

## **Agenda Item – Updates on Obesity (including Childhood Obesity)**

### **CEW Obesity Service**

*University Hospitals of Leicester NHS Trust and Nottingham University Hospitals NHS Trust*

14<sup>th</sup> December 2021

#### **Context**

This paper provides members of with an overview of the new CEW Obesity Service that has recently been mobilised and work supporting patients across the East Midlands.

#### **East Midlands CEW Clinic**

As part of the NHS's commitment in the Long-Term Plan to improving care for children and young people (CYP) with obesity, NHS England have commissioned specialist pilot Complications related to Excess Weight (CEW) clinics across the country to start to develop a systematic approach to gathering evidence and optimising treatment for this cohort. This is a Tier 3 obesity service and will focus on children with severe obesity with associated complications or morbid obesity (>3.5 SDS).

In the East Midlands, the clinic will be based in Leicester and Nottingham with a plan to establish regional spokes soon. The multi-disciplinary team will comprise of consultant paediatric endocrinologists, a specialist nurse, dietitians, physiotherapists, social workers, and clinical support workers. The CEW Clinic programme runs typically for duration of 12 months and will involve 4 monthly MDT clinics and monthly contacts by one of the MDT members. This should be discussed and agreed with the CYP and their family at the time of referral. On successful completion of the CEW Clinic programme, the patient will be discharged back to the referrer or his/her GP as appropriate.

Under the terms of this pilot scheme, and to ensure a high-quality and effective service, places in the clinic will be limited and there will, therefore, be a need to triage referrals and we expect a waiting list to need to be maintained. Referrals will currently only be from secondary care paediatricians (including hospital and community paediatricians) and tertiary care paediatric specialists with a plan to accept referrals from general practitioners later.

### **Referral criteria:**

All Children and Young People aged between their 1<sup>st</sup> and 18<sup>th</sup> birthdays, living in Leicestershire or Nottinghamshire fulfilling the criteria below can be referred to this clinic.

(1) Patients with a body mass index (BMI) greater than or equal to 3.5 standard deviations above the mean for age and sex.

**OR**

2) Patients with a BMI above the 99.6th percentile for age and sex **AND** at least one of:

(a) One or more co-morbidity (hypertension, joint or mobility problems, abnormal glucose metabolism (e.g. HbA1C 40-47 mmol / 5.7-6.5%)\*, idiopathic intracranial hypertension, non-alcoholic fatty liver disease, sleep apnoea requiring active intervention, polycystic ovarian syndrome, dyslipidaemia, significant psychological co-morbidity).

(b) Confirmed genetic cause for obesity (if suspected e.g. due to short stature, dysmorphic features, living with learning disability or a physical disability, please do panel to confirm prior to referral).

(c) Secondary cause of obesity such as pituitary surgery.

(d) On a child protection plan due to their severe obesity.

(e) Patients considering referral for bariatric surgery.

### **Aim to Reduce Inequalities across the Wider Region:**

According to National Child Measurement Programme 2019/20 data, 9.2% of children in Reception and 20.8% of children in year 6 are obese in the East Midlands a prevalence which is significantly higher compared to the average in England and only 3 regions being higher.

Nottingham has been ranked as one of the most deprived local authorities in the country with lowest average income and employment rates of all major UK cities (English Indices of Deprivation 2019). Only 57% of 16-64 year olds are in work. Obese children and adults of Asian ethnic background are much more likely to develop co-morbidities secondary to obesity such as Type 2 Diabetes Mellitus (T2DM) compared to their Caucasian counterparts and at lower BMI centiles. Incidence of T2DM in young people of Asian background is four times higher – a

significant level given that a third of the population in Leicester are Asian or have mixed backgrounds. The East Midlands region also covers a large geographical area which includes areas of rurality.

As a result of these factors our model will aim to address health inequalities in our region by using culturally sensitive family based approaches with a mix of virtual and face-to-face consultations based on clinical needs and linking with existing local support services. The Family Support Worker will help with lifestyle support and access to local services, will liaise with schools/colleges and play a significant role in supporting disadvantaged children and their families.

To further ensure equity of access to the service, we will use interpreters, ensure that structured educational resources are translated to support CYP and their families and provide easy readability options to meet the needs of CYP and their families with autism and learning difficulties. We will establish contacts with BAME link workers to further support engagement with the clinical team.