

## Annex 6: Tier 2 London results

The results for the number of services that responded to the national mapping of weight management services were categorised and analysed against the 33 upper tier and unitary local authorities (out of 152 in England) that receive the public health grant, and the 32 clinical commissioning groups (CCG) in the London (out of 209 in England). The responses throughout the report may cover one or more local authority or CCG.

Respondents from 58% (19/33) of local authorities and 12.5% (4/32) of CCG in London 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 11 respondents with a geographical coverage of 36% (12/33) of local authorities and 9% (3/32) CCGs in London. Of those respondents, all services were described as being available across the locality. The majority 73% (8/11) of the respondents stated the tier 2 CYP WM services were commissioned by local authorities or jointly commissioned with CCGs 27% (3/11).

##### 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)*	8	5	-	-	-

\*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=10)*	3	7	-	-

\*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 professional, self-referral or school referral and/or the National Child Measurement Programme (NCMP) (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=11)*	11	10	10	4	3

\*Respondents had the option to choose more than one category

\*\* Other includes non-health or social care practitioner. A minority of responses selected NHS Health Checks. It cannot be determined whether this was due to respondent error or families accessing services via this route.

### Delivery format

Programmes that were delivered in group settings 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	2	2	2

\*Respondents had the option to choose more than one category

### Service design

Out of 11 responding services, 80% described the service as multi-component, which included a physical activity, behaviour change and nutrition element, while 20% reported delivering one component only: physical activity or behaviour change.

### Length of service

Of the services reported (n=9) the most frequently reported length of service for tier 2 CYP WM services were 10 and 12 weeks. The range was 6 to 12 weeks.

### Evidence base and evaluation

Of those responding, 88% reported using National Institute for Health and Care Excellence (NICE) guidance and 67% stated that they used the standard evaluation framework (SEF<sup>1</sup>) (Table 5).

**Table 5: Proportion using SEF and NICE guidance**

	Yes (%)	No (%)
Percentage using the SEF (n=9)	67%	33%
Percentage using NICE guidance (n=8)	88%	13%

### Follow up

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

## Adult services

### Number of services and coverage

One or more tier 2 adult WM services were reported by 14 respondents with a geographical coverage of 39% (13/33) of local authorities and 6% (2/32) of CCGs described having a tier 2 adult WM service in London. Of those respondents, 93% of the services were described as being available across the locality. Overall 86% (12/14) of the respondents stated the tier 2 adult WM services were commissioned by local authorities and 14% (2/14) by CCGs.

### 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	Home	Other
Setting (n=12)*	12	2	1	-	-

\*Respondents had the option to choose more than one category

### Eligibility criteria<sup>1</sup>

Of the 14 respondents, seven of the respondents reported eligibility criteria for tier 2 adult WM services as BMI>25, while six respondents reported eligibility criteria of BMI>30 and 1 reported BMI>35. In addition, two respondents also reported having BMI>28 with co-morbidities as the eligibility criteria and five respondents had other BMI thresholds (e.g. lower BMI thresholds including those for ethnic minorities/co-morbidities) and one respondent reported eligibility criteria of BMI>23 for South Asians.

### Referral routes

The most frequently reported referral routes were GP or practice nurse and/or other health professionals, followed by self-referral and NHS Health Checks (Table 7).

**Table 7: Referral routes**

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

	GP or practice nurse and/or other health professional	Self-referral	NHS Health Checks	Universally available	Other**
Referral routes (n=14)*	13	8	7	2	1

\*Respondents had the option to choose more than one category

\*\*Other includes social care referral

### 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=12)*	11	5	2	1

\*Respondents had the option to choose more than one category

### Service design

Out of 12 responding services, the majority (58%) described the service as multi-component, which included a physical activity, behaviour change and nutrition element. 25% reported delivering one component only (nutrition element). 17% reported delivering two components within the service (dietary and behaviour change).

### Length of service

Of the services reported (n=15) the most frequently reported length of service for tier 2 adults WM service being 12 weeks. The range was 6 to 39 weeks.

### Evidence base and evaluation

All of the respondents reported using NICE guidance and 64% reported using the SEF (Table 9).

**Table 9: Proportion using SEF and NICE guidance**

	Yes (%)	No (%)
Percentage using the SEF (n=11)	64%	36%
Percentage using NICE guidance (n=10)	100%	-

### Follow up of participants

Of the services reported (n=11), three of the services reported following up participants for more than 12 months, three of the services reported following up participants for less than 12 months, while five of the services reported no follow up.

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