. Ethos of Healthy Weight: Healthy Wales is embedded into service change/transformational programmes and service delivery plans	1.1: Ensure that Healthy Weight: Healthy Wales is a core priority in the HB's CTM2030 strategy for creating health in our population.	<p>RISK 1.1: There is a risk that without strong governance arrangements the ethos and implementation of the strategy will not be met.</p> <p>ACTION 1.1: Establish governance arrangements for WMS linking into CTM Healthy Weights group and Public Health and Primary Care Oversight Group.</p> <p>TIMELINE 1.1: September 2022</p>	<p>1.1: Weight management services are a core priority in the CTM2030 strategy in creating health and improving care (<u>Please see Appendix 1</u>). Strengthening of the WMS governance structure was undertaken to support service implementation, following funding allocation. (<u>Please see Appendix 2</u>).</p> <p>WMS is part of wider "CTM Health Weights" (wider determinants) strategy group. WMS reporting is via the Public Health and Primary Care Oversight Board chaired by the Exec Director of Public Health.</p>	<u>Please see Appendix 3.</u>	<u>Please see Appendix 3.</u>	<u>Please see Appendix 3.</u>

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	1.2: Align CTMUHB weight management service (WMS) pathways with other HWHW initiatives throughout the health board.	<p>R1.2: There is a risk that patients on other pathways who would benefit from the WMS may be overlooked without alignment of services.</p> <p>A1.2: Aim to have single access point for WMS and members of the implementation board who are involved in other work within health board to ensure alignment.</p>	<p>Healthy people, healthy settings, developing leadership, enabling change and healthy environment are all keen themes within the CTM 2030 strategy and the HB values and behaviours.</p> <p>1.2: Members of the Implementation Board are engaged in work to align the WMS to other work within the HB, such as All Wales Pre-diabetes programme, local pre-diabetes programme, Fatty Liver pathway development, R&D group, diabetes education and WISE (Wellness Improvement Service) for example. The weight management</p>			

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	<p>1.3: Ensure systems in place for continual development of the service.</p> <p>1.4 Ensure that Make Every Contact Count (MECC) is adopted throughout the health board</p>	<p>T1.2: December 2022</p> <p>R1.3: There is a risk that we could miss key opportunities to include novel innovations/transformational programmes into the service that would benefit patients.</p> <p>A1.3: Meet regularly with key R&D, academic and industry partners to discuss the service and research opportunities.</p> <p>T1.3: October 2022.</p> <p>R1.4: There is a risk that we won't be treating patients holistically to maximise</p>	<p>service also reports to CTMUHB's Value Based Health Care board to ensure alignment and realisation of benefits.</p> <p>1.3: Included key stakeholders in the continual development of the weight management service via multi-professional steering group and established WMS R&D group.</p> <p>1.4: Working closely with the LPHT MECC lead to develop a weight specific programme delivered to priority health</p>			

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	<p>1.5: Ensure sufficient psychological support is embedded into the WMS.</p>	<p>patient outcomes at every contact.</p> <p>A1.4: Working closely with local public health team MECC lead to develop training programme for staff.</p> <p>T1.4: On-going.</p> <p>R1.5: There is a risk that some patients will require psychological support to support their weight management as obesity is linked to a range of psychological triggers.</p> <p>A1.5: Recruitment of highly specialist psychologist to inform service development.</p> <p>T1.5: September 2022.</p>	<p>board staff (primary care, outpatients) as well as wider delivery to local authority staff. This will ensure that non-stigmatising, empathetic behaviour change conversations can take place with all patient groups and residents in CTM.</p> <p>1.5: A highly specialist psychologist has been recruited to ensure all parts of our pathway are psychologically informed and dignified for service users and patients. In many cases there is a need for specialist psychologically informed support through a skilled team of professionals to support positive lifestyle change.</p>			

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2. Progress against Level 2 services 2.1 Children and Young People	<p>2.1.1: Establish Children's weight management implementation group in line with weight management governance structure.</p> <p>2.1.2: Establish business case for children's WMS.</p>	<p>R2.1.1: There is a risk that the Children's WMS implementation group will not be supported by stakeholders.</p> <p>A2.1.1: Establishing good governance arrangements around Children's WMS in line with strategic direction. Work with and influence stakeholders to develop a collaborative approach to business case development.</p> <p>T2.1.1: September 2022</p> <p>R2.1.2: There is a risk that the Children's WMS business case will not be supported.</p> <p>A2.1.2: Work with stakeholders and executive lead to develop business case based on local needs and identified gaps in service provision.</p>	<p>2.1.1: Children's Weight Management Service Governance Structure reviewed and agreed.</p> <p>2.1.2: Secured additional senior PHW practitioner resource to support the development of Children's WMS business case.</p>	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.

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		T2.1.2: December 2022.				
2. Progress against Level 2 services 2.2 Adults	2.2.1: Undertake process of discovery with health boards across Wales to support the implementation of the CTM WMS. Explore service set up, pathways, group interventions, workforce core competencies and resource required.	R2.2.1: There is a risk that inefficiencies observed by the other health boards during set up could be repeated by CTMUHB. A2.2.1: Collaborative and preventative conversations between health boards to discuss services and lessons learned. T2.2.1: September 2022	2.2.1: Meetings with other health boards service managers to understand their requirements and lessons learned. Collaborative working and learning from each other. Engagement with CAVUHB, ABUHB, HDUHB and BCUHB to date. Following each meeting the information gathered is shared with our WMS team and discussed at the implementation group. This information is now being used to influence the WMS delivery plan for CTMUHB. Strong working relationships with other WMS have been developed.	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.

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	2.2.2: Establish workforce for CTMUHB L2/3 weight management service.	<p>R2.2.2: There is a risk that the start of the service would be delayed due to issues with staff recruitment.</p> <p>A2.2.2: Improve attractiveness of job descriptions and options for hybrid working offered to incentivise staff.</p> <p>T2.2.2: Please see timelines for recruitment in following box and Appendix 3.</p>	<p>2.2.2: Across the Level 2/3 service we have successfully recruited to:</p> <ul style="list-style-type: none"> - project support officer - 3x dietitians - 2x dietetic assistants <p>We are actively recruiting to:</p> <ul style="list-style-type: none"> - Service manager (second time of advertisement, interviews planned for w/c 26th September 2022). - Physiotherapist (interview planned for end of September 2022) - 2x administrators (interview planned for end of September 2022). - 2x dietitians (interviews w/c 26th September 2022). 			

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	2.2.3: Validate Adult WMS waiting list.	<p>R2.2.3i: There is a risk that the number of patients on the waiting list will outweigh the capacity of the new WMS service, as there are currently 894 patients on the WMS waiting list.</p> <p>A2.2.3i: New waiting list validation process established and implemented.</p> <p>T2.2.3i: September 2022.</p> <p>R2.2.3ii: There is a risk that the admin processes could cause delays as there is currently limited admin capacity to undertake the validation process.</p> <p>A2.2.3ii: We have advertised additional admin posts and offered additional admin time to therapies admin staff.</p>	<p>2.2.3: New waiting list validation process agreed and commenced. Letters sent to patients to establish if they still require WMS and to identify preferences of service delivery (face to face or virtual). To support patients with the virtual groups we have linked with NHS virtual volunteers who support patients to get online.</p> <p>Also established weekly highlight reports/dashboard on validation process to track numbers of validation letters sent and patient responses.</p>			

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	<p>2.2.4 Standardise outcomes within CTM WMS multi-disciplinary team.</p> <p>2.2.5: Develop single point of access, referral criteria, pathways and design interventions to meet the needs of our population.</p>	<p>T2.2.3ii: September 2022.</p> <p>R2.2.4: There is a risk that poor reporting of minimum data set will lead to an uncoordinated approach to outcomes and benefits.</p> <p>A2.2.4: Development of a WMS outcomes framework including process around reporting and alignment into current HB digital systems.</p> <p>T2.2.4: October 2022.</p> <p>R2.2.5: There is a risk that the start of the service will be delayed due to this being a new service and all pathways, referral criteria and patient information needs to be developed and refined through quality</p>	<p>2.2.4: WMS outcome framework being developed to support the reporting of the WG minimum data set and the collection of PROMS and PREMS. This will ensure a coordinated approach across the service and by each professional group. This work is being supported by the HB's VBHC team. Further work is required to establish digital integration of outcomes framework once this is established.</p> <p>2.2.5: Networking with other WMS, leading to sharing of information. Understanding of their mistakes in implementation and lessons learned has</p>			

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		<p>improvement process, which will take time.</p> <p>A2.2.5: We have met with other HBs to understand their service configurations, pathways, referral criteria and group interventions. Reviewing this information and establishing the local procedures are the priorities of the newly appointed clinical lead dietitian and psychologist.</p> <p>T2.2.5: November 2022</p>	<p>helped refine our own implementation.</p> <p>Digital options for single point of access are being developed via MS forms. Clinical psychologist post commenced 6th September 2022 and we have negotiated early start for clinical lead dietitian (started 1 day week 26th Aug 2022) who will review the other HB information and develop local procedures. They will also review the emotional regulation offer for L1/L2 services and the CAVUHB "Eating for Life" programme. Met with CTM stakeholders such as primary care directorate, WISE (Wellness Improvement</p>			

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	2.2.6 Commence level 2 WMS groups (virtual and face to face).	<p>R2.2.6i: As per risk 2.2.3 and</p> <p>R2.2.6ii: There is a risk that there will be a delay to the L2 service delivery as we will need to develop group content, patient information, pathways etc. prior to the implementation of the service both virtually and face to face. This programme will also need to be tested and validated to meet the L2 offer.</p> <p>A2.2.6ii: Agreement with CAVUHB to utilise their 'Eating for life' programme to ensure short timeframe</p>	<p>Service), Liver MDT and Staff Wellness Service (WM service) to ensure alignment of services, collaboration and development of integrated pathways.</p> <p>2.2.6: Collaborative working with CAVUHB WMS to ensure quicker implementation of service, through the use of 'Eating for Life' programme. Tailoring of service planned upon recruitment of professional service manager, WM specialists and feedback from patients.</p> <p>Through waiting list validation, patient can choose mode of delivery (face to face or virtual) to meet</p>			

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	2.2.7: Secure project management support for L2/3 WMS implementation.	<p>from recruitment to service delivery.</p> <p>T2.2.6ii: August 2022.</p> <p>R2.2.7: There is a risk that without coordinated project management support and in the absence of the service manager (due to recruitment difficulties) the implementation of the L2/3 WMS would be piecemeal and will not deliver at the pace that is required for our population.</p> <p>A2.2.7: Project management support secured from Life Sciences Hub Wales for the implementation of the L2/3 adult WMS.</p> <p>T2.2.7: July 2022</p>	<p>their needs, including support to help digital inclusion.</p> <p>2.2.7: Due to recruitment issues with the service manager post we identified the need for senior project management support. With the support of the UHB's Project Management Office we have secured project management support from Life Sciences Hub Wales to develop an implementation plan and support its implementation.</p>			

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	2.2.8: Develop communications plan for L2/3 WMS.	<p>R2.2.8: There is a risk that poor communication of service to health professionals and service users will result in the service not reaching desired target population, or poor referrals with lack or limited information.</p> <p>A2.2.8: Develop communication plan to cover launch of service, how to refer and single point to access. Engage with CTM communications team.</p> <p>T2.2.8: October 2022</p>	2.2.8: Working with stakeholders to engage with service design and ensure pathway alignment. Communication plan to be developed in October 2022 and meet with CTM comms team to discuss plans, social media presence and how best to communicate new service information.			
2. Progress against Level 2 services 2.3 Maternity	2.3.1: Continue to deliver Bump Start service for those with BMI > 40.	<p>R2.3.1: There is a risk that there will be no dietetic workforce to support the delivery of Bump Start.</p> <p>A2.3.1: Develop business case for dietetic support for Bump Start and to ensure on-going quality assurance of nutritional component of service.</p>	2.3.1: This service has been running for 7 years, and is provided by public health midwives. BMI > 40 accounts for 8.2% of the population in CTMUHB and 93% were referred (reasons for non-referral include late	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.

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	2.3.2: Expand upon current service to include those with BMI 35-39.9.	T2.3.1: December 2022. R2.3.2: There is a risk that the service will not align with HWHW due to the	miscarriage, late booking. Transfer in late, moving out of area). 83% of referrals engaged with the service, which has risen since last year. The average weight gain during pregnancy was 4.4 kg (gradually decreasing year on year), the low birth rate was 7% (only 1.1% of these were term babies, compared to 1.5% last year). 0.4% still birth rate within this BMI group (however all still births did not engage with the service). Learning shared with All Wales Weight Management Pathway Group. 2.3.2: First full year of service complete. BMI 35-39.9 accounts for			

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		<p>limitations of the BMI inclusion criteria.</p> <p>A2.3.2: Review BMI inclusion criteria and impact on service demand and capacity.</p> <p>T2.3.2: December 2022.</p>	<p>11% of pregnant population and is provided by community midwives. 89% were referred to the service. Average weight gain during pregnancy was 7 kg, low birth rate was 7.3% (2.6% were full term babies). Further outcomes and acceptability of the service is about to be audited. Quality improvement within maternity supporting development of service. Breastfeeding rates have increased from 46% (20-21) to 50% (21-22). Continue to align maternal weight management support with adult weight management offer and Children and families pilot in Merthyr (PIPYN).</p>			

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3. Progress around Level 3 services 3.1 Children and Young People	<p>3.1.1: Establish Children's weight management implementation group in line with weight management governance structure.</p> <p>3.1.2: Establish business case for children's WMS.</p> <p>3.1.3: Ensure the most vulnerable children with high complexity are offered weight management advice.</p>	<p>As per section 2.1.1</p> <p>As per section 2.1.2</p> <p>R3.1.3: There is a risk that the number of patients requiring unfunded dietetic services may out-weigh the service capacity. The current dietetic offer to children with highly complex needs is not part of a formal pathway or MDT but is based on individual clinical need.</p> <p>A3.1.3: On-going monitoring of referral numbers into dietetic 1:1 clinics.</p> <p>T3.1.3: On-going.</p>	<p>As per section 2.1.1</p> <p>As per section 2.1.2</p> <p>3.1.3: In the absence of a formal Level 2/3 Children's weight management service, 1:1 dietetic led services are offered to a small subset of children referred with the most urgent need. Assessment of need is based on individual referrals. Between June and Aug 2022, 50 referrals have been received and either seen by dietetics or signposted to first line advice or HENRY.</p>	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.

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3. Progress around Level 3 services 3.2 Adults	In addition to the progress outlined in level 2 adult service (section 2.2) the following describes specific activity targeted at level 3. 3.2.1: Establish workforce for Level 3 weight management service.	R3.2.1: There is a risk that the start of the service will be delayed due to issues with staff recruitment. A3.2.1: Improve attractiveness of job descriptions and options for hybrid working offered to incentivise staff. Work with medical directorate regarding job planning of consultant lead post and nurse post. Work with primary care directorate for GPwER post. T3.2.1: Please see timelines for recruitment in following box and Appendix 3 .	3.2.1: In addition to the staff described in 2.2.2 Level 2 adult service, we have successfully recruited to the psychology lead (6th Sept 22). We are actively recruiting to: - 0.2 WTE Secondary care consultant lead – Adding 0.2 wte to existing job plans is proving difficult therefore in decision with medical directorate they are advertising a 0.6 wte diabetes role which will allow job planning of Diabetes and	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.

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			<p>Endocrine consultant to support WMS lead post. Currently out to advert (closing on 29th Sept 22).</p> <p>- GPwER – Working with primary care directorate to develop the expression of interest and GPwER scope and job roles prior to advertising.</p> <p>- 0.2 wte Band 7 nurse, discussions are ongoing with medical directorate around this role and how best to utilise. We are exploring the option of combining this within an existing diabetes nurse post.</p> <p>- Physiotherapist role. Currently exploring internal expressions of interest to scope physiotherapy service</p>			

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	3.2.2: Develop appropriate pathways for the use of weight loss medication	<p>R3.2.2: There is a risk that the pathway and number of referrals for Saxenda will be inappropriate as the number of patients eligible to receive weight loss medication Saxenda is unknown in CTM and there is currently no local pathway for its use.</p> <p>A3.2.2: Recruit to secondary care consultant to provide oversight of pathway development.</p> <p>T3.2.2: November 2022</p>	<p>needs. Interviews planned for end of September 2022.</p> <p>3.2.2: Engaged with medical directorate, executive director of public health to expedite job planning and recruitment to secondary care consultant. Engaged with other health boards, pharmacy and Novonordisk around Saxenda pathway. Currently exploring option of GPwER prescribing (learning from ABUHB experience) if unable to recruit to secondary care consultant.</p>			

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	3.2.3: Undertake L3 service location appraisal.	<p>R3.2.3: There is a risk that the location of the service may not be the most appropriate for this patient group.</p> <p>A3.2.3: Early discussions and involvement of Health & Safety team to ensure appropriateness and maintain patient dignity and safety.</p> <p>T3.2.3: July 2022.</p>	3.2.3: Location confirmed for Level 3 MDT service. Newly refurbished bariatric space in Dewi Sant Hospital & designated time in new outpatients clinic space in St Marks building on RGH site. Met with Health and Safety team regarding clinic space. All equipment purchases are supported by health and safety team to ensure patient dignity and safety.			

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4. Comments/updates on Level 1 and Level 4 4.1 Children & Young People Level 1 Weight Management Service Update	<p>4.1.1: Continue planning and development of Children and Families Pilot Merthyr (PIPYN) and its referral pathway and criteria.</p> <p>4.1.2: Delivery of a range of evidence based services through Public Health Dietetics / Nutrition Skills for Life: - 2x Community Food and Nutrition Skills for the Early Years - 2x Community Food and Nutrition Skills for schools - Healthy Snack Award</p>	<p>R4.1.1: There is a risk that the service will outweigh the capacity of the dietetic and school staff.</p> <p>A4.1.1: Additional funding approved by WLGA to pilot dietetic coordination in Merthyr.</p> <p>T4.1.1: from September 2022.</p> <p>R4.1.2: There is a risk that there will be insufficient staff as recruitment to key roles has been problematic.</p> <p>A4.1.2: Local public health team resource has been utilised to support programme implementation.</p> <p>T4.1.2: from September 2022.</p>	<p>4.1.1: Steering group met and TOR developed. Recruitment of family support workers and administrative staff. Family engagement questionnaires produced.</p> <p>4.1.2: Delivery of a range of evidence based services through Public Health Dietetics / Nutrition Skills for Life and Community Food and Nutrition Skills for Schools. Continued to try to recruit and to be flexible within the roles. Utilise underspend to recruit ex-head teacher to support planning of the programme.</p>	Please see Welsh Government quarterly return for Children's and Families.		

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	4.1.3: Increase knowledge, referrals and uptake of HENRY.	<p>R4.1.3: There is a risk of low level engagement with the programme from both referrers and families.</p> <p>A4.1.3: In-house awareness sessions developed to be delivered to health and wider key stakeholders. Additional sessions added to the service offering (virtual, face to face, 1:1 and evening sessions) to increase uptake for working families.</p> <p>T4.1.3: On-going.</p>	<p>4.1.3: Between September 2021 and June 2022, 5 cohorts of 'HENRY – Raise, Engage, Refer' have been delivered to 51 partners from health and social care professions. Each consists of two online sessions.</p> <p>LPHT HENRY Awareness programme created – 36 professionals currently on waiting list for this. This training will now be delivered on-going to health and social care staff.</p> <p>New Standard Operating Procedures developed for HENRY Waiting Lists to manage referrals and parent contact.</p> <p>Webpage and SharePoint page being created for HENRY.</p>			

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			<p>Social media post on Healthy Start Healthy Future reaching over 10,000 views/interactions. KPI agreed for all referred families to be contacted to discuss HENRY programme. Please see Appendix 4 for parent survey overview.</p>			

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<p>4. Comments/updates on Level 1 and Level 4</p> <p>4.2 Adults Level 1 Weight Management Service Update</p>	<p>4.2.1: Delivery of a range of evidence based services through Public Health Dietetics / Nutrition Skills for Life</p>	<p>R4.2.1: There is a risk that the cost of venues in communities may be too high for the budget and recruitment and retention of dietetic staff.</p> <p>A4.2.1: Key relationship building with stakeholders in leisure facilities to enhance partnership engagement. Wider advertisement of dietetic workforce in light of national workforce shortages.</p> <p>T4.2.1: December 2022</p>	<p>R4.2.1: Launch of level 1 website content and electronic self-referral system for self-booking. Dietetic triage of patients implemented</p> <p>Delivery of a range of evidenced based services through Public Health Dietetics /Nutrition Skills for Life:</p> <ul style="list-style-type: none"> - 2x Level 2 Community Food and Nutrition Skills - 10x Foodwise (72 patients) - 10x Get cooking (starting Sept 22) <p>Marketing & Comms plan developed to enhance community and partnership engagement.</p>			

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Planning						
	<p>4.2.2: Roll out of All Wales Diabetes Prevention programme and local CTMUHB pre-diabetes brief interventions. Ensure pathways into WMS.</p> <p>4.2.3: Re-establish the Joint Care Programme (JCP) to pre-pandemic levels of referral and uptake.</p>	<p>R4.2.2: There is a risk of delays to the programme due to short term funding, general recruitment delays as well as recruitment and retention of registered dietetic staff.</p> <p>A4.2.2: Restructure of public health dietetics team and wider advertisement of dietetic workforce in light of national workforce shortages.</p> <p>T4.2.2: Sept 22</p> <p>R4.2.3: There is a risk of low patient engagement due to lack of referrals from other HCP's into Level 1 services.</p> <p>A4.2.3: Wider communications plan being developed alongside self-referral option.</p> <p>T4.2.3: September 2022.</p>	<p>4.2.2: Restructuring and recruitment of dietetic staff on a permanent basis. Engaged local clusters, implementation groups established. Learning from AWDPP and local CTM pre-DM work. Monthly CPD and supervision provided by dietetic staff with direct referral into Foodwise.</p> <p>4.2.3: Launch of level 1 website content and electronic self-referral system for self-booking. JCP also accepts referrals from primary and secondary care. Dietetic triage of patients implemented. Equipment purchased to support roll out</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
	<p>4.2.4: Develop level 1 local content to feed into NHS Healthy Weight website</p> <p>4.2.5 Align the new CTMUHB staff “Healthy Lifestyle” course to the HB weight management service.</p>	<p>R4.2.4: CTM local content will not be available on an All Wales NHS platform.</p> <p>A4.2.4: Develop local level 1 content.</p> <p>T4.2.4: Sept 22.</p> <p>R4.2.5: There is a risk the new staff healthy lifestyle course will not be aligned to the HB WMS offer, the HWHW pathway and therefore not benefit from the expertise and pathways of the service.</p>	<p>and community engagement work Roll out of JCP pan CTMUHB. BMI referral criteria reduced to $\geq 25\text{kg/m}^2$ - September 22 to align AWWMP.</p> <p>4.2.4: Local content fed into central public health team.</p> <p>4.2.5: 10 week Healthy Lifestyle course developed by CTMUHB wellbeing service with support from public health dietetics. 4 courses completed since Jan 2022. Staff Wellbeing</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
	4.2.6: Align adult WMS pathways with Wellness Improvement Service (WISE).	<p>A4.2.5: Engage staff wellbeing services and align pathways and service criteria with HWHW. Establish if offer is L1 or L2.</p> <p>T4.2.5: October 2022</p> <p>R4.2.6: There is a risk that WM pathways will not align between WISE and the new WMS.</p> <p>A4.2.6: Ensure WISE are represented within the implementation group. Collaborate with WISE and Primary Care services to align pathways and service criteria with HWHW. Establish if offer is L1 or L2 and need for triage. Explore option for WMS waiting list.</p> <p>T4.2.6: Oct 2022</p>	<p>lead is stakeholder on WMS implementation group. Further work required to align pathways for each service, but good collaboration between services has been demonstrated. Please see Appendix 5 for overview.</p> <p>4.2.6: The Wellness Improvement Service (WISE), developed by the Primary Care team of CTMUHB, will be offering patients from the pre-diabetes and cardiovascular risk programmes opportunities to utilise Second Nature as an additional weight management programme for patients. Primary Care are represented on the Implementation</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
			Group to ensure dovetailing of services and appropriate referral for patients. Initial meeting between WMS and WISE has taken place and pathway is being developed.			
4. Comments/updates on Level 1 and Level 4 4.3 Level 4	4.3.1 No Level 4 service available as this is a WHSCC commissioned service provided by Swansea Bay UHB.	N/A	N/A	N/A	N/A	N/A

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
<p>5. 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>5.1: Submit the strategic weight management pathway development plan to WG.</p>	<p>R5.1: Funding is the main risk to the expansion of the weight management service to include children and young people. Currently the fixed term WG funding and recurrent HB funding has been prioritised towards the development of an adult integrated service. Prior to 2022 there was no historic investment for WMS in CTMUHB.</p> <p>A5.1: Business case development for Children and Young People's WMS. Additional resource from LPHT secured to support the development of the business case.</p> <p>T5.1:Dec 2022</p>	<p>5.1: Many aspects of the pathway development plan have progressed in the recent months including:</p> <ul style="list-style-type: none"> - Establishing recurrent HB funding - Agreeing hosting of service within dietetics - Establishing the governance structure and internal reporting for the service - Securing external project management support from Life Sciences Hub Wales for development of L2/3 adult WMS implementation plan. - Several key roles have been recruited into as described above and on-going recruitment continues at pace. - Received recognition from steering group to deliver on the implementation plan. 	<p>Please see Appendix 3.</p>	<p>Please see Appendix 3.</p>	<p>Please see Appendix 3.</p>

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
			<ul style="list-style-type: none"> - Validation process of WMS waiting list established and ongoing. - Support provided for digital inclusion to support hybrid offer - Commenced Level 2 adult groups. - Base for service agreed as Keir Hardie Health Park and staff moved into office space. - Working with stakeholders and networks to learn from others, to establish lessons learned and implement at pace. 			
6. 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. Health Boards should be able to demonstrate that services are: accessible; targeted to specific needs where appropriate and;	6.1: Develop business case for Children and young people weight management service to be considered by the health board.	<p>R6.1: There is a risk that the business case development will be delayed due to limited resource and availability of staff.</p> <p>A6.1: Secure LPHT resource, recruit to</p>	6.1: Established new governance structure including a Children and young person's implementation group, which will provide focus on this aspect of the service.	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
<p>that monitoring of service uptake considers equity of access for vulnerable groups. Health Boards should report annually on service capacity at each level of the pathway.</p>	<p>6.2: Develop multi-stakeholder steering group to support delivery of the development plan</p>	<p>service manager post, galvanise support for Children's WMS with clinicians and stakeholders.</p> <p>T6.1: December 2022</p> <p>R6.2: There is a risk that there is disconnect between the strategic direction of the organisation (CTM2030), HWHW, the delivery of the WMS and other services.</p> <p>A6.2: Engagement from wider stakeholders and development of WMS steering group.</p> <p>T6.2: Sept 22</p>	<p>6.2: Steering group established with deputy director of public health as chair. Wide ranging multi stakeholder representation. Further work required on engagement of external stakeholders and patient feedback and co-production events.</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
	<p>6.3: Hybrid adult service offer to support efficiencies in service delivery and patient choice.</p> <p>6.4: Service to be delivered as close to the persons home as possible</p>	<p>R6.3: There is a risk that the lack of patients' digital skills may prevent them taking up the option of virtual appointments / programmes.</p> <p>A6.3: Engaged with NHS digital volunteers to support digital inclusion prior to appointments.</p> <p>T6.3: Sept 2022 and ongoing.</p> <p>R6.4: There is a risk that there will be a lack of suitable accommodation in community venues.</p> <p>A6.4: Scope local venues. Currently central location within HB with good public transport links, with aims to identify</p>	<p>6.3: Digital inclusion questions added to validation letters. Offer of additional support to get online provided. Engaged with NHS digital volunteers to support patients prior to appointments / groups.</p> <p>6.4: Scoping of suitable community venues for L2 adult service is currently underway. In addition a list of commonly used venues and contact details has been developed. Working with therapies services to establish wider accommodation need for community</p>			

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Standards						
	6.5: Planned activity around seldom heard groups to increase service engagement	<p>additional locations throughout HB to accommodate those living further afield</p> <p>T6.4: October 2022</p> <p>R6.5: There is a risk that seldom heard groups will not have equitable access to service provision.</p> <p>A6.5: Data collection on demographics essential to describing population.</p> <p>T6.5: Ongoing</p>	<p>venues, work with leisure partners on availability of venues. Level 3 service will be based in Dewi Sant hospital where the lymphedema service is co-located, environment is bariatric friendly and has been reviewed by health and safety.</p> <p>6.5: Referral population data reports need to be developed and evaluated. Monitoring of service uptake and will consider equity of access for vulnerable groups. Collaborative working with HBs VBHC team to identify any under-represented groups. We have developed a piece of qualitative research with Promo-Cymru to understand</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
			the enablers and barriers to attendance for patients who are overweight / obese and are also pre-diabetic. A series of interviews and workshops will take place to inform service delivery across pre-diabetes and weight management community deliver.			
7. 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.	7.1: Review outpatient locations and equipment available to ensure dignity and respect is maintained.	R7.1: There is a risk that patients will not be treated with dignity and respect due to the setup of outpatient clinics. A7.1: Review outpatient locations and equipment with regards to dignity and respect and ensure HB values and behaviours are maintained. T7.1: Sept 22	7.1: Planned location of Level 3 service (Dewi Sant) has bariatric friendly equipment and facilities. Worked with Health & Safety department early in planning process. H&S training planned for staff regarding adverse events with bariatric patients. Bariatric weighing scales being purchased for clinic areas. L3 service in Dewi sant will be for those who have a degree of	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
			independency when it comes to transport, however online/home visits are being discussed for those unable to get to the service in person. The HB values and behaviours of treating everyone with respect will be embedded within the team as well as opportunities for training and education including MECC.			
8. Planning, commissioning, evaluation and delivery of services actively engages with and involves people living with overweight and obesity.	8.1: Develop robust evaluation process for the L2/3 adult WMS.	R8.1: There is a risk that there will be a lack of patient engagement in PROMs and PREMS. A8.1: Develop and implement an outcomes framework including PROMS and PREMS to support ongoing service improvements through patient outcomes and feedback. Good patient understanding	8.1: Engagement with VBHC service to support PROMS/PREMS. Following recruitment to key posts the outcomes framework is a key priority for development. Further work will be required in this area once outcomes framework has been agreed by the service.	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
	8.2: Develop a process for patient experience and patient stories including the co-production of services.	<p>of the need for PROMS/ PREMS and patient feedback. Simple easy process that's not too onerous should be developed.</p> <p>T8.1: Outcomes framework to be developed by Oct 22.</p> <p>R8.2: There is a risk that a lack of patient co-design, co-production and feedback will result in the adult L2/3 services not meeting the needs of the population and the desired health outcomes.</p> <p>A8.2: Develop a process of co-production, patient stories and patient feedback.</p> <p>T8.2: Dec 22</p>	8.2: Further work in this area is required. Need to engage with CTM's Head of public engagement and involvement to ensure the adult WMS used patient experience data and patient stories to improve quality of service delivery. Current work underway as described in 6.5 with Promo Cymru.			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
<p>9. 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>9.1: Establish a single point of access for adult weight management services.</p>	<p>R9.1: There is a risk of duplication or omission of service offerings due to multi-disciplinary team approach to weight management service.</p> <p>A9.1: Single point of access to weight management service being developed. Professional service manager is being recruited to oversee the service and assist with collaboration between departments.</p> <p>T9.1: November 2022.</p>	<p>9.1: Active recruitment for professional service manager on-going (with difficulties previously described in sections 2.2.2 and 3.2.1).</p> <p>Established multi-stakeholder implementation group that meet on a monthly basis.</p> <p>Through the steering and implementation groups, clear roles and responsibilities have been developed, agreed and documented in the Terms of Reference.</p> <p>Collaboration with improvement team to develop single point of access into pathway.</p>	<p>Please see Appendix 3.</p>	<p>Please see Appendix 3.</p>	<p>Please see Appendix 3.</p>

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
10. 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	10.1: Embed the All Wales Child Protection Procedures (2008) across the service.	R10.1: There is a risk that children within the services will be at a risk of harm. A10.1: Ensure safeguarding processes are in place and work in partnership with safeguarding leads when developing new service. Safeguarding is part of all staffs mandatory training. T10.1 Ongoing	10.1: Establish Children and young person's implementation group. All staff undertake mandatory child protection training once recruited. Supervision and training opportunities will be available for all staff members.	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.
11. 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.	11.1: Develop training and education to ensure compassionate, psychologically informed care is core to service delivery.	R11.1: There is a risk that a lack of training opportunities for staff could result in sub-optimal care, resulting in poorer outcomes for our population. A11.1: Embed Health Board values across the service. Review training needs of staff with	11.1: This area requires further work as the workforce is currently coming into post. Work is ongoing to establish suitable training around healthy weight and core competencies for the workforce.	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
		<p>psychologist (started 6/9/22). Review capacity of training provision. Ensure staff undertake MECC training as part of induction. Develop core psychologically informed competencies into service. Ongoing supervision and training updates will be required.</p> <p>T11.1: Dec 2022</p>				
<p>12. The Health Board adopts a continuous improvement approach to service quality and outcomes using the minimum dataset and other mechanisms including patient stories. The Health Board submits returns to Welsh Government in line with the minimum services standards and actively encourages participation in national audit and review.</p>	<p>12.1: Establish and embed the outcomes framework (includes minimum dataset, PROMS & PREMS) and develop a performance dashboard to enable continuous service improvement, service feedback and reporting to WG.</p>	<p>R12.1i: There is a risk that there will not be enough capacity of the CTM digital team to support the development of the performance dashboard.</p> <p>A12.1i: Early engagement with CTM digital team.</p> <p>T12.1.1i: Oct 2022</p>	<p>12.1: Outcomes framework in development by clinical lead dietitian and psychologist. Engaged with local VBHC team. Following recruitment of the wider team we will work on incorporating minimum data set into outcomes framework (PROMS & PREMS).</p>	<p>Please see Appendix 3.</p>	<p>Please see Appendix 3.</p>	<p>Please see Appendix 3.</p>

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
	12.2: Develop a culture of R&D across the weight management service.	<p>R12.1ii: There is a risk that staff will not be able to identify areas for improvement and have the skills and knowledge to implement change.</p> <p>A12.1ii: Engage with iCTM (HB QI department) on training and support for service.</p> <p>T12.1ii: Sept 2022</p> <p>R12.2: There is a risk that without an ethos of R&D, patients will not have access to the most evidence based treatments resulting in poorer outcomes.</p> <p>A12.2: Engage with R&D colleagues and academic partners to establish WMS research group.</p>	<p>Further work is required to engage with digital leads regarding integration of outcomes.</p> <p>Met with iCTM who have agreed training for WMS workforce once recruited. Staff will be supported to undertake service evaluations and QI projects.</p> <p>12.2: Met with R&D department and academic partners to establish WMS Research group. Terms of Reference are being established and first formal meeting due in Oct 2022. Also recruited staff with research experience to help embed this culture across the</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
		T12.2: Oct 2022	service. Training and education opportunities will be mapped for the service once workforce is recruited to.			
13: Weight management services share their learning with colleagues within and beyond weight management services.	13.1: Participate in national weight management meeting and contribute to the wider WM agenda both within CTM and nationally.	<p>R13.1.1: There is a risk that by not participating in the national network or sharing learning internally, the CTM WMS will not; be up to date on strategic direction, be able to influence policy and guidance and will not benefit from the wider experts in the WM field. This will result in poorer outcomes for our population.</p> <p>A13.1.1: Engage in national WM network. Engage with local networks and groups to demonstrate the impact of the WMS.</p>	<p>13.1: Actively engaged in national peer review and all Wales meetings. Outside of these meetings we have undertaken shared learning opportunities with HB across Wales (see section 2.2.1).</p> <p>Governance and reporting agreed, which has a wide range of stakeholders. Aligned reporting of WMS to the HB's Public Health and Primary Care Oversight Board. This allows oversight by the Exec director of PH and Primary Care Director and alignment to other initiatives across the HB such as</p>	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
		T13.1.1: Ongoing	<p>diabetes prevention (both the local diabetes prevention programme and the AWDPP), WISE and staff wellbeing programme.</p> <p>Invited to participate in the L3 specialist interest group supported by Novonordisk.</p> <p>PH Dietetic lead is the chair of the All Wales Public Health Dietitians Group.</p> <p>Staff and operational managers engaged in national developments around DM prevention and obesity.</p> <p>The CTM WM services plans to share our learning and actively engage in the network across Wales.</p> <p>Engaged with stakeholders around the development of an integrated WM pathway and establish</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
			CPD sessions on weight management. On-going collaboration between health boards WMS service leads and Life Sciences Hub Wales.			

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>

Appendices – available on request

Appendix 1: CTMUHB Unified Transformation Portfolio

Appendix 2: CTMUHB WMS Governance Structure

Appendix 3: CTMUHB WMS Finance Information September 2022

Appendix 4: HENRY Parent Survey Overview

Appendix 5: Staff Wellbeing Healthy Lifestyle Overview