

North Yorkshire Adult Weight Management Service

Annual report 2020



Adult Weight Management Annual Report

This report provides an overview of the Tier 2 Adult Weight Management Service in North Yorkshire, in outcomes from 1st January to 31st December 2020 and up to March 2021 in COVID-19 response.

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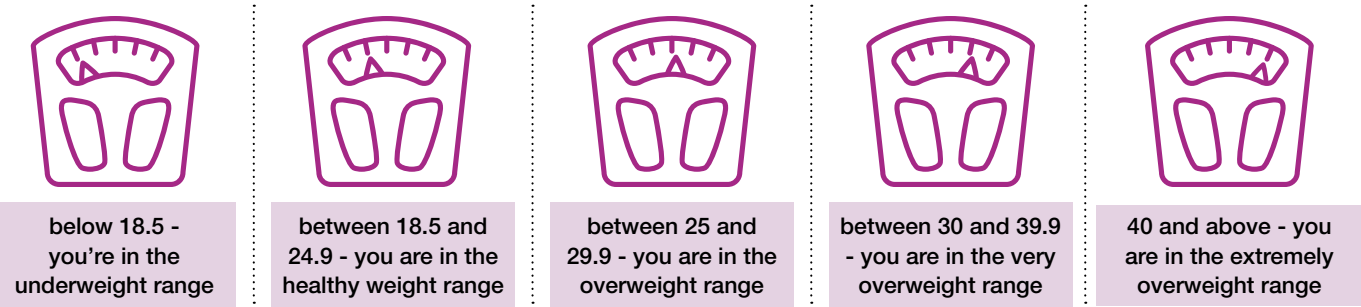
1. Glossary

BMI (Body Mass Index)

The 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 (1).

BMI ranges

For most adults, a healthy weight BMI is in the 18.5 to 24.9 range. If your BMI is:



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.

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 comorbidity is each additional condition. For example comorbidities 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.

North Yorkshire currently has 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 CCG – covers Selby district*
- *North Yorkshire CCG – covers Hambleton, Harrogate, Richmondshire, Ryedale, Scarborough and Whitby districts.*

Clinical Commissioning Groups in North Yorkshire



2. Introduction

2020 was an unprecedented year globally. March saw the first national lockdown as a result of the COVID-19 pandemic. The links between COVID-19 and both weight status and physical inactivity continue to emerge, making support for weight management as important as ever.

In July 2020, the Prime Minister Boris Johnson launched an Obesity Strategy and committed to increasing support for those living with obesity who want to lose weight (2). A one-off Grant for Local Authorities to invest in weight management followed in March 2021.

In North Yorkshire, 61.3% of adults are classed as overweight or obese, just slightly lower than the England average (62.8%), however there are wide variations between Districts.

The North Yorkshire Healthy Weight, Healthy Lives Strategy (2016-2026) supports a whole-system approach to tackling obesity across the county. The 2020 annual strategy update (3) covers in detail the impact of COVID-19 on our food and physical activity habits. The Strategy focuses on six key priorities:

- Supporting children’s healthy growth and healthy weight
- Promoting healthier food choices
- Building physical activity into our daily lives
- Providing the right personalised accessible weight management services
- Ensuring people have access to the right information and resources to make healthy choices that support weight loss
- Building healthier workplaces that support employees to manage their weight

In line with these priorities, stakeholders across North Yorkshire are delivering action to change the food and physical activity environment. The Tier-2 Adult Weight Management Service supports North Yorkshire’s population to access high quality weight management services.

3. Purpose of Report

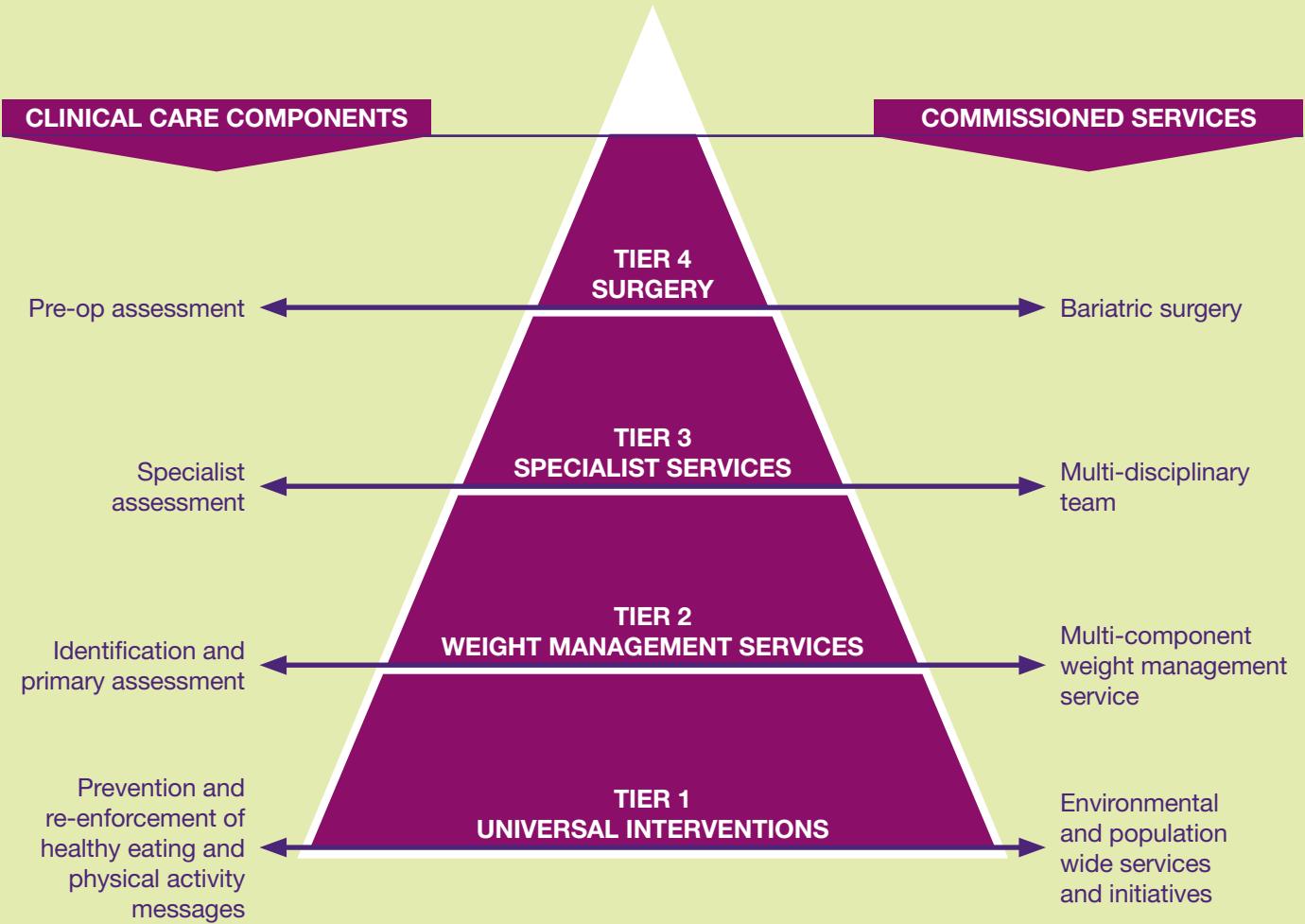
This report covers the performance of the service for the third year of the contract for the majority of providers of the Adult Weight Management service (Selby contract period is different to all other districts, being 6 months ahead).

The report will present client 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 2020 for participant data.

It will also cover the impact and response of the service to the COVID-19 pandemic up to March 2021, including testimonials from both staff and participants.

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.



Following an academic evaluation by Teesside University of a pilot Tier 2 lifestyle weight management service for adults in North Yorkshire from August 2014 to December 2017, the current North Yorkshire Adult Weight Management Service (Tier-2) was formally procured in 2017. The service launched in Selby 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.

Delivered in partnership with:



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. In October 2020 the BMI threshold for referral changed from BMI 25, to BMI 30 or BMI 25 for those from BME groups or those with co-morbidities. This change is aligned with NICE guidance (4) and was due to performance overachieving the allocated budget amounts in some areas for some measures; and to provide a more targeted service.

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	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

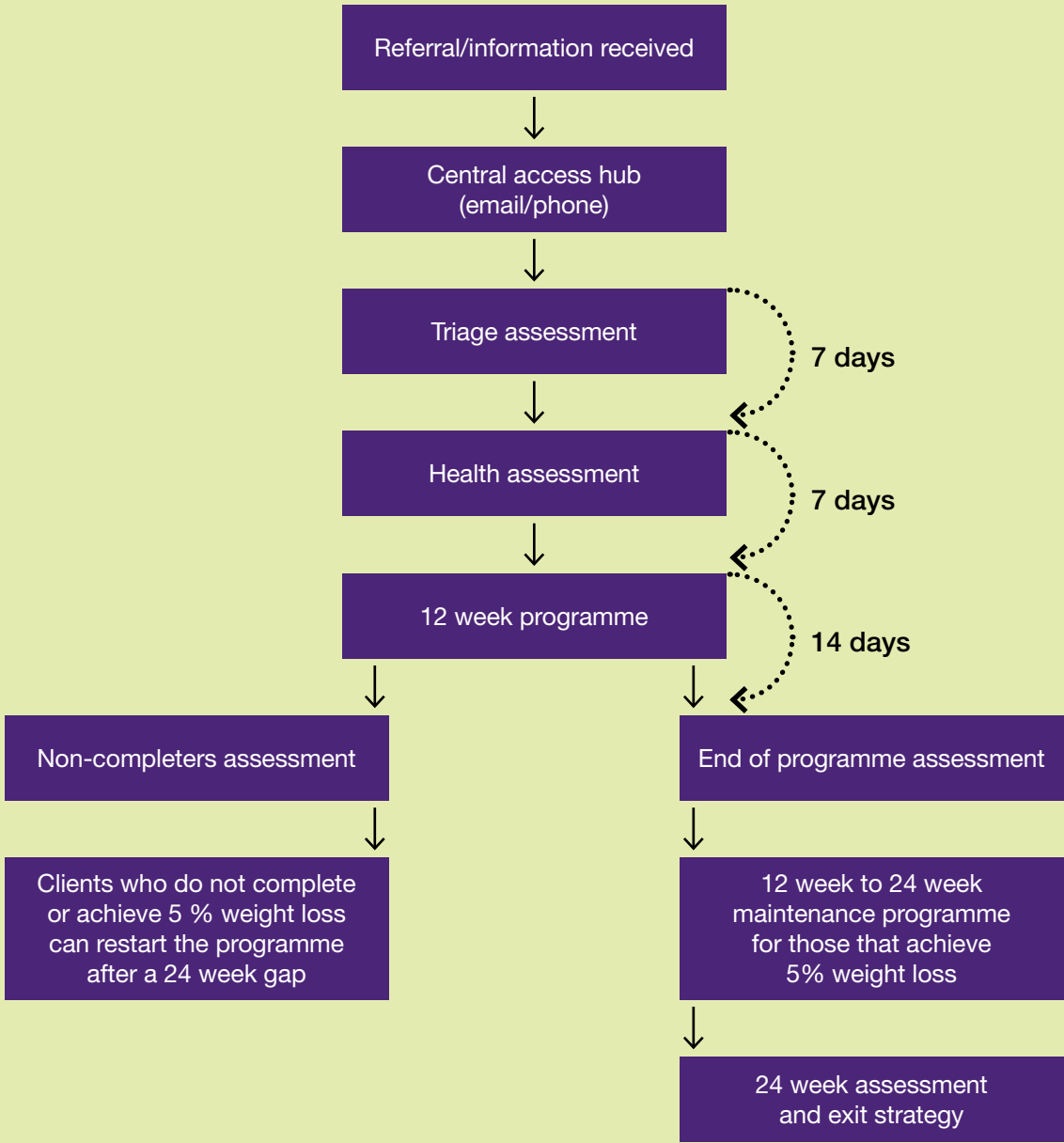
Individuals meeting the following criteria should be excluded from this service:

- 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.

Clients 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:



More information on the service and providers can be found at:
www.northyorks.gov.uk/stepup

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

In England, 62.8% of adults have a BMI over 25.



In England, 2019/20 data highlights the prevalence of excess weight (overweight and obese BMI 25 and above) in adults is 62.8%. This is still creeping up slowly every year (62.3% in 2018/19). Regionally, Yorkshire and Humber follows a similar pattern although has decreased slightly from 65.4% in 2018/19 to 65.2% in 2019/20.

In North Yorkshire, excess weight in adults (aged 18 and above) has decreased slightly from 62.9% in 2018/19 to 61.3% in 2019/20. It remains statistically similar to England.

At a District level there is great variation. 2019/20 data highlights Craven (54.5%) and Harrogate (55.7%) being statistically significantly better than England, Hambleton (63.1%), Richmondshire (62.9%), Ryedale (63.5%) and Scarborough (62.1%) being statistically similar to England (62.3%) and North Yorkshire (62.9%) averages. Selby (69.6%) is statistically significantly worse than England although the percentage of those with excess weight has decreased slightly from 2018/19 (72.8%)

The table below contains North Yorkshire district level prevalence data of excess weight in adults (18+ and >BMI 25) from 2016/17 to 2019/20. The arrows show an increase or decrease from 2018/19.

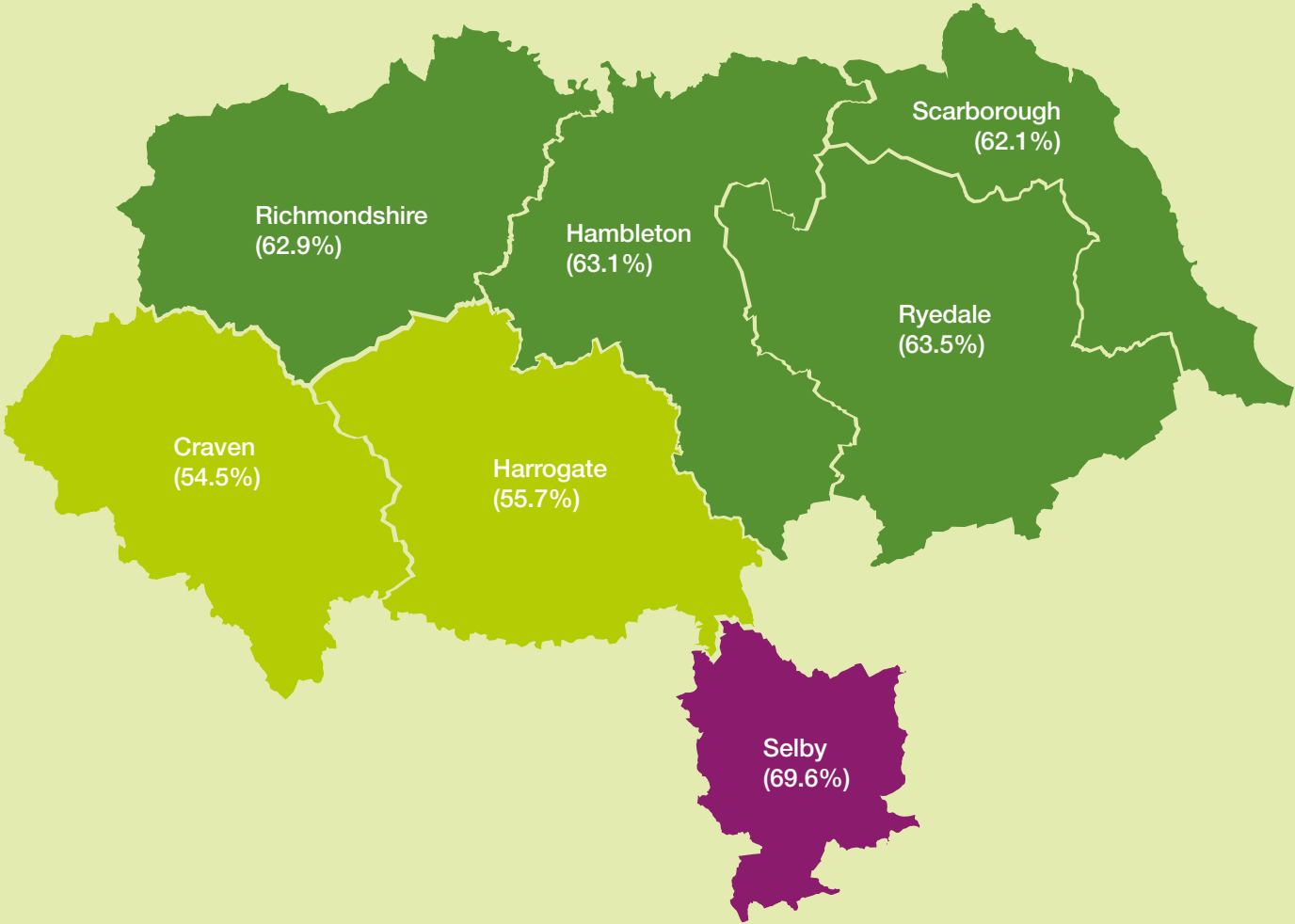
Key:

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

	2016/17 %	2017/18 %	2018/19 %	2019/20 %	
England	61.3	62.0	62.3	62.8	↑
North Yorkshire	59.5	61	62.9	61.3	↓
Yorkshire & Humber	61.3	64.1	65.4	65.2	↓
Selby	63.5	69.6	72.8	69.6	↓
Ryedale	61.9	59.2	57.9	63.5	↑
Scarborough	60.7	60.0	64.8	62.1	↓
Hambleton	60	62.9	62.2	63.1	↑
Richmondshire	59.5	63.6	62.4	62.9	↑
Harrogate	57.9	57.9	56.9	55.7	↓
Craven	55.1	57	64.6	54.5	↓

North Yorkshire

Excess weight in adults in North Yorkshire 2019/20 compared to England (62.8%)



Obesity prevalence by age and gender - national data

Due to the pandemic there was no Health Survey for England in 2020 therefore our latest data detailing differences in obesity levels by age, and sex is from 2019 and detailed in the previous Annual Report for the service.

In summary, obesity increases with age and the prevalence of adults who are overweight is higher in men (68%) than women (60%).

There is a strong relationship between deprivation and obesity - adults living in the most deprived areas were the most likely to be obese.

This difference was particularly pronounced for women, where 39% of women in the most deprived areas were obese, compared with 22% in the least deprived areas (5).

For data on national trends in obesity, physical activity and consumption of '5-a-day', please see Appendix.

Health impact of obesity

Living with excess weight increases the risk of many health conditions such as diabetes, cardiovascular disease (CVD), some cancers, kidney and liver disease; and musculoskeletal disorders, which can lead to poor health outcomes and reduced life expectancy. It is also associated with poorer psychological and emotional health and poor sleep (6).

People with a living with excess weight have experienced the impact of COVID-19 disproportionately.

Public Health England (PHE) published an insights report in July 2020 (7) that summarised the following:

- Being obese or excessively overweight increases the risk of severe illness and death from Covid-19.
- UK and international evidence suggests that being severely overweight puts people at greater risk of hospitalisation, Intensive Care Unit (ICU) admission and death from Covid-19, with risk growing substantially as BMI increases.

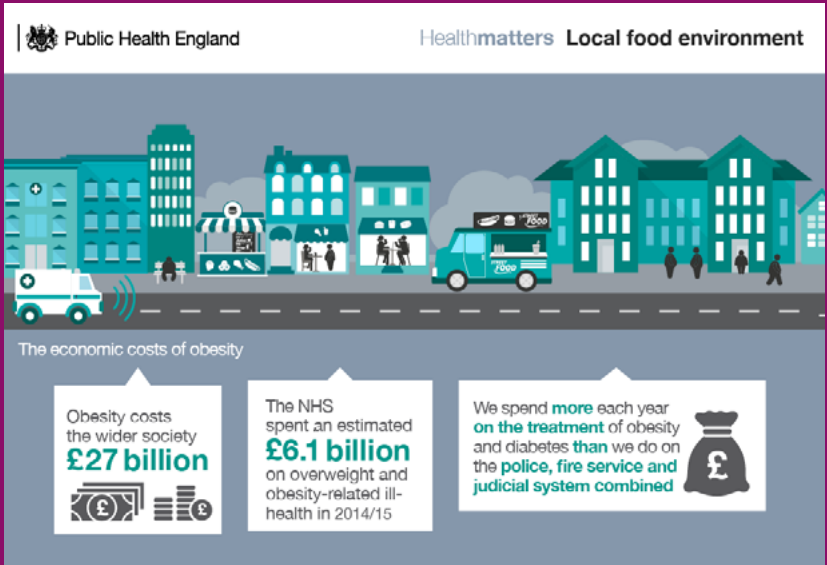
- The current evidence does not suggest that having excess weight increases people’s chances of contracting Covid-19. However, the data does show that obese people are significantly more likely to become seriously ill and be admitted to intensive care with Covid-19 compared to those with a healthy BMI.
- Excess fat can affect the respiratory system and is likely to affect inflammatory and immune function. This can impact people’s response to infection and increase vulnerability to severe symptoms of Covid-19. Obese people may be less likely to access healthcare and support, and it is also thought that Covid-19 affects other diseases associated with obesity.

The PHE report highlights that supporting people to achieve and maintain a healthy weight may reduce the severe effects of Covid-19 on the population, especially among vulnerable groups that are most affected by obesity.

Financial impact and cost-effectiveness

We know that the direct costs of obesity to the NHS and indirect costs on the wider economy are in the billions (see 2019 report for further details). Investment in the prevention of obesity needs to be directed to multiple parts of the system in a whole system approach, addressing changes to the food, physical activity and social environment. In North Yorkshire our Healthy Weight Healthy Lives Strategy (2016) takes this approach.

Economic modelling by NICE suggests that a 24 week weight management programme costing £200 or less would be cost effective if at least 1kg of weight is lost and the weight loss is maintained for life. The model suggests that programmes will be most cost effective for those with BMI 30-40 kg/m2 however recommends that those with BMI 25-30 kg/m2 are not excluded if there is capacity. This recommendation aligns with the North Yorkshire service current referral criteria.



Source: Health matters: obesity and the food environment. PHE, 2017.

6. North Yorkshire Adult Weight Management Service

Data: (Year 3 – January-December 2020)

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, 302	3,854	1,348	0.44%

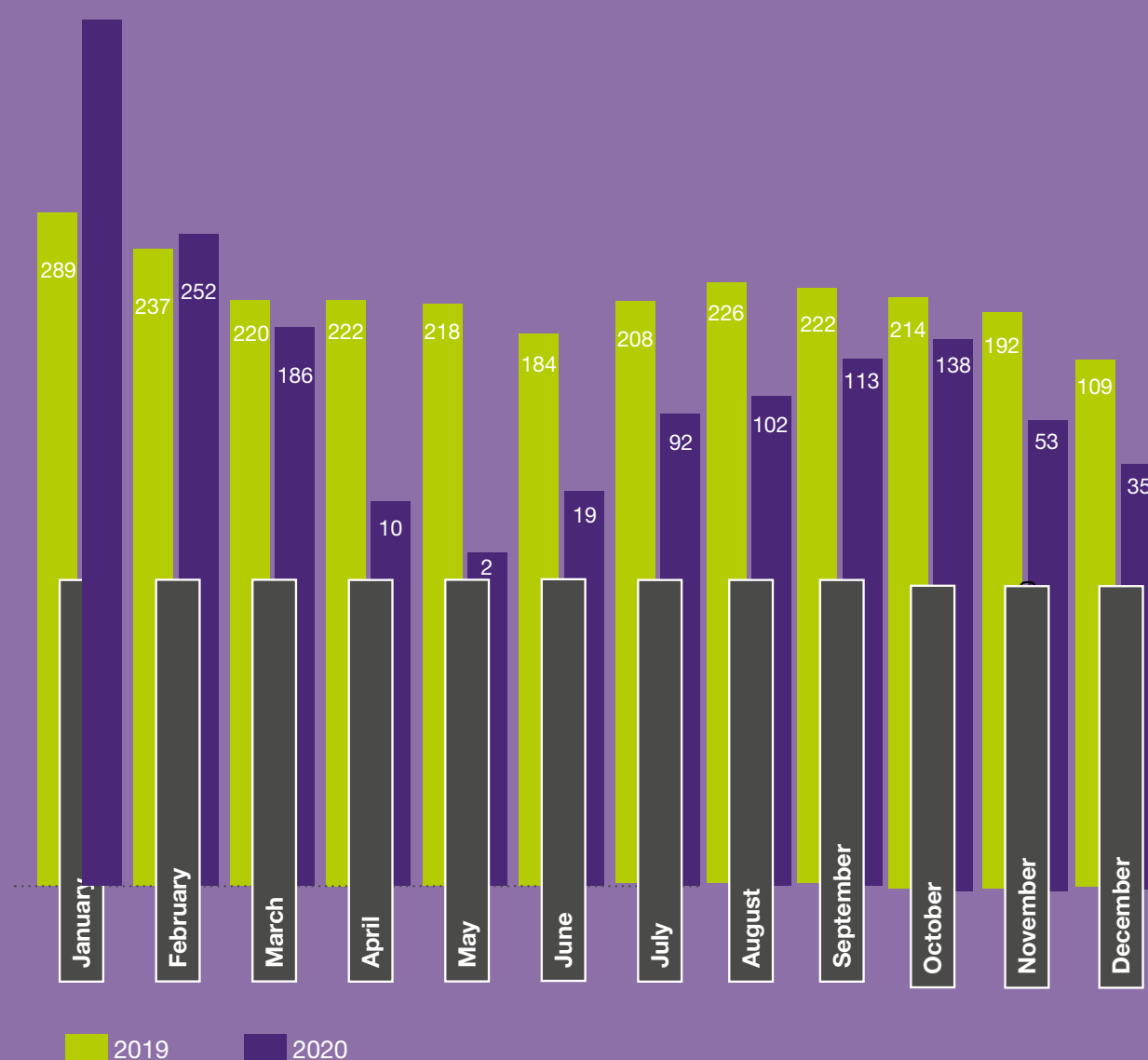
Client completions (attending 9 out of 12 sessions of initial 12 week structured programme)			
Predicted completers (number)	Actual completers (number)	Predicted completion rate - referrals that complete (%)	Completion rate - referrals that complete (%)
2,312	639	60%	47.4%

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 (%)
694	461	30%	72%

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 rate (%)
347	296	50%	64%

Performance data – additional narrative

Referral numbers were unsurprisingly affected by the pandemic in 2020. Nevertheless, they began to pick up again after the first lockdown with the remote offer in place.



There were lower than expected numbers of referrals in 2020 due to the pandemic (almost 50% lower than 2019) and the completion rate was lower than pre-pandemic (47.4% in 2020 compared with 57.55% in 2019).

Information received directly from providers highlights a myriad of reasons for lower referral numbers from July 2020 including pressures on primary care and clients not seeing their GP, clients waiting for face-to-face support, conflicting priorities (work, caring) and maintaining motivation through multiple lockdowns.

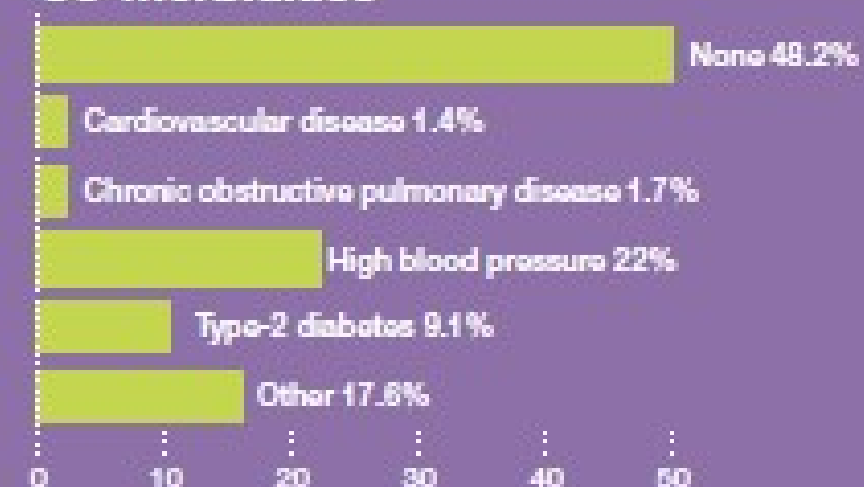
However, the service continued to perform well in terms of weight loss outcomes, particularly in the numbers achieving 5% weight loss at 12 weeks which at 72% was much higher than the predicted 30% and similar to 2019 where 71.54% achieved this weight loss. At 24 weeks, 64% sustained their weight loss in 2020, again exceeding the predicted 50% and higher than 2019 (48.95%)

This shows that for those participating and completing, the weight loss support offered on the programme was still highly effective.

Population accessing the service in 2020



Co-morbidities



Satisfaction Rate



Excellent 82%



Good 16%



Prefer not to say 2%

BMI Classification

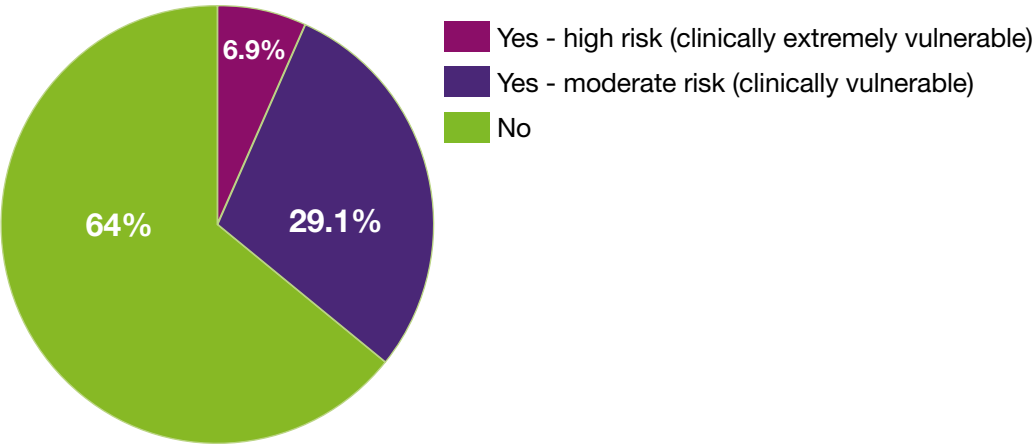


Population accessing the service in 2020

Source of referral was very similar to 2019, with the majority coming from self-referrals and from the GP. In terms of ethnicity, just under 3% of referrals to the service identified as being from a background other than White British, this compares to 5.2% of the North Yorkshire population as a whole in the 2011 census. This will be explored further in future reports following the 2021 census. The breakdown of co-morbidities of patients referred to the programme was very similar to 2019.

The BMI profile also followed a similar pattern, although there was a slight increase in those joining the programme with BMI>40 (19% compared with 16% in 2019).

As part of measures introduced to manage referrals during the pandemic, new questions were added to the Initial Assessment to screen for Covid-19 symptoms and also to ascertain the client's vulnerability. Below is the proportion of clients accessing the service from each of these vulnerability groups:



There were changes to the numbers who started but did not complete the programme in 2020 compared to 2019. 38% of those attending an initial health assessment in 2020 did not complete the programme, compared with 27% in 2019. When looking at the reasons why, we can see:

- An increase in 'Other' as a reason why – this could include a number of reasons related to the pandemic which were beyond people's control.
- A decrease in 'holiday' as a factor, as less people were able to go away.
- A decrease in 'work commitments' as a factor, this could be due to people's work life changing and more people working from home, plus the additional flexibility offered by the remote service.

2019 Analysis of Please provide the reasons why

Reasons why	Total
Holiday	11 (2%)
Medical reasons	141 (25%)
Motivation	146 (25.9%)
Programme did not meet expectations	8 (1.4%)
Work Commitments	140 (24.9%)
Other	117 (20.8%)
COVID-19	0 (0%)

2020 Analysis of Please provide the reasons why

Reasons why	Total
Holiday	3 (0.8%)
Medical reasons	48 (13.5%)
Motivation	34 (9.6%)
Programme did not meet expectations	8 (2.2%)
Work Commitments	71 (19.9%)
Other	184 (51.7%)
COVID-19	8 (2.2%)

Client testimonials from 2020

Client



"Thanks to taking part in the Healthy Lifestyles Programme I am delighted with my weight loss! I really enjoyed the weekly classes, the down to earth guidance and support from the Instructor, the exercise routines and sharing experiences with others in the group.

No diet plan, no counting calories but learning to adopt a healthy attitude to eating was key.

Having access to the gym was an added benefit to which I was looking forward to benefitting from on a weekly basis. I now feel so much better. The comments I have received from family and friends encourages me to carry on with the new attitudes I have adopted since taking part in the Programme."



"Before starting the course I was unhappy with my weight and how I looked. I would eat without thinking about it. Whilst watching tv. When feeling down would reach for chocolate and crisps. I was moderately active playing badminton once or twice a week and walking to work. I wanted to lose weight to look and feel better about myself. In the group sessions I enjoyed meeting people who had similar goals, the exercise and learning about nutrition. A pivotal point in the course was learning about eating awareness. This helped me to properly focus on what I was eating. Another thing that helped was the free gym/swim pass, I used it to go swimming each week. Rebecca was an excellent motivator and I always felt good after class. It may have been down to the course and losing the 10kg that made it easier to conceive. I am feeling good about myself and will try not to eat for two"

Client



"I was terrified when I turned up for my induction but Jane put me at ease straight away with a warm smile and bubbly personality. The group is warm welcoming, light hearted and fun. I feel safe while working out and love that everyone works to suit their own abilities.

So if you asked me how do I feel about the last 12 weeks and what have I got from it, I would say it has improved our lives tremendously. I am delighted to have lost 1st 5lb and that my husband has lost 2st and the best thing is that he is no longer diabetic.

We both feel we now have the tools we need to help us achieve our goals and to continue with our new health lifestyle. I am so pleased a plucked up the courage to attend this fantastic scheme and I would encourage anyone who wants to lose weight and get fitter to sign up."

Client

Covid-19 – Impact and Response

The first case of COVID-19 in the UK was identified in our region, in York on 31st January 2020. By the end of March, we were in the first national Lockdown with schools closed and restrictions on our movements and social contacts in place; and all those who could, required to work at home. Positively, there was permission to exercise outdoors once a day, which was crucially important for physical and mental well-being. Nevertheless, changes in people's eating and food buying habits (3) exercising and alcohol consumption started to appear. For some, particularly the most vulnerable in society, their physical and mental health began to suffer.

In North Yorkshire, the Public Health team led the Outbreak Management response. The Stronger Communities team very quickly worked to establish a network of 23 Community Support Organisations who became the single point of contact in their locality, working with local networks, to organise a variety of volunteer-led services.

The Adult Weight Management service, like many other face-to-face services, was impacted by the advent of the Covid-19 pandemic and the Service has continued to evolve and respond during the pandemic. The Service provided the highest flexibility, in accordance to individual circumstances, needs and within national guidance and tiered restrictions. Business Continuity Plans - created jointly between Public Health and the Providers - were initiated at the start of the pandemic and regular keep in touch meetings were continued throughout 2020.

March - July 2020

As a response to Covid-19 the Adult Weight Management Service ceased face-to-face delivery of any element of the Service for clients currently accessing the Service on 18th March 2020, following Government guidance. The Service also ceased taking on any new referrals at this stage. In March/April 2020 a guidance document was written, in partnership with the commissioner and the providers, to transition service provision in accordance with any restrictions in place. This document underwent frequent reviews and is recognised as good practice by Public Health England.

A 'Covid-19 re-referral' option was introduced, so that if clients had to drop out of the programme for any reasons related to Covid-19, they were able to start again without it counting as a second attempt - 15% of referrals in 2020 were Covid-19 re-referrals. As providers had been instructed to not take any new referrals in March, from April-June, a monthly relief payment was issued to each provider, in lieu of the performance related payments they would normally receive. This was extended to July, with a return to the contract in August.

Advisors used the best means available to continue to monitor weight loss – as they weren't able to see clients to take body measurements themselves, they asked participants to weigh themselves and send in a photo as verification. Although the validity of the measurement could be in question, for reliability they were encouraged to use the same scales each time. The Providers worked hard to develop their remote support options, starting initially with well-being and motivational calls to existing clients. Providers found that they were not only providing weight management support, but also offering support around their client's general well-being and welfare. For many clients these calls were a real lifeline. A client from Craven explains how her weight loss support was maintained during 2020 once face to face support ceased:

'Sadly, I only got half way through the programme when Covid 19 stopped us meeting as a group. However, the weekly phone call from Mark kept me on track and enabled me to achieve my target. A weekly telephone weight report kept me motivated, also Mark's support was brilliant especially as I am self-isolating due to the virus. He was able to address personal issues and tailor his support to me individually.'

Client Questionnaire

Towards the end of the first lockdown, a questionnaire was sent to all clients asking about their experience of the service, their successes and challenges in terms of weight loss during the previous 3 months. Out of the 69 respondents, over half (59%) said they had been able to progress with their weight loss. 71% felt that the service had continued to provide the support they needed for weight loss. For those who felt it hadn't, this was mainly due to the lack of face to face support, related to the circumstances not the provider.

Many clients explained the benefit the continued weekly support had:

'The weekly communication has helped me to stay more focused on my diet and to keep up with regular exercises in order to continue making progress and achieving my target.'

'Weekly contact has helped to motivate me, not the same as face to face but does still help knowing I'm not on my own'

'Regular contact to see how I am doing and to give advice on where can get help has been really beneficial. Knowing that someone would be contacting me gives me the incentive to keep maintaining the weight loss I have achieved'

'The weekly call from our Instructor was invaluable, to both keep motivated in diet and execution routines, and also the emotional support as I was self isolating. The calls were very personalised to address individual circumstances'.

Some clients highlighted the challenge of the lack of Face to face support:

'Fiona weekly support is brilliant, but really miss the face to face.'

'I think the support is great, but I need face to face motivation.'

'However this service I know will be more effective for me and very much looking forward to starting face to face support The online stuff is great , but not motivated to look At a screen in the evening or weekend , when currently working at a screen at home all day'

And the challenges of trying to manage weight alongside additional responsibilities and challenging personal circumstances:

'Due to having two sons at home both who are autistic but one also has a number of other disabilities. I have not been able to focus or have any time to access it properly but when the face to face begins i still really want to attend'

'We have 2 shielded people in the household, myself and my mother in law. My wife and I are working full time from home and the additional caring needs of M in L who has dementia are making it difficult to fit in much physical activity other than dog walking'

July - December 2020

From 1st July 2020, referrals opened up to GP practices, wider health care professionals and self-referrals. Some providers decided to keep referrals to GP only for a period of time to ensure they could manage capacity.

Providers embraced technology and developed a variety of different remote support options such as live and recorded online exercise and nutrition classes, Facebook groups and WhatsApp groups. Group, online exercise a classes were suggested by several clients completing the questionnaire in June 2020.

Although the virtual or ‘hybrid’ (mixture of face to face and virtual) offer has not been suitable for all clients, for some the remote offer has enabled them to take part in the programme when they wouldn’t have been able to otherwise, for example due to work or childcare commitments, living in rural areas or due to anxiety – as explained by one participant of the Take That Step programme:

‘On zoom it is fine, there is always a different topic to discuss. Because of my anxiety I would not be able to attend an actual group so this is perfect for me.’

Here one of the Weight Management advisors in Craven explains their role during this time:

‘Despite all the difficulties of 2020, I am proud to say that we were able to maintain a level of service which was appreciated by many clients. Initially the weekly phone calls and online support materials, especially at the height of first lockdown, felt like they were a lifeline for many, especially as often the clients needed emotional support as much as the advice on physical wellbeing. As the year progressed, virtual meetings became much more effective as we were able to reintroduce the essential group support element of the service.’
Mark, Weight Management Advisor, Craven.

The remote support options developed by the providers enabled the service to establish greater flexibility, they emerged from the final lockdown Jan-March 2021 with a vision to offer a hybrid online, telephone, and some face to face support (dependent on current restrictions). Ryan Nicholls from our provider in Scarborough and Ryedale, NHS Humber, explains the positive impact the need to develop the remote offer has had:

‘Having developed and implemented the programme from its infancy to where it is now, I can state that having learnt from the improved accessibility the virtual offer provides to our service users, I wish we would have been this forward thinking and innovative at the start. From an awful situation as 2020 provided, I believe the result in the hybrid offer we now provide to adults has been a shining light, reducing barriers, improving connectivity and bringing a new fresh approach to the already successful service. As a service we will be continuing to offer the hybrid offer to all service users as business as usual’

Jan - March 2021

January 2021 saw the start of another national lockdown and providers reverted to a fully virtual offer.

The Government’s roadmap out of lockdown was published in February 2021 and set out four steps on the roadmap in England, with a plan to open gyms in April 2021. This allowed the Providers to plan for gradual return to face to face activity, should the roadmap be followed as planned. The North Yorks Adult weight management service model outcomes are based on NICE guidance, which states that Tier 2 programmes should include interactive group sessions and offer peer support, physical activity , nutritional information and support around behaviour change strategies. Evidence of the effectiveness of digital/virtual weight management services is still being gathered. Most providers felt that they would continue to offer some remote support, for those clients who found it suited them better.



Referral numbers between January and March 2021 remained lower than expected – only 40% of 2019 and 2020 referrals for the same period.

Month Commencing	Number of People
January 2021	105
February 2021	97
March 2021	101

To aid recovery of referrals moving through the steps of the roadmap, in February 2021 North Yorkshire Public Health began working with the NYCC communications team to plan a campaign to raise awareness of the service and highlight it’s role not just in weight management but also in improvement in general well-being, using the stories of participants who took part during the lockdown. This launched in May 2021.

Following on from the Government’s ‘National Obesity Strategy: Empowering adults and children to live healthier lives’ on 27th July 2020; on 4th March 2021 the Government announced over £70 million to be invested in weight management services – made available through NHS and Councils – enabling up to 700,000 adults to have access to support that can help them lose weight, from access to digital apps, weight management groups or individual coaches, to specialist clinical support.

This funding for weight management services is to expand services so that more people can access support. This will hopefully also help to increase the recovery in referral numbers in 2021 in North Yorkshire.

Case Studies (not real names)

1. Greg

Greg didn't have a bad diet but had a sweet tooth and found he would binge on chocolate and biscuits quite regularly. He had lost weight in the past but would always put it back on and more. He had a bad knee that was very painful and his GP recommended the programme and advised if he lost weight it would alleviate some pain.



- Greg stopped buying chocolate so didn't have any in the house to tempt him
- Attended weekly zoom classes
- Started walking more
- Cut down on his portions



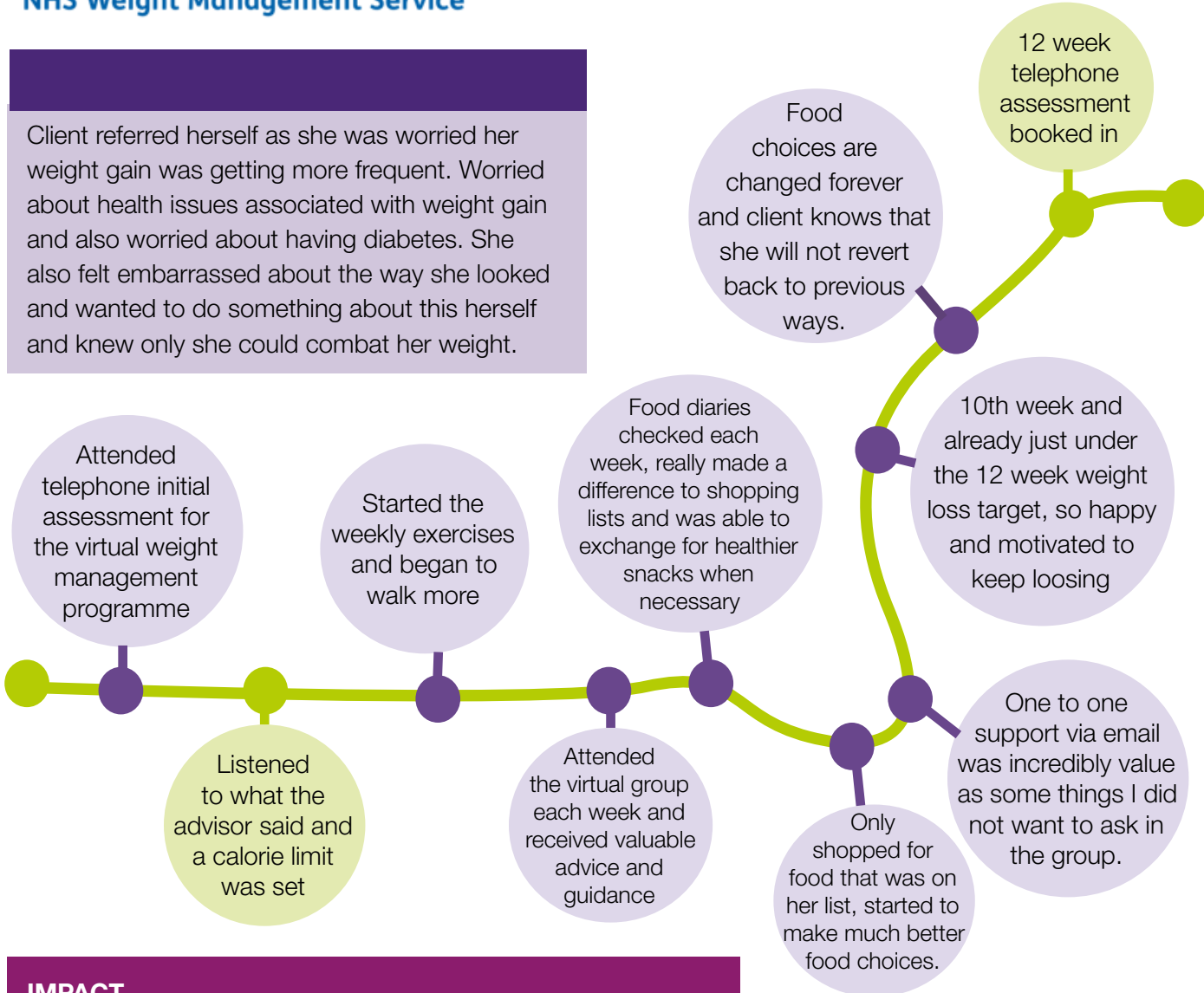
- Found when the weight came off everything was easier like getting off the sofa, and was able to carry on doing jobs for longer
- More energy and less aches
- Went on his motorbike more often going on holidays camping
- Feels wonderful and wants to continue and lose another 2 stone



Greg says:

"I was referred to Take That Step by my GP and found it very helpful having lost over 2 stone so far. The emphasis on losing the weight slowly I think is the key to maintaining the weight loss and being educated about what I call real food and eating proper meals as opposed to all the fads that are out there is working for me. So thank-you for all your help I definitely couldn't do it on my own."

Client referred herself as she was worried her weight gain was getting more frequent. Worried about health issues associated with weight gain and also worried about having diabetes. She also felt embarrassed about the way she looked and wanted to do something about this herself and knew only she could combat her weight.



IMPACT

Client had developed a very sedentary lifestyle, drank alcohol regularly and was on olanzapine that made her want to eat late at night. Her mental health was not good previously for many years but had been working with a therapist and taking medication, venlafaxine, which put my mind in a better place to take on the challenge of altering my lifestyle and diet. Although this client has only been on this programme for 12 weeks, the impact it has made to her lifestyle, self esteem and confidence is overwhelming. A very shy lady that has admitted that she needed to change her ways and only herself could do that. Self referred onto the programme and took the advice immediately. Started becoming more active, following the weekly exercises and making better food choices. Planned and prepared weekly meals and started only shopping for what food was on her list each week and not visiting the supermarkets again until a week later.

RESULTS	
IA	Total weight loss to date
Weight: 86	5.9Kg
BMI: 33	13 pounds
Target: 81.2	
12n week	
Weight: 80.1	
BMI: 30.9	

Case study - Sally

Nov 2020



“ Sally says:

I really enjoyed the Healthy lifestyles programme; it has helped me in so many ways. I'm thinking more about what I eat, looking at food labels and really trying to balance my food better. It's also impacted the way I think about food for my children too. The weight loss is one thing but the re education and awareness of what I'm eating has been something I didn't expect. I really like my group and am in touch with them through Facebook to see how they are doing. The group help motivates me too.

It has been so hard to stay on track in lockdown. I eat or bake (or both) when I feel stressed or upset and this situation has triggered all of those emotions. I also enjoy swimming which I can't do at the moment and my big Windermere swim has been cancelled so it's been really tough to stay motivated. I also miss spinning - I never thought I'd say that!! I felt so gutted at the beginning of the lockdown as it was going so well!! I like to talk and I get a lot from face to face conversations I am a real people person so looking forward to groups hopefully soon.

I cannot say enough good things about Mark. He is such a lovely guy and he has really helped me with his encouragement and his way of presenting topics in an open and non-judgemental way. He really is such a lovely chap. The phone calls have really helped me to stay on track, I think if it wasn't for those calls I probably would have fallen off the wagon and put all the weight back on. It just gives you that incentive each week. I also love the programmes he recommends as that has also helped me with the way I think about what I eat and how I feel about my body. ”



9. Provider contact details

Craven - 'Healthy Lifestyles'

Telephone: 01756 706282

Email: healthylifestyles@cravendc.gov.uk

www.cravendc.gov.uk/craven-leisure/healthy-lifestyles/weight-management/

Hambleton - 'Take That Step'

Telephone: 01609 767241

Email: takethatstepteam@hambleton.gov.uk

www.hambleton.gov.uk/health-wellbeing/weight-management-service

Harrogate - 'Fit 4 Life'

Telephone: 01423 556106

Email: active.health@brimhamsactive.co.uk

<https://www.brimhamsactive.co.uk/fit4life-project>

Richmondshire - 'Choose to Lose'

Telephone: 01748 901049

Email: choosetolose@richmondshire.gov.uk

www.richmondshire.gov.uk/leisure-and-tourism/health-and-wellbeing/choose-to-lose-adult-weight-management-programme

Ryedale and Scarborough - 'NHS Weight Management Service'

Telephone: 01723 821395 or 0800 917 7752 or text 'Healthy' to 60163

Email: hnf-tr.weightmanagement@nhs.net

nhs-health-trainers.co.uk/our-services/adult-weight-management/scarborough-whitby/

Selby - 'Move It, Lose It'

Telephone: 01942 404799

Email: ihl.wigan@nhs.net

www.inspiringhealthylifestyles.org/selby/sports-development/move-it-lose-it/

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Vale of York CCG

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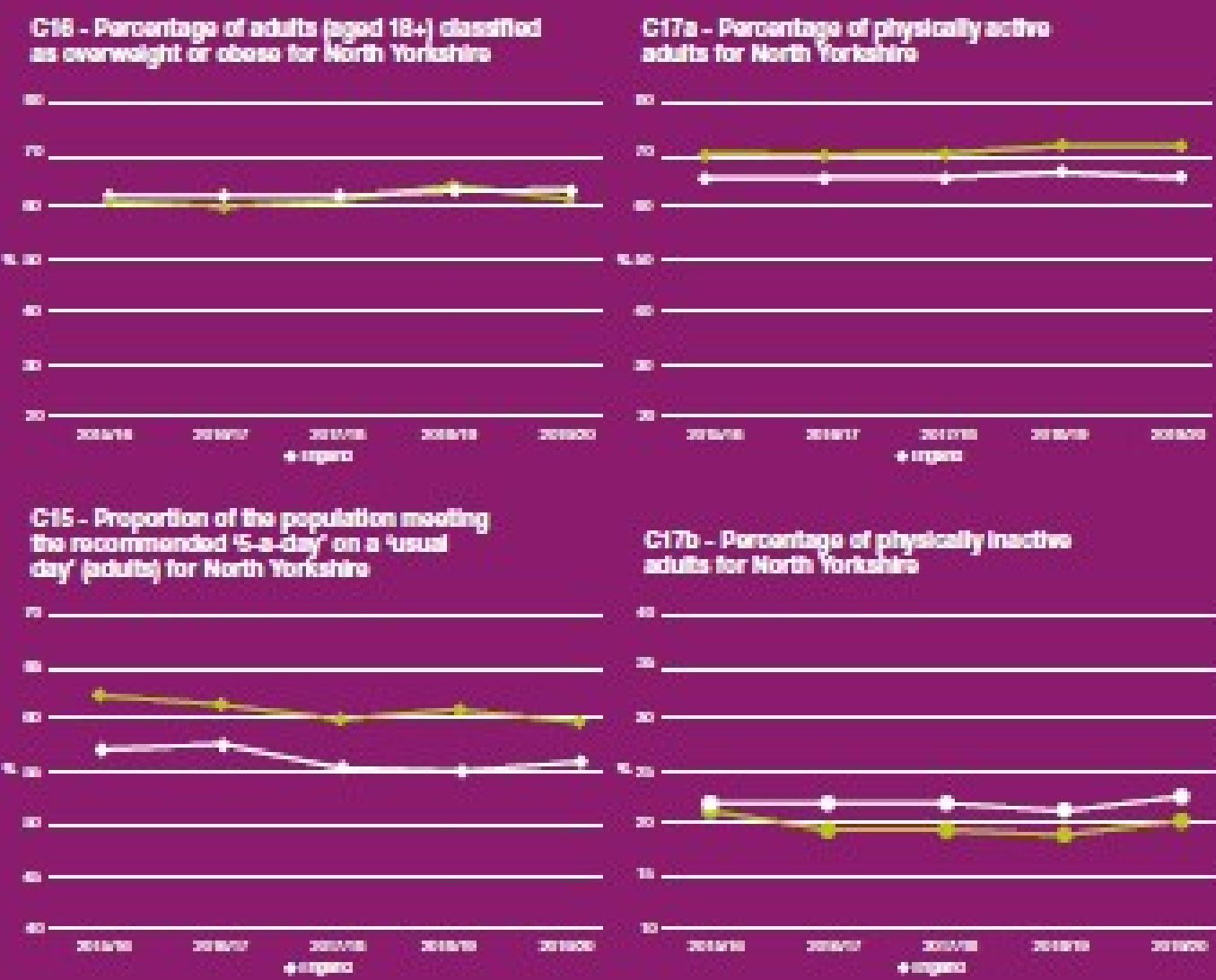
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7. Excess weight and COVID-19: Insights from new evidence. PHE, 2020. [Excess weight and COVID-19: insights from new evidence - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/excess-weight-and-covid-19)



Appendix – Public Health Outcomes Framework – Trends 2015-2020

Source: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>



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