UK Congress on Obesity

Symposium:
Planning for, and delivering best practices in lifestyle weight management

Sponsored by WeightWatchers®
Post guidance on commissioning tier 2 weight management services: what questions do we still have to grapple with?

Adrian Coggins  
Essex County Council
This is…

… a personal reflection from someone involved in developing DH tier 2 guidance, and practicing local commissioning

It is not…

… an explanation of the content of, or process of, production of the guidance
Student: Do you answer every question with a question?

Master: Do you question every answer?

What further questions does the guidance prompt? (Rather than regurgitation of questions it answers)

Via analysis of selective key content/statements from the guidance
A powerful question: what more do we need to know to deliver effective services?

The overweight/obese population is more heterogeneous than tiers, 1, 2, 3, and 4

A conclusion is simply the point at which we got tired of thinking

Trindall A.

Developing a specification for lifestyle weight management services. DH 2011
Guidance is a major step forward: CATALYST for important discussion

Discussion, moderation, consensus must be an ITERATIVE PROCESS

The world is changing

Health improvement in LAs from NHS

Social care relevance for weight management?

Public Sector Social Value Act

Commissioning for outcomes

NEXT practice not best practice = variability/diversity (extremes?)

Discussion ↓

Moderation ↓

Consensus
Next practice not best practice

"Behold the turtle. He only makes progress when he sticks his neck out."

Anonymous
14 July 2013 6:06 pm
Next practice not best practice

Grow the evidence base through exploratory commissioning with good prospective evaluation methodology

Current evidence base → Evidence based practice → Commissioning adds VOLUME to EXISTING evidence/knowledge base

OR...

Current evidence base → Evidence based practice → Assessment of evidence base against known need/context

What is the gap?

Commissioning evidence base + analysis of specific contextualised variables: eg.
- do social care caseloads differ from general population re wt loss outcomes?
- What is optimal balance between wt loss and wt loss maintenance phases to achieve 24 month sustained wt loss outcomes?
- What are outcomes for socially isolated or vulnerable adults compared with general popn?

Commissioning adds NEW AREAS OF INQUIRY to evidence base (and better reflects up to date commissioning context)
Post guidance on tier 2 weight management services, let’s start the iterative process…

“Tier 2” and “Lifestyle” terms to revisit? An oversimplification of weight as a complex, enduring issue?

Do tier 2 services adequately reflect the complexity of overweight, and obesity?

Lifestyle services: is a spectrum of non-complex to complex obesity better for eligibility criteria than BMI?

![Complexity of condition vs. BMI diagram]
Guidance proposed move towards measuring longer term (eg 12 months not 3 months) outcomes. Expectation of commissioners of “delivering services which show sustainable reductions in weight amongst those exposed to intervention”

“You should consider whether you require outcomes reported for the whole population, by BMI bands, or age or presented in any other ways”.

A new taxonomy for “tier 2” or “lifestyle” services is needed to increase sensitivity of understanding/likelihood of sustained weight reduction

• Psychological assessment as a key determinant of client pathway/service referral at tier 2 as well as tier 3 level?

• Social “need”/complexity?

• Personal resilience?

BUT still some way to go “We need to educate people” (in the dangers of overeating and being inactive)
“…given the limited evidence base of what works in delivering longer term weight management outcomes, commissioners and providers can usefully work together to develop and test different weight loss and weight maintenance service models, which, if well evaluated, will identify any impact on slope of weight regain over time”.

3 important questions:
- What outcomes
- Over what period of time
- For what unit cost?

(NB. Unit cost and outcome time period are closely linked).
Weight Management Service Specification:

Primary outcome: 5% weight loss against baseline measurement, sustained at 20 years, (with annual measurement not to exceed 1.5% variance from agreed trajectory)

Cost: £50,000 per client!
“…given the limited evidence base of what works in delivering longer term weight management outcomes, commissioners and providers can usefully work together to develop and test different weight loss and weight maintenance service models, which, if well evaluated, will identify any impact on slope of weight regain over time”.

Key Questions (associated with long term outcomes:

- What type/intensity of service is needed and for how long
- What is the optimal Service Intensity Tapering (SIT)
- What is the optimal balance between weight loss and weight loss maintenance services?
- How long should client/patient support last for?
- What level of (sub-cohort specific) attrition is acceptable for long term outcomes?
Commissioning for outcomes: what does that mean in practice?

Clarity on outcomes being commissioned/expected

Financial penalties if outcomes not met? (discussion becomes financial risk share)
“A society grows great when old men plant trees whose shade they know they shall never sit in”

*Greek proverb*
Weight Watchers in Buckinghamshire

Sarah Mills
Public Health Principal
Buckinghamshire at a glance

- 505,000 population
- 4 district councils and 2 CCGs
- Less deprived than national average
- Increasingly ethnically diverse
- But 14 year gap in life expectancy
- Ageing population
- Low public sector funding and economic downturn impact on health and services
- 64.4% of adults are overweight or obese (higher than England average)
Commissioning Model for Tier 2 Weight Management Services

- Approved provider list
- Can be used if value under UK Procurement Threshold
- Advertised every 3 years
- List can be reopened within this period
- Provider can be selected from the list to deliver the service
Referral Process

- GP referral
- Patient is given a referral sheet with a description of the options and the number and reference code to use to access the service
- Patient calls the service directly

1,342 referrals in 13/14
Referral Criteria

- Aged 16 year or over
- Patients identified as obese (BMI ≥30 or ≥28 for BME groups)
- Patients identified as overweight with a BMI ≥ 28 AND with a co-morbidity that is adversely affected by their weight.
- Not have a known eating disorder
- Not to have self funded attendance at weight management group in the last 3 months
How Buckinghamshire is commissioning against the DH guidelines
## DH Outcomes

<table>
<thead>
<tr>
<th>DH Outcome</th>
<th>In Buckinghamshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of patients accessing the service meet the eligibility criteria.</td>
<td>Achieved</td>
</tr>
<tr>
<td>A minimum of 60% of all engaged participants complete the intervention.</td>
<td>62% completion</td>
</tr>
<tr>
<td>Engaged participants are those who have attended at least 2 sessions of</td>
<td>Completion is measured as attending 9</td>
</tr>
<tr>
<td>the Intervention. Completion is measured as participants attending at</td>
<td>of the 12 sessions</td>
</tr>
<tr>
<td>least one of the last three sessions of</td>
<td></td>
</tr>
<tr>
<td>The service is free at the point of contact and resources shared with</td>
<td>Achieved</td>
</tr>
<tr>
<td>users are provided free of charge.</td>
<td></td>
</tr>
</tbody>
</table>
Buckinghamshire County Council

Average number of meetings attended per course

- Completed: 11.8
- Lapsed: 4.8
- Completed and Lapsed: 9.1
### DH Outcomes

<table>
<thead>
<tr>
<th>DH Outcome</th>
<th>In Buckinghamshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>To target access to the service in line with local Joint Strategic Needs Assessment as stated within the local weight management strategy: (i) individuals living in areas of deprivation (ii) individuals from priority high risk groups</td>
<td>Access not targeted Capacity for all Bucks residents</td>
</tr>
<tr>
<td>At least 30% of all participants have achieved a weight loss equal to or greater that 5% of their initial weight at the end of the intervention</td>
<td>46%</td>
</tr>
</tbody>
</table>
Buckinghamshire County Council

Weight Loss Results for Completed Packs

- Gained Weight: 52%
- Under 5%: 31%
- 5% - 10%: 15%
- Over 10%: 2%
- Maintained Weight: 1%
Buckinghamshire County Council

Weight Loss Results for Completed and Lapsed Packs

- Over 10%
- 5% - 10%
- Under 5%
- Maintained Weight
- Gained Weight

41%
36%
9%
Buckinghamshire County Council

## DH Outcomes

<table>
<thead>
<tr>
<th>DH Outcome</th>
<th>In Buckinghamshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service is safe, appropriate and complies with legislative requirements.</td>
<td>Achieved</td>
</tr>
<tr>
<td>100% of staff are appropriately trained and competent in delivery of the proposed services.</td>
<td>Achieved WW training programme</td>
</tr>
<tr>
<td>Services are available locality wide and during the day, evening and weekends.</td>
<td>Achieved</td>
</tr>
<tr>
<td>Key stakeholders are engaged in the ongoing development and governance of the programme.</td>
<td>Quarterly/Annual reports GPs receive practice level quarterly reports, including patient level data</td>
</tr>
</tbody>
</table>
## DH Outcomes

<table>
<thead>
<tr>
<th>DH Outcomes</th>
<th>In Buckinghamshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of participants demographic details are recorded and weight status is measured and recorded as a minimum at the beginning and the end of the intervention</td>
<td>Achieved</td>
</tr>
<tr>
<td>75% of key stakeholders e.g. primary care professionals are aware of the service and rate it as good or excellent.</td>
<td>Referral survey – biannual process, first survey Oct 14 Protected Learning Time</td>
</tr>
<tr>
<td>75% of participants rate the service as good or excellent.</td>
<td>Patient survey – biannual process, first survey Oct 14</td>
</tr>
<tr>
<td>To report the service outcomes using the NOO SEF.</td>
<td>Achieved</td>
</tr>
</tbody>
</table>
Buckinghamshire County Council

Attendance by Gender

Attendance by Age Band

<table>
<thead>
<tr>
<th>Age Band</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>38</td>
</tr>
<tr>
<td>25-39</td>
<td>197</td>
</tr>
<tr>
<td>40-49</td>
<td>268</td>
</tr>
<tr>
<td>50-64</td>
<td>415</td>
</tr>
<tr>
<td>65-99</td>
<td>229</td>
</tr>
</tbody>
</table>
# Additional Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 8% of all participants have achieved a weight loss equal to or greater than 10% of their initial weight at the end of the intervention.</td>
<td>15%</td>
</tr>
<tr>
<td>25% of participants have a recorded weight status at 6 and 12 months</td>
<td>Contracted to deliver since April 2014 No outcomes currently available</td>
</tr>
</tbody>
</table>
Integration with Local Authority

- Annual budget planning process – outcome data is vital to demonstrate value
- Case needs to build in social care benefits
- Different procurement approach from NHS – approved list (capped) or framework approach
- Concern from public about charging for services - using Charging Guidance to support this
Thank you
Weight Watchers in Lincolnshire
Set-up of the scheme

• Weight Watchers is the sole provider in Lincolnshire

• Largest scheme in the country - very large and varied county

• Targeted to reach 60% referrals from the most deprived areas in the county

• Weight Watchers is responsible for marketing the scheme

Promoting the Scheme

Local Weight Watchers Leaders have been out and about throughout the year spreading the word about the service. Some of the activities carried out include:

- Attending Holton le Clay & Louth Children's Centre for drop in sessions
- A health promotion event in Louth
- Carrying out ‘pop up’ BMI checks in Boston, Horncastle, Lincoln and Grantham
- Attending a Practice Managers meeting in Grantham
- A Health Event in LN6
- Drop in sessions at various GPs across Lincolnshire

If you would like us to get involved in any promotion event – just let us know!
Referral process

GP referral

Criteria:
• Aged 16 years or over
• Patients identified as obese (BMI ≥30 or ≥28 for BME groups)
• Patients identified as overweight with a BMI ≥ 28 AND with a co-morbidity that is adversely affected by their weight.
• Not have a known eating disorder
Referral Totals
Weight Watchers is very pleased to be able to report that in its second year the service has been very well supported.

This year there have been 3,854 referrals to Weight Watchers, 838 more than in 2012/13. That’s a 28% increase year on year.

<table>
<thead>
<tr>
<th>Total Referrals</th>
<th>3854</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>1550</td>
</tr>
<tr>
<td>Still Active</td>
<td>1283</td>
</tr>
<tr>
<td>Lapsed</td>
<td>888</td>
</tr>
</tbody>
</table>

Attendance Results
Of the 3854 patients that started the course, 1550 patients have completed 10 weeks or more which is a completion rate of 64%.

This compares very favourably with to the national average of 58% which is taken from an independent audit of 29,000 By Referral members by the Medical Research Council.

64% of patients attended >10 weeks.

The average number of weeks attended by all who started the 12 week course was 9.3 weeks and of those who completed, 11.8 weeks.

Those people who lapsed from the course attended an average of 4.9 weeks.
DH Service Specification
outcome comparison

**DH benchmarks**

- 100% of patients accessing the service meet the eligibility criteria.
- A minimum of 60% of all engaged participants complete the intervention. Engaged participants are those who have attended at least 2 sessions of the Intervention. Completion is measured as participants attending at least one of the last three sessions of the intervention.
- The service is free at the point of contact and resources shared with users are provided free of charge.

**Lincolnshire CC outcomes**

- All referrals met eligibility criteria
- 64% of patients referred completed the intervention. However, completion measured as attending 10 or more sessions. 100% of those referred attended at least 1 session.
- The 12-week Weight Watchers programme is provided to patients free of change.
Patient Profile

14% of referrals were male. This is higher than the average by referral male membership which is approximately 10% of membership.

The most common age bracket of patients referred was between 50 and 64 with 33% of referrals. 23% were aged between 40-49, 20% were aged between 25-39, 19% were aged 65+, and 5% were aged <25.

The average start BMI was 37.2 and average end BMI was 34.9 which is a reduction of 2.3 BMI points.

Weight Watchers are tasked with targeting 60% of referrals from 40% of the most deprived areas across Lincolnshire. If we use the home postcodes of patients with an IMD score of above 20 and therefore are the top 40% most deprived areas, we currently have 42.09% of referrals from these postcodes.
DH Benchmarks

• To target access to the service in line with local Joint Strategic Needs Assessment as stated within the local weight management strategy: (i) individuals living in areas of deprivation (ii) individuals from priority high risk groups

Lincolnshire CC Outcomes

• 42% referrals from areas of highest deprivation in Lincolnshire as defined by LA
1,441 referrals have come from the GP surgeries in the most deprived areas of the county which is an increase on the previous year.

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>No of Referrals</th>
<th>Practice Name</th>
<th>No of Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birchwood Medical Practice</td>
<td>78</td>
<td>James Street Family Practice</td>
<td>37</td>
</tr>
<tr>
<td>Beacon Medical Practice</td>
<td>75</td>
<td>Westside Surgery</td>
<td>37</td>
</tr>
<tr>
<td>Long Sutton Medical Centre</td>
<td>72</td>
<td>Binbrook Surgery</td>
<td>27</td>
</tr>
<tr>
<td>Hawthorn Medical Practice</td>
<td>72</td>
<td>Stuart House Surgery</td>
<td>27</td>
</tr>
<tr>
<td>Cleveland Surgery</td>
<td>70</td>
<td>Glebe Park Surgery</td>
<td>26</td>
</tr>
<tr>
<td>Greyfriars Surgery</td>
<td>66</td>
<td>Billinghay Medical Practice</td>
<td>24</td>
</tr>
<tr>
<td>Marisco Medical Practice</td>
<td>66</td>
<td>Pottergate Surgery (WL004)</td>
<td>24</td>
</tr>
<tr>
<td>Boultham Medical Practice</td>
<td>64</td>
<td>The Spilsby Surgery</td>
<td>23</td>
</tr>
<tr>
<td>Minster Medical Practice</td>
<td>62</td>
<td>Brayford Medical Practice</td>
<td>21</td>
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<tr>
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<td>75</td>
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<td>37</td>
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<tr>
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<td>66</td>
<td>Pottergate Surgery (WL004)</td>
<td>24</td>
</tr>
</tbody>
</table>

**Weight Loss**

A fantastic 13,119.7 KG have been lost in total. This equates to a cost per KG lost of £12.54.

The average weight loss was 5KG. This is an excellent result if compared to the MRC audit which showed an average loss of 2.8KG.

- 43% of all referrals achieved a weight loss of 5% or above – the national average is 33%
- 9% of all referrals achieved a weight loss of 10% or above – the national average is 7%
- 87% of all attendees lost weight

- 62% of all referrals achieved a weight loss of 5% or above – the national average is 58%
- 13% of those referrals that completed the course achieved a weight loss of 10% or above – the national average is 12%
DH benchmarks

• At least 30% of all participants have achieved a weight loss equal to or greater than 5% of their initial weight at the end of the intervention.

• At least 8% of all participants have achieved a weight loss equal to or greater than 10% of their initial weight at the end of the intervention.

Lincolnshire CC outcomes

• 43% of all referrals achieved a weight loss of equal or greater than 5%

• 9% of all participants achieved a weight loss of 10% (completers = 13%)
**Nice Guidelines**
The latest NICE Guidelines for managing overweight and obesity in adults emphasises the health benefits of losing even a relatively small amount of weight and keeping it off. -maintaining a lower weight trajectory leads to long term health benefits.

62% of all those who embarked on the programme had a weight loss of > 3% and of those that completed the course 81% had a weight loss of > 3%

**Source of Referrals**
We are delighted that all 101 surgeries have referred patients to Weight Watchers.
MECC teams have referred a further 59 patients.
The surgeries on our airbases at Waddington, Cranwell and Grantham have also referred eligible patients.
The Top 20 referring surgeries are listed below.

<table>
<thead>
<tr>
<th>Surgery Name</th>
<th>No of Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Peters Hill Surgery</td>
<td>119</td>
</tr>
<tr>
<td>Munro Medical Centre</td>
<td>93</td>
</tr>
<tr>
<td>The Old Vicarage</td>
<td>93</td>
</tr>
<tr>
<td>Sleaford Medical Group</td>
<td>85</td>
</tr>
<tr>
<td>The Deepings Practice</td>
<td>84</td>
</tr>
<tr>
<td>Birchwood Medical Practice</td>
<td>78</td>
</tr>
<tr>
<td>Holbeach Medical Centre</td>
<td>77</td>
</tr>
<tr>
<td>The New Coningsby Surgery</td>
<td>76</td>
</tr>
<tr>
<td>Beacon Medical Practice</td>
<td>75</td>
</tr>
<tr>
<td>Hawthorn Medical Practice</td>
<td>72</td>
</tr>
<tr>
<td>Hawthorn Rd</td>
<td>72</td>
</tr>
<tr>
<td>Long Sutton Medical Centre</td>
<td>72</td>
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<tr>
<td>Cleveland Surgery</td>
<td>70</td>
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<td>Marisco Medical Practice</td>
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<tr>
<td>Boultham Medical Practice</td>
<td>64</td>
</tr>
<tr>
<td>Minster Medical Practice</td>
<td>62</td>
</tr>
<tr>
<td>Nettleham Medical Practice</td>
<td>62</td>
</tr>
<tr>
<td>Beechfield Medical Centre</td>
<td>61</td>
</tr>
<tr>
<td>Millview Medical Centre</td>
<td>61</td>
</tr>
</tbody>
</table>

**Weight Loss Follow up**
Weight Watchers has followed up all referred patients both at 6 months and 12 months. Patients have been invited to return to the meeting for a follow up weigh in free of charge and be weighed.
- Of those who returned at 6 months 79% have lost more weight since their 12 week referral and 17% have gained some weight.
- Of those who returned at 12 months 83% have lost more weight since their 12 week referral and 17% have gained some weight.
DH benchmarks

• Participants who have attended at least 1 session of the intervention achieve a mean weight loss of at least 3% of their initial weight

Lincolnshire CC outcomes

• 62% of all those who embarked on the programme had a weight loss of > 3% and of those that completed the course 81% had a weight loss of >3%
DH benchmarks

- The service is safe, appropriate and complies with legislative requirements.
- 100% of staff are appropriately trained and competent in delivery of the proposed services.
- Services are available locality wide and during the day, evening and weekends.
- Key stakeholders are engaged in the ongoing development and governance of the programme.

Lincolnshire CC outcomes

✔ Yes

- Service delivered by Weight Watchers’ Leaders
- Weight Watchers meetings available daytime, evenings and weekends
- Quarterly and Annual reports delivered to commissioners
Weight Loss Success Event
On Friday 15th November we enjoyed a wonderful evening at The Showroom in Lincoln celebrating the success of 12 patients from across Lincolnshire who had been referred to Weight Watchers because their health was being adversely affected by their weight.

Pat and Ken Gough
Lost 43lb and 21.5lb
Pat and Ken were both referred to Weight Watchers with health problems related to their weight and high blood pressure.

Since being referred to Weight Watchers Pat has lost 43lb and Ken has lost 21.5lb and have both seen their health improve dramatically.

Ken now enjoys riding his bike and Pat doesn’t rely on her wheelchair so much.

Sarah Townsend-Dowie
Sarah has lost 57lb
Sarah was referred to Weight Watchers by her Practice Nurse as her weight was making her feel depressed. She knew she needed to lose weight but couldn’t do it alone. Sarah really enjoyed attending the Meeting, getting support from the other members and not feeling alone. She learned to make healthy food choices and now loves to swim and be active.
Mark Holland  
**Lost 64lb**

Mark was referred to Weight Watchers by his GP with high BMI and blood pressure. After losing weight, Mark’s blood pressure is now normal, he is lots more active and regularly does 9 mile walks with his wife and daughter who have also joined Weight Watchers and lost weight.

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**GP Awards - Greyfriars Surgery Boston**

It was also lovely to be able to present some awards to GP Surgeries. Greyfriars Surgery in Boston won the award for the **Highest Weight Loss**.

Of the 62 patients from Greyfriars who completed the 12 week WW course, 74% have lost at least 5% of their body weight.

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**GP Awards - The Wragby Surgery**

Wragby Surgery won the award for the **Highest Number of Referrals** per practice list. The surgery made 50 referrals to weight watchers in 6 months.
Case Studies

**Rhianna Goodger**  
*Lost 70lb*

Was referred by the nurse at Wragby Surgery with a BMI of 42.  
Rhianna’s mother and both sisters had had bariatric surgery and Rhianna didn’t want to have to do the same.  
Since joining Weight Watchers she has lost 5 stone to date and is determined to reach a healthy BMI of 25.

**Peter Bates**  

Was referred by his GP as he had high Blood Pressure and Sleep Apnoea for which he had to use a CPAP machine at night.

After losing 42lb at Weight Watchers, Peter has gone from a size 40” to 34” waist.

His self confidence is soaring and he now walks and jogs regularly and he no longer requires his CPAP machine at night.
Thank you
Conclusion 10 mins

My holy grail – is no more than a realisation of the reason why PH moved to LAs in the first place, which in obesity terms offers the opportunity to do behaviour change work **AND** change the environment to make it less obesogenic. The LA has commissioning responsibility for both these things, and some market stimulation to get a provider who can deliver behaviour change outcomes, social care outcomes, and environmental outcomes to change the environment to make it less obesogenic would be effort well invested. We used the process of producing the guidance on lifestyle services partly to stimulate the provider market beyond existing standard business models, and discuss/moderate commissioner asks. Let’s continue to do this and work towards an example whereby, (eg under a lead provider model) we commission a provider to do behavioural weight management for those who get the bus to work from the park & ride, but also build specific cycling paths from the park & ride to offices in which people work.

Better knowledge about what commissioners can reasonably expect for longer term outcomes, 24 or 35 months or longer.

Better understanding of specific (and possibly more challenging) cohorts beyond just what is often treated as a homogenous population, eg overweight vulnerable adults, overweight families with complex needs,