Annex 8: Tier 2 North West results

The results for the number of services that responded to national mapping of weight management services were categorised and analysed against the 23 upper tier and unitary local authorities that receive the public health grant (out of 152 in England), and the 34 clinical commissioning groups (CCG) in the North West (out of 209 in England). The responses throughout the report may cover one or more local authority or CCG.

Respondents from 44% (10/23) of local authorities and 3% (1/34) of CCGs in the North 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 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 eight respondents, with a geographical coverage of 35% (8/23) of local authorities in the North West. Of those respondents, all the services were described as available across the locality. All (n=8) 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 'schools and/or after school' (Table 1).

Table 1: Delivery setting

	Community and/or leisure centre	School and/or after school	Hospital/ GP	Home	Other
Setting (n=6)*	4	2	1	-	-

*Respondents had the option to choose more than one category

Eligibility criteria

All of the responding services[1] reported eligibility criteria for tier 2 CYP WM service as >91st centile (n=6).

Referral routes

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

The most frequently reported referral routes were GP or practice nurse and/or other health professionals, school referral and/or the National Child Measurement Programme (NCMP), followed by self-referral (Table 2).

Table 2: Referral routes

	GP or practice nurse and/or other health professional	School referral and/or NCMP	Self-referral	Universally available	Other
Referral routes (n=8)*	8	8	5	-	-

*Respondents had the option to choose more than one category

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 3).

Table 3: Delivery format

	Group programmes	1:1 Support	Online support	Telephone
Delivery format (n=6)*	5	4	-	-

*Respondents had the option to choose more than one category

Service design

Of the respondents (n=10), 70% described the service as multi-component, which included a physical activity, behaviour change and nutrition element, whilst the remaining services reported delivering two components (dietary and behaviour change) within the service. 10% reported delivering one component only (nutrition component). 20% reported delivering two components within the service, such as dietary and physical activity or physical activity and behaviour change.

Length of service

Of the services reported (n=8), the most frequently reported length of service was eight weeks. The range was eight to 52 weeks.

Evidence base and evaluation

All of the respondents (n=6) reported using National Institute for Health and Care Excellence (NICE) guidance and all of the respondents (n=3) stated that they do not use the standard evaluation framework (SEF[1]) (Table 4).

Table 4: Proportion using SEF and NICE guidance

	Yes (%)	No (%)
Percentage using the SEF (n=3)	-	100%
Percentage using NICE guidance (n=6)	100%	-

Follow up

Of the services reported (n=6), four services reported follow up of participants for 12 months or more, whilst two services reported no follow up.

Adult services

Number of services and coverage

One or more tier 2 adult WM services were reported by 12 respondents, with a geographical coverage of 43% (10/23) of local authorities in the North West. Of those respondents, all the services were described as available across the locality. Overall, 83% (10/12) of the tier 2 adult WM services reported were commissioned by local authorities, 8% (1/12) jointly commissioned with voluntary, community and faith sectors (VCFS) and 8% (1/12) were unspecified.

Delivery settings

The majority of tier 2 adult WM respondents reported delivering the service in the 'community and/or leisure centres' (Table 5).

Table 5: Delivery setting

	Community and/ or leisure centre	Hospital/GP	Home	Work	Other
Setting (n=8)*	7	2	-	-	-

*Respondents had the option to choose more than one category

Eligibility criteria[2]

Of the 11 services, the majority reported eligibility criteria as BMI>25, followed by BMI>30, while four services reported other eligibility which included other thresholds. In addition, two services reported the eligibility criteria as BMI>28 with co-morbidities.

Referral routes

The most frequently reported referral routes were GP or practice nurse and/or other health professionals followed by self-referral (Table 6).

Table 6: Referral routes

	GP or practice nurse and/or other health professional	Self-referral	Universally available	NHS Health Checks	Other**
Referral routes (n=10)*	9	6	2	1	1

*Respondents had the option to choose more than one category
** Other includes health lifestyle services

Delivery format

Group programmes were the main delivery format of adult WM services, followed by one-to-one support (Table 7).

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

Table 7: Main delivery format

	Group programmes	1:1 Support	Online support	Telephone
Delivery format (n=10)*	10	7	1	1

*Respondents had the option to choose more than one category

Service design

Of the respondents (n=10), 70% described the service as multi-component, which included a physical activity, behaviour change and nutrition element, whilst the remaining services reported delivering two components (dietary and behaviour change) within the service. 20% reported delivering one component only: nutrition component or behaviour change. 10% reported delivering two components within the service, such as dietary and physical activity.

Length of service

Of the services reported (n=10) the most frequently reported length of service was 12 weeks. The range was 10 to 18 weeks.

Evidence base and evaluation

All of the respondents reported using NICE guidance and 50% reported using the SEF (Table 8).

Table 8: Proportion using SEF and NICE guidance

	Yes (%)	No (%)
Percentage using the SEF (n=4)	50%	50%
Percentage using NICE guidance (n=6)	100%	-

Follow up of participants

Of the services reported (n=9), six of services followed up participants for 12 months or more, one service reported following up participants for less than 12 months, and two services reported no follow up.

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[1] http://www.noo.org.uk/core/frameworks/SEF