Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Strategic Development Committee

Obesity Pathway Innovation Programme (OPIP)

Eitem yr Agenda / Agenda Item	7.4
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Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	For Noting
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Creating Health If more than one applies please list below: Improving Care
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	Strengthening weight management services is a priority for both DTPS and Public Health IMTPs.

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:
Dechreuwch drwy **grynhoi'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:
Executive Summary of what the report is describing:
Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:

Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	Over 100,000 people in CTM live with obesity. There are ~1,500 new cases of T2DM each year in CTM, the majority attributable to weight. Current models of weight management are struggling. (Waiting list for L3 >4,500). An All-Wales Obesity Pathway Innovation Programme (OPIP) is being led by Public Health Wales (PHW) as part of a national UK Research and Innovation Programme. PHW have £8m innovation funding over 3 years to deliver all-Wales digital weight management infrastructure, digital weight management provision and community integration. CTMUHB will receive **£864,701** until March 2029 for local innovation delivery - integrating digital weight management support with community infrastructure. The CTM project will operate in the Bridgend North Primary Care Cluster area, in collaboration with local partners.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	OPIP provides time-limited external investment to test a key component of CTMUHB's future weight management pathway and generate evidence to inform future service design, commissioning and investment. Learning for CTMUHB and the national programme will include: • extending access through digital weight management support; • addressing digital exclusion and inequalities; • integrating digital, social prescribing and community-based support; • strengthening community capacity to support sustained outcomes; • informing wider priorities, including Community by Design, and potential future community delivery of weight-management medication. The programme will support both weight management transformation and CTMUHB's wider development of integrated digital and community-based models of care.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* **What Next** *(summary of intended action and benefits supporting the*	The Public Health Directorate will coordinate phased mobilisation with Nutrition and Dietetics, Strategy and Planning, Primary Care, Digital, Finance, Procurement and local partners. Implementation will remain subject to completion of grant, commissioning, workforce and assurance requirements. Grant funding will enable:

choices and recommendation(s)being made)	• enhanced social prescribing and community-based support in Bridgend North • digital weight management capacity • validation of the Level 3 waiting list • programme management and delivery capacity, using existing posts where possible. Learning will inform the wider transformation of CTMUHB weight management services and future sustainability decisions. National work on digital infrastructure and the potential role of community pharmacy will progress in parallel to inform long term sustainability planning.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	**The Strategic Development Committee is asked to:** • Note CTMUHB's participation in the Obesity Pathway Innovation Programme. • Note the proposed local delivery approach. • Note how OPIP will contribute to the wider transformation of weight management services and alignment with other CTMUHB strategic developments.

1. Background / Context

1.1 Weight management services in CTM and across Wales do not meet current need. Referrals are concentrated among people with high BMIs and complex needs, limiting opportunities for earlier intervention. Waiting lists in CTMUHB extend beyond 5,000 people for Level 3 (L3) services (BMI 40+) while Level 2 (L2) services are under-utilised (BMI 30-40).

1.2 Digital service provision and novel weight loss medications such as GLP1s represent significant changes in weight management approaches. Digital care offers greater scale, flexibility and cost-effectiveness, GLP1s greater magnitude of weight loss and associated health benefits.

1.3 However, challenges include:

- Digital exclusion
- Wider determinants can limit people's ability to make and sustain changes
- Supportive environments for dietary change and physical activity
- Role of specialist weight management services vs primary and community care delivery

1.4 Better integration with strengthened community assets is a potential opportunity to mitigate some of these challenges.

1.5 OPIP is a three-year innovation programme intended to test the integration of digital healthy weight support and community-based approaches to obesity prevention and management.

1.6 CTMUHB has been selected as one of two Vanguard Health Boards to pilot local implementation. The programme will focus on Bridgend North and will seek to generate learning to inform future healthy weight pathways locally and nationally.

2. Strategic Insights

2.1 **Healthy Weight Strategic Insights**

OPIP forms part of a wider programme to evolve weight management services in CTM, in line with the CTMUHB Healthy Weight Strategic Plan. The strategic aim is to develop an equitable, clinically effective and financially sustainable pathway that:

- provides equitable support at greater scale
- matches the level and intensity of support to individual need
- offers interventions that people are willing and able to use
- makes best use of digital, clinical and community-based provision
- supports people to achieve and maintain outcomes beyond the clinical intervention

The three connected areas of work make distinct but complementary contributions to the future pathway:

Element	**Strategic question**
OPIP	How should clinical and digital weight management services connect with community support to help people achieve and sustain outcomes?
Digital weight management procurement	How can CTMUHB extend access to effective support at a scale that current services cannot provide?
Level 3 service review and Evaluweight study	What should specialist weight management services provide within the future pathway, and which patients are most likely to benefit?

A future service model is also contingent on national policy and funding decisions regarding weight loss medications.

A further paper detailing the key steps and outline future state for the development of weight management services in CTMUHB is in development.

2.2 **GLP-1 insights**

As part of OPIP, Public Health Wales is working with Welsh Government and community pharmacy stakeholders to explore the potential role of community pharmacy and wider primary and community services within future weight management pathways. This may generate useful learning for CTMUHB on:

- how primary and community care could contribute to any future model for prescribing weight management medication
- how medication could be integrated with wider clinical, behavioural and community-based support
- how community infrastructure could help people act on dietary and physical activity advice and sustain changes over time

Weight management medication is not currently included within CTMUHB's OPIP delivery plans because there is no associated funding for medication or an agreed all-Wales delivery model.

2.3 **Broader Strategic Insights and Alignments**

While focused on weight management, OPIP will generate learning with wider strategic application, sitting across Levels 0 – 2 of the 'Bonsai tree' models of care for the developing Strategic Clinical Services Plan, particularly around:

- Integrating digital health interventions with community-based support;
- Developing effective social prescribing models for people with, or at risk of, long-term conditions;
- Identifying the community infrastructure needed to support prevention and chronic condition management;
- Informing Community by Design and the Regional Partnership Community Wellbeing and Resilience Programme.

The work will align with existing CTMUHB programmes, including:

- Well-being partnership work led by Strategy and Planning in Caerau
- PIPYN roll out in Bridgend North
- The WISE Programme

Alongside partnership workstreams, including:

- The Bridgend Food Sustainability Partnership, and the CTM Public Service Board Food and Resilience Sub-Board
- The developing Regional Partnership Community Strategic Commissioning Frameworks.

This will help CTMUHB and its partners understand how clinical, digital and community approaches can work together to improve access, engagement and sustained outcomes across a wider range of services.

2.4 **CTMUHB delivery model**

CTMUHB will test an integrated model that connects three elements and examines how they can operate as a coherent pathway:

- Digital weight management provision focused on Level 2 of the All-Wales Weight Management Pathway

- Enhanced social prescribing to help participants address barriers, navigate the wider pathway and connect with relevant community support
- Work with local partners to strengthen the community support available and identify the wider conditions needed to help people sustain outcomes, supported by small grants.

3. Funding and delivery arrangements

The OPIP grant covers 1 May 2026 to 31 March 2029 and provides additional capacity to develop and test integrated digital, clinical and community-based weight management support. Public Health Wales will lead national coordination, digital infrastructure and evaluation; CTMUHB will lead local delivery and integration.

CTMUHB will receive £864,701 over the programme period for the express purpose of local OPIP delivery.

Funding will support local delivery of the grant requirements, including:

- local governance, programme management, delivery planning, reporting and participation in national oversight and shared learning
- co-design, development and testing of community-based models for priority populations, including wraparound support and use of community assets
- integration of digital, community and clinical support with referral pathways and developing prescribing services
- community partnership, engagement and inclusion activity, including consideration of targeted micro-grants for deprived, underserved or rural communities
- local data collection and reporting, and contribution to national programme development, testing and evaluation.

Grant payments will be made against agreed delivery plans, expenditure profiles, quarterly monitoring returns and invoices. CTMUHB will be responsible for maintaining appropriate financial and delivery controls and meeting the grant conditions throughout the programme.

3.1 Financial Planning

Work is underway with the Head of Corporate Finance to develop financial plans.

Planned commissioning and delivery activity includes:

- Digital weight management capacity (c. 500 level 2 places and 50 level 3 places per annum) £150,000
- Enhanced Social prescribing procurement: £200,000

- Small grants programme: £60,000[1]
- CTMUHB Workforce: £350,000
- Waiting list validation exercise: £30,000

3.2 Workforce

The programme funding will be used to release existing CTMUHB capacity, supplemented by recruiting a single 0.6 FTE Band 7 Senior Public Health Practitioner.

Agreed workforce contributions from existing staffing comprise:

- 0.6 FTE Band 7 programme management (Strategy and Planning)
- 0.4 FTE Band 7 dietetic capacity (Nutrition and Dietetics)
- 0.2 FTE Band 3 administrative support. (Public Health)

Workforce plans have been developed with People colleagues, taking account of CTMUHB's fixed-term employment policy and associated risks. Final commissioning arrangements will be informed by co-design, market engagement and procurement advice.

3.3 Mobilisation and commissioning

Mobilisation will require coordinated clinical, operational and commissioning arrangements, including:

- validation and clinical review of the Level 3 waiting list
- identification and invitation of suitable participants
- procurement and mobilisation of digital provision
- commissioning of enhanced social prescribing and community-based support
- development of referral, escalation and safeguarding arrangements
- agreement of interfaces between digital, community and specialist services
- local partner engagement and co-design in Bridgend North.

Final service specifications and commissioning arrangements will be informed by co-design, market engagement and Procurement advice.

3.4 Digital assurance

National digital infrastructure and associated interoperability and data requirements are being developed through the all-Wales programme. These requirements will inform CTMUHB's final service specification, procurement and implementation arrangements.

[1] To be administered by social prescribing provider

Digital provision will be subject to CTMUHB's established assurance processes before implementation, including:

- clinical safety and clinical governance
- accessibility and Welsh language requirements
- information governance and data protection
- cybersecurity
- data-sharing and interoperability
- assessment of any use of artificial intelligence.

Digital, Data, Information Governance, and relevant clinical colleagues are being engaged during mobilisation. CTMUHB will retain responsibility for assuring any service implemented locally.

4. Risks

A programme risk log is maintained, with escalation through CTMUHB and national OPIP governance. The principal strategic risks and dependencies are:

- national digital, interoperability and data requirements remain under development and may affect local specifications or mobilisation timescales
- delivery depends on timely recruitment, procurement and mobilisation
- delivery of the community element depends on sufficient local partner and provider capacity
- participant uptake and engagement may affect the programme's ability to generate robust learning
- the ability to translate time-limited innovation funding into sustainable service change after March 2029

These risks will be managed through phased implementation, established CTMUHB assurance processes, programme governance and formal review of delivery and evaluation evidence.

Procurement capacity through NHS Wales Shared Services Partnership has been escalated to the national programme board as a significant delivery risk and will require active monitoring through mobilisation.

No recurrent commitment is proposed through this paper.

5. Compliance and Governance

CTMUHB OPIP will operate within CTMUHB's established clinical, information governance, procurement and financial governance arrangements.

Clear accountability, clinical leadership, standard operating procedures and escalation routes will be agreed across nationally delivered, locally commissioned and community-based elements before services commence.

Programme delivery, risks and grant requirements will be monitored through local and national OPIP governance structures.

6. Sustainability

The OPIP grant ends on 31 March 2029. Sustainability planning will begin during mobilisation and use programme learning and capacity to shape existing and developing services. No recurrent commitment is proposed through this paper.

This will include:

- integrating effective elements into the evolving CTMUHB weight management pathway
- aligning the model with wider digital, specialist and community-based service developments
- embedding appropriate referral routes and ways of working within existing programmes
- identifying opportunities to use existing workforce and community capacity differently
- using evaluation findings to inform future commissioning and investment decisions.

7. Conclusion

OPIP provides CTMUHB with significant external investment to test an important component of its future weight management pathway. It will enable CTMUHB to extend access to support and generate evidence about how digital, clinical and community-based provision can work together.

OPIP will not resolve current service pressures or determine the future pathway in isolation. Its findings will complement the Level 3 service review, wider digital development and future national decisions about weight management medication.

The proposed phased delivery, workforce, commissioning and assurance arrangements provide a basis for mobilisation.

SDC is therefore asked to note CTMUHB's participation in OPIP and the proposed delivery approach, and ensure support for the ongoing implementation.

A further paper detailing the key steps and outline future state for the development of weight management services in CTMUHB is in development.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)*	Strategic Risk 8
	If more than one applies please list below:

Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective
	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	If no, please select a reason below. Policy/Plan/Proposal too broad Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain*	N/a	

rationale for why it was not required)	
Cyfreithiol / Legal	**Yes (Include further detail below)** Grant acceptance, procurement, data protection, contracting and employment arrangements will be completed through established CTMUHB processes.
Enw da / Reputational	**Yes (include further detail below)** There is a potential reputational risk if mobilisation is delayed or the programme creates expectations that cannot be sustained. There is also an opportunity to demonstrate innovation and contribute to national learning.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**Yes (include further detail below)** CTMUHB will receive £867401 over three years as described above.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Executive Leadership Group	19/10/2026	Programme noted, recommendations for integration with wider strategic agendas and consideration of future economic evaluation.
Deputies Group	07/07/2026	Socialisation, feedback and clarifications, support.
Creating Health	Multiple attendances	Socialisation, feedback, support
ELG	10/11/2025	Conditional support for participation in national bid

Acronyms / Glossary of Terms	
AWMS	Adult Weight Management Service
CTMUHB	Cwm Taf Morgannwg University Health Board
DHCW	Digital Health and Care Wales
ELG	Executive Leadership Group
GLP-1	Glucagon-like peptide-1 (Used as catch all for novel weight loss medications)
L2 / L3	Level 2 / Level 3 of the all-Wales Weight Management Pathway

OPIP	Obesity Pathway Innovation Programme
PHW	Public Health Wales
UKRI	UK Research and Innovation
SDC	Strategic Development Committee
T2DM	Type 2 Diabetes Mellitus