Local Government Association

Research

Weight management survey

Research report
February 2018

To view more research from the Local Government Association's Research and Information team please visit: http://www.local.gov.uk/local-government-intelligence

Contents

Summary

The Local Government Association (LGA) and the Association of Directors of Public Health (ADPH) invited directors of public health (DsPH) to take part in a survey about local authority commissioned weight management services. The aim of the survey was to help the LGA and ADPH to understand more about the extent of weight management services across local authorities and their role within the sector's response to tackling obesity.

The survey was conducted by the LGA's Research and Information team using an online form. An email containing a unique link was sent to the majority of DsPH in upper tier English councils. The survey was available to complete online between November and December 2017.

The final overall response rate achieved was 56 per cent (85 councils). Broken down by council type, the response rate was highest from shire counties (70 per cent / 19 councils) and lowest from English unitaries (41 per cent / 23 councils). Regionally, response was highest from the North West (73 per cent / 11 councils) and lowest from the South East (26 per cent / 5 councils).

Summary of results

- Tier 1 weight management services for children were provided in over nine out of ten (91 per cent) council areas, tier 2 services were provided in 85 per cent of areas, tier 3 services were provided in just under a third (31 per cent) of areas and tier 4 in just under a fifth (18 per cent).

- In most areas it was councils who were the main commissioners of tier 2 weight management services for children (93 per cent).

- Three quarters of respondents (75 per cent) said commissioners in their area intended to maintain current levels of weight management service provision for children.

- Three quarters (75 per cent) of weight management services for children were commissioned as part of a range of health and wellbeing services.

- Tier 1 weight management services for adults were provided in over nine out of ten (91 per cent) council areas, tier 2 services were provided in 86 per cent of areas, tier 3 services were provided in just over 7 out of 10 areas (72 per cent) and tier 4 services in nearly four

fifths (78 per cent).

- In nine out of 10 areas it was councils who were the main commissioners of tier 2 weight management services for adults (89 per cent). In eight out of 10 cases (80 per cent) it was clinical commissioning groups who were the main commissioners of tier 3 services.

- Around three quarters of respondents (74 per cent) said commissioners in their area intended to maintain current levels of weight management service provision for adults.

- Three fifths (60 per cent) of weight management services for adults were commissioned as part of a range of health and wellbeing services.

- Just under half of respondents (46 per cent) said general practitioners were the main referrers to their area's weight management service. The second most common referral route was self-referral: a quarter of respondents (25 per cent) said this was their main referrer.

- Two fifths (42 per cent) of respondents felt a national registry of locally commissioned weight management services would be fairly beneficial.

Introduction

The Local Government Association (LGA) and the Association of Directors of Public Health (ADPH) invited directors of public health (DsPH) to take part in a survey about local authority commissioned weight management. The aim of the survey was to help the LGA and ADPH to understand more about the extent of weight management services across local authorities and their role within the sector's response to tackling obesity.

Methodology

The survey was conducted by the LGA's Research and Information team using an online form. An email containing a unique link was sent to the majority of DsPH in upper tier English councils. The survey was available to complete online between November and December 2017.

The final overall response rate achieved was 56 per cent (85 councils).

Table 1 shows response rate by council type. The response rate was highest from shire counties (70 per cent / 19 councils) and lowest from English unitaries (41 per cent / 23 councils).

Table 1: Response rates by council type

Council type	Completed	Response rate (%)
Shire County	19	70
Metropolitan District	23	64
London Borough	20	61
English Unitary	23	41
Total	85	56

Regionally, response was highest from the North West (73 per cent / 11 councils) and lowest from the South East (26 per cent / 5 councils) (Table 2).

Table 2: Response rates by region

Region	Completed	Response rate (%)
North West	17	74
Yorkshire and the Humber	11	73
East of England	7	64
London	20	61
South West	9	56
North East	6	50
West Midlands	7	50
East Midlands	3	33
South East	5	26
Total	85	56

Where tables and figures report the base, the description refers to the group of people who were asked the question and the number in brackets refers to the number of respondents who answered each question. Please note that bases vary throughout the survey.

Where the response base is less than 50, care should be taken when interpreting percentages, as small differences can seem magnified. Therefore, where this is the case in this report, the non-percentage values are reported, in brackets, alongside the percentage values.

Throughout the report percentages in figures and tables may add to more than 100 per cent due to rounding.

Weight management survey

This section contains analysis of the full set of results.

Weight management services for children

Councils were asked whether or not each tier of weight management services for children were provided in their area. Tier 1 weight management services were provided in over nine out of ten (91 per cent) council areas, tier 2 services were provided in 85 per cent of areas, tier 3 services were provided in just under a third (31 per cent) of areas and tier 4 in just under a fifth (18 per cent). See Table 3.

Table 3: Please indicate whether or not each of the following weight management services are provided in your council area for children

Response	Tier 1	Tier 2	Tier 3	Tier 4
Yes (%)	91	85	31	18
No (%)	9	15	69	82
Base	*85*	*85*	*85*	*85*

Base: all respondents (85)

In most areas it was councils who were the main commissioners of tier 2 weight management services for children (93 per cent) with very few other commissioning models. Of the 26 council areas where tier 3 weight management services for children were provided, nearly two thirds of these (62 per cent/16 respondents) were commissioned by clinical commissioning groups. Because the response base was below 50 for the tier 3 part of the question, the counts are shown in brackets next to percentages in the table. Please see Table 4.

Table 4: Which organisation is the main commissioner for tier 2/tier 3 weight management services for children in your area?

Commissioning model	Tier 2	Tier 3
The council (%)	93	27 (7)
Clinical commissioning group(s) (%)	0	62 (16)
Co-commissioned by the council and CCG(s) (%)	1	12 (3)
Other (%)	6	0 (0)
Base	*72*	*26*

Base: respondents whose areas have tier 2 weight management services (72); respondents whose areas have tier 3 weight management services (26) (counts displayed in brackets)

Three quarters of respondents (75 per cent) said commissioners in their area intended to maintain current levels of weight management service provision

for children, rather than increase (12 per cent) or decrease (eight per cent) provision. Please see Table 5.

Each of the seven respondents who said commissioners in their area intended to reduce service provision said that one of the reasons for this was cost pressures.

Table 5: In the next financial year, is the commissioner looking to increase, maintain or decrease weight management services for children in your area

Response	Per cent
The commissioner intends to increase weight management services for children (%)	12
The commissioner intends to maintain weight management services for children at approximately current levels (%)	75
The commissioner intends to reduce weight management services for children (%)	8
Don't know (%)	5
Base	*85*

Base: all respondents (85)

Respondents were asked whether weight management services for children were commissioned on their own or as part of other health and wellbeing services. Three quarters (75 per cent) said these services were commissioned as part of a range of health and wellbeing services. See Table 6.

Table 6: Are weight management services for children commissioned on their own as a standalone service or as part of other health and wellbeing services?

Response	Per cent
Weight management services for children are commissioned as a standalone service (%)	25
Weight management services for children are commissioned as part of a range of health and wellbeing services (%)	75
Don't know (%)	1
Base	*85*

Base: all respondents (85)

Weight management services for adults

Councils were asked whether or not each tier of weight management services for adults were provided in their area. Tier 1 weight management services were provided in over nine out of ten (91 per cent) council areas and tier 2 services were provided in 86 per cent of areas, meaning there was a similar

level of coverage compared to these tiers of children's weight management services. Tier 3 and 4 services for adults had greater coverage compared to children's services: tier 3 services were provided in just over 7 out of 10 areas (72 per cent) and tier 4 services in nearly four fifths (78 per cent). See Table 7 and compare with Table 3.

Table 7: Please indicate whether or not each of the following weight management services are provided in your council area for adults

Response	Tier 1	Tier 2	Tier 3	Tier 4
Yes (%)	91	86	72	78
No (%)	9	14	28	22
Base	*85*	*85*	*85*	*85*

Base: all respondents (85)

In nine out of 10 areas it was councils who were the main commissioners of tier 2 weight management services for children (89 per cent) with very few other commissioning models. In terms of tier 4 services, clinical commissioning groups were the main commissioners in eight out of 10 cases (80 per cent). Please see Table 8.

Table 8: Which organisation is the main commissioner for tier 2/tier 3 weight management services for adults in your area?

Commissioning model	Tier 2	Tier 3
The council (%)	89	11
Clinical commissioning group(s) (%)	1	80
Co-commissioned by the council and CCG(s) (%)	4	3
Other (%)	3	5
Base	*73*	*57*

Base: respondents whose areas have tier 2 weight management services (73); respondents whose areas have tier 3 weight management services (57)

Around three quarters of respondents (74 per cent) said commissioners in their area intended to maintain current levels of weight management service provision for adults, rather than increase (five per cent) or reduce (13 per cent) provision. Please see Table 9.

Each of the 11 respondents who said commissioners in their area intended to reduce service provision said that one of the reasons for this was cost pressures. Four also said there had been a shift in local priorities.

Table 9: In the next financial year, is the commissioner looking to increase, maintain or reduce weight management services for adults in your area

Response	Per cent

The commissioner intends to increase weight management services for children (%)	5
The commissioner intends to maintain weight management services for children at approximately current levels (%)	74
The commissioner intends to reduce weight management services for children (%)	13
Don't know (%)	8
Base	*85*

Base: all respondents (85)

Respondents were asked whether weight management services for children were commissioned on their own or as part of other health and wellbeing services. Three fifths (60 per cent) said these services were commissioned as part of a range of health and wellbeing services. See Table 10.

Table 10: Are weight management services for adults commissioned on their own as a standalone service or as part of other health and wellbeing services?

Response	Per cent
Weight management services for children are commissioned as a standalone service	34
Weight management services for children are commissioned as part of a range of health and wellbeing services	60
Don't know (%)	6
Base	*85*

Base: all respondents (85)

Barriers to retaining weight management services

Respondents were asked what barriers they were facing in terms of retaining weight management services for both children and adults in their area. The themes emerging from the comments were very similar for both age groups. The majority of responses mentioned financial issues as a barrier, but issues related to evidence of impact, engagement of families and organisational priorities were also common.

Financial pressures

Two thirds of responses mentioned financial or budget pressures as a barrier to retaining weight management services. In some cases budget pressures were already meaning services were being affected or simply not commissioned, but some councils were concerned more for the future. For example there were concerns that the reducing Public Health grant and other funding might have an impact on service delivery in the future.

Evidence of impact

The second most common theme emerging from the comments was around a lack of evidence of impact to support continued delivery of weight management services. Often this was expressly linked to financial pressures, suggesting that councils were having difficulty demonstrating the cost effectiveness of delivering the service considering the lack of evidence of outcomes.

Engagement and uptake

Another strong theme emerging from respondent comments about barriers was that councils were finding it difficult to engage families and children and uptake of services was a problem. This was also occasionally linked to budget pressures and cost effectiveness meaning that providing services above a certain level could be difficult to justify given the low uptake and competing priorities.

Referrals to weight management services

Councils were given a list of people and agencies and asked to select which referred people to their weight management service. The top three referrers in terms of the number of areas where these referrals occurred were general practitioners, who referred in most areas (94 per cent), self-referral (80 per cent) and the National Child Measurement Programme (74 per cent). See Table 11.

Table 11: Who refers people into your weight management service?

Agency	Per cent
General practitioners (%)	94
Self-referral (%)	80
National Child Measurement Programme (%)	74
Hospitals (%)	58
Social services (%)	42
Other (%)	40
Pharmacies (%)	38
Don't know (%)	0
Base	*85*

Base: all respondents (85)

Councils were also asked to say which of the agencies they had selected was the main referrer to their weight management service. Just under half of respondents (46 per cent) said general practitioners were the main referrers

to their area's weight management service. The second most common referral route was self-referral: a quarter of respondents (25 per cent) said this was their main referrer. See Table 12.

Table 12: Who is the main referrer into your weight management service?

Agency	Per cent
General practitioners (%)	46
Self-referral (%)	25
National Child Measurement Programme (%)	16
Don't know (%)	7
Other (%)	6
Hospitals (%)	0
Social services (%)	0
Pharmacies (%)	0
Base	*85*

Base: all respondents (85)

Wider action on tackling obesity

Respondents were asked what wider action they were taking to tackle obesity in their areas. A number of themes emerged from the comments, including measures to encourage physical activity and healthy eating. These were commonly delivered in partnership with other organisations and departments within the council to enable a "whole systems approach".

Physical Activity

The largest theme emerging from the comments was around measures designed to encourage and increase physical activity. This took a number of forms including engaging with transport to encourage walking and cycling and specifically around promotion of sport.

Healthy eating

Action around healthy eating included working with local partners, schools and businesses to promote healthier eating choices. A number of councils were working towards being a "Sugar Smart" town or city, for example.

Planning, licensing and the physical environment

A number of councils were taking action to encourage the adoption of healthy lifestyles by working with the planning system or licensing. By managing the physical environment in which people live people could be encouraged to take

healthier options, for example by managing the location of fast food outlets or providing travel options.

National registry

Respondents were asked how beneficial they felt a national registry of locally commissioned weight management services would be. Two fifths (42 per cent) said it would be fairly beneficial and around a quarter (25 per cent) said it would not be very beneficial. See Table 13.

Table 13: How beneficial do you feel a national registry of locally commissioned weight management services would be?

Agency	Per cent
Very beneficial (%)	14
Fairly beneficial (%)	42
Not very beneficial (%)	24
Not at all beneficial (%)	8
Don't know (%)	12
Base	*85*

Base: all respondents (85)

National Child Measurement Programme

Finally councils were asked how they use the National Child Measurement Programme (NCMP). Almost all (95 per cent) said they used NCMP data/analysis on their local authority to inform their strategic approach to addressing childhood obesity. Most (85 per cent) also said they used NCMP communications to parents to draw attention to local universal/prevention programmes that support physical activity and healthy eating. See Table 14 for all responses to this question.

Table 14: How do you use the National Child Measurement Programme to support children who are overweigh/obese?

Agency	Per cent
Use NCMP data/analysis on your LA to inform your strategic approach to addressing childhood obesity	95
Use NCMP communications to parents to draw attention to local universal/prevention programmes that support physical activity and healthy eating	85
Use NCMP results letters/phone calls as a referral route to Tier 2/Tier 3 weight management services	74
Actively embed NCMP in other activities that support schools to take a whole school approach to healthy weight	69
Other	8
Base	*85*

Base: all respondents (85)

Local Government Association
18 Smith Square
London SW1P 3HZ

Telephone 020 7664 3000
Fax 020 7664 3030
Email info@local.gov.uk
www.local.gov.uk

For a copy in Braille, larger print or audio,
please contact us on 020 7664 3000.
We consider requests on an individual basis.