Progress
HEALTH PARTNERSHIPS

Evaluation of Lancashire County Council Weight Management Services

Final Report

Progress Health Partnerships

September 2022

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1. Introduction

This report presents the findings of an independent process evaluation of Lancashire County Council Weight Management Services delivered across the 12 County Council Districts of Lancashire County Council over a 12-month period between September 2021 and August 2022. The report has been written to inform the continued development of the service model to ensure provision continues to meet the needs of commissioners and service participants.

2. Context to the service provision

It is well evidenced that being overweight or obese is associated with an increased risk of ill health. For adults, being overweight or obese can lead to coronary heart disease, hypertension (high blood pressure), liver disease, osteoarthritis, stroke, type 2 diabetes, and cancer, and reduces healthy life expectancy. People who are overweight or obese may also experience low self-esteem, mental health problems, and stigmatisation and discrimination because of their weight. There is also a significant economic impact, with the annual cost of obesity estimated to be as high as around £27bn, with NHS costs estimated at around £6bn, social care costs £352m and sickness absence costs to business estimated to be around £16m.

The prevalence of overweight and obesity across Lancashire are considerably worse than the English average especially in the areas of highest deprivation The Active Lives Survey (2020/21) estimates that 66.6% of the adult population (18+ years) in Lancashire are classed as overweight or obese, significantly above the England estimate of 63.5%. At a local authority level, Burnley (73.4%), Hyndburn (71.1%) and Pendle (68.7%) have significantly higher proportions of overweight and obesity than England. The other nine authorities are similar. For obesity only, Hyndburn (34.1%), Burnley (33.5%), Pendle (32.1%), Fylde (30.7%), and Lancaster (30.2%) are significantly higher than England. Only Ribble Valley (17.6%) is significantly lower[1].

Obesity is a complex problem, and no one is 'immune' to obesity, but some people are more likely to become overweight or obese than others. There is a strong relationship between deprivation and obesity with income, social deprivation and ethnicity impacting on the likelihood of becoming obese. The PHE 2018 Health Survey identified that women and men living in the most deprived areas are more likely to be obese than those living in the least deprived areas with an obesity prevalence level of 37% of women and 35% of men in the most deprived areas. Many people in these areas still find it difficult to eat healthily, primarily because they are living in an environment where less than healthier choices are the default, often due to cost and availability of healthier alternatives.

In March 2021 the government announced a commitment to support people living with obesity to lose weight. The aim, as part of a place based whole systems approach to obesity and promoting healthier weight, is to enable adults to have access to services and support to help them to lose weight and maintain a healthier weight. Lancashire County Council are providing an accessible multi-component tier 2 adult weight management service, which supports obese and overweight adults to lose weight and improves knowledge and skills in maintaining healthy weight, as part of wider programmes which promote healthy weight and physical activity in localities.

The programme, offered across the 12 Lancashire districts of Burnley, Chorley, Fylde, Hyndburn, Lancaster, Pendle, Preston, Ribble Valley, Rossendale, South Ribble, West Lancashire and Wyre, has been developed to provide local flexibility for services to meet identified local need.

[1] https://www.lancashire.gov.uk/lancashire-insight/health-and-care/health/lifestyle/healthy-weight/

2.1 Aims of the service

To deliver an easily accessible evidence based, tier 2 adult weight management service for adults aged over 18 years of age, which will support people with a BMI >30 to 45 to lose weight, maintain that weight loss, and improve knowledge and skills to maintain a healthier weight. This will be a multi-component service which offers advice and motivation in relation to diet and behaviour change, promoting increased physical activity. A lower entry level BMI of 25 can be considered for South Asian Heritage population, and those with disabilities.

2.2 Service model

The structure of the programme is flexible to meet local need and may be delivered over a period of up to 26 weeks. The services should be available district wide, accessible during the day and evening (and weekends where possible).

The service provider must:

- Accept self-referred individuals complying with the inclusion / exclusion criteria.
- Accept referrals from providers of NHS Health Checks, where the referred person complies with inclusion criteria and has been identified as eligible after an NHS Health Check.
- Support individuals who are not eligible for the service on to other relevant services or support opportunities e.g. GP referral programmes, tier 3 specialist multidisciplinary services or community provision

To understand the impact of this investment, all providers must collect data on all participants and their progress and return a minimum dataset to the Office for Health Improvement and Disparities (OHID).

3. Aims and objectives of the evaluation

The overall aim of the evaluation was:

"To conduct a formal review of the weight management services, commissioned by Lancashire County Council in the form of a detailed qualitative process evaluation. The report will be underpinned by quantitative data that will independently assess the impact of the services, with a particular focus on 3-4 depth case studies."

3.1 Research Objectives

1. To explore the context and background to the service provision
2. To assess the way that the service was developed and how it is operating to date and highlight advantages and disadvantages of a mixed service approach
3. To assess the level of engagement by stakeholders and service users with the programme
4. To explore the stakeholder and service user perspectives on the quality of service in meeting needs.
5. To explore the referral and exit pathways as a direct result of the investment
6. To carry out secondary analysis on programme level data and report on the findings
7. To gather new qualitative data on reach and impact of the programme
8. To assess service user feedback on the support received.
9. To assess the potential contribution and added value that it may be making and to make recommendations that aim to improve its effectiveness into the future.

Our approach focused on qualitative research methods in the main but included secondary analysis of quantitative data gathered by the commissioners.

4. Outline of methods

Setting the context - Review all the background documentation from the programme to date, including detailed service specifications, service pathways, existing qualitative and quantitative data requirements, previous evaluation reports, minutes/notes from previous meetings, local/county strategies and plans and any other background documents identified by the service providers.

Data analysis - Review and critical analysis of all OHID available data across the 12 services during the period 2021/22.

Online survey of stakeholders - Identified stakeholder responses from 86 stakeholders representing commissioners, providers, primary and secondary care professionals and VCFSE Sector. (Data on stakeholders, roles and organisations found in Appendix 1)

Online survey of service users – Service users were asked to complete an eSurvey as they completed the 12-week programme. A total of 463 service users completed the survey between November 2021 and July 2022. (Data on the demographics of Service User responders can be found in Appendix 2)

Service user focus groups – Conducted a series of 5 focus groups, with a combined number of 48 service users from four district programmes (Preston, South Ribble, Wyre and Pendle). Participants were recruited via the service provider, to enable us to examine and understand impact of the service offer and their feelings towards the service offer and the effectiveness of the pathways.

Qualitative stakeholder interviews - semi-structured interviews of 30-60 minutes duration with 15 stakeholders (Service providers, public health professionals, service commissioners and managers) delivered face to face or via Zoom/Microsoft Teams.

Data analysis and Reporting – Depth analysis of all data gathered through the fieldwork in combination with data gathered and analysed by the commissioners.

5. Findings

This section highlights the main findings across all evaluation data collection. The data is structured to represent the journey of the participant though the service – starting with the structure of programme offer through, referral numbers, impacts and confidence post programme, highlighting the views on the programme by participants and stakeholders. It includes highlighted snap shots of services – focusing on a point of difference.

5.1 The structure of the local services

Whist all programmes were required to collate and record the same data, to match the OHID data collection systems and all programmes loosely follow the same 12-week nutrition-based approach to weight management, with the exception of South Ribble that operated an 8-week programme, there is a not an overly prescriptive service specification that all programmes had to follow. Each district was given flexibility to design the programme to meet the needs of their district populations. This was unanimously considered to be a good approach.

"I think as an approach, it's a good model to test because district councils really do have a good understanding of their own communities, and each community or each area is different. It's subcultures within cultures, so, I think it's a good approach to test." (District weight management service provider)

The approach has allowed districts to link their services into other local provision and links with services including - Community engagement, employment, volunteering, refugee resettlement, social prescribing, other public health streams, voluntary sector and faith sectors have been engaged.

Case Study: Pendle

The district changed delivery from a purely leisure centre based, more traditional exercise referral type weight management programme into a 12-week programme of face-to-face group educational workshops, that teach participants about different health and wellbeing topics, with a primary focus on nutritional and dietary advice. They also commission a national provider to deliver a 14-week programme, consisting of a combination of educational dietary support and football.

The district still provides an exercise referral programme and has the offer that participants can refer into and between both services. This means that participants can always access a course that is right for them.

"It's just in the past exercise was attached to the programme, where now it's solely education, but of course we do still have our exercise programme and participants can access this as well … now it is solely healthy eating but because we are who we are, participants have got an optional exercise as well. We can always signpost to physical activity sessions," (Service manager)

"You might have someone referred, who really needs to lose weight, but they have lots of health issues, which means they can't exercise, it isn't appropriate for them at the moment. So then they can just come on to the nutrition based weight management course initially, and then in time as the weights come down, it might be a bit safer to do more exercise They might be more motivated than to take up exercise. So we can offer something that is right for them at each stage in their journey." (Programme manager)

The first point of contact for the participant is with a Health Activator who meets them in the GP surgery initially to discuss the clients' priorities. They agree on a health and wellbeing plan and make a referral then into an appropriate service offer to meet the participants priorities for action

"I see them for up to an hour because it might not just be weight management. There might be other priorities they have. So, I have a long session with them just to see what their initial priority is. So it might be for instance, this person's priorities to control their weight. Then I might send a referral across to the service and we'll get them booked time to start a programme." (Health Activator)

Alongside offering a wide variety of programmes to suit need, the programme has also changed where sessions are delivered from. Whilst still offering leisure centre-based facilities, the programme has also formed close

relationships with partner organisations such as local libraries, supplementary educational institutes (madrassas) and primary care (health centres & GP surgeries).

"We put in a lot of time to go into those communities find those kinds of community champions and build trust and relationships with the, not to go in with any kind of like hard sells, but actually go in and just ask them if they'd be interested in in this programme. They actually turn around and say, we'd love it, we've always wanted something like that locally in this area, or it's definitely something which our women would really be interested in. Whereas before it would be a case of let's put it on in a community centre in Brookfield and expect people to turn up to it, which probably wouldn't have worked."

IMPACT OF SERVICE PROVISION

- Pendle have attracted a younger cohort of participants than other boroughs and a higher rate of engagement with 'non-White' population groups – most prominently South Asian than many districts.

"She puts things in a way that everybody can grasp at something. You're looking at this group. It's a pretty disparate crowd in there. But I thought that was one of the best courses that I ever attended or observed. It's educational, inspirational, and achievable. Those are the three things for me because it has really inspired me. I've learned so much by looking at what's in particular foods." (Focus group participant)

The flexibility to allow services to tailor the programme to meet their needs has led to significant variation in service offer across the county, each service having their own point of difference as highlighted in Appendix 1.

"So, some areas have chosen population groups ethnic minorities, males, females. So, across Lancs, I guess it's a real mixed bag. I guess it's quite a complex model. And I'm not I'm not quite sure until we, start to see what the evaluations and the data presents, how that's gone. But overall, I think, I think they've stepped it up quite well." (Northwest OHID lead)

Commissioners are hoping that this approach will generate a rich learning base that can highlight specific elements that work with different population groups and that this shared learning can help develop services in other areas.

"Clearly with weight management, and tier two courses, the jury is always out about what they really achieved, certainly in terms of long-term weight loss, and the sustainability and then what they go on to connect to in a local community. So, there's, there's always a big question mark over weight management, and how effective it truly is, but I think there's always been some good insight and good case studies that come out for individuals and small groups that are well worth their weight in gold." (Northwest OHID lead)

5.2 Data collection

To understand the impact of this investment, any local authority in receipt of this grant funding must ensure all commissioned service providers collect data on all participants and their progress and return a minimum data set to the Office for Health Improvement and Disparities. Whilst welcoming consistent data collection, the system introduced has caused significant problems across all 12 districts and centrally within the County Council.

"So …..it needs refining. I think the difficulty is, with a national minimum data set, you've got a national team ….. who are distant from the programmes. The data collection system is not pragmatic." (Stakeholder)

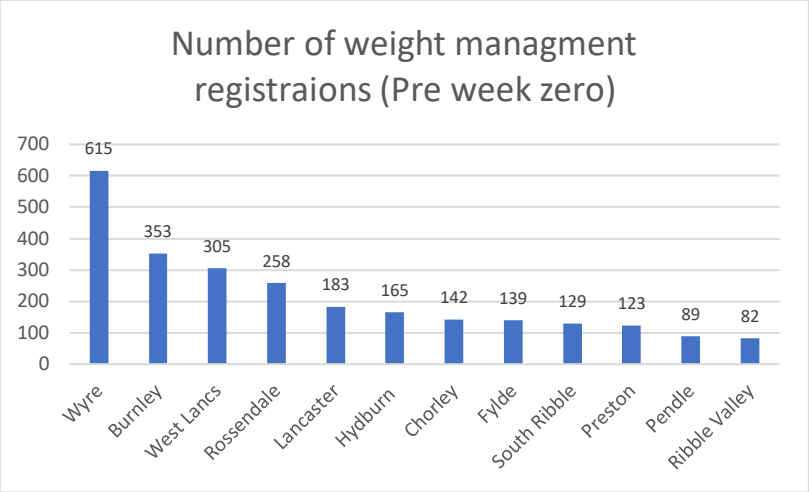
During the period of this evaluation, it has not been possible, due to issues with inputting and validation data to gather a wholly accurate assessment of the programme. Therefore, certain data within this report is incomplete and only accounts for data verified by between 1st April 2021 to 31st May 2022.

"We've still got outstanding data [from OHID] from April to November last year. And we've, we've raised it nationally, but it just doesn't seem to come back to us" (LCC Stakeholder)

"There's been there's been a lot of movement and changes with things like development and national obesity audit, and then a shift over to the community data sets. So, it just feels like there's a lot going on and we don't really know what the outcome of it all is. We're still crunching the data. I'm finding that a little bit of a challenge, I've got to be honest." (Stakeholder)

5.3 The referrals into the service

Across the county there were 2,583 participants that were registered onto the OHID data collection system (April 2021 – May 2022).



During the 14-month period 49% of participants were registered in just three districts. Almost a quarter (24%) of total participants were registered with the Wyre district programme.

The districts of Ribble Valley and Pendle recorded the fewest registrations with just 82 and 89 participants respectively. When comparing data with estimated obese adult populations, Lancaster and Preston have the largest estimated numbers of obese adult populations and Rossendale and Ribble Valley the smallest. It is of note that there are an estimated 278,000 obese adults across the 12 districts. During the 14 months of validated data just 1% of this population were referred onto a programme.

Table 1: Service users v estimated obese adult population.

District	Est. Adult Population[2]	Levels of adult obesity[3]	Estimated number of obese adults	Number of service registrations
Lancaster	120,321	30.2%	36,366	183
Preston	111,275	28.8%	32,047	123
Rossendale	55,843	26.6%	14,854	258
Ribble Valley	50,057	17.6%	8,810	82

Of those making an initial registration on to the programme, 2,224 participants started the programme during the same period – 86% of the initial registrations converting to programme starters. At a county level, this is significantly higher than the national average figures that show a 58% conversion from registration to enrolment[4] and demonstrates significant success in engagement with participants at the outset .

[2] Mid-year population estimates 2020
[3] OHID Obesity Profile 2021/22
[4] Adult Tier 2 weight management services: short statistical commentary 2022. Office for Health Improvement and Disparities (July 2022)

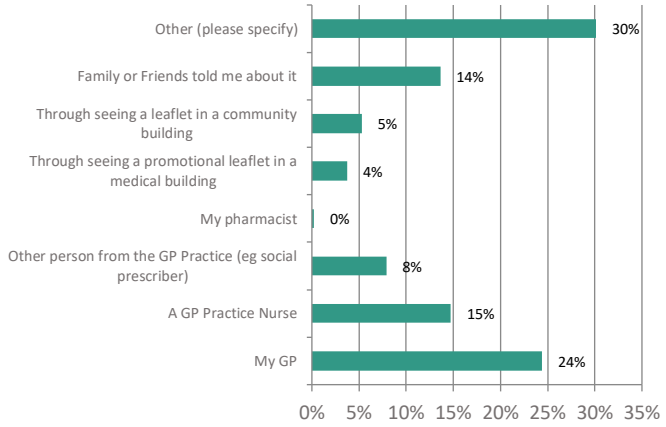
Table 2: Source of referral

Referral Source	Percentage (%)
GP	22.73
Other Health Care Professional	27.47
Non-health Professional	3.37
Self-Referral	42.09
Not known/not recorded	4.34

There are a wide variety of referral methods onto programmes. The official OHID data shows that four in ten referrals (42%) were self-referral and 50% were referrals from a health care professional.

A separate survey of 463 participants who completed the 12-week programme was conducted for this evaluation between November 2021 and July 2022, (Demographic breakdown of responders can be found in Appendix 2). This survey reflected the OHID data with 47% of responders having found out about the programme via a health care professional. Word of mouth directed 14% of participants onto the programme. Most 'other' responses were directed to the programme via social media with Facebook being the most quoted source. (Figure 2 below).

Fig 2: How did you find out about the weight management programme?

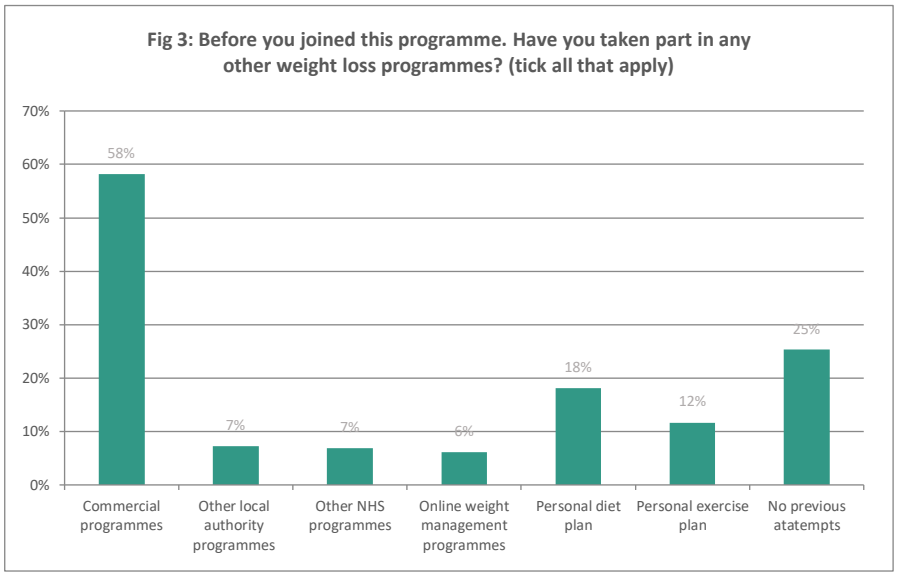


There were significant differences between programmes. Lancaster for example had 75% of survey responders referred onto the programme by a healthcare professional and 30% of Pendle participants were referred by a social prescriber/link worker.

Just 11% of survey responders from Preston were referred by a health care professional and here 58% of responders heard about the programme via another method, the majority of which were via social media – most notably Facebook. Across programmes there were no referrals from pharmacists and this could be an area for future developments.

The use of printed literature (in a medical practitioners or community buildings) only resulted in 9% of survey responders accessing the service.

The survey asked participants about any previous weight management programmes that they had participated in. Three quarters of responders had taken part in formal weight management programmes prior to this. 58% of survey responders had attempted a commercial weight loss programme previously. This ranged from a high of 79% of participants in Fylde having previously accessed a commercial weight management programme to a low of 45% in South Ribble (no specific data was captured as to which commercial programme they had accessed). 14% of participants had taken part in a local authority/NHS weight loss programme previously. This demonstrates the difficulties participants face in maintaining weight loss longer term.



For just 25% of participants, this was their first attempt at weight loss.

This data was consistent between boroughs and suggests that participants previous experiences of weight management services have been unsuccessful in the long term.

5.4 Ease of joining the programme

Participants were asked about their experience in joining the programme. 93% of responders found it very easy/easy to join the programme which suggests that the referral processes were strong across all districts. There were small differences between programmes, with 6% (n=4) of Chorley and South Ribble responders finding it difficult to access the programme, whilst 100% of participants from Hyndburn, Lancaster and Ribble Valley finding it easy / very easy to join.

Generally, participants had a good understanding of what to expect before they joined the programme with only 4% (n=19) of participants having no idea what to expect before joining. This demonstrates that all districts provide the required amount of understandable information to participants before they engage.

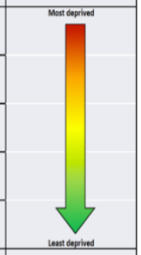
There was some confusion regarding the structure of the sessions, particularly around the split between nutritional education and physical activity. Several responders thought they were enrolling on a predominately physical activity-based programme and were surprised that the significant focus of the programme was nutrition-based education, perhaps highlighting an opportunity to consider the language used in explaining the course content to new participants.

> *"It would have been helpful is I had a little more understanding beforehand, that it is educational as well as physical. From how it was explained to me I was expecting gym-based exercise programme."* (Preston Participant)

5.5 Demographics of participants

5.51 Deprivation

Quintile	Percentage
1	36.02
2	15.01
3	10.59
4	17.48
5	7.24
Unknown	13.66

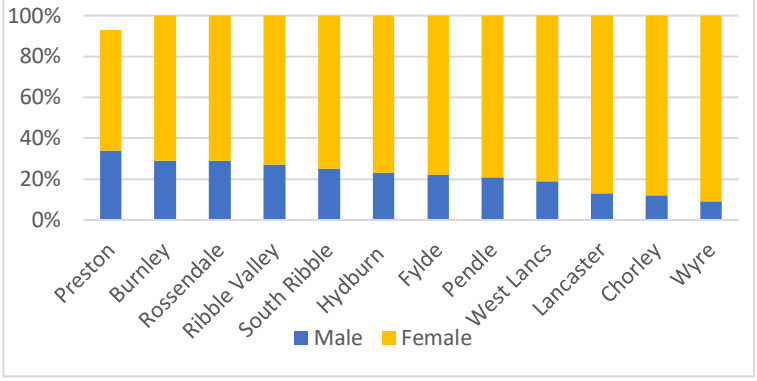


Nationally 28% of participants live in the most deprived 20% of areas in England (Quintile 1). Across Lancashire this figure was significantly higher at 38%. This suggests that the approach across Lancashire was consistent in engaging the most disadvantaged communities.

There is significant variation between districts with a high of 83% of Burnley participants and a low of 0% of Ribble Valley participants living in the most deprived quintile. We should note that there are significant gaps in the verified data with, for example, 63% of Chorley participants Lower Super Output Area (LSOA) classification unknown and no LSOA data presented for West Lancashire participants.

5.52 Gender

Fig 4: District level breakdown of participants by gender



Across Lancashire 80% of participants were female and 20 % male. This data is comparable to the national data covering the financial year 2021/22 which showed 21% male participation and 79% female participation[5].

There is significant variation by district with 34% of Preston participants and only 9% of Wyre participants being male.
Male participation appears to be linked with the types of service offered. Those with a higher male population for example tended to have specific male programmes such as the Preston programme, which ran a Fit Fans programme. This certainly contributed to the higher numbers of male participants and has been recognised as an area for development by some programmes who are looking to incorporate similar approaches, to address the imbalance.

"So, I would like to offer a particular programme to males only, and I've got some dialogue going with [The local professional] football club." (District Service Manager)

Case Study: Wyre

The Lancashire District of Wyre commissioned 'Slimming World' to deliver their adult weight management service. The original decision was based on a lack of an internal resource to deliver the service. After going out to tender Slimming World won the contract. They have significant experience in this area and are commissioned to run over 90 different schemes across England. They were already established across Wyre with around 30 groups already running. With Wyre being a rural community, this was seen as an opportunity to deliver this service in local areas as opposed to clients having to travel long distances.

[5] Adult tier 2 behavioural weight management services commissioned by local authorities Q1-Q3 2021/22

Initially, referral onto the service was by health professional only, however this left spare capacity within the contract, so the service was opened to self-referral which led to a significant increase in the number of people accessing the service.

"We talked to Slimming World about whether to operate it from the beginning as self-referral and to health professional referral. Their experience was the minute you introduce self-referral numbers go through the roof. And what happened with all the schemes is that all places have gone within three months. We didn't want that to happen, so we did health professional referrals initially see how we go and then introduce self-referral later." (Wyre Programme Manager)

National data for services like Slimming World show only 11-18% of participants are Male[6]. This is reflected in the Wyre were only 9% of service users were Male (2021/22). They have since started to address this imbalance with the introduction of a 'Man v Fat' option for male participants who would prefer this approach. At the time of this report the data on participation in this service had not filtered through.

"We are trying something different with men, a different way to engage them with a 'Man v Fat' programme. I think it's harder to recruit men. But I think with time and word of mouth, we'll get there with that." (Wyre Programme Manager)

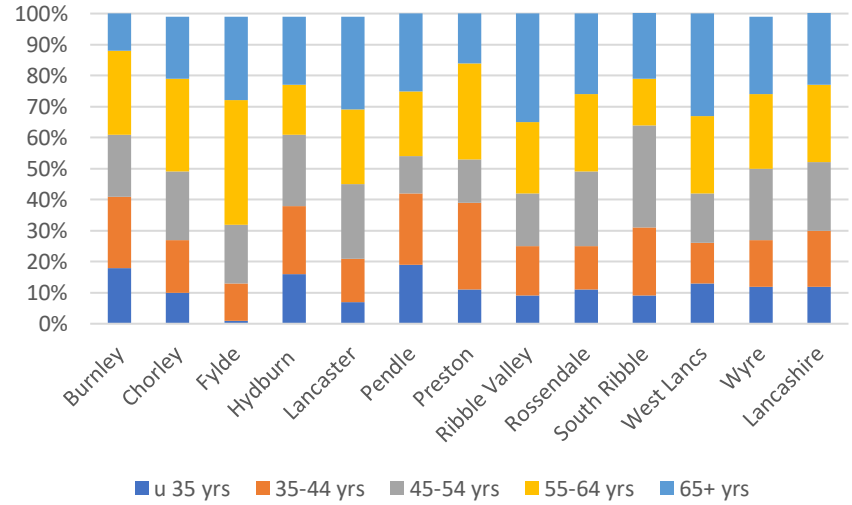
IMPACT OF SERVICE PROVISION

- The Slimming World Service provision led to a predominately older age female group of participants. However, it has significantly more service users than any other district – highlighting the popularity of the programme model.
- Weight Loss through this service was significantly higher than the other Lancashire district programmes and nearly double the England average.

5.53 Age

The weight management service across Lancashire is predominantly accessed by older adults than the England averages. Almost a quarter (24%) of participants across Lancashire were aged 65+ years, whilst just 12% were aged under 35 years. Nationally 21% of participants were aged under 35 years.

Fig 5: Participants by age group and district



These rates varied by district. Burney had the lowest percentage of over 65's at 12%, whilst Ribble Valley (35%), West Lancashire (33%) and Lancaster (30%) had the highest percentage of over 65's.

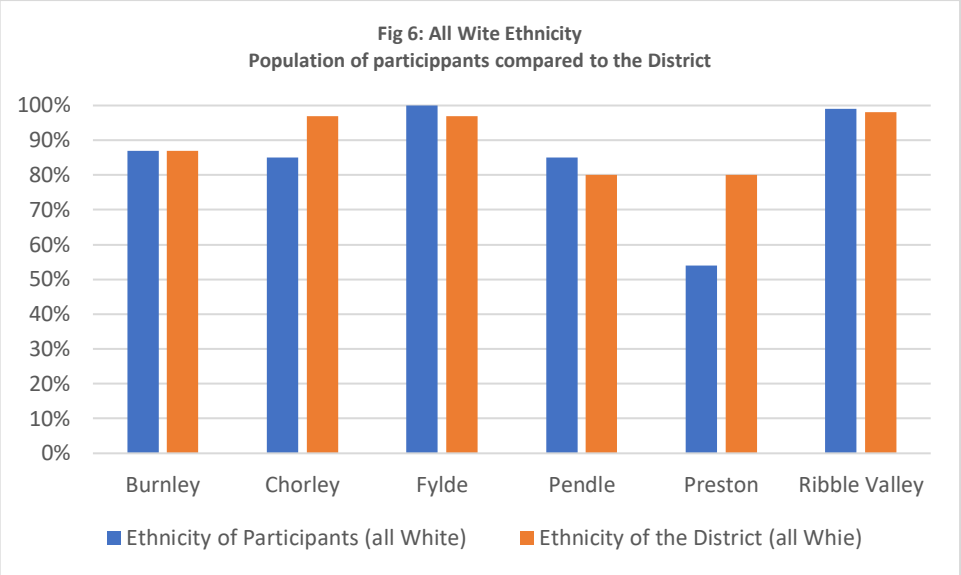
These are not representative of the district populations, that show the highest percentage of older people are in the districts of Fylde (24%) and Wyre (25%)[7]. Only 1 % of Fylde participants were aged under 35 years.

[6] Elliott, M., Gillison, F. & Barnett, J. Exploring the influences on men's engagement with weight loss services: a qualitative study. *BMC Public Health* **20,** 249 (2020). https://doi.org/10.1186/s12889-020-8252-5

[7] Lancashire Population breakdown 2011

5.54 Ethnicity

It is difficult to assess if the services are reflective of the ethnic make-up of the county due to incomplete data on the OHID system (2020/21), with 31% of overall participants not having a recorded ethnicity. This is a particular omission from Hyndburn (43% unrecorded), Lancaster (55% unrecorded), Rossendale (43% unrecorded), South Ribble (27% unrecorded), West Lancashire (58% unrecorded) and Wyre (45% unrecorded).



Data from the remaining districts shows the levels of ethnic participants classified as all white is generally reflective of their overall district population except for Preston who have just over half (54%) of participants registered as 'All white' compared to a District level population of 80% 'All white'

The most prominent non-white populations across the County are Asian/Asian British and of those with sufficient ethnicity recorded we can see that these are reflective of their District population with the exception of Preston who have 35% of their population classified as Asian/ Asian British compared to a district level population of 15.5% (Table 3).

Table 3: Asian/Asian British participants compared to population estimates

	Asian/Asian British Participant	Asian/ Asian British District Population
Burnley	11%	11%
Chorley	2.50%	1.60%
Fylde	0%	1.60%
Pendle	17%	19%
Preston	35%	15.50%

Case Study: Preston

As part of the Preston service, they developed the Sahara programme targeting ethnically diverse populations. The rationale behind this being that there are high levels of ethnic diversity amongst the populations, particularly Asian/Asian British populations.

"We've recognised areas within Preston where there was a need for this programme to be delivered, particular with ethnically diverse groups communities in particular south Asian populations." (Programme Manager)

The link to the Sahara was made through a local Cllr who set up the centre and introduced the programme to them, having identified that this group would not access the traditional weight management programmes. They had to overcome barriers and build trust in a community that had felt let down by services in the past.

"The group has worked because we have gone into their community tailoring the service to meet their needs. The approach was not without challenges. In particular, he challenges in terms of the translator to address language barriers, being educated educated in their culture so they don't eat a Sunday they roast they may eat a Biriani. So, it was going in without knowledge that we were just going to be teaching them and educating them things that that were irrelevant to them" (Programme Manager).

They not only ensure the programme is delivered in local community venues accessible to the Asian community, but significant effort was put into translating materials into appropriate languages, tailoring discussions to focus on traditional Asian diets and had an interpreter at each session to remove language barriers. From the participants focus group it was evident that the physical activity components were essential elements for the group and these are now a central element of delivery.

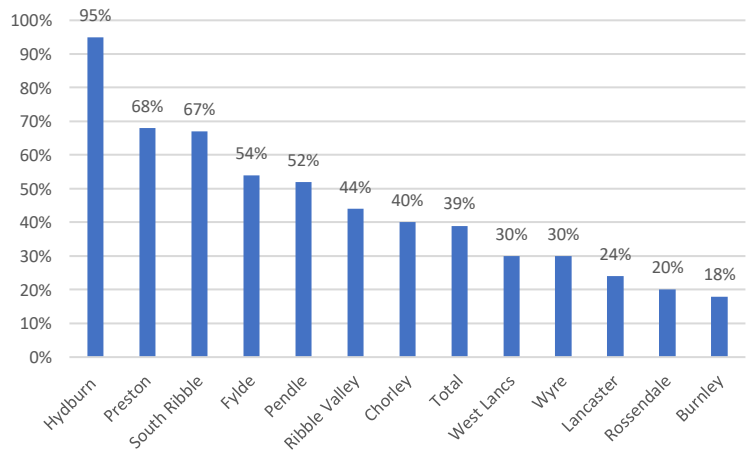
IMPACT OF SERVICE PROVISION

- The delivery model has meant that Preston has by far the highest percentage of service users that are Asian / Asian British at 35%, double the next most ethnically diverse programme in Lancashire (Pendle) and more than double the England average of 16% ethnic minority participants.
- Based on verified OHID data the Preston programme had a high 68% of participants completing the programme, again nearly double the England average of 38%.

5.6 Those who completed the programme

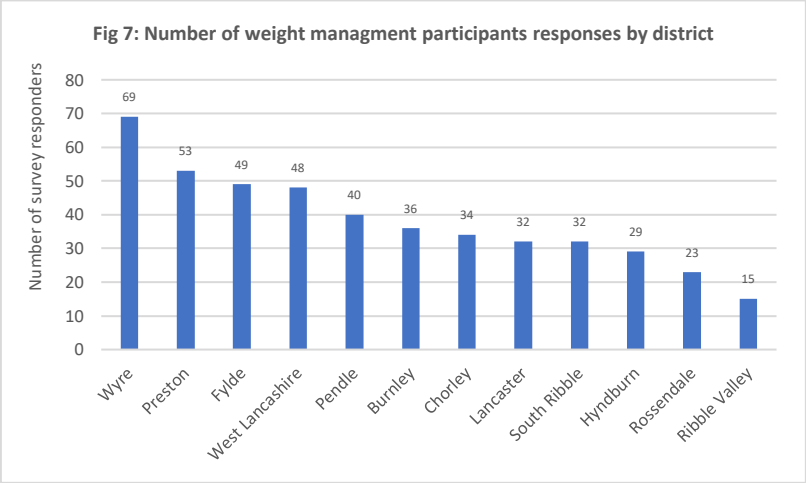
Participants who had attended 75% of the active intervention were considered to have completed their programme. Based on the submitted and verified data across Lancashire (2021/22), 41% (n=903) of participants are classified as completers which is higher than the 38% of completers nationally [8]. The data is not complete as some participants that signed up to the programme between January and March will not yet have reached the 12-week stage.

Fig 7: Percentage of starters that completed 75% of the programme



Based on the OHID national data set 2021/22, there is significant variation of completers between districts. The districts of Hyndburn (95%) (**NOTE**: Hyndburn – removed those participants from pre week Zero who didn't attend at week zero which is why their programme completed figures are so high) Preston (68%), South Ribble (67%), Fylde (54%) and Pendle (52%) having significantly higher rates of completers than the England average. Whilst areas including Lancaster, Rossendale and Burnley have significant lower numbers of completers.

[8] Adult Tier 2 weight management services: short statistical commentary 2022. Office for Health Improvement and Disparities (July 2022)



The survey of those completing the programme was returned by 460 participants (69%) of total completers.

Note the comparisons cover different time periods, with the survey running over an 8-month period, November 21 – July 22.

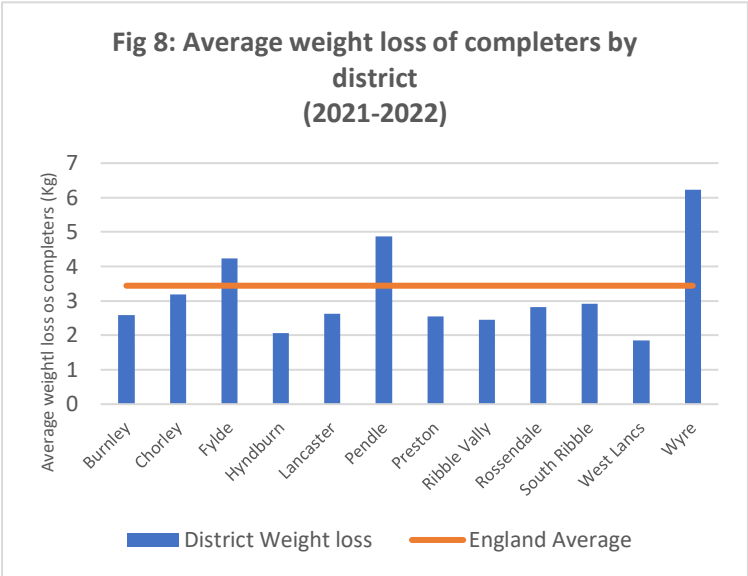
This data was used to asses the impacts and views on the services in the following sections, with the exception of weight loss data

5.7 Impact of the service on completers

5.71 Weight Loss

The average weight loss between April 2021 and March 2022 for participants classed as completers (7+ weeks) was 3.88Kg. This county average is skewed by data from Wyre

The average weight loss data at a county level is slightly above the national average weight loss of completers which in the financial year 2021-2022 were 3.34Kg[9] (*When limiting this analysis to only those who have had both a weight measurement at enrolment and at least one other subsequent weight measurement during their service).



There are differences in average weight loss of completers between districts, ranging from a low of 1.85kg (West Lancashire) to a high of 6.23kg (Wyre). Only three districts (Fylde, Wyre and Pendle) are achieving higher than England average weight loss.

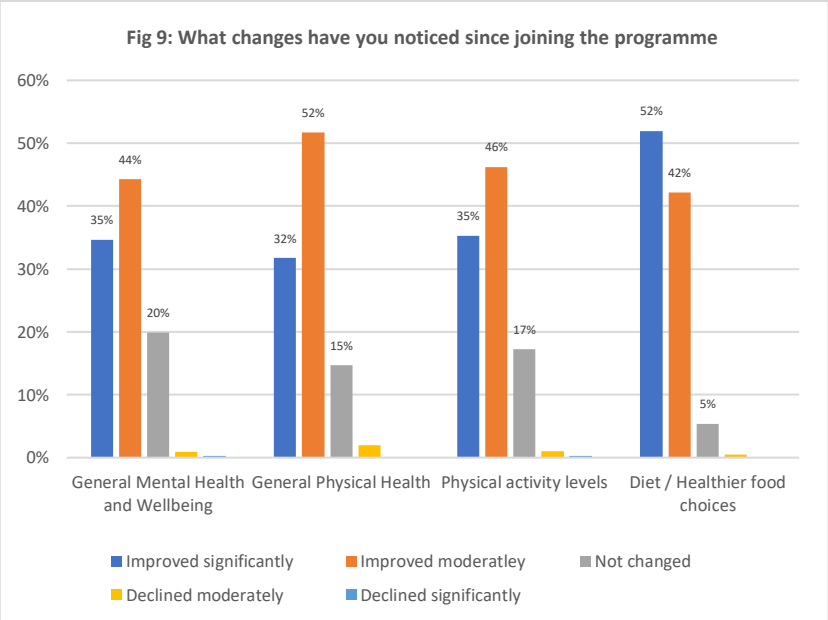
172 participants (26% or total recorded completers) across the county lost 5% or more of their original body weight. These figures are above the national average for 2020/21 where 17% of participants had lost 5% of their initial body weight at the end of the service[10].

In Lancashire 11% (n=72) of participants completing the programme either did lose any weight or gained weight.

[9] Adult tier 2 weight management services: Short Statistical commentary July 2022
[10] Adult tier 2 weight management services: Short statistical commentary July 2022.

5.72 Wider Impacts

Aside from weight loss, the survey of participants looked to identify specific, associated impacts, beyond weight.



79% reported improvements in general mental health and wellbeing and 85% reported improvements in general physical health.

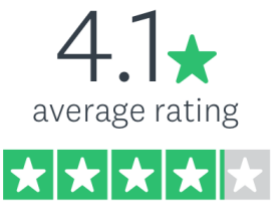
81% reported improvements in physical activity levels and 94% in improvements to diet.

"I have been given the knowledge and skills to continue with my new lifestyle for the rest of my life. I am a totally different person now and I never want to go back. It was so much fun, non-judgmental, informative and perfect for me. I tell all my family and friends to join the next cohort and change their lives too. (Preston Participant)

"One thing I didn't expect was how much it changed me mentally. I am so much more confident, and just feel much better in every way possible. Thank you to absolutely everyone involved. I am eternally grateful. I miss seeing the group of wonderful ladies in my cohort and the people running it." (South Ribble Participant)

5.73 Overall level of Impact

A survey of 86 stakeholders across Lancashire, (representing commissioners, primary and secondary care referrers, public health professionals, voluntary sector partners and service providers), were asked to rate the level of impact of the programme on participants from a scale of 1 (zero impact) to 5 (significant impact). Across the county the weighted average impact reported by stakeholders was very high at 4.1.



"I have had excellent feedback from patients about the support they have received and weight loss achieved." (PCN Dietician)

"I think that it is an effective programme to support people in their ability to lose weight and their confidence. They have reached their goals set and I think this is down to the way the programme is run and that they feel supported rather than judged to reach their goals." (Social Prescriber)

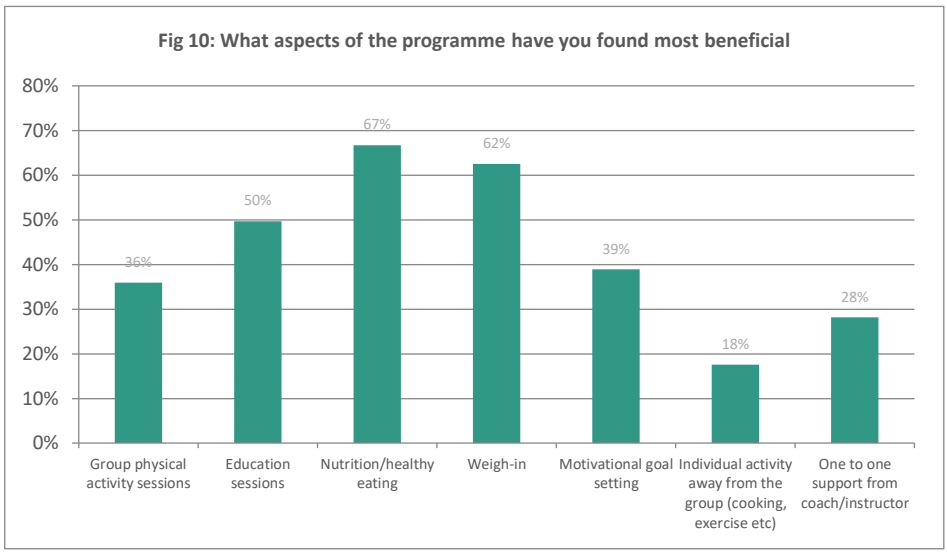
5.8 Views on the programme

The following data is based on the survey of 463 participants who completed the programme and 86 stakeholders across the county

5.81 The most beneficial aspects of the programme to participants

The nutrition/healthy eating elements were viewed by participants as the most beneficial aspect of the programme (67%). Alongside this, 62% of participants reported the weekly weigh-in as beneficial. The weigh-in though was not universally appreciated by participants and it certainly split opinions. There were a significant number of participants, most of whom were male, stating that they would remove the formal weekly weigh-in sessions, finding them patronising and not a good use of the time.

"Far too much time spent in group sessions reading out weight losses or gains leaving little or no time to do anything remotely useful." (Wyre Participant)



The individual activity away from the session (18%) and one-one support from a coach or instructor (28%) were the aspects least rated as beneficial. There were differences between districts, with 46% of Wyre and 43% of Lancaster and West Lancashire participants finding the one-to-one support as beneficial.

Physical activity sessions were rated highly as beneficial aspects of the programme in Preston (88%) and Hyndburn (79%)

5.82 The most beneficial aspects of the programme to stakeholders

The main stengths of the programes as identified by stakeholders related to the following areas:

- Programmes are tailored to meet local need

  "Each district has designed their service to meet the needs of their population. Providing a variety of groups including content and access, case studies, service user feedback and use of props in groups as visuals for service users." (LCC Stakeholder)

- The referal process allows GPs/Health proffessionals to recognise weght issues and make appropriate referrals – easy acess
- The service is free of charge

  "Provides an opportunity for people to join the weight loss programme who may not be able to afford it" (Wyre stakeholder)

- Delivery of the service at local community venues as opposed to a leisure centre or NHS venue

  "A key strength is they listen we where we need programme and then find a venue and set them up" (South Ribble stakeholder)

- Links to local communities – giving access to patients who may not otherwise engage

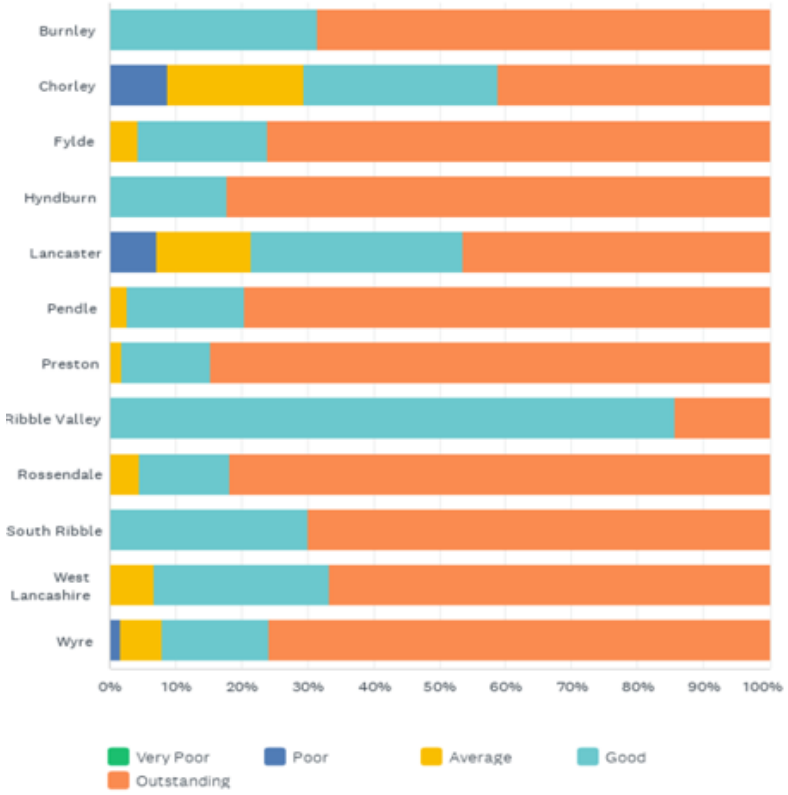
It is a cost-effective way to introduce the public to weight management & exercise. More people may access it as some venues are based in the Community such as libraries & through established organisations such as Lancashire Women (Hyndburn stakeholder)

- Very approachable, knowledgable and efficient service providers
- Targeting the correct groups of people - Engaging seldom heard groups

5.83 Participants ratings on the programme quality

The survey asked participants to provide an overall rating for the programme they attended. The quality of the programme in each district was rated very highly amongst participants with a weighted average score across the county of 4.6 / 5
69% of survey responders rated the programme as 'Outstanding' and 24% as 'Good'.
Just six survey responders rated the programme as 'Poor'

Fig 11: Participants rating of the quality of the programme by district

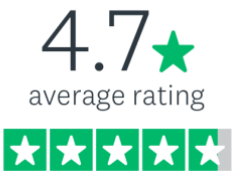


There were only small changes in participants ratings by borough with the majority in each district rating the service highly.

Note the very low numbers rating the service as poor in Chorley (n=3), Lancaster (n=2) and Wyre (n=1) and so, whilst this is valuable feedback, it should not be taken as a significant reflection of those services.

The nurse who saw me told me I was obese and had to lose some weight, I struggled because I was already eating healthily. However, through this course I could make some changes
(Ribble Valley Participant)

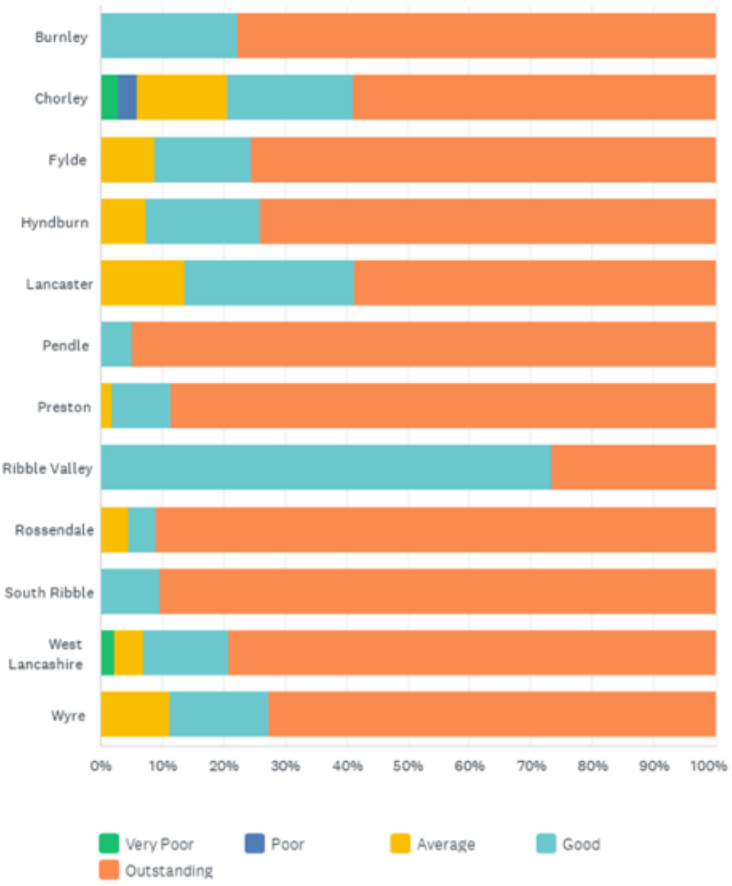
5.84 Participants rating on the quality of the delivery team



The quality of the instructors across all programmes were rated very highly by participants with a weighted average across programmes of 4.7 / 5.

76% of responders rated the instructors as 'Outstanding' and 17% as 'Good'

Fig 12: Participants rating of the quality of the delivery team by district



"Amy was always extremely professional. Well knowledge and made all clients feel at ease. Was very approachable and helped so much" (Pendle Participant)

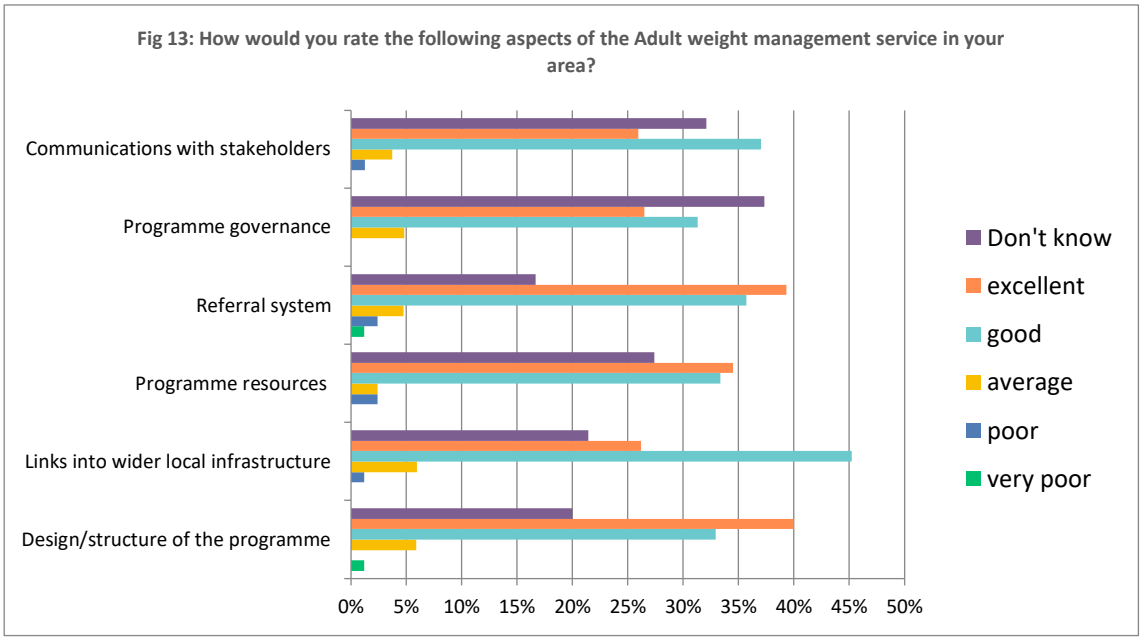
Absolutely amazing experience and most supportive staff who listen and understand your experience. All the staff understood that everyone was in different situations and supported each of us. (Preston Participant)

Only three survey responders (two from Chorley and one from West Lancashire) gave a rating of 'very poor or poor' in terms of the delivery team.

"I was hoping for better qualified facilitators and to learn more than I have so far. So far, I haven't learnt anything that I didn't already know." (Chorley Participant)

5.85 Stakeholder rating on the programme

Stakeholders were asked to rate specific aspects of the weight management service. Again, responses were overwhelmingly positive. 73% rated the overall design and structure of the programme and 75% rated the referral systems as good or excellent.



5.86 What participants think could be improved

Participants were asked about aspects of the programme they would change. Overwhelmingly the responses were very positive, *'there is nothing that I would change'*. This feedback clearly demonstrates the value that participants have placed on the programmes.

Across all districts, the most common response when asked about how the programme could be improved was *'can we have more sessions?' 'a 12-week programme is not long enough!'*

"They should run the course for a longer period, so you get into the habit of staying focused on what you're trying to achieve. It's so easy to slip back into unhealthy eating" (West Lancashire Participant)

"The course should run over more weeks, to say six months as there is a lot to take in and can be major lifestyle change that needs longer to sink in." (South Ribble Participant)

Whilst providers recognised that on the whole participants wanted the sessions to run for longer periods than 12-weeks, in interview they discussed the impracticalities of extending the programme within current service specification and within the current resource.

Instead, many programmes are considering how they can support greater self-management post 12 weeks, with discussions about the setting up of social media WhatsApp/Facebook groups for participants to continue to support each other, whilst other areas such as Pendle have kept open lines of communication and still allow clients to drop in for brief advice and weigh-ins on an ad-hoc basis.

The other consistent request across programmes was for the availability of more session times outside of the normal working hours, or that the specific day of the week the session was offered did not fit with their

working life. This is questioning if sessions are accessible enough. The lack of access to sessions outside of the working day could be one factor in a significant majority of participants being over the age of 55. Of the 1,699 participants starting the programme just 19% were employed full time and of the 463 participants who completed the survey, just 24% were employed full time.

"There should be access to evening sessions, as I work it's difficult to fit in" (Ribble Valley participant)

This was acknowledged across districts. And some districts are looking to amend timetables to incorporate more evening sessions.

"At first most of the people referred have been retired or maybe they're unemployed or maybe in education. They've then been able to access the day ones but for some reason during the February blocked the referrals we're all employed. So that a push that we needed evening options. Moving forward we are wanting to provide two evening options and two day options" (Service provider)

Several services highlighted the challenges in putting on more session, out of normal working hours. In particular, those services delivered through leisure centres were limited to availability of session times – especially in the evenings and by availability and cost of space in leisure venues. There was also difficulty in staffing evening sessions due to a lack of staff available to work outside of core hours.

"As a council our staff are nine to five generally, that's their contracted hours and our sessions need to kind of fall within that. We've spoken to individual coaches and plan that they come in later for that [weight management] block, and then they can work later so they may start at 11am and then finish up at 7pm. We are wanting to provide more things in the evening. (Service Provider)

"There's a conversation that we are having over the next coming weeks in terms of their [Instructors] commitment to evenings and their commitment to weekends. So that we can then finalise that information and be clear on what we're rolling out from September." (Service Provider)

The final frequently requested change would be to incorporate more physical activity into the sessions. There was clear confusion raised through interviews with service providers around the contract and if physical activity could be considered an integral part of the programme. The confusion appears to relate to the OHID part of the contract which many providers thought excluded physical activity.

"It's almost a previous programme active lives healthy weight had a physical activity element. But now, there's no funding for physical activity. The funding is aimed at healthy weight now, if the provider can be creative in their funding, and use that to support the physical activity side of it, all well and good but yeah, the programme it was based around nutrition, it was based around obviously getting qualified nutritionists in to actually deliver the Healthy Weight lifestyle rather than being healthy weight and physical activity." (LCC Stakeholder)

5.87 What stakeholders think could be improved

Communications between the service provider and health care proffessionals was most cited area for improvement by stakeholders. They suggested that there is a need for local services to better engage with health care providers and social prescribers/link workers to increase their understanding of the service and the referal process.

Several primary health care responders would like greater feedback on the progression being achieved by the patients they refer onto the service, with a feeling that once they refer a patirent they do not recive feedback to allow records to be updated. It maybe helpful to confirm with the clents GP Practice that they have started the programme and again on completion or drop out.

"The referral form would be much easier and accessible to primary care if it could be in a word format which could be exported onto EMIS and autfo-filled with relevant information. I feel the form could be a barrier to some health care professionals as it has to be opened via the internet and then manually completed, In primary care this can be time consuming in a busy clinic." (Lancaster stakeholder)

There is also a consitent request by local stakeholders to move away from a purley lesiure centre based programme and build in more sessions, incuding physical activity opportunities out in the community venues. Stakehlders feel that, in general, the services are trying to promote leisure centre based activity, when what they feel should be promoted is more taking services into communities.

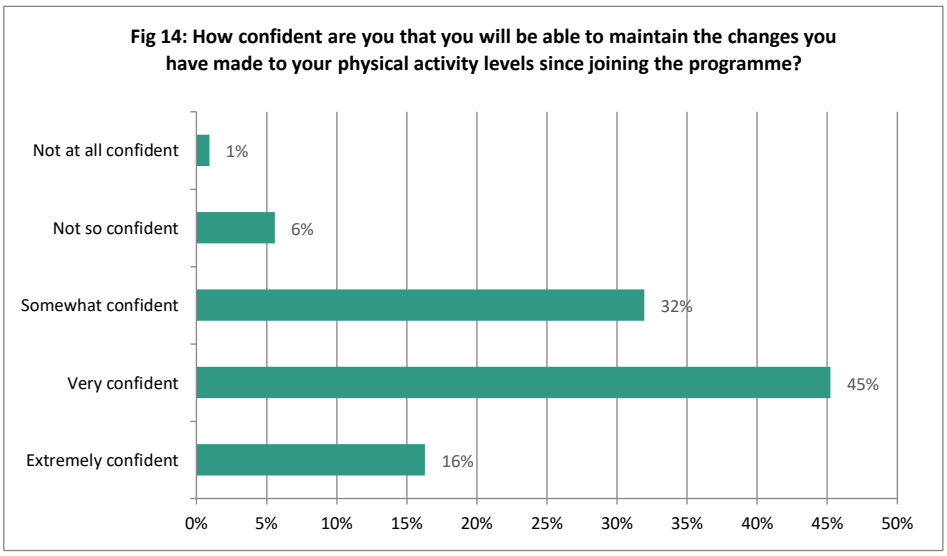
Stakeholders also reflected the limited access to services on evenings and weekends. They consistently raised improving access as a number one priority.

"There are limited opportunities to access services on evenings & weekends. Full-time workers may not be able to engage. Also limited opportunities for the next steps [Post 12-weeks] for people who want to continue with their weight management journey & the affordability of this" (Hyndburn stakeholder)

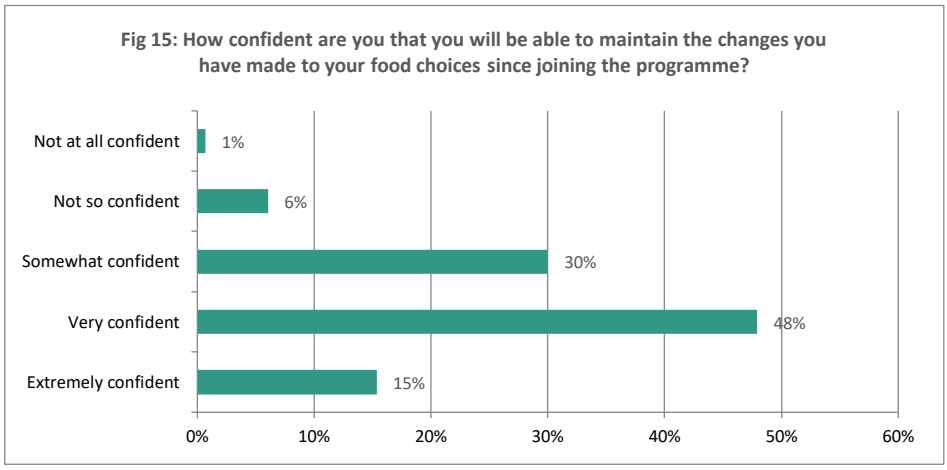
5.88 Maintenance post programme

There has been no data, at this time point in relation to if weight loss has been maintained or continued to increase post programme. This data should be reviewed once available to assess the long-term impact of the programme.

Therefore, at this stage we asked participants on completion of the programme how confident they felty in maintaining the gains.



Over 60% of participants were very or extremely confident of maintaining their changes in physical activity levels



63% of participants were very or extremely confident of maintaining the changes they had made to their food choices.

"I have done Slimming World before and it's a healthy eating program that fits into normal life and easy to continue. I am grateful for the opportunity that gave me a push back into taking control of my weight after my cancer treatment. I have finished my NHS 12-week plan and have just paid for a further 6 weeks to continue the process (Wyre Participant)

I have realised by extending the gap between meetings that without continued help it is easy to slip back into old habits, so I need the outside help support to keep on a healthy and weight conscious path" (Fylde Participant)

I am finding it difficult to remember all I learnt about nutrition. I enjoyed the group encouragement and was disappointed there was nothing in place after the 12 weeks course ended. (Preston Participant)

Case Study: South Ribble

Unlike the other 11 districts the South Ribble programme only delivered over an eight-week programme. The first and last sessions are delivered as one-one connection meetings and in the middle is a six-week, face to face group sessions. The reasoning behind this being that, as an organisation, they work to school terms, and they wanted to fit the programme into these half term blocks.

"We restructured the courses altogether… We decided that we would fit it within term times and have a connection meeting at the start, where you do a personal profile and discuss with one of the coaches how and which course suits you best into" (Service provider)

Following the course, the participant is followed up with another one-to-one connection meeting via the telephone.

Participants have a choice of 4 types of programmes to attend. One is fully classroom based with a focus mainly on nutrition with encouragement to be active outside of the session. The other three sessions are all 30-minute nutrition education and 30 minutes activity, with the differences being the type of exercise offered; Walking; structured calls exercise – seated – aerobics; and leisure centre based introduction to sport. The greatest demand between these sessions was the full education session – and it was suggested that this is because it was an evening session.

"We tended to find the academic sessions because we were running it in the evening was most popular. That was our kind of main go to session. The numbers for both the evening groups were a lot higher." (Service provider)

IMPACT OF SHORTER PROGRAMME

- The provision of evening sessions by South Ribble may be a contributing factor to the district having the largest percentage, of the 12 districts of participants aged under 55yrs (64%).
- The provision of a shorter structured programme has not adversely impacted on participant weight loss, with Pendle ranking 5th of the 12 boroughs in average weight loss (2.91kg) which is similar to the England average.
- Programme retention was very high at 67%, double the national average.

5.9 Overall opinion of service users

The survey asked service users to summarise their overall views on the programme answering *'What three words would you use to describe the programme?'* These very positive statements have been summarised in the word cloud (Fig 16 below) and in the qualitative statements highlighted as a fair reflection of overall responses.

Fig 16: What three words

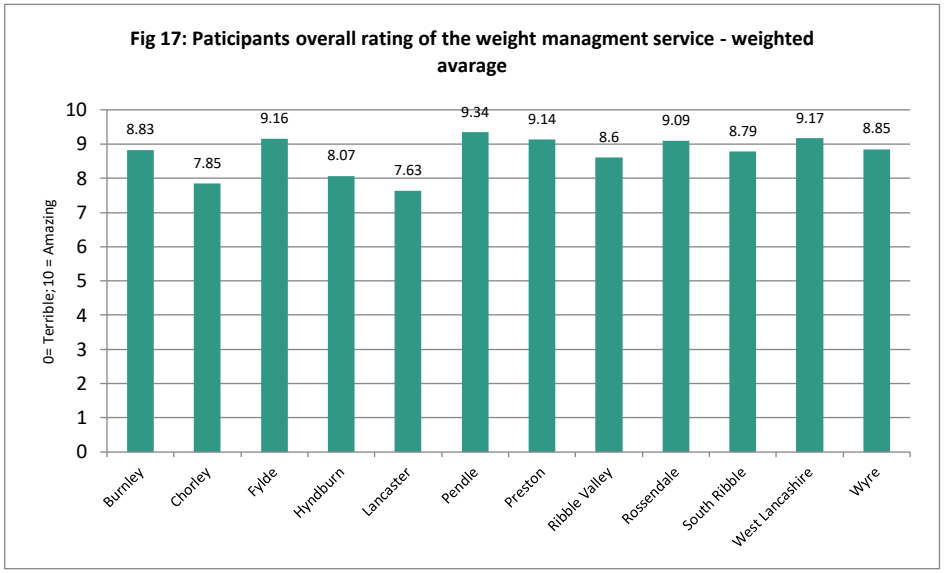
"I am back on track to reach my goal weight, keep my blood pressure and sugar levels under control and generally feel healthier." (Wyre participant)

"I'm so glad I joined this group. I've learnt so much and it's made such a huge difference to me, I am closer to my original weight before having my daughter than I've ever been in my life. I'm more energetic and feel healthier than I have in many years, before this group I was in the prediabetes arena, now I'm a long way from that in the right direction and I can't thank Craig enough. I've been so impressed I've introduced my partner and mum to the next group. Thankyou Craig, you've made a world of difference for me and I've not felt this good about myself in a long time." (West Lancashire Participant)

"Fantastic instructors. One to one PT sessions and group exercise classes are very enjoyable. Need commitment to benefit from all the sports centre has to offer but feel my mindset has changed and I get up every day with an activity plan in mind to do that specific day." (Hyndburn participant)

5.91 Overall Rating

Fig 17: Paticipants overall rating of the weight managment service - weighted avarage



Participants were asked to give an overall rating of the weight management programme from the point of hearing about it, through to the completion of the 12 weeks (0=Terrible; 10= Amazing). Across the county the weighted average rating was 8.8. When results were filtered to a district level overall ratings ranged from 7.63 to 9.34 which is very positive feedback across all districts.

6.0 Discussion

6.1 Data collection

There has been significant issuues with the recording of data onto the OHID data base. This has meant that it has not been possible within this report to accuratley reprepresent the total data fields for the programme. This has been a recurrent and significant problem for the programe since the outset.

It is recognised that many of the complications came about due constinent changes to the minimum data set and the inpracticalities of the national data collection system. It is reported that the data requirements are excessive and not pragmatic and the OHID system required a sigificant shift from the original data that providers were asked to submit this has clearly frustrated providers.

"There are some really hard questions … that nobody has really felt the need for. So sexuality for example, why would that affect your engagement to weight management, for example, and actually, our providers have felt really uncomfortable with some of the questions and we could not get the rationale from OHID as to why you want that information. It's not something we would have made our provider ask." (LCC Stakeholder)

There is clearly a need to upskill providers on how to collate an input data correctley, which will lead to cleaner, more achievable data collection.

"I think there's an awful lot of providers who will openly acknowledge data collection is not their forte. I think there's other providers who say, we're here to deliver a service. And if I'm spending 10 hours punching numbers into a spreadsheet, I'm not actually doing what I should be doing. It's a very onerous task." (LCC Stakeholder)

The short commings were not just at a national level. It is also recognised by the commissioners that, due to internal staff changes, changes in funding streams and the challenges brought about by Covid-19 that centrally (Lancashire) there was not enough time granted in exploring what the data collection model should loook like and that this must have been frustrating to providers.

6.2 Local fexibility v Standardised contract

There have been significant advantages in allowing local districts to tailor the service to local need. For example responding to local demographics including age, diversity, ethnicity, deprivation. The sevice model recognised that these can be completely different between districts and it is important districts have the flexibility to tailor services to take account of these differences. The evaluation has presented data that shows certain aspects of the local approach have been effective, for example the Preston programme delivering tailored programmes for South Asian popualtons or the success of delivering evening sessions within the South Ribble population. The learning from these could be used in the development of enhanced future specifications

"You, as a district council or leisure trust, can still put your own nuances in there. You can still respond to your own community needs. You can still give it innovation. But actually, what Is needed is a little bit more of a standard approach" (LCC Stakeholder)

However it was recognised by the majority of providers and commissioners that the aproach has perhaps missed opportunities for greater co-ordination / connection. There is is a growing desire that, whilst not removing local flexibility to tailor services, that there is an opportunity to look at developing a more consistent offer that may include consistent branding and consisitent service elements ensuring each participant recieves an equitable service.

"For me, it's really exciting. From what I've seen, in the last six months, what I've heard feedback prior to that six months, we've got a really good opportunity to redesign a specification to be fit for purpose that covers families physical health, nutrition" (LCC Stakeholder)

"So as a minimum offer, we could maybe have a specific 12 week programme that is written and accredited and delivered. And the training for the delivery of the programme is done in the same way. So a future specification might look at having one or two elements that are essential, and then almost like a pick and mix of other options, depending on the geography of that area." (LCC Stakeholder)

Within the current specifications, there is clearly confusion between districts on how prescriptive the current programme is regarding the inclusion of physical activity alongside nutrition. Much of the confusion is acknowledged as historical brought about orginally by a change in the public health grant from pre 2020 being 'Active lives, healthy weight' which then changed to 'Healthy Weight' and then the OHID funding was introduced. Some providers feel that the grant does not cover physical activity, due to the introduction of the OHID funding where others suggest that physical activity elements can be included through the public health grants. Service providers would welcome clarification on this issues and overwhelmingy they are of the opionion that physical activity should be in iintegral part of any weight management programme.

"I think there's more of a commitment with from somebody if they know that they are gaining something physical from it. You know, sometimes we can very quickly switch off when it's just maybe theory based. But certainly when there's that physical activity element, we're only currently necessarily concentrating for maybe 20 minutes, half an hour, and then I'm going to do a workout." (Service provider)

Stakeholders, excluing providers, were consitent that the inclusion of physical activity should include options away from structured leisure centre based classes – in paticular the promotion of walking should be prioritised.

"I think it's that kind of, showing participants that physical activity is not going to the gym. It's looking at avenues that are out there. Some providers who have looked at different ways of bringing in physical activity…… group walks in the park … as simple as that." (Stakeholder)

6.3 Programme structure

The programes tend to operate as fixed groups – so the same group start and finish the programme together. It is reported by providers that this is important for group cohesion and dynamics.

"The 12 week programme is not a rolling one so that people who join start as a cohesive group. They form a group and they've always started either a WhatsApp group or a Facebook group, and they started to meet all the time, which for me is job done. So that's why I decided that I like the cohesive group." (District Programme Manager)

There are generally short waiting times from referral to programme comencment. However as numbers of referals continue to increase, the current service model may place a strain on waiting times and hence conversion rates from referral to starter. It is recognised by service providers that these waiting times may become unsustainable and lead to a greater drop off from referrals made to programme starters. They suggest that this could be addressed by introducing a more fluid rolling programme and services are starting to look at this, whilst recognising that this may alter group dynamics and thus retention on the programme.

Critical to programes is the behaviour change elements – it is clear from this evaluation that instructors are highly skilled up to deliver nutrition and skilled up to deliver the physical activity elements and the instrucors are rated very highly by participants as a key success factor. But serveral instructors raised a need for addition training, specifically in relation to 'behaviour change'.

"It's a lot about listening and it's a lot about behaviour change management that I wasn't skilled in. I really feel I would benefit from any offering of training in this." (District Programme Manager)

"If you look at the three prongs that you need to have for this really, you need to have the nutrition. You be able to give nutritional advice up to the level that you qualify to, the fitness advice definitely. And then there is behavior change - that's quite something that most fitness instructors and most nutritionists don't have specific training in." (Weight management instructor)

There is clearley potential to consider the commissioning of training in behavior change at a county level – to ensure a more consitent skill base across programmes.

6.3 Programme quality

The quality of the programmes delivered across the county are considered by both stakeholders and participants highly. In all aspects the programmes appear to be well received with very minimal criticism. The main area that needs enhancing in many districts is access. There was consistent feedback that there is a need for more services outside of traditional working hours of 9-5. Whilst this causes problems for some providers, due to instructor contracts, costs or availability of space, there is a need to consider alternative options for provision outside of these hours. Where this has been done effectively – such as South Ribble – the data reflects that the average age of participants can be reduced and the programmes can be attractive to working age adults – both male and female.

6.4 Programme reach and impact

Whilst the national OHID data is incomplete and was only available to this evaluation based on 2021/22 data, we were able to draw comparisions of reach and impact on weight loss at a county and district level.

In all aspects of the OHID data the Lancashire service compares favourabley. Across the county conversion rates (75%) of referrals into programme starters is far higher than rates at an England level (58%) and there is greater reach into areas of high deprivation than England. However, when comparing referrals by local adult obesity rates, the reach of services is limited. In 2021/22, the 12 districts received referrals for just under 1% of their obese population (2,257 persons). Even if it is assumed that attending a single session of the programme has some positive impact, then this only reached 1,699 people – around 0.6% of the obese population. This raises a discussion on how programmes reach a greater number of obese people or the additional support available to obese populations not accessing the programme.

The programmes are cearly more popular amongst female participants – however this matches the national data. There are concerns amongst some programmes, most notably Wyre where females made up 91% of particiapants. Here and in other areas providers are recognising the need for a different offer to attract Males and in areas where this has taken place already, such as Preston, the proption of Male participants is far higher. Similarly with ethnicity, where programmes have tried to tailor specific ethnicity tailored programmes, they have seen a significant uptake among these communities, most notably in Preston (46%).

Whilst at a county level average weight loss at 12-weks is in line with national avaerages 3.88kg and 3.44kg respectivley, there is significant varience by district from 6.23kg to 1.85kg. Only 3 districts are above the national average whilst the others are similar or lower. There is a need to look deeper into this data to identify issues that may exist within certain programmes, or if it is simply a result of incomplete or older data.

There was significant differences between take up of the programme between districts with very low levels of take up in some districts and higher rates in others. Whilst recognising that data is now quite old and in some cases incomplete, it is worth looking at factors that are impacting on this. The area with by far the greatest take up is Wyre, offering the Slimming World programme. This is clearly very popualr offer and also has a significantley higher weight loss of participants than either county or national levels.

When looking at wider impacts this evaluation found very little differences between districts, with the majority of all completers rating the impact of the service on physical and mental health, diet and physical activity very highly.

6.5 Shared learning

It was consistentley raised by districts that they valued the shared learing opportunities brought about through the regular joint-service meetings. However, it is broadly acknowledged that this joint-service learning could be enhanced though more regular drop in sessions and more formal service presentations. There is also opportunity to make better use of social media – WhatsApp and Facebook groups at a county level to allow shared (between service) questions and quick responses.

"What we need to get better at and what they need to get better at is communicating with each other. So we talked about a few ideas like podcasts, newsletters, like interactive, online, sort of platforms they could use." (LCC Stakeholder)

7.0 Recomendations

The following recommendations are based on the findings of this evaluation. It is recognised that, over the period since the evaluation was commissioned, there have been changes to the funding streams and to data requirements of services and that local services are consistently adapting their programmes and their offer, so some aspects of these recommendations may already be in the process of action at either a county or district level.

- The programme is clearly performing well against the national programme and is rated highly by regional and local stakeholders and participants. We would recommend that the County Council continues to commission a Tier 2 Adult Weight Management programme at a district level.

- The removal of OHID funding will restrict the resource available to districts. We would recommend, based on obesity prevalence across the county, that other additional funding streams are sourced to allow enhanced service provision.

- That services look at ways to increase referral into service to improve their reach. This should include greater efforts to strengthen links to other local services, facilities, groups, primary and secondary care providers, link workers etc

- That local programmes assess their local provision against the requirements of local service users. In particular, services should consider increasing the availability of services in the evenings and weekends and deliver programmes within specific targeted community settings.

- Any service offer should include bespoke programmes that target specific under-represented population groups – most notably: males; ethnic minorities; younger adults and deprived communities. There are pockets of good practice already in the county and referenced in this report and the learning from these should be promoted.

- There are clear opportunities to create a more consistent offer across the county. The commissioners and the service providers' should work together to develop a new, more detailed service specification (and branding) for implementation in all districts whilst allowing flexibility for local innovation.

- That it is clarified that physical activity is an integral part of the weight management programme.

- Commissioners should look to reconsider the minimum data requirements and the ask of local services, whilst maintaining robust and consistent data collection. Providers should receive training in the data collection and recording processes at a county level.

- Develop a realistic and pragmatic process and outcome evaluation framework that builds on the approaches taken in this evaluation and consider commissioning an independent prospective evaluation that builds on this report.

- Bring together partners on a regular basis at both strategic and operational levels. These should be used to share information; updates; advice; guidance; best practice; worst practice. Use this network or 'community of practice' to develop a sense of community and shared vision.

- That the content of this report is presented to all stakeholders and the findings discussed in more detail.

Appendix 1: Summary of district programmes

Burnley: **Healthy Weight Class**

Programme structure: 12 weeks. Face to face. Healthy Weight Class, Weekly weigh-in and healthy eating workshop, set start and finish time; Healthy Weight Weigh-in –Weekly weigh-in with motivational advice. Call in at any point during the session

Points of difference: Delivered by qualified weight management and physical activity tutors, eligible to access a selection of leisure activities for a one-off fee of £30 whilst on the 12-week programme. Held at various venues across the borough, self-referral or referral access on to the programme.

Reflective view of participants: "*Top quality. Things explained so well. Programme was put over in a good way. The group gelled together extremely well."*

Hyndburn: **Hyndburn Healthy Weight Programme**

Programme structure: 12 week face to face drop in sessions. rolling programme, weigh in, recipes, weekly nutritional education handouts and tasty topics; 12 week face to face weekly weigh in session, within our ladies only exercise sessions, nutritional education handouts, recipes and peer support; 12 week face to face closed group (targeted support) nutritional education and exercise sessions; 12 week support via our App = non face to face; One to one weekly weigh in and support if all above options are unsuitable

Points of difference: A variety of support offers to meet people needs; the ability to deliver bespoke programmes to targeted groups, workplaces, ladies only groups etc; ability to deliver sessions across the borough; participants have the option to access an highly subsided exercise programme

Reflective view of participants: *"Fantastic instructors. One to one PT sessions and group exercise classes are very enjoyable. Need commitment to benefit from all the sports centre has to offer but feel my mindset has changed and I get up every day with an activity plan in mind to do that specific day"*

Fylde: **CHANGE**

Programme structure: Initial assessment is held over the phone with the clients, to discuss the specific goals for the individuals at the end of the 8 weeks. The programme consists of 8 weekly nutritional information group sessions held face to face. Also offers drop in, weigh in sessions with nutritional information in hand out form. Alongside, the nutritional sessions physical activity sessions are also available, such as low impact circuits and tennis.

Points of difference: Within the programme the are very flexible and also offer 1:1 phone calls for clients, if they are unable to attend face to face sessions. After they have completed the 8-week programme they have monthly catch up meetings, covering topics that the group have advised they are struggling with.

Reflective view of participants: *"Fantastic programme that has helped me get back on the right track with healthy eating and more physical activity. Brilliant motivational instructor."*

Wyre: **Slimming World®**

Programme structure: People can self-refer onto the programme or be referred from their GP or a health care professional for 12 weeks of free Slimming World classes.

Point of difference: Slimming World® is a well-established organisation with an effective evidence based programme focusing on nutrition, physical activity and behaviour change. Their consultants offer support, friendship and inspiration in a virtual or in person group and there are over 30 group sessions across the Wyre area for people to access through the referral programme during the daytime and evenings, there is lots of choice. To access the programme, people need to complete the online form

Reflective view of participants: *"It's been and is a great way to lose weight. Great consultant, a very friendly group. Makes you want to go back each week, and stay after the weigh in. It's great to listen to everyone's journey with losing weight. Makes you feel you're not alone."*

Pendle: **Up & Active Eat Well Keep Well**

Programme structure: 12 week programme of face to face group educational workshops, that teach participants about different health and wellbeing topics, with a primary focus on nutritional and

dietary advice. In addition, we commission a national provider to deliver a 14-week programme, consisting of a combination of educational dietary support and football.
Point of difference: Our programme differs in respect to where we host our workshops. Whilst we utilise leisure trust facilities, we also formed close relationships with partner organisations such as local libraries, supplementary educational institutes (madrassas) and primary care (health centres & GP surgeries)
Reflective view of participants: *"I had no idea there was so much help on my doorstep to help me drop the weight I'd gained during pregnancy and also to help me build my core strength back up. Highly recommended to everyone I meet and think it's a rotten shame it isn't general knowledge to all suffering locals."*

Chorley: **Better Health, Better Self**
Programme Structure: If you have an unhealthy BMI and are at least 18 years old, our healthy lifestyle advice service can support you to lose weight and feel great! Following an initial consultation and evaluation with our very own Weight Management Officer - which will give us a better idea of how we can help you - you'll be invited to take part in a 10-week programme of group sessions offering information, advice and support on how to live a healthier lifestyle.
Points of Difference: Even after you've concluded our initial programme, we'll still be there for you to help keep you on track. You'll also be able to join our private Facebook group in which a growing community of fellow service users will be offering peer support and sharing their own experiences on their journey to Better Health, Better Self.
Reflective view of participants: *"I have lost some of the weight intended due to the programme and with the tools of new knowledge offered to me I can proceed to lose more by making better choices in the future"*

Lancaster: **Salt Ayre Healthy Weight Programme**
Programme structure: A 12-week behavioural change programme. participants learn about various topics including nutrition, diet, and exercise, but also bigger picture topics such as stress, tackling emotional eating and learning how to implement good habits. Participants encouraged to keep a diary and to use that diary to examine their own lifestyle and work out (with the help of our qualified and experienced instructors) what kind of behaviours might lead to a healthier lifestyle and maintaining a healthier weight.
Point of difference: We differ in that we offer a specialised Exercise to Music Chair based activity of at least 30m in the community sessions and a Nordic Walking session led by a trained INWA instructor.
Reflective view of participants: *"Very pleased I joined, I like the flexibility of the meetings, the ideas from other members and the encouragement of the instructor on days when feeling under par. My weight is reducing slowly and I feel this programme has kick started my weight loss."*

Preston: **Preston North End Community and Education Trust Healthy Weight Programme**
Programme structure: PNECET staff offer advice and motivation in relation to diet and behaviour change, promoting increased physical activity over a 12 week period. The service consists of an evidence-based, accessible tier two weight management service for adults aged 18 and over, supporting people with a Body Mass Index [BMI] between 30 and 39.9 to lose weight, maintain their weight loss, and improve their knowledge and skills.
Point of difference: Offers a targeted approach and are able to adapt our delivery allowing us to be inclusive in our approach, providing community groups the opportunity to get involved whilst remaining within their communities, including delivery to specific programmes targeting south Asian communities and Males
Reflective view of participants: "*The programme was an excellent mix of exercise and classroom sessions delivered by very enthusiastic and knowledgeable coaches who were always positive, I would highly recommend the programme to anyone wanting to improve their general fitness and mental health."*

Ribble Valley: Ribble Valley Weight Management
Programme structure: 12-week weight management programme. We cover a different topic each week on a rolling programme. This programme is free of charge and delivered either face to face or though zoom. There is a Drop-in for people who would prefer a less structured approach. We offer a

drop in, weigh and handout/advice session. Stay a while and chat or get weighed and go. Free of charge. Exercise session and weigh in for people who want some physical activity support as well. £2.00 charge for the exercise class with optional weigh and handout/advice
Point of difference: Flexibility of what we offer so people can work the programme around their lifestyle and other commitments
Reflective view of participants: *"The programme has been really helpful, not a focus on giving out diets but about making small changes that can be kept to."*

Rossendale: Up & Active

Programme structure Up & Active: Active Lives has a targeted offer, focusing on inactive adults (16yrs plus) with one or more long term health conditions. Structured support will be given to increase physical activity and effect positive change to mental health and wellbeing. We run a 12 week programme to support you in finding the confidence and knowledge to get started with a more active lifestyle.
Points of difference: Our programme in Rossendale is closely linked with the local PCNs and patients can be integrated well with clinical and non-clinical staff. Health Coaches are able to offer support for patients around behaviour change. We deliver services across the valley in a variety of different venues including, community venues, outdoor spaces & Leisure Centres.
Reflective view of participants: *"This programme is well organised, educational, very relaxed, providing motivation, inspiration and awareness in a friendly atmosphere."*

South Ribble: Active Lifestyles

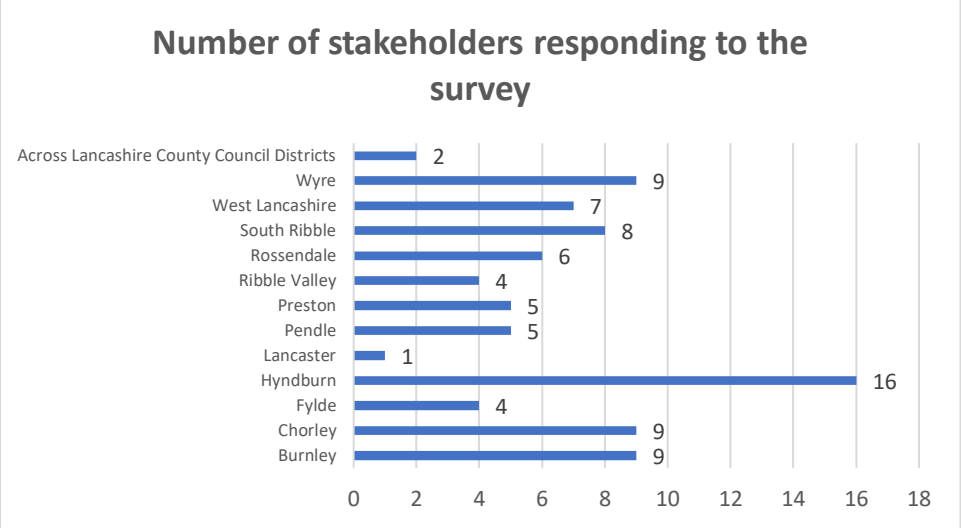
Programme structure: Six-week face to face course based on nutritional information and introduction to physical activity. Plus, a consultation phone call at the start of the course and a review phone call for week seven. After the course can attend weekly workout and weigh in sessions to keep in touch and continue to feel supported on their weight loss journey, there are two sessions offered a week.
Point of difference: The programme is delivered over a shorter 6-8 week period than the more standard 12 week programme; Deliver a 30 mins exercise within the weekly session of the course; Participants can attend workout sessions after their initial 7-week course; The course based on nutritional information as well as exercise.
Reflective view of participants: *"Enjoyed everything about the course and being with like-minded people. Attending the course has helped to get me motivated and I've learnt a lot. Already noticed improvements to my health."*

West Lancashire: West Lancs Weight Management

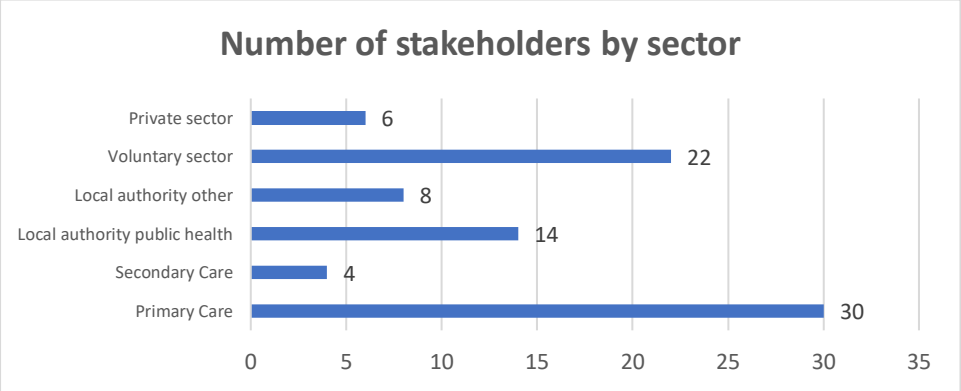
Programme Structure: Our 8 week programme is delivered face to face, at various community venues across our borough. Our course gives you the knowledge to Lose Weight & Feel Great! Programme includes 'one to one' sessions at Wk. 1 & 8 and covers various Weight Management topics including portion control, food labelling, fats, sugars etc.
Point of Difference: We offer our participants BP checks half way the through the course.
In addition to community venues, we also do targeted delivery to established groups eg Sheltered Accommodation, Macmillan, Nifty Fifties groups etc
Reflective view of participants: *"I'm so glad I joined this group. I've learnt so much and it's made such a huge difference to me, I am closer to my original weight before having my daughter than I've ever been in my life. I'm more energetic and feel healthier than I have in many years, before this group I was in the prediabetes arena, now I'm a long way from that in the right direction and I can't thank Craig enough. I've been so impressed I've introduced my partner and mum to the next group. Thankyou Craig, you've made a work do difference for me and I've not felt this good about myself in a long time."*

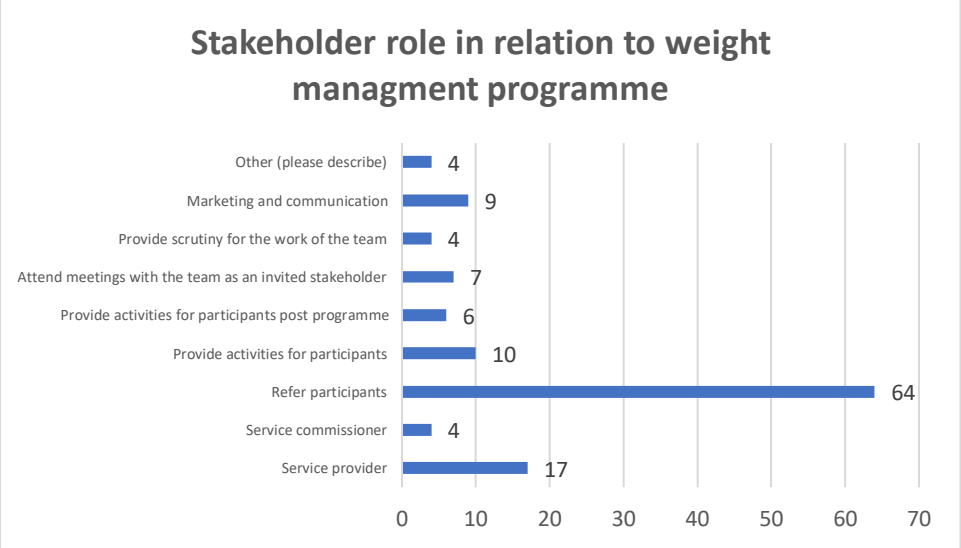
Appendix 2: Demographics of stakeholder responders

We conducted a survey of stakeholders to gain their views on the service. We received a total response rate of 86 stakeholders



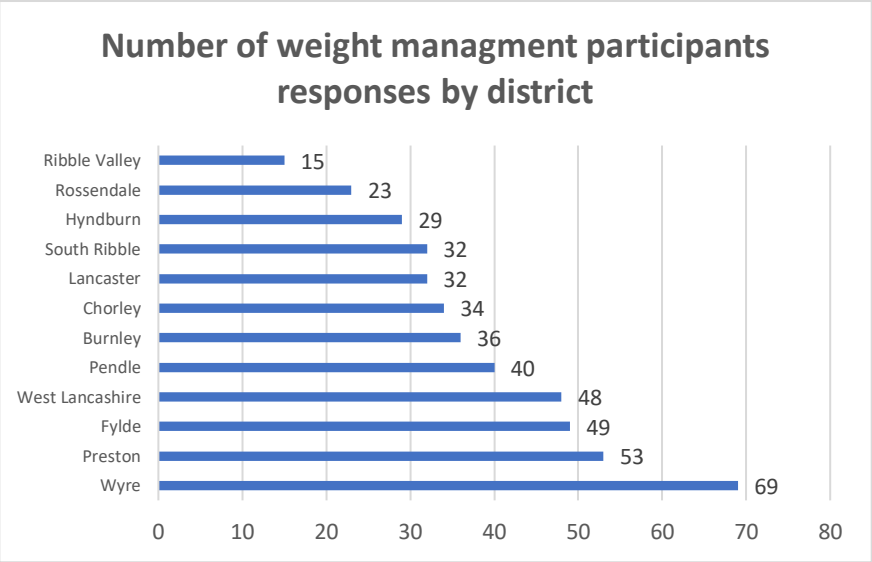
Stakeholders represented a wide range of sectors



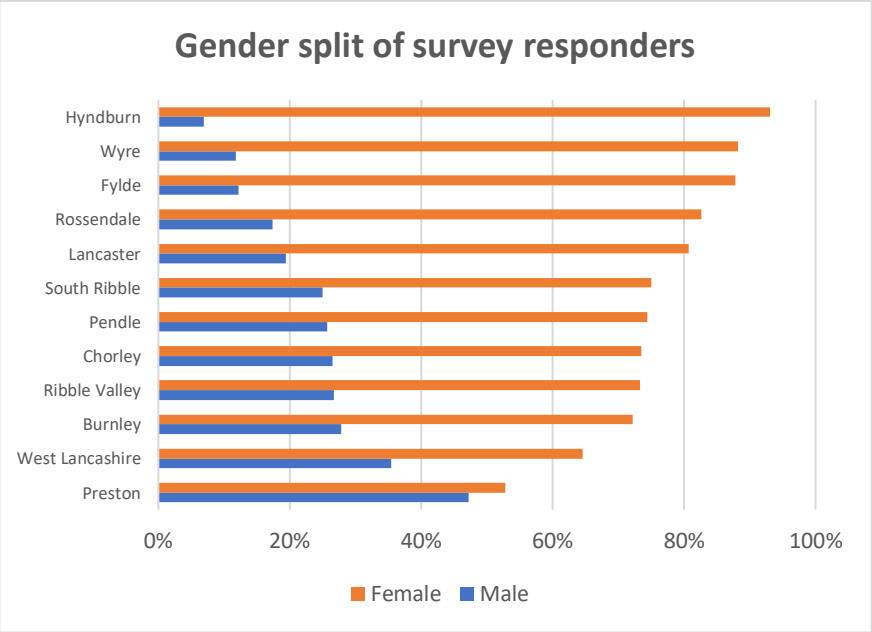


Appendix 3: Demographics of Service User Survey Responders

We conducted a survey of participants as they completed the 12-week structured programme. A total of 463 responses were received across all 12 districts.

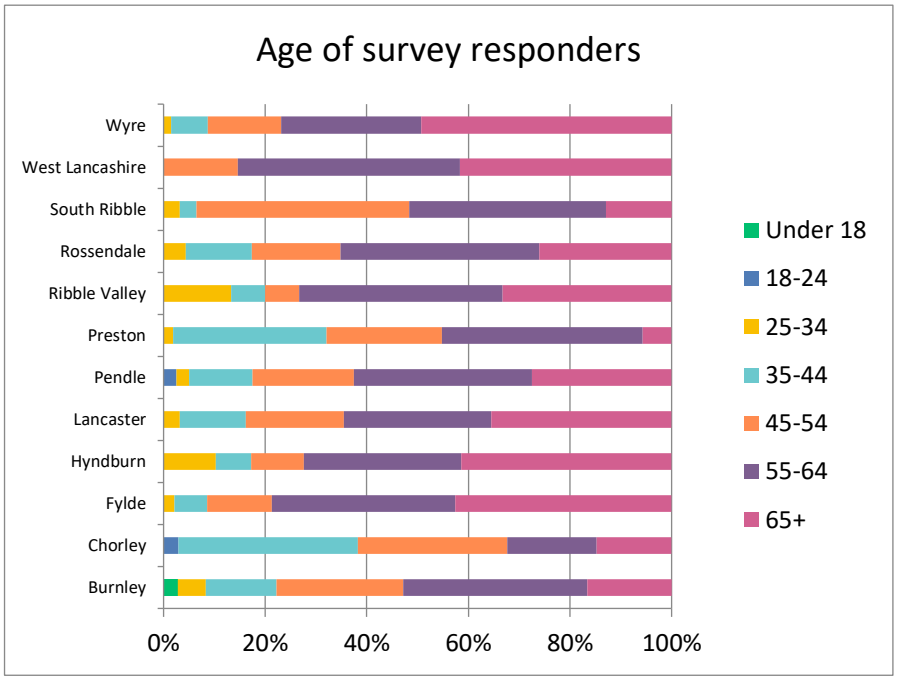


The most responders were from Wyre (n=69) and the least from Ribble Valley (n=15).



24% of responders were male and 76% female, which is reflective of the gender spilt in participants (20% and 80% respectively)

94% of responders where 'All white'. Of the remainder 2.5% were Asian/Asian British.



The age breakdown of survey responders is generally older than overall participants, with 30% of responders were aged 65+ years (compared to 24% of programme participants) and 16% aged under 45 (compared to 30% of programme participants)

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