

North Yorkshire Adult Weight Management Service

Annual report 2022



Adult Weight Management Annual Report 2022

- Back to what we do best

This report provides an overview of the Tier 2 Adult Weight Management Service in North Yorkshire, from 1st January to 31st December 2022.

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1. Glossary

BMI (Body Mass Index) (1) -

Body Mass Index (BMI) is a measure that uses your height and weight to work out if your weight is healthy. The BMI calculation divides an adult's weight in kilograms by their height in metres squared. For example, A BMI of 25 means 25kg/m².

BMI Ranges -

For most adults, an ideal BMI is in the 18.5 to 24.9 range. If your BMI is:



**below 18.5 –
you're in the
underweight range**



**between 18.5 and
24.9 – you're in the
healthy weight range**



**between 25 and
29.9 – you're in the
overweight range**



**between 30 and
39.9 – you're in
the obese range**

There are three obesity classifications. A BMI between 30.0 and 34.9 is Obese Class I, 35 to 39.9 is Obese Class II, and a BMI above 40.0 is Obese Class III.

The term 'excess weight' refers to any BMI over 25.

You can calculate your BMI on the NHS BMI Healthy Weight Calculator at www.nhs.uk/live-well/healthy-weight/bmi-calculator

Co-morbidities

The presence of one or more additional conditions which co-occur with a primary condition. A co-morbidity is each additional condition. For example co-morbidities of Obesity include High Blood Pressure, Obstructive Sleep Apnea, Arthritis, and Type-2 Diabetes.

CCG (Clinical Commissioning Group)

Clinical Commissioning Groups are responsible for implementing the commissioning roles as set out in the Health and Social Care Act 2012. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their area.

At the start of 2022 North Yorkshire had three Clinical Commissioning Groups:

- NHS Bradford District and Craven CCG – covers Craven district
(Note: Bentham Practice is covered by Morecombe Bay CCG)
- Vale of York – covers Selby district
- North Yorkshire CCG – covers Hambleton, Harrogate, Richmondshire, Ryedale, Scarborough and Whitby districts.

ICB (Integrated Commissioning Board)

Integrated Care Boards (ICBs) replaced CCGs in the NHS in England from 1st July 2022.

Humber and North Yorkshire ICB covers most of the County – Scarborough, Whitby, Selby, Hambleton, Richmondshire and Harrogate.

West Yorkshire Health and Care Partnership covers most of Craven, with Lancashire and South Cumbria Integrated Care Board covering Bentham and Ingleton in North Craven (formerly in Morecambe Bay CCG)

See www.nhs.uk/nhs-services/find-your-local-integrated-care-board for more information.

2. Introduction

2022 was the fifth year of service for the Adult Weight Management Programme (and sixth for Selby from July 2022). Although the physical and mental impacts of the Covid-19 pandemic remained and there were further waves of the Omicron variant, it was a year free from lockdowns and restrictions. The service could therefore return to a nearer normal operating model, resuming more face to face sessions and working to capacity. Two thirds of providers retained their remote delivery options which were still well used for participants who are unable to attend face to face.

Following planning and preparation in mid to late 2021, providers utilised the Government Grant funding to offer bespoke groups for particular populations and offer additional one-to-one sessions. The learning from these grant-funded interventions enabled the Public Health team and the providers to make an informed decision about where to focus any underspend funds from this Grant (permission granted by Government to use any underspend in June 2022).

Previous reports have highlighted the health and economic impact of obesity and the value of investing in support for weight management. We hear regularly from case studies and testimonials, how participation in the programme can have a positive impact on general well-being, confidence and mental health. In this report we will take a closer look at the mental health outcomes from the programme.

Whilst there was greater focus on weight management support with the dissemination of the Government Grant, it should be noted that access to the right, personalised, weight management support is just one part of North Yorkshire's Healthy Weight, Healthy Lives Strategy (2). The strategic approach to obesity in North Yorkshire is a whole systems approach and recognises the impact of the wider food and physical activity environment; as well as people's social and economic circumstances and their mental health, on excess weight.

The food environment was in the news in 2022. Following a commitment made in the Obesity Strategy in 2020 (3), the Government was due to introduce legislation in October 2022 to restrict retailers offering multibuy discounts on foods high in fat, salt and sugar (HFSS). During 2022 it was announced that this would be delayed until 2023 due to the Cost of Living Crisis, however two leading supermarkets decided to go ahead with this anyway.

Calorie labelling legislation did come into force in April 2022 as planned, this required large food businesses (with 250 or more employees) in the out of home sector (for example, restaurants and takeaways) to display calorie content of their products. This was strongly supported by the Obesity Health Alliance and the Royal Society for Public Health, who felt it would enable consumers to be aware of how much their food choice is contributing to their daily calorie allowance (4). There were however some criticisms of the move by eating disorder charities such as BEAT, who felt that calorie counts on menus could cause great distress for people suffering from or vulnerable to eating disorders. They argue that anti-obesity campaigns should focus on health rather than weight and move away from obesity-shaming, instead focussing on healthy behavioural changes and instilling confidence in people (5).

In line with this approach, there has been a movement, particularly regionally, in the last few years towards a 'weight neutral' or 'compassionate approach' to obesity prevention and weight management. This will be explored in more detail in the report.

3. Purpose of Report

This report covers the performance of the service for the fifth year of the contract for the majority of providers of the Adult Weight Management service. The contract period in the Selby service is different, being 6 months ahead.

The report will present participant outcomes for the County against modelled and predicted outcomes. North Yorkshire level data will be used for the whole service and a reporting period of 1st January to 31st December 2022 for participant data.

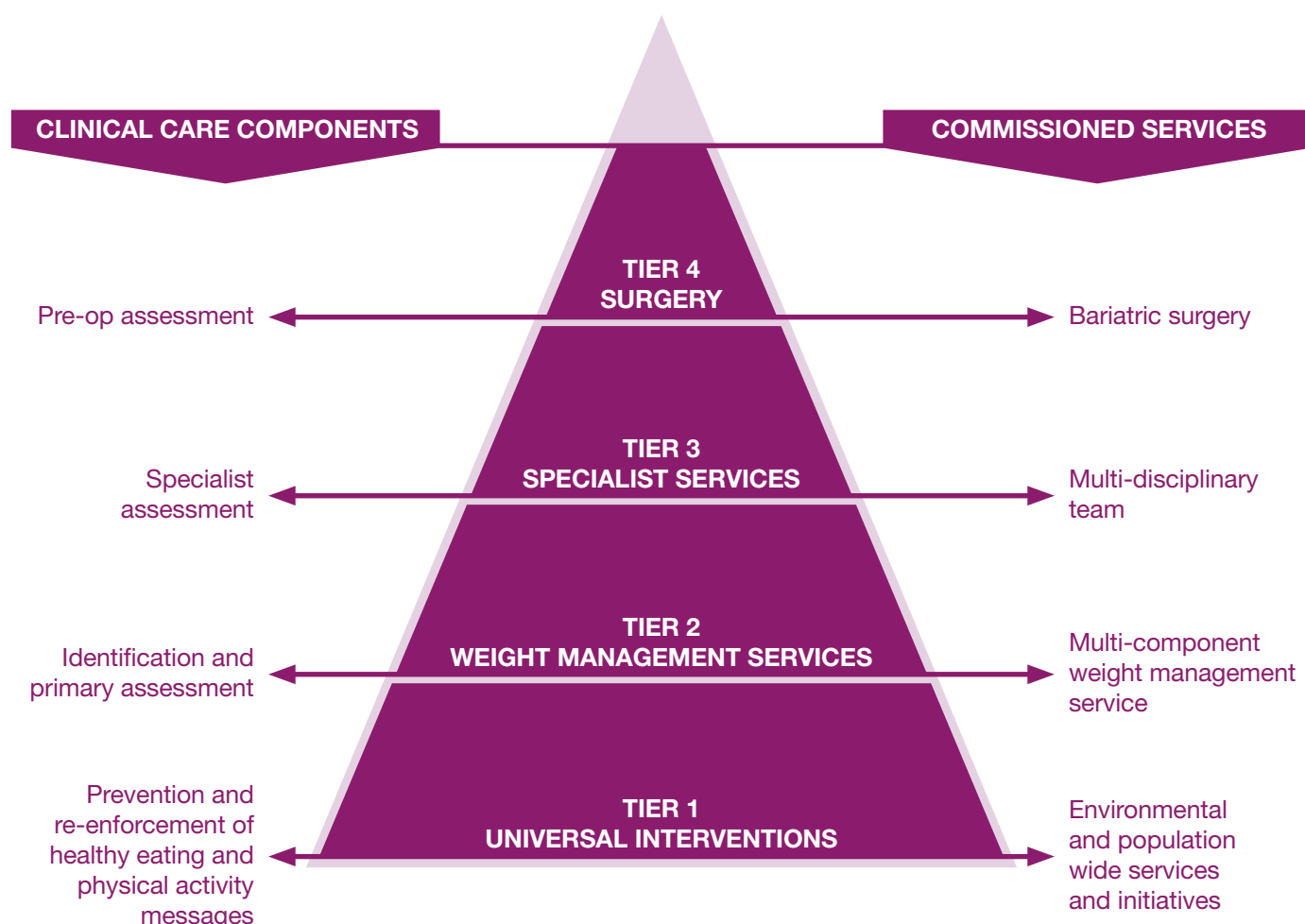
The context of national and local obesity prevalence data will be detailed and discussed.

The report will cover the evaluation of the 2021/22 Government Grant funded programmes, service wide communications focus during 2022 and a focus on mental health and introduction to the concepts of a compassionate approach to weight and weight neutral approaches.

As always, it will include experiences and case studies of both providers and participants of the service which continue to be heartening and inspiring.

4. Background to the Service

The provision of weight management services is crucial in supporting people to make positive behaviour changes associated with food and physical activity. Clinical guidelines recommend a stepped approach to weight management depending on the level of obesity and whether a patient has weight-related co-morbidities. The obesity pathway highlights the recommended interventions at each level.



The North Yorkshire Adult Weight Management Service was formally procured in 2017. The service launched in the Selby locality in July 2017 and the remaining districts in January 2018.

The current service incorporates a structured assessment process from referral, triaging clients to assess eligibility and readiness to change, and supporting clients to set and review weight loss plans and physical activity agreements with their weight management advisor at an initial health assessment, 12-week and 24-week assessments. Clients are supported to achieve 5% weight loss at 12-weeks and sustain 5% weight loss at 24-weeks. The providers offer clients weekly weigh-ins, structured nutritional education and advice, and a free facilitated physical activity offer.

The service accepts referrals for any adult aged 18 or over who lives, works or is registered with a GP in the county of North Yorkshire. The BMI threshold for referral is 30 or BMI 25 for those from BME groups or those with co-morbidities. This was amended in 2020 and is in line with NICE guidance (6).

An overview of the providers delivering the Service in each district area is illustrated:

District	Name of service	Service provider
Craven	Healthy Lifestyles	Craven District Council
Hambleton	Take That Step	Hambleton District Council
Harrogate	Fit 4 Life	Brimhams Active (leisure providers of Harrogate Borough Council)
Richmondshire	Choose to Lose	Richmondshire District Council
Ryedale and Scarborough	NHS Weight Management Service	Humber NHS Foundation Trust
Selby	Move It, Lose It	Inspiring Healthy Lifestyles

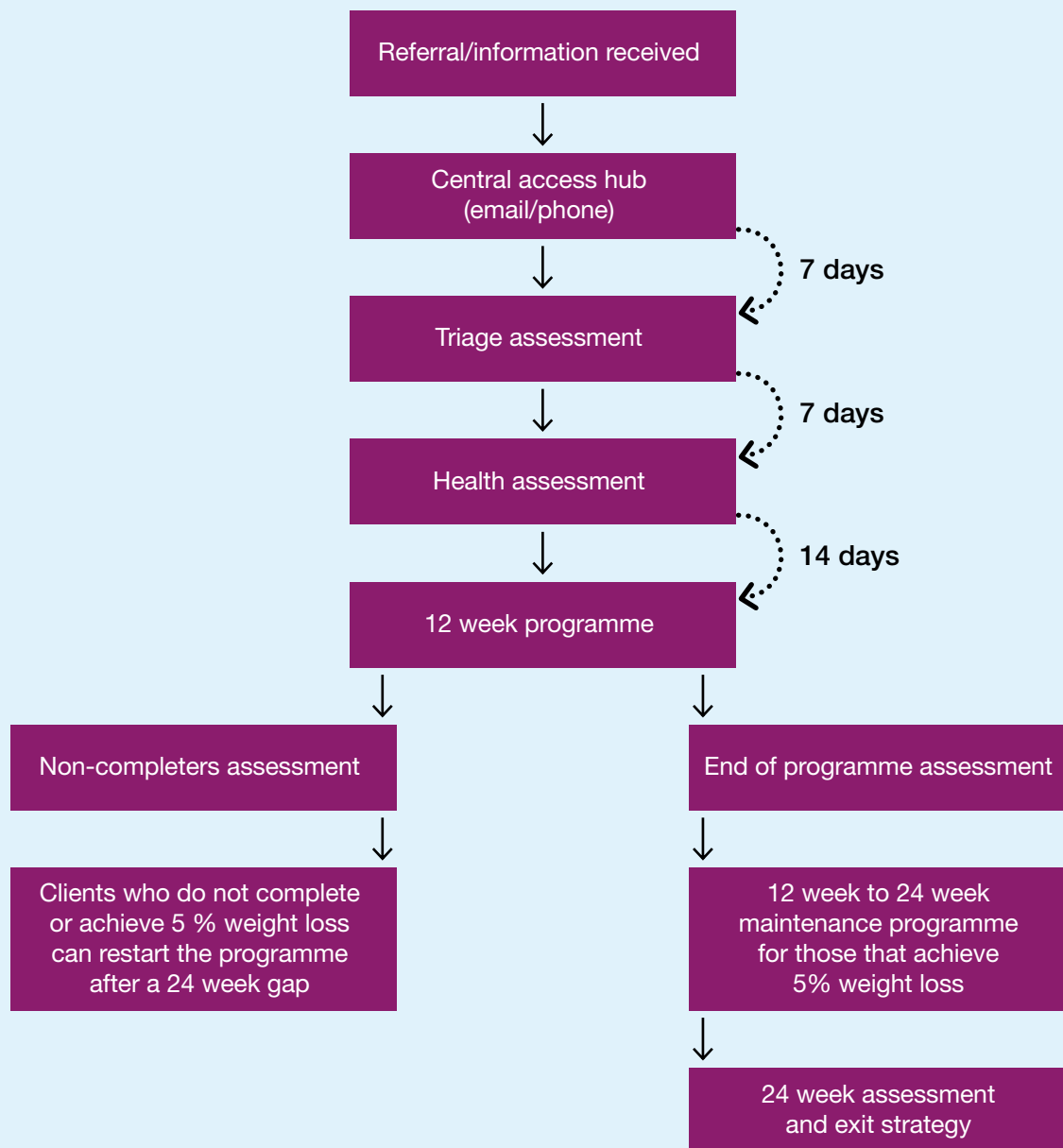
Individuals meeting the following criteria should be excluded from this service:

- under the age of eighteen
- have a BMI of less than 25
- are pregnant, or breastfeeding
- have a diagnosed eating disorder
- have an underlying medical cause for obesity and would benefit from more intensive clinical management from a tier 3 service
- have a significant unmanaged co-morbidity* or complex needs as identified by their GP or other healthcare professional
- have had bariatric surgery in the last two years.

*e.g. type 2 diabetes, cardio vascular disease, chronic obstructive pulmonary disease (unmanaged meaning not on medication and/or not subject to regular clinical review, or not completed a management programme such as diabetes management or cardiac rehabilitation). Each referral where a co-morbidity is identified should be assessed case by case and advice sought from the client's GP where appropriate.

Participants who do not meet the eligibility criteria are managed appropriately by the service provider(s), which may include a referral back to the GP/health care professional, referral into a tier three weight management service (where available), and/or sign posting to local tier one community activities.

The current service is delivered as a rolling programme by all providers. The client journey from referral to exit (at 12 or 24-weeks) is shown in the below diagram:



As a result of learning from providers' experience of delivering the programme during the pandemic and their experience of delivering additional one-to-one support using the Government Grant fund, two new contract variations were introduced for all providers in 2022:

1. By exception, the option for a participant to complete their 12 week programme in up to 16 weeks. This is to take into account sometimes difficult or complex personal circumstances which may affect completion of the programme.
2. An option to re-enter the programme for a further attempt, a minimum of two years following their last exit from the programme. This is to acknowledge the unexpected adverse effect that the pandemic had on people's lifestyles, coupled with the length of time the service has been running.

More information on the service and providers can be found at www.northyorks.gov.uk/healthy-living/healthy-weight

5. National, regional and local prevalence data – adult obesity

Excess weight - Overweight and obese (BMI > 25)

The diagram below illustrates the district level prevalence for 2015/16, to the latest 2021/22 data for North Yorkshire.

Excess weight in adults, 18+ (number and %), North Yorkshire and its districts, 2015/16 to 2021/22:

	2015/16 %	2016/17 %	2017/18 %	2018/19 %	2019/20 %	2020/21 %	2021/22 %
England	61.4	61.5	62.0	62.1	62.8	63.5	63.8
North Yorkshire	61.3	60.3	61.4	62.5	61.6	61.4	61.4
Craven	57.3	55.9	57.2	60.7	53.7	55.0	66.0
Hambleton	61.8	60.4	62.6	63.0	63.8	64.1	62.5
Harrogate	52.6	58.9	57.3	58.2	54.9	59.4	56.1
Richmondshire	68.4	59.6	61.4	59.6	61.9	64.4	66.4
Ryedale	58.9	64.9	57.8	56.5	63.1	62.3	59.5
Scarborough	70.2	59.9	62.8	66.2	70.8	59.3	61.3
Selby	63.6	65.5	70.6	72.8	61.0	66.3	65.0

Key

	Statistically significantly worse than the England average
	Statistically similar to the England average
	Statistically significantly better than the England average

Source: Office for Health Improvement and Disparities Fingertips Public Health Data

Caution must be taken when comparisons year on year as there is likely to be some variance in sample sizes within each district area, year on year

PLEASE NOTE: data from 2015/16 to 2019/2020 has been amended from previous reporting. The Office for Health Improvement and Disparities (OHID) have used an updated method of adjusting the self-reported height and weight data has been used to bring it in line with the method developed by University Central London for the Health Survey for England data.

[Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk)

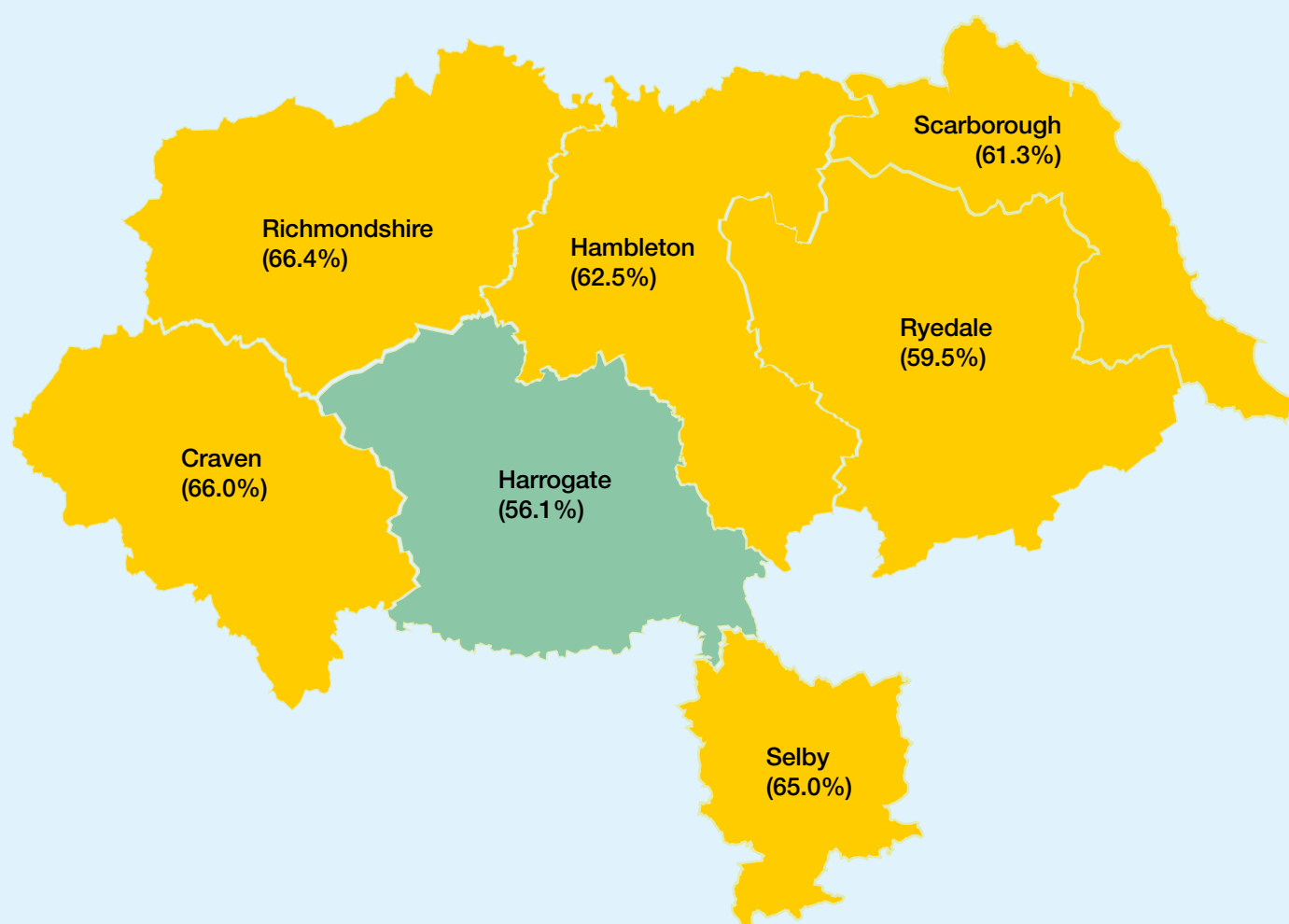
North Yorkshire

In North Yorkshire, excess weight in adults (aged 18 and above) has remained the same from 2020/21 to 2021/22 at 61.4%. The prevalence in 2021/22 is better than the England average of 63.8%.

At a district level, 2020/21 data highlights all districts except Harrogate being statistically similar to the England (63.8%) average. Harrogate (56.1%) is statistically significantly better than England and North Yorkshire.

Caution must be taken when comparisons year on year as there is likely to be some variance in sample sizes within each district area, year on year

Excess weight in adults in North Yorkshire 2021/22 compared to England (63.8%)



Key

- Statistically significantly worse than the England average
- Statistically similar to the England average
- Statistically significantly better than the England average

Obesity (BMI>30)

The best indicator of obesity prevalence for adults (BMI >30) comes from the Health Survey for England (2019), which uses measured heights and weights to calculate BMI. However the survey sample size is not sufficient to produce robust estimates at a local level (7).

Since 2021, new obesity data has been presented in the Public Health Outcomes Framework which uses self-reported height and weights from the Sport England Active Lives Survey, adjusted to be the equivalent of measured heights and weights. The sample size is considered large enough to produce estimates at a local level.

We can therefore now view this for our locality areas – presented below for 2021/22 and back to 2015/16.

Obesity prevalence adults aged 18+ from 2015/16 to 2021/22

Source: Public Health Outcomes Framework - OHID (phe.org.uk)

	2015/16 %	2016/17 %	2017/18 %	2018/19 %	2019/20 %	2020/21 %	2021/22 %
England	22.6	23.1	23.1	23.5	24.4	25.2	25.9
North Yorkshire	19.3	21	22.2	24.7	21	23.8	23.4
Craven	15.9	20.1	20.6	22.3	16	19.3	24.5
Hambleton	24.5	19.3	19.4	22.2	22.2	23.1	21.1
Harrogate	13.2	18.7	21.2	21.9	15.6	18.2	20.5
Richmondshire	24.1	21.0	22.0	23.8	22.5	23.3	27.5
Ryedale	18.5	19.8	29.2	24.2	20.2	25.6	20.7
Scarborough	22.1	25.4	19.8	29.3	29.8	27.4	24.5
Selby	21.4	22.5	27.2	30.0	21.9	31.4	26.7

Key

- Statistically significantly worse than the England average
- Statistically similar to the England average
- Statistically significantly better than the England average

Source: Office for Health Improvement and Disparities Fingertips Public Health Data – Active Lives Survey

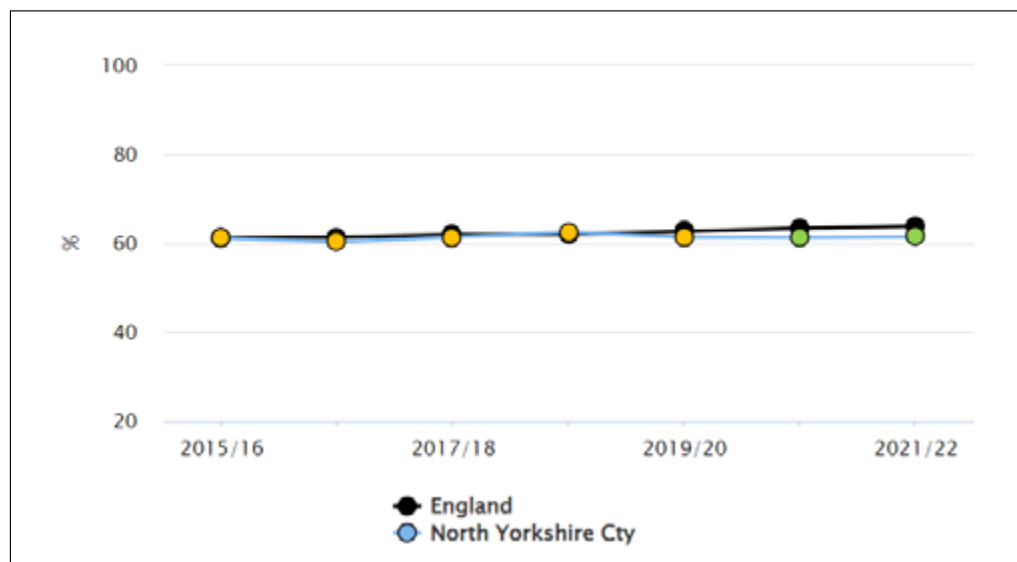
The data for 2021/22 shows North Yorkshire has a statistically significantly lower percentage of adults living with obesity than in England, with no districts in this year being statistically significantly higher than the England average.

Again, caution must be taken when comparisons year on year as there is likely to be some variance in sample sizes within each district area, year on year.

Trends

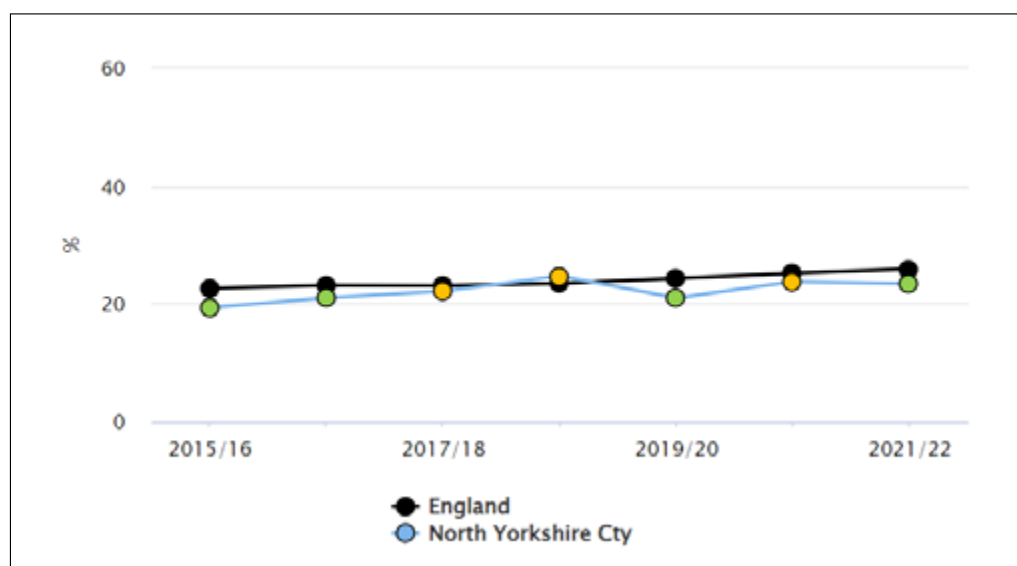
Due to the fluctuations year on year within districts, it may be more helpful to look at the trends in prevalence for the County as described below:

Percentage of adult (18+) classified as overweight or obese (Excess weight). North Yorkshire and England



For excess weight, trends show North Yorkshire now tracking slightly below the England average in the last few years with the increase locally halting, where England continues to rise.

Percentage of adult (18+) classified as obese. North Yorkshire and England



Similarly to England, North Yorkshire is showing a general upward trend in prevalence for Obesity (BMI>30) since 2015/16, with the recent years being slightly better than the England average which continues to rise steadily. We will have to observe over the next few years whether this trend continues and the prevalence rates for North Yorkshire stabilise.

Due to Local Government Reorganisation in 2023 when North Yorkshire will become one Unitary Authority, there is a change anticipated in the obesity prevalence data available which may affect reporting in future Annual Reports. This is due to the data source being the Active Lives Survey, which samples a set number per local authority area - locality data therefore may not be available.

6. North Yorkshire Adult Weight Management Service data

(Year 5 Jan-Dec 2022)

Service uptake

Eligible population (Total NY population aged 18+ with BMI 25 or above)	Predicted uptake (1.25% of eligible population)	Actual referrals (number)	Actual uptake rate (%)
308, 035	3850	2515	0.82%

Client completions (attending 9 out of 12 sessions of initial 12 week structured programme)

Predicted completers (number)	Actual completers (number)	Predicted completion rate - referrals that complete (%)	Completion rate - referrals that complete (%)
2310	1213	60%	48%

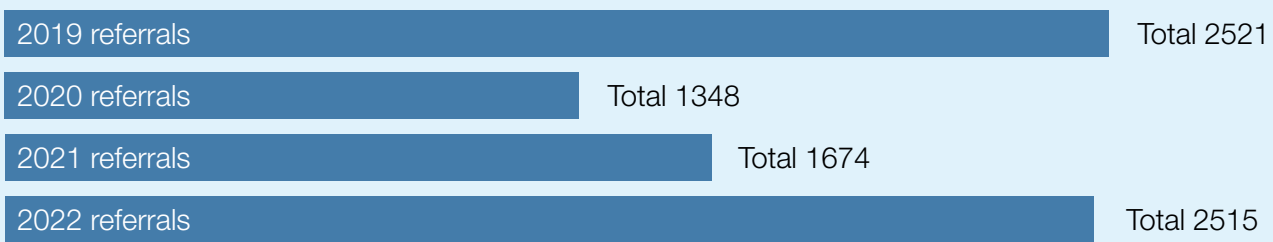
5% weight loss achievements at 12 weeks

Predicted 5% weight loss achievements (number)	Actual 5% weight loss achievements (number)	Predicted weight loss achievement rate - 5% weight loss achievement of those that complete (%)	5% weight loss achievement rate - 5% weight loss achievement of those that complete (%)
693	784	30%	65%

5% sustained weight loss at 24 weeks

Predicted sustained 5% weight loss achievements (number)	Actual sustained 5% weight loss achievements (number)	Predicted sustained 5% weight loss achievement rate - sustained 5% weight loss achievement, of those who achieved 5% weight loss at 12weeks (%)	Sustained 5% weight loss achievement rate - sustained 5% weight loss achievement, of those who achieved 5% weight loss at 12weeks (%)
347	523	50%	67%

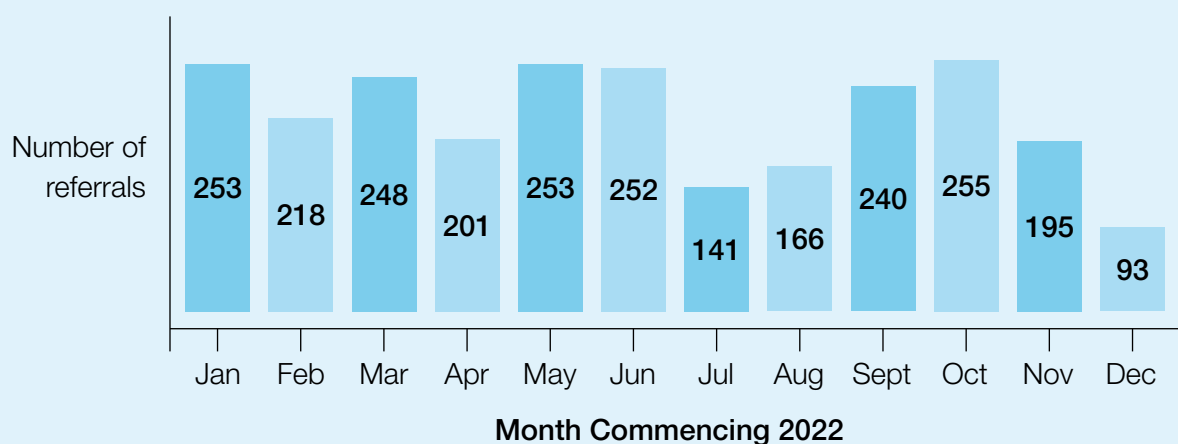
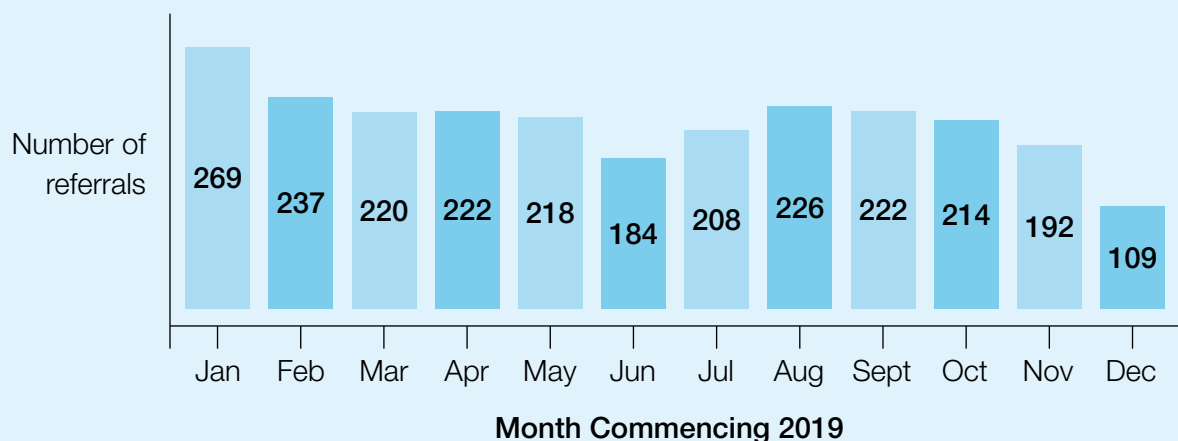
Performance data – additional narrative



During 2022, referrals returned to pre-pandemic levels. A return to normal service in the Selby area contributed to this recovery – IHL were able to re-launch their Move It Lose It service in the summer of 2021 and during 2022 made great strides in re-building the programme and making connections with partners locally around wider well-being issues.

The new opportunities and varied programmes offered through the Government Grant funding also contributed to this increase in referrals.

Referral by month pre and post pandemic (2019 and 2022)



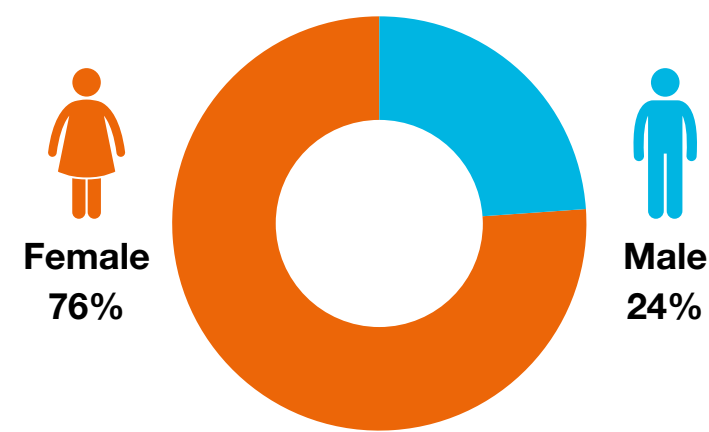
A similar pattern of referrals by season can be seen across the two years, with peaks January to February and September to October. In 2019 referrals were higher in later summer and in 2022 in early summer. The extreme heat we experienced in July 2022 could have affected this.

Similarly to previous years, the service continued to outperform on weight loss outcomes, exceeding targets for those achieving a 5% weight loss at 12 weeks (65% of completers) and those sustaining their 5% weight loss at 24 weeks (67%). This is a rise on 2021 outcomes from 63% and 61% respectively.

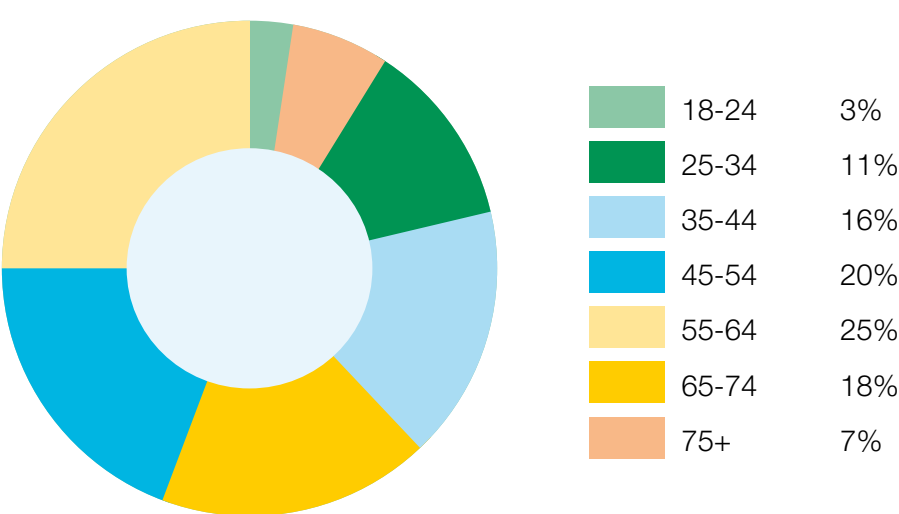
The completer rate (percentage of referrals completing at least 9 out of 12 sessions) at 48%, increased from 2021 (40%) although still under the target of 60% and lower than the rate of 2019 (58%). In 2022 the completer rate was influenced for some providers by an influx of referrals from Primary Care, some of whom were not at the right stage of change to commence the programme. Providers and the Public Health team continue to support Primary Care to ensure they understand the weight management support options available and are confident with the conversation around weight.

Population accessing the service in 2022

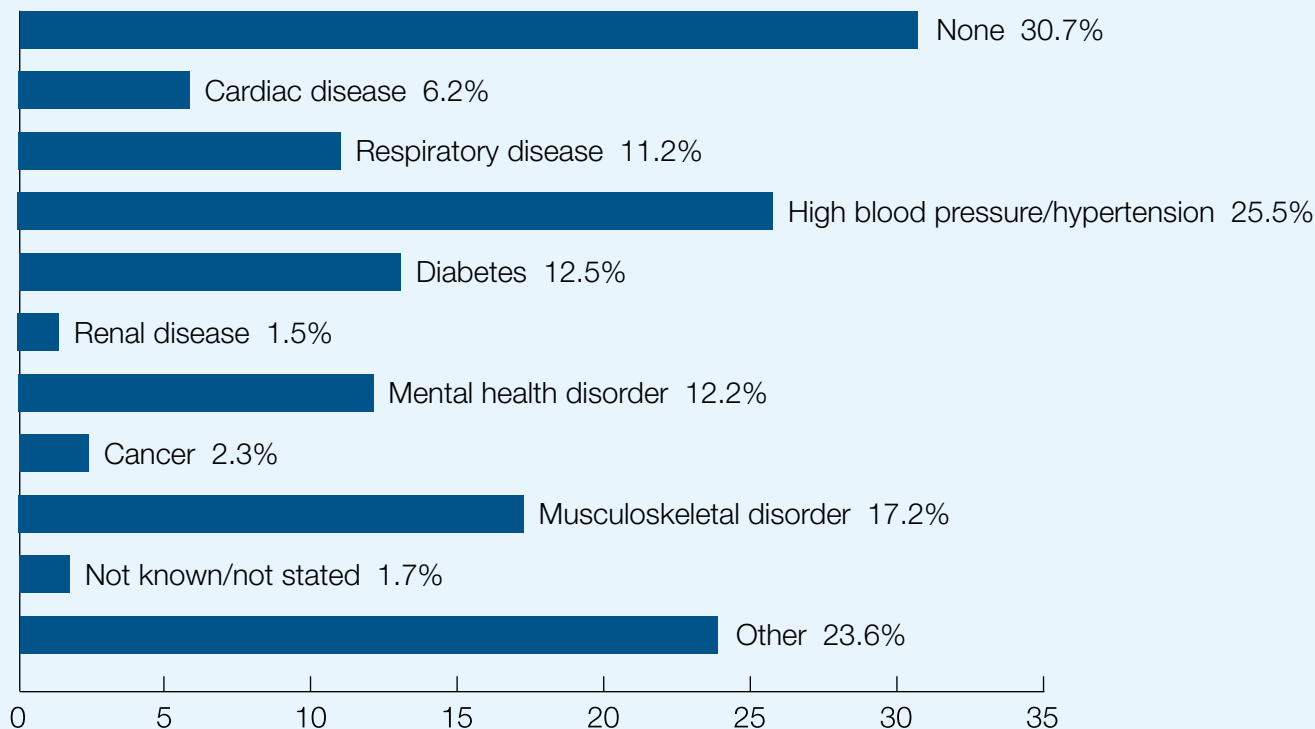
Gender at referral



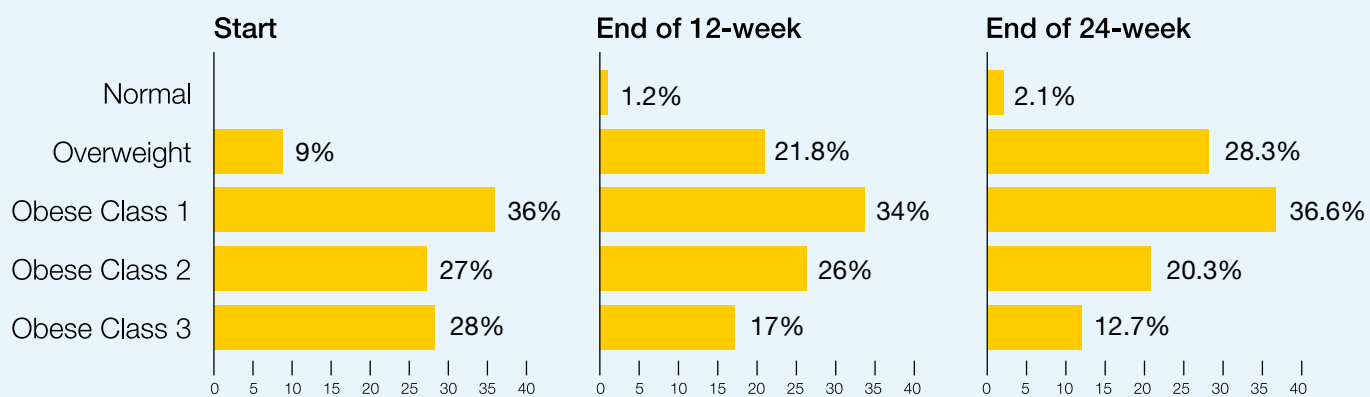
Age at referral



Co-morbidities



BMI Classification



Satisfaction rate



Excellent 77%

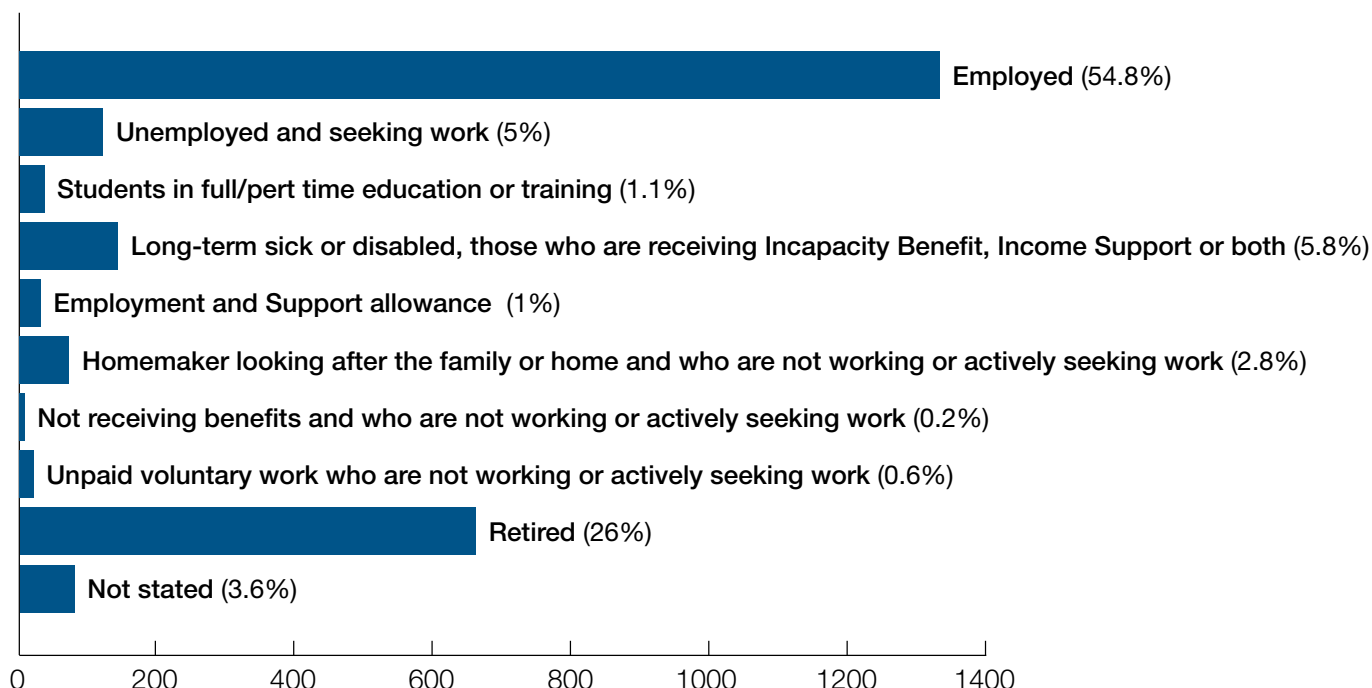


Good 18%



Prefer not to say 5%

Employment status



Narrative

In 2022 there was a similar age spread of referrals to 2021, with a slightly higher proportion of older adults and slightly lower proportion of younger adults. The gender profile of those referred remained the same as previous years (male 24%, female 76%), however in Harrogate where the provider offered a men only programme funded by the Government Grant fund, the split was male 27% and female 73%.

Compared to 2021, the proportion of participants with specific co-morbidities, including respiratory disease, hypertension (high blood pressure), mental health disorder and musculoskeletal disorder, increased slightly. The proportion of people with **no** co-morbidities starting the programme changed from 34% in 2021 to 30.7% in 2022. This proportion has been steadily decreasing over the years (50% in 2019) which shows that the Service is supporting participants with increasingly complex needs overall. 14.7% of participants identified as having a disability in 2022 compared with 17% in 2021.

The BMI profile again shows how the programme has enabled participants to reduce their BMI significantly, with the proportion of those in the higher BMI categories (BMI over 35), decreasing significantly over the course of the programme.

The proportion of those starting the programme above BMI 40 is at 28%, a little lower than the previous two years however still high. A need was identified to offer the providers further guidance around nutrition for those with a higher BMI; after a question and answer in November 2022 with a Tier 3 dietician, they will be offered further training in 2023. The Public Health team continue to work with Tier 3 providers to ensure they are meeting the needs of as many people as possible.

2022 was the first full year we have recorded 'Employment status', which was added in April 2021 for the requirements of the Government Grant funding. The majority of participants are either employed or retired however there are a notable proportion (nearly 6%) who are on long term sick leave. The profile was very similar in 2021.

A higher proportion of participants (77%) rated the support received as 'Excellent' in 2022 compared with in 2021 (60%), more similar to 2019 (79%). This could be related to the return to more face to face support, which allows for more peer support and relationship building with the weight management advisors.

Spotlight on mental well-being

Our case studies and participant feedback tells us consistently that the benefits of the Adult Weight Management service go beyond weight loss, improving participant mental health, improving confidence, reducing medication and improving general well-being. One programme graduate explains:

"It has given me a sense of purpose over the winter and not only improved my health and fitness but also my mental health has benefitted greatly from it. Although you can only access this from an BMI perspective the mental health benefits are far more important, in my opinion"

Mental well-being is monitored at Initial Health Assessment and repeated at 12 weeks and 24 weeks using the short version of the **Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS)** questionnaire. This is a well recognised and validated tool which was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing.

Participants are read a series of statements about their thoughts and feelings to which they answer on a scale from 'none of the time' to 'all of the time'. The scale has a corresponding score which ranges from 7 to 35 and higher scores indicate higher positive mental wellbeing.

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling close to other people					
I've been able to make up my own mind about things					

"Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS)"
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The overall average SWEMWBS score of participants entering the service in 2022 was

25.8

The average SWEMWBS score of participants who completed the 12 week programme in 2022 was

29.5

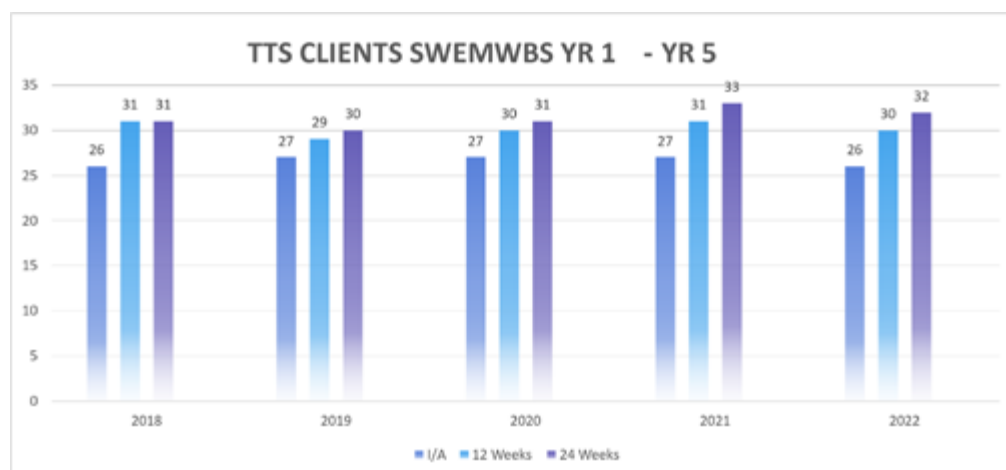
The average SWEMWBS score of participants who received a 24 week assessment in 2022 was

30.9

This shows clearly the improvement in well-being of those completing the programme.

Hambleton - Take That Step

The Take That step team have had a closer look at the SWEMWBS scores year on year. This shows that those taking part in the programme have consistently higher scores after completion than at the start. The completion scores are also slightly higher than our service average.



7. A changing approach to healthy weight – the compassionate and weight neutral approach

We know that the causes of obesity are complex and that our health and well-being is influenced by wider determinants in society and the environment, not just our individual decisions on health behaviours.

Weight stigma refers to the discriminatory acts and ideologies targeted towards individuals because of their weight and size. Weight stigma can have a negative impact on psychological, behavioural and social outcomes (8). Weight focussed interventions for some may lead to weight regain over time, weight cycling and a dysfunctional relationship with food and the body.

In recent years there has been a movement nationally and regionally towards a **‘weight neutral’** and **‘compassionate approach’** to preventing and managing obesity, this has been led regionally by Doncaster who have coordinated shared learning. The compassionate approach is sympathetic and realistic regarding circumstances and human behaviour, it takes away individual blame and builds self-efficacy, focussing on intervening upstream at a population/community level where possible, with individual intervention a last option.

Doncaster are using these principles to guide their support and communication for their population around physical activity, food and nutrition.

They are adopting a gentler approach to food and nutrition supporting a positive relationship with food and eating; and supporting physical activities which allow people of all sizes, abilities and interests to engage, emphasising the wider benefits of physical activities beyond weight management.

For more information see www.doncaster.gov.uk/services/health-wellbeing/doncaster-s-compassionate-approach-to-weight

This approach is also evident in Sport England’s ‘This Girl Can’ campaign.’



A **weight neutral approach** moves away from weight as an indicator of health. Instead, encourages healthy eating behaviours and enjoyable physical activity, without prioritising weight-loss as a goal or treating weight as an indicator of health.

Evidence suggests that weight neutral interventions support the following outcomes:

- Health gains maintained over longer term
- Better psychological outcomes
- No evidence of harm (relating to stigma).

A service that is weight neutral, encourages and enables healthy behaviours regardless of current weight status or body shape, focusses on long term health gains, regular movement/activity and improved nutrition/diet quality.

The current providers have consistently worked hard at delivering the service in a compassionate way within the parameters of the current service, where weight loss is a primary performance measure. The satisfaction ratings and testimonials reflect the close and trusting relationship many clients build with their advisors.

We are considering how a 'weight neutral' approach can be incorporated into the future service model and how our whole systems approach to obesity can align with a 'compassionate' approach.

The North Yorkshire Healthy Weight, Healthy Lives Strategy Partnership group are reflecting on the language and approach, re-wording the Strategy priorities, reflecting national and local shifts in language used regarding weight and moving the narrative more to eating well and moving more.

An example of priority wording change:

Past

Ensuring people have access to the right information and resources to make healthy choices that support weight loss

Present

Ensuring people have access to the right information and resources to eat well and move more

We have changed some of the imagery we use in this Annual Report and looking forwards, we aim to adopt more of this approach in our future strategies relating to eating well and moving more, in our language of communication with partners and the public; and in our commissioned services for weight management, where we anticipate a greater focus on non-weight outcomes and individual well-being goal setting.

8. Government Grant 2021/22 - Adult Weight Management

Services: Evaluation of initiatives

In April 2021 North Yorkshire County Council Public Health received a one-off Government Grant of £180,601 for the financial year 2021/22. This was to expand and develop Adult Weight Management services and was part of a £70 million Government investment in adult weight management following the Obesity Strategy in 2020, of which £30.5 million was offered to local authorities, the allocation was dependent on population size, obesity prevalence and deprivation level.

The previous Annual Report details the initiatives that were funded with this Grant which were in addition to the standard group support service. This included funding to all providers to provide additional one to one support and funding for providers to offer bespoke programmes for certain population groups.

An evaluation of the funding shared with providers was completed at the end of 2022. A full report is available on request and includes demographic data on participants, provider and client experience; and a financial analysis of the additional offers.

Below is a summary of the evaluation of the Government Grant funded programmes.

Additional 1-2-1 support

PARTICIPANTS:

277

participants benefitted
from this offer
(15% of total referrals)

121

participants
completed the
programme (53%)

54.8%

of participants lost
5% body weight
at 12 weeks

92%

of participants
completing 24
weeks sustained
their 5% weight loss

Mode
number of
sessions
received was

4

76.2%

of participants
were female,

23.8% male

What we learnt:

- A targeted approach to offering additional 121 support worked best, where participants struggling with attendance or achieving weight loss were offered the support by their weight management advisor. One provider used SWEMWBS score at Initial Assessment as guide.

- The main reasons for uptake of the additional support were:

- Confidence
- Emotional wellbeing and low level mental health problems
- General motivation

- Additional 121 support offered to participants did improve adherence to the programme and improve completion rate. For example, during the same period, 63% of participants receiving mainstream support sustained their 5% weight loss at 24 weeks compared to 91% of those receiving additional 121 support.

- Uptake was slightly less than modelled (15% of participants compared to 20% modelled)

- The mode (most often) number of sessions received was less than modelled (4 compared with 13 modelled). This enabled an adjustment of funding for 121 support in the next round of funding (Grant fund underspend offered in 2022/23)

- Adequate training for staff delivering additional 121 support is recommended, including Mental Health First Aid (already within mainstream service specification) and recommended low level counselling training (accessible free of charge, online).

Bespoke programmes

- 11 programmes were funded: nine had active participants (those who started the programme), eight had completers (those who completed at least 9 out of 12 sessions).

Programmes with active participants were as follows:

- BME community (Pakistani women) x1 – Craven Locality
- Men only x1 – Harrogate Locality
- Learning disabilities x 4 – 3x Scarborough/Whitby Locality, 1x Ryedale locality.
- Learning disabilities x 1 – Harrogate Locality
- Older people x 1 – Harrogate Locality
- People living with mental illness x1 – Hambleton Locality

The funding for Providers included time for development of appropriate adaptations to the programmes, which they ascertained through stakeholder and community engagement. Detail of the adaptations and outcomes for each bespoke programmes can be found in the Evaluation Report available on request.

PARTICIPANTS:

113 participants started a bespoke programme between April 2021 and March 2022

Participant outcomes varied considerably between programmes.
Average outcomes across all programmes were as follows:

43 participants (38%) attending bespoke programmes completed their programmes. Similar to overall completer rate in 2021 (38%)

31 participants (72%) lost 5% of their body weight

Average SWEMWBS score of participants at initial assessment was **26.1** and at 12 weeks was **29.1**

What we learnt:

- Programme adaptations should be well planned and researched, carefully tailoring programmes towards the needs of the group and removing barriers to participation has been effective.
- For some groups, for example older people and men, it is possible to adapt the mainstream programme with little additional cost (some stakeholder engagement and training only). For others a greater investment is needed, for example for those with learning disabilities – a higher staff to participant ratio and adapted written materials are needed. Additional investment is also helpful for delivery of services in more rural areas where running costs may be higher.



- Flexibility of options for those living with **learning disabilities** is recommended depending on individual need – some are able to attend the mainstream programme with some additional support and completion flexibility, some benefit from group, peer support and some need only one-to-one support.
- For those living with **mental illness**, a flexible approach focussing on physical activity and nutrition chat, measuring participation and well-being outcomes rather than weight loss outcomes is recommended. It may be possible to then signpost people into a more structured weight management programme once confidence grows.
- It is important that providers in different localities have the flexibility and support to offer more tailored support to those population groups facing inequalities in their areas.
- A **strong physical activity offer** is recommended, both as a hook to engage people and as a tool to continue peer support and maintenance of behaviour change.

In April 2022, permission was granted from OHID to spend any underspend from the 2021/22 Government Grant by 31/12/2022. The learning of the evaluation of the initial funding was used to determine how to offer the underspend.

Further funding for one-to-one support was offered to all providers for 6 months, the funding was adjusted following the learning on uptake and frequency of support from the first round.



Providers were again offered to express interest to run further bespoke programmes, the following were funded with the underspend:

- Three further programmes aimed at those living with Learning Disabilities -Scarborough & Ryedale
- One new male only programme – Craven
- One further group for women - Craven

A continuation of additional funding for :

- Three Rural programmes
- Male only session - Harrogate
- Older people's session - Harrogate

Providers used the learning from both their first round of bespoke programmes and from other providers to make further adaptations with this second round.

9. Communications campaign 2022 -

focus on men

Building on the 2021 'Step up' communications campaign and branding, during 2022 we decided to focus our communications on attracting men to the programme.

Nationally, the percentage of men living with excess weight (BMI>25) exceeds that of women – 68.6% of men compared with 59% of women (9). With obesity (BMI>30) the percentage is slightly higher in women than men (29.1% compared with 27%). In the Adult Weight Management service referrals are consistently 76% women and 24% men. This is not unusual for group weight management programmes however, both the Public Health team and providers recognised that more could be done to attract men into the programme.

A set of campaign images and messages was created by the NYCC Communications team to specifically target men. After looking at behavioural insights and existing evidence and guidance, it was decided that the approach would be to focus on the wider health benefits of the programme and motivations other than weight loss.

These were shared through NYCC communication channels including social media; and also shared with all providers to use with their local communications networks.

Some examples of the images:



Later in 2022, an additional set of images was created to tie in with the Christmas and New Year theme, again aimed at men. The 'no fuss' message aligns with researched insights and men themselves are sharing with us, that a straight forward approach is needed. The Christmas bulge message used humour and is also more straightforward and direct, although does not necessarily align with a movement towards a weight neutral or compassionate approach.



10. Case Studies and testimonials

Case studies (not real names)

1. Sarah

Sarah was living with a number of medical conditions including Type 2 diabetes, migraines, sleep problems and joint problems when she joined the programme in late 2021.

Her aim was to lose weight so that she could have surgery.



Body measurement changes

Start weight 112 kg BMI 38.8 Wellbeing score 24
Week 12 weight 95kg BMI 32.9 Wellbeing score 30



Changes and Impact

Sarah ended up having emergency surgery during her time latterly on the programme. She felt that without the weight loss she achieved, she might not have survived. She is determined to continue to lose weight and live as well as she can.



Sarah says: “I would hate for you to not know how much I have and continue to appreciate all the help, knowledge and support you have given me.

I have had my blood sugar tested and whilst I am still a Type II Diabetic, my result has gone down 3 categories into the normal non-diabetic range.

Thank you for all your help and support over the last 6 months, it has been very much appreciated and still is. “



2. Claire

Claire had quite an active job and walked a couple of times a week. She wanted to have more energy for her young child and felt her weight held her back from doing certain activities. She wanted to improve her own self confidence and be happier in her own skin.



Body measurement changes

Week 1 weight: 130.8kg Week 12 weight: 116kg
Week 24 weight: 109.6kg



Changes and Impact

- Claire made more time for herself, resulting in her sleeping better and being less stressed.
- She adjusted her portions and learnt about hidden salt and sugar in foods.
- Claire built exercise into the week which she really enjoyed.
- She developed a more positive mindset.



Claire says: “Keep going.... you wont be judged just helped and supported, make those small changes that add up...”

“I couldn’t have done this without the healthy lifestyle programme and would highly recommend to others, I feel the changes I have made are sustainable.”



3. Simon

Simon has Type 2 diabetes and also suffered with depression due to chronic pain. His weight was affecting his health and wellbeing. He found it difficult to find motivation to eat healthier and exercise and was not sure at first whether the programme would be right for him.



Body measurement changes

Starting weight: 131.6kg

Weight at 12weeks: 110kg (target 125kg)



Changes and Impact

- Simon found he enjoyed the group and made changes to his diet such as reducing portion sizes. He also enrolled in the gym.
- By session 6 his blood glucose had stabilised which his Diabetes nurse was really pleased with.
- The weight loss result at 12 weeks motivated him to continue onto the maintenance programme.



Simon's advisor says:

"The weight loss Program has had a positive impact on Simon's Mental and Physical Health. He found the group enjoyable and looked forward to coming and socialising with other Clients. During his time on the programme Simon's depression has eased, after a couple of weeks on the programme he felt the group was keeping his spirits up and keeping him on track."



4. Geoff

Geoff had gained weight over the last couple of years as a result of COVID and being unable to leave home. He developed a sweet tooth and began grazing throughout the day rather than having regular meals. Geoff knew this was becoming an issue and needed to find healthier alternatives to maintain a well balanced lifestyle, so self-referred onto the programme.



Body measurement changes

Weight loss 11kg

BMI at start: 40.1 BMI at 12 weeks: 35.5



Changes and Impact

- Geoff started to pay more attention to food intake and make healthier snack options, as well as drinking more water.
- He reduced snacks and started having regular meals and increased gentle activity.



Geoff's advisor says:

"Geoff lost an amazing 11kg which is the equivalent of the weight of a small dog! He feels much happier and healthier and looks forward to maintaining a healthier lifestyle"



5. Mike

Mike became an above the knee amputee around January 2021 and was in the process of getting a prosthetic leg fitted. He was motivated to start to manage his weight as he felt it would help with his Type 2 Diabetes.

He did not feel that any of the face-to-face classes would be an option as he was concerned about access issues. He was also limited to what exercises he could do but was keen to get back into some form of exercising. He felt that out of all the options, the virtual programme may be his preferred option.



Body measurement changes

Start Weight: 114.6kg Week 24: 107.3kg

Total weight loss: 7.3kg



Changes and Impact

- Mike was fully committed to the 12-week programme working towards losing the 5% target. The team needed to find the best way to measure his weight loss to include his wheelchair as he needs to be weighed in a chair due to balance issues. The only opportunity to access this option was during his visits to the hospital but they did not always manage to weigh him due the nature of his appointments.
- With support from Public Health, the team were able to plan the service with a mixture of weigh ins taken during hospital visits and waist and upper arm measurements. With the support of colleagues at James Cook Hospital, they were able to ensure that Mike was weighed each week and a very accurate record was kept.
- Mike exceeded his weight loss target.



Mike says:

"....a 'big' thank you to You, Ryan and the team for the help and support you have given me whilst on the programme! I am extremely grateful and am continuing to 'watch' what I am eating to try and lose those pounds! Again...thanks to you all."



Testimonials

“

“I am feeling much more confident in myself and have lots more energy in general”.

“

“After years of sporadically attending high street slimming clubs, Helen has shown me how losing weight and living a healthy lifestyle should be done. “

“

“May I take this opportunity to express my thanks to you for your understanding and support throughout the course. I have found the process thoroughly engaging and your delivery quite inspiring. The knowledge I have garnered will hopefully assist me, as I continue to monitor my eating and weight.”

“

“The 12 week programme teaches a change of lifestyle which can be sustainable long term by balancing exercise and healthy eating. The option of a further 12 weeks of support and supervision will help consolidate my progress and lead to further weight loss.”

“

“I can’t believe how much easier it has been losing this time and really think I’m going to keep it off for good”

“

“Had a sort through trousers and all my 26/28 are now in boxes and 22/24 in the cupboard the hard work is paying off thank you.”

“

“I have really enjoyed it and its kickstarted me back into it. I am feeling so much stronger. Thanks for all your help xx”

“

“Without the programme, I would never have joined the leisure centre, never met the fantastic team they have there, never tried all the classes that I have.....I tell everyone far and wide about Craven Healthy Lifestyles, whether they want to listen or not!”

11. Contact details

Provider contact details

Craven - 'Healthy Lifestyles'

Telephone: 0300 131 2 131

Email: healthylifestyles.cra@northyorks.gov.uk

FREE Adult weight management (Craven Leisure)

Hambleton - 'Take That Step'

Telephone: 0300 131 2 131

Email: takethatstepteam@hambleton.gov.uk

Weight management service – Zest Leisure (zest-leisure.co.uk)

Harrogate - 'Fit 4 Life'

Telephone: 0300 131 2 131

Email: active.health@brimhamsactive.co.uk

Fit4Life project – Brimhams Active

Richmondshire - 'Choose to Lose'

Telephone: 0300 131 2 131

Contact us: www.northyorks.gov.uk/contact

Choose to Lose adult weight management programme

Ryedale and Scarborough - 'NHS Weight Management Service'

Telephone: 0800 917 7752 or text 'Healthy' to 60163

Email: hnf-tr.weightmanagement@nhs.net

YOURhealth – Prevention and Lifestyle Services (humber.nhs.uk)

Selby - 'Move It, Lose It'

Telephone: 01757 213758

Email: wellbeingselby@ihlmail.org

Move It and Lose It (inspiringhealthylifestyles.org)

Public health contact details

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Richmondshire District Council
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NHS Bradford Districts and Craven CCG
North Yorkshire CCG
Vale of York CCG

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foodactive.org.uk
9. Patterns and Trends in Adult Obesity: a presentation of data on adult obesity in England. OHID, 2021.
[Obesity Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

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