

A light blue map of Lanarkshire is centered on the page. The map shows the county's outline and is divided into three horizontal bands: a light blue top band, a white middle band, and a light blue bottom band. The title text is overlaid on the white middle band.

LANARKSHIRE HEALTHY WEIGHT STRATEGY

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Governance Committee	Healthcare Quality Assurance and Improvement Committee
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Foreword

It is with great pleasure we bring to you the Lanarkshire Healthy Weight Strategy. The Strategy sets the direction of travel for all partners for the next 10 years. It sets out an appropriately ambitious vision of having a Lanarkshire where individuals and families can live healthy, active and fulfilling lives free from the issues associated with being overweight and obese.

The joint approach taken in developing this Strategy outlines the commitment of partners, including those in both North and South Health and Social Care Partnerships, to tackle the significant influences on weight within our communities.

We do not underestimate the challenges we face with the population being less active and more sedentary and the availability of cheap, high calorie foods. In order to tackle this, we have taken on board the evidence of what works around achieving a healthy weight and are also proposing new and innovative approaches within Lanarkshire.

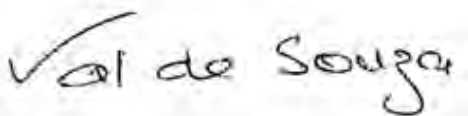
The Strategy will build on a solid foundation of partnership working around healthy weight, physical activity, nutrition and environmental planning. We welcome your support in these joint efforts and together we will achieve the aim of the Strategy to have the majority of Lanarkshire's population within a healthy weight range throughout their lives.



Calum Campbell, *Chief Executive*, NHS Lanarkshire



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Executive Summary

A group of multi-agency stakeholders came together to develop the vision, aim and strategic objectives for the Lanarkshire Healthy Weight Strategy. They also jointly produced logic models which identified key priority areas for action.

The agreed Vision for the Strategy is:

To have a Lanarkshire where individuals and families can live healthy, active and fulfilling lives free from the issues associated with being overweight and obese.

The Aim of the Strategy is that:

The majority of Lanarkshire's population will be in a healthy weight range throughout their lives.

Strategic Objectives

1. To reduce exposure to energy dense food and drink and offer opportunities for choosing healthier food and drink options.
2. To improve opportunities for physical activity (structured and unstructured) within and between communities.
3. To develop appropriate, safe, and relevant, generic and specialist weight management services.
4. To reduce health inequalities and premature mortality by reducing overweight and obesity in all communities.
5. To use an asset based approach to the development and implementation of the LHWS Implementation Plan.

The Strategy adopts the approach suggested within the NHS Scotland Best Practice Guide on Obesity Treatment¹³ and the Healthy Weight Outcomes Framework⁸ to ensure we have both a prevention and a treatment focus. This tiered approach is described in detail below:

Tier 1 – Population-Wide Health Improvement Work

Community interventions including practitioner interventions, activity referrals, walking groups, leisure classes, healthy cooking classes.

Tier 2 – Primary Care/Community Capacity

NHS developed and partner delivered healthy weight programmes, lifestyle coaches/advisors and community dietetic services. Much of this in community settings delivered in groups.

Tier 3 – Specialist Weight Management

Access to multi-disciplinary team e.g. dietetic led programme, physical activity opportunities via partners in Local Authority Leisure and psychological expertise that is tailored to needs of the individual.

Tier 4 – Specialist Surgical Services

Bariatric surgery, gastric bands and specialist follow-up.

Implementation and Monitoring

An implementation and monitoring group will be established to oversee the Strategy.

The high level priorities set out in the LHWS will be distilled in to an implementation plan.

The implementation plan will be used as a monitoring framework which will contain Lanarkshire focused outcome measures where available. Where this is unavailable the most relevant Scotland level data will be used.

1. Introduction

Around two thirds of the adult population are overweight (including obese) in Lanarkshire (70%)¹. This is clearly an area of concern for Community Planning Partnerships. With many describing obesity as an epidemic, action must be taken on a number of fronts and in partnership. Obesity increases the risk of developing a range of chronic conditions, such as type 2 diabetes, heart disease and some cancers, and can lead to premature death². In addition to the personal cost of reduced life expectancy, obesity generates significant (avoidable) costs to the NHS and wider Scottish society.

The Lanarkshire Healthy Weight Strategy (LHWS) will set the direction of travel for both preventative and treatment services until 2025 in line with the NHS Lanarkshire Healthcare Strategy 2016–2025³. It will detail within an action plan the partnership approach that will be taken to tackle overweight and obesity for the population of Lanarkshire.

Where possible an evidence informed approach will be used when deciding the way forward for Lanarkshire regarding the prevention and management of overweight and obesity. Much work has already been done by NHS Health Scotland around evidence based logic modelling and Lanarkshire has built upon these models based on localised information and resources to address healthy weight.

2. Overweight and Obesity

The Body Mass Index (BMI) is commonly used as a measure of overweight and obesity, with BMI between 25 and 29.9 kg/m² being overweight and a BMI of 30 or more used to indicate obesity.

Overweight has become the norm in our society as opposed to the exception to the rule. Overweight and obesity is caused by many factors including the obesogenic environment that we now live in, an increase in portion sizes, the increased availability of fast, calorie dense food and low levels of physical activity. In clinical terms, overweight and obesity occurs as a result of an energy imbalance, in that an individual consumes more calories from food and drink than is expended throughout the day. This can result in the accumulation of excess body fat².

The 2007 Foresight Report on Tackling Obesities⁴ predicted that by 2050, 60% of adult men, 50% of adult women and about 25% of all children under 16 could be obese. Since then it has been argued that these figures are an underestimate.

3. The Cost to NHS Lanarkshire

While figures for the direct cost of overweight and obesity to NHS Lanarkshire are not available it is possible to predict estimated current and future costs.

The adult population within Lanarkshire is approximately 654,490 and with 70% of adults in Lanarkshire currently classified as overweight (including obese) there are currently around 458,143 adults who are above a healthy weight range in Lanarkshire. Research recently carried

out as part of the Counterweight programme (Tigbe et al., 2013)⁵ quantified the additional healthcare costs associated with increasing levels of overweight (including obesity) and calculated that each increased unit of BMI increased healthcare spending by an average of £16 per year for each already overweight or obese adult.

This indicates that the additional annual financial burden of increasing levels of overweight are approximately £7.33m per year for every increased unit in the average BMI of the already overweight adult population in Lanarkshire.

However, the Foresight Tackling Obesities, Future Choices Project Report⁴ estimates that on current trends the proportion of adults with a healthy BMI will drop to approximately 12.5% by 2050. This increasing percentage of adults who are above a healthy weight range will result in increased weight related morbidity and present an increasing financial burden on NHS Lanarkshire. Therefore, the figure of £7.33m per year for each increased unit of BMI will be an underestimate as this only relates to increasing levels of BMI for the percentage of the adult population who are currently overweight and obese. If the overall percentage of adults who are above a healthy weight range continues to grow then increased healthcare costs associated with each increased unit in the average BMI of the already overweight adult population will be higher than £7.33m as it will need to be based on an ever increasing total number of overweight adults.

The Foresight Report⁴ predicted the additional costs of elevated BMI on NHS spending based on additional morbidity associated with rising prevalence of obesity to account for an increasing proportion of NHS budgets in future years. The Foresight Report predictions for the percentage of total NHS spending on obesity related conditions are applied to the NHS Lanarkshire budget in the table below. This table assumes the annual NHS Lanarkshire resource limit remains the same in future years.

Year	Foresight Report ⁴ projections for the percentage of NHS spending on obesity related morbidity	Projected annual NHSL spend on obesity related morbidity
2015	9.1%	£86.6m
2025	11.9%	£113.3m
2050	13.9%	£132.3m

Table 1: Projected NHSL expenditure on obesity related morbidity in future years

It should also be noted that these figures only relate to direct healthcare spending e.g. cholesterol and high blood pressure medications, and do not include additional costs associated with areas such as reduced work productivity, additional sickness absence or social care costs.

4. Inequalities Focused

The Former Chief Medical Officer for Scotland noted that obesity causes unacceptable levels of ill health which are inequitably distributed across Scotland⁶. Reducing inequality is a central theme of any work undertaken with individuals, groups and communities within Lanarkshire around weight management, healthy eating and physical activity. By targeting action on the

recommendations within this Strategy and focussing on areas of deprivation and the wider determinants of health, Community Planning Partnerships are more likely to be able to address the causes of obesity and the health inequalities in Lanarkshire.

5. National Policy Drivers

The Foresight Report⁴ published in 2007 was one of the first UK Government, national documents to clearly highlight the risks associated with overweight and obesity. It took the viewpoint that individual approaches coupled with societal, whole system approaches were the only way to tackle the tidal wave of obesity.

In 2008 NHS Scotland's Healthy Eating, Active Living⁷ document was published. This was an action plan to improve diet, increase physical activity and tackle obesity. It pointed out that the noted improvements in life expectancy associated with reduced mortality from big killer diseases like coronary heart disease, were being hampered by the increase in overweight and obesity in our communities.

In 2010 the Scottish Government produced Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight². This document echoed much of what was contained within the Foresight Report and emphasised that the responsibility for the issue of overweight and obesity was a cross-sector, cross-portfolio task. This partnership approach would ensure that the landscape would move away from being one which promotes weight gain to one that sees healthy choices in eating, physical activity and the environment as the norm.

In 2011 the Scottish Government then produced a Healthy Weight Outcomes Framework⁸ to "support outcome-focused approaches for healthy weight". This paper has significantly influenced the approach that Lanarkshire has taken to developing this Strategy.

6. Local Policy Drivers

In 2008 NHS Lanarkshire and partners developed a Child Healthy Weight Strategy (CHWS)⁹ and it set out actions to prevent children becoming overweight and offered a range of interventions to support children to achieve a healthy weight and reduce the number becoming overweight adults.

Both Single Outcome Agreements (SOA) from the North and South Lanarkshire areas note healthy weight as a priority area^{10/11}. The LHWS will act as a vehicle that can help both partnerships achieve their proposed outcomes.

The Single Outcome Agreement (SOA) for South Lanarkshire¹⁰ makes specific reference to the percentage of children that are overweight in primary 1 and sets a target to maintain the 10 year average of 19.1%.

The SOA for North Lanarkshire¹¹ notes it aims to increase the number of people making healthier choices and achieving a healthy weight.

The North Lanarkshire Diet and Nutrition Policy sets out a range of commitments aimed at improving nutrition and health across the life course, including the achievement of healthy weight¹².

The NHS Lanarkshire Healthy Eating policy for Staff and Visitors²² aims to promote and improve the nutritional health of users of NHS Lanarkshire services.

NHS Lanarkshire's Healthcare Strategy³ refers specifically to obesity and weight management. It notes how NHS Lanarkshire will continue to work in partnership to deliver a range of interventions to address overweight and obesity in line with national guidance and further develop an evidence-based approach to bariatric surgical procedures.

7. Our Strategic Approach

We will adopt the approach suggested within the NHS Scotland Best Practice Guide on Obesity Treatment¹³ and the Healthy Weight Outcomes Framework⁸ to ensure we have both a prevention and treatment focus within this Strategy. This tiered approach is described in detail below:

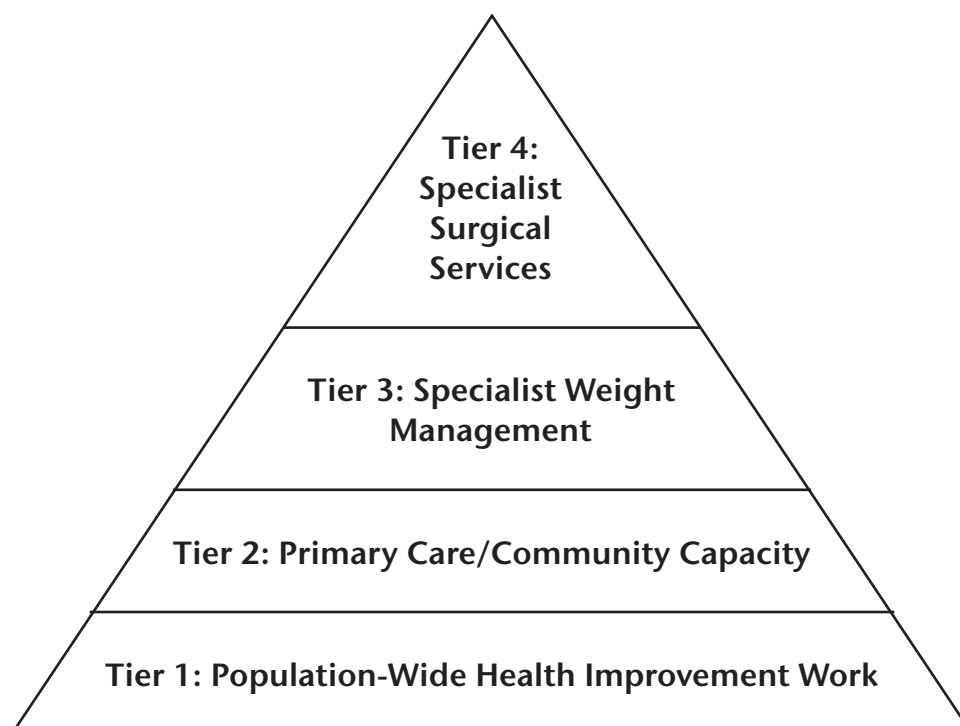


Figure 1: Strategic approach to obesity treatment in Scotland¹³

Tier 1 – Population-Wide Health Improvement Work

Community interventions including practitioner interventions, activity referrals, walking groups, leisure classes, healthy cooking classes.

Tier 2 – Primary Care/Community Capacity

NHS developed and partner co-delivered healthy weight programmes, lifestyle coaches/advisors and community dietetic services. Much of this in community settings delivered in groups.

Tier 3 – Specialist Weight Management

Access to multi-disciplinary team e.g. dietetic led programme, physical activity opportunities via partners in Local Authority Leisure and psychological expertise that is tailored to needs of the individual.

Tier 4 – Specialist Surgical Services

Bariatric surgery, gastric bands and specialist follow-up.

8. Obesity Needs Assessment

An obesity health needs assessment (HNA) was completed in 2015. The HNA had four distinct target groups; adults, young people, maternal and infant nutrition and the environment. The process of the HNA included examining the current evidence of effective interventions through a literature review, consulting with members of the local community and defining recommendations. The results of the HNA have been incorporated into the LHWS.

9. Where Are We Now in Lanarkshire?

The estimated population within Lanarkshire in June 2016 was 654,490, with a median age of 42¹⁴. Lanarkshire continues to portray a picture of inequalities with life expectancy in some areas outstretching that of its more deprived communities. These inequalities are evident across a number of indicators including overweight and obesity, with deprivation being closely linked to an increase in prevalence. The most up to date figures show that Lanarkshire is higher than the Scottish average (65%) with 70% of the adult population being classed as overweight (including obese, BMI>25 kg/m²) (74% male and 67% female). In Lanarkshire obesity (including morbidly obese BMI>30 kg/m²) in males is 33% (Scotland 27%) and 32% among females (Scotland 29%)¹⁵.

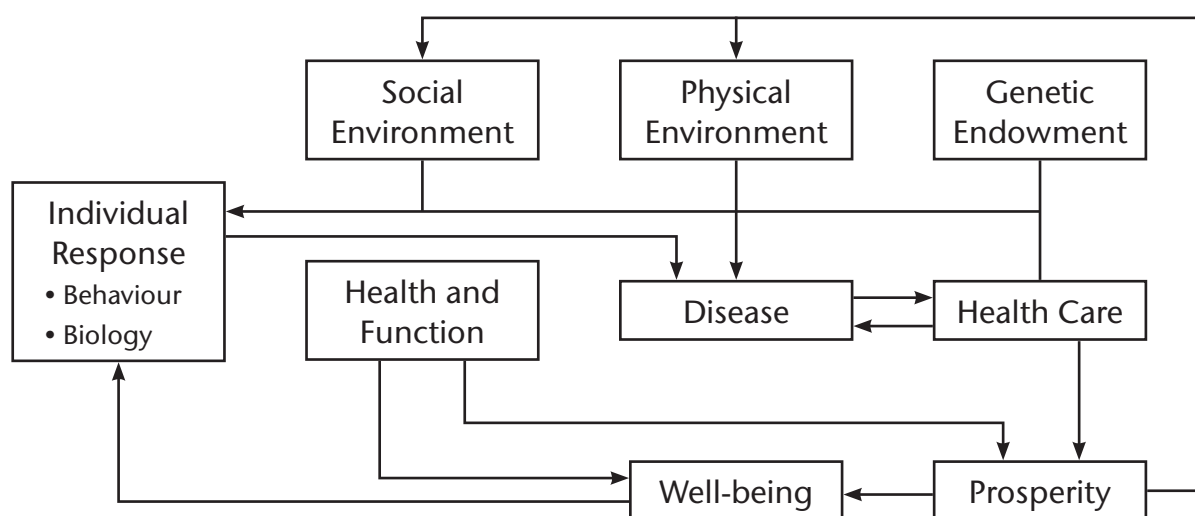


Figure 2: A model of the determinants of health.

Source: Reprinted from R.G.Evans and G.L.Stoddart, 1990, Producing Health, Consuming Health Care, Social Science and Medicine 31:1347–1363, with permission from Elsevier Science Ltd, Kidlington, UK.

Lanarkshire has a well established approach to Health Improvement which is evident in both NHS and community settings. The approaches which are used to improve health are documented in the Health Improvement Delivery Plan for NHS Lanarkshire. Elements of which are also evident in the jointly developed SOAs^{10/11} which exist in both North and South Lanarkshire Community Planning Partnership areas.

The approach to improving health employs a ‘social model of health’ and relies on working in partnership with our communities to improve life circumstances, lifestyles and the environment in order to improve health and wellbeing. The Evans and Stoddart ‘Health Fields’ model in Figure 2 shows the complex relationships that exist in the creation of health and well-being¹⁶. For example, it shows that the social and physical environment interacts with genetics to influence a person’s individual behaviour and in turn this affects health and functional ability.

10. Where do we want to be in Lanarkshire?

A group of multi-agency stakeholders came together to develop the vision, aim and strategic objectives for the Strategy. They also jointly produced logic models which identified key priority areas for action.

The agreed Vision for the Strategy is:

To have a Lanarkshire where individuals and families can live healthy, active and fulfilling lives free from the issues associated with being overweight and obese.

The Aim of the Strategy is that:

The majority of Lanarkshire’s population will be in a healthy weight range throughout their lives.

11. Strategic Objectives

1. To reduce exposure to energy dense food and drink and offer opportunities for choosing healthier food and drink options.
2. To improve opportunities for physical activity (structured and unstructured) within and between communities.
3. To develop appropriate, safe, and relevant, generic and specialist weight management services.
4. To reduce health inequalities and premature mortality by reducing overweight and obesity in all communities.
5. To use an asset based approach to the development and implementation of the LHWS Action Plan.

12. Key Priorities

12.1 – Physical Activity and the Environment (Tier 1)

Why is this important?

Physical inactivity is an important contributory factor in non-communicable disease development including obesity¹⁷. With more inactive people in the world than there are smokers, this makes physical inactivity a public health issue which requires immediate attention. Not only must we promote the benefits of being physically active, this must go alongside providing easily accessible opportunities to become more physically active.

The environment that surrounds us, in which we live and work and have our leisure time has a direct affect on how physically active we are. There are many opportunities to take part in unstructured physical activity, for example, walking, cycling, jogging, commuting and active play. However, if the environment is not conducive to this, individuals and families are less likely to access these opportunities.

Therefore physical activity and the environment are not mutually exclusive priorities and will be considered jointly.

What do we currently do?

A range of multi-agency, multi-disciplinary activity is taking place within Lanarkshire to promote the benefits of physical activity. Many of these will offer opportunities for participation too. Partners involved include the NHS, the third sector and local Leisure Trusts. Healthy Working Lives encourages workplaces to recognise the importance of a physically active workforce. NHS Lanarkshire and leisure colleagues in both local authorities offer ante and post natal opportunities for physical activity for new mothers. From an environment perspective a ' Greenspace Strategy ' is currently being developed by both Community Planning Partners in Lanarkshire with the aim of improving the visibility and accessibility of greenspace within Lanarkshire. Local Authority Planning Departments have guidance around spacial planning and greenspace.

The activities outlined above are not exhaustive, however provide a flavour of the current work around physical activity and the population of Lanarkshire.

What do we want to achieve?

These ambitions are based on the outcomes of logic modelling and the recommendations of the Obesity Needs Assessment.

- We will maximise opportunities for active play (structured and unstructured).
- We will promote active travel/recreational opportunities within and between our communities.
- We will maintain and develop open/greenspace/gap sites within or close to populated areas.
- We will develop and promote existing and new opportunities for physical activity for older people.
- We will work with partners to promote accessibility, availability and affordability of physical activity opportunities.

12.2 – Promoting and Supporting Healthier Food Choices (Tier 1)

Why is this important?

What we eat has a significant effect on our health. Poor diet is a key contributor to a range of conditions, including; tooth decay, type 2 diabetes, cardiovascular disease, some cancers, and obesity. A balanced and nutritious diet supports physical and mental health and wellbeing, quality of life and life expectancy. Dietary surveys highlight low fruit and vegetable consumption and low fibre intake in Scotland and a diet too high in saturated fat, sugar and salt – all risk factors for poor health outcomes.

Consumption of a balanced diet, as depicted in the newly updated eatwell guide¹⁸ should be promoted to ensure the Dietary Goals for Scotland²³ are achieved. Our food environment and the media all influence our food and drink choices. We need to make sure the healthy choice is the easy choice and reduce the availability and consumption of large portion sizes and energy-dense foods and drinks².

We need to ensure that consumers of all ages have the knowledge and skills to make informed food and drink choices and feel enabled to make choices that will lead to better health.

What do we currently do?

A range of action is currently undertaken by Community Planning partners to improve diet and nutrition across the life course and improving nutrition is a feature of both interagency and organisational plans. NHS Lanarkshire works with a number of partners to drive improvements to maternal and infant nutrition in the vital early years, including work across universal services such as maternity and health visiting to support positive maternal, child and family nutrition and health outcomes. Much work has been done by local authorities to improve the nutritional content of school meals and ensure food and health is an integral part of the curriculum in nurseries and schools. Healthy Working Lives encourage workplaces to recognise the importance of providing healthy food and drink choices for employees. Third sector colleagues continue to promote and improve access to healthy foods in low income communities and a range of multiagency practical cooking support is available to individuals and families.

The activities outlined above are not exhaustive but provide excellent examples of supporting healthy eating across population groups.

However, there is much work to be done with partners, including the private sector, to improve our food environment and the wider influences on food choice, in order to improve diet and health outcomes.

What do we want to achieve?

These ambitions are based on the outcomes of logic modelling and the recommendations of the Obesity Needs Assessment.

- We will actively engage with and encourage private sector food providers to offer and promote healthier food choices.
- We will ensure that all of our children and young people have the opportunity to develop healthy eating habits through early intervention and knowledge and skills development.
- We will create workplaces that provide employees with opportunities to improve their nutrition and achieve a healthy weight.

- We will strengthen community efforts to increase access to and affordability of healthy foods and improve diet and nutrition across population groups.
- We will enable children, young people and adults to make informed food and drink choices.

12.3 – Weight management services and Interventions

Community based services (Tier 2)

Why is this important?

Providing evidence based, structured interventions and long term support to individuals and communities is critical in addressing the issue of healthy weight and Interventions should meet the SIGN 1151 ‘Management of obesity’ guidance¹⁹. In 2011 the Scottish Government produced a Healthy Weight Outcomes Framework⁸ to “support outcome-focused approaches for healthy weight” and this requires Boards and key partners to work together to address this issue.

What do we currently do?

NHS Lanarkshire and partners have worked together to develop and deliver a range of interventions and programmes to address weight management and obesity prevention in Lanarkshire.

NHS Lanarkshire does not support methods of weight loss which are not evidence informed and do not adhere to national policy, for example fad or quick fix diets.

In 2012 NHS Lanarkshire was funded by the Scottish Government to develop and deliver a range of community based Tier 2 and 3 adult weight management interventions which adhered to SIGN 115¹⁹

The short term funding for child and adult weight management has allowed NHS Lanarkshire to work with Community Planning partners to develop services, skills and capacity in a range of staff and organisations to help address the issues of overweight and obesity.

NHS Lanarkshire, South Lanarkshire Leisure and Culture and North Lanarkshire Leisure developed the ‘Weigh to Go’ (WtG) adult weight management intervention in 2012 to provide community based Tier 2 support.

WtG is an approach that combines learning about diet and behaviour change with physical activity. The development of a detailed 15 week education programme was led by a Specialist Dietitian, who also then trained leisure staff to deliver it within their own premises. The instructors run both the 45 minute education component and 45 minutes of physical activity (generally immediately afterwards).

The WtG model has subsequently been adapted for various groups and settings. There is a Healthy Working Lives delivery model for workplaces that again follows the principles of WtG community but is delivered by staff to their work colleagues. This is jointly supported by the Healthy Working Lives Team (NHS Lanarkshire). There is also a WtG New Mum programme for postnatal women.

The interim evaluation of WtG is now available.

What do we want to achieve?

These ambitions are based on the outcomes of logic modelling and the recommendations of the Obesity Needs Assessment.

- We will provide support, guidance and co-ordination in areas of work related to nutrition, physical activity, obesity and related health issues and further facilitate exchange of information and guidance on best practice.
- We will advocate for improved evaluation, surveillance and data collection in relation to overweight and obesity among stakeholders.
- We will promote better utilisation of existing assets and community resources which have a role to play in preventing or treating overweight and obesity.
- We will initiate multi-sectorial weight management interventions utilising integrated community-based initiatives involving a wide range of stakeholders which have the capacity to be delivered across the Lanarkshire area.

12.4 – Weight management services and Interventions

Dietetic Services (Tier 2)

Why is this important?

SIGN 115¹⁹ 'Management of obesity' guidance suggests that a range of options for patients with obesity should be available. Tier 2 services have been developed around a group model. For some individuals this setting can be unhelpful in their efforts to lose weight. The dietetic service provides treatment on a one to one basis in a community setting.

What do we currently do?

Individuals who are unable to participate in the WtG programme are referred to the community dietetic service for support with weight management. They are seen within a general dietetic clinic by dietitians who have additional behaviour change training.

What do we want to achieve?

- We will establish specific clinics for weight management with extended time slots for assessment and review.
- We will ensure that the staff within the dietetic service continue to receive training in behaviour change management and provide structured supervision for these members of staff.

12.5 – Specialist Individual Support (Tier 3)

Why is this important?

As noted previously SIGN 115¹⁹ recommends that weight management programmes should include physical activity, dietary change and behavioural components. However, it is recognised that for some individuals receiving dietetic input, signposting either to WtG or other means of physical activity is not enough and they would benefit from a more intense approach.

What do we currently do?

The Healthy Lifestyle in Pregnancy Tier 3 weight management service provides support to women with a BMI > 35kg/m² from a specialist midwife, dietitian and physiotherapist throughout pregnancy and up to six months postnatal. Women are provided with information about the risks of obesity in pregnancy and supported to make healthy choices and be more physically active. An evaluation of this service is now available.

In addition, Lanarkshire has been providing a specialist individual support (SIS) programme to a small group of referred individuals who have had a long term issue with weight management. This comprises of intensive input from both dietetic staff and weekly sessions with a personal trainer to improve physical activity levels. Analysis of the programme to date has shown that barriers to improving weight loss outcomes on this programme are related to emotional distress experienced by the individuals involved.

A further pilot involving individuals who have been screened for motivation and emotional stability from a number of referral sources is underway.

The current criteria states referral can be made for individuals with significant weight issues who have been unable to lose weight through current available interventions and whose assessed motivation would be sufficient to benefit from intensive support.

It is suggested that individuals who would most benefit from SIS are those who are morbidly obese, who have been screened for Binge Eating Disorder (BED) and emotional eating difficulties and have not been identified as having issues or who have had treatment and have addressed those issues in the past.

What do we want to achieve?

- We will take the findings from the evaluation of the weight management in pregnancy service and work to increase referrals and engagements of women requiring support.
- We will establish SIS as a permanent time limited treatment option in the weight management service.
- We will establish clear links with physical health and mental health colleagues to provide holistic treatment for referred individuals.
- We will ensure a strong link with bariatric surgical service.

12.6 – Specialist Surgical Services (Tier 4)

Why is this important?

The Scottish Intercollegiate Guidelines Network (SIGN)¹⁹ produced a national clinical guideline in February 2010 on the management of obesity. It provided evidence based recommendations on both the prevention and treatment of obesity within the clinical setting. In terms of specialist surgical services, it recommended as good practice that bariatric surgery should be included as part of an overall clinical pathway for adult weight management.

In addition the National Planning Forum was requested by the Scottish Government to establish a subgroup to provide advice on treatments for obesity. It was agreed that surgical options should be placed in the wider context of weight management. In July 2012 the

subgroup produced Obesity Treatment Best Practice Guidance¹³ which describes the patient pathway from specialist weight management services into assessment for bariatric surgery.

What do we currently do?

Within the acute setting, NHS Lanarkshire offers a modified bariatric surgery service which provides up to a maximum of 20 gastric banding procedures per annum. The service is delivered by one consultant surgeon based at Wishaw General Hospital who has the clinical expertise to provide this service.

In addition to the surgeon, patients with significant weight management issues benefit from consultations with a specialist dietitian, a physician in endocrinology and a consultant psychiatrist. Post surgery, patients are seen by the consultant surgeon at least once and more regularly by the nurse who performs gastric band fills as necessary. There is no psychological support available.

As described earlier under 'Our Strategic Approach', surgery represents the top level of a tiered service model (tier 4) and would only be considered after tiers 1, 2 and 3 had been exhausted.

NHS Lanarkshire has developed the following referral criteria for consideration of patients for bariatric surgery based on National Guidance:

- Age 21 – 60 years
- BMI > 35
- Type 2 diabetes or severe mobility problems requiring a high level of support with at least one other comorbidity that would respond to weight reduction e.g. hypertension, sleep apnoea
- Able to comprehend and comply with the pre, peri and post operative requirements for bariatric surgery
- Able to understand the risks, benefits and long term consequences of surgery
- Medically fit enough to be considered for general anaesthesia
- Have undertaken other interventions e.g. physical activity, dietary measures and weight reducing drug therapy, with at least 5% weight loss
- Non smoker or ex-smoker for at least six months

What do we want to achieve?

- NHS Lanarkshire aims to comply with the Scottish Government's Best Practice Guidance¹³
- NHS Lanarkshire aims to achieve a sustainable tier 4 service.
- NHS Lanarkshire aims to carry out 25 bariatric procedures per year in line with national targets.

12.7 – Binge Eating Disorders

Why is this important?

Morbid Obesity is defined as a BMI > 40 or BMI > 35 with a comorbid condition, for example chronic obstructive pulmonary disease (COPD), heart failure, acute myocardial infarction, diabetes, other ischaemic heart disease, asthma, angina pectoris or hypertension.

In the Scottish population it is estimated that 27.1% of adults are obese and that of this number 2.4% are morbidly obese²⁰. This suggests that there are 12,000 adults living within Lanarkshire who are suffering from morbid obesity.

Successful weight loss and weight maintenance in this group is extremely difficult to achieve. Standard treatment approaches as recommended in SIGN 115¹⁸ including physical activity, dietary change and behavioural components have limited success. Barriers to involvement in physical activity and to changes to eating patterns can be linked to psychological issues.

Studies have suggested that the prevalence of Binge Eating Disorder (BED) occurs in 27% of individuals with morbid obesity. In addition a large number (~50%) have issues with emotional eating which would not meet BED diagnostic criteria. It is difficult to obtain prevalence data in bariatric surgery candidates as individuals often wish to appear 'psychiatrically healthy' in order to be accepted for surgery.

BED is characterised by recurrent binge eating without compensatory behaviours (such as self-induced vomiting, laxatives etc). It is associated with a feeling of loss of control over eating and marked feelings of distress in relation to this. It is recognised as a 'mental disorder' as defined in DSM5²¹.

This implies that there are 3250 individuals within Lanarkshire who are living with a BED. As the disorder assists in the regulation of emotion, attempts to alter food intake can cause greater emotional distress leading to a return to binge eating patterns and additional feelings of failure, guilt and anxiety. For this reason these individuals' needs are not currently met by available weight management treatments. For some individuals binge eating may cease following surgery however studies show that recurrence of behaviour can occur up until 18 months post surgery.

What do we currently do?

Currently a small number of individuals with BED are treated within psychological services and the community mental health team however the reason for referral is often due to a coexisting mental health condition such as anxiety or depression.

What do we want to achieve?

- We will develop a multi-disciplinary service to be available to clients with BED whose eating disorder is considered 'severe' resulting in complex needs, mirroring that available to those individuals who require intervention from the Tertiary Eating Disorder Service.
- Ensure a clear referral route for those who have received psychological treatment for BED (and have managed to address their emotional relationship with food, and develop and maintain a regular eating pattern) but remain obese, to the obesity service/ weight management programme. This should include the Specialist Individual Support Programme.

13. Outcomes Framework

The outcomes framework below sets the scene for what the partners involved in the LHWS want to achieve and what they will input in order to achieve the desired outcomes.

Inputs	Outputs		Outcomes		
	Activities	Who do we reach?	Short term (0–3 years)	Medium term (3–5 years)	Long term (5–10 yrs)
<ul style="list-style-type: none"> Partnership staff time and expertise Volunteers Funding Health needs assessment Research Asset based approaches Facilities (buildings) Training Data collection systems Evaluation National/local Policy i.e. HPHS, Obesity Route Map, etc. 	<p><i>The implementation plan will be developed further with partners and will be available on the NHS Lanarkshire public website</i></p>	<ul style="list-style-type: none"> Infants Children Adolescents Parents Families Early years settings and staff Education Healthy Working Lives Community Learning and Development Youth Learning Services Communities Children’s homes staff GPs Maternity services Community nursing staff Adult services Allied health professionals Acute hospital staff Dentists Pharmacists Local authorities 	<p>Opportunities for active play (structured and unstructured) are maximised.</p> <p>Active travel/recreational opportunities are promoted.</p> <p>Physical activity opportunities for older people are developed and promoted.</p> <p>Private sector food providers are actively engaged and encouraged to offer and promote healthy food choices.</p> <p>Children and young people have the opportunity to develop healthy eating habits and make healthy choices.</p> <p>Workplaces provide employees with opportunities to improve their nutrition and achieve a healthy weight.</p> <p>Community efforts to increase access to and affordability of healthy foods are strengthened.</p> <p>Multi-sectorial weight management interventions are initiated, developed and evaluated.</p>	<p>Increased numbers of parents/carers engage in active play with their children.</p> <p>Improved mental health and wellbeing.</p> <p>Increased number of traffic management areas.</p> <p>Increased number of people participating in cycling, walking and active commuting.</p> <p>Increased uptake of physical activity opportunities for older people.</p> <p>Increased physical activity levels in children and adults.</p> <p>Reduced exposure to high energy food and drinks.</p> <p>Increased availability of healthy food and drinks.</p> <p>Reduced energy consumption and improved energy balance.</p> <p>More children are breastfed and for longer.</p>	<p>The majority of Lanarkshire’s population are in a healthy weight range throughout their lives.</p> <p>Health inequalities and premature mortality due to the burden of overweight and obesity is reduced.</p> <p>Weight loss/maintenance is sustained.</p> <p>Reduced obesity in children and young people.</p> <p>Reduced maternal obesity.</p> <p>Reduction in falls and fractures in older adults.</p> <p>A healthier food environment exist within Lanarkshire.</p>

Data collection, surveillance and evaluation in relation to overweight and obesity are improved across agencies.

Programmes related to nutrition, physical activity, obesity & related health issues are better coordinated.

Tier 2 Dietetics Service is enhanced through training and appointment times.

Specialist Individual Support is established as a treatment option in the weight management service.

Increased level of Tier 4 interventions delivered.

Services are in place for Binge Eating Disorder.

More children and adults successfully participate in weight management interventions.

A sustainable Tier 4 Bariatric Service is achieved.

14. Implementation Plan

An implementation plan has been drafted to support the outcomes framework and defines further, the actions partners will take in order to meet the stated outcomes. The plan will be available as a 'live' document in the Publications section of the NHS Lanarkshire public website.

15. Implementation and Monitoring

An implementation and monitoring group will be established to oversee the Strategy.

As noted before, the high level priorities set out in the LHWS have been distilled into an implementation plan. The activities in the plan have been developed by subgroups made up of experts in the relevant topic, local stakeholders and patient representatives.

The implementation plan will be used as a monitoring framework which will contain Lanarkshire focused outcome measures where available. Where this is unavailable the most relevant Scotland level data will be used.

16. Governance

The Lanarkshire Healthy Weight Strategy will report on activity through the Public Health Governance Group within NHS Lanarkshire. Reports will be submitted to Healthcare Quality Assurance and Improvement Committee when required.

The LHWS will also report to the Joint Integration Boards in both South and North Lanarkshire.

17. Communication and Engagement

The Lanarkshire Healthy Weight Strategy and its accompanying implementation plan will be launched and communicated to all Community Planning Partner organisations as well as to our communities. It is well recognised that in order to improve health and well-being and reduce inequalities, a strong focus on involving local people is essential in designing and delivering the services they use. This will be a key component of any work undertaken under the umbrella of the LHWS.

As part of the Obesity Needs Assessment that was carried out focus groups were held within communities in Lanarkshire, the results of which have influenced the actions within the Strategy. Also, as part of the shaping of the 'Weigh to Go' programme, current and past users of the service were included in focus groups.

18. Equality and Diversity Impact Assessment

In line with NHS Lanarkshire policy an equality and diversity impact assessment (EDIA) was completed at the outset of the Strategy development. The results of which are available on request. The report from the EDIA was used to inform the development of the Strategy and will be used further during implementation through an action plan.

Appendix 1

Members of the Lanarkshire Healthy Weight Strategy Steering Group

(as at October 2012)

Karen McGuigan, (Chair), *Health Improvement Co-ordinator*, NHS Lanarkshire

Jonathan Cavana, *Child Healthy Weight Programme Manager*, NHS Lanarkshire

Graeme Cowan, *Service Improvement Officer*, North Lanarkshire Council

Eddie Docherty, *Communications Officer*, NHS Lanarkshire

Michelle Dowling, *Planning Manager – Health*, South Lanarkshire Council

Isobel Frize, *Senior Planning Manager*, NHS Lanarkshire

Ashley Goodfellow, *Public Health Nutritionist*, NHS Lanarkshire

Colin Lauder, *Head of Modernisation (Acute)*, NHS Lanarkshire

Maureen Lees, *Head of Dietetics*, NHS Lanarkshire

Maria Reid, *Assistant Health Promotion Manager*, NHS Lanarkshire

George Lindsay, *Head of Pharmacy, Primary Care*, NHS Lanarkshire

Ann Marie Stevenson, *Service Manager*, NHS Lanarkshire

Donna Sweeney, *Operational Services Manager*, NHS Lanarkshire

Jennifer Thomson, *Planning & Development Officer*, North Lanarkshire Council

Colin Angus, South Lanarkshire Public Partnership Forum

Patrick Reilly, North Lanarkshire Public Partnership Forum

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