



COUNTERweight[®]

The Leaders in Evidence Based
Weight Management

THE **COUNTERweight**[®] PROGRAMME

A proven weight management programme
for managing overweight and obesity

Aim 5-10kg weight loss
Information for professionals





Improving health in the community

Professor Kevin Fenton, National Director of Health and Wellbeing at Public Health England provides insight into how local authorities are helping to improve health and wellbeing in the community...

The average person in England is overweight and 1 in 4 is obese. If we don't tackle this epidemic more effectively, we'll increase the odds of chronic diseases, which include heart disease, type 2 diabetes, breast (in postmenopausal women) and colorectal cancer.

We have to make it easier for people to make healthier choices in their diet and activity levels. But we know that our lifestyles are heavily influenced by habit, how we were brought up, how we live our lives and by the local environment – from access to green spaces to how we travel and the type of shops in our neighbourhoods.

If we want to shift unhealthy behaviours, we've got to take action across all these areas and more, Public Health England's role is to work with local authorities to help make this happen. Our social marketing programme, Change4Life, helps families to improve their health in ways that fit in with daily life, one

small step at a time: for example swapping sugary drinks to "sugar-free" or lower fat milk or water.

Local government can play a big role in giving these campaigns more prominence. Leeds City Council, for example, ran its own local Smart Swaps campaign with over half of community venues displaying Change4Life campaign materials.

But there are lots of other examples of what local communities are doing to help improve diets. In temples: the Shree Jalaram Hindu Mandir in Greenford and Sri Guru Teg Bahadur Ji Sikh Gurdwara in Wolverhampton, thousands of weekly visitors are served free vegetarian meals that have lower salt and saturated fat, through a British Heart Foundation project, which could potentially be used in other Gurdwaras and Mandirs. In the London Borough of Havering, a group of public sector caterers delivering food to local schools, care home residents, universities and public sector workers,



is setting high standards for food purchasing – exceeding mandatory national food and nutrition standards for schools.

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Local authorities have many other ways – from measures to local transport plans – to influence the current and future health of local residents. For example, St Helen’s Council has a policy of restricting planning approvals for fast food outlets that are close to schools and sixth form colleges. Training and guidance for local businesses can also have an impact. For example, the Chartered Institute of Environmental Health together with the Greater London Authority and the Association of London Environmental Health Managers has developed a healthier catering scheme, providing advice on healthier food preparation for local businesses.

Of course, food and calorie intake is only one part of the equation. The other half of the equation is physical activity. Here too, there’s a lot that local authorities can do. For example, 20mph speed limits in priority urban areas (as well as other measures such as traffic calming) can help to improve road safety, creating more opportunities for walking and cycling. Schools can work with local authorities on school travel plans to encourage more children to walk or cycle to school. There are also lots of examples of how communities have transformed public spaces into gardens and places where local residents can garden, exercise, or just play. In some of Dudley’s parks, for instance, outdoor gym equipment has been installed as part of ‘health hubs’. In Plymouth, the city council has found ways of supporting people living in deprived areas to take advantage of green spaces through volunteer-led ‘walking for health’ groups.

These are just a few examples of the vision, determination and collaborative spirit that communities are showing in promoting the health and wellbeing of residents. Now that local authorities are responsible for the public health of their local populations, there’s an unprecedented opportunity to strengthen the links between public health, planning, transport, education and other sectors. Working together across local and national boundaries provides us with exciting opportunities to put the community voice at the centre of our work. If we’re going to crack the obesity epidemic across the population, we need to start in the neighbourhoods in which we live, work and play.

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THE COUNTERWEIGHT PROGRAMME

Counterweight is a proven programme for management of overweight and obesity, evaluated in a medically complex population attending routine primary care. The 12 month lifestyle programme has been developed and refined over the last 10+ years.^{1,2} The Programme which is available as a face to face intervention, and as an online programme with e-practitioner support, covers all relevant aspects of weight management, and encompasses behavioural techniques to support weight loss and weight loss maintenance, equipping people with the skills to manage their weight for life.^{1,2}

The Counterweight Programme has a worldwide reputation for its proven weight management programmes. Why? Counterweight has a large body of independently validated and peer reviewed evidence. This includes evidence for the programmes weight management outcomes and cost effectiveness.³ See below for some of our key outcomes or check our website for downloadable papers.

- Nine programme sessions delivered over a 12 month period with 6 sessions over first 3 months and then quarterly follow up at 6, 9 and 12 months.¹
- Strategies to change diet and physical activity advice are underpinned by recognised behaviour change techniques.²
- Patients attending Counterweight evaluation have consistently had mean BMI of 37 kg/m².^{4,5}
- A quarter of patients attending Counterweight evaluation have had a BMI ≥40 kg/m².^{4,5}
- 40% of patients enrolled attend sessions through to 12 months.^{5,6}
- At 12 months patients maintain a mean weight loss of 3-5kg.^{4,5,6}
- Over 30% of the attending population achieve clinically beneficial weight loss of >5%.^{4,5}
- 70% of the attending population at 12 months weigh less than when they start the programme.⁵
- The Counterweight model offers clinically effective weight loss for minimal primary care resource (9 sessions/12 months).

WHO IS ELIGIBLE FOR THE COUNTERWEIGHT PROGRAMME?

Those who:

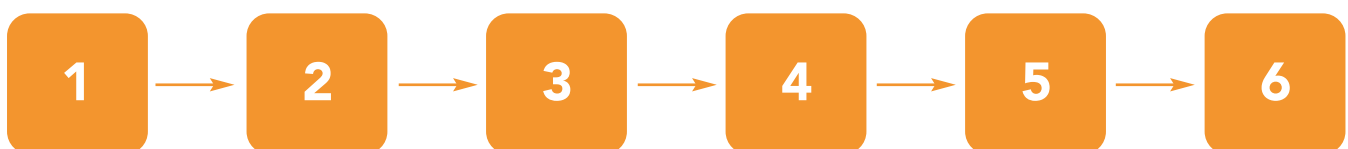
- Have a Body Mass Index (BMI) $\geq 25\text{kg/m}^2$.
- Are at the right stage of change (i.e. ready to lose weight).
- Age 18-75 years.

Trained Counterweight practitioners provide screening to ensure individuals meet the eligibility criteria and have a comprehensive understanding of what the programme entails.

THE COUNTERWEIGHT PROGRAMME – STRUCTURE

The Counterweight Programme offers 9 key appointments (Group or Individual) over 1 year, as follows:

FIRST 3 MONTHS (FORTNIGHTLY APPOINTMENTS)



3 MONTHS TO 12 MONTHS (MONTHLY APPOINTMENTS)



There are optional 'Support Appointments' (SA) that can be offered from 3 months onwards, depending on individual needs and service provisions. The Programme is supported by High Quality Educational Resources for both patients and practitioners.

IMPLEMENTING THE COUNTERWEIGHT PROGRAMME

A Counterweight Specialist (Registered dietitian or nutritionist) provides a structured competency based training and mentoring programme to practitioners wishing to deliver the Counterweight Programme. This includes data collection systems and evaluation.

Training

Mentoring

**Data
Collection**

Evaluation

Training: A one-day training session is delivered in traditional class room style or 2 half-day online sessions*

Mentoring: A structured mentoring process is delivered by Counterweight Specialists using a mix of face-to-face, telephone or online sessions

Data Collection and Evaluation: Guidance on data collection and evaluation is provided

* The Counterweight Programme (Groups) offers 2 days training

ACCESS TO THE COUNTERWEIGHT PROGRAMME

The Counterweight Programme is accessed by paying for an annual programme licence, training for practitioners and payment for resources for patients. The upfront cost is dependent on the number of people undertaking training and mentoring, and anticipated numbers of patients going through the Counterweight Programme.

Delivery Options

- Counterweight trains in-house staff to deliver the Counterweight Programme.
- The Counterweight Programme can be accessed via existing delivery partners. This is currently offered face to face (1:1 or group) or over the telephone or Skype
- Counterweight is launching an online version of this programme December 2014

Counterweight sells a range of weight management equipment for both customers and practitioners to purchase alongside its programmes.

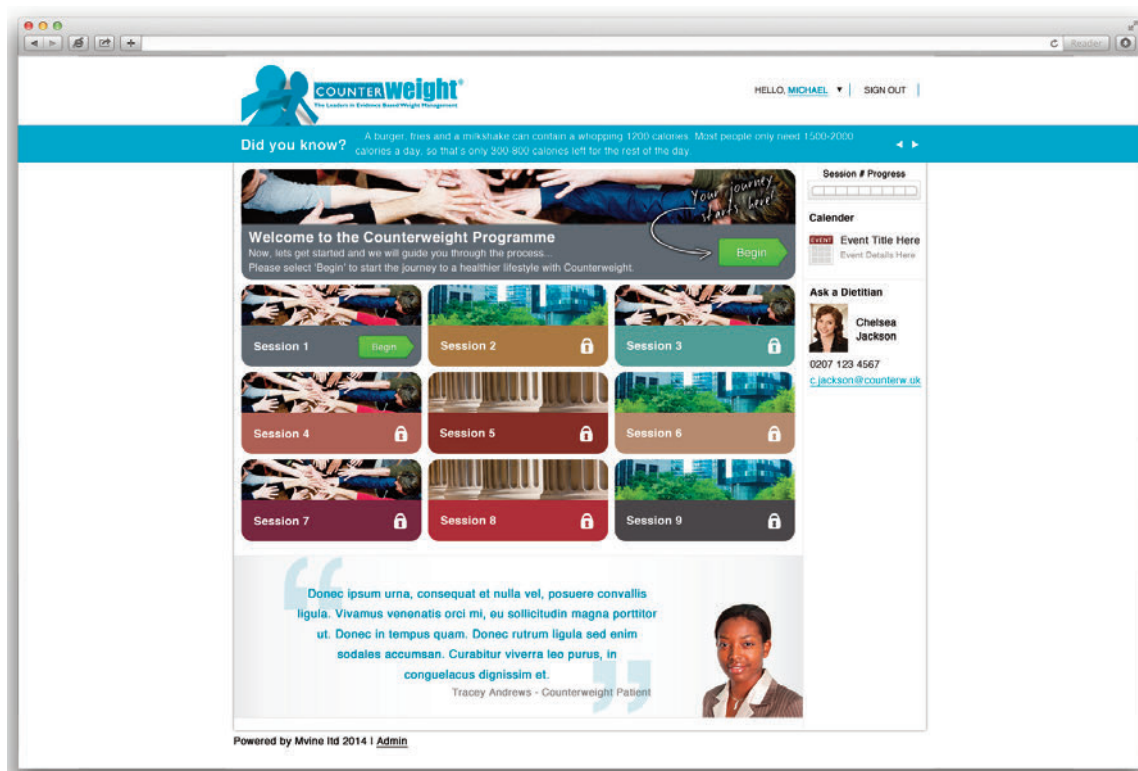
COUNTERWEIGHT ONLINE PROGRAMME WITH E-PRACTITIONER

Programme Structure

The online programme follows the same structure as the face to face programme with 6 intervention sessions over a 3 month period:

- Session 1:** Target weight loss, motivators and barriers to change, lifestyle diary, weight tracker, healthy eating quiz and lapse management.
- Session 2:** Healthy eating (The eatwell plate), goals or personal weight loss plan, snack advice
- Session 3:** Physical activity
- Sessions 4 & 5:** Alcohol, food labels, shopping cooking & eating out, eating behaviour
- Session 6:** Maintenance of lifestyle changes

It will be possible to access the screening and session 1 on the same day, but the intervention sessions will then still have a 12 week structure. Additional prompts will be e-mailed to individuals between the formal sessions to offer increased contact and support.



3 to 12 months

Follow ups will be at 3 month intervals matching the face to face programme.

The 3 quarterly appointments will cover: preventing relapse, portion control and weight loss maintenance

In addition further prompts will be messaged on a weekly basis during the 3-12 month period.

E-practitioner

The online programme will strongly encourage use of e-practitioner at sign up (in the patient promise) and this will be available at every stage through the programme.

1. Counterweight Project Team. .A new evidence-based model for weight management in primary care: the Counterweight Programme. J Hum Nutr Diet 2004; 17: 191–208.
2. Counterweight Project Team. Empowering Primary Care to tackle the obesity epidemic.:The Counterweight Programme. European Journal of Clinical Nutrition 2005; 59: Supplement 1, S93-101
3. Long-Term Cost Effectiveness of Weight Management in Primary Care. International Journal of Clinical Practice (2010); 64(6), 775-783
4. Counterweight Project Team. Evaluation of the Counterweight Programme for obesity management in primary care: a starting point for continuous improvement. Br J Gen Pract 2008; 58: 548-554
5. Counterweight Project Team.The implementation of the Counterweight Programme in Scotland, UK. Family Practice 2012; 29: i139-i144.
6. Counterweight Outcomes from Nurse Led Clinic, Ontario. Unpublished report. 2014

“The one-on-one component of the Counterweight program is what really makes it work. The personal attention I receive, and the guidance is personalised to me. I also found that my counsellor’s flexibility in setting appointment times that were suitable to me, made the program fit my life.”

Nancy, *Counterweight client*

“This is the first time I’ve achieved any real results. The goals we set were simple and realistic. I didn’t have to turn my world upside down. My blood sugar numbers are normal finally.”

Linda, *Counterweight client*

FOR MORE INFORMATION CONTACT

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