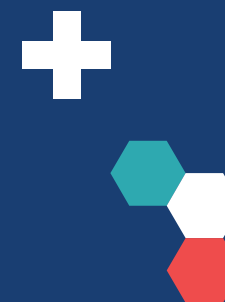


Local Authority Tier 2 weight management services: service provision and implementation with a focus on priority groups



ARC North East and North Cumbria:

Dr Mackenzie Fong
Dr Charlotte Rothwell
Dr Lorraine McSweeney
Sarah Richardson
Professor Ashley Adamson

Practice partners:

Scott Lloyd (Public Health South
Tees)
Claire Mathews (OHID)

Public contributors:

Philippa Collard
Farzana Kausir
Margaret Ogden
Naomi Rettig



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Enhanced service specification

Weight management 2021/22

Version 1, 21 June 2021

Provision and Delivery of Enhanced Local Authority Commissioned Tier 2 Behavioural Weight Management Services in England



Method

- Cross-sectional study
- E-survey of local authority (LA) commissioned tier 2 service providers
- Data collected on referral routes, participant eligibility criteria, service content and format and challenges and enablers to service delivery.

Conclusions

Tier 2 services were similar in terms of duration, format and mode of delivery but programme content and participant eligibility criteria varied. Several programmes provided support for other health and wellbeing issues. Most services were uncertain as to whether they would be recommissioned beyond the current contract period.



Most services shared some common features:

84.3%

multicomponent

90.0%

group-based

78.0%

12-weeks long

86.0%

primarily delivered in-person

90.2%

free to participants

Results

52 responses were received from 89 unique LAs across nine English regions.

Five responses indicated provision of support for other health and wellbeing issues.

Most services were universal (n = 37; 72.5%), while fourteen programmes (27.5%) had provision for priority groups.

Barriers

Inappropriate referrals and referral systems

Insufficient time

Overly prescriptive programmes

Overwhelming number of referrals

Facilitators

Multi-partnership working

Providing participants with choice and flexibility within the service



Recommendations for policy and practice

1. Commissioners and providers need **adequate time and resource** for service delivery.
2. Services should be **flexible and able to be easily adapted** to meet the needs of all participants including people with more complex or cultural needs.
3. **Referral systems should be straightforward**, and referral criteria should be made clear to GPs and other referrers. Participants should be provided with basic information about the service **at the point of referral**.
4. Strategies to **manage surplus referrals** should be explored.

Questions you would like answered to help inform future commissioning and delivery of Tier 2 weight management services:

2nd March 2022

Targeted/high risk groups

♡ 0

💬 0

High risk groups

which of the types of services being commissioned are most effective for some of our higher risk groups, e.g. those with disabilities, men, those from areas of higher deprivation

♡ 2

💬 0

Attendance at universal vs. targeted offers by special groups

why do people from specific groups access targeted offer, and not universal offer

♡ 1

💬 0

High risk communities

What is working well for those at higher risk of overweight / obesity, e.g. those with disabilities, men, those from areas of higher deprivation.

♡ 2

💬 0

Learning from areas commissioning for LD and SMI and targeted groups- support focus on health inequalities and covid recovery. Agree with Behnam regarding interplay with tier 3.

♡ 2

💬 0

best practice

Sharing best practice from LD & SMI targeted groups.

♡ 1

💬 0

Health literacy - effective approaches/resources for LD/SMI etc.

♡ 0

💬 0

Referral pathways and WMS infrastructure

♡ 0

💬 0

PC

Primary care staff- we have issues with referrals coming through to the service but PC have not had the discussions with patients. This leads to referrals not turning in to participants.

♡ 0

💬 0

Timing and suitability of referral/escalation to T3/4 and vice versa

♡ 1

💬 0

Understanding the wider system view on Tier 2 services being delivered e.g. PCN's

♡ 1

💬 0

How areas have gained access to required information from GP's

♡ 0

💬 0

Barriers of providers

of new and existing providers e.g. awareness of GPs

♡ 0

💬 0

Service user and provider perspectives on uptake and engagement

♡ 0

💬 0

Different methods of advertising

♡ 0

💬 1

Is there any understanding of motivation levels between those referred into a service by a health professional compared to those who self refer into the same service to help inform future referral processes?

♡ 1

💬 0

Taking part

What motivates participants to join?

♡ 1

💬 0

impact of weight stigma on accessing and participating in services

♡ 3

💬 0

Drop out

Why participants don't complete the programme?

♡ 1

💬 0

Completion and DNA rates for GP/health professional referrals vs self referrals

♡ 1

💬 0

Healthcare referrals - patient activation on the programme following referral.

♡ 0

💬 0

Programme content/mode of delivery

♡ 0

💬 0

Is face to face delivery more effective than virtual or telephone?

♡ 1

💬 0

Do participants prefer face to face or online or a mixture?

♡ 0

💬 1

Modes of delivery for different population cohorts - digital vs face to face

♡ 0

💬 0

Case studies

- What has worked well, and not so well, regarding engagement with Tier 2 weight management services that cater to priority groups?
- 4-6 case studies (Tier 2 WMS providers)
- Interviews with providers, commissioners, partners, referrers; collect documentation
- Recruited 3* case studies so far



Plans for dissemination and knowledge exchange

- Academic audience
 - Conference presentations
 - Two peer-reviewed publications
- Policy and practitioners
 - Regional and national stakeholder meetings
 - Policy briefs
- General public
 - Infographics

Thank you

mackenzie.fong@newcastle.ac.uk

