Adult tier 2 behavioural weight management services commissioned by local authorities: minimum data set technical guidance for submitting organisations

Contents

Introduction

In March 2021, the government announced an additional £100 million of funding over 2021 to 2022 to support people living with excess weight and obesity to lose weight and maintain healthier lifestyles.

The adult weight management services grant (number 31/5540) distributes over £30 million of this new funding, between all local authorities in England who accepted the grant, to support the expansion of adult tier 2 behavioural weight management services commissioned by local authorities. This is part of a place-based whole systems approach to tackling obesity and promoting a healthier weight.

In order to understand the impact of this investment, any local authority in receipt of this grant funding must ensure all commissioned service providers collect data on all participants and their progress and return a minimum data set to Public Health England (PHE), or any successor body. This is a condition of the grant.

This technical guidance and the supporting submission spreadsheet describe the data items required by PHE. This document explains the process for completion and submission of the dataset using the spreadsheet provided.

It is anticipated that more data items will be collected locally to facilitate a robust process and impact evaluation of adult tier 2 behavioural weight management services, which is critical for local monitoring and development. It is important that these additional local data collections also meet national standards to ensure that weight management service data is collected consistently between services and aligns with other health and care data sets. Separate guidance on the data required to facilitate a comprehensive local level evaluation is provided in the standard evaluation framework and supporting data collection tool:

1. PHE (2018) Standard evaluation framework for weight management interventions
2. PHE (2017) Capturing data: a tool to collect and record adult weight management service data

Please note that the standard evaluation framework is currently under review, any updates to the framework will be made available on GOV.UK via the link shared above.

Definitions

For this data collection PHE are using the following definitions published in Key Performance Indicators: Tier 2 Weight Management Services for Adults.

Participant:
Individual who attended at least one session.

Completer:
Individual who attended at least 75% of all sessions.

Active intervention:
The pre-defined weight management service, that doesn't include follow up.

Follow up:
The period after the active intervention, defined as 26 weeks for this data collection.

Data items for national submission

Service providers should submit data to PHE on a monthly basis in arrears for completed activity in the month (see Process for national submission on page 7 for further information). Data collection is divided into 4 separate 'time points':

1. At referral into the active intervention.
2. At week 0, as participants start the active intervention.
3. At the end of the active intervention (usually week 12 but can vary), or at the last week of attendance for participants who do not complete the active intervention.
4. At week 26, for follow-up.

Please use the 'week 12 or last week of attendance' time point data collection sheet to submit data for participants at the end of the active intervention or the last recorded weight for any participants who do not complete the active intervention.

For participants who have not completed the active intervention, please provide the last weight measurement recorded in the 'week 12 or last week of attendance sheet', if you have not already submitted that weight measurement in a previous month's submission. For example, if a participant's last weight measurement was in week 5 of the intervention in August, but they did not attend any more sessions and was only declared a non-completer in September, then please submit this last measurement from August in your September data return.

Depending upon the number of active intervention cohorts operating at any given time, some or all of these time points will be nil returns. For example, the first return will not contain data for active intervention completion (usually at week 12 but can vary) or for the follow-up at week 26.

Differentiating between service participants from existing and new funding

As a condition of the grant, local authorities are required to submit de-personalised demographic, process and outcome data on participants funded through the adult weight management services grant through a minimum data set.

We encourage service providers to share the minimum data set for all participants regardless of funding source to enhance the data collection, as this will enable more conclusive findings from the evaluation and help widen the evidence base on effective weight management provision. The minimum data set includes a column where you can

indicate whether participants are from new or existing funding. However, there is no obligation to provide data on participants funded through the public health grant.

Where you are unable to separate the data out between services funded through this grant and those funded by the existing public health grant (for example, if services are uplifted through an existing service provider) please submit data collected from all participants regardless of funding.

In the financial reporting to the grants team, local authorities will be asked to provide information to demonstrate that they are meeting the grant conditions. This will include the number of, or uplift in, places available on adult tier 2 behavioural weight management services commissioned through the new funding.

Process for national submission

The associated minimum data set reporting spreadsheet (Excel file) for data submission can be used for data collection, or if a separate system is used, a report or export should be created to get the data into an identical structure and format to paste into the minimum data set reporting spreadsheet. Validation rules in the reporting spreadsheet should enable accurate data item formats, as well as pre-set or realistic values. Please note that if you copy and paste into this spreadsheet then the validation rules will be overwritten so please ensure you have validated your data before submission.

The minimum data set reporting spreadsheet contains 4 data collection sheets for the 4 collection time points, relating to activity in the month: referrals; week 0; week 12 (or end of active intervention or last week of attendance) and week 26. The collection requires one row of data for each participant at referral and/or week 0, and then at the relevant time, a row at week 12 (or end of active intervention or last week of attendance) and a row at week 26. A unique (to the local service provider) participant number must be supplied for each row at referral and in week 0 and will be used to link participants over time

Each data collection sheet in the spreadsheet file needs to be saved as a separate CSV file and submitted separately to PHE. CSV files are submitted by uploading each file to a secure PHE SharePoint site. Detailed guidance on how to do this, and the required format of file names for submission, is provided in the data collection Excel spreadsheet.

Once the CSV file(s) has been submitted to PHE the contents will be validated and any file failing validation will be returned to the service provider for amending and re-submission. If any data that has already been submitted needs correction, please submit in a separate CSV file.

From June 2021, data submission to PHE will be on a monthly basis in arrears for completed activity in the month and submitted by the end of the following month. Where a service has been set up and starts mid-month, the first set of data can be submitted the following month. Data collected during April, May and June 2021 can be submitted in July 2021. The table below shows the monthly deadlines for submission of data to PHE, for example, providers should submit data to PHE on 30 September for completed activity in August.

Follow up data collected after March 2022 can continue to be submitted by the end of each of the following months.

Data submission deadlines

Data collection period	Submission deadline
April 2021	30 July 2021
May 2021	30 July 2021
June 2021	30 July 2021
July 2021	27 August 2021
August 2021	30 September 2021
September 2021	29 October 2021
October 2021	26 November 2021
November 2021	31 December 2021
December 2021	31 January 2022
January 2022	28 February 2022
February 2022	31 March 2022
March 2022	29 April 2022

Specification for data collection

The following information provides specific details on each data item collected in the minimum data set, where possible this data collection is aligned with data items collected in the Community Services Data Set. For each data item the format and length of the data field is given, for example 'an2' (fixed length) means it is an alphanumeric (an) format so will be a mix of letters and numbers with a 2-character length. Some fields have codes that are letter (a) or numeric (n) format only and are more or less than 2 characters in length.

The time point(s) for collection are given along with a description of the restrictions of each data item. Where applicable a table is included displaying the codes and descriptions for all possible options or responses available to report. Service providers are asked to submit data using the codes provided, rather than the text descriptions or other methods, to ensure consistency within the full data set. Submitted CSV files not using the specified codes will fail data validation and be returned to the service provider for correction and resubmission.

A description of the purpose for collecting each data item is also provided.

Organisation and referral

Service provider code

Data format and length: an8 (variable length between 3 and 8 characters).
Collection time points: Every data submission.

Restrictions: Service providers are required to submit the data alongside an official Organisation Data Service code. Service providers can apply for a code here*. Do not leave blank.
Purpose(s): Present measures at service provider level and by service provider type.

*If you encounter a problem obtaining a service provider code or are unsure about what code to use please get in touch directly with PHE via this email address: adults-weight-management-data@phe.gov.uk.

Commissioner code

Data format and length: an9 (fixed length, letter E followed by 8 numbers).
Collection time points: Every data submission.
Restrictions: Latest county or local authority (for unitary authorities) code, for example E06000001 for Hartlepool. Do not leave blank.

Purpose(s): Present measures at commissioner level.

Referral source

Data format and length: an1 (fixed length).
Collection time points: Referral only.
Restrictions: Do not leave blank, use the codes in the table below.

Code	Description
1	GP
2	Other health care professional
3	Non-health care professional
4	Self-referral
X	Not known or not recorded

Purpose(s): Analysis on referral patterns to weight management services.

Date of referral receipt

A specific format for dates has been set, details below, to ensure dates are submitted in a consistent way by all service providers and to ensure the correct date is copied through to our secure data repository. The chosen format prevents British format dates to switch to American format during submission and data processing.

Data format and length: an11 (fixed length).
Collection time points: Referral only.
Restrictions: Do not leave blank. Date to be submitted in long date format as shown in the table below:

Month	Date format (using 1st of month in 2021 as an example)
January	1 January 2021
February	1 February 2021
March	1 March 2021
April	1 April 2021
May	1 May 2021
June	1 June 2021
July	1 July 2021
August	1 August 2021

September	1 September 2021
October	1 October 2021
November	1 November 2021
December	1 December 2021

Purpose(s): Analysis on time from referral to enrolment.

Participant details

Service providers should use a participant number (which should uniquely identify the individual to the active intervention but should not incorporate any personal or sensitive information) at each point to identify the individual as they move through the different time points.

Where participant information is collected and submitted at the referral time point there is no need to duplicate data collection at week 0; please leave it blank in week 0, unless you wish to update or correct it.

If a participant drops out of the active intervention before they have attended at least 75% of the active intervention and then re-joins again at week 0 please create a new participant number.

Participant Number

Data format and length: an255 (variable length up to 255 characters).
Collection time points: Every data submission.
Restrictions: This must uniquely identify the participant within the service provider but must not constitute personal information. For example, surname would be classified as personal information. The participant number should be assigned at referral and then used to identify the same individual at all other collection time points. Do not leave blank.
Purpose(s): Link participants between contacts.

Age in years

Data format and length: n3 (variable length up to 3 characters).
Collection time points: Referral or week 0.
Restrictions: Derived from date of birth (not part of this minimum data set) and date of referral. Do not leave blank in referral week, if not known at referral use 0 then submit the correct age in week 0.
Purpose(s): Establish whether any active interventions are more effective for specific age groups.

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Lower Layer Super Output Area of residence

Data format and length: an10 (fixed length, letter E[1] followed by 8 numbers).
Collection time points: Referral or week 0.
Restrictions: Derived from postcode of residence (not part of this minimum data set) using Office for National Statistics National Statistics Postcode Lookup (NSPL).

Do not leave blank in referral week, if Lower Layer Super Output Area of residence is not known please use X99999999 then submit the correct data at week 0.

A complete list of Lower Layer Super Output Areas is available here.
Purpose(s): Ensure PHE can monitor equality of access.

Gender

Person stated gender code, this can be self-declared or inferred by observation. This data item is collecting the current gender of the participant, the classification is phenotypical rather than genotypical, that is, it does not provide codes for medical or scientific purposes.
Data format and length: an1 (fixed length).
Collection time points: Referral or week 0.
Restrictions: Do not leave blank in referral week, if not known at referral use code X then submit correct data at week 0. Use the codes in the table below.

Code	Description
1	Male
2	Female
9	Indeterminate (unable to be classified as either male of female)
X	Not known or not recorded

Purpose(s): Establish whether any active interventions are more effective for specific genders.

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[1] For individuals living in Scotland and Wales the LSOA code will be letter S or W respectively followed by 8 numbers.

Ethnicity

Data format and length: an2 (variable length up to 2 characters).
Collection time points: Referral or week 0.
Restrictions: Do not leave blank in referral week, if not known at referral use code 99 then submit correct data at week 0. Use the codes in the table below.

Code	Description
A	White: British
B	White: Irish
C	White: Any other White background
D	Mixed: White and Black Caribbean
E	Mixed: White and Black African
F	Mixed: White and Asian
G	Mixed: Any other mixed background
H	Asian or Asian British: Indian
J	Asian or Asian British: Pakistani
K	Asian or Asian British: Bangladeshi
L	Asian or Asian British: Any other Asian background
M	Black or Black British: Caribbean
N	Black or Black British: African
P	Black or Black British: Any other Black background
R	Other Ethnic Groups: Chinese
S	Other Ethnic Groups: Any other ethnic group
Z	Not stated
99	Not known or not recorded

Purpose(s): Ensure PHE can monitor equality of access.

Religion

Data format and length: a1 (fixed length).
Collection time points: Referral or week 0.
Restrictions: Do not leave blank in referral week, if not known at referral use code N then submit correct data at week 0. Use the codes in the table below.

Code	Description
A	Baha'i
B	Buddhist
C	Christian
D	Hindu
E	Jain
F	Jewish
G	Muslim
H	Pagan
I	Sikh
J	Zoroastrian
K	Other
L	None
M	Not stated
N	Not known or not recorded

Purpose(s): Ensure PHE can monitor equality of access.

Employment status

Data format and length: an1 (fixed length).
Collection time points: Referral or week 0.
Restrictions: Do not leave blank in referral week, if not known at referral use code Z then submit correct data at week 0. Use the codes in the table below.

Code	Description
1	Employed
2	Unemployed and Seeking Work
3	Students who are undertaking full (at least 16 hours per week) or part-time (less than 16 hours per week) education or training and who are not working or actively seeking work
4	Long-term sick or disabled, those who are receiving Incapacity Benefit, Income Support or both; or Employment and Support allowance
5	Homemaker looking after the family or home and who are not working or actively seeking work
6	Not receiving benefits and who are not working or actively seeking work

7	Unpaid voluntary work who are not working or actively seeking work
8	Retired
Z	Not Stated (Person asked but declined to provide a response)

Purpose(s): Ensure PHE can monitor equality of access.

Sexual orientation

Data format and length: an1 (fixed length).
Collection time points: Referral or week 0.
Restrictions: Do not leave blank in referral week, if not known at referral use code X then submit correct data at week 0. Use the codes in the table below.

Code	Description
1	Heterosexual or Straight
2	Gay or Lesbian
3	Bisexual
4	Other not listed
U	Person does not know or not sure
Z	Not stated
X	Not known or not recorded

Purpose(s): Ensure PHE can monitor equality of access.

Currently pregnant

The adult weight management services grant cannot be used with pregnant women, in line with public health guidance from the National Institute for Health and Care Excellence (NICE).
For male participants please record as No.

Data format and length: a1 (fixed length).
Collection time points: Every data submission.
Restrictions: Do not leave blank, use the codes in the table below.

Code	Description
Y	Yes
N	No
X	Not know or not recorded

Purpose(s): Ensure that pregnant women and who become pregnant after starting the active intervention can be excluded from any analysis on weight loss.

Participant stated disability (up to 6 can be entered)

Data format and length: an2 (variable length up to 2 characters).
Collection time points: Referral or week 0.
Restrictions: Do not leave blank in referral week, if not known at referral use code X then submit correct data at week 0. Use the codes in the table below.

Code	Description	Comments
1	Behaviour and Emotional	Should be used where the participant has times when they lack control over their feelings or actions
2	Hearing	Should be used where the participant has difficulty hearing, or need hearing aids, or need to lip-read what people say
3	Manual and Dexterity	Should be used where the participant experiences difficulty performing tasks with their hands
4	Memory or ability to concentrate, learn or understand (Learning Disability)	Should be used where the participant has difficulty with memory or ability to concentrate, learn or understand which began before the age of 18
5	Mobility and Gross Motor	Should be used where the participant has difficulty getting around physically without assistance or needs aids like wheelchairs or walking frames; or where the participant has difficulty controlling how their arms, legs or head movement
6	Perception of Physical Danger	Should be used where the participant has difficulty understanding that some things, places or situations can be dangerous and could lead to a risk of injury or harm
7	Personal, Self-Care and Continence	Should be used where the participant has difficulty keeping clean and dressing the way they would like to
8	Progressive Conditions and Physical Health	Should be used where the participant has any illness which affects what they can do, or which is making them more ill, which is getting worse, and which is going to continue getting worse (such as HIV, cancer, multiple sclerosis and fits)

9	Sight	Should be used where the participant has difficulty seeing signs or things printed on paper or seeing things at a distance
10	Speech	Should be used where the participant has difficulty speaking or using language to communicate or make their needs known
XX	Other	Should be used where the participant has any other important health issue including dementia or autism
NN	No disability	
ZZ	Not stated	
X	Not known or not recorded	

Purpose(s): Ensure PHE can monitor equality of access.

Participant on Severe Mental Illness register

Data format and length: a1 (fixed length).
Collection time points: Referral or week 0.
Restrictions: Do not leave blank in referral week, if not known at referral use code X then submit correct data at week 0. Use the codes in the table below.

Code	Description
Y	Yes
N	No
X	Not known or not recorded

Purpose(s): Establish whether any active interventions are more effective for people living with severe mental illness (SMI). As a group, people with severe mental illnesses experience health inequalities in relation to obesity and it is important to monitor and report on this.
Ensure PHE can monitor equality of access.

Participant on learning disabilities register

Data format and length: a1 (fixed length).
Collection time points: Referral or week 0.
Restrictions: Do not leave blank in referral week, if not known at referral use code X then submit correct data at week 0. Use the codes in the table below.

Code	Description
Y	Yes
N	No
X	Not known or not recorded

Purpose(s): Establish whether any active interventions are more effective for people living with learning disabilities. As a group, people living with learning disabilities experience health inequalities in relation to obesity and it is important to monitor and report on this.
Ensure PHE can monitor equality of access.

Participant stated co-morbidities (up to 6 can be entered)

Please record any relevant co-morbidities.

Data format and length: an2 (variable length up to 2 characters).
Collection time points: Referral or week 0.
Restrictions: Do not leave blank in referral week, if not known at referral use code X then submit correct data at week 0. Use the codes in the table below.

Code	Description
1	Hypertension
2	Cardiac disease
3	Renal disease
4	Mental health disorder
5	Thromboembolic disorder
6	Haematological disorder
7	Central nervous system disorder
8	Diabetes
9	Autoimmune disease
10	Cancer
12	Infectious Hepatitis A
13	Serum Hepatitis B
14	Hepatitis C
16	Endocrine disorder
17	Respiratory disease
18	Gastrointestinal disorder

19	Musculoskeletal disorder
20	Gynaecological problems
XX	Other
NN	None
ZZ	Not stated
X	Not known or not recorded

Purpose(s): Establish whether any active interventions are more effective for people with specific co-morbidities.

Short Warwick-Edinburgh Mental Wellbeing Scale score (SWEMWBS)

Please only submit data using the SWEMWBS score. Service providers may assess wellbeing using different methods, where SWEMWBS is not collected please leave cells blank in the data submission.

Data format and length: n2 (variable length up to 2 characters).
Collection time points: Weeks 0, 12 (or end of active intervention or last week of attendance) and 26.
Restrictions: Enter a whole number between 7 and 35.
Purpose(s): Analysis of active intervention delivery methods.

Type of intervention

Mode of delivery of service (up to 2 can be entered)

Please record the main mode of delivery and one other delivery type. Please mark 'X' where there are no additional intervention types.

Data format and length: an2 (variable length up to 2 characters).
Collection time points: Week 0 and week 12 (or end of active intervention or last week of attendance). Type of intervention may change between week 0 and week 12 (or the end of the active intervention), for example move from remote services to face to face.
Restrictions: Do not leave blank, use the codes in the table below.

Code	Description	Comments
1	Individual - Face to face	A service that is delivered in person through 1:1 sessions
2	Group - Face to face	A service that is delivered in person through group sessions
3	Individual - Remote services via video call	A 1:1 service that is delivered via a technology (not in person). In this case via video calls, for example, Microsoft Teams, Zoo006D, and so on
4	Individual - Remote services via social media	A 1:1 service that is delivered via a technology (not in person). In this case via social media, for example, Facebook
5	Individual - Remote services via email	A 1:1 service that is delivered via a technology (not in person). In this case, via direct 1:1 email
6	Individual - Remote services via text	A 1:1 service that is delivered via a technology (not in person). In this case, via direct text messages e.g. SMS, iMessage, WhatsApp, and so on
7	Individual - Remote services via telephone call	A 1:1 service that is delivered via a technology (not in person). In this case via direct telephone call
8	Group - Remote services via video call	A group service that is delivered via a technology (not in person). In this case via group video calls, for example, Microsoft Teams, Zoom, and so on
9	Group - Remote services via social media	A group service that is delivered via a technology (not in person). In this case via social media, for example, Facebook groups
10	Group - Remote services via email	A group service that is delivered via a technology (not in person). In this case, via group email
11	Group - Remote services via text	A group service that is delivered via a technology (not in person). In this case, via group text messages, for example, SMS, iMessage, WhatsApp, and so on

12	Group - Remote services via telephone call	A group service that is delivered via a technology (not in person). In this case via group telephone call
13	Digital services	An intervention that is delivered solely using digital technology. For example, apps, websites and tracking devices
99	Not known or recorded	
X	No additional intervention types	

Purpose(s): Present measures by intervention type

Expected length of active intervention (in weeks)

Data format and length: n2 (variable length up to 2 characters).
Collection time points: Week 0.
Restrictions: Minimum of 1 week, maximum of 26 weeks. Do not leave blank.
Purpose(s): Establish completion rate.

Funding stream

Source of funding for participants

Please record, if known, whether the participant's place in the active intervention is funded by the new adult weight management services grant or from existing public health grant funding. If it is not possible to distinguish between funding sources for each participant please select option 3, not known.

Data format and length: n1 (fixed length).
Collection time points: Week 0.
Restrictions: Do not leave blank, use the codes in the table below.

Code	Description
1	New grant funding (number 31/5540)
2	Existing public health grant funding
3	Not known

Purpose(s): To differentiate between participants from new and existing grant funding.

Measurements

Date of measurement

A specific format for dates has been set, details below, to ensure dates are submitted in a consistent way by all service providers and to ensure the correct date is copied through to our data store in SQL. The chosen format prevents British format dates to switch to American format during submission and data processing.

Data format and length: an11 (fixed length).
Collection time points: Weeks 0, 12 (or end of active intervention or last week of attendance) and 26.
Restrictions: Do not leave blank. Date to be submitted in long date format as shown in the table below:

Month	Date format (using 1st of month in 2021 as an example)
January	1 January 2021
February	1 February 2021
March	1 March 2021
April	1 April 2021
May	1 May 2021
June	1 June 2021
July	1 July 2021
August	1 August 2021
September	1 September 2021
October	1 October 2021
November	1 November 2021
December	1 December 2021

Purpose(s): Calculation of relevant measures.

Height in metres

Data format and length: n1.n2 (variable length up to 2 decimal places).
Collection time points: Week 0.
Restrictions: Do not leave blank.
Purpose(s): Calculation of relevant measures.

Height measured by professional (as opposed to self-measurement)

Ideally height will be measured and recorded by a professional, however if this is not possible, for example, due to the active intervention being provided remotely then a self-measured height can be collected from the participant.

Data format and length: a1 (fixed length).
Collection time points: Week 0.
Restrictions: Do not leave blank, use the codes in the table below.

Code	Text
Y	Yes
N	No

Purpose(s): Analysis of active intervention delivery methods

Weight in kilograms

Data format and length: n3.n3 (variable length up to 3 decimal places).
Collection time points: Weeks 0, 12 (or end of active intervention or last week of attendance) and 26.
Restrictions: Do not leave blank
Purpose(s): Calculation of relevant measures.

Weight measured by professional (as opposed to self-measurement)

Ideally weight will be measured and recorded by a professional, however if this is not possible, for example, due to the active intervention being provided remotely then a self-measured weight can be collected from the participant.

Data format and length: a1 (fixed length).
Collection time points: Weeks 0, 12 (or end of active intervention or last week of attendance) and 26.
Restrictions: Do not leave blank, use the codes in the table below.

Code	Text
Y	Yes
N	No

Purpose(s): Analysis of active intervention delivery methods

Number of weeks of attendance

Data format and length: n2 (variable length up to 2 characters).
Collection time points: Week 12 (or end of active intervention or last week of attendance).
Restrictions: Minimum of 1 week, maximum of 26 weeks. Do not leave blank.
Purpose(s): Establish completion rate of the active intervention.

Relevant measures

The following section is for information only. Local authorities and service providers are not required to carry out any evaluation of these measures.

PHE will calculate and consider relevant service measures nationally, and at local authority commissioner and service provider level. These will be published and shared with the Department of Health and Social Care to help evaluate the expansion of adult tier 2 behavioural weight management services.

These measures are based on the list of example key performance indicators (KPIs) and associated guidance set out by PHE.

1. AWM1: Percentage of referrals which lead to enrolments
2. AWM2: Percentage of participants who complete the active intervention
3. AWM3: Percentage of individuals enrolled in the active intervention from high risk groups
4. AWM4: Percentage of participants who lose weight at the end of the active intervention
5. AWM5: Percentage of participants who lose a minimum of 5% of their initial body weight, at the end of the active intervention
6. AWM6: Percentage of participants who maintain their lower weight

For each measure, inequalities will be considered (exact details depend on the detail and number of participants) for the following characteristics:

- age at week 0
- gender
- high risk groups
- ethnic group
- religion
- employment status
- sexual orientation
- deprivation: national index of multiple deprivation (IMD) decile of area of residence
- disability
- mental illness: Severe Mental Illness (SMI) Register
- co-morbidities
- BMI category at week 0

AWM1: Percentage of referrals which lead to enrolments

This measure is defined as the proportion of those for whom a referral is received, who enrol on the active intervention.

Denominator	Number of referrals received in the month prior to or during week 0
Numerator	Of the denominator, the number of individuals who enrolled on the active intervention with a valid weight recorded in week 0
Method	Percentage

AWM2: Percentage of participants who complete the active intervention

This measure is defined as the proportion of those enrolled on the active intervention, who attended at least 75% of the active intervention. For example, if the active intervention is 12 weeks this would be defined as anyone who has attended 9 weeks or more.

Denominator	Number of participants in week 0 with a valid weight recorded
Numerator	Of the denominator, the number of participants who have attended at least 75% of the active intervention (where the number of weeks of attendance divided by expected length of active intervention is greater than or equal to 0.75)
Method	Percentage

AWM3: Percentage of individuals enrolled in the active intervention who are from high risk groups

This measure is defined as the proportion of those starting the active intervention, whose details (as collected at week 0) include 1 or more of the following:

- person lives in the nationally most deprived 20% of areas
- person's ethnicity is Black, Asian or another minority ethnic group

- person has mental illness
- person has disability (including learning disability)

Denominator	Number of participants in week 0 with a valid weight recorded.
Numerator	Of the denominator, the number of participants who meet one of more of the following: • Person lives in the nationally most deprived 20% of areas (based on lower super output area (LSOA) of residence) • Person's ethnicity is Black, Asian or another minority ethnic group • Person has mental illness • Person has disability (including learning disability)
Method	Percentage.

AWM4: Percentage of participants who lose weight at the end of the active intervention

This measure is defined as the proportion of those starting the active intervention, whose final weight recorded in the active intervention is lower than in week 0. This excludes pregnant women.

Denominator	Number of participants in week 0 with a valid weight recorded who are not pregnant.
Numerator	Of the denominator, the number of participants whose weight in kilograms to 3 decimal places measured at the end of the active intervention (usually week 12 but can vary) or the last week of attendance for participants who do not complete the service is lower than their week 0 weight. Records showing the participant is pregnant will be excluded from both numerator and denominator.
Method	Percentage

AWM5: Percentage of participants who lose a minimum of 5% of their initial body weight, at the end of the active intervention

This measure is defined as the proportion of those starting the active intervention, whose final weight recorded in the active intervention is at least 5% lower than in week 0. This excludes pregnant women.

Denominator	Number of participants in week 0 with a valid weight recorded who are not pregnant.
Numerator	Of the denominator, the number of participants whose weight in kilograms to 3 decimal places measured at the end of the active intervention (usually week 12 but can vary) or the last week of attendance for participants who do not complete the service is lower than or equal to 95% of their week 0 weight. Records showing the participant is pregnant will be excluded from both numerator and denominator.
Method	Percentage

AWM6: Percentage of completers who maintain their lower weight

This measure is defined as the proportion of those completing the active intervention who have lost weight, whose weight is equal or lower in week 26 than when they completed the active intervention. This excludes pregnant women.

Denominator	Number of completers who lose weight at the end of the active intervention, who are not pregnant (see AWM4).
Numerator	Of the denominator, the number of completers who have a week 26 record, defined as a record where the date of assessment is within the 26th week, and whose weight in kilograms to 3 decimal places is lower than or equal to their weight measured at the end of the active intervention (usually week 12 but can vary) or the last week of attendance. Records showing the participant is pregnant will be excluded from both numerator and denominator.
Method	Percentage

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Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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