

North Yorkshire Adult Weight Management Service

Annual Report 2024



Adult Weight Management Annual Report 2024

This report provides an overview of the Tier 2 Adult Weight Management Service in North Yorkshire, from 1st January to 31st December 2024.

Contents

1. Glossary.....	3
2. Introduction	4
3. Purpose of the report	5
4. Background to the Service	6
5. National, regional and local prevalence data – adult obesity.	10
6. North Yorkshire Adult Weight Management Service performance data (Year 6 January to December 2024).....	14
7. Population accessing the service in 2024.....	16
8. One-to-one support pilots	23
9. Planning for mobilising of Healthy You.....	25
• A new model.....	25
• Client data collection and lifestyle assessment	26
• Pentagon tool.....	27
• Psychologically informed practice	28
10. Case studies and testimonials	30
11. Contact details	33
12. Acknowledgements	33
13. References.....	33

1. Glossary

BMI (Body Mass Index) (1)

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.

BMI Ranges

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.

ICB (Integrated Care Board)

Integrated Care Boards (ICBs) replaced CCGs in the NHS in England from 1st July 2022 as part of the Government's new Health and Care Act.

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

West Yorkshire Health and Care Partnership (Bradford District and Craven area) 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.

LGR – Local Government Reorganisation

On 1st April 2023, North Yorkshire Council came into being as the new unitary local authority for North Yorkshire. Previously North Yorkshire had two tiers of local government – 7 District Councils plus North Yorkshire County Council.

2. Introduction

2024 was the seventh and final contract year for the North Yorkshire Adult Weight Management Service. Referral levels remained high and, reflecting the high levels of experience in the team, client outcomes were better than ever. Once again the team received feedback from clients for whom the programme had been life changing.

During the latter half of 2024 particularly, commissioners and providers were focussed on preparing for the launch of the new, all age, Healthy You service from January 2025. The new service is managed by Active North Yorkshire, North Yorkshire Council's Sport and Active Well-being team. Active North Yorkshire evolved from a Strategic Leisure Review within the Council and long-term, will manage all leisure centre sites within North Yorkshire. The first to come under the new brand was Selby Leisure Centre in September 2024, the team from Inspiring Healthy Lifestyles who ran the Adult Weight Management service, transferred to North Yorkshire Council at this stage.

The Advisors in the service were involved in many aspects of the transition to the new service, from choosing a name to highlighting key operational considerations to ensure a smooth transition. They offered suggestions for and tested out, new data collection and lifestyle assessment tools that aimed to facilitate a compassionate approach to lifestyle change focussing on non-weight outcomes.

Nationally, the much awaited, updated NICE guidance (2) was not published until early January 2025. As anticipated, it does recommend a person-centred approach to supporting weight management – focussing on understanding of the wider determinants, using non-stigmatising language and offering multi-component person-centred support. This aligns well with the way in which the Adult Weight Management Service is delivered and very much with the proposed model for Healthy You.

The Obesity Health Alliance published a position statement and evidence review for the treatment of overweight and obesity in October 2024 (3). The recommendations for interventions in the review also included a person-centred approach, with flexibility around delivery and accessible, culturally appropriate support to reduce inequalities. The review also highlights the need to offer stigma free support and recommends access to psychological support at every level. Also very much in alignment with the direction of the North Yorkshire service.

It should be noted that the Adult Weight Management service is just one element of a whole systems approach to obesity in North Yorkshire, shaped by the Healthy Weight, Healthy Lives Strategy 2016-2026 (4). The service meets two of the Strategy priorities: 'Providing the right personalised, accessible, weight management support' and 'Ensuring people have access to the right information and resources to eat well and move more'.

3. Purpose of the report

The purpose of this report is to cover the performance of the Service for the seventh 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) and to provide local and regional context to the service.

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 2024 for participant data and outcomes. Any changes in data collection are detailed.

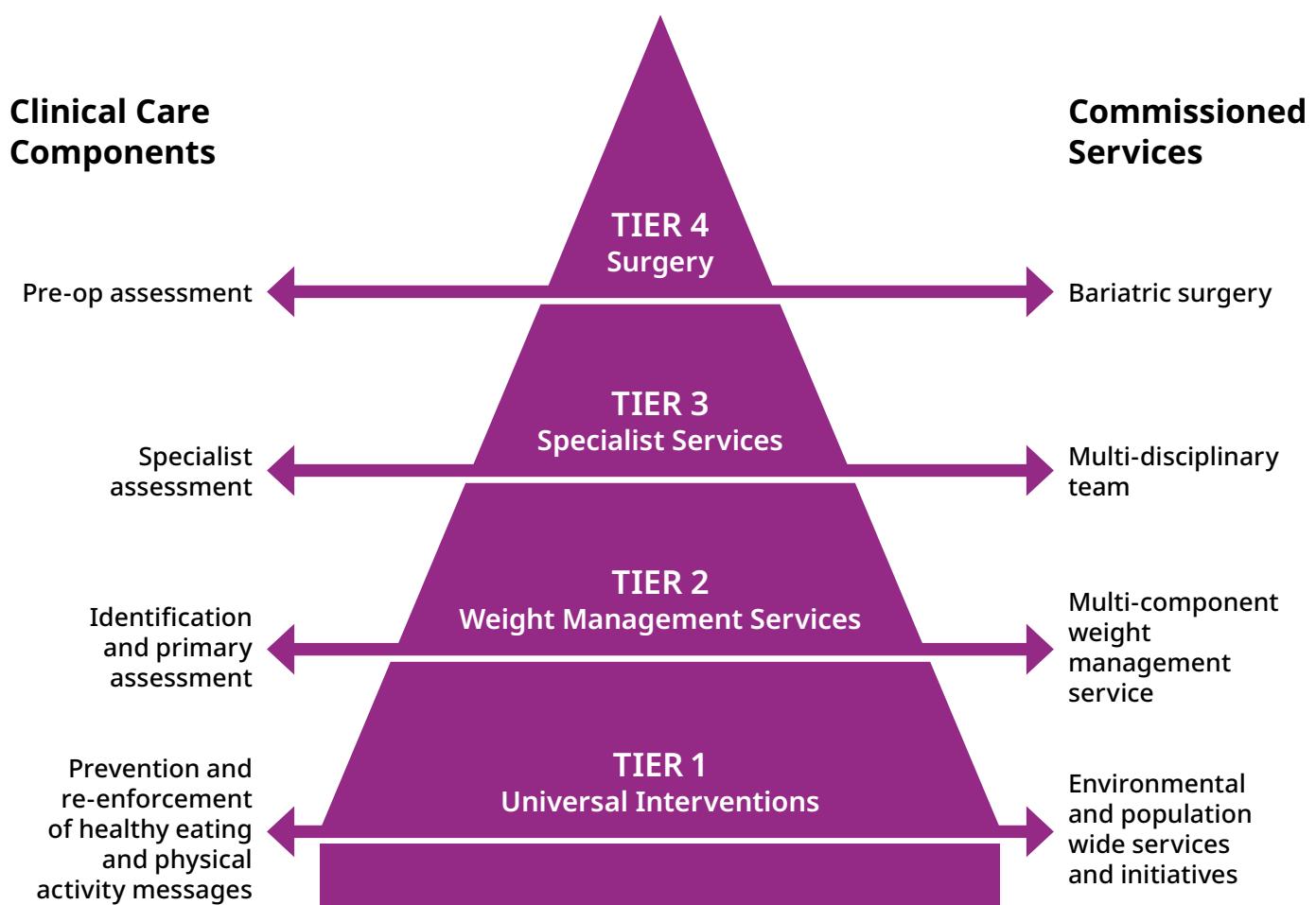
The context of national, regional and local obesity prevalence data is detailed and discussed.

The report will also cover the work in 2024 to mobilise the new all-age service to launch from 1st January 2025 and named in 2024 as 'Healthy You'. The report will look at how evidence, community and stakeholder insights, and the growing movement around compassionate and weight neutral approaches, shaped a new model for supporting behaviour change around eating well, moving more and weight management.

Case studies and testimonials from participants across the service are once again shared and celebrated.

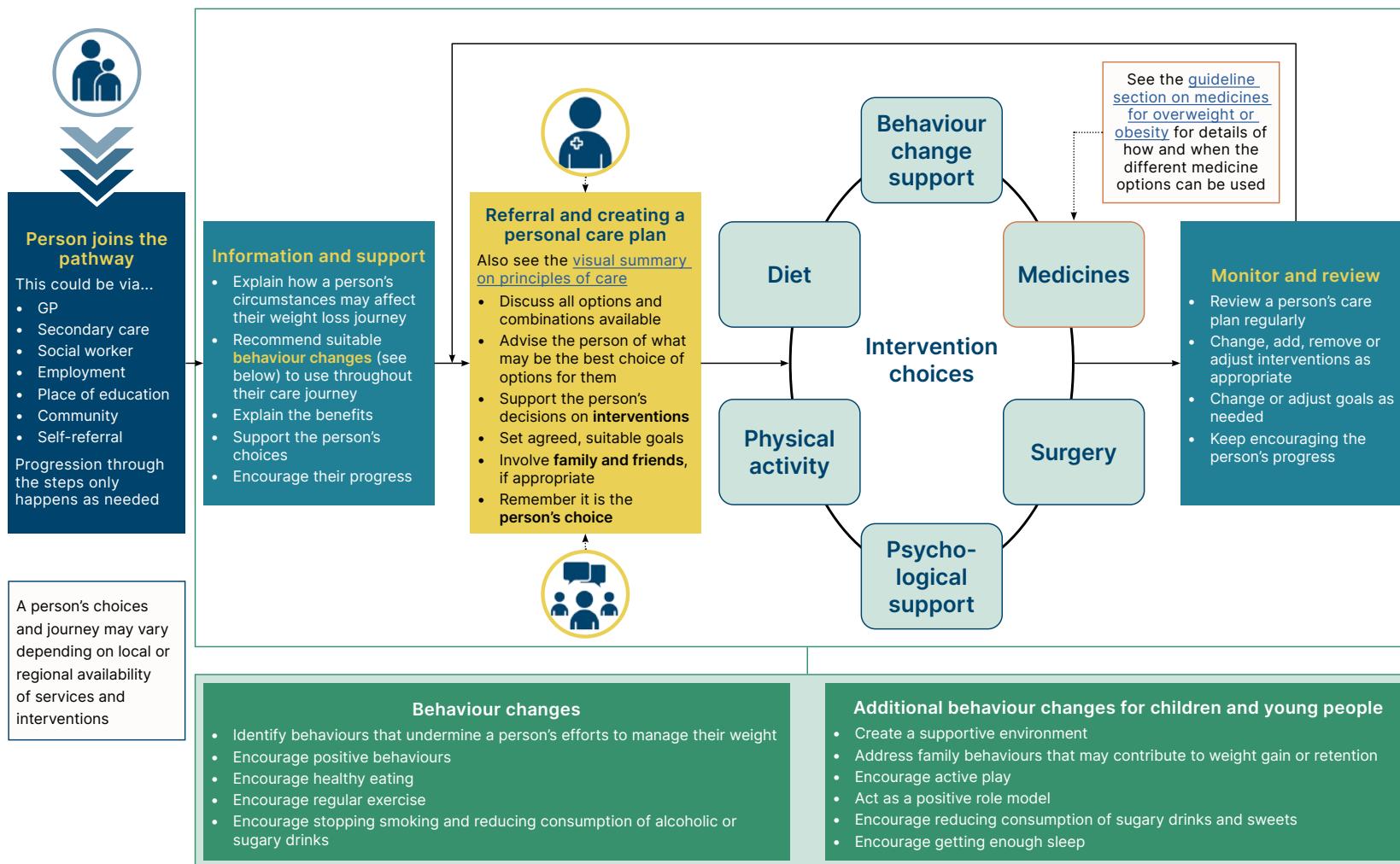
4. Background to the Service

Community based weight management services play an important role in supporting people to make positive behaviour changes associated with food and physical activity. At the time of modelling the Adult Weight Management Service, 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, from the NICE guidance on which the Service was originally modelled (5), highlights the recommended interventions at each level.



The updated NICE guidance (2) (published January 2025, just after the end of the final year of the Adult Weight Management Service contract), has a more person-centred approach and refers to 'universal', 'behavioural' and 'specialist' weight management approaches rather than Tiers 1,2,3. It also incorporates the use of medicines as an intervention, as there are now a number available for treating obesity. The emphasis is on offering the most appropriate support for an individual rather than moving 'up' or 'down' the system. The infographic below demonstrates this:

Overweight and obesity management: the potential care journey



The North Yorkshire Adult Weight Management Service 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 healthy eating 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 reporting of weight, 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 (5).

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

District	Name of service	Service provider
Craven	Healthy Lifestyles	North Yorkshire Council (since 1.4.23)
Hambleton	Take That Step	North Yorkshire Council (since 1.4.23)
Harrogate	Fit 4 Life	North Yorkshire Council (since 1.4.23)
Richmondshire	Choose to Lose	North Yorkshire Council (since 1.4.23)
Ryedale and Scarborough	NHS Weight Management Service	Humber NHS Foundation Trust
Selby	Move It, Lose It	Inspiring Healthy Lifestyles and North Yorkshire Council from 1.9.24

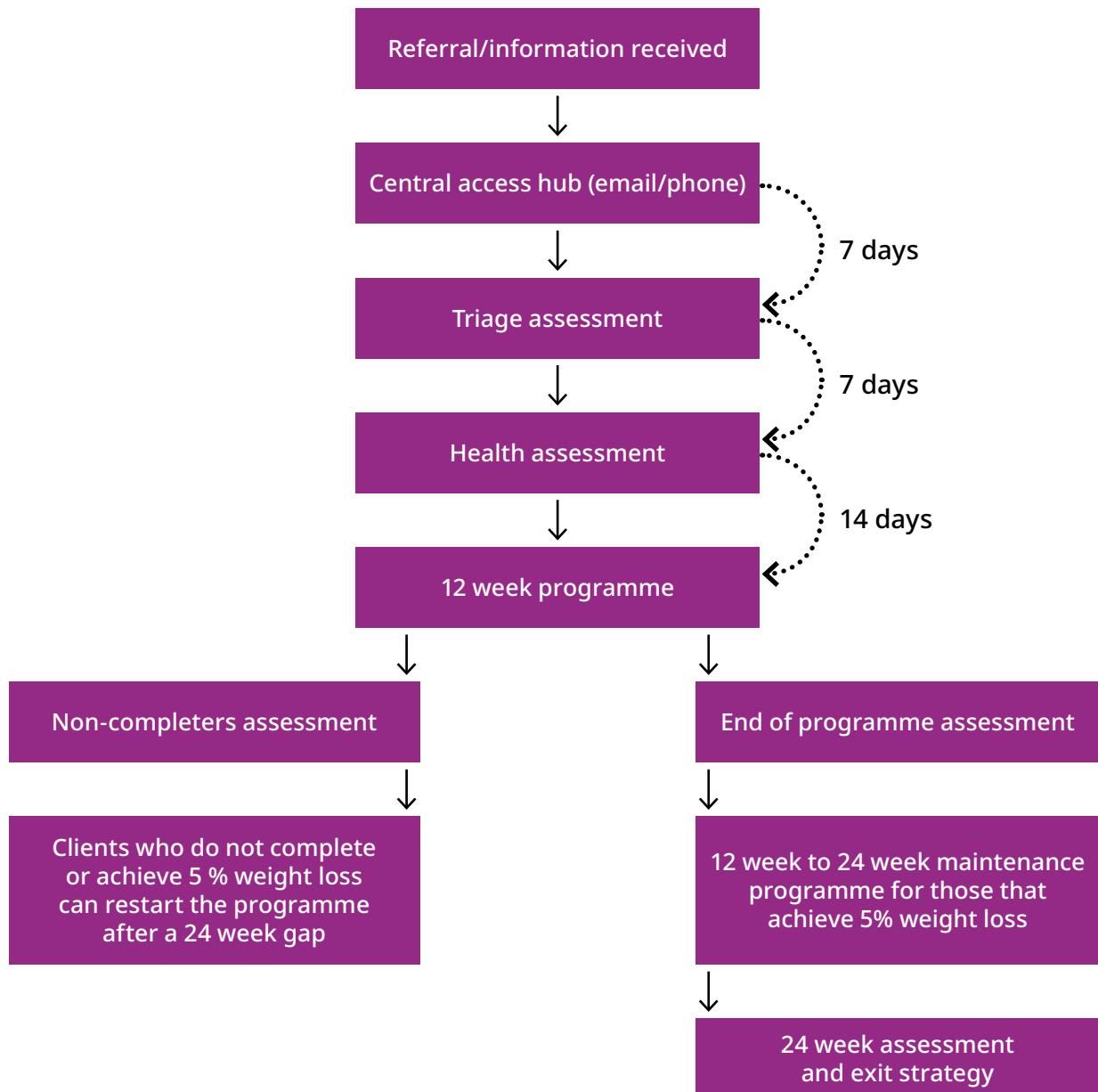
Individuals meeting the following criteria should be excluded from this service:

- 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 providers, 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 participant journey from referral to exit (at 12 or 24-weeks) is shown in the below diagram:



No further new contract variations were put in place in 2024, the existing contracts for all of the Adult Weight Management Service providers came to an end on 31st December 2024, aligning with the end of the pilot contract for Healthy Families, the Family Weight Management service.

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

Excess weight – overweight and obese (BMI>25)

As highlighted in the 2023 Annual Report, the move to one unitary local government organisation in North Yorkshire in 2023 has affected the level of detail available for excess weight prevalence through OHID's Fingertips data. Since 2022/23, only countywide data is available, not at (former) district level as was available previously.

The table below shows excess weight prevalence (BMI>25) for adults aged 18+, for North Yorkshire, regionally (Yorkshire and Humber) and nationally.

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

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
North Yorkshire (%)	62.5	62.8	61.4	61.4	64.6	61.5
England (%)	62.0	62.6	63.3	63.8	64	64.5
Yorkshire and Humber (%)	65	64.8	66.3	66.5	66.6	67.2

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

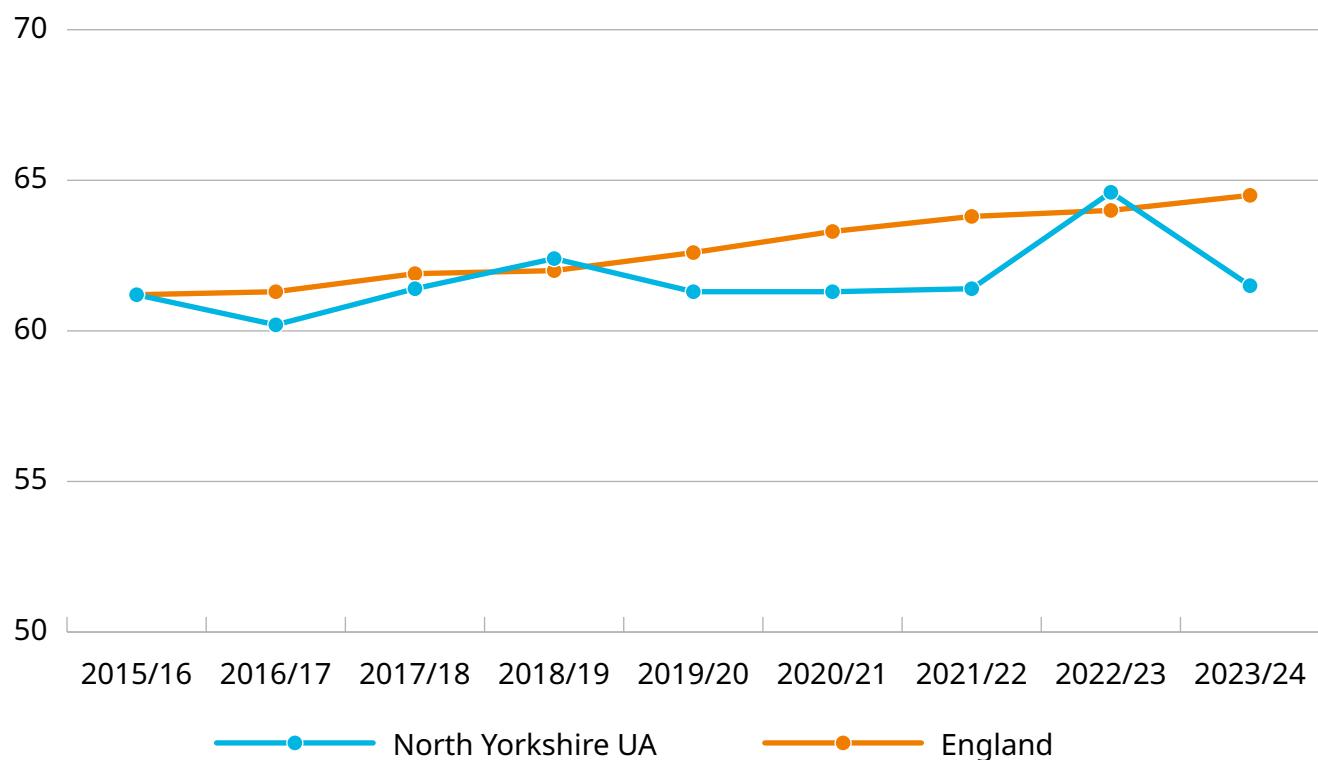
Public health profiles - <https://fingertips.phe.org.uk>

Key:

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

The graph below shows the trend in excess weight prevalence in North Yorkshire since 2015/16, compared with the England average trend. After a couple of years of the North Yorkshire excess weight prevalence being significantly lower than the England average, in 2022/23 it exceeded the England average, falling again in 2023/24 more in line with the trend prior to 2022.

Trend in excess weight prevalence in North Yorkshire 2015/16 to 2024



Obesity (BMI>30)

As with excess weight prevalence, this is now only available at county level, not at former district level. The table below shows the North Yorkshire obesity prevalence for adults 18+ over the last six years in North Yorkshire compared with England and the region.

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

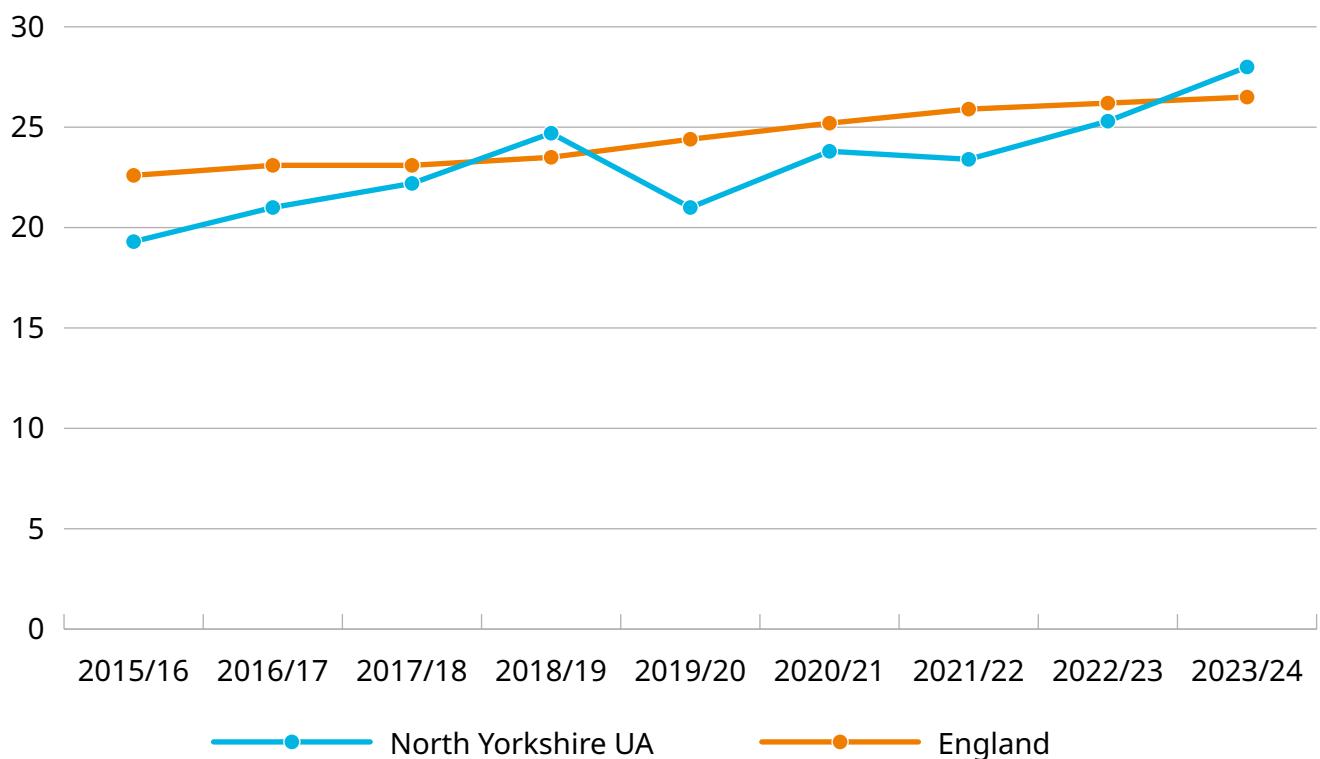
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
North Yorkshire (%)	24.7	21	23.8	23.4	25.3	28
England (%)	23.5	24.4	25.2	25.9	26.2	26.5
Yorkshire and Humber (%)	26.3	27	28.2	28.8	28.9	30.4

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

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

The graph below shows the trend in obesity prevalence in North Yorkshire since 2015/16, compared with the England average trend. Both North Yorkshire and England have been following a trend of increasing rates of obesity each year and this has continued for 2023/24, with the North Yorkshire prevalence now higher than the England average, although not significantly. There has been an almost 50% increase in obesity prevalence in North Yorkshire since 2015/16. Continued efforts around the prevention and management of obesity are clearly needed, using a whole systems approach and particularly focussing on inequalities.

Trend in obesity prevalence in North Yorkshire since 2015/16 to 2023/24



Key:

Statistically significantly worse than the England average

Statistically similar to the England average

Statistically significantly better than the England average

National prevalence data from Health Survey for England data 2022

In September 2024, Part 2 of the Health Survey for England 2022 was published (6). This is another source of obesity prevalence data at national and regional level and gives us the following national data around overweight and obesity by age and sex:

- Nationally, 64% of adults were living with excess weight (similar to the Fingertips data) and 29% were living with obesity (higher than the Fingertips data).
- The prevalence of excess weight (overweight and obesity) was higher in men (67%) than in women (61%) however the prevalence of obesity was higher in women (30%) than men (28%). This was similar to the last HSE data on gender and obesity from 2019.
- 71% of men and 62% of women had a waist to height ratio above the recommended level, this increased with age.
- Both the prevalence of obesity and excess weight (overweight and obesity) were higher in more deprived areas. 22% of adults in the least deprived quintile were living with obesity, compared with 36% of those in the most deprived quintile.

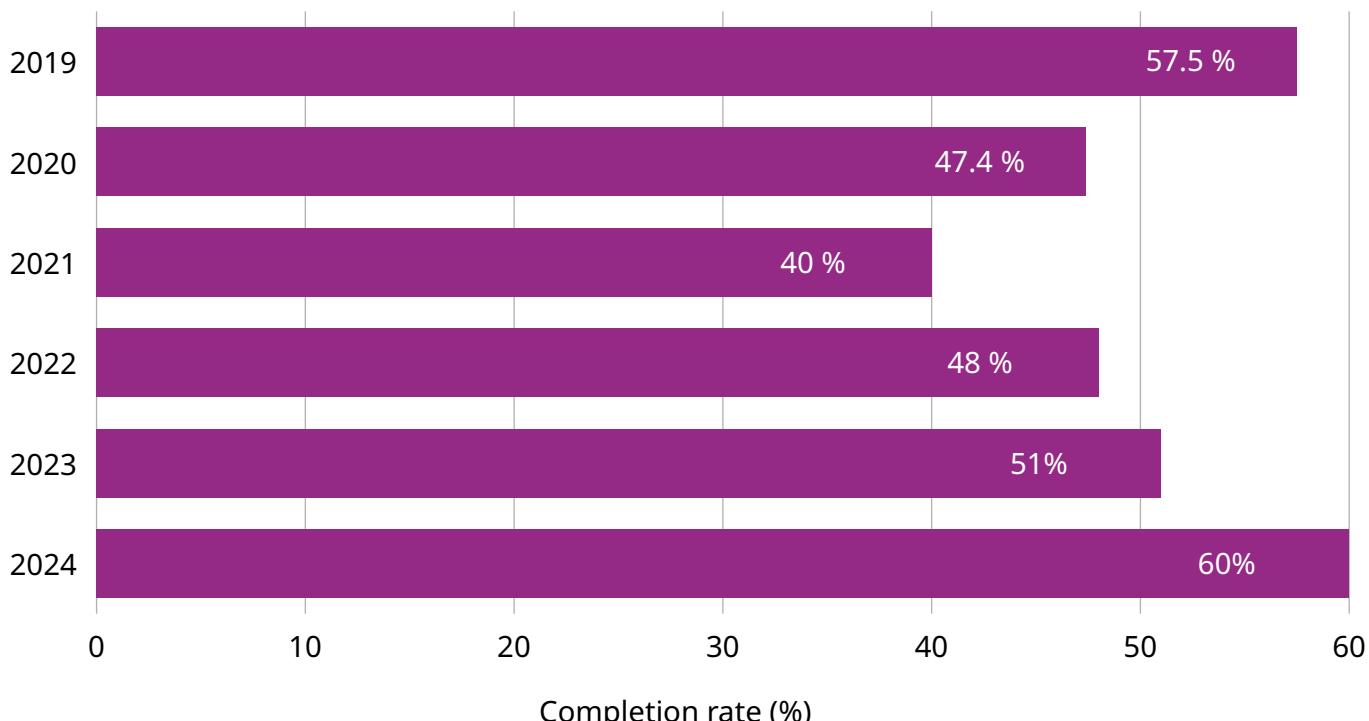
6. North Yorkshire Adult Weight Management Service performance data (Year 7 January to December 2024)

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 (%)
315,499	3944	2348	0.75%
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 (%)	Actual Completion rate – referrals that complete (%)
2366	1419	60%	60%
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 (%)	Actual 5% weight loss achievement rate – 5% weight loss achievement of those that complete (%)
709	982	30%	69%
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 – (%)	Actual Sustained 5% weight loss achievement rate (%)
354	644	50%	66%

Performance data – additional narrative

Referral numbers in 2024 were 2,348, a slight drop from 2022 (n=2,515) and 2023 (n=2,468), however, completion rate (the percentage of referrals completing at least 9 out of 12 sessions) increased compared to previous years, meeting the NICE guidance target of 60% for the first time and the highest rate since 2019 (57.5%).

Completion rate trends

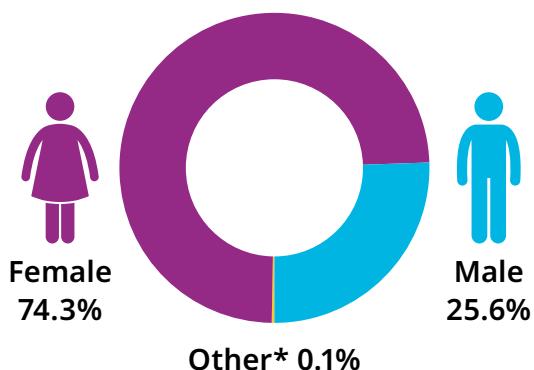


The completion rate has been increasing year on year since the recovery from Covid, it is dependent on a number of factors including a client's readiness to change and their ability to adhere to the programme, which may depend on personal circumstances and their emotional and/or physical health needs. The improved completion rate is potentially due to a number of factors such as - the work the Advisors have done to build relationships with referrers to ensure clients are referred at an appropriate readiness to change, the increased flexibility now built into the programme to allow clients up to 16 weeks to complete the programme in exceptional circumstances; and the growing skill of the Advisors around supporting clients holistically and offering really effective behaviour change support.

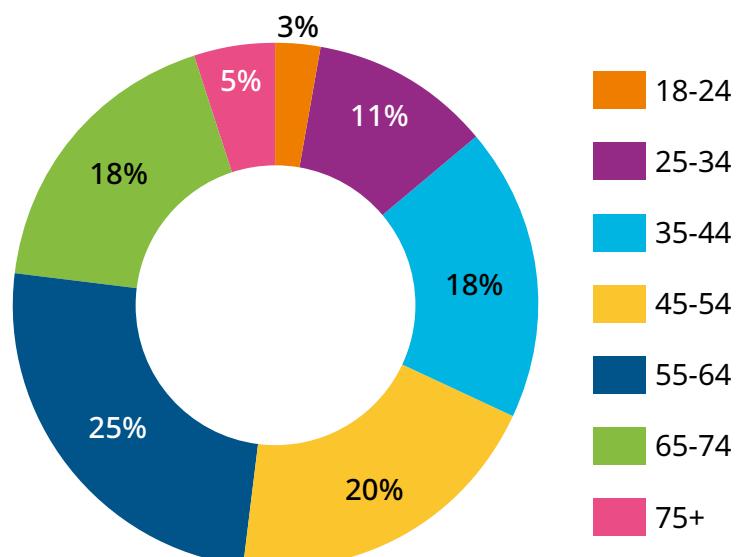
The Service again continued to perform well for weight loss outcomes and again easily exceeded targets for both 5% weight loss at 12 weeks (69%) and sustaining 5% loss at 24 weeks (66%). This shows a consistent quality and effectiveness of the Service, which is also reflected in the wonderful case studies and testimonials regularly received from clients. Many Advisors have now been delivering the Service for several years and are very experienced in their roles.

7. Population accessing the service in 2024

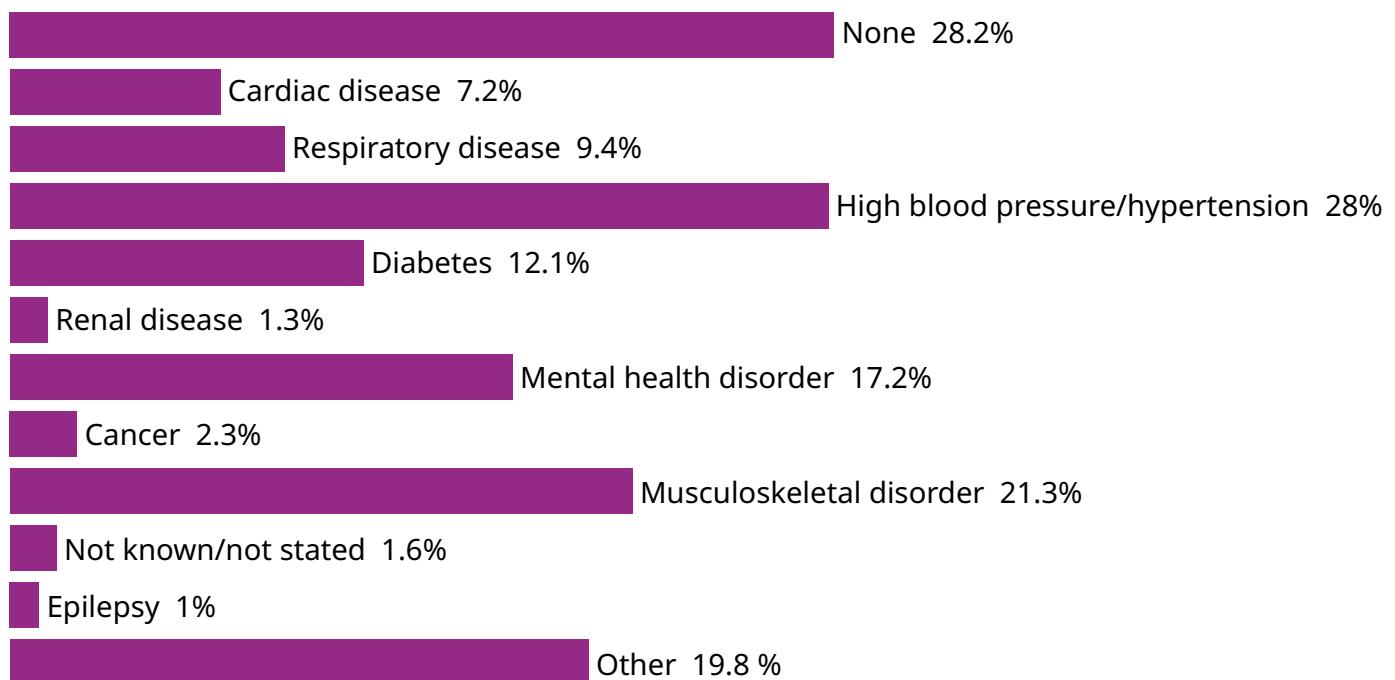
Gender at referral 2024

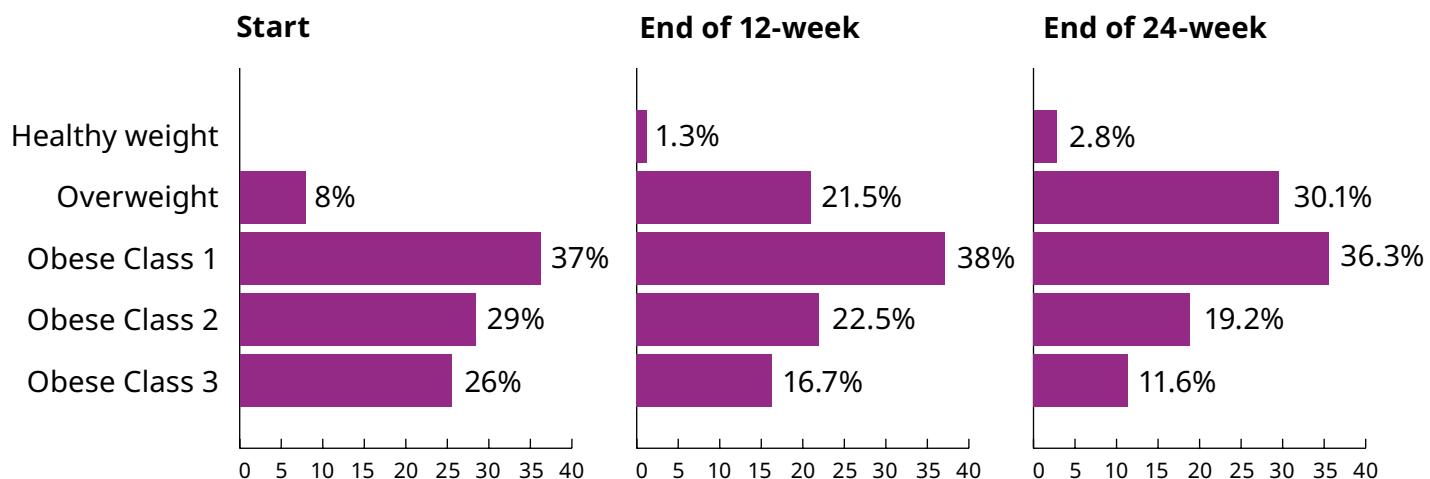


Age at referral 2024



Co-morbidities 2024



BMI classification 2024**Satisfaction rate 2024**

Excellent 79%



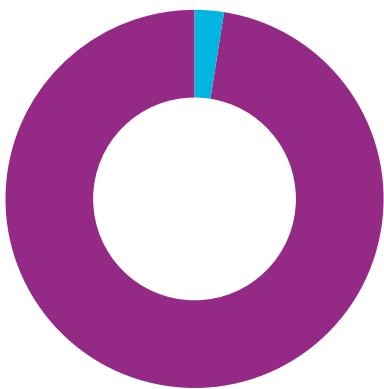
Good 15%



Poor <1%

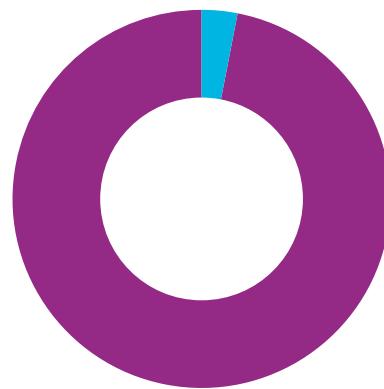


Prefer not to say 6%

Currently serving in the Armed Forces 2024

Yes 64 (2.7%)

No 2284 (97.3%)

Veteran 2024

Yes 76 (3.2%)

No 2272 (96.8%)

Ethnicity	Number participants at referral total 2468 (2023)	Number participants at referral total 2348 (2024)
Other (inc Arab)	9 (0.3%)	7 (0.3%)
Asian (inc. British Asian – Indian, British Asian – Other Asian Background and Asian or British Asian – Pakistani)	17 (0.7%)	23 (1.7%)
Black or Black British (inc. African, Caribbean, Other Black Background)	9 (0.3%)	12 (0.5%)
Mixed (inc other mixed groups, Mixed – white and Asian, Mixed – White and Black African)	10 (0.4%)	12 (0.5%)
Not stated/ Prefer not to say	13 (0.5%)	6 (0.3%)
White – British	2362 (95.7%)	2231 (95%)
White - Irish	7 (0.28%)	11 (0.46%)
White - Other	41 (1.7%)	46 (1.96%)

Please note some categories have been amalgamated due to low numbers, in line with GDPR.

Narrative

Demographics

There was no significant change in age profile of participants compared to the previous year, with the greatest proportion being between the ages of 45 and 64.

The proportion of males (25.6%) and females (74.3%) was similar to the previous year, with a slight increase in the number of participants identifying as a gender other than male/female. The 'other' category includes those identifying as trans female, trans male, non-binary and any other identification.

There was a very small increase in 2024 of the number of participants currently serving in the Armed Forces compared with 2023.

The ethnicity of participants in 2024 was predominately White British, although the proportion decreased slightly from 95.7% in 2023 to 95% in 2024 (in North Yorkshire the population is 96.7% White British). The number of participants from an Asian background increased slightly from 0.7% to 1.7%, along with those from another White background (including Irish), which increased from 1.98% in 2023 to 2.4% in 2024.

The numbers within these changes to demographics are small but significant to consider – ensuring the Service is culturally appropriate and adaptable will ensure equality of access and outcome.

Co-morbidities

There was an increase in people starting the programme in 2024 with hypertension (28% compared with 24.9% in 2023) and with mental ill health (17.2% compared with 15.3% in 2023). Since 2021 when this was first recorded, there has been a gradual increase year on year in those disclosing a mental health condition at the start of the programme. There was a decrease in co-morbidities recorded as 'Other' (19.8% in 2024 compared to 26.2% in 2023). Other co-morbidities remained similar to the previous year.

Satisfaction

Satisfaction rate of the support offered improved compared to 2023, with almost 80% rating the support as 'Excellent' compared with 71% in 2023.

Mental well-being

The mean mental well-being score of participants - as measured by the Short Warwick Edinburgh Mental Well-being Scale -SWMWBS – increased from 27 at the start of the programme, 30.5 at 24 weeks. This change is similar to previous years and shows an improvement in general well-being of those completing the programme.

BMI

The BMI profile of participants entering the service was similar to that of previous years, also following a pattern showing a collective reduction in BMI after programme completion. In 2024, at 12 weeks and 24 weeks there was a slight increase in those with BMI 30-34.9 and slight decrease in those with a BMI 35-39.9 compared with previous years, indicating a trend towards greater collective weight loss following the programme.

Core 20

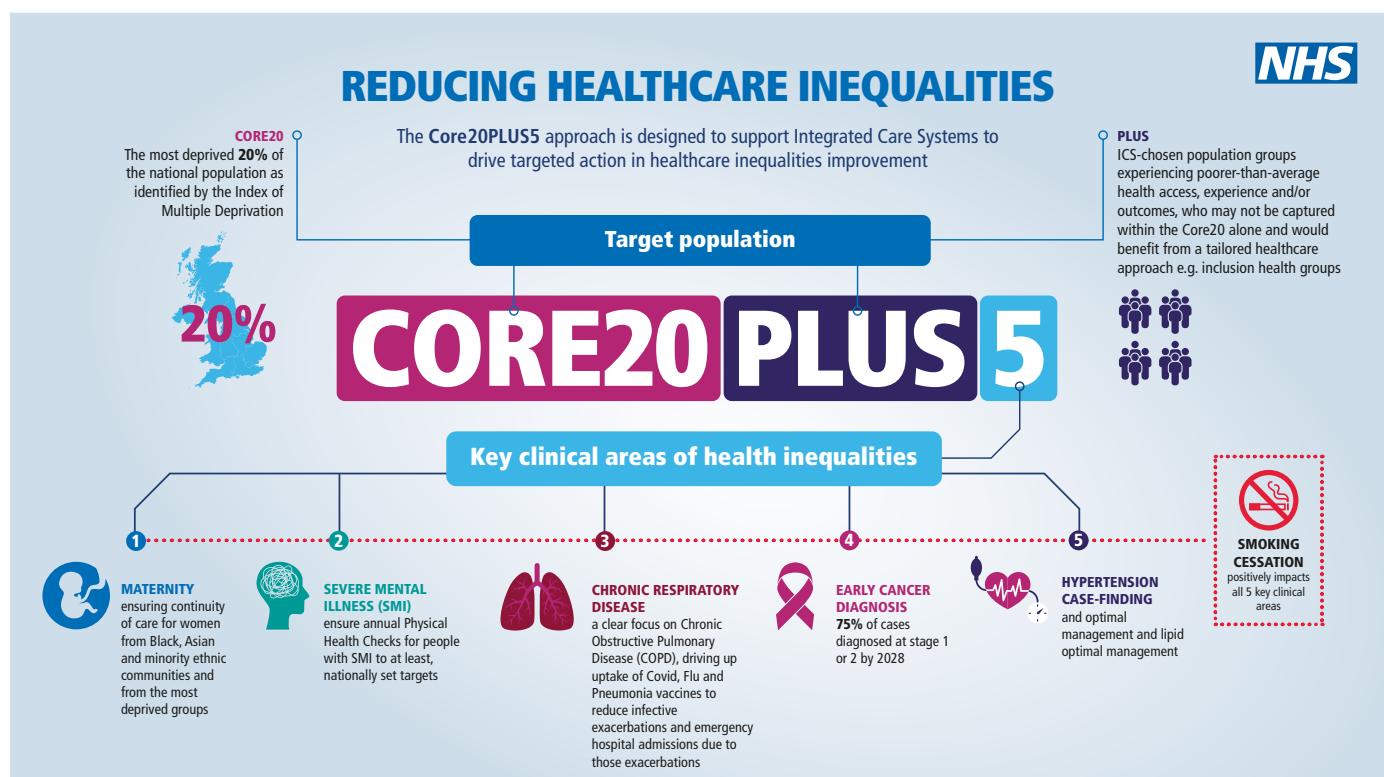
Core20Plus5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level (7). Core 20 refers to the 20% most deprived of the population as identified by the national Index of Multiple Deprivation (IMD). The 'Plus 5' are five clinical areas which have been identified nationally as needing accelerated improvement – maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension.

In the previous Annual Report, an analysis of participants in 2023 living in Core 20 areas showed that the percentage of participants on the programme living in these areas reflected, and slightly exceeded, that of the population of North Yorkshire as a whole (7% compared

with 5.7% N Yorks). The analysis also showed that the participants had similar adherence to the programme and weight loss success as those from non Core 20 areas. It also showed a higher proportion of participants from Core 20 areas starting the programme with a BMI>40, compared to the participant cohort as a whole.

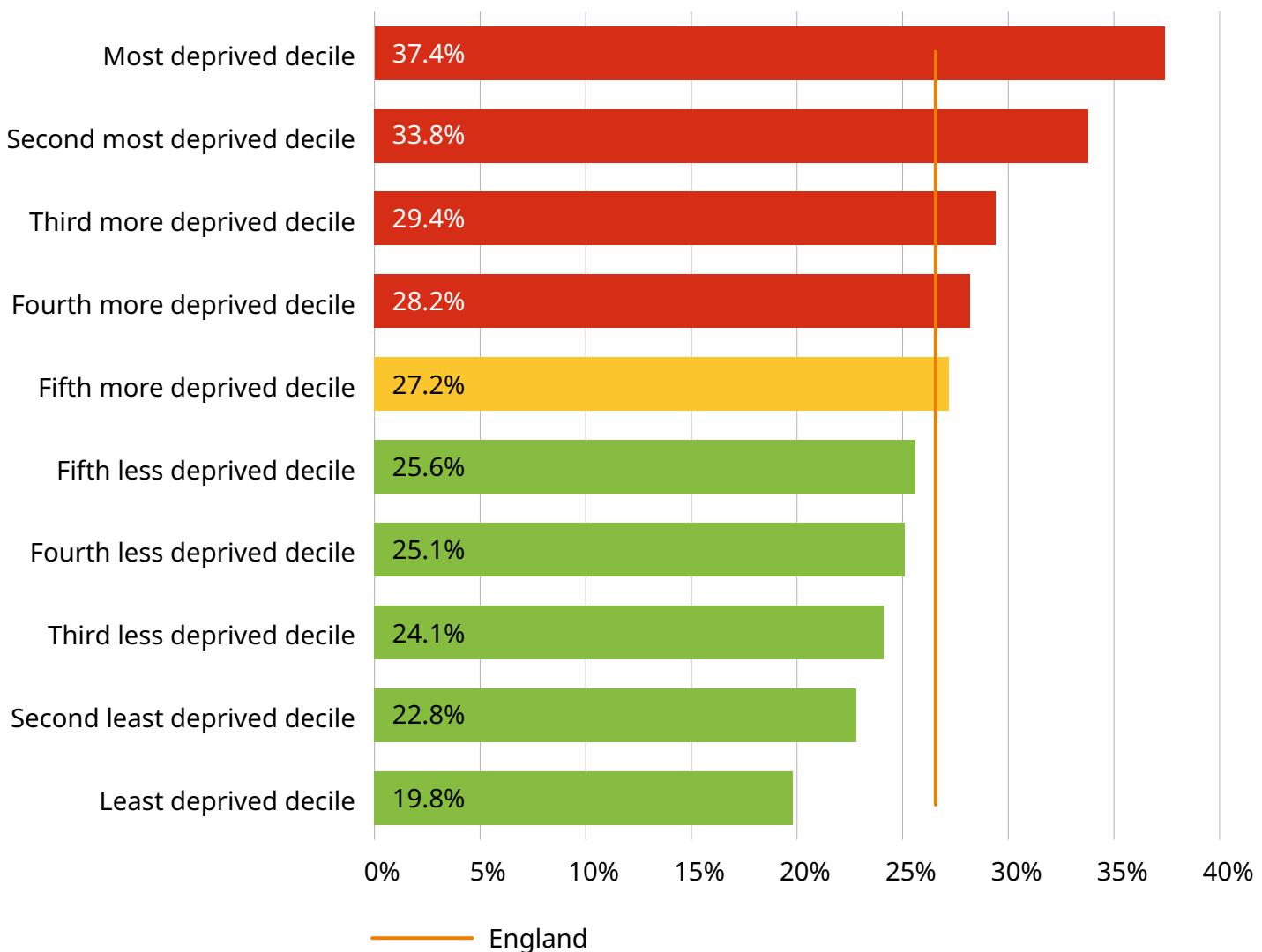
In 2024, the proportion of participants from Core 20 areas was similar to 2023, at 7.2%.

The North Yorkshire Public Health Intelligence team have modelled what percentage of participants from Core 20 areas we should expect to see, applying what we know nationally around obesity and deprivation, to our local demographics.



Nationally we know that obesity prevalence follows a social gradient, with those areas in the most deprived decile having almost double the prevalence of the least deprived decile. The chart below shows obesity prevalence by Index of Multiple Deprivation (IMD) area.

Obesity prevalence in adults, (using adjusted self-reported height and weight) (18+ yrs) (2023/24) – England, LSOA11 deprivation deciles within area (IMD trend)



Source: <https://fingertips.phe.org.uk>

Based on this variation in prevalence and our local demographics, the table below compares the percentage of Adult Weight Management participants we should expect from each decile area, compared with the actual percentage of participants from each decile area in 2024.

IMD decile	Modelled percentage of obese population living in each decile	Percentage of North Yorks Adult WM participants from each decile
Most deprived decile	4.3	3.8
Second most deprived decile	4.2	3.4
Third most deprived decile	4.3	4.1
Fourth most deprived decile	6.4	7.0
Fifth most deprived decile	12.6	11.3
Fifth least deprived decile	15.1	13.9
Fourth least deprived decile	14.5	13.8
Third least deprived decile	15.9	14.9
Second least deprived decile	11.7	13.5
Least deprived decile	11.1	14.5

 = Core 20 areas

The modelling shows a slight under-representation in the two most deprived deciles (total of 8.5% expected and total of 7.2% actual participants from Core 20 areas) and some over-representation in the two least deprived deciles. It is not hugely dissimilar to what might be expected based on what we know about the link between deprivation and obesity as well as the relative deprivation demographics of the North Yorkshire population, however there is room for improvement to ensure the service avoids widening of inequalities. Investment of resources particularly around supporting clients from these areas to participate, as part of a whole systems approach, is recommended.

8. One-to-one support pilots

In 2021/22 the Adult Weight Management service providers were given funding through a national Government grant fund to offer additional one-to-one support to those clients who would benefit, to support them to complete the programme.

The stakeholder and community engagement around the transformation of the service identified a need for a more flexible service offer; and that for some clients, one-to-one support only would be preferable for a variety of reasons. For example, they may lack confidence to join a group or have particular communication needs, or, they may be confident in their ability to make changes without peer support and just need some information and guidance.

In 2024, two providers offered to trial different models of one-to-one support, to help inform how this might be managed in the future.

Scarborough

In Scarborough the team focussed on offering one-to-one support for men, as there has always been a lower proportion of men in the service than women, the team were keen to explore whether a different model of support might suit men better.

- Seven men were supported with weekly, face-to-face sessions
- All the men reduced their BMI, losing an average of 6.3% of their body weight.
- The men found the sessions motivational and they were rewarding to deliver for the Advisor. The men reported feeling motivated by the weekly meeting with the Advisor and the weight check-in.

“ Frank advised me on cutting back on my caffeine intake, I have cut down gradually from a huge amount of caffeine per day to just two cups of coffee. I am thinking about my food choices and Frank motivated me to get back into swimming which I do consistently two to three times per week. There is nothing I would change about the service and the most I took from the service was knowing that I was going to see Frank every Thursday. I wish this still was the case. ”

Hambleton

In the spring of 2024 the Take That Step (TTS) team piloted an additional one-to-one support offer for those clients identified at triage who would benefit - particularly those for whom confidence around attending a group and/or exercising was low, or they were living with mental ill health, neurodiversity or long-term illness.

- A relationship was built with the local community mental health teams and some clients were referred with this option in mind.
- The TTS team were testing out what kind of capacity this additional offer would take up, how the support could be offered alongside the existing group offer and exploring the benefits for clients.
- One-to-one sessions often enabled the client to build confidence to then attend a group.
- The team supported 20 clients with one-to-one support.

“ I've become stronger, more mobile, I can get in and out of a chair a lot better than before. I'm walking up stairs better and my legs feel stronger. I get out for a little walk each day. ”

“ I'm much happier, my confidence is improving. I can access the gym and feel confident and not judged. ”

9. Planning for mobilising of Healthy You

A new model



The previous Annual Report for 2023 described how a model for a transformed service was developed during 2023 through a review of evidence, stakeholder and community engagement and learning from service delivery since 2018 along with pilot projects funded by the Government grant fund in 2021.

In 2024, an agreement was reached that the new, transformed service, to start from 1st January 2025, would be delivered 'in-house' by North Yorkshire Council's Sport and Active Well-being service. The new service would continue to be funded by Public Health.

Following consultation with the current delivery team, the name '**Healthy You**' was agreed upon for the new service. The proposed service would maintain the successful elements and approaches of the current adult weight management service, such as the person-centred approach, effective behaviour change support and sensible nutritional guidance. The aim is for Healthy You to be as inclusive, as accessible and as effective as possible. The main changes to the service are as follows:

- Healthy You will be an **all age service**, supporting both adults and families, building on the successful elements of the current Healthy Families service in North Yorkshire, delivered by Brimhams Active.
- The service will be '**weight neutral**', which means the measurement of success will be moved away from weight loss towards other lifestyle behaviour change and well-being outcomes, using a 'health gains' approach. There will no longer be a requirement for participants to be weighed.
- Support will be offered for **up to 12 months**, to embed behaviour change and capture longer term success of the programme.
- **Flexibility** in the delivery offer including both face to face and remote options, group and **121 support** will be offered to those for whom it would be of most benefit or most suitable.

Planning began in spring 2024 to prepare for the end of the current contracts and the start of the new service, which it was anticipated would be delivered largely by the same team of Advisors delivering the current Adult Weight Management and Healthy Families services.

A project management group oversaw the preparation for this transition, covering aspects such as staff and customer communications, technology, human resources and legal. Advisors were involved in many practical aspects of preparation for the new service such as developing new data collection templates and designing supported through the transition through regular meetings.

Client data collection and lifestyle assessment

With the outcome focus of the new service moving away from weight to behavioural changes, a move to offer a more flexible and person-centred service and the combining of adult and families support, it was necessary to reassess the design and content of the templates used to collect client data and assess lifestyle behaviours.

In addition to collecting client outcome data to show the impact of the service, the careful design of these templates also provides a structure and flow for the conversation with clients, which facilitates a behaviour change and goal setting conversation.

A small working group led by Public Health shaped the design of the new templates, consulting with the Advisors at regular stages. These were tested before going live on 1st January 2025.

A Public Health Intelligence Apprentice led the process of evaluating current measures used and making recommendations for tools for the new service. For assessment of behaviours around physical activity, diet and well-being. The Apprentice used:

- Feedback from Advisors on the current data collection and lifestyle assessment tools.
- Available evidence based reliable and valid tools
- Insight into tools used by local regional and national colleagues
- Advice and evidence from academics

Tools were agreed for data collection and assessment for both adults and children. In the absence of a suitable, available and validated tool for diet, six questions around dietary behaviour were compiled to allow the Advisor to open up the conversation about dietary behaviour and identify potential areas for goal setting.

Pentagon tool

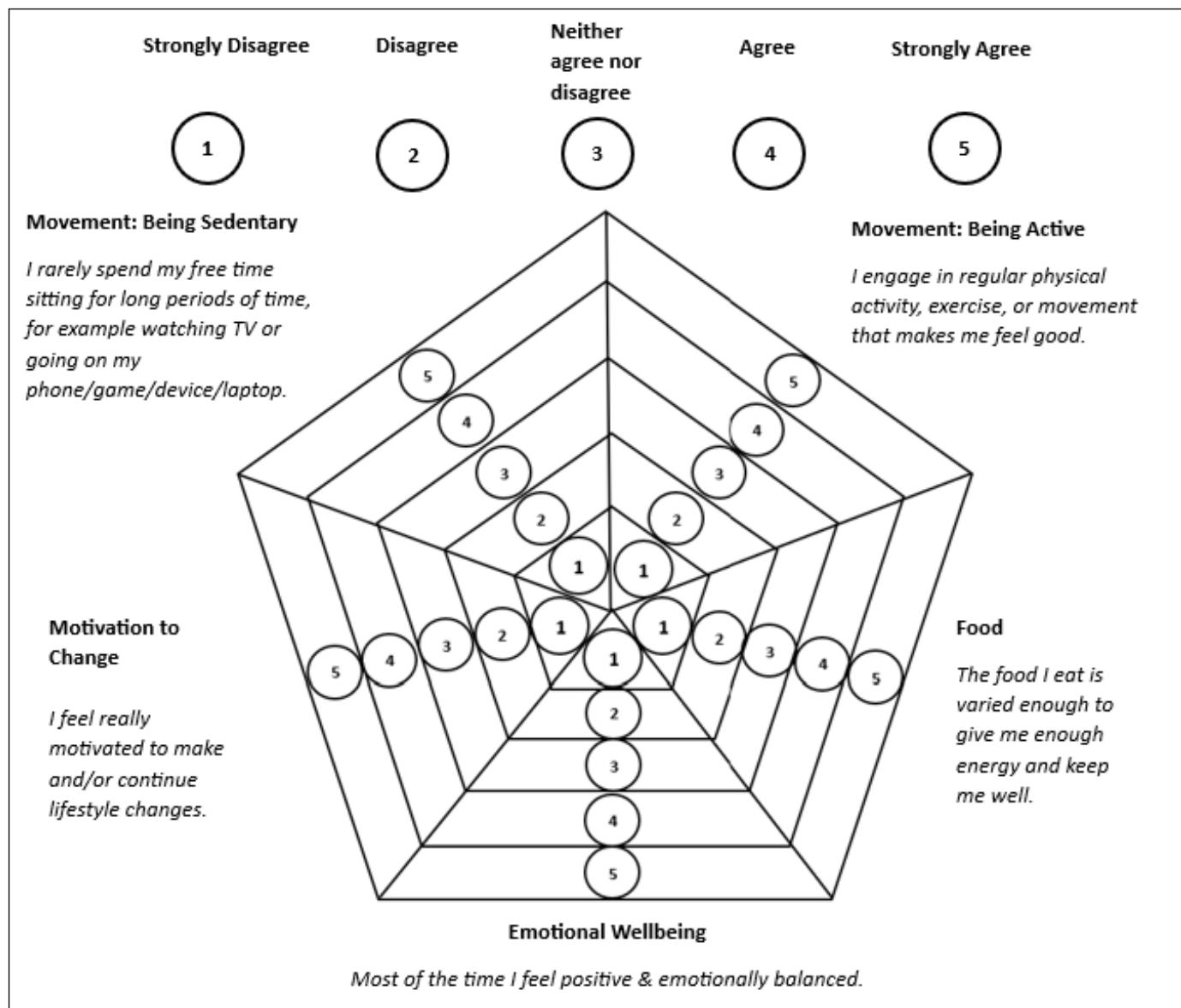
A need was identified for a tool which would aid a conversation around health holistically, framing the support from Healthy You around this rather than simply weight loss.

Informed and inspired by NICE Guidance and other 'Wheel' or 'Star' tools, the Public Health Apprentice designed the 'Pentagon Tool', an assessment tool to use early in the lifestyle assessment, to help with client's thinking about

where they are now and considering where they might want to get to or what their goals are.

A version was created for both adults and children – where language and terminology was changed appropriately. The statements were designed to be positive and asset based, focussing on the presence of positive behaviours, rather than the absence of negative behaviours.

The Pentagon Tool (adults):



The Pentagon Tool was tested by the Advisors and has received positive feedback since its introduction with clients.

Psychologically informed practice

The 2023 Annual Report highlighted the importance of **psychological considerations** in weight management support and the impact of disordered eating and confidence around physical activity in behaviour change. This was also a clear message through the process of gathering insights and reviewing evidence for a new model. A model of psychological support within a 'Tier 2' service was briefly presented.

In 2024 the Public Health team continued to explore how this model of support might be further developed and resourced.

To begin to explore the 'psychoeducational development' strand of the model, training for the Adult Weight Management Service Advisors was funded by Public Health in 2024 around '**Psychological considerations in long-term behaviour change**'.

This was delivered by a qualified sport and exercise psychologist and included a 2 hour online training session covering:

- Managing expectations for long-term weight management
- Breaking the binge-restrict cycle
- Considering the role of weighing in long-term weight management

Message 1

Weight
management is
lifelong



This was followed by a programme of Self-Practice Self-Reflection (SPSR), where Advisors took part in four, 2 hour sessions with the psychologist, using experiential learning to understand how it feels to be receiving support and reflecting on this learning for professional practice.

Four topics were covered during this programme:

- **Introduction & Regular Eating**
– the importance of regular eating, using a food diary.
- **Formulation** – factors influenced their eating behaviour, identify any “sabotaging thoughts” and set a personal action plan to work towards.
- **Body Acceptance** what is meant by body acceptance and introduced strategies that can be used to help build self-worth.
- **Relapse Prevention** – strategies for maintaining change and reflection

“ Really interesting and helpful to turn it around on myself. As well as personal development it is also great for my professional development and understanding my clients. ”

“ First time I had been a 'client' [in] this sort of situation so really useful to experience the kind of feelings some of the exercises might provoke, further developed empathy. ”

10. Case studies and testimonials

1. 'E'

'E' attended the virtual programme. She had attended a commercial weight loss programme previously and lost weight however had regained the weight over the previous 2 years. 'E' was initially sceptical about the potential for the programme to support her weight loss.



Body measurement changes

BMI at start was 41.5 and at the end of 24 weeks was 35.6.



Changes and impact

'E' has reduced portion sizes and has learnt not to overindulge. She is more prepared with foods and making better choices. She is completing at least 10,000 steps every day.

E says:

'Once starting the group, I soon realised unlike other weight management groups it was non-judgemental....with the information given and the motivation and support from others in the group, I began to make lifestyle changes rather than just restricting foods. I feel more energised and happier to continue with my weight loss journey.'

2. 'C'

'C' took part in the pilot one-to-one support programme led by the YourHealth team in Scarborough. Although he was keen to join, he had initial concerns about his knee issues and gut problems. His Advisor was able to discuss exercises that were suitable for his knee and offer advice on food and drink to improve his gut health, such as increasing fibre intake.



Body measurement changes

'C' lost over 1 stone in 6 weeks



Changes and impact

'C' was able to start doing the easy weight bearing exercises suggested by the Advisor in a gym he joined and also started doing knee strengthening exercises at home.

'C' is feeling much more positive and is moving more freely. His vegetable intake has doubled and he is choosing to drink lighter ales with smaller measures. C also takes careful note of his food portions. He states he is aiming to be as fit as he possibly can throughout his retirement.

3. 'A'

'A' signed up to the Fit4Life programme run by the Harrogate team. He was taking medication for high blood pressure and knew he needed to make changes to his lifestyle. He had the support of his wife who also lost weight as a result of the changes they made together in the household.



Body measurement changes

BMI at the start was 33.4 and at 24 weeks was 27.3.

Waist measurement at the start was 42" and at 24 weeks was 34".



Changes and impact

'A' learnt to cook more healthily and reduce his portion sizes and snacks. He learnt that planning and preparation was key to eating healthily. He halved his beer intake to avoid unnecessary calories.

'A' really enjoyed the exercise sessions, using both the gym and swimming pool. He intends to continue with a gym membership after the programme has finished so that he can maintain his weight loss.



'A' says

'.. only one person can make it happen and that is YOURSELF! I'm fitter, healthier and with more self confidence as a result of the Fit4Life program.'

4. 'M'

'M' was motivated and determined to make changes to his lifestyle and lose weight as he was struggling with pain in his joints and his mobility had become a struggle. He was retired and found it hard to move around. He attended each week with his wife



Body measurement changes

BMI at the start was 54.3 and at 24 weeks was 41.



Changes and impact

'M' made many changes to his eating habits – he reduced his portion sizes and completely cut out alcohol and became the designated driver to help with this so he could still socialise with friends. He made a gym at home and starting doing a 15 minute workout every day, increasing to 20-30 mins a day. His weight loss motivated him to continue. 'M' gave a talk to the group at 24 weeks to share his experience and motivate others. He is determined to continue with his new habits.



The Advisor supporting 'M' says

"M' worked so hard to change his habits and it paid off. He did a little jog to the front of the group when he did his talk and said 'look at me I'm running' which made everyone smile'

Testimonials

“ I would like to thank you for your time and effort in helping me to not only lose weight, but to regain some things I've lost over time such as confidence, will power and determination..... I have rekindled my love for swimming and being fit generally and it's amazing how changing my lifestyle and adding 2 or 3 hours of exercise a week into my life has reduced my blood pressure and blood sugar. I feel more capable and much better about myself. ”

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

“ 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 talk we all heard yesterday could have been aimed at me. Thank you for all you do and the support you give. ”

“ The benefit from the weight loss to my blood pressure is that it has come down considerably, it is still not where it needs to be, but getting there..... That was the primary benefit to attending the Healthy Lifestyles group and almost as important has been the benefit to my mental health and confidence.... The group made me feel more comfortable and confident about myself again, because I found acceptance there. ”

“ Fit 4 Life is a fantastic program, you work at your own pace and your own ability, class camaraderie and support is second to none, the gym pass is a real bonus, but it's down to you the individual to grasp the opportunity and make those changes. ”

11. Contact details

In January 2025, the Healthy You service was launched. Many of the locality teams delivering the former Adult Weight Management Service have remained and now deliver the new all-age service.

Details of the service and referral forms for each locality team can be found here:

www.northyorks.gov.uk/healthy-living/healthy-you

Public health contact details

Ruth Everson, Public Health Manager

Jenny Thompson, Public Health Officer

Public Health
Health and Adult Services
North Yorkshire County Council
County Hall
Northallerton
North Yorkshire
DL7 8DD

nypublichealth@northyorks.gov.uk

13. References

1. What is the body mass index (BMI)? NHS, 2019. www.nhs.uk/conditions/obesity
2. NICE Guidance (NG246) Overweight and obesity management. January 2025. www.nice.org.uk/guidance/ng246
3. Treatment of overweight and obesity: position statement and evidence review. Obesity Health Alliance, October 2024. obesityhealthalliance.org.uk/wp-content/uploads/2024/10/OHA_Treatment_2024.pdf
4. Healthy Weight Healthy Lives Strategy – tackling overweight and obesity in North Yorkshire 2016-2026. www.nypartnerships.org.uk/healthyweight
5. NICE Guidance (PH53) Weight management: lifestyle services for overweight and obese adults. NICE, 2014. www.nice.org.uk/guidance/ph53
6. Health Survey for England 2022. Part 2. NHS Digital, Sep 2024. digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2022-part-2/adult-overweight-and-obesity
7. Equality, Diversity and Health Inequalities. NHS England. www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/

12. Acknowledgements

With thanks:

Humber Teaching NHS Foundation Trust
Inspiring Healthy Lifestyles
North Yorkshire Council

Contact us

Online: [**northyorks.gov.uk/contact-us**](http://northyorks.gov.uk/contact-us)

North Yorkshire Council, County Hall, Northallerton, North Yorkshire, DL7 8AD

You can request this information in another language or format at
[**northyorks.gov.uk/accessibility**](http://northyorks.gov.uk/accessibility)