

Annex 11: Tier 2 West 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 14 upper tier and unitary local authorities (out of 152 in England) that receive the public health grant, and the 22 clinical commissioning groups (CCG) in the West Midlands (out of 209 in England). The responses throughout the report may cover one or more local authority or CCG.

Respondents from 86% (12/14) of local authorities and 5% (1/22) of CCGs in the West Midlands reported having a tier 2 and/or tier 3 weight management 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 nine respondents, with a geographical coverage of 64% (9/14) of local authorities in the West Midlands. 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' 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=8)*	7	6	5	1	-

*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 for BMI (Table 2).

Table 2: Eligibility criteria

	> 85th centile BMI	> 91st centile BMI	> 95th centile BMI	> 98th centile BMI	Other*
Eligibility criteria (n=9)**	2	5	1	1	1

*Other eligibility includes BMI for a pregnancy intervention that the respondent included

**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 school referral and/or the National Child Measurement Programme (NCMP), GP or practice nurse and/or other health professionals 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	Other**	Universally available
Referral routes (n=9)*	9	8	7	3	-

*Respondents had the option to choose more than one category

** Other includes referral via promotions; active recruitment of hotspot areas or social services

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	Telephone	Online support
Delivery format (n=8)*	8	5	1	1

*Respondents had the option to choose more than one category

Service design

Of the respondents (n=8), 63% described the service as multi-component, which included a physical activity, behaviour change and nutrition element, while the remaining services reported either delivering two components (13%), dietary and behaviour change within the services or one component (25%), such as behaviour change.

Length of service

Of the services reported (n=16), the most frequently reported length was 10 and 12 weeks long. The range was six to 52 weeks.

Evidence base and evaluation

All of the respondents reported using National Institute for Health and Care Excellence (NICE) guidance and 67% 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=6)	67%	33%
Percentage using NICE guidance (n=7)	100%	-

Follow up

Of the services that responded (n=5), three reported follow up of participants for 12 months or more, while 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 nine respondents, with a geographical coverage of 57% (8/14) of local authorities in the West Midlands. Of those respondents, all services were described as being available across the locality. Overall, 89% (11/12) of the tier 2 adult WM services reported were commissioned by local authorities and 11% (1/12) was not specified.

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	School and/or after school	Home	Other
Setting (n=8)*	8	5	2	2	1	-

*Respondents had the option to choose more than one category

Eligibility criteria¹

Of the respondents (n=9), six reported eligibility criteria for tier 2 adult WM services as BMI >30 and three respondents reported eligibility criteria as BMI >25. In addition, one respondent also reported BMI >28 with co-morbidities, and two respondents reported having other eligibility criteria that included lower BMI’s for ethnic groups.

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).

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	NHS Health Checks	Universally available	Other**
Referral routes (n=9)*	8	6	3	3	2

*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. A minority of responses selected School/NCMP 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=8)*	8	7	3	3

*Respondents had the option to choose more than one category

Service design

Of the respondents (n=13), the majority (54%) described the service as multi-component, which included a physical activity, behaviour change and nutrition element. 46% 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=16), the length ranged from six to 78 weeks, with the most frequently reported length being 12 weeks.

Evidence base and evaluation

All of the respondents reported using NICE guidance and 50% reported using the SEF (Table 9).

Table 9: Proportion using SEF and NICE guidance

	Yes (%)	No (%)
Percentage using the SEF (n=8)	50%	50%
Percentage using NICE guidance (n=8)	100%	-

Follow up of participants

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

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