Annex 12: Tier 2 Yorkshire and Humber results

The results for the number of services that responded to national mapping of weight management services were categorised and analysed against the 15 upper tier and unitary local authorities (out of 152 in England) that receive the public health grant and the 23 clinical commissioning groups (CCG) in the Yorkshire and Humber (out of 209 in England). The responses throughout the report may cover one or more local authority or CCG.

Respondents from 93% (14/15) of local authorities and 48% (11/23) of CCGs in Yorkshire and Humber reported having a tier 2 and/or tier 3 weight management (WM) service for children and/or adults. The 'n' numbers presented below are based on the number of respondents (which may include one or more service) or the number of services depending on whether aggregated or disaggregated data was used (see Annex 3).

Tier 2

Children and young people services

Number of services and coverage

One or more tier 2 children and young people (CYP) WM services were reported by 11 respondents, with a geographical coverage of 67% (10/15) of local authorities in Yorkshire and Humber. Of those respondents, 91% of services were described as being available across the locality. All respondents (n=11) reported the tier 2 adult WM services were commissioned by local authorities.

Delivery settings

The majority of tier 2 CYP WM respondents reported delivering the service in the 'community and/or leisure centres' and 'schools and/or after school' (Table 1).

Table 1: Delivery setting

	Community and/or leisure centre	School and/or after school	Hospital/ GP	Home	Other
Setting (n=11)*	10	6	2	-	-

*Respondents had the option to choose more than one category

Eligibility criteria

The majority of tier 2 CYP WM respondents reported the eligibility criteria of >91st centile (Table 2).

Table 2: Eligibility criteria

	> 85th centile BMI	> 91st centile BMI	> 95th centile BMI	> 98th centile BMI
Eligibility criteria (n=9)*	3	6	-	-

*Respondents had the option to choose more than one category and where possible, the lowest BMI centile was included

Referral routes

The most frequently reported referral routes were self-referral and GP or practice nurse and/or other health professionals, followed by school referral and/or the National Child Measurement Programme (NCMP) (Table 3).

Table 3: Referral routes

	Self-referral	GP or practice nurse and/or other health professional	School referral and/or NCMP	Other**	Universally available
Referral routes (n=11)*	11	11	8	3	-

*Respondents had the option to choose more than one category
** Other includes referral via stakeholders; a minority of responses selected NHS Health Checks. It cannot be determined whether this was due to respondent error or families accessing interventions via this route.

Delivery format

Programmes that were delivered in group settings and one-to-one support were the most frequently identified delivery format of tier 2 CYP WM services (Table 4).

Table 4: Delivery format

	Group programmes	1:1 Support	Online support	Telephone
Delivery format (n=11)*	9	8	4	2

*Respondents had the option to choose more than one category

Service design

Of the respondents (n=11), 82% described the service as multi-component, which included a physical activity, behaviour change and nutrition element, while 9% reported delivering two components (dietary and physical activity) and 9% reported delivering one component (behaviour change) within the service.

Length of service

Of the services reported (n=14), the most frequently reported length was 10 and 12 weeks. The range was eight to 52 weeks.

Evidence base and evaluation

All of the respondents reported using National Institute for Health and Care Excellence (NICE) guidance and 70% stated that they used the standard evaluation framework (SEF[1]) (Table 5).

Table 5: Proportion using SEF and NICE guidance

	Yes (%)	No (%)
Percentage using the SEF (n=10)	70%	30%
Percentage using NICE guidance (n=11)	100%	-

Follow up

Of the services reported (n=9), seven reported follow up of participants for 12 months or more, one reported follow up of less than 12 months and one reported no follow up.

Adult services

Number of services and coverage

One or more tier 2 adult WM services were reported by 13 respondents, with a geographical coverage of 80% (12/15) of local authorities in Yorkshire and Humber. Of those respondents, 92% of services were described as being available across the locality. All respondents (n=13) reported the tier 2 adult WM services were commissioned by local authorities.

Delivery settings

The majority of tier 2 adult WM respondents reported delivering the service in the 'community and/or leisure centres' (Table 6).

Table 6: Delivery setting

	Community and/ or leisure centre	Hospital/GP	Work	Other*	Home
Setting (n=12)*	12	3	1	1	-

*Respondents had the option to choose more than one category
**Other includes: obesity support services via telephone and, virtual support and e mail; targeted to suit client

Eligibility criteria[1]

Of the 12 respondents, the majority reported eligibility criteria for tier 2 adult WM services as BMI>25 or BMI>30. One respondent reported eligibility criteria of BMI >28 with co-morbidities, and two respondents reported having other eligibility criteria, which included BMI's for pregnant women and BMI thresholds with co-morbidities.

Referral routes

The most frequently reported referral routes were GP or practice nurse and/or other health professionals and self-referral (Table 7).

[1] Respondents had the option to choose more than one category and where possible, the lowest BMI was included

Table 7: Referral routes

	GP or practice nurse and/or other health professional	Self-referral	Other**	NHS Health Checks
Referral routes (n=13)*	13	11	5	4

*Respondents had the option to choose more than one category
** Other includes referral via lifestyle services, relevant stakeholders; tier 3, professional referral. A minority of responses selected NCMP/School referral. It cannot be determined whether this was due to respondent error or families accessing interventions via this route.

Delivery format

Group programmes were the main delivery format of adult WM services, followed by one-to-one support (Table 8).

Table 8: Main delivery format

	Group programmes	1:1 Support	Online support	Telephone
Delivery format (n=12)*	11	9	4	4

*Respondents had the option to choose more than one category

Service design

Of the respondents (n=10), the majority (80%) described the service as multi-component, which included a physical activity, behaviour change and nutrition element. 20% reported delivering two components within the service such as; dietary and physical activity, dietary and behaviour change.

Length of service

Of the services reported (n=13), the length ranged from 10 to 26 weeks, with the most frequently reported length being 12 weeks.

Evidence base and evaluation

All of the respondents reported using NICE guidance and 73% reported using the SEF (Table 9).

Table 9: Proportion using SEF and NICE guidance

	Yes (%)	No (%)
Percentage using the SEF (n=11)	73%	27%
Percentage using NICE guidance (n=11)	100%	-

Follow up of participants

Of the services reported (n=11), six reported follow up of participants for 12 months or more, four reported follow up for less than 12 months and one reported no follow up.

[1] http://www.noo.org.uk/core/frameworks/SEF