

Annex 4: Tier 2 East Midlands results

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

Respondents from 89% (8/9) of local authorities and 11% (2/19) of CCG in the East Midlands described having a tier 2 and/or tier 3 weight management (WM) service for children and/or adults. The 'n' figures 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 four respondents, with a geographical coverage of 33% of local authorities (3/9) in the East Midlands. Of those respondents, all services were described as being available across the locality. 75% (3/4) respondents stated the tier 2 CYP WM services were commissioned by local authorities, while one was unspecified.

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	Other**	Hospital/ GP
Setting (n=2)*	2	2	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

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=3)*	-	2	1	-

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

Referral routes

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

Table 3: Referral routes

	School referral and/or NCMP	GP or practice nurse and/or other health professional	Self-referral	Universally available	Other**
Referral routes (n=3)*	3	3	2	1	1

*Respondents had the option to choose more than one category

** Other includes MAT team and Integrated lifestyle behaviour change programme

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	Telephone	Online support
Delivery format (n=2)*	2	2	1	-

*Respondents had the option to choose more than one category

Service design

Out of two responding services, one described the service as multi-component, which included a physical activity, behaviour change and nutrition element, and one service reported delivering two components (dietary and behaviour change) within the service.

Length of service

Of the services reported (n=4) the most frequently reported length of service for tier 2 CYP WM services was 12 weeks. The range was 6 to 52 weeks.

Evidence base and evaluation

All of the respondents reported using National Institute for Health and Care Excellence (NICE) guidance (Table 5) and 67% stated that they used the standard evaluation framework (SEF¹).

Table 5: Proportion using SEF and NICE guidance

	Yes (%)	No (%)
Percentage using the SEF (n=3)	67%	33%
Percentage using NICE guidance (n=2)	100%	-

Follow up

Of the services reported (n=3), all followed up participants for 12 months or more.

Adult services

Number of services and coverage

One or more tier 2 adult WM services were reported by nine respondents, with a geographical coverage of 89% of local authorities (8/9) in the East Midlands. Of the respondents (n=8), all services were described as being available across the locality. All respondents (n=9) 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	Other*	Home	Work	Hospital/GP
Setting (n=7)*	7	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=9), the majority of services reported eligibility criteria for tier 2 adult WM service as BMI>30, followed by BMI>25. In addition, four services reported the eligibility criteria as BMI>28 with co-morbidities, two services reported the eligibility criteria as BMI>23 for South Asian adults and two services reported other BMI with co-morbidities or including a waist circumference criteria. Multiple responses were allowed for this question.

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

	GP or practice nurse and/or other health professional	Self-referral	Other**	Universally available	NHS Health Checks
Referral routes (n=8)*	8	6	3	-	-

*Respondents had the option to choose more than one category

** Other includes entry if their child is on the child weight management programme; Healthy Lifestyle hubs; via relevant stakeholders; stop smoking services; via other tiers; pharmacists

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 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=8)*	7	6	2	-

*Respondents had the option to choose more than one category

Service design

Out of 17 responding services, the majority (65%) described the service as multi-component, which included a physical activity, behaviour change and nutrition element. 24% of services reported delivering one component only, either; dietary or physical activity. 12% of services 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=13), the most frequently reported length of service for tier 2 adult WM service was 12 weeks. The range was 8 to 52 weeks.

Evidence base and evaluation

All of the respondents reported using NICE guidance (Table 9) and 71% reported using the SEF.

Table 9: Proportion using SEF and NICE guidance

	Yes (%)	No (%)
Percentage using the SEF (n=7)	71%	29%
Percentage using NICE guidance (n=7)	100%	-

Follow up of participants

Of the services reported (n=10), all followed up participants for 12 months or more.

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