## **2019 UPDATE IMPACT PATHWAYS** – Adult obesity Collate **RECORD IMPACT COLLATE** DO No. of times weight has been Record that weight has been Reduction in excess Using MECC principles, raise raised with individual raised with individuals weight in adults results the issue of weight Increased Record height, weight and BMI No. of individuals who If followed-up. % proportion of the Weigh and measure to assess (and WC) of individual [GPs/ have had their BMI (and change in BMI/WC population meeting BMI and where appropriate practice nurses should record WC) recorded and recommended waist circumference (WC) BMI on the Primary Care obesity Record <u>5-a-day</u> register] follow-up\*(where Increased Assess fruit and No. of individuals who have percentage of vegetable intake Record fruit and had their fruit and vegetable physically active vegetable intake If followed-up, the adults Assess individual's physical intake assessed % change in no. activity either informally of individuals Record the physical No. of individuals who meet Reduced number against guidelines, or formally eating 5-a-day the 5-a-day recommendation prevalence of activity assessment using a tool such as GPPAQ, to outcome chronic illnesses identify inactive individuals includina No. of physical activity If followed-up, % cardiovascular assessments carried out change in no. of disease. If appropriate, assess <u></u> individuals meeting possible) to type II diabetes and No. of individuals meeting individual's motivation/ physical activity interactions certain cancers physical activity guidelines desire to enter into weight quidelines management Improved selfreported wellbeing Offer brief verbal and Reduced mortality written advice on the health from preventable consequences of excess weight generate and importance of a healthier diet Record that brief advice causes Number of individuals who and physical activity based on the you has been offered to scores above have received weightindividual Reduced burden management brief advice and cost to NHS are services and social Signpost to relevant services\* Categorise the referral If followed-up, no. No. of individuals referred to care - consider both the physical impact location (e.g. lifestyle weight of individuals who having health improvement services and emotional components of management service, health attended referral Cumulative i.e. weight management weight management trainer service) and record and duration of percentage of service participation the eligible If individual is aged assessment population who 40-74 without pre-existing Increased detection of early received an NHS No. of individuals signposted Record that individual conditions, and has not had Health Check signs of stroke, kidney to local health check service has been signposted for a health check in the last 5 disease, heart disease, type II vears, signpost to GP/local a health check diabetes and dementia authority health check service

Supportive resources: There is training available on obesity, including the health implications, assessment, identification and management.

The Public Health England (PHE) framework 'All our health' has a section dedicated to adult obesity, containing tips on good practice and links to supportive reading and resources. Public Health England has a list of accredited and validated tools and a collection of weight management resources to use in the management of weight management interventions. These can support you to provide tailored support and services at a local level. The NHS.UK Live Well webpage provides advice, tips and tools around eating well and healthy weight

<sup>\*</sup> Your Local Authority's public health team can advise on what services are currently commissioned in your local area.

<sup>\*\*</sup>Follow-up is optional and in many cases will not be possible. However, should the opportunity arise, the impact pathway highlights the data that could be collected to further demonstrate impact.