Annex 5: Tier 2 East of England 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 20 clinical commissioning groups (CCG) in the East of England (out of 209 in England). The responses throughout the report may cover one or more local authority or CCG.

Respondents from 92% (11/12) of local authorities and 25% (5/20) of CCG in the East of England 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 92% of local authorities (11/12) in the East of England. Of those respondents, 91% services were described as being available across the locality. All (n=11) 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=10)*	10	4	-	-	-

*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)*	2	6	2	-

*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 reported were self-referral; school referral and/or the National Child Measurement Programme (NCMP) or GP or practice nurse and/or other health professional (Table 3).

Table 3: Referral routes

	Self-referral	School referral and/or NCMP	GP or practice nurse and/or other health professional	Universally available	Other**
Referral routes (n=11)*	10	10	8	2	1

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

Delivery format

Programmes 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	Telephone	Online support
Delivery format (n=10)*	10	2	2	1

*Multiple responses allowed

Service design

Of the respondents (n=10), 40% described the service as multi-component, which included a physical activity, behaviour change and nutrition element, 40% reported delivering one component only (physical activity), while the remaining services (20%) reported delivering two components (dietary and physical activity) within the service.

Length of service

Of the services reported (n=10), the most frequently reported length of service was 12 weeks. The range was 10 to 26 weeks.

Evidence base and evaluation

All those responding reported using National Institute for Health and Care Excellence (NICE) guidance and 70% stated that they used the standard evaluation framework (SEF[1]) (Table 5).

Table 5: Proportion using SEF and NICE guidance

	Yes (%)	No (%)
Percentage using the SEF (n=10)	70%	30%
Percentage using NICE guidance (n=8)	100%	-

Follow up

Of the services reported (n=9), seven followed up of participants for 12 months or more, while two of the services 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 12 respondents, with a geographical coverage of 75% of local authorities (9/12) and 5% of CCGs (1/20) in the East of England. Of those respondents, 83% of services were described as being available across the locality. Overall, 92% (11/12) of the tier 2 adult WM services reported were commissioned by local authorities or jointly commissioned with CCGs (8%).

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=11)*	10	3	2	1	-	-

*Respondents had the option to choose more than one category

Eligibility criteria[1]

Of the respondents (n=12), the majority reported eligibility criteria for tier 2 adult WM services as BMI>30, with four as BMI>25. One respondent also reported having BMI threshold for postnatal participants.

Referral routes

The most frequently reported referral routes reported were GP or practice nurse and/or other health professionals, self-reported 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=12)*	11	9	7	2	-

*Respondents had the option to choose more than one category

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	Telephone	Online support
Delivery format (n=12)*	11	6	3	1

*Respondents had the option to choose more than one category

Service design

Out of 10 responding services, the majority (50%) described the service as multi-component, which included a physical activity, behaviour change and nutrition element. 10% reported delivering one component only (physical activity). 40% reported delivering two components within the service, such as dietary and physical activity, dietary and behaviour change or physical activity and behavioural change.

Length of service

Of the services reported (n=11), the most frequently reported length of service was 12 weeks. The length of services ranged from 8 to 14 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=9), seven followed up participants for 12 months or more, one reported follow up for less than 12 months, while one reported no follow up.

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