

Annex 7: Tier 2 North East results

The results for the number of services that responded to the national mapping of weight management services were categorised and analysed against the 12 upper tier and unitary local authorities (out of 152 in England) that receive the public health grant, and the nine clinical commissioning groups (CCG) in the North East (out of 209 in England). The responses throughout the report may cover one or more local authority or CCG.

Respondents from 75% (9/12) of the authorities and 33% (3/9) of CCGs in the North 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 nine respondents, with a geographical coverage of 75% (9/12) of local authorities in the North East. Of those respondents, 89% of the services were described as being available across the locality. All (n=9) of the 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', followed by '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=9)*	9	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

	BMI > 85th centile	BMI > 91st centile	BMI > 95th centile	BMI > 98th centile
Eligibility criteria (n=9)*	1	6	1	1

*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 and self-referral (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=9)*	8	8	6	1	-

*Respondents had the option to choose more than one category

Delivery format

Programmes that were delivered in group settings followed by 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=9)*	9	4	2	2

*Respondents had the option to choose more than one category

Service design

Of the respondents (n=10), 60% described the service as multi-component, which included a physical activity, behaviour change and nutrition element. 10% reported delivering one component only (behaviour change), while 30% reported delivering two components within the service, such as dietary and physical activity or dietary and behaviour change.

Length of service

Of the services reported (n=9) the most frequently reported length was 12 weeks. The range was 10 to 52 weeks.

Evidence base and evaluation

All those responding 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=8)	50%	50%
Percentage using NICE guidance (n=6)	100%	-

Follow up

Of the services reported (n=9), six followed up participants for 12 months or more, while three reported follow up for less than 12 months.

Adult services

Number of services and coverage

One or more tier 2 adult WM services were reported by six respondents, with a geographical coverage of 50% (6/12) of local authorities in the North East. Of those respondents, all services were described as being available across the locality. All (n=6) of the respondents stated the tier 2 CYP 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	Home	Work	Other
Setting (n=6)*	6	2	1	1	-

*Respondents had the option to choose more than one category

Eligibility criteria¹

Of the respondents (n=6), four reported eligibility criteria for tier 2 adult WM services as BMI>25, followed by two reported BMI>30.

Referral routes

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

Table 7: Referral routes

	Self-referral	GP or practice nurse and/or other health professional	Other**	Universally available	NHS Health Checks
Referral routes (n=6)*	5	5	3	1	-

*Respondents had the option to choose more than one category

** Other includes referral from third sector partners. CPN or exercise professional or 'professional' referral

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

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	Online support	Telephone
Delivery format (n=6)*	6	5	-	-

*Respondents had the option to choose more than one category

Service design

Out of nine responding services, the majority (67%) described the service as multi-component, which included a physical activity, behaviour change and nutrition element. 11% reported delivering one component only (physical activity). 22% reported delivering two components within the service (nutrition and behaviour change).

Length of service

Of the services reported (n=7), the most frequently reported length of service for tier 2 adult WM services was 12 weeks. The range was 10 to 26 weeks.

Evidence base and evaluation

All of the respondents reported using NICE guidance and 33% reported using the SEF (Table 9).

Table 9: Proportion using SEF and NICE guidance

	Yes (%)	No (%)
Percentage using the SEF (n=6)	33%	67%
Percentage using NICE guidance (n=5)	100%	-

Follow up of participants

Of the services reported (n=6), three followed up participants for 12 months or more, two reported follow up for less than 12 months and one reported no follow up.

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