

Annex 9: South East results

The results for the number of services that responded to national mapping of weight management services were categorised and analysed against the 18 upper tier and unitary local authorities that receive the public health grant (out of 152 in England), and the 31 clinical commissioning groups (CCG) in the South East (out of 209 in England). The responses throughout the report may cover one or more local authority or CCG.

Respondents from 94% (17/18) of local authorities and 26% (8/31) of CCGs in the South East 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 either 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 16 respondents, with a geographical coverage of 72% (13/18) of local authorities in the South East. Of those respondents, all services were described as being available across the locality. All (n=16) respondents stated the tier 2 CYP WM services were commissioned by local authorities.

Delivery settings

The majority of tier 2 CYP WM responses 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	Other**	Hospital/ GP
Setting (n=16)*	13	11	5	1	-

*Respondents had the option to choose more than one category

** One respondent reported work as a delivery setting. This cannot be determined but may be because this was a family intervention or an error.

Eligibility criteria

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

Table 2: Eligibility criteria

	BMI >85th centile	BMI >91st centile	BMI > 95th centile	BMI > 98th centile
Eligibility criteria (n=14)*	1	9	2	2

*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, school referral and/or the National Child Measurement Programme (NCMP), followed by GP or practice nurse and/or other health professionals (Table 3).

Table 3: Referral routes

	Self-referral	School referral and/or NCMP	GP or practice nurse and/or other health professional	Universally available	Other**
Referral routes (n=16)*	15	14	13	6	3

*Respondents had the option to choose more than one category

** Other includes social care referral and children's centres. 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	Telephone	Online support
Delivery format* (n=16)	11	10	6	1

*Respondents had the option to choose more than one category

Service design

Of the respondents (n=15), 73% described the service as multi-component, which included a physical activity, behaviour change and nutrition element. 7% reported delivering one component only (behaviour change). 20% reported delivering two components within the services (dietary and physical activity or dietary and behaviour change).

Length of service

Of the services reported (n=20), the most frequently reported length of service was 12 weeks. The range was six to 12 weeks.

Evidence base and evaluation

Most (93%) of the respondents reported using National Institute for Health and Care Excellence (NICE) guidance and half of the respondents reported using the standard evaluation framework (SEF¹) (Table 5).

Table 5: Proportion using SEF and NICE guidance

	Yes (%)	No (%)
Percentage using the SEF (n=16)	50%	50%
Percentage using NICE guidance (n=15)	93%	7%

Follow up

Of the services reported (n=13), seven reported 12 months or more of follow up; five reported 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 28 respondents, with a geographical coverage of 89% (16/18) of local authorities and 23% (7/31) CCGs in the South East. Of those respondents (n=22), 95% of the services were described as being available across the locality. Overall, 75% (21/28) of the tier 2 adult WM services reported were commissioned by local authorities, 21% (6/28) were commissioned by CCGs and 4% (1/28) were jointly commissioned by local authorities and the voluntary, community and faith sector.

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*	School and/or after school	Home
Setting (n=28)*	27	9	6	2	2	-

*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 criteria¹

Of the respondents (n=27), the majority of respondents reported eligibility criteria for tier 2 adult WM services as BMI>30, followed by BMI>25. In addition, one respondent also reported having an eligibility criteria of BMI>28 with co-morbidities, and three respondents reported having other eligibility criteria, including lower BMIs for ethnic groups/high-risk groups/co-morbidities.

Referral routes

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

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	Universally available	Other**
Referral routes (n=28)*	26	15	12	7	3

*Respondents had the option to choose more than one category

**Other includes entry via voluntary sector or workplace referral. A minority of responses selected school referrals. 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 responses, followed by one-to-one support (Table 8).

Table 8: Main delivery format

	Group programmes	1:1 Support	Telephone	Online support
Delivery format (n=27)*	26	15	7	2

*Respondents had the option to choose more than one category

Service design

Out of the respondents (n=27), the majority (85%) described the service as multi-component, which included a physical activity, behaviour change and nutrition element. 15% of respondents reported delivering one component only (nutrition element).

Length of service

Of the services reported (n=29), the most frequently reported length of service for tier 2 adult WM services was 12 weeks. The range was six to 52 weeks.

Evidence base and evaluation

All respondents reported using NICE guidance and 41% reported using the SEF (Table 9).

Table 9: Proportion using SEF and NICE guidance

	Yes (%)	No (%)
Percentage using the SEF (n=27)	41%	59%
Percentage using NICE guidance (n=24)	100%	-

Follow up of participants

Of the services reported (n=23), 12 services reported following up participants for 12 months or more, seven reported following up participants for less than 12 months and four reported no follow up.

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