

Annex 10: Tier 2 South West results

The results for the number of services that responded to national mapping of weight management services were categorised and analysed against the 16 upper tier and unitary local authorities (LA) that receive the public health grant (out of 152 in England), and the 19 clinical commissioning groups (CCG) in the South West (out of 209 in England). The responses throughout the report may cover one or more local authority or CCG.

Respondents from 69% (11/16) of local authorities and 16% (3/19) of CCGs in the South West 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 10 respondents, with a geographical coverage of 63% (10/16) of local authorities in the South West. Of those respondents, 90% of the services were described as being available across the locality. All (n=10) respondents stated the tier 2 CYP 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	Home	Hospital/ GP	Other**
Setting (n=6)*	6	3	1	1	-

* Respondents had the option to choose more than one category

** Other includes community spaces close to the child's home and libraries

Eligibility criteria

Most tier 2 CYP WM respondents reported 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=8)*	1	7	-	-
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*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 GP or practice nurse and/or other health professionals, self-referral, followed by school referral and/or the National Child Measurement Programme (NCMP) (Table 3).

Table 3: Referral routes

	GP or practice nurse and/or other health professional	Self-referral	School referral and/or NCMP	Universally available	Other**
Referral routes (n=10)*	8	8	6	1	1

*Respondents had the option to choose more than one category

** Other includes early year's establishments

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

	1:1 Support	Group programmes	Online support	Telephone
Delivery format (n=5)*	3	3	2	1

*Respondents had the option to choose more than one category

Service design

Of the respondents (n=7), 57% described the service as multi-component, which included a physical activity, behaviour change and nutrition element, while the remaining services (28%) reported delivering one component (either physical activity or behaviour change) or two components (14%), which include dietary and behaviour change within the service.

Length of service

Of the services reported (n=6), the most frequently reported length of service for tier 2 was 12 weeks. The range was eight to 52 weeks.

Evidence base and evaluation

Of the respondents, 88% reported using National Institute for Health and Care Excellence (NICE) guidance and 50% stated that they used the standard evaluation framework (SEF¹) (Table 5).

Table 5: Proportion using SEF and NICE guidance

	Yes (%)	No (%)
Percentage using the SEF (n=4)	50%	50%
Percentage using NICE guidance (n=8)	88%	13%

Follow up

Of the services reported (n=7), four followed up participants for 12 months or more, one reported less than 12 months of follow up and two reported none.

Adult services

Number of services and coverage

One or more tier 2 adult WM services were reported by 11 respondents, with a geographical coverage of 69% (11/16) of local authorities in the South West. Of those respondents, all services were described as being available across the locality. All (n=11) of the respondents stated the tier 2 adult WM services reported 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	Work	Hospital/GP	Home	Other
Setting (n=8)*	8	2	1	-	-

*Respondents had the option to choose more than one category

Eligibility criteria¹

Of the respondents (n=10), the majority reported eligibility criteria for tier 2 adult WM services as BMI >25 or BMI >30, with one reporting BMI>35. In addition, two respondents also reported having an eligibility criteria of BMI >28 with co-morbidities, and two respondents reported having other eligibility criteria, which included other BMI>30 with co-morbidities.

Referral routes

The most frequently reported referral routes were GP or practice nurse and/or other health professionals, self-referral followed by NHS Health Checks (Table 7).

Table 7: Referral routes

	GP or practice nurse and/or other health professional	Self-referral	NHS Health Checks	Other**
Referral routes (n=10)*	10	7	4	1

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

*Respondents had the option to choose more than one category

** Other includes entry via stop smoking services

Delivery format

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

Table 8: Main delivery format

	Group programmes	1:1 Support	Telephone	Online support
Delivery format (n=9)*	9	6	4	1

*Respondents had the option to choose more than one category

Service design

Of the respondents (n=8), 38% described the service as multi-component, which included a physical activity, behaviour change and nutrition element. 26% reported delivering one component only, either physical activity or behaviour change. 38% reported delivering two components within the service, such as dietary and physical activity, dietary and behaviour change or physical activity and behaviour change.

Length of service

Of the services reported (n=22) the length of services ranged from six to 52 weeks, with the most frequently reported length being 12 weeks.

Evidence base and evaluation

Of the respondents, 90% reported using NICE guidance and 60% reported using the SEF (Table 9).

Table 9: Proportion using SEF and NICE guidance

	Yes (%)	No (%)
Percentage using the SEF (n=5)	60%	40%
Percentage using NICE guidance (n=10)	90%	10%

Follow up of participants

Of the services reported (n=14), nine followed up participants for 12 months or more while five of the services reported follow up of less than 12 months.

¹ <http://www.noo.org.uk/core/frameworks/SEF>