

North Yorkshire Adult Weight Management Service

Annual report 2023



Adult Weight Management Annual Report 2023

This report provides an overview of the Tier 2 Adult Weight Management Service in North Yorkshire, from 1st January to 31st December 2023.

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1. Glossary

BMI (Body Mass Index)

The body mass index (BMI) (1) 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 <https://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.

ICB (Integrated Commissioning Board)

Integrated Care Boards (ICBs) replaced Clinical Commissioning Groups (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 <https://www.nhs.uk/nhs-services/find-your-local-integrated-care-board/> for more information.

2. Introduction

2023 was the sixth year of service for the North Yorkshire Adult Weight Management service (and 7th for Selby from July 2023). During this year the service continued to receive a level of referrals consistent with pre-pandemic levels and once again exceeded targets for weight loss outcomes.

The Adult Weight Management service is commissioned by North Yorkshire Council, through the Public Health Grant. On 1st April 2023 North Yorkshire Council came into being as the new unitary authority for North Yorkshire, replacing the two tiers of seven District Councils and North Yorkshire County Council. This major Local Government reorganisation particularly affected those Adult Weight Management service providers based within former District Councils who experienced some short-term operational challenges. It also offered opportunities for greater collaboration in 2023.

With the current service contracts ending in December 2024, in 2023 work began by the commissioners to scope out and plan the future of the service from 1st January 2025. This report will cover some of this work – the stakeholder and community engagement and development of a new service model and principles.

The principles of a 'compassionate' and 'weight neutral' approach to obesity prevention and management, which were explored in the 2022 Annual Report, influenced the development of the model. These principles have been supported by both the community insights gathered in 2023 and expert opinion.

Nationally, National Institute for Health and Care Excellence (NICE) guidance for weight management has been under review and in Autumn 2023 new draft guidance was

published for consultation, which partially updates eight separate guidance documents related to obesity and weight management. Guidance is expected to be published in 2024.

In 2023, weight loss drugs were regularly in the news, particularly the new 'GLP-1s' which are medications prescribed to those with Type 2 Diabetes and in 2022 were approved by NICE for management of weight for those with BMI >35 under the supervision of a specialist weight management service (Tier 3) (2). The weight loss medications work by decreasing hunger signals and increasing some satiety signals. Due to increasing enquiries from the public, training was arranged for the Adult Weight Management service providers in 2023 to aid their understanding of the range of medications, their functions and availability. Advisors working on the service could then offer a consistent response to enquiries about the medications, which are not available in Tier 2 services.

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 (3). 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 sixth 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 2023 for participant data and outcomes. Any changes in data collection are detailed.

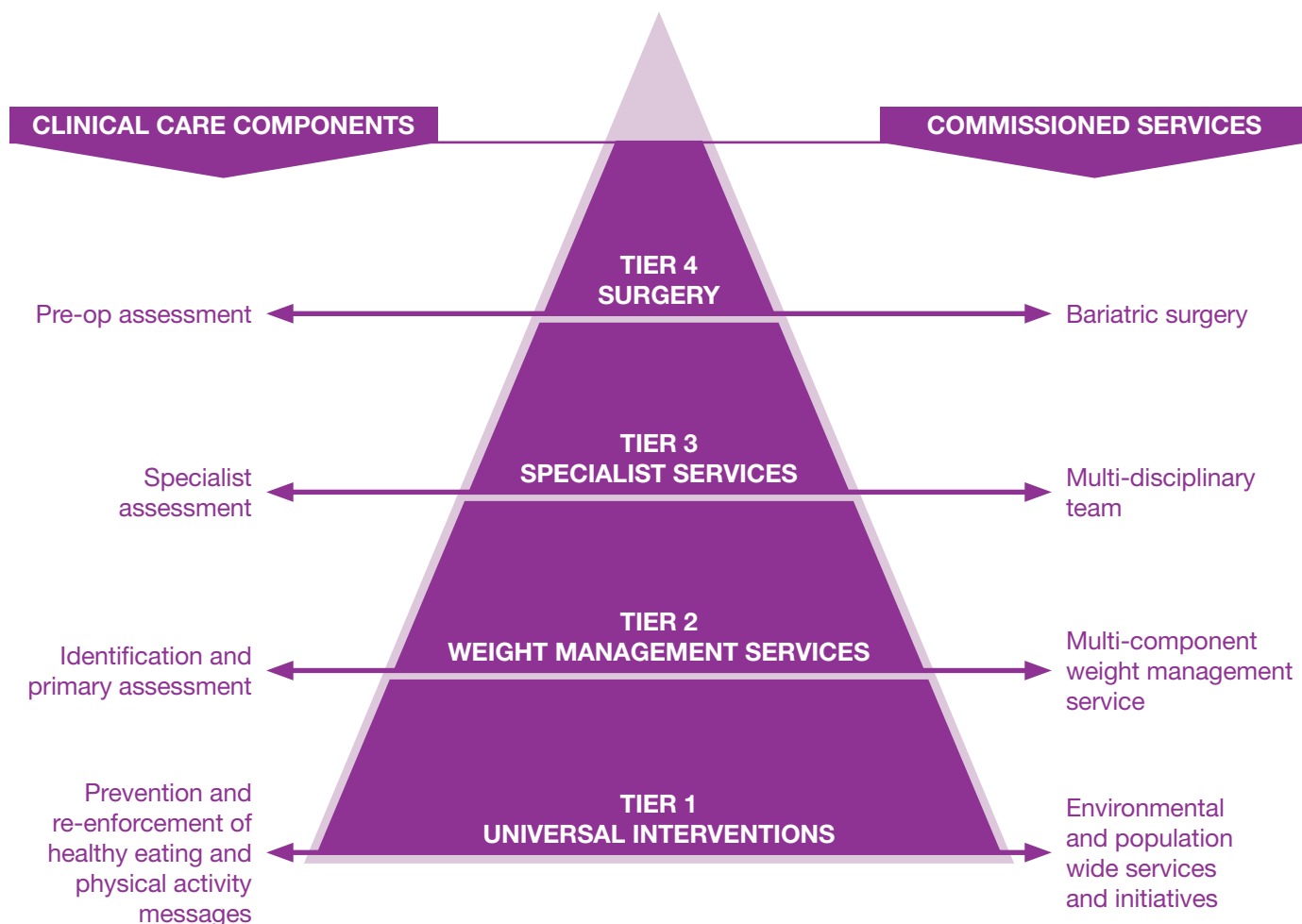
The context of national, regional and local obesity prevalence data will be detailed and discussed.

The report will also cover the work in 2023 to begin to develop a transformed service model for adult weight management and family weight management – working towards a proposal for an all-age service.

Case studies and testimonials from participants across the service are shared and celebrated. Following a focus on increasing participation of male participants in 2021 and 2022, these case studies are from predominately male 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. Current 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 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 (4).

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

District	Name of service	Service provider
Craven	Healthy Lifestyles	Craven District Council (from 1/4/23 North Yorkshire Council)
Hambleton	Take That Step	Hambleton District Council (from 1/4/23 North Yorkshire Council)
Harrogate	Fit 4 Life	Brimhams Active (leisure providers of Harrogate Borough Council – from 1/4/23 North Yorkshire Council)
Richmondshire	Choose to Lose	Richmondshire District Council (from 1/4/23 North Yorkshire 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:

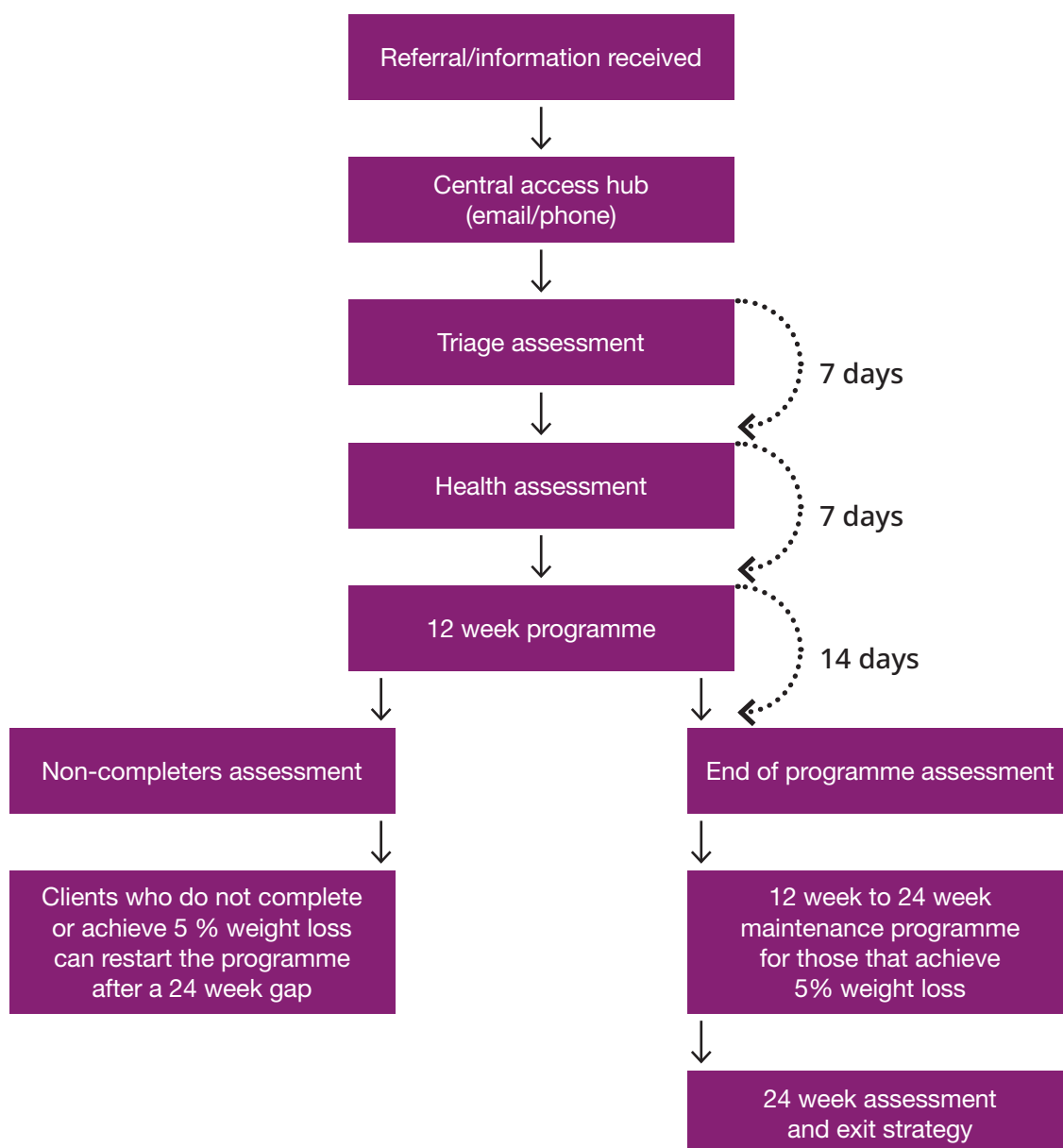
- under the age of eighteen
- have a BMI of less than 25
- are pregnant, or breastfeeding
- have a diagnosed eating disorder
- have an underlying medical cause for obesity and would benefit from more intensive clinical management from a tier 3 service
- have a significant unmanaged co-morbidity* or complex 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 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 2023 related to the management of participants in the programme. However, it was agreed by Public Health in 2023 to further extend the contracts for the existing providers by six months, with contract finish dates of both the Adult Weight Management and Children and Families service aligning to 31st December 2024.

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

Please note: At the time of publication this webpage is undergoing change related to the new service from 1st January 2025.

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

Excess weight - overweight and obese (BMI>25)

The move to one unitary local government organisation in North Yorkshire in 2023 has affected the level of detail available for obesity prevalence data through the Public Health Outcomes Framework. For 2022/23, only Countywide data is available, not District level data as in previous years.

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). North Yorkshire, England and Yorkshire and Humber.

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

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

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

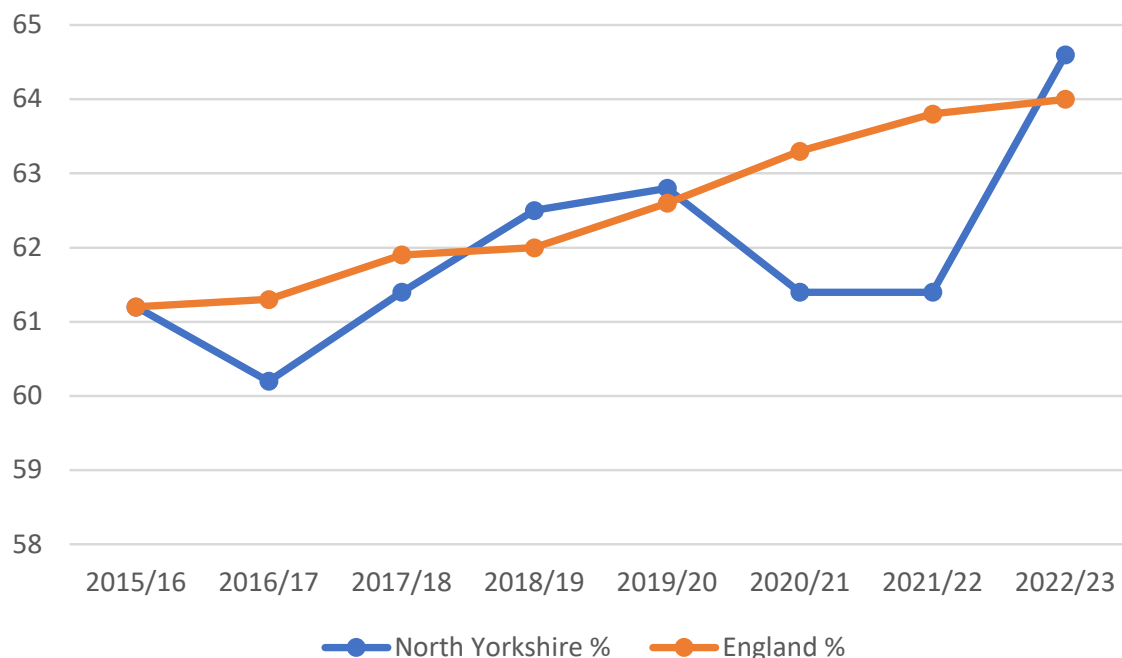
Key:

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

The excess weight prevalence in North Yorkshire rose significantly between 2021/22 and 2022/23, it is now statistically similar to the England average, which has been rising steadily year on year. Further investigation would be needed to ascertain the reason for this rise, the aetiology of obesity is hugely complex so it is likely to be multi-factoral. One influencing factor in terms of data collection could be the change in sample size for the Active Lives Survey, from which the data is gathered – in 2022/23 the sample size for North Yorkshire was 400 core plus a boost of 800 for population size, so a total 1200 for the County. In 2021/22 prior to Local Government Reorganisation, sample size was 500 per District giving a total of 3500 across North Yorkshire.

The graph below shows the trend in excess weight prevalence in North Yorkshire since 2015/16, compared with the England average trend.

Trend in excess weight prevalence 2015/16 to 2022/23



Obesity (BMI>30)

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.

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

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

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

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

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

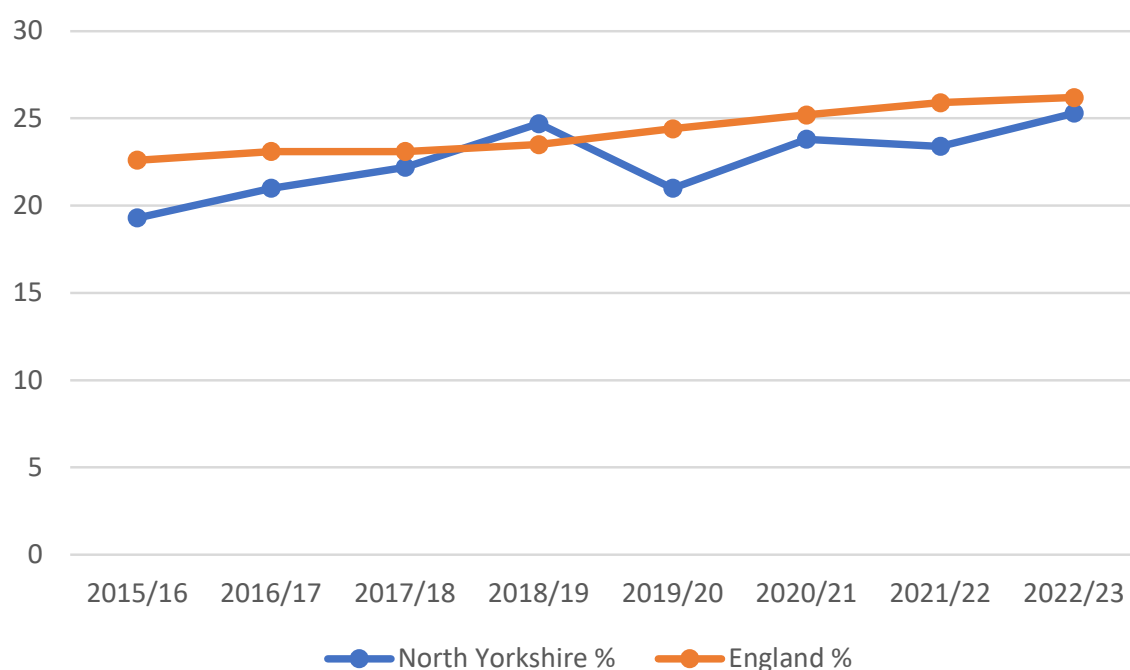
Key:

- 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 obesity prevalence in North Yorkshire since 2015/16, compared with the England average trend. It appears to be tracking a gradual increase, similar to the England average although at a slightly lower prevalence.

There has been an increase in both excess weight and obesity prevalence in North Yorkshire in 2023, which is of concern.

Trend in Obesity prevalence 2015/16 to 2022/23



Nearest Statistical Neighbour

To give a further insight into the prevalence of excess weight compared to other areas, we can compare North Yorkshire to it's 'Nearest statistical neighbour (NHS England)'. These are local authority areas that are most similar to ours in terms of various socio-economic factors. We can see below that compared to these Counties, for excess weight prevalence North Yorkshire is sitting slightly better than average among these areas.

Excess weight (BMI>25) in North Yorkshire and it's Nearest Statistical Neighbour Local Authority areas in 2023.

Area	Recent Trend	Neighbour Rank	Count	Value	
England	—	-	-	64.0	<div></div>
Neighbours average	—	-	-	-	
East Riding of Yorkshire	—	5	-	71.2	<div></div>
Northumberland	—	10	-	69.8	<div></div>
Derbyshire	—	14	-	68.1	<div></div>
Cumberland	—	11	-	67.5	<div></div>
Suffolk	—	12	-	67.1	<div></div>
Herefordshire	—	6	-	66.9	<div></div>
Shropshire	—	1	-	66.1	<div></div>
Somerset UA	—	3	-	65.6	<div></div>
Dorset	—	9	-	65.4	<div></div>
→ North Yorkshire UA	—	-	-	64.6	<div></div>
Gloucestershire	—	13	-	64.5	<div></div>
East Sussex	—	15	-	62.9	<div></div>
Cornwall	—	7	-	62.7	<div></div>
Westmorland and Furness	—	4	-	62.2	<div></div>
Devon	—	8	-	61.7	<div></div>
Wiltshire	—	2	-	57.9	<div></div>

Source: OHID, based on Sport England data

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

Key:

- Statistically significantly worse than the England average
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6. North Yorkshire Adult Weight Management Service performance data (Year 6: 1 Jan - 31 Dec 2023)

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 (%)
329,016	4112	2468	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 (%)
2467	1242	60%	51%

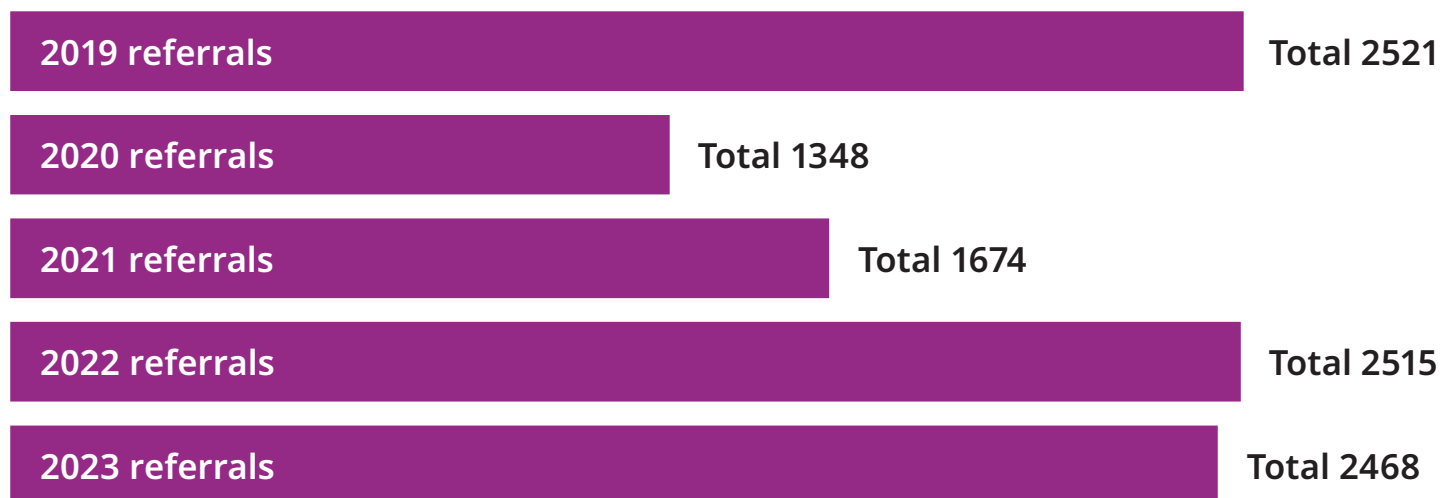
5% weight loss achievements at 12 weeks

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 (%)
740	825	30%	66%

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 (%)
370	500	50%	61%

Performance data – additional narrative



Referrals in 2023 have remained at a level consistent with pre-pandemic levels and very similar to 2022. Completion rate (the % of referrals completing at least 9 out of 12 sessions) has risen slightly since 2022 from 48% to 51% - this is still below the target 60% however shows a consistent gradual increase since 2021 where it dropped to 40% due to the pandemic. The rate is influenced by client's readiness to change and could reflect the increasing number of referrals received with complex emotional and/or physical health needs. The providers regularly engage with local primary care professionals to remind them of the eligibility criteria and nature of the programme. Readiness to change is assessed at Triage and in 2023 the questions were updated through consultation with providers to ensure they reflected the conversation that was needed at this stage.

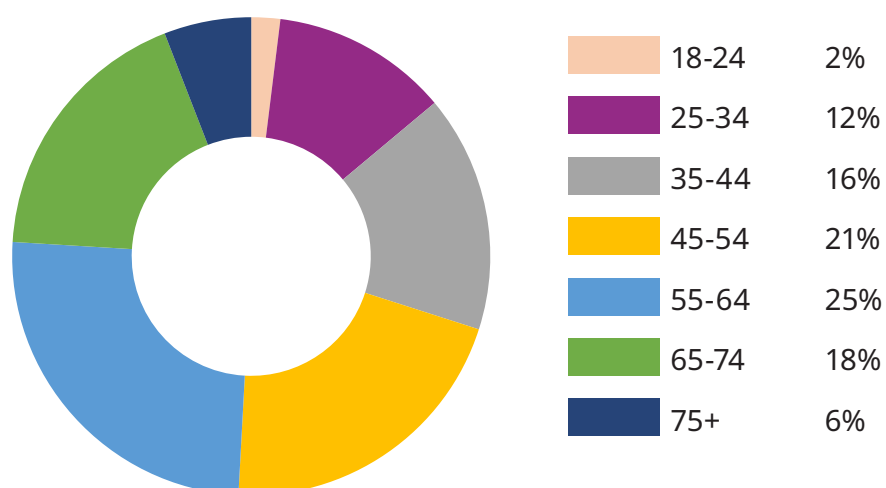
The service again continued to perform well for weight loss outcomes and again exceeded targets for both 5% weight loss at 12 weeks (66%) and sustaining 5% loss at 24 weeks (61%). This shows a consistent quality of the service delivered by the providers, which is also reflected in the wonderful case studies and testimonials regularly received from clients. Many advisors working in the service have now been delivering the service for several years and are very experienced in their roles.

7. Population accessing the service in 2023

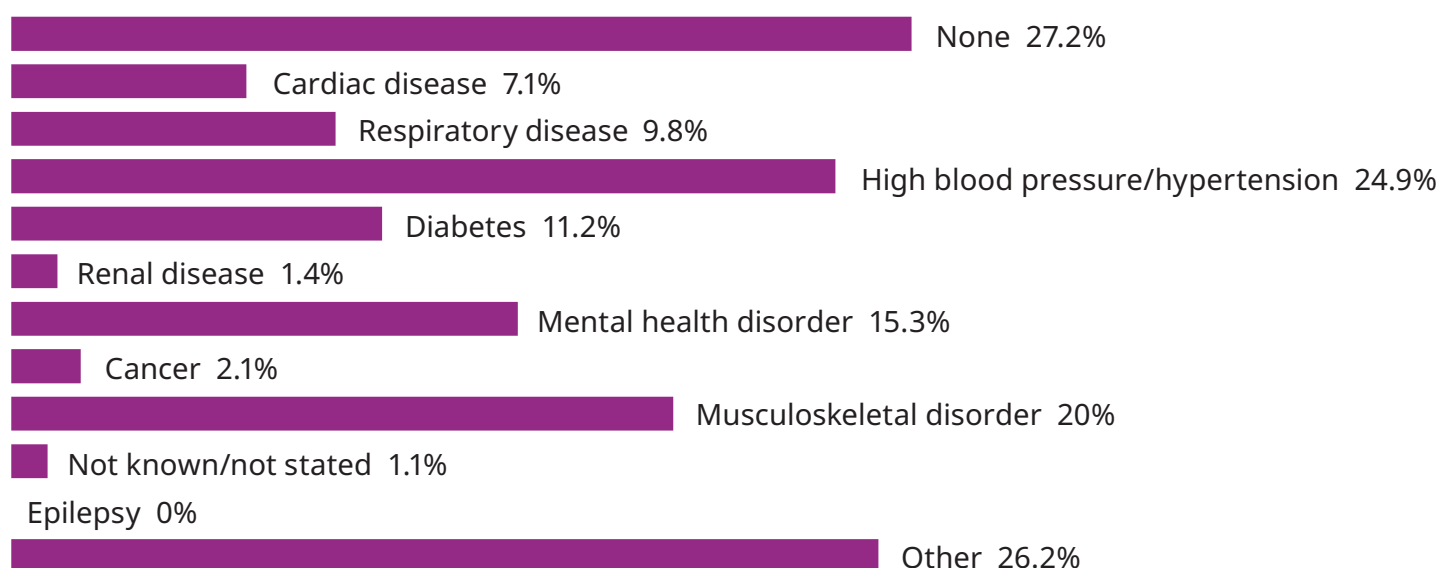
Gender at referral



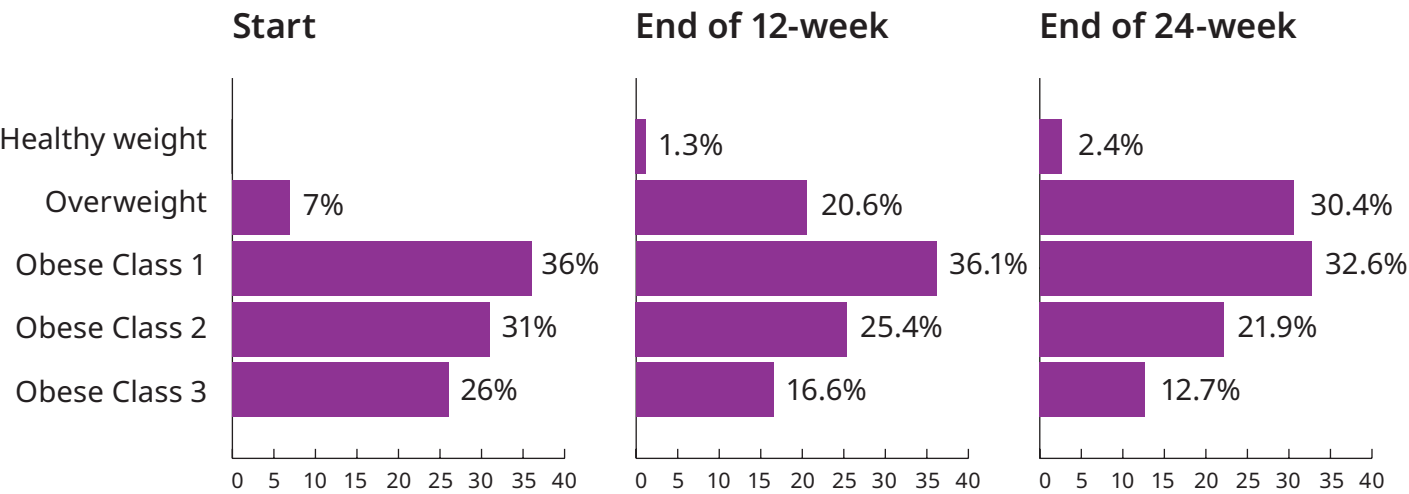
Age at referral



Co-morbidities



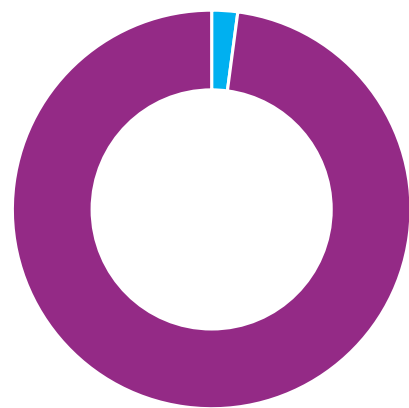
BMI classification 2023



Satisfaction rate

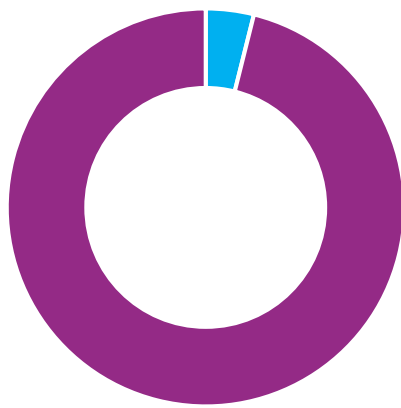


Currently serving in the Armed Forces



Yes 44 (2.1%)
No 2058 (97.9%)

Veteran



Yes 82 (3.9%)
No 2020 (96.1%)

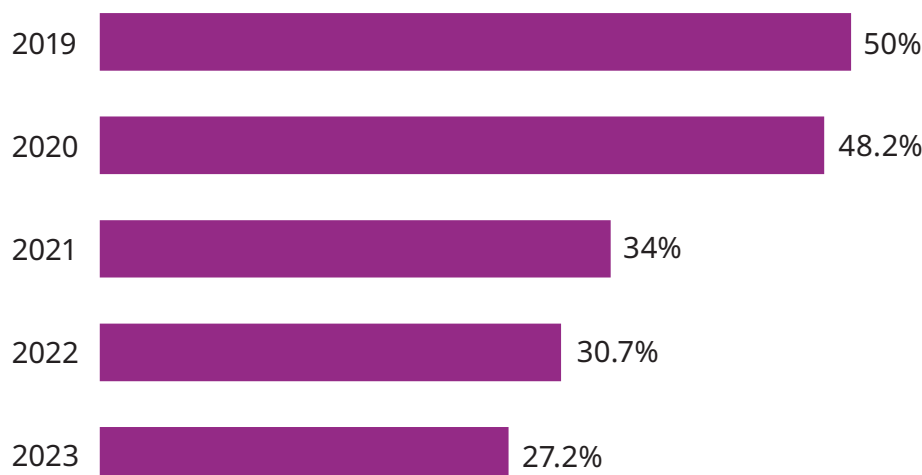
Narrative

Participants in 2023 followed a very similar age spread to previous years with highest percentage in middle age, 45-65 years old. With a high proportion of participants in this age group and a greater proportion of females, along with a welcome increase in the coverage of menopause in recent years, in 2023 a community dietician was invited along to one of the bi-annual provider network meetings, to give an overview around nutrition and weight management and signpost to resources.

There was a slight change in the gender split of participants in 2023, with a welcome increase in the proportion of males (26% compared with 24% in previous years). Advisors continue to explore ways to encourage more male participants, the 2021 and 2022 Annual Reports showed how the Government Grant funding had been used to trial male only sessions. The 2022 report also covers detail of a service wide communication campaign in 2022 aimed at encouraging men into the service. Section 8 in the current report describes the additional insight work completed in 2023 which included men. In the next Annual Report, details of a further pilot for men will be shared and how the new model may encourage further participation from men. This year there was a review of the gender question at Triage as it was recognised that a greater diversity of gender options was needed (see page 19 for more detail).

The proportion of participants starting the service with no co-morbidities decreased again compared to previous years (see line chart on page 18), indicating a continuation of an increase in complexity of health conditions of those referred to the programme.

Percentage of participants starting the programme with no co-morbidities year on year



The percentage of those starting the programme with a mental health condition has also continued to increase (see next page from 2021 when this was first recorded). The need for psychological support for some participants of Tier 2 programmes has been highlighted within the insights work (see section 8) which has influenced thinking around a future model for weight management in North Yorkshire. To help support clients with more complex circumstances, some providers have been able to continue to offer some additional 1-2-1 support (as they did during 2021/22 using Government Grant funding) where capacity has allowed. The increase in flexibility of completion that was put in place in 2022 also makes it easier for those experiencing periods of mental ill health to complete the programme.

Percentage of participants starting the programme who have a mental health condition



The BMI profile shows clearly how the programme has enabled participants to reduce their BMI, with the proportion of those in the higher BMI categories (BMI over 35), decreasing significantly over the course of the programme. As detailed in the previous annual report, in 2023 the providers were offered a training session with the lead dietician from one of the Tier 3 Specialist Weight Management Services which covers North Yorkshire. The dietician led a Q&A session with the providers to answer some of their questions around supporting participants in the higher BMI categories. This included a presentation on weight loss medications, which the providers receive regular enquiries about.

In 2023, two questions were added regarding connection with the Armed Forces - Are you currently serving in the Armed Forces? Are you a Veteran? North Yorkshire has around 11,000 serving personnel and according to the latest census (2021), has almost 30,000 veterans, the largest proportion of whom live in Richmondshire. The Armed Forces Covenant is how society recognises the unique obligations of, and sacrifices made by, the Armed Forces and Armed Forces Community and provides support to them. It ensures the military community are not disadvantaged and in some cases are given special provision. By asking the question at triage, advisors are able to take into account their circumstances and personal history when supporting them around lifestyle change. They can also signpost to further, appropriate support where needed.

93% of participants rated the programme as Good or Excellent and there were again some fantastic case studies and testimonials received which demonstrate the impact of the programme on people’s lives.

Spotlight on Inequalities

Gender diversity

In 2023 it was recognised by the commissioners and providers that a greater diversity of gender options should be incorporated into the participant information section of the triage form. This adds to the quality of the service, ensuring each participant is valued and their uniqueness recognised. The options were previously male and female only, a revised set of options was agreed on with the support of Equality and Diversity specialists. Revised options are:

- Male
- Female
- Trans man
- Trans woman
- Non-binary
- Other
- Prefer not to say

In 2024 there will be a full year of data with this greater diversity of options.

Ethnicity

Prevalence of overweight and obesity varies by ethnicity. The most recent data shows it is highest in amongst those who identified as Black or as White British (5). In North Yorkshire the population is 96.7% White (compared with 81% in England) (ONS). Data on ethnicity of participants who enter the service is collected at Triage and in 2023, 95.7% were White British. The next largest group were those identifying as White Other (1.66%) followed by those identifying as Asian (0.7% - combined Asian identities). In 2022 the provider in Craven used the Government Grant funding to offer additional bespoke sessions for Asian women (see Annual report 2022), they went on to establish a regular exercise class and to access women's only swim sessions at the local leisure centre. The 2021 census showed that 5,500 people in the County were born in Poland, the most common non-UK country of birth. Selby, Scarborough and Harrogate have the most numbers of residents born in Poland. As part of the engagement around Weight Management transformation (see section 8 of this report), workers from the Polish charity POMOC were supported to conduct interviews with 6 members of the community around moving more, eating well and weight management; in order to help shape of the new model.

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

Ethnicity	Number participants at referral
Other	9
Asian (inc. British Asian – Indian, British Asian – Other Asian Background and Asian or British Asian – Pakistani)	17
Black or Black British (inc. African, Caribbean, Other Black Background)	9
Mixed (inc other mixed groups, Mixed – white and Asian, Mixed – White and Black African)	10
Not stated/ Prefer not to say	13
White – British	2362
White - Irish	7
White - Other	41

Core 20

Core20Plus5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level (6). Core20 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.



The prevalence of overweight and obesity varies according to socio-economic status. The prevalence of overweight (including obesity) and obesity is highest in those living in the most deprived areas (71.5% and 35.9% respectively) and lowest in those living in the least deprived areas (59.6% and 20.5% respectively) (4).

The majority of Core20 areas in North Yorkshire are in Scarborough. The analysis shows that the service has received referrals from all of these areas in 2023.

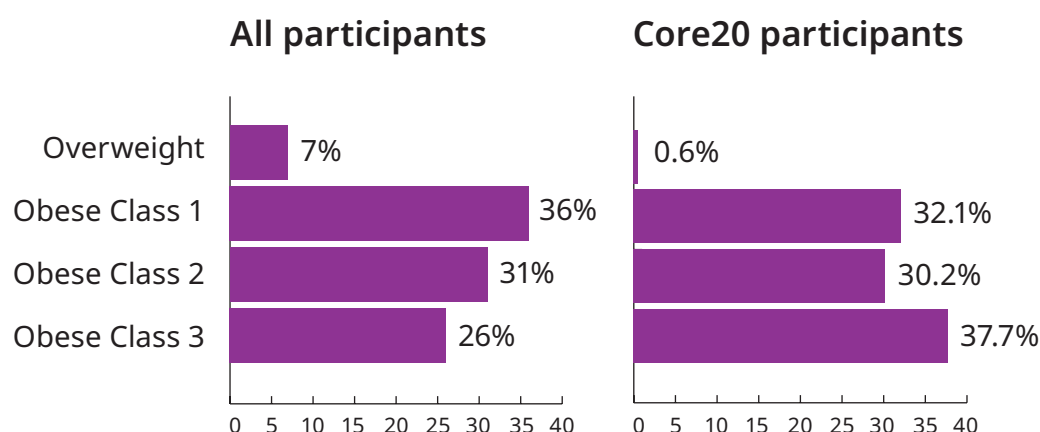
In North Yorkshire, 5.7% of the population over 18 live in Core20 areas. An analysis of the postcode data of participants of the Weight Management service in 2023 shows that:

- 7% of those referred were living in Core20 areas
- 92% of these clients referred went on to have an Initial Assessment (compared with 92% of ALL referrals)
- 54% of these clients completed the initial 12 week programme (compared with 51% of ALL referrals)
- 58% of the 'completers' from Core20 areas achieved their target 5% weight loss (compared with 66% of ALL referrals)
- 68% of those from Core20 areas achieving their 5% weight loss went on to sustain their 5% weight loss at 24 weeks (compared to 61% of ALL referrals).

The data shows that the demographics of the participants accessing the service, in terms of area of deprivation, is reflective of North Yorkshire as a whole, slightly exceeding that of the whole county. The achievements on the programme of those from Core20 areas are also similar to those of the population accessing the service overall. Given the higher rates of overweight and obesity within the Core20 population however, we should be aiming for an even greater proportion of the participants to be from Core20 areas, in order to address inequalities.

The BMI profiles below show that there is a greater proportion of people from Core20 areas entering the service with a BMI over 40 (obesity class III) than there is across all participants. Teams working in the localities with Core20 areas should be equipped to support patients with a higher BMI and maintain good connections with Tier 3 support to refer where needed. This insight will be taken into account when considering future resourcing and shaping of the service and local stakeholder engagement in Core20 areas.

BMI Classification at Initial Assessment



Mental well-being

Mental well-being is assessed 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 (see 2022 Annual report for further details). The higher the score, the greater better well-being a client is reporting.

The mean well-being score using SWEMWBS for the whole population according to the Health Survey for England (2021) is 26 (men 26.1, women 25.8) (7).

The overall average SWEMWBS score of participants entering the service in 2022 was

26.8

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

30.1

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

31.3

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

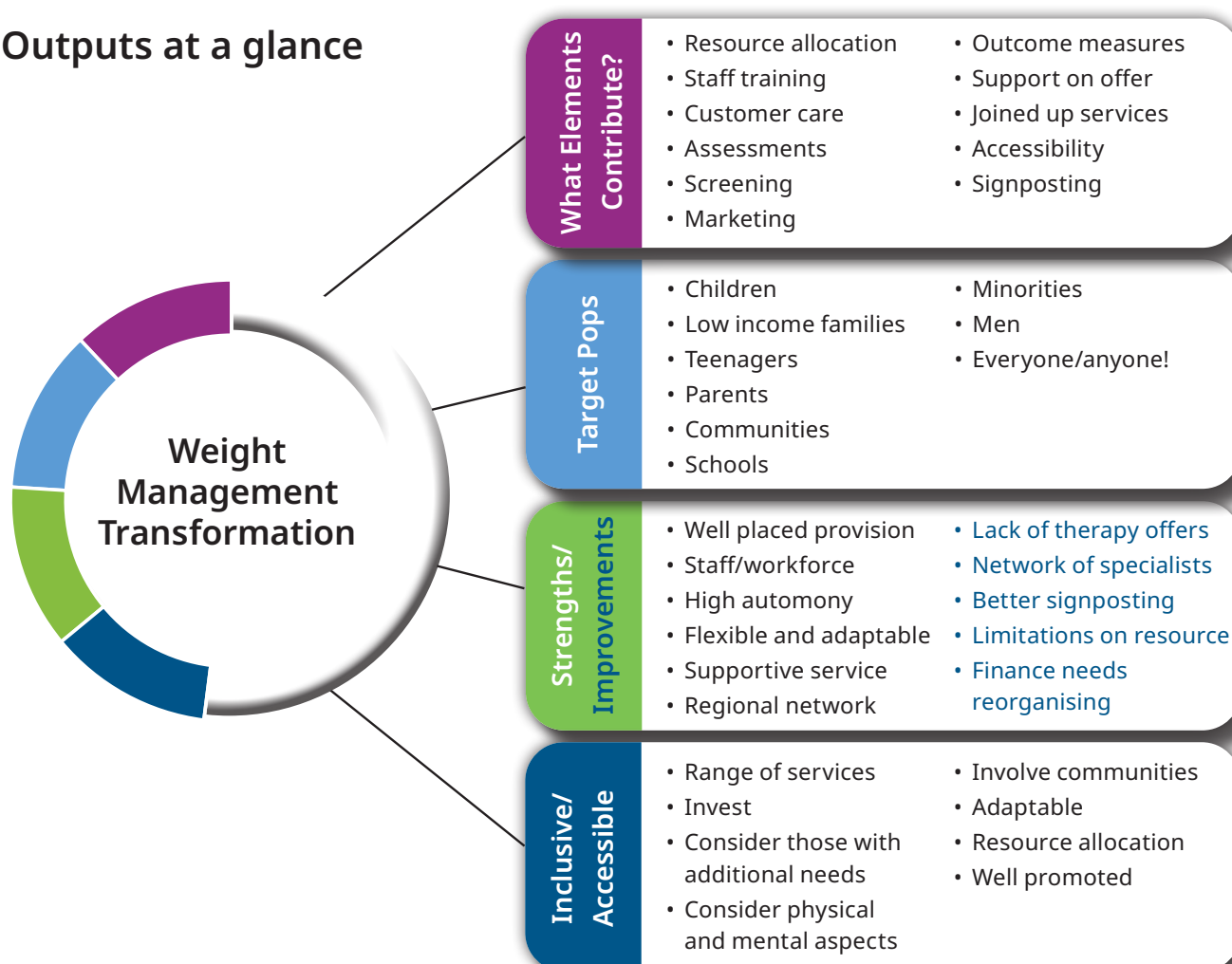
8. Weight management transformation

The current contracts for providers of the Adult Weight Management service are due to end on 31st December 2024. In 2023, a project group within the Public Health team began to consider a future redesign of the service and how it might be best delivered. This would be informed by experience of delivery of the service over last 5 years, the experience of Government grant funding, evidence of effectiveness, the influence of a 'weight neutral' and 'compassionate approach' (see 2022 Annual report) and crucially, stakeholder and community involvement.

The aim was to have a service redesign by end of 2023 so that if a decision was made to go out to procurement this would be prepared. From the outset it was agreed that this would be an all-age service, including a children and families service, which would then support better alignment of services for client experience and outcomes, and have greater assurance of stability as a service.

Following an up to date review of literature and evidence, a face-to-face stakeholder event was organised in early March 2023 to explore the strengths and limitations of the current service. We explored what elements contribute to a 'gold standard' service, how we can make it more inclusive and which populations are not currently accessing the service. Presenting and participating in the event were two representatives from the Obesity Voices patient participation group who provided valuable lived experience insight into living with obesity and using weight management support services. Below is a summary of the stakeholder engagement day.

Outputs at a glance



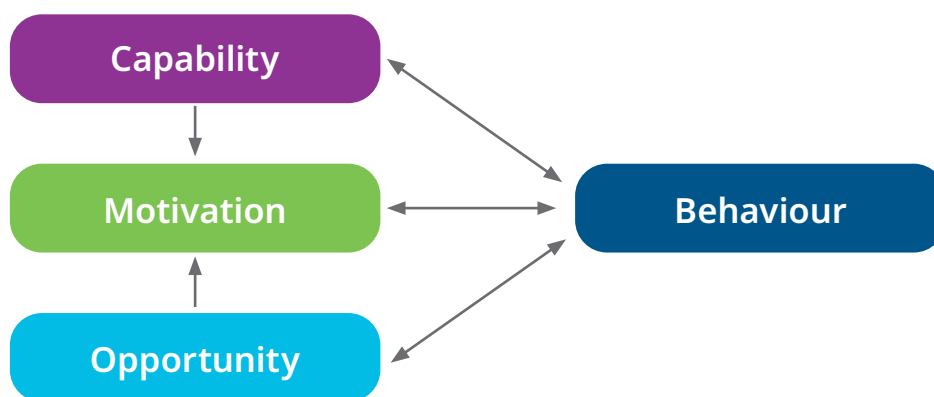
From the stakeholder workshop findings, the project group identified some target populations to do further insight work with, in order to understand their perceptions of eating well, moving more and weight management. These populations were identified as being underserved by the current weight management service.

- Men
- Individuals with severe mental illness (SMI)
- Individuals with learning disabilities and those who have Autism Spectrum Disorder (ASD)
- Individuals with long-term conditions and physical disabilities
- Teenagers
- Pregnant women

From May to July 2023, using surveys and focus groups, community insights were gathered from most of these groups.

The public health team utilised the support of the Behaviour Science Unit within the Council to shape the surveys and focus groups.

The COM-B model of behaviour change (8) was used to shape the survey design and COM-B along with the Theoretical domains Framework (9) to analyse the findings.



The surveys asked about people's experience of making lifestyle changes, barriers and facilitators to eating well and moving more, views on peer support, finding support and accessing support. Focus groups explored the same topics and were semi-structured. An Easy-Read version of the survey was produced to enable those with learning disabilities to complete.

Third party stakeholders were engaged with to support the identification, contacting and encouraging participation in the insights gathering process.

163 individuals participated in either completing a survey, taking part in an interview or focus group:

Surveys n=136

Focus groups n=21

Interviews n=6

Completed surveys and focus group transcripts were analysed for each population group, common themes were drawn from these. A full insights report is available – please contact the Public Health team (see page 32) for details.

Themes of healthy lifestyle change barriers and facilitators across groups:

	Theme	Description
1	Lack of bespoke plans for eating healthily and moving more (Capability)	Identified need for consideration of the individual
2	Dependence on others (Capability)	For some with disabilities, capacity to make changes may be limited due to their dependence on others.
3	Healthy habit forming (Capability)	Developing healthy habits facilitates the maintenance of healthy lifestyle changes that are made.
4	Shared experiences can facilitate healthy lifestyle changes (Opportunity)	Support from people in similar situations (e.g., going through menopause, having a similar disability) was viewed as a facilitator for making and maintaining healthy lifestyle changes.
5	Making Every Contact Count (MECC) not being used to offer broader lifestyle intervention (Opportunity)	Utilising all contact points with individuals to deliver a broader lifestyle intervention requires capacity (time and capability) for healthcare professionals and carers.
6	Lack of opportunity and accessible support (Opportunity)	Barriers to making and maintaining healthy lifestyle changes include cost, time, and location - support needs to consider people's personal situations and their unique limitations.
7	Intrinsic and extrinsic drivers (Motivation)	Beliefs about the negative health consequences of weight status as a motivator for making healthy lifestyle changes. Subthemes: Readiness to change, need to experience pleasure when making change, influence of physical appearance, importance of physical health during pregnancy.

"...the mental health issue is absolutely key because they go alongside one another...I yo-yo by about three or four stone so when I'm really poorly I can't eat and you get people saying, "you look fabulous, you look really well" and I'm not and that is really difficult."
(Person with mental illness)

"Professional people that you might be speaking to about your weight automatically presume that it's because you're overeating."
(Person with physical disability)

The insights and evidence gathered identified some key features of a new service model:

- There will be a **single point of contact** into one, all-age, weight management service.
- A **robust triage assessment** will determine the needs of those referred in and will determine the level of support and the method of service delivery that would suit the client best.
- The service will offer **different support options** (e.g. group sessions, 121s, peer support, physical activity sessions) that can take place at any point of engagement.
- **Children and families** will receive a core offer with additional options for physical activity and peer support, where needed.
- All clients will receive **individual lifestyle assessments** at the start of the service engagement and then periodically at stages relevant to the service offer they receive.
- Measurements of **weight or BMI z scores will only be done at assessments** and not at any other points of interaction i.e. weekly group sessions for adults. Clients can opt out of weight measurements.
- **Key Performance Indicators (KPIs)** will focus on physical activity changes, dietary changes, and emotional wellbeing, as well as weight (for those not opting out); **weight not being the primary focus.**
- Clients will be **supported up to 12 months** to support sustainable lifestyle changes, as per NICE guidance and best practice.
- **Psychological support*** will be offered where clients are identified as requiring this additional intervention. This assessment can be made at any point of the client's journey. [The specific level of resource and therefore service specification is developing and is resource dependent.]

** NB Psychological support element will not just be focused on those with mental illness but will enhance the service (and hopefully short and long-term outcomes) for all participants. See more below.*

Through the process of gathering insights and reviewing evidence, the importance of **psychological considerations** in behaviour change and the impact of disordered eating and confidence around physical activity became apparent. The project group enlisted the support of the Behavioural Science unit within Public Health, to research evidence and model additional psychological support within the new service.

The four main components of a proposed model of psychological support model would include:

1.

Client-facing options –
1-2-1 client support with a
practitioner psychologist.

2.

Psychoeducational
development - inclusion
of psychoeducational
topics within the standard
service support eg. around
body image, emotional
eating and neurodiversity.

3.

Service development –
for example supporting
referral pathways and
triage and assessment.

4.

Wider system
development – for
example introducing
trauma-informed
approaches across
the whole system.

For further details please contact the commissioners within North Yorkshire Council Public Health (see public health contact details - page 32).

The next Annual Report will share how the insights work has informed the modelling of a new service and how the model will address inequalities, the decision around commissioning and management of the new service, and a further look at the Core20 analysis.

9. Case studies and testimonials

1. 'J'

'J' came for a consultation with the weight management team as he was feeling low in mood and self-esteem due to his ever-rising weight gain over the past year. He had low energy but was also really struggling to sleep at night.



Body measurement changes

'J' lost 2.5 stone in 10 weeks.



Changes and impact

'J' built his confidence in movement, starting with chair-based routines and yoga at home and in the group. He progressed to getting back into the gym. He introduced portion control, fruits and vegetables, 2 litres of water daily and a big reduction in mindless snacking.

→ J's advisor says:

"J has made great progress, he has recently gone back into full time employment as he is more able to move in and around his job."

2. 'R'

'R' was unhappy his current lifestyle and living location. This ultimately affected his mental health and he developed unhealthy eating and drinking habits. He was aware of the need to make changes but found little motivation to do this alone.



Body measurement changes

Weight loss: 10.2kg BMI at start: 40.9 BMI at 12 weeks: 37.9

Total Loss 21.2kg / 3 Stone



Changes and impact

'R' started to develop healthier eating habits by reducing portion sizes and snacking between meals. He also increased physical activities.

'R' started looking at food labels when shopping and found healthier alternatives .

→ R's advisor says:

"The changes that 'R' made resulted in him losing over 10kg in only 11 weeks of being with our service.

'R' feels much more confident and healthier to maintain this new found lifestyle."

3. 'C'

Prior to the programme, 'C' could not walk more than 500 metres without pain the knee and hip which resulted in needing rest and pain killers. 'C' was referred to the programme by the GP and started trying to walk a little further each day whilst waiting to start.



Body measurement changes

Starting weight: 28st, 5.5lb.

'C' lost 6 stone, 9.5lbs over the course of the programme



Changes and impact

'C' started taking part in regular Aqua Aerobics and low impact circuit classes and has really enjoyed the physical activity.

'C' has built up fitness levels and now completed 16 park walks along with greatly improving their PB for 5k walks.

They feel their outlook on life and mental health has greatly improved.



'C' says:

"What the course has done is to change my life... (the staff) have been so supportive of my journey and have made sure that I can adapt my exercise to my ability as I have improved. They have also given me so much help and encouragement."

4. 'M'

'M' became an above the knee amputee around January 2021 and was in the process of getting a prosthetic leg fitted. He felt like he was overweight and was keen to manage that, he felt that this will help with his Diabetes Type 2 also.

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 wanted 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 Weight Week 24: 107.3kg Total weight loss: 7.3kg





Changes and impact

'M' fully committed to the programme and completed the full 24 weeks of support. The staff on the programme worked with colleagues in Public Health and the NHS to find a solution to measuring changes in M's weight and used other measures such as waist and upper arm circumference also. 'M' was extremely committed to the programme throughout the 24 weeks. He felt supported by the instructor to make changes to his diet.



'M' says:

"I am extremely grateful and am continuing to 'watch' what I am eating to try and lose those pounds! ...thanks to you all."

5. 'G'

'G' found his weight increasing over the past couple of years, had developed high blood pressure and found breathing more difficult. He was advised to join the programme by the GP.



Body measurement changes

BMI at start: 36.7 BMI at 12 weeks: 31.1 Total weight loss: 17.9kg



Changes and impact

'G' attended the group support regularly and implemented guidance around nutrition as well as taking part in the group exercises. He started looking at food labels when shopping and found healthier alternatives. As well as changes to his weight, 'G' has noticed improvements in the way he feels and feels his mental health has improved.



G's advisor says:

"Since 'G' has started attending weight management groups he has learnt a lot about nutrition and how to have a healthy balance and remain in a calorie deficit. Pairing this with much longer daily walks he has lost almost 18kg in 12 weeks and has since reduced his BP medication'."

Testimonials

“

“Common sense information - love it.”

“

“I have felt committed to attending the group every week as they are so helpful and supportive, plus I enjoy the exercises and social aspect of meeting people in similar situation, I am now more aware of the types of food that are less healthy and consider smaller portions.”

“

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

“

“You have provided a great scheme and you put so much into this so thank you – Fiona.”

“

“I have enjoyed losing weight and the exercise class, I have enjoyed meeting new people from different walks of life, thanks to the programme I no longer take medication for my blood pressure as this is now under control. The healthy lifestyle programme is brilliant.”

“

“I have enjoyed learning about nutrition, food groups and portion size. Thanks to the programme I now have motivation to live differently. The programme has enabled me to lose weight, change eating habits and drink less.”

“

“I just wanted to write to say how wonderful this course has been and to thank you for the opportunity which is vastly improving my life.”

“

“I feel so much better in many interconnected ways. Feel fitter with more energy and like the way I look, so feel happier.”

10. Contact details

For provider contact details go to www.northyorks.gov.uk/healthy-living/healthy-weight

Please note: *At the time of publication this webpage is undergoing change related to the new service from 1st January 2025.*

Public health contact details

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11. Acknowledgements

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Inspiring Healthy Lifestyles

North Yorkshire Council

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