

| <b>Adult Weight Management Programme (Change 4 Life)</b>  |  |
|---|--|
| Standard Operating Procedure (SOP)                        |  |
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| <b>Presented to:</b> Care and Clinical Policies Sub-Group | <b>Date:</b> 16 <sup>th</sup> December 2015                  |
| <b>Ratified by:</b> Care and Clinical Policies Sub-Group  | <b>Date:</b> 16.12.15  |
|   | <b>Review date:</b> December 2017                            |
| <b>Relating to policies:</b>                              | <b>Operational policy for the Healthy Lifestyles Service</b> |

### 1. Purpose of this document:

1.1 The purpose of this Standard Operating Procedure is to outline the procedures and processes required to enable the successful delivery of the Adult Weight Management (Change 4 Life) - Level 2 service. It gives a full account of the service delivered and the processes involved.

### 2. Scope of this SOP:

2.1 The document is for the purpose of informing all staff working within the Adult Weight Management Level 2 Service and the Healthy Lifestyles Team in order that they are fully aware and compliant with the expectations of service delivery. New staff induction will include training on this SOP, and will help to ensure consistency of practice across the service. All service users, will therefore be provided with a standardised, evidence based and effective service from any member of the Adult Weight Management Team.

2.2 Clients covered – Torbay residents only (i.e. those that meet the Torbay Council description of an ‘ordinary resident of Torbay’)

### 3. Competencies required:

3.1 Each programme will be delivered by a State Registered Dietitian and Behaviour Change Group Facilitator, the roles, responsibilities and competencies of which are listed below

### 3.1.1 State Registered Dietitian

- Plan, organise, deliver and evaluate the Level 2 adult weight management programme using appropriate supporting material, in accordance with Torbay and South Devon NHS Foundation Trust objectives.
- To be aware of barriers to effective communication and to use Behaviour change techniques to overcome these barriers.
- To provide tailored dietary advice to clients as appropriate.
- Assist in the ongoing audit and evaluation of the Level 2 adult weight management programme.
- Assist in the development and reviewing of nutrition related resources for use on the Level 2 adult weight management programme; including departmental diet sheets/information leaflets.
- To maintain and update professional knowledge.
- To be responsible for practising within the HPC code of conduct, and BDA professional standards.

### 3.1.2 Behaviour Change Group Educator

- To provide a high quality support service to the Level 2 adult weight management programme across Torbay.
- To support patients attending the programme, ensuring they get maximum benefit from attending the group education programme.
- To follow up non-attenders within 2 days and maximise retention of the programme.
- To assist in the planning and development of Level 2 adult weight management programme, under the guidance of the community dietitian and programme lead.
- To communicate with service users about the programme and overcome any barriers in their understanding and attendance.
- Provide ongoing support and advice to guide service users through the psychological and physiological aspects of weight management; working through motivational issues and goal setting; ensuring service users get maximum benefit from attending the programme.
- Coordinate the production of new materials and resources where necessary.
- To assist in the development of, and undertake methods of, course evaluation and audit.
- To maintain and advance own skills, including the undertaking of nutritional training, to enable the delivery of basic healthy eating and weight management advice.

#### **4. Procedure / Steps:**

##### Health Assessment Clinics

- 4.1** All referrals to the Healthy Lifestyle Team come through the Single Point of Access (SPA) system and Health Assessment known as the Healthy Lifestyle Hub. A client may enter the system and complete the Health Assessment already wanting weight management support or they may decide that weight management support is the best option as a result of discussions within the Health Assessment.
- 4.2** The Adult Weight Management Programme is offered to only those residents of Torbay who fit the inclusion criteria (see Appendix A) and provides a motivational and all inclusive programme to enable service users to make healthy behaviour changes and ultimately weight reduction and maintenance. The Clinician undertaking the Health Assessment will ensure that the client is able to make a fully informed and consented decision regarding their suitability for this intervention.
- 4.3** The clinician undertaking the health assessment will offer a choice of joining one of a range of weight management groups, each having a different time, venue and start date. The clients preferred group once identified will be documented on the Health Assessment form for return to the Administration Team. The details of the chosen group (start date, time, venue) will also be written on the patients hand held patient record for their information, and the client is informed that they will receive written confirmation of their place on their chosen programme at least 2 weeks prior to the group start date. They are also provided with the Healthy Lifestyle Team contact number, so that they can inform the service should their ability to attend their chosen programme change. The administration team will confirm their place on their chosen programme by letter, text or email, as preferred by the client.
- 4.4** The administration team will ensure that the Health Assessment Team are kept aware of group availability by email. Groups will be planned 6 months in advance, with start date updates emailed to the team every 2 weeks. As a group reaches its capacity, an email will be sent to the Health Trainers informing them that this group is now closed.
- 4.5** The Client will also be provided with a Level 2 Handbook, food diary and goal setting sheets, providing information for use prior to starting their chosen weight management group.
- 4.6** They are provided with the Healthy Lifestyle Team contact number, so that they can inform the service should their ability to attend their chosen programme

change. The administration team will confirm their place on their chosen programme by letter, text or email, as preferred by the service user.

**4.7** As part of the Health Assessment a baseline weight and height will be recorded. This will be entered by the administration team into the adult weight management database.

**4.8** The client's GP is informed when a patient enrolls onto the adult weight management programme.

**Groups**

**Pre Group**

**4.9** Each group venue will have been risk assessed prior to any delivery of any group work sessions. See **4.21**.

**4.10** A register of clients will be generated by the administration team prior to the group's first session. Attendance will be completed at each session, and the register returned to the administration team for uploading onto the weight management database.

**4.11** Once registered to commence a weight management programme, the dietitian will be responsible for populating a weight management programme record card for each patient (Appendix B). This record card holds a summary of pertinent patient information, which is collated from referral form and Health Assessment documentation. This form can be updated throughout the programme, by any team member involved with the delivery of the weight management programme.

**4.12** In preparation for each session, each member of staff is responsible for ensuring the following resources are taken to each session.

| Staff Member | Resource responsibility   |
|--------------|---|
| Dietitian    | <ul style="list-style-type: none"> <li>• Weighing scales</li> <li>• Lesson plans and teaching resources</li> <li>• Weight conversion chart</li> <li>• Spare Manuals</li> <li>• Food Diaries</li> <li>• Programme Timetable (session 1) – See Appendix C</li> <li>• Activity vouchers (sessions 2-12) –</li> </ul> |

|                                    |   |
|------------------------------------|---|
|                                    | <p>see Appendix C</p> <ul style="list-style-type: none"> <li>• Activity voucher information sheets (session 2) – see Appendix C</li> <li>• Venue Keys</li> </ul>  |
| Behaviour Change Group Facilitator | <ul style="list-style-type: none"> <li>• Camera (session 1) – see Appendix C</li> <li>• Programme register</li> <li>• Exit questionnaires (session 11) – see Appendix C</li> <li>• First Aid kit</li> </ul> |

**Within Sessions**

**4.13** Each programme consists of 12 sessions (see Appendix C), each lasting for 90 minutes. There is an agreed lesson plan for each session and an outline of the session format is highlighted below:

| Session Timing | Activity   |
|----------------|--|
| 0-30 minutes   | Client arrival, private weighing (Dietitian) and group support with goal setting (Behaviour Change Group Facilitator)  |
| 30-60 minutes  | Educational topic (12 different sessions as per Appendix C). This part of the session will be led by either the Dietitian or Behaviour Change Group Facilitator, depending on the topic.   |
| 60-90 minutes  | Problem solving and group topic discussion. Each lesson plan includes a potential activity for this part of the session, but allows flexibility to be led by group participant’s priorities. Before the end of each session, each participant is encouraged to set a new goal, which should be documented within their Level 2 Handbook. |

- At session 1, a photograph will be taken of each client for production of a ‘Change 4 Life’ Activity membership card, which will be completed by the

Behaviour Change Group Facilitator prior to session 2. From session 2 onwards each client receives the following number of physical activity vouchers at each session.

- Weeks 2 to 11: five vouchers for every attendance
- Week 12; twenty vouchers

They are also provided with an information sheet detailing how and where they can use their vouchers, how many they will receive and conditions of their use.

**4.14** For those people who do not attend 2 consecutive sessions, the behaviour change group facilitator will make contact with the person by telephone. They will seek to identify the reason for non-attendance and provide support where relevant. In some instances this may motivate the person to re-join the sessions and provide an opportunity for them to discuss any barriers. In the instances where they do not wish to continue with the programme, they are discharged and the referrer is informed. If unable to contact the client on 2 separate occasions, a letter will be sent inviting them to either return to the programme, or contact a member of the team. If no contact is made within two weeks, the client is discharged and the referrer notified.

**4.15** At session 11, each client is given an exit questionnaire (Appendix D), which they are asked to complete at home and return when they attend the final session. All exit questionnaires returned are scored by the Behaviour Change Group Facilitator and returned to the administration team along with the final register for upload onto the weight management database.

**4.16** At the final session, clients are also invited to complete a Friends and Family Public Health Questionnaire, which can either be returned to the group leaders, or mailed directly to Bay House in a SAE ensuring anonymity. Feedback is provided to the healthy Lifestyle Team in 6 monthly reports.

### **Post Group Sessions**

**4.17** Each client's weight management programme record card should be updated as appropriate, by the delivery team members. This may include, but is not limited to information regarding; interventions, signposting, attendance and changes in medical history.

**4.18** If at any point, the client is referred to another Lifestyle service (e.g. Fitness on Referral, Health Trainer, Postural Stability), the appropriate internal referral form

should be completed, and the action documented in the weight management programme record card.

- 4.19 At the final group session client's are informed that they will be contacted 6 months following the completion of the programme, to check their progress.
- 4.20 Outcome letters are automatically generated by the SharePoint database and emailed to the client's GP. This outlines the outcome of the referral and states whether the client has completed the programme. This is recorded onto the weight management database.
- 4.21 Risk assessment procedures for the Trust are adhered to at all times in the operation of this service. A formal risk assessment is carried out upon the booking of the venue with the trust risk assessment form completed. All risk assessments will be logged onto the risk assessment register on the shared drive. An informal risk assessment of the venue takes place just before each session to ensure there are no newly occurring risks. Venues must have their own liability insurance and this is checked prior to booking the venue.

### **Health and Safety**

- 4.22 A person trained in first aid is present at each of the sessions; this can be a member of staff working at the booked venue or a member of the Adult Weight Management Team. All members of the team undertake mandatory first aid training (resuscitation training) and other mandatory training including manual handling.
- 4.23 A minimum of 2 members of staff are always present at every group session. In the event that only 1 member of staff is available, support will be sought from another member of the wider Lifestyles Team. In the unlikely event, that a second person is not available, good working practice will be followed as per the Trust's Lone Worker policy, which includes the use of the automated lone worker system.
- 4.24 Trust incident reporting procedures are fully adhered to at all times.
- 4.25 Equipment is maintained to ensure safety and where relevant PAT testing is carried out on small equipment, which is organised by the trust. Weighing scales are calibrated annually.
- 4.26 Equality and diversity is considered throughout the operation of the service and adjustments are made if required to ensure the service is equitable and on offer to all people who fit within the inclusion criteria. Disabled access is ensured prior to the booking of any group session venue or clinic area.

### **Quality assurance and review**

- 4.27** Members of the team receive monthly supervision and annual appraisals with their line manager. This ensures that mandatory training is completed and additional training is offered to staff members as and when this is deemed appropriate.
- 4.28** All members of the delivery team are required to undertake a minimum of 2 peer reviews per annum, using a standardised peer review form (Appendix E). A copy of each peer review is held in the individual's personnel file, and the date completed logged onto the peer review register on the shared drive.
- 4.29** Programme evaluation questionnaires for completion by clients within each of the 12 programme sessions, will be used within 2 programmes per annum. This will enable the evaluation of the course content and delivery, and will inform programme review and development.
- 4.30** Completion of patient record cards will be audited annually.



**5. Monitoring tool:**

Standards:

| Item  | %   | Exceptions |
|---|---|------------|
| Number referred to the service  |   |            |
| Numbers and % who had first appointments offered within 21 days   | 100%                                      |            |
| Numbers and % who have commenced intervention   | 90%                                       |            |
| Number and % still engaged with service at 6 week point   | 75% of those who have commenced provision |            |
| Number and % still engaged with service at 13 week point  | 70% of those who have commenced provision |            |
| No completing the intervention and average mean weight loss of those who successfully complete  | Minimum 3% average weight loss            |            |
| Average mean weight loss of those who successfully complete, at 6 months  |   |            |
| Average mean BMI change for those who successfully complete, at 6 months  |   |            |
| Number and percentage of those who successfully complete who achieve:   |   |            |
| Increased weight change   | -   |            |
| 0.1% to -0.1% weight change   | -   |            |
| -0.1% to -3% weight change  | 90%                                       |            |
| -3% to -5% weight change  | 80%                                       |            |
| ≥5% weight change   | 50%                                       |            |
| Increasing proportion of males entering programme (to initial assessment)   | 35% in 2015/16                            |            |
| Targeting of 'demographic risk profiles'  |   |            |
| <p>Equality Statement.</p> <p>The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union</p> |   |            |

membership.

The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and [Equality Impact Assessments](#) please refer to the [Equality and Diversity Policy](#)

## References

NICE PH42 Obesity: working with local communities

NICE PH49 Behaviour change: individual approaches

NICE PH53 Weight management: lifestyles services for overweight or obese adults

NICE NG7 Maintaining a healthy weight and preventing excess weight gain

## Appendices:

Appendix A: Inclusion Criteria

Appendix B: L2 Weight Management Patient Record Card

Appendix C: Programme Timetable

Appendix D: Exit Questionnaire

Appendix E: Peer Review Form

## Appendix A – Level 2 Adult Weight Management Programme Inclusion Criteria

- BMI  $\geq 25\text{kg/m}^2$
- Aged 16 years +
- A Torbay resident
- Has no contraindications to joining a level 2 group programme
  - Chronic Kidney Disease
  - Liver Disease
  - Inflammatory Bowel Disease (Crohn's Disease, Ulcerative Colitis)
  - Learning Disabilities / Mental Health Illness where group intervention is deemed unhelpful
  - Poorly controlled type 1 or 2 Diabetes where insulin or oral medications prescribed
  - Unmanaged Irritable Bowel Syndrome
  - Any other medical condition requiring specific dietary management e.g. multiple food exclusions, symptomatic gout)
  - Previous bariatric surgery

**Appendix B: L2 Weight Management Patient Record Card  
Level 2 Weight Management Programme Record Card**

|   |  |   |  |
|---|--|---|--|
| <b>Name:</b>  |  | <b>DOB:</b>   |  |
| <b>NHS no.</b>  |  | <b>Referrer:</b>  |  |
| <b>Address:</b>   |  | <b>Email:</b>   |  |
| <b>Tel:</b>   |  | <b>Pref. contact method:</b>                                |  |
| <b>GP:</b>  |  | <b>GP Surgery</b>   |  |
| <b>Relevant past medical history:</b>   |  |   |  |
| <br><br><br><br>  |  |   |  |
| <b>Other relevant information (barriers, social circumstances, weight history):</b> |  |   |  |
| <br><br><br><br>  |  |   |  |
| <b>Pre-programme review</b>   |  |   |  |
| <b>Date:</b>  |  |   |  |
| <b>Weight:</b>  | <b>Height:</b>                                     | <b>BMI:</b>   | <b>Prev. attended L3</b> Y <input type="checkbox"/> N <input type="checkbox"/> |
| <b>Questionnaires collected</b><br><input type="checkbox"/>                         | <b>Timetable given</b><br><input type="checkbox"/> | <b>Weight/goal record given</b><br><input type="checkbox"/> | <b>Preferred venue:</b>  |
| <b>Group appropriateness/ Additional support required:</b>                          |  |   |  |
| <br><br>  |  |   |  |
| <b>Overall weight loss target/ goal (for end of week 12):</b>                       |  |   |  |
| <br><br>  |  |   |  |
| <b>Motivations:</b>   |  |   |  |
| <br><br><br><br>  |  |   |  |
| <b>Initial goal (SMART):</b>  |  |   |  |
| <br><br><br><br>  |  |   |  |

**Service users signature:**

**Dietitian:**

**Behaviour change group facilitator:**

**Level 2 Weight Management Programme Record Card**

|   |          |          |          |          |          |  |          |          |           |           |              |
|---|----------|----------|----------|----------|----------|--|----------|----------|-----------|-----------|--------------|
| <b>12 week Assessment</b>                                       |          |          |          |          |          |  |          |          |           |           | <b>Date:</b> |
| <b>Attendance</b>   |          |          |          |          |          |  |          |          |           |           |              |
| <b>1</b>  | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b>   | <b>8</b> | <b>9</b> | <b>10</b> | <b>11</b> | <b>12</b>    |
| <b>Questionnaire checklist:</b>                                 |          |          |          |          |          | <b>Anthropometrics:</b>  |          |          |           |           |              |
| Physical Activity <input type="checkbox"/>                      |          |          |          |          |          | Weight:  |          |          |           |           |              |
| Nutrition <input type="checkbox"/>                              |          |          |          |          |          | Height:  |          |          |           |           |              |
| Emotional Wellbeing <input type="checkbox"/>                    |          |          |          |          |          | BMI:   |          |          |           |           |              |
| AV given <input type="checkbox"/>                               |          |          |          |          |          | Goal achieved: Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/>    |          |          |           |           |              |
| <b>Comments:</b>  |          |          |          |          |          |  |          |          |           |           |              |
| <b>Dietitian/ Behaviour change group facilitator signature:</b> |          |          |          |          |          |  |          |          |           |           |              |
| <b>6 Month Post Group Assessment</b>                            |          |          |          |          |          |  |          |          |           |           | <b>Date:</b> |
| <b>Questionnaire checklist:</b>                                 |          |          |          |          |          | <b>Anthropometrics:</b>  |          |          |           |           |              |
| Physical Activity <input type="checkbox"/>                      |          |          |          |          |          | Weight:  |          |          |           |           |              |
| Nutrition <input type="checkbox"/>                              |          |          |          |          |          | Height:  |          |          |           |           |              |
| Emotional Wellbeing <input type="checkbox"/>                    |          |          |          |          |          | BMI:   |          |          |           |           |              |
| AV given <input type="checkbox"/>                               |          |          |          |          |          | Maintaining Goal: Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> |          |          |           |           |              |
| <b>Comments:</b>  |          |          |          |          |          |  |          |          |           |           |              |
| <b>Dietitian/ Behaviour change group facilitator signature:</b> |          |          |          |          |          |  |          |          |           |           |              |
| <b>12 Month Post Group Assessment</b>                           |          |          |          |          |          |  |          |          |           |           | <b>Date:</b> |
| <b>Questionnaire checklist:</b>                                 |          |          |          |          |          | <b>Anthropometrics:</b>  |          |          |           |           |              |
| Physical Activity <input type="checkbox"/>                      |          |          |          |          |          | Weight:  |          |          |           |           |              |
| Nutrition <input type="checkbox"/>                              |          |          |          |          |          | Height:  |          |          |           |           |              |
| Emotional Wellbeing <input type="checkbox"/>                    |          |          |          |          |          | BMI:   |          |          |           |           |              |
| AV given <input type="checkbox"/>                               |          |          |          |          |          | Maintaining Goal: Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> |          |          |           |           |              |
| <b>Comments:</b>  |          |          |          |          |          |  |          |          |           |           |              |





**Appendix C: Programme Timetable****Level 2 Weight Management Programme Timetable**

| <b>Session</b> | <b>Topic</b>           | <b>Discussion Lead</b>             |
|----------------|------------------------|------------------------------------|
| 1              | Energy Balance         | Dietitian                          |
| 2              | Making Changes         | Behaviour Change Group Facilitator |
| 3              | The Eatwell Plate      | Dietitian                          |
| 4              | Portion Sizes          | Dietitian                          |
| 5              | Triggers and solutions | Behaviour Change Group Facilitator |
| 6              | Fats and Sugars        | Dietitian                          |
| 7              | Exercise               | Exercise lead                      |
| 8              | Mindful eating         | Behaviour Change Group Facilitator |
| 9              | Food Labelling         | Dietitian                          |
| 10             | Eating out             | Dietitian                          |
| 11             | Recipe adaption        | Dietitian                          |
| 12             | Menu Planning          | Dietitian                          |

**Appendix D: Exit Questionnaire**  
**Personal Information**

Name: \_\_\_\_\_  
Lifestyles Record  
No: \_\_\_\_\_

DOB: \_\_\_\_\_  
NHS  
No: \_\_\_\_\_

Assessment type:                      Exit assessment                       6 month Follow up

**Physical Health**

How tall are you?

What is your weight?

Do you suffer with any long term health condition? (please give brief details)



**Smoking**

Do you smoke? Yes  (please answer questions a-d below)

No  (please circle) Never smoked / Quit 6 + months ago / Recently quit

a) How many cigarettes per day do you usually smoke? \_\_\_\_\_ Type : Manufactured / Rolling Tobacco

b) Have you tried quitting before? Yes / No if yes, how long ago ? \_\_\_\_\_ years \_\_\_\_\_ months

c) How important is quitting for you? *not important* 0 1 2 3 4 5 6 7 8 9 10 *very important*

d) Would you like more information on how to quit more easily or reduce harm around tobacco ? **Yes / No**

Are you currently using e-cigarette or ‘vaping’ products? Yes  (please answer question e below)

No

e) Would you like more information on how to quit or reduce harm around e-cigarettes ? **Yes / No**

**Staff use only**

*Smoking summary*

Non-smoker / Quit tobacco / Smoking \_\_\_\_\_ a day [less than / same as / more than] at assessment

CO (if known): Start \_\_\_\_\_ End \_\_\_\_\_ Quit for \_\_\_\_\_ No. weeks

E-cig / Vaping: Yes / No [less than / same as / more than] at assessment

**Alcohol**

*Please circle the answer that most closely resembles your drinking habits*

How often do you have a drink containing alcohol?

*Never      Monthly or less      2-4 times per month      2-3 times per week      4+ times per week*

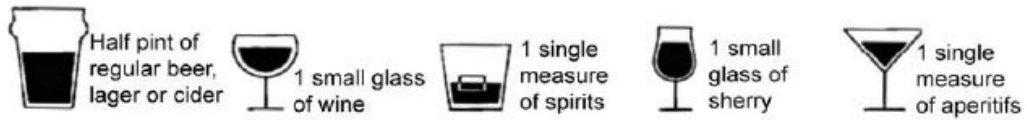
How many units of alcohol do you drink on a typical day when you are drinking?

*1-2      3-4      5-6      7-9      10+*

How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?

*Never      Less than monthly      Monthly      Weekly      Daily/almost daily*

**This is one unit of alcohol...**



**...and each of these is more than one unit**



## Physical Activity

The following questions ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your housework and gardening, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. *Think only about those physical activities that you did for at least 10 minutes at a time.*

1. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling? If no vigorous physical activities - *Skip to question 3* \_\_\_\_\_days
2. How much time did you usually spend doing **vigorous** physical activities on one of those days? \_\_\_\_\_mins

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. *Think only about those physical activities that you did for at least 10 minutes at a time.*

3. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? *Do not include walking.* \_\_\_\_\_days
4. How much time did you usually spend doing **moderate** physical activities on one of those days? \_\_\_\_\_mins

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

5. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time? \_\_\_\_\_days
6. How much time did you usually spend **walking** on one of those days? \_\_\_\_\_mins

PTO

**Dietary habits**

Please think about your diet and what you have eaten over the past week when answering the next set of questions.

On how many days in the last week did you eat the following types of food? On average how many times or how many portions of each type of food did you have on the days you ate them?

If you did not eat a food type please leave blank.

- Fruit and vegetables \_\_\_\_\_days \_\_\_\_\_portions
- Chocolate / sweets \_\_\_\_\_days \_\_\_\_\_portions (1 small bar / packet)
- Crisps \_\_\_\_\_days \_\_\_\_\_portions (1 packet)
- Cakes / biscuits \_\_\_\_\_days \_\_\_\_\_portions (1 slice, 2 biscuits)
- Fried food \_\_\_\_\_days \_\_\_\_\_portions (chips / takeaway etc.)
- Pastry products \_\_\_\_\_days \_\_\_\_\_portions (1 pie /pasty etc.)
- Full sugar drinks \_\_\_\_\_days \_\_\_\_\_portions (1 can, glass etc.)
- Sugar coated cereals \_\_\_\_\_days \_\_\_\_\_portions (1 bowl)
- Tea / coffee with added sugar \_\_\_\_\_days \_\_\_\_\_portions (1 cup / mug)

On how many days in the last week did you eat the following meals?

- Breakfast \_\_\_\_\_days
- Lunch \_\_\_\_\_days
- Dinner \_\_\_\_\_days

**Emotional health**

Please indicate for each of the five statements which one is closest to how you have been feeling over the last two weeks?

|   |                 |                  |                            |                            |                  |                 |
|---|-----------------|------------------|----------------------------|----------------------------|------------------|-----------------|
| <b>I have felt cheerful and in good spirits</b>                   | All of the time | Most of the time | More than half of the time | Less than half of the time | Some of the time | At no time      |
| <b>I have felt calm and relaxed</b>                               | At no time      | Some of the time | Less than half of the time | More than half of the time | Most of the time | All of the time |
| <b>I have felt active and vigorous</b>                            | All of the time | Most of the time | More than half of the time | Less than half of the time | Some of the time | At no time      |
| <b>I woke up feeling fresh and rested</b>                         | At no time      | Some of the time | Less than half of the time | More than half of the time | Most of the time | All of the time |
| <b>My daily life has been filled with things that interest me</b> | All of the time | Most of the time | More than half of the time | Less than half of the time | Some of the time | At no time      |

**Quality of life**

Please indicate for each of the three statements which one is closest to how you feel at the moment?

|  |                   |          |         |          |                   |
|--|-------------------|----------|---------|----------|-------------------|
| <b>I am content with my friendships and relationships</b>                  | Strongly disagree | Disagree | Neutral | Agree    | Strongly agree    |
| <b>I have enough people I feel comfortable asking for help at any time</b> | Strongly agree    | Agree    | Neutral | Disagree | Strongly disagree |
| <b>My relationships are as satisfying as I would want them to be</b>       | Strongly disagree | Disagree | Neutral | Agree    | Strongly agree    |

**Oral Health**

Are you registered with a dentist?

Yes / No

If yes when did you last visit?

\_\_\_\_\_

Are you brushing your teeth twice a day with fluoride toothpaste?

Yes / No

Please speak to your Adviser if you would like information about registering with a NHS Dentist.

## Volunteering and Peer Support

Whether you have completed your behavioural journey with the Healthy Lifestyle team services or are about to start a new intervention we would like to tell you about our volunteer service.

Becoming a volunteer is a great way to offer your skills and learned experience to make a huge difference to other people's lives. It can also help you to maintain your own behaviour changes.

There are opportunities to become a volunteer within the Healthy Lifestyle Team (Bay Walk leader or Health Trainer Champion) or to become a peer supporter.

We would love to have you on board.

I would be interested in further information about the volunteer or peer supporter opportunities

Please contact me by:

- Telephone
- Text
- E-mail
- Post

***Thank you for completing the healthy lifestyles assessment. The information you have given us will be used to support you and your adviser in developing a personalised action plan. If you would like to discuss any of the questions in more detail or would like further advice please speak to your adviser.***

**Staff Use only**

**Actions taken:**

**Client discharged from service – no further support required**

**Additional Lifestyles support required:**

- |  |   |  |
|--|---|--|
| Stop smoking support <input type="checkbox"/>    | Alcohol brief advice <input type="checkbox"/> | Physical activity support <input type="checkbox"/> |
| Diet & Nutrition advice <input type="checkbox"/> | Weight Management <input type="checkbox"/>    | Emotional health support <input type="checkbox"/>  |
| Oral health support <input type="checkbox"/>     |   |  |

**Level of support required: (tick all that apply)**

- |   |  |  |
|---|--|--|
| Self-directed <input type="checkbox"/>                      | Health Trainer <input type="checkbox"/>                | Carers Health Trainer <input type="checkbox"/> |
| Specialist Lifestyles Intervention <input type="checkbox"/> | External provider (see below) <input type="checkbox"/> |  |

**Referred to external providers:**

- |   |   |
|---|---|
| Primary Care Drug service <input type="checkbox"/>    | Depression & Anxiety Service <input type="checkbox"/> |
| Primary Care Alcohol Service <input type="checkbox"/> | Level 3 Weight Management <input type="checkbox"/>    |
| Carers Support Worker <input type="checkbox"/>        | Referral back to GP <input type="checkbox"/>          |
| Other <input type="checkbox"/>                        |   |

**Additional comments:**

**Clinician:**

**Date:**



|               |              |
|---------------|--------------|
| <b>Venue:</b> | <b>Time:</b> |
|---------------|--------------|

**Appendix E: Peer Review of Facilitating for Group Education**

|                          |   |  |  |                   |  |  |   |
|--------------------------|---|--|--|-------------------|--|--|---|
| Facilitator:<br>Session: |   |  |  | Date:<br>Observer |  |  |   |
| 1                        | Familiar with the material  |  |  |                   |  |  | Not familiar with the material being used.                                    |
| <b>Communication</b>     |   |  |  |                   |  |  |   |
| 2                        | Clearly audible voice   |  |  |                   |  |  | Difficult to hear   |
| 3                        | Varied inflection of voice  |  |  |                   |  |  | Monotone  |
| 4                        | Fast Delivery   |  |  |                   |  |  | Slow delivery   |
| 5                        | Regular pauses and breaks   |  |  |                   |  |  | Uninterrupted   |
| 6                        | Eye contact with all participants                                     |  |  |                   |  |  | No eye contact with participants  |
| 7                        | Effective and appropriate use of visuals                              |  |  |                   |  |  | Ineffective or inappropriate use of visuals                                   |
| <b>Structure</b>         |   |  |  |                   |  |  |   |
| 8                        | Clear introduction  |  |  |                   |  |  | Confused, or no introduction  |
| 9                        | Clear sections/structure  |  |  |                   |  |  | Undifferentiated content  |
| 10                       | Clear links and signposts   |  |  |                   |  |  | Unclear links and signposts   |
| 11                       | Good organisation of points   |  |  |                   |  |  | Poor organisation of points   |
| 12                       | Clear conclusion  |  |  |                   |  |  | Unclear or no conclusion  |
| <b>Content</b>           |   |  |  |                   |  |  |   |
| 13                       | Learning Outcomes Achieved  |  |  |                   |  |  | Learning Outcomes not achieved  |
| 14                       | Good use of examples and analogies                                    |  |  |                   |  |  | Little/no use of examples   |
| 15                       | Well linked to rest of course   |  |  |                   |  |  | Not linked to rest of course  |
| <b>Interaction</b>       |   |  |  |                   |  |  |   |
| 16                       | Frequent questions or answers   |  |  |                   |  |  | No questions or answers   |
| 17                       | Facilitator provides opportunities for all participants to contribute |  |  |                   |  |  | Facilitator does not provide opportunities for all participants to contribute |
| 18                       | Good rapport with participants  |  |  |                   |  |  | Little rapport with participants  |
| 19                       | No enthusiasm evident   |  |  |                   |  |  | Enthusiasm evident  |
| 20                       | Participants appeared engaged with the ideas discussed                |  |  |                   |  |  | Participants didn't appear engaged with the ideas discussed                   |

**General Observations/Points of Clarification**

|   |
|---|
| <b>Strengths</b>  |
| <b>Suggested Areas for Development</b>  |
| <b>Further Action (this should be discussed and agreed jointly by the Observer and the Teacher)</b> |

|  |           |
|--|-----------|
| <b>We agree that this is a fair record of the group session:</b> |           |
| Signature of Observee  | Date      |
| Observer's Name  | Signature |

**Amendment History**

| Issue | Status | Date | Reason for Change | Authorised |
|-------|--------|------|-------------------|------------|
|       |        |      |                   |            |
|       |        |      |                   |            |
|       |        |      |                   |            |
|       |        |      |                   |            |