



Hertfordshire's New Integrated Tier 2 and Tier 3 Adult Weight Management Service

Funded by Public Health and the NHS. Commissioned by Hertfordshire County Council and the Hertfordshire and West Essex ICB.

Delivered by



WEBSITE:

www.tbchealthcare.co.uk



- Providers of specialist weight management services since 2009.
- Evidence based NICE compliant interventions.
- Multi-disciplinary pathways including psychological led behaviour change, dietetics, activity.
- CQC registered, DTAC compliant, Safeguarding framework to ensure safe delivery.



Focus on Prevention

- Each service user will have the opportunity to be signposted to the most appropriate part of the overall weight management pathway.
- They will be supported in creating a care plan that embraces every opportunity within the wider community to develop a long term support package that fits in with their lifestyle and specific needs.
- Focus on identified priority groups taking into account levels of adversity, religious/cultural preferences and additional needs.
- The goal is to reduce health inequalities across the county by putting inclusivity at the heart of our service.

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Integrated Tier 2 and Tier 3 Adult Weight Management Service for Hertfordshire



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Eligibility Criteria

- Adults aged 18 years and above
- Live in Hertfordshire and/or registered with a Hertfordshire GP
- Have a BMI ≥ 30 OR BMI ≥ 27.5 for ethnic minority communities and those with associated co-morbidities
- Have not attended and completed a free 12-week course in the past 12 months (incl. Shape Up, Oviva or Slimming World, National Diabetes Prevention Programme or Digital Weight Management Programme)



My Healthy Weight (Tier 2) is a 14-week healthy lifestyle programme that combines diet and nutrition with activity and cognitive behaviour therapy (CBT) behaviour change. It is delivered to groups of up to 15 participants either face-to-face in a community setting or via MS Teams by a team of Health Advisors with weight check-ins. Participants will receive weekly handouts and worksheets they can use to map their progress and set goals. They will also have access to an e-learning programme and digital portal with a follow-ups for up to a year.



It is a multi-disciplinary specialist delivered by a clinical team of psychologists, dietetics and exercise specialists for those with a higher BMI and associated co-morbidities. The initial intensive 12-week phase includes psychological-led behaviour change to understand the relationship with food, underlying triggers to emotional eating and how to manage change. There are regular sessions with a specialist dietician, bespoke exercise planning and a maintenance plan for 9-months with follow-ups for up to 24-months.



It is a tailored programme, working alongside midwifery teams to meet the needs of pregnant women both pre-conception, and pre/post-natal to ensure they maintain a healthy weight. The programme will support women for up to 1 year and will include input from a specialist maternity dietician and weekly healthy lifestyle sessions with a dedicated health advisor.

Priority Group Engagement

We welcome referrals from priority groups.

- Ethnic minority populations
- Special Educational Needs and Disabilities (SEND)
- Men
- Serious Mental Illness (SMI)
- Those from identified areas of deprivation
- Women either pre or post natal and those living with overweight seeking to become pregnant.

The service has been designed to offer inclusive interventions tailored to meet the needs of the individual.

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Tailored Interventions

- Cultural and religious considerations in Dietetic component.
- Culturally appropriate images and language.
- Single-sex behaviour change groups.
- Activity tailored to meet cultural needs.
- Material is available in various languages, visual and verbal.
- The workforce reflects the community.



Tailored Interventions

- Work with each individual to tailor the pathway to the type of disability.
- Have a dedicated SEND phone line and care coordinator.
- Involve the service user and support team in the care plan.
- Provide accessible content images/format.
- Domiciliary visits are available if required.



Tailored Interventions

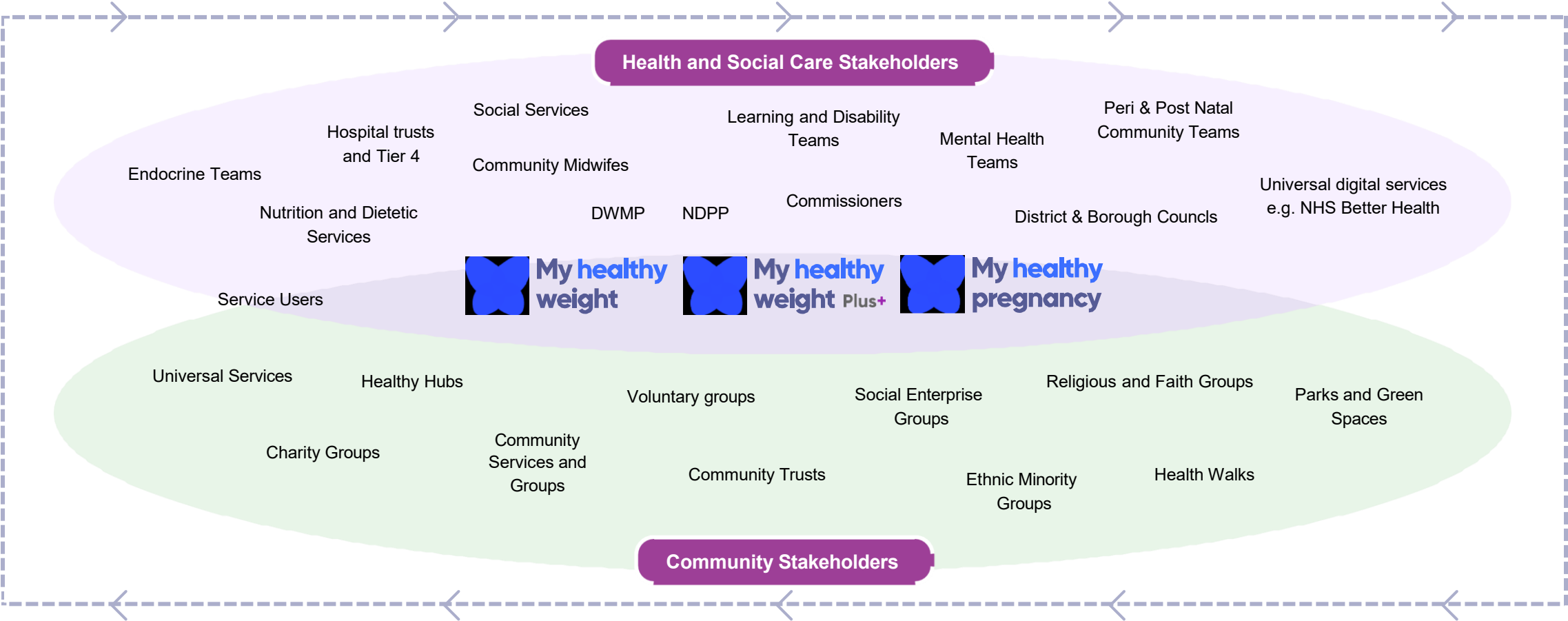
- Male-only groups for behaviour change.
- Male representation in all content both images and language.
- The overall message is improved health rather than just weight loss.
- Work to increase involvement with community groups like Watford FC Community Trust.
- Emphasise a good health message.



Tailored Interventions

- Maintaining mental health stability is critical.
- Work closely with GP and MH Teams for joined-up care.
- one-2-one behaviour change intervention recommended.
- Diet plan to consider psychotropic medication.
- Provide realistic appt times (avoid bust times)
- Target increased activity to improve mood.

Pathway Stakeholders Map



Fully Integrated Service

The service will have a single point of entry.

An initial triage will determine the pathway (detailed opposite).

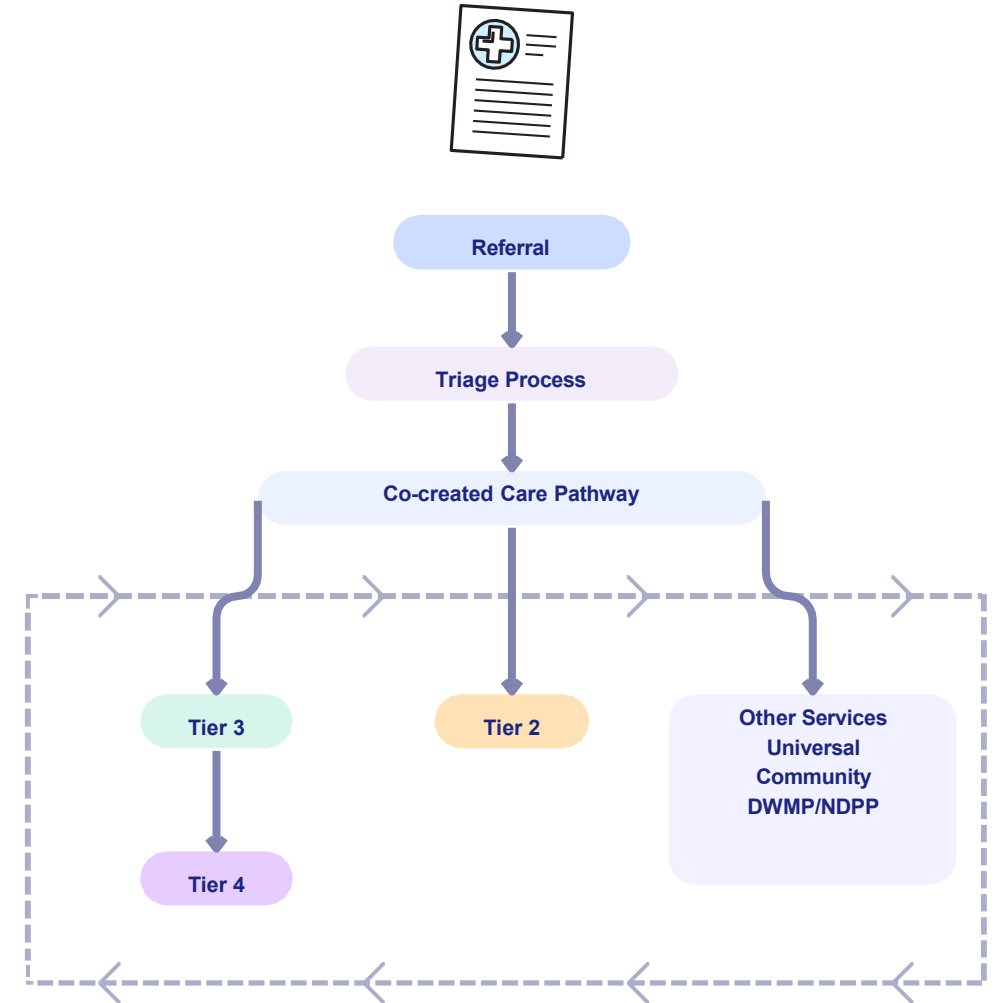
The triage process:

- Referral received from GP, other stakeholders, or self-referrals. Contact will be made within one week.
- Referrals will undergo an initial triage by the care team.
- Tier 2 referrals will each be allocated to a dedicated Health Advisor who will work with the individual to co-create a treatment plan.
- Tier 3 patients will continue through an in-depth assessment process.
- Goals will be agreed and set with each individual.

We operate a “no wrong door” policy and individuals who are unable to engage will be signposted to more appropriate interventions and the referrer informed.

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Tier 2 Pathway

Healthy lifestyle programme that combines diet and nutrition with activity and CBT behaviour change.

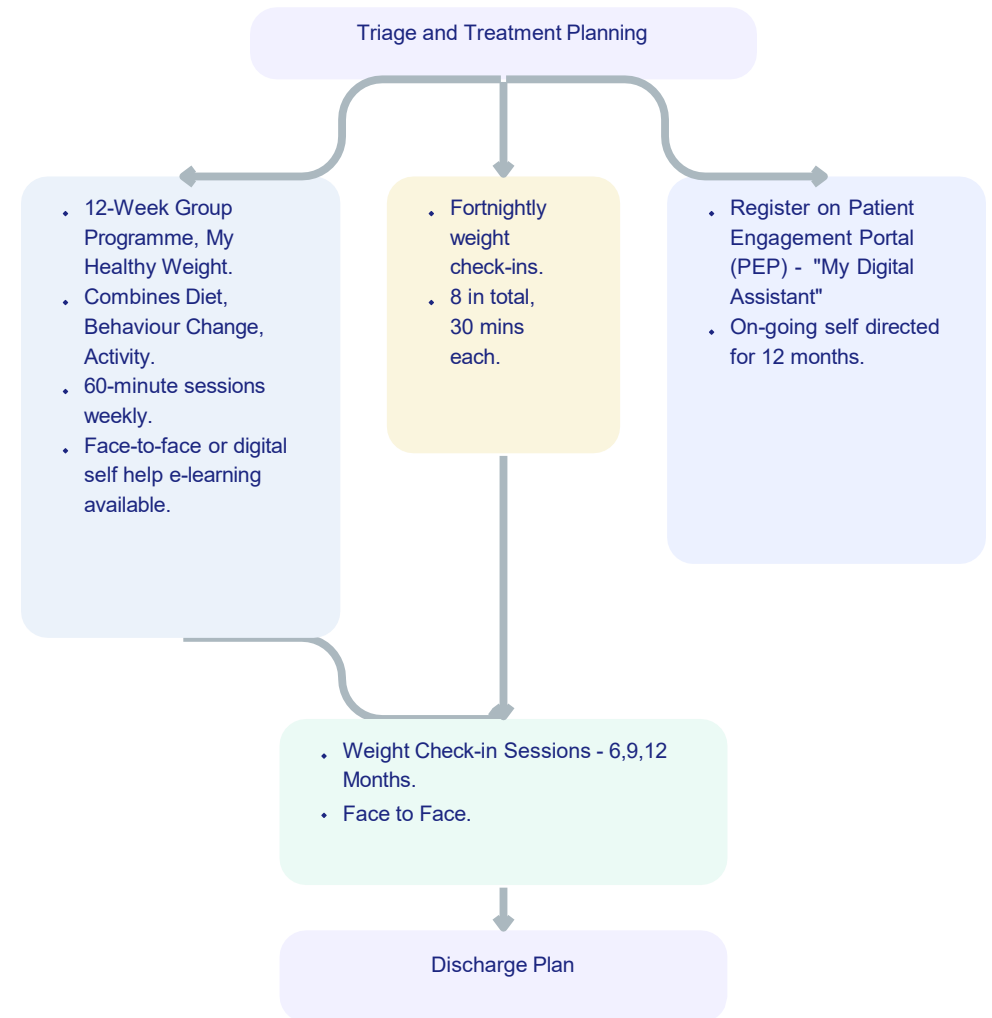
- Delivered to groups of up to 15 participants.
- Delivered by a team of Health Advisors.
- Service will be face-to-face in community settings, or by Teams.
- Regular weight check-ins will be run in community locations.

Participants will be provided with group material in the form of weekly handouts and worksheets they can use to map progress and set goals.

They will also have access to our e-learning programme and digital portal.

Follow-up will be for up to one-year.

Overview of Tier 2 Pathway 14 weeks with follow-up 6,9,12 months.

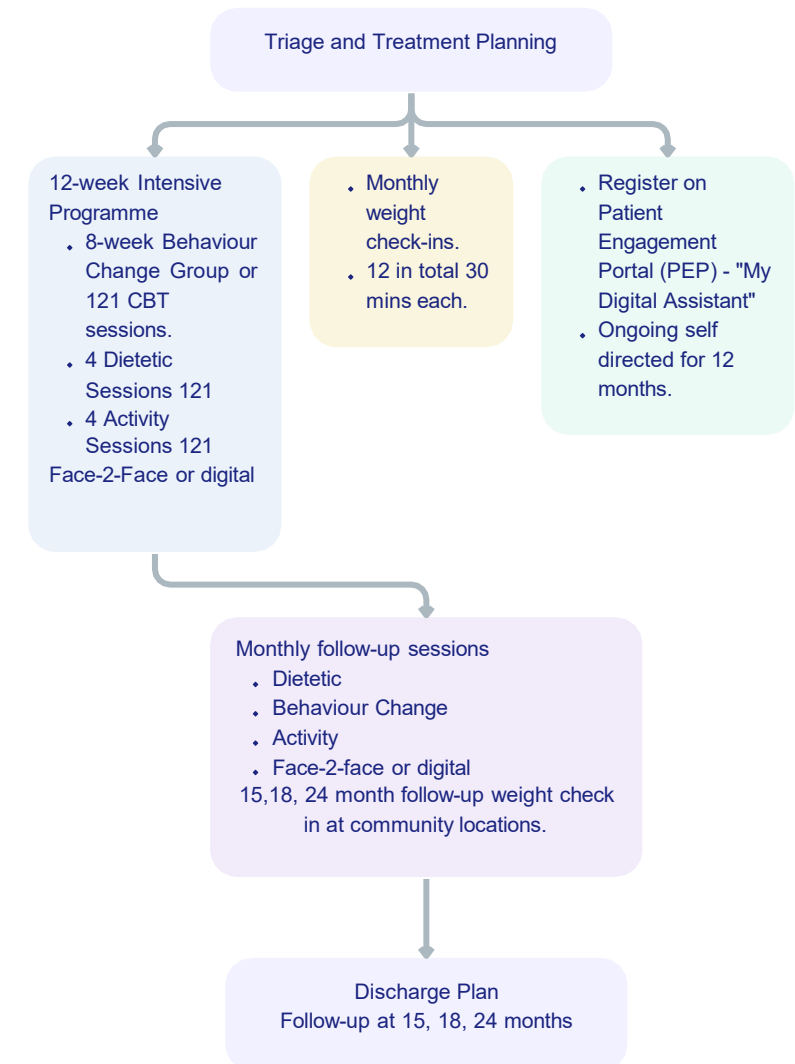


Tier 3 Pathway

A specialist multi-disciplinary pathway delivered by the Clinical team for individuals with higher BMIs.

- Treatment starts with an intensive phase of 12-weeks that includes a psychologically led behaviour change intervention to help individuals understand their relationship to food, and underlying triggers to emotional eating and how to manage change.
- Regular sessions with a dedicated specialist dietician.
- Bespoke exercise/activity plan co created with our activity specialist.
- Maintenance plan for nine-months.
- Follow-up for up to 24 months.

Overview of Tier 3 Pathway 12-months with follow-up 15,18 and 24 months



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Tier 3-4 Transition

Individuals wishing to seek a referral for bariatric surgery must complete Tier 3 and achieve the agreed goals set at the start of treatment. Patients will be fully prepared for surgery by attending a “Weight Loss Surgery Wellness Seminar” and completing the surgery preparation workbook or e- learning course.

TBC will handle the preparation of all handover documentation and their GP kept fully informed.

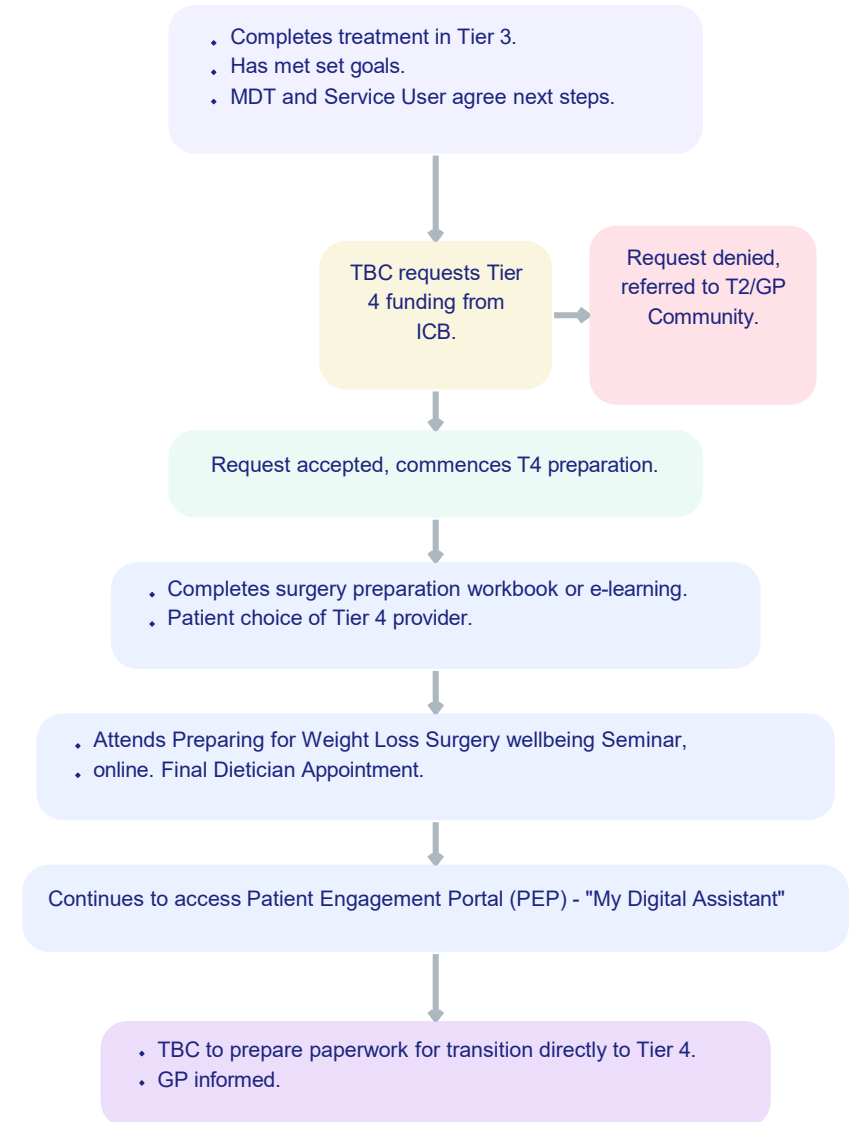
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Overview of Tier 3-4 Transition Pathway



Pre and Post Natal Pathway

New service for women looking to achieve a healthy weight pre and post-natal and for those planning a pregnancy who are wanting to manage their weight.

Eligibility criteria:

Women with a BMI greater than or equal to 40 kg/m²

· BMI of $\geq 37.5 \text{ kg/m}^2$ for individuals of Black African, African-

Planning a pregnancy

· BMI $\geq 30 \text{ kg/m}^2$

· BMI of $\geq 27.5 \text{ kg/m}^2$ for individuals of Black African, Black Caribbean, and Asian descent. is permissible due to their heightened vulnerability to conditions like type 2 diabetes at a lower BMI.

Tailored Treatment Plan Including

- Consultation with Maternity Dietitian and Activity Specialist
- Dedicated Health Advisor
- Healthy Lifestyle sessions
- Weight drop-in in community locations

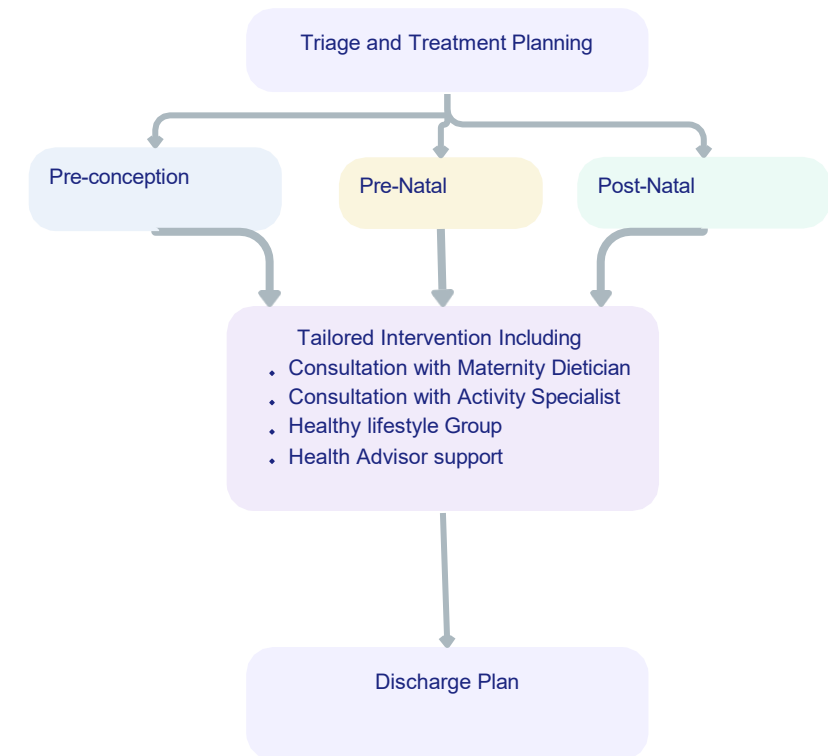
Ongoing support by TBC and close liaison with Community Midwife Teams

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Overview of Pre and Post Natal Pathway



My Digital Assistant Portal

All patients both Tier 2-3 will have access to the My Digital Assistant TBC dedicated online portal.

Tier 2 will have access for 24 weeks
Tier 3 will have access for one-year.

The portal offers a library of information and worksheets, educational short films and 'digital' drop in Q&A sessions with the team.

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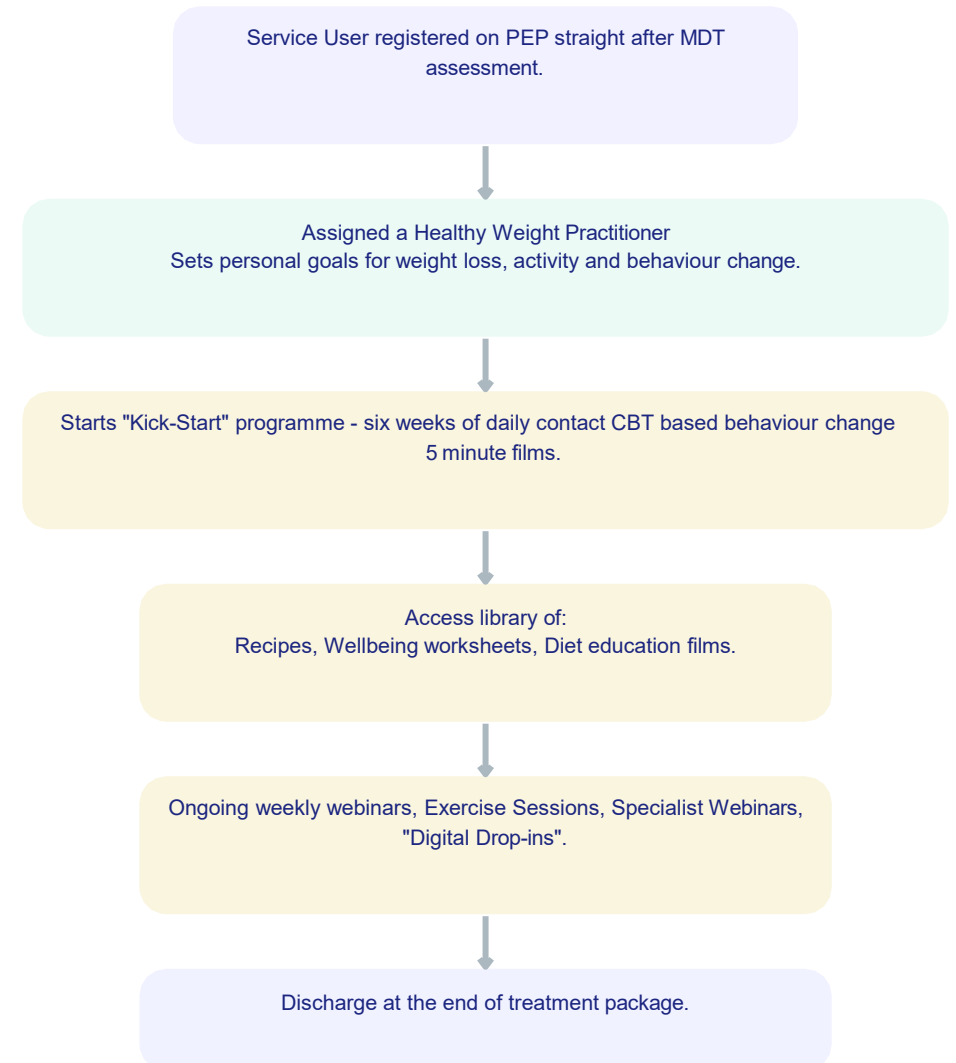
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Overview of "My Digital Assistant" Patient Engagement Portal

Please refer to pathway for full and detailed description of each component.



Community Integrated Service



Hertfordshire has a wealth of opportunities within the community for service users to access long-term support specific to their needs.

The new integrated service will link in with this network and develop strong referral pathways into and out of the services.

We will work with each individual to develop a plan for ongoing support in their local area.



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Service Delivery



Service delivery will be primarily be face to face in community locations. Digital sessions will also be available.

The Service head office will be based in Welwyn.

The service will start from September 1st.

Healthy Lifestyle groups will run in community locations across all ten districts.

Tier 3 clinics will be based in GP surgeries across all localities.



Priority Group Mapping



Localities target for specific groups

Overweight & living with obesity

- Stevenage
- Hertsmere
- Welwyn/Hatfield
- Broxbourne

Ethnic minority populations

- Hertsmere
- Watford
- Three Rivers
- Welwyn/Hatfield

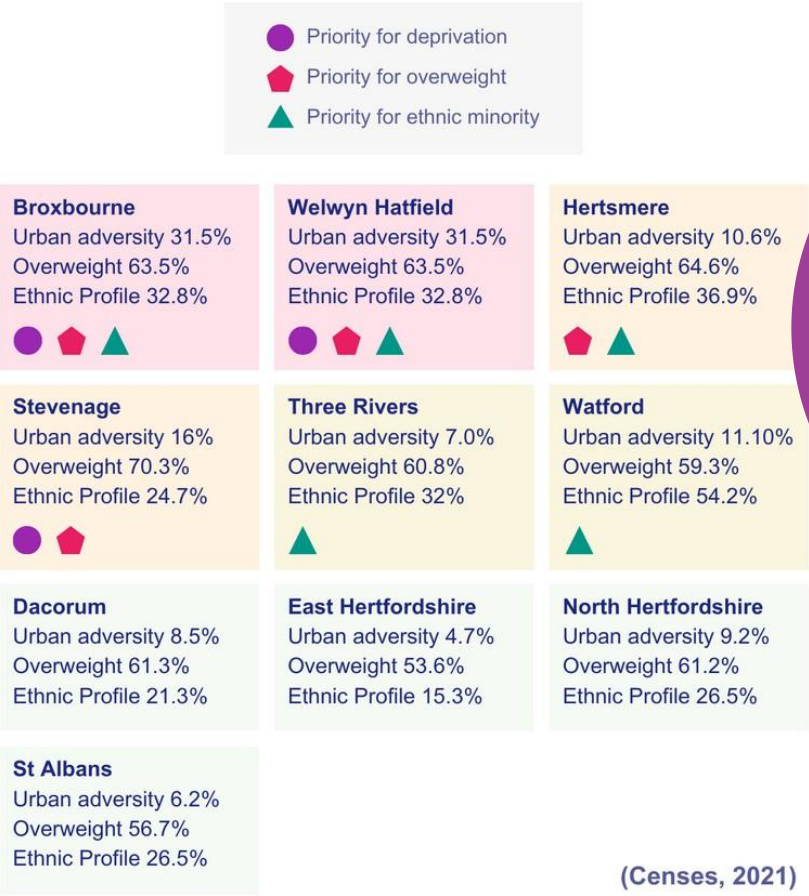
Living with urban adversity

- Stevenage
- Hertsmere
- Welwyn/Hatfield
- Broxbourne

All other populations including SEND and Pregnancy

- Hertsmere
- Watford
- Three Rivers
- Welwyn/Hatfield

Hertfordshire Service Delivery Locality Mapping



Six out of Ten residents of Hertfordshire are overweight or living with obesity.

This map identifies the priority areas for engagement.

(Censuses, 2021)

Referral



- Integrated pathway referral form to be completed and sent via secure email to tbc.healthcare@hertfordshire.gov.uk
- Referral form will be available via EMIS/System One/Ardens
- There will be a self referral option from 1st September via the link on the Hertfordshire My Healthy Weight page, or TBC Healthcare's Hertfordshire page.

Telephone queries can be made via our Patient Care Team on 01707 242 188

From Sept 1st 01707 242 188 or by emailing Hertfordshire@tbchealthcare.co.uk

We also offer a information sessions via Teams as well as tailored training around overweight and obesity to stakeholders.

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The Vision

Our vision is to empower, inspire and motivate residents of Hertfordshire to lead a healthy and fulfilling life.

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Let's be healthy!

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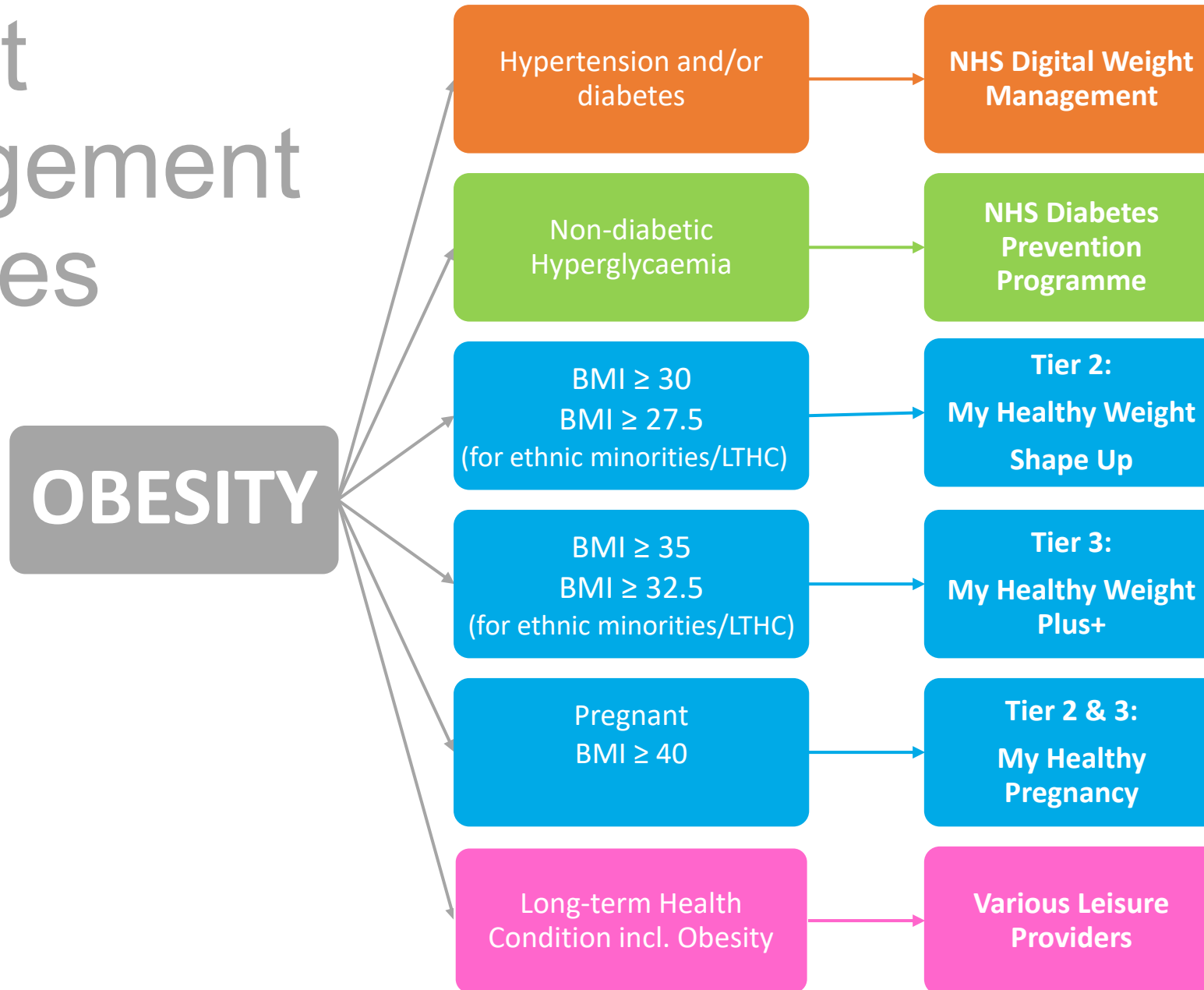
An Overview of Tier 2 Adult Weight Management Services

including Exercise referrals

Claudette Rhiney, Health Improvement Coordinator
Adult Health Improvement, Public Health

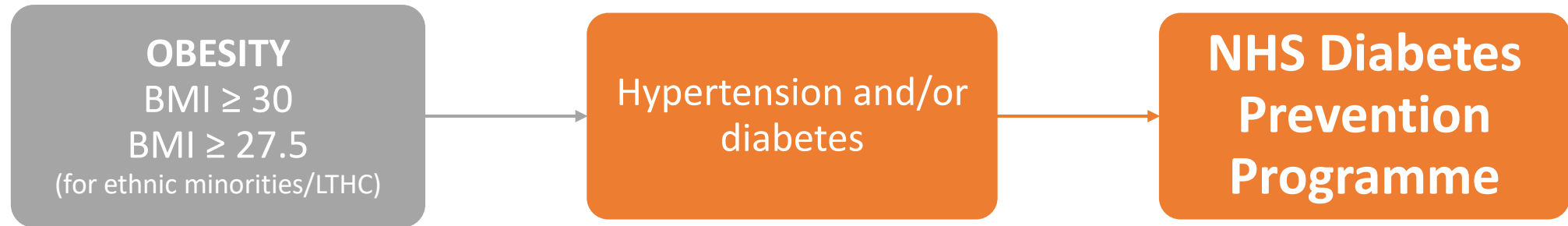


Weight Management Services



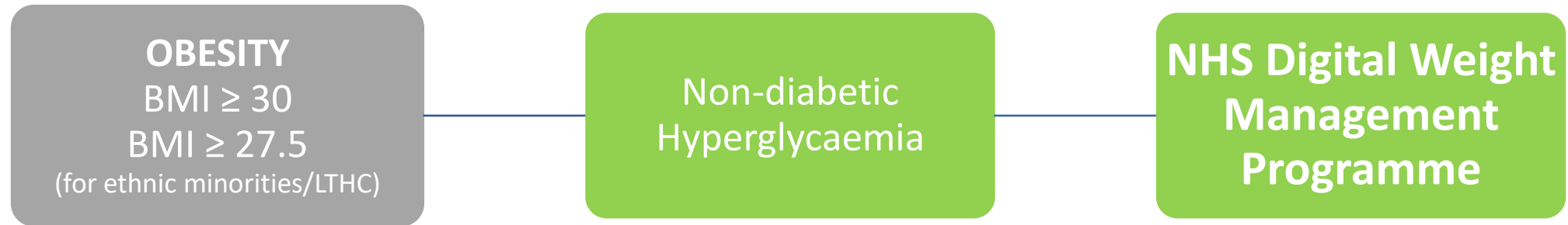
National Digital Weight Management Programme

Choice of 3 providers at each level:



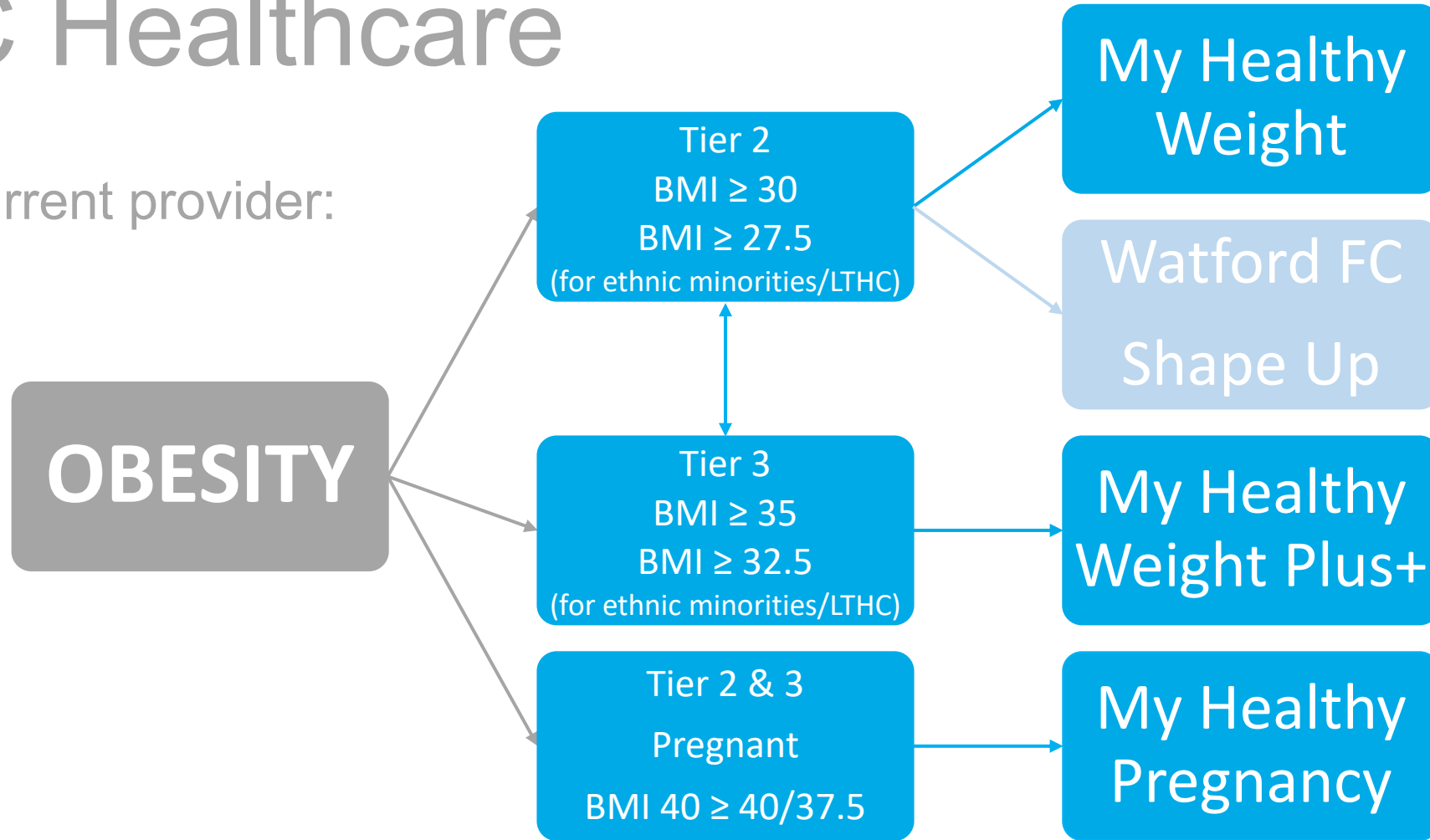
Living Well Taking Control

National Programme/Local provider:



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Local current provider:



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Local current provider:

1



Join one of our 14-week healthy lifestyle programmes based in your community.

2

If you need that little bit extra, our Plus+ programme is a one-year journey specifically tailored to support and guide you to a healthier weight.



3



We're also proud to offer a specialised maternity pathway for women planning a pregnancy or aiming to maintain a healthy weight during and after.



Various Leisure Providers

Available at most Leisure Centres

