NHS
North East and North Cumbria

Healthy Weight and Treating Obesity Healthcare Needs Assessment

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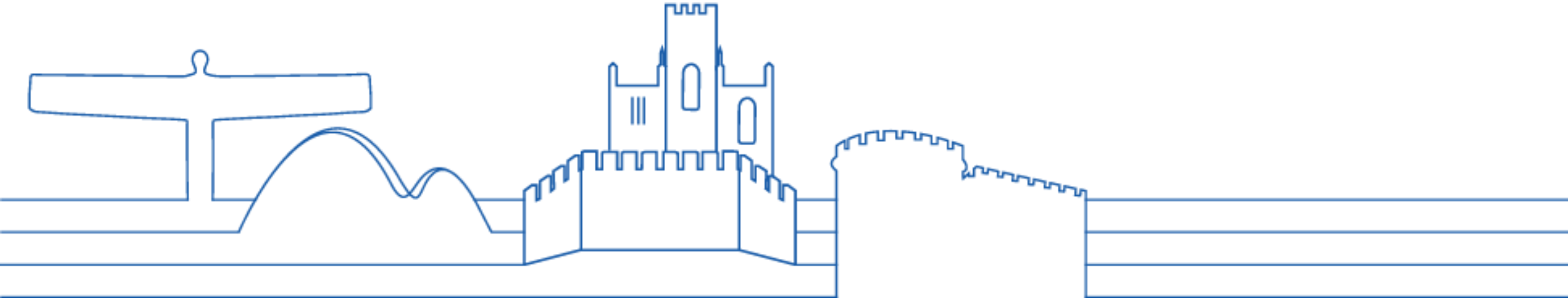

Introduction

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Obesity and the effects of being overweight have a significant impact on population health leading to diabetes, metabolic diseases, liver disease, heart disease and stroke. It is vital, that we have a range of effective evidence based prevention and treatment activities in place to prevent people gaining excess weight and to treat those that need more intensive interventions.

The prevention and treatment of obesity is complex and so it is essential that we are clear about the needs and demands on services across the region. In order to ensure that health inequalities are rectified and that service changes don't contribute further to the existing inequalities, we must base our commissioning decisions on intelligence that clearly articulates the picture at a regional and local level. This will allow our partners across the ICB and local authorities to commission services effectively and as a system.

This healthcare needs assessment provides a wide-ranging picture across the North East and Cumbria of the levels of obesity and the services that are currently provided to address this. Whilst any needs assessment can only be a snapshot, this comprehensively outlines the key data to enable us to effectively work in partnership to commission appropriate services to address need and to implement effective prevention strategies at a local and regional level.

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Background

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- In 2021 the NENC Prevention Board approved a strategic approach for Healthier Weight and Treating Obesity which included:
  - Strategic Leadership
  - Clinical Leadership
  - DPH Lead
  - Establishment of a NENC Board and associated strategic plan
- The workstream would recognise whole system approaches that are being developed at place
- Regional approach focusing on supporting action in the NHS – acknowledging this is just one piece of the system jigsaw
- Clearly articulate the role of NHS. Be clear where the NHS will:
  - Lead
  - Collaborate
  - Advocate

Background

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In 2018/19 the majority of adults in England (63%) were living with excess weight with 26% of men and 29% of women living with obesity or severe obesity (NHS Digital, 2020). The COVID-19 pandemic highlighted the importance of weight management. Living with excess weight puts people at greater risk of serious illness or death from COVID-19, with risk growing substantially as body mass index (BMI) increases.

This report is an Healthy Weight and Treating Obesity Healthcare Needs Assessment (HCNA) for the North East and North Cumbria (NENC) Integrated Care System (ICS). This HCNA provides an overview of the population, considers social determinants and the impact of covid. This Healthcare Needs Assessment investigates the level of need within the NENC population in relation to healthy weight, overweight and obesity. It also maps available provision and uptake to identify gaps and inequity, and aims to quantify population needs for weight management support.

The HCNA was undertaken in response to the increasing levels of obesity harm and to inform and support the ICS Healthy Weight and Treating Obesity Programme and strategic plans. The HCNA is made up of a number of sections, which can be read as standalone sections, but the details have been summarised to produce key findings and overarching recommendations at an ICS and place-level.

Key partners in the development of the HCNA include the Association of the Directors of Public Health (North East)/local authority commissioners, NECS, the Office for Health Improvement and Disparities, NHSE/I, Diabetes UK and acute providers

Whole System Approach

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- Obesity is a complex problem, and the causes are affected by factors including our environment, behaviour, biology, physiology, society and culture and importantly, the interaction of these determinants.

- To tackle obesity across the population, national and local action is required by many organisations and stakeholders. In local areas a long-term, system-wide approach is needed that makes obesity everybody's business, is tailored to local needs and works across the life course. It is not just for public health professionals to act; local authorities, the NHS, the wider public sector, the third sector and businesses all have an important role to play, working together and with their communities.

- An effective whole system is multi-level and takes a Health in All Policies approach. It ranges from upstream efforts to build health-promoting environments to the provision services for those who need support to manage their weight. It will also consider all available policy levers across the system: legislation, regulation, fiscal measures, environmental and planning, communications and marketing and service provision.

Whole System Approach

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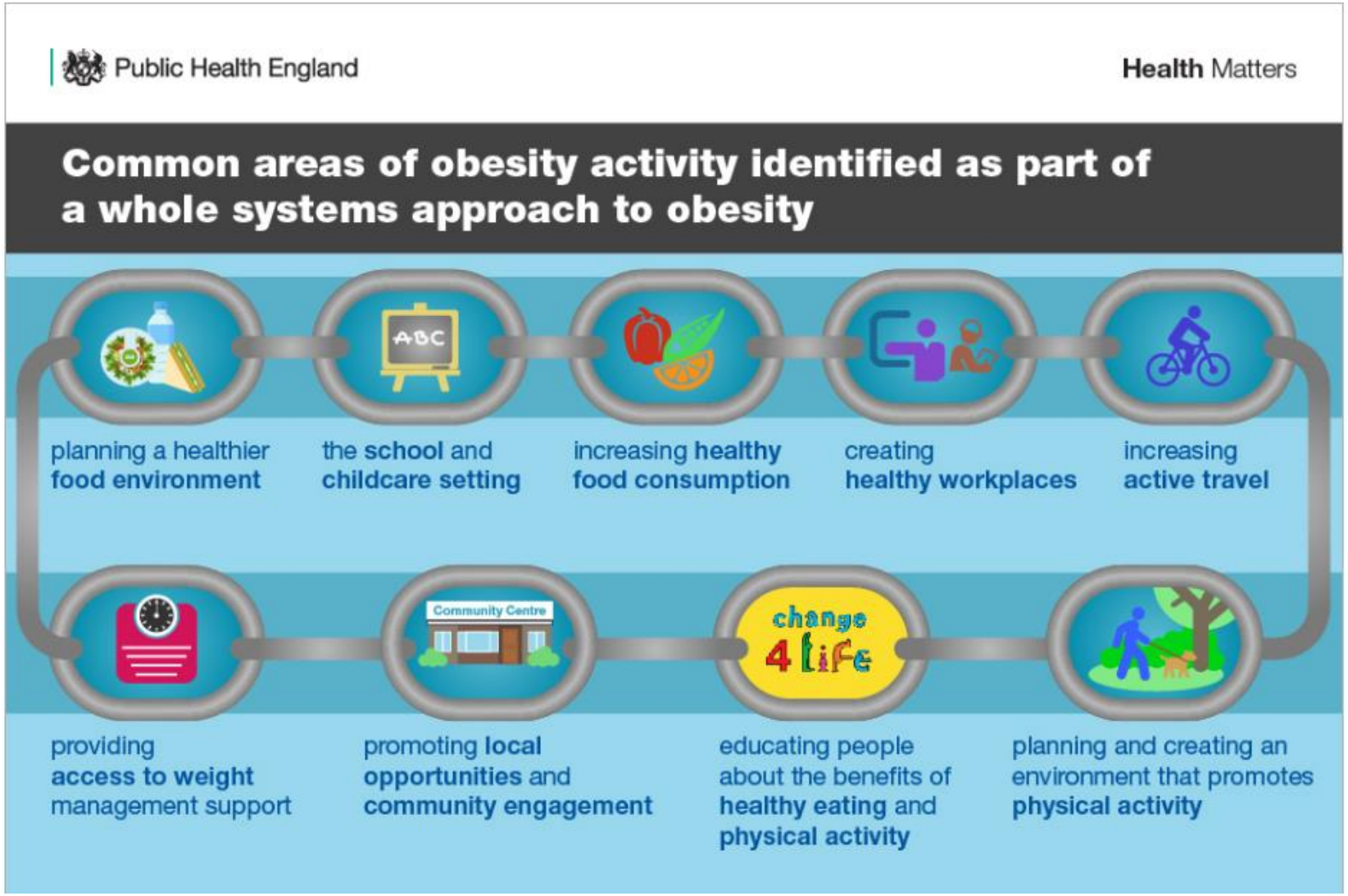

Health Matters: Addressing the food environment as part of a local whole systems approach to obesity - UK Health Security Agency (blog.gov.uk)

Principles of a NENC Approach

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- Recognise whole system approaches that are being developed at place

- Regional approach focusing on supporting action in the NHS – acknowledging this is just one piece of the system jigsaw

- Clearly articulate the role of NHS. Be clear where the NHS will:
  - lead
  - collaborate
  - advocate

NENC Healthy Weight & Treating Obesity Whole System Approach

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Leadership and Culture	Workforce	Services	Research
• Clinical Leadership and advocacy • Contribute to Local Authority led whole system approaches at place • Sharing good practice (e.g. Active Hospital pilots)	• Work with HEE (e.g. training in curriculums) • Contribution to the NENC ICS Public Health Workforce Plan (e.g. Physical Activity Clinical Champions Training) • Support implementation of new Healthy Weight Coach Training in primary care	• Mapping of and investment in Tier 2, 3 and 4 services • Audit of services against NICE guidance • Health equity audits to ensure access for those who need it most	• Build on current work to maximise opportunities for academic collaboration as NENC ARC (national lead for both Prevention and Health Inequalities) • ARC currently conducting research in this area

Whole System Approach

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- Workstreams led by a triumvirate, ensuring a systems based approach:
    - Clinical lead
    - ADPH lead
    - Strategic Manager
    - Establishment of a NENC Board and associated strategic plan

NENC ICS Healthy Weight & Treating Obesity Workstream

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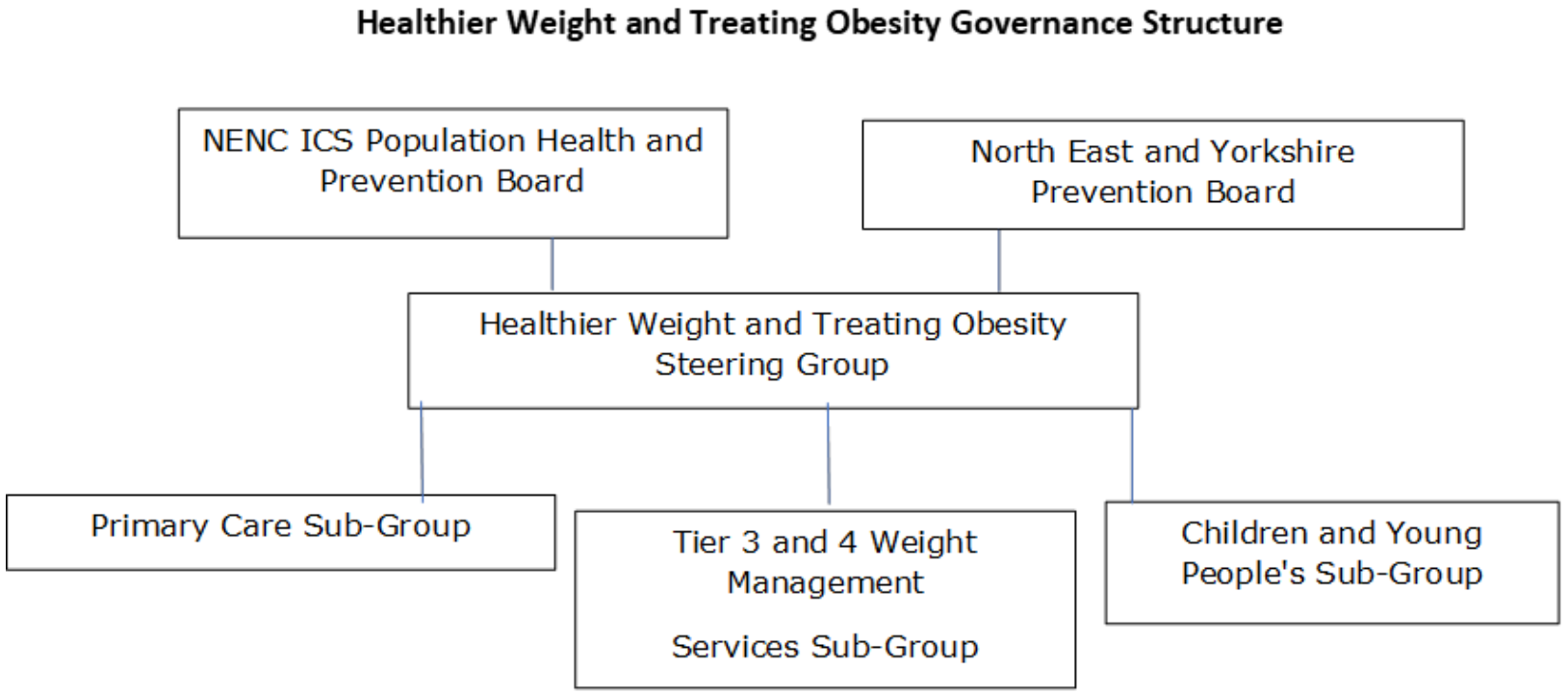

Contents and purpose

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- ICS POPULATION DEMOGRAPHICS
- Social Determinants
- Population with increased BMI
- Service Demand
- Healthcare Usage
- Patient Experience

The purpose of this healthcare needs assessment is to investigate and determine the level of need within the NENC population in relation to healthy weight.

- The document will focus upon
- Current identified need verses potential unmet need
- Service level demand and available provision in planned care
- Service demand in unplanned care
- Potential inequalities in access, experience and outcomes
- Co-morbidities and additional complexed needs

Methodological notes

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North East and North Cumbria geography

The report presents data from a wide range of sources to provide a comprehensive overview of specific needs for the North East and North Cumbria ICS healthy weight and treating obesity within healthcare. However, some data is only available at regional or local authority level, geographical boundaries which are not co-terminus with those of NENC ICS. The specific geographies which the data refers to is indicated throughout. Whilst this approach does not provide precise estimates for the North East and North Cumbria geographical boundaries for all indicators, it offers a comprehensive overview. Therefore, it is unlikely to affect the key messages and findings. Nevertheless the findings should be interpreted alongside other local evidence.

There are 7 Acute hospital providers and 2 Mental Health providers operational within the NENC geographical footprint. Where possible, health care specific (hospital admissions, mental health analysis has been provided at Integrated Care Board (ICB), Local Authority and Acute Provider level. The populations used to determine rates within the ICB and Local Authority level analysis is ONS mid-year populations 2019, specific to the age, gender and area. The population used to determine rates for Acute providers is taken from experimental modelling undertaken by OHID and NECS, 2020 which provides an estimated catchment area for each hospital provider. The aim is that the geographical rates will help to provide an understanding of the potential need within the population, the hospital rates will help provide an understanding of the burden faced by the health care providers across the region.

Time period

The report presents the latest data and analysis available. Trend data looks back at the latest 5 years, shown when available and where relevant to key findings. Some of the analysis aggregates data to 3 to 5 years to ensure a large enough sample size and statistical power. It should be noted that there has been disruption and delays to some surveys and reporting during the pandemic, which has resulted in using earlier data to inform the analysis.

The modelled data is based upon work undertaken in 2021 by NECS using the Health Survey for England data and local Primary Care data.

Data included

The data and indicators are selected on the basis of: wider evidence of risks and harms; where comparison may fare worse than the national average; or where the trend data shows significant changes. The latest available data is benchmarked against England values, and statistical significance is shown where that has been calculated.

Key Findings

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- Across England, people are shown to have become less physically active, particularly since COVID:19. The North East has the second highest rate of physical inactivity within the Country and there is greater variation locally.
- In addition to the physical inactivity, the North East also have a significantly higher density of fast food outlets than the England average.
- Although COVID:19 does not appear to have had a significantly negative impact upon the cooking habits within the North East, the proportion of adults reported as consuming their '5 a day' nutritional intake is lower than the England average at less than 60% and 45% of respondents to a national survey during COVID reported an increase in snacking
- 45% of individuals within the North East reported an increase in snacking behaviours due to lockdown. This was the highest within England.
- 75% (755,787) of those recorded as obese (on Primary Care systems) were aged between 35 years and 64 years. There is gender differences within that. Generally females were shown to have a greater rate of obesity per 1,000 registered population, with males demonstrating a greater rate aged 45 – 64.
- There are almost three times as many people recorded as obese residing within the most deprived areas than within the least deprived.
- 57% of the recorded BMIs within the Primary care system were based upon a generated estimate at the time of data extraction. This was greater for males than females
- There are currently over 80,000 individuals in NENC classified as obese who have 4+ long term conditions and 68,000 who are over weight with 4+ long term conditions
- Modelled obesity estimates suggested approximately 725,000 individuals have a BMI of 30 or more, a crude rate of 262 per 1,000 population (aged 15+)
- Data relating to Local Authority commissioned Tier 2 services was incomplete and not representative of the overall activity undertaken within the reporting period.
- Less than 1% of the estimated demand for Digital Weight Management Programme has been referred to the programme. This varied by Local Authority.
- Data relating to Tier 3 services is not captured in a consistent way across different trusts and was therefore unable to be quantified. We know there is variation and inequalities in service provision across the ICB and a more robust data collection method would enable us to understand the needs more effectively.
- It is estimated that 280,000 individuals currently meet the criteria for tier 3, with 45% of those residing within the most deprived areas of the ICB
- Although the North East are reported as providing a greater rate of Bariatric procedures compared with the England average, the number undertaken does not equal the demand.

Key Findings

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- Females are shown to have a greater rate of obesity than males and are more likely to engage with services
- Those within the most deprived areas of the North East and North Cumbria have a greater rate of obesity overall but the variation increases further when limited to those with a BMI of 40 and above.
- The consistent key age groups throughout this report were within the 30 to 60 years range
- Between November 2019 and October 2022, the rate of unplanned admission for individuals with a BMI >30 was 282 per 1,000 population. This was greater than those classified as being of a ‘healthy weight’ (222 per 1,000 population). There was no variation in the length of stay.
- Those with an increased BMI were shown to have a greater odds of admission for Diseases of the skin and subcutaneous tissue (abscesses and cellulitis), Codes for special purposes (COVID) and Diseases of the musculoskeletal system and connective tissue compared with those classified as being of healthy weight.
- A quarter of those currently on the Elective waiting list from NENC have a BMI greater than 30. The key age group was 45 – 60, with most awaiting a hip or knee replacement.
- The patient experience key areas of concern were aligned to access in terms of availability of services and the ease of accessing them with the reliance upon healthcare professionals to sign post them
- Perception and understanding of body weight and the impact on health as well as psychological barriers to achieving a healthy weight were highlight as possible barriers to successful outcomes.

North East and North Cumbria population

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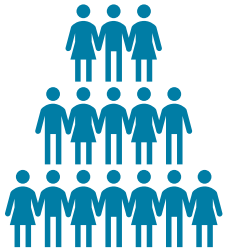

Approximately 3.1 million people reside in the North East and North Cumbria.

The demographic make up of the ICS foot print by age is

- 34% under the age of 30
- 12% are aged 31 – 39
- 11% are aged 41 – 49
- 14% are aged 50 – 59
- 29% are aged 60+

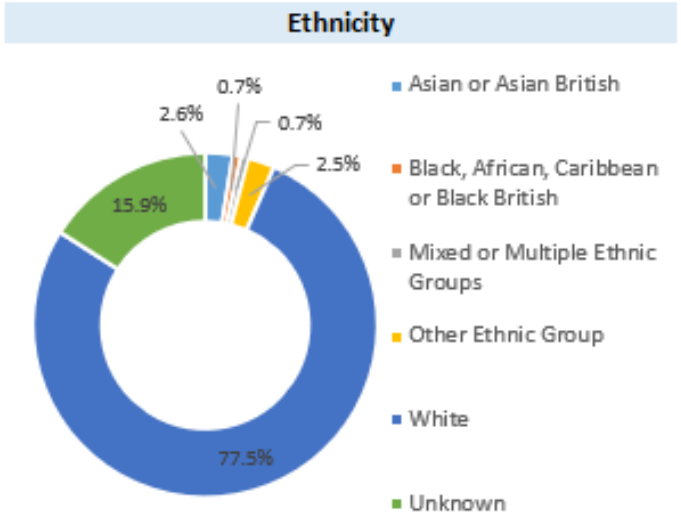

Figure 1: North East and North Cumbria Population by Ethnicity

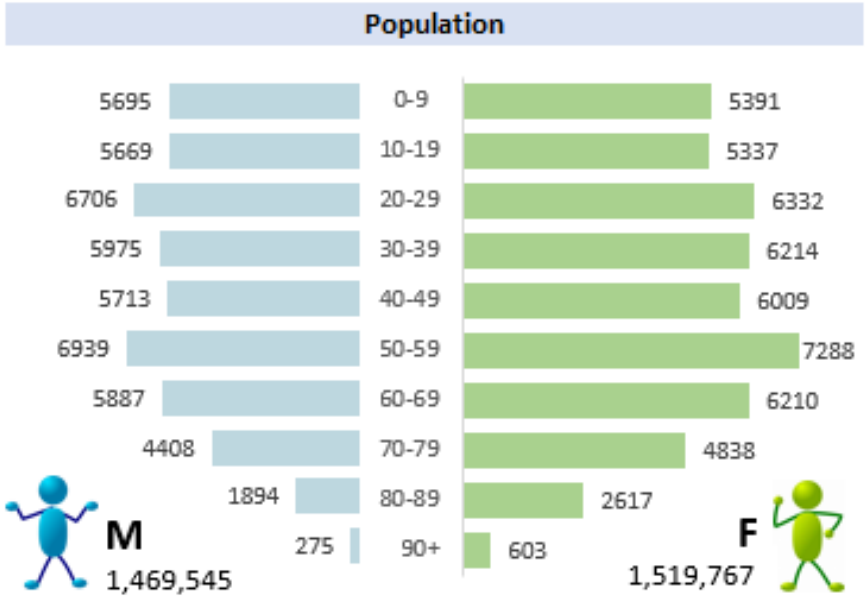

Figure 2: North East and North Cumbria Population Age Band and Sex

Figure 3: Map of North East and North Cumbria
Source: North East and North Cumbria ICS.

Area deprivation

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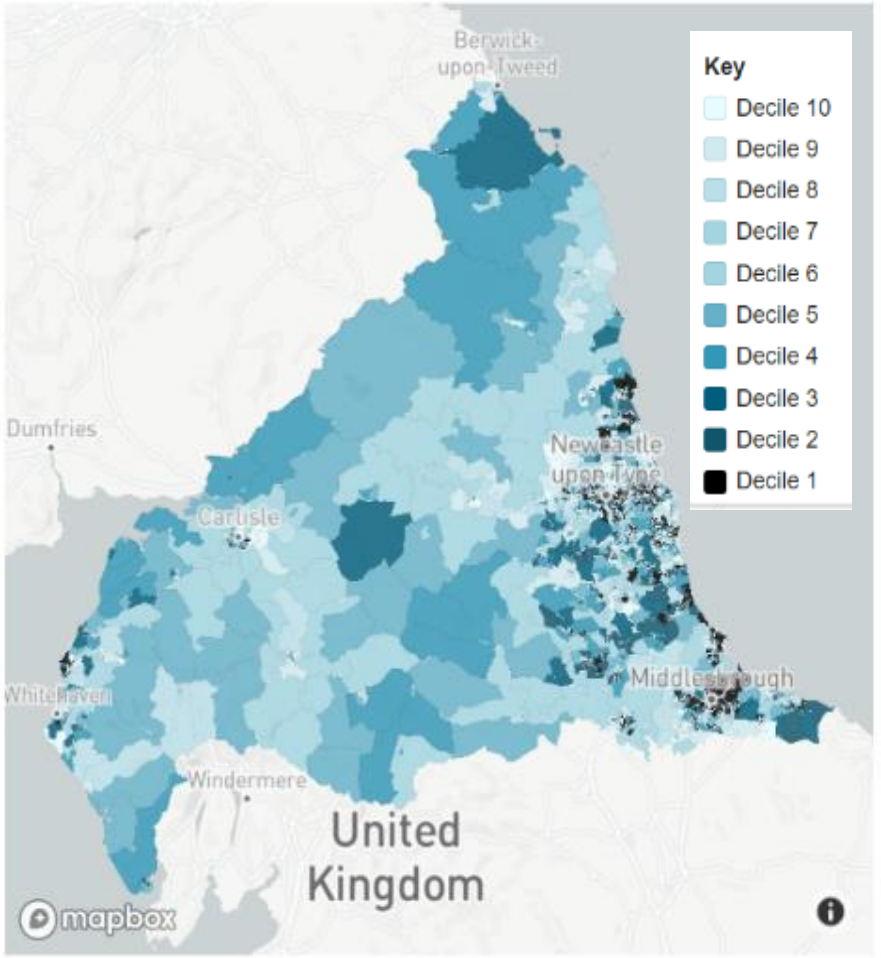
Relationships with Increased weight and deprivation

Deprivation in the NENC

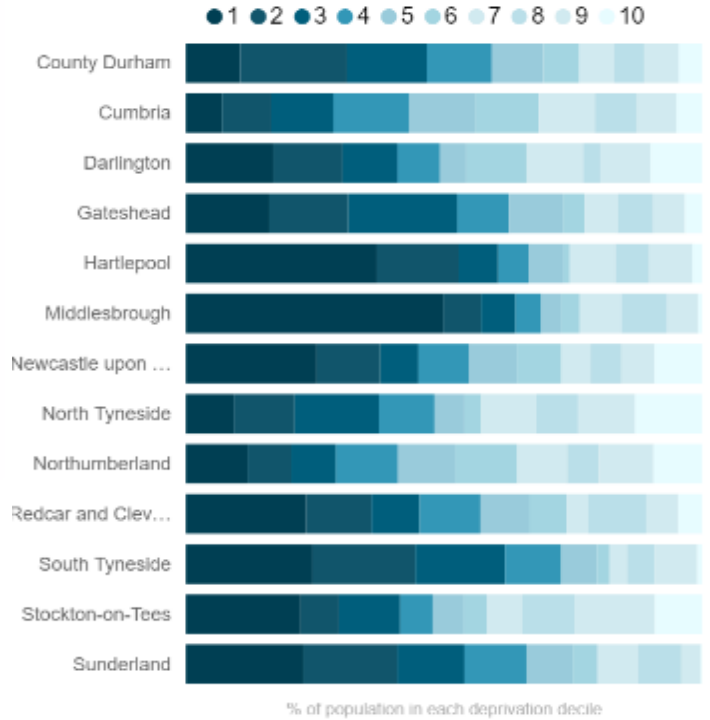
In the North East and North Cumbria around 1 in 3 residents live in the 20% most deprived areas of England but there is a wide variation by local authority nearly (fig.5). Seemingly small geographical spread (fig.6) means deprivation is concentrated in more heavily populated areas. Further analysis by age shows that the more deprived areas tend to have lower proportion of older age groups.

Figure 4: Index of multiple deprivation - where 1 is the most deprived decile in England. LSOAs within North East and North Cumbria LA districts (IMD 2019)



Around 1 in 3 residents live in the 20% most deprived areas of England but there is a wide variation by local authority

Figure 5: Population size by deprivation decile. North East and North Cumbria



Sources: MHCLG Open data: English Indices of Deprivation 2019 - LSOA Level (Figures 4 and 5). and ONS mid year population 2019 by age (Figure 6). Contains public sector information licensed under the Open Government Licence v3.0. © Crown copyright 2020. The Index of Multiple Deprivation 2019 is a relative measure of deprivation measured across seven distinct domains: Income; health and disability; employment; education, skills and training; barriers to housing and services; crime; and living environment.

Healthy weight in adults – Social Determinants

NHS North East and North Cumbria

% of physically active adults

% Cycling at least 3 times per week

% meeting the 5 a day recommendation

% physically inactive adults

% walking at least three times per week

	% of physically active adults	% Cycling at least 3 times per week	% meeting the 5 a day recommendation	% physically inactive adults	% walking at least three times per week
Maximum	70.1 Northumberland	3.5 Newcastle	59.8 North Tyneside	36.1 Hartlepool	23.6 Newcastle
Minimum	51.3 Hartlepool	1 Stockton on Tees	44.1 Redcar and Cleveland	21.2 North Tyneside	8.4 Hartlepool

Data Source - https://fingertips.phe.org.uk/profile/physical-activity/data#page/1 and https://activelives.sportengland.org/Result?viewStateId=2

The Active lives survey for England 2020/21 reported a reduction in North East region for the proportion of people 'physically active' (active for 150 minutes per week) with 59%. The region is second highest nationally.

Within the North East, local variation was reported in a range of measures. Overall, less than a quarter of adults reported that they walked at least three times per week, ranging from 24% in Newcastle Upon Tyne to 8.45 in Hartlepool. Hartlepool were also highlighted as having the highest percent of respondents reported as physically inactive.

Less than 60% of respondents report meeting their 5 a day recommended nutritional intake. In areas such as Redcar and Cleveland, this was less than 50%

Healthy weight in adults – Social Determinants

NHS North East and North Cumbria

Figure 6 - Density of fast food outlets, 2014

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	47,928	88.2	87.4	89.0
North East region	–	2,681	102.4	98.5	106.3
Hartlepool	–	133	143.6	120.3	170.2
Middlesbrough	–	169	121.5	103.9	141.2
Darlington	–	124	117.7	97.9	140.3
Newcastle upon Tyne	–	334	115.2	103.2	128.3
Redcar and Cleveland	–	141	104.4	87.9	123.1
North Tyneside	–	210	103.6	90.0	118.6
South Tyneside	–	153	102.9	87.2	120.5
Gateshead	–	199	99.2	85.9	114.0
County Durham	–	501	96.8	88.5	105.6
Sunderland	–	265	95.7	84.5	108.0
Stockton-on-Tees	–	182	93.8	80.6	108.4
Northumberland	–	270	85.4	75.6	96.3

Source: Numerator: PointX. Points of Interest Denominator: ONS mid-year estimates of population

In 2014 it was reported, for every 1,000 people residing within the North East, there was 1 fast food outlet. A total of 2,681 registered establishments across the region. This is significantly worse than the England average.

All Local Authorities within the North East Region are shown to have a higher density of fast food outlets (per 100,000 population) compared with England, with 6 shown to be statistically higher. Northumberland is the exception with a rate of 85.4 which was lower than England average but not significantly lower.

Hartlepool has the highest rate. For every 1,000 people residing within this LA, there are 1.4 fast food outlets. This is almost double the England position.

Data Source - https://fingertips.phe.org.uk/wider-determinants#gid/1938133043/ati/6

Healthy weight in adults – Impact of COVID on food behaviours

NHS North East and North Cumbria

Figure 7 - Snacking

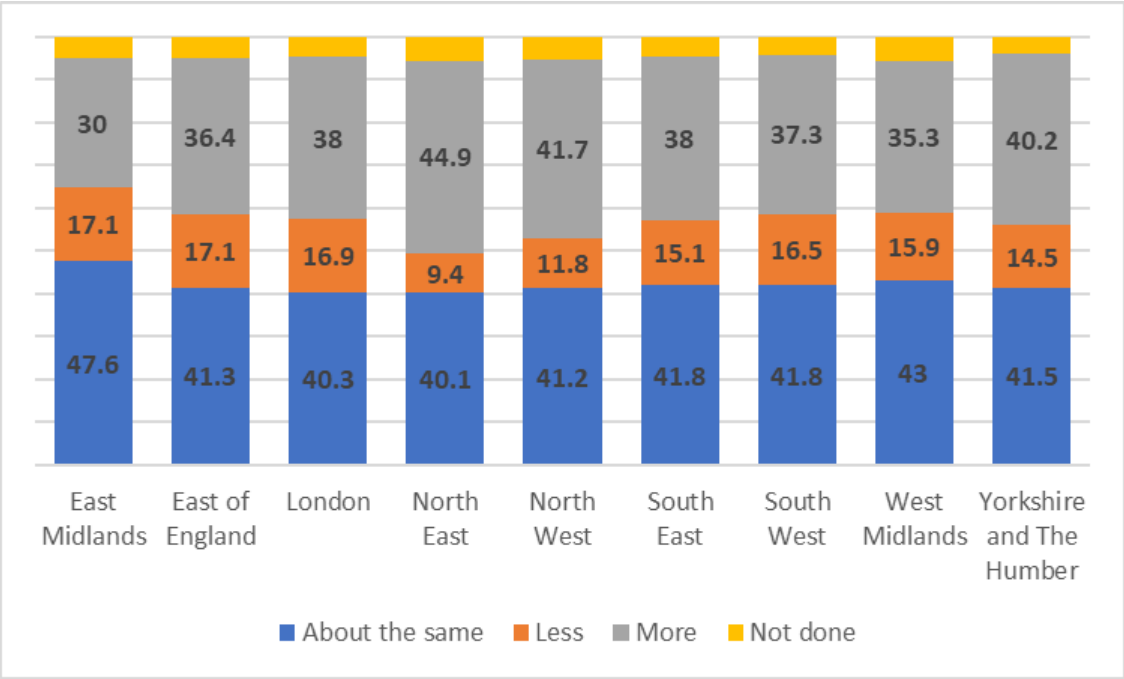
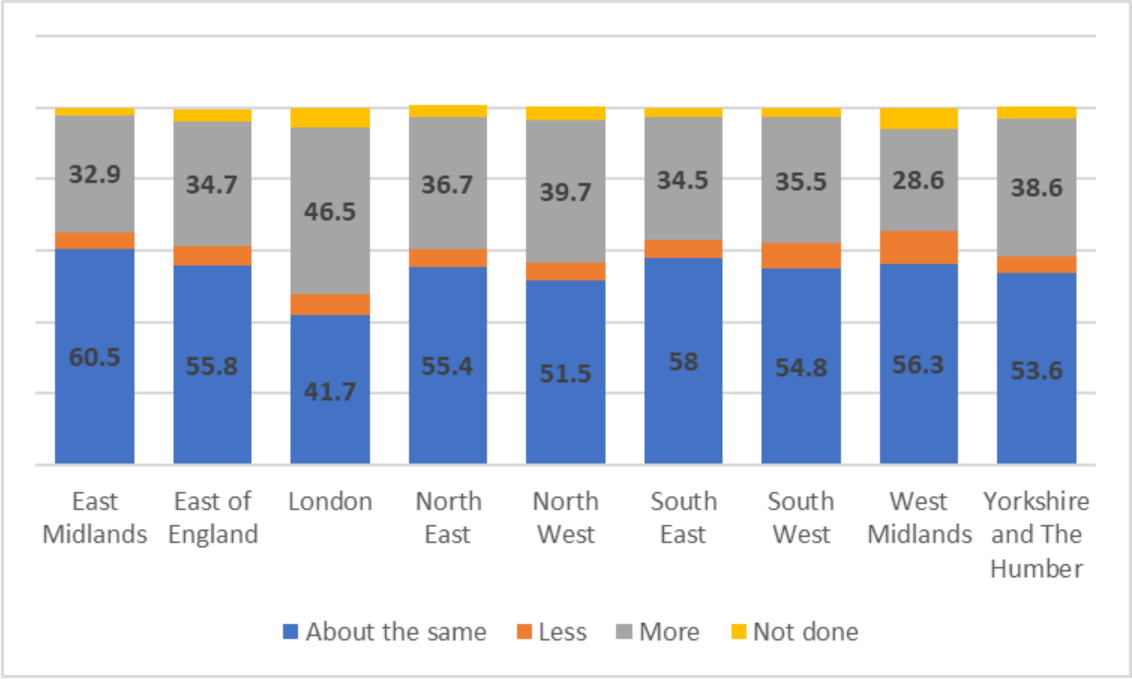


Figure 8 - Cooking from scratch



During the COVID:19 pandemic, 'The COVID-19 Consumer Tracker. Food Standards Agency with Ipsos MORI' conducted a number of lifestyle surveys with the intention of understanding food behaviours of the population before, during and after lockdowns. Figures 7 and 8 show the findings of the survey for two key areas; snacking and cooking from scratch.

The North East region did not vary from the other regions when it came to changes in cooking, with more that half stating that this was 'about the same' during lock down as to prior. This was consistent across England with the exception of London. However, 45% of respondents in the North East reported an increase in snacking, this was the greatest increase across the Country.

Data Source – Wider impact of COVID-19, Food behaviours https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/ [accessed 23/01/2023]

Patient population by weight category in Primary Care

NHS North East and North Cumbria

Key findings

Recorded on Primary Care Clinical systems, there are 2,169,349 (76%) individuals (age 15+) across the NENC classified as being of over weight or obese . 52% are male and 48% Female.

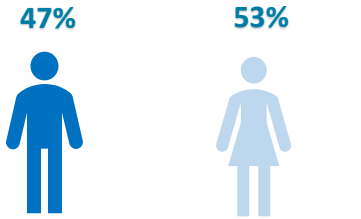
1,008,294 individuals are recorded as obese (BMI >30). Within this cohort, females account for the greatest proportion (53%).

The percentage classified as underweight varies from 3% in South Tyneside to 8% in North Tyneside and the inverse is true for over weight or obese with 68% in North Tyneside to 79% in South Tyneside.

75% (755,787) of those recorded as obese were aged between 35 years and 64 years. There is gender differences within that. Generally females were shown to have a greater rate of obesity per 1,000 registered population, with males demonstrating a greater rate aged 45 – 64.

There are almost three times as many people recorded as obese residing within the most deprived areas than within the least deprived.

Figure 9 - Rate of patients who are 'obese' by age and gender per 1,000 registered population



	male	female
16-24	30.7	90.1
25-44	267.6	410.9
45-64	696.1	663.3
65+	266.1	267.0

Figure 10 - Rate of over weight or obese patients per 1,000 registered population

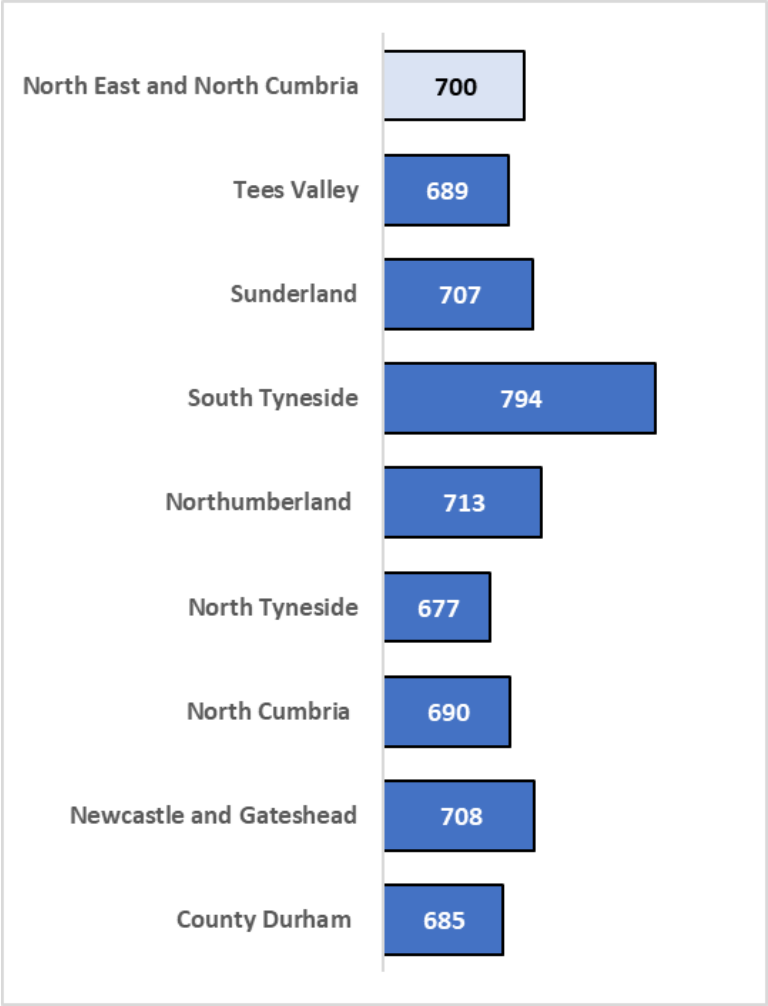
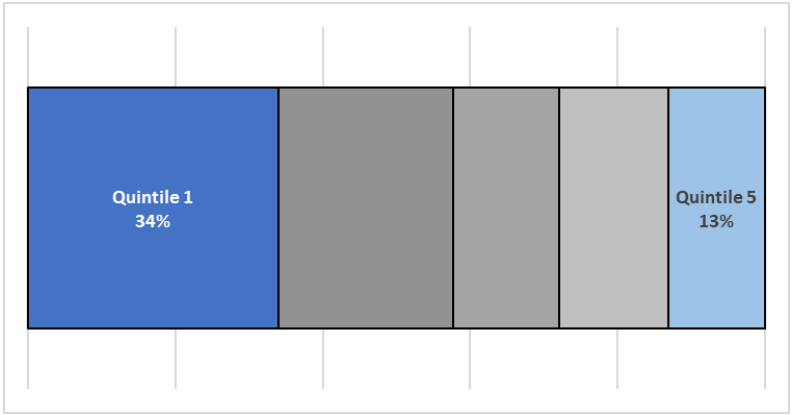


Figure 11 - Percentage of NENC population classified as being 'Obese' by IMD

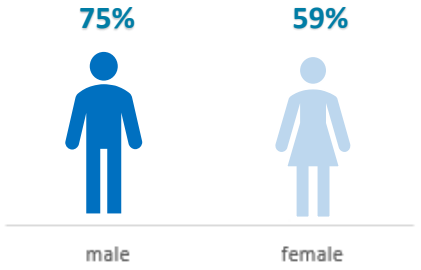


Data Source – RAIDR Primary Care tables, October 2022

Patient population by weight category in Primary Care – actual verse estimated

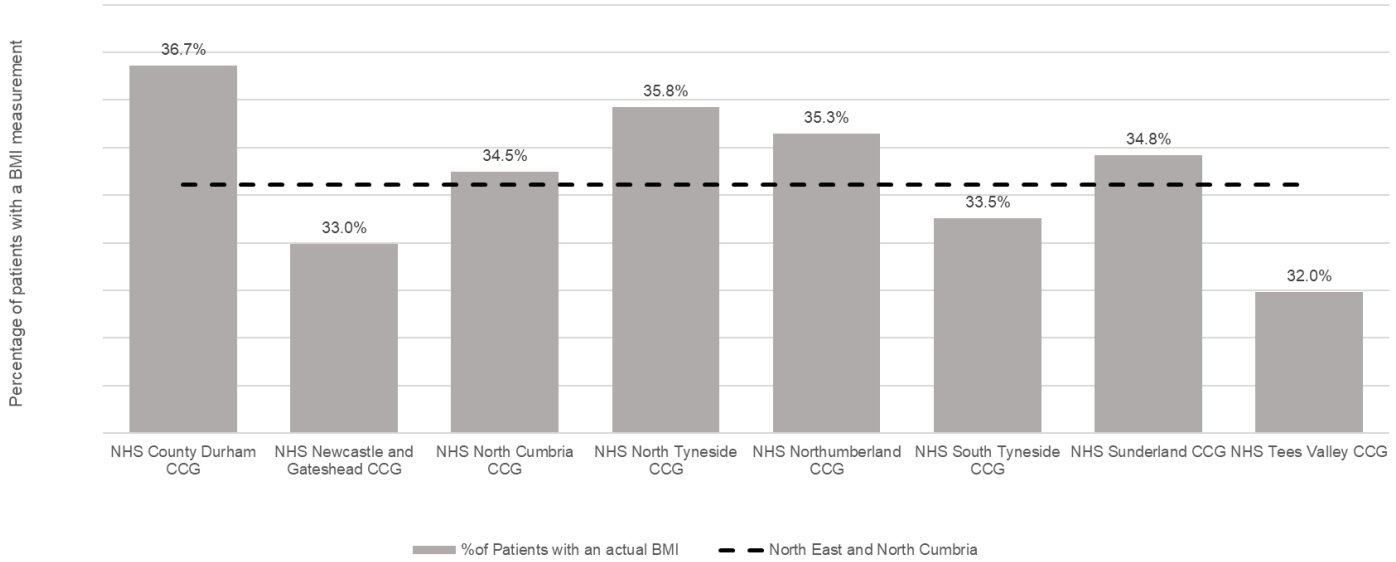
NHS North East and North Cumbria

Figure 11 - Percentage of obese patients who have an estimated BMI by age and gender



	male	female
16-24	39%	21%
25-44	75%	57%
45-64	72%	65%
65+	11%	14%

Figure 12 - Percentage of obese patients with actual BMI recorded by Locality



The information on the previous slide relates to **all** information within GP clinical systems. Some individuals will have an actual height and weight measurement taken, enabling an actual BMI to be recorded. Other BMI recordings will be based upon an estimate for their age and gender. 57% of the recorded BMIs within the Primary care system were based upon a generated estimate at the time of data extraction.

This varied by age and gender, with Males aged under 65 years being less likely to have their actual height and weight taken. There was also variation in recorded BMI by Locality. Tees Valley is the lowest with 32% and County Durham the highest with 36.7%

Data Source - RAIDR Primary Care tables, October 2022

Weight and Co-morbidities

NHS
North East and North Cumbria

Key findings

There are currently over 80,000 individuals in NENC classified as obese who have 4+ long term conditions and 68,000 who are over weight with 4+ long term conditions

Figure * shows the prevalence of conditions within individuals who are overweight or obese (unhealthy weight). If we adjust the figures to focus upon obese patients only, the prevalence of diabetes increased from 8% to 24%

Similar is seen with hypertension. Those with 'unhealthy weight' are shown to have a rate twice that of those with a recorded 'healthy weight' (20% vs 10%). When limited to those recorded as obese, with an actual BMI recorded, this increases to 45% vs 25%.

2% have a SMI diagnosis

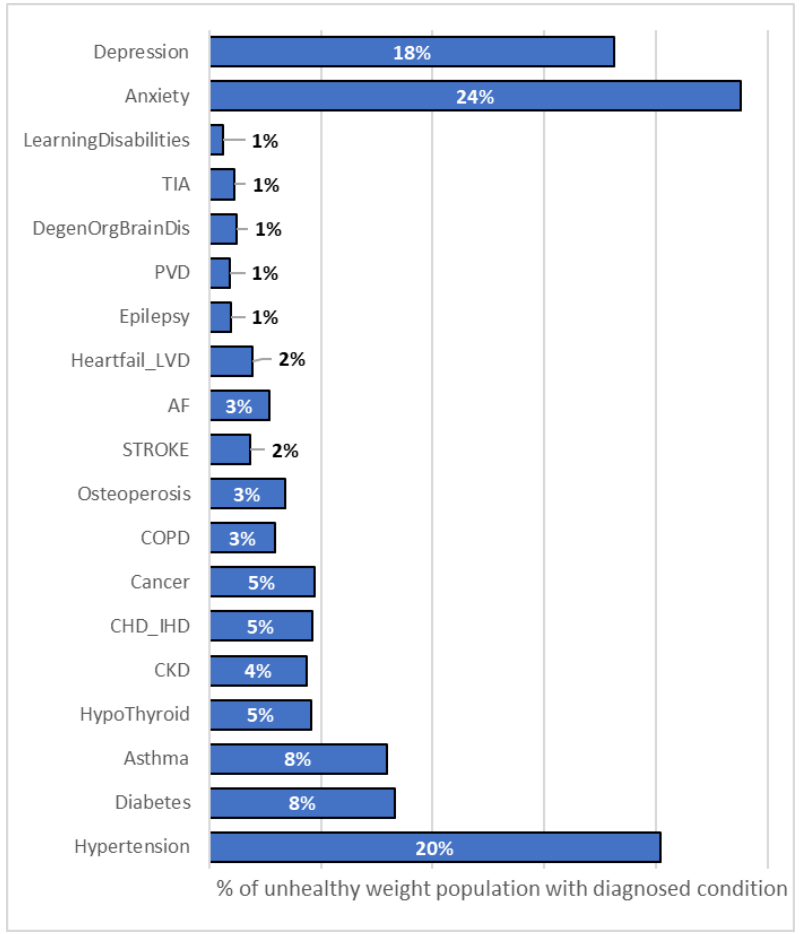
18 % are smokers

8% have a 4 or more Long Term Conditions

12% have high risk drug or alcohol use recorded

2% have a Learning Disability diagnosis

Figure 13 - Percentage of unhealthy weight patients who have co-morbidities



Data Source - RAIDR Primary Care tables, October 2022

Modelled estimated

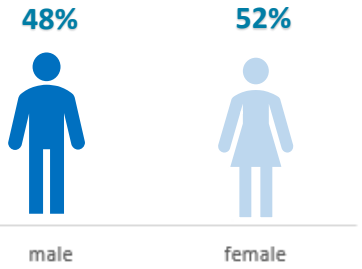
In 2021, the Health Survey for England estimates for increased weight were used in additional to local demographic information to model the estimated number of individuals potentially requiring weight management interventions.

The model suggested approximately 725,000 individuals have a BMI of 30 or more, a crude rate of 262 per 1,000 population (aged 15+). Two local authorities were significantly higher, Redcar and Cleveland and Middlesbrough.

For every 1,000 people (aged 15+) living within the most deprived areas of NENC, it is estimated that 380 and will have a BMI greater than 30. This is considerably higher than the estimated number within the least deprived areas (224). The calculated odds of a BMI greater than 30 if we reside within the most deprived areas of NENC is double that of the least deprived.

The gender split was 52% females, 48% males which co-incidentally was the inverse of the gender proportions documented within Primary Care clinical records. The only age group where males are estimated to be more prevalent is 25 - 44 years.

Figure 14 - Number of patients who are 'unhealthy weight' by age and gender



16-24	22,616	19,595
25-44	95,975	114,024
45-64	139,726	141,206
65+	92,803	104,150

Figure 16 - Rate of over weight or obese patients per 1,000 registered population

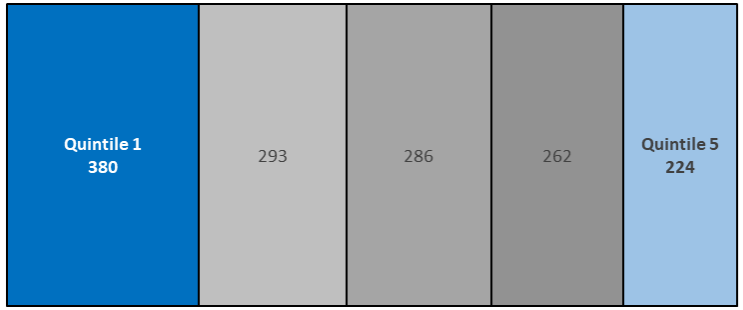
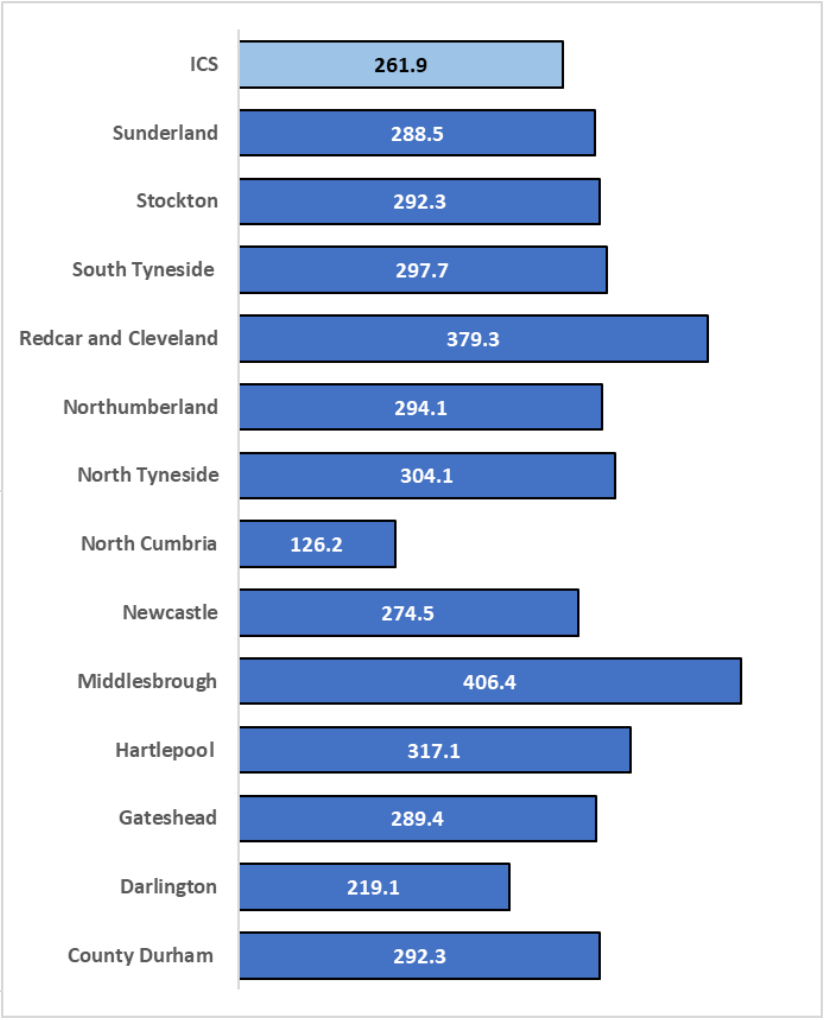


Figure 15 - Crude rate of increased weight per 1,000 population (15+) by Local Authority



Data Source – NECS Obesity Modelling 2021

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Tiered approach

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There is an increased understanding and acceptance towards need for a whole system approach to treat obesity. Internationally a paradigm shift happening in recognising obesity as a chronic, recurring, metabolic disease which needs support from the health services

There always have been policies to encourage people towards healthy lifestyle including healthy diet and increased physical activity. However, despite these preventative efforts, the rate of obesity has been increasing globally and in our country. It is obvious that we need to continue to intensify our work towards prevention of obesity and encourage maintaining a healthy weight from the beginning

However, there is a significant number of people who develop obesity despite all the good efforts. This is multifactorial including environmental, social, genetic, and behavioural factors.

Once people develop obesity as a chronic metabolic condition there are multiple comorbidities complicating the patient's physical, mental and social health (like type 2 diabetes, hypertension, dyslipidaemia, sleep apnoea, hypogonadism, cancer, mental health problems and increased overall mortality). Hence, there is an increased need to develop systems and services to treat obesity. A simple analogy is smoking. Whilst we make all the efforts to help people to stop smoking, we also have developed services to treat COPD and lung cancer which resulted from the habit of smoking.

In the UK we have the 4 tiers of services to treat obesity. Tier 1 and tier 2 are provided in the community at the early levels of obesity.

NICE Clinical Guideline CCG 189, published on 27th November 2014 and updated on 8th September 2022 outlines the guidelines for identification assessment and management of obesity. The NICE committee is currently reviewing these guidelines to provide further updates

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Tier 2 Local Authority Provision

Adult Tier 2 weight management services are multi-component programmes addressing dietary intake, physical activity and behaviour change for adults who are overweight or living with obesity with the primary aim of promoting health behaviour change, which reduces body weight.

Prior to March 2021 there was variation across the North East region in relation to the commissioning of adult weight management services with only a small number of local authorities commissioning services.

In April 2021 all local authorities across England received a 12 month weight management services grant from Public Health England to commission new or expand exiting Tier 2 adult weight management services. From April 2021 all North East local authorities commissioned services. There were a range of service models across the region including universal offers, specific targeted programmes, digital and face to face delivery. Following the end of the grant local authorities have made a range of different commissioning decisions across the region with respect to adult weight management services.

From April 2023 there will be variation across the region with a small number of local authorities continuing to commission adult weight management services.

Tier 2 Local Authority Provision

NHS North East and North Cumbria

The ICS modelling work estimated that approximately 500,000 individuals meet the criteria for tier 2 services, a rate of 181 people per 1,000 population.

In 2021/2022, there were 9,474 referrals to Local Authority Tier 2 services reported via the national tier 2 data collection system . This equates to approximately 2% of the estimated demand for the ICS.

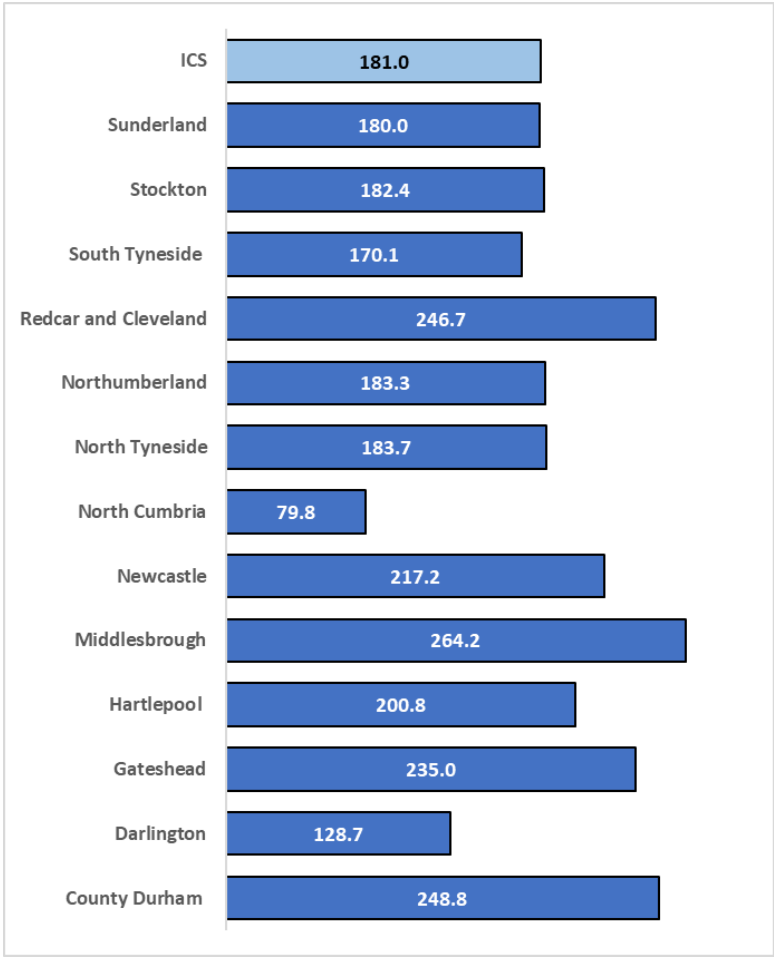
Although, data submissions via the national system was a condition of the public health weight management grant not all services were able to. Therefore, the 9,474 figure is thought to be an under representation. Local data was collected but comparison between services was not possible for this needs assessment. Consistent, robust data collection methods for all providers is to be included within the recommendations.

Based upon the data which was submitted via the national data collection, the uptake/ enrolment to the Tier 2 programme in the NENC is lower than national average, with 38% compared with 58% nationally but the outcomes are similar.

Figure 17 - Crude rate meeting the criteria for Tier 2 services per 1,000 adult population by Local Authority

	North East & Cumbria	England
Enrolment	36%	58%
Completions	34%	38%

Figure 18 - Crude rate meeting the criteria for Tier 2 services per 1,000 adult population by Local Authority



Data Source - https://www.gov.uk/government/statistics/adult-tier-2-weight-management-services-provisional-data-for-quarters-1-to-4-2021-to-2022-experimental-statistics

Digital Weight Management Programme

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The NHS digital weight management programme is commissioned by NHS England & NHS Improvement and supports the delivery of the NHS Long Term Plan commitments relating to obesity, focusing on weight management to support people living with obesity who also have a diagnosis of diabetes, hypertension or both.

The NHS Digital Weight Management Programme provides weight management services flexibly, without the need for people to travel. Evidence from the NHS Digital Diabetes Prevention Programme shows that digital and remote weight management services are more likely to be accessed by younger (working age) people whilst maintaining comparable results to face-to-face weight management services.

Service users are able to access three levels of support and a choice of providers for 12 weeks free of charge, it is designed to offer patients a personalised level of support to help them to manage their weight and improve their longer-term health outcomes. It works alongside and does not replace existing weight management services funded by local authorities.

To access DWMP patients have to be referred by a Healthcare Professional linked to a GP practice. To support practices to develop and implement a proactive approach to the identification of patients living with obesity, to engage with individual patients and, following a conversation with the patient, to refer patients who are ready to make behavioural changes to appropriate weight management programmes weight management was included within the enhanced specification 2022/23 which provided a payment to GP practices for every successful referral made to a service.

The DWMP has been extended for another year and will be available for 2023/24, in addition the enhanced weight management specification has been approved and will be available for GP practices to continue to be paid for each referral they make to weight management services. It must be noted that there will be variation across the region for Tier 2 options available for GP practices to refer into due to the removal of the weight management services grant (as mentioned in the Tier 2 section) which may result in inequalities due to limited provision and may result in increased demand on the other available services.

Digital Weight Management

NHS
North East and North Cumbria

The ICS modelling work estimated that approximately 220,000 individuals met the criteria for Digital Weight Management Programme (DWMP), a rate of 77 people per 1,000 population.

Across the ICB, this rate varies from 174 in Middlesbrough to 29 in North Cumbria.

It is estimated that 40% of the unmet demand for DWMP reside within the most deprived areas of NENC. This varied by local authority.

Since the start of the Digital Weight Management programme, there has been almost 7,500 (3.4%) referrals made from Practices within NENC.

Figure 19 - Proportion of estimated demand referred for DWMP 21/22 – 22/23

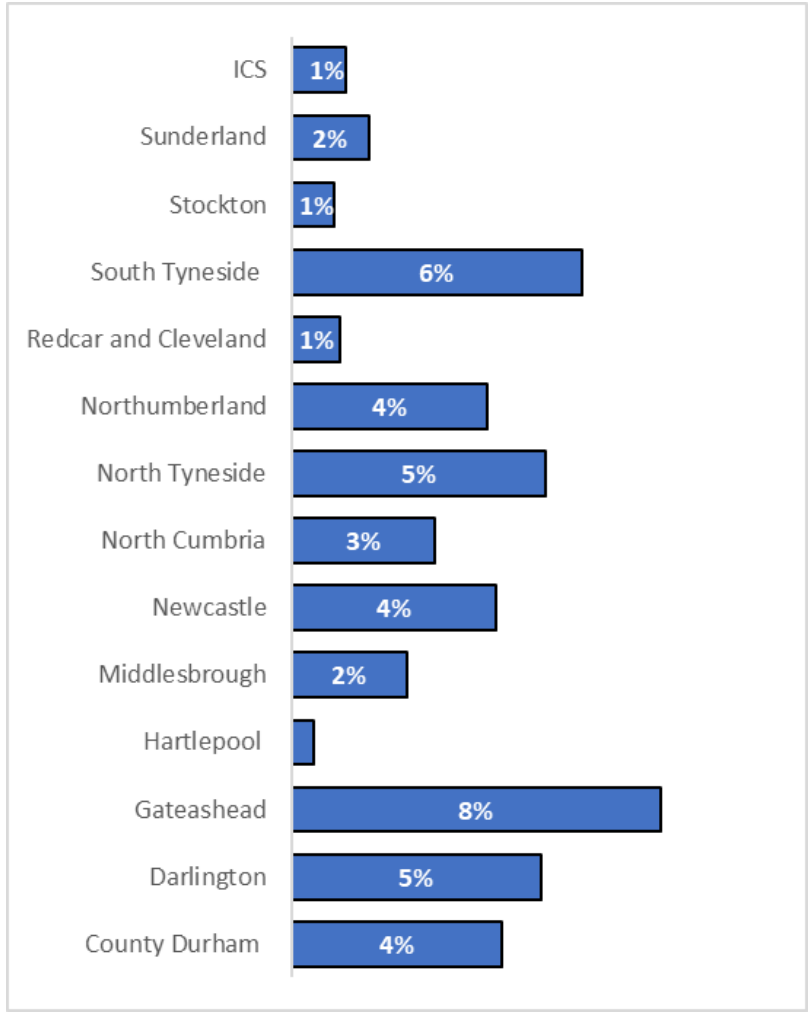
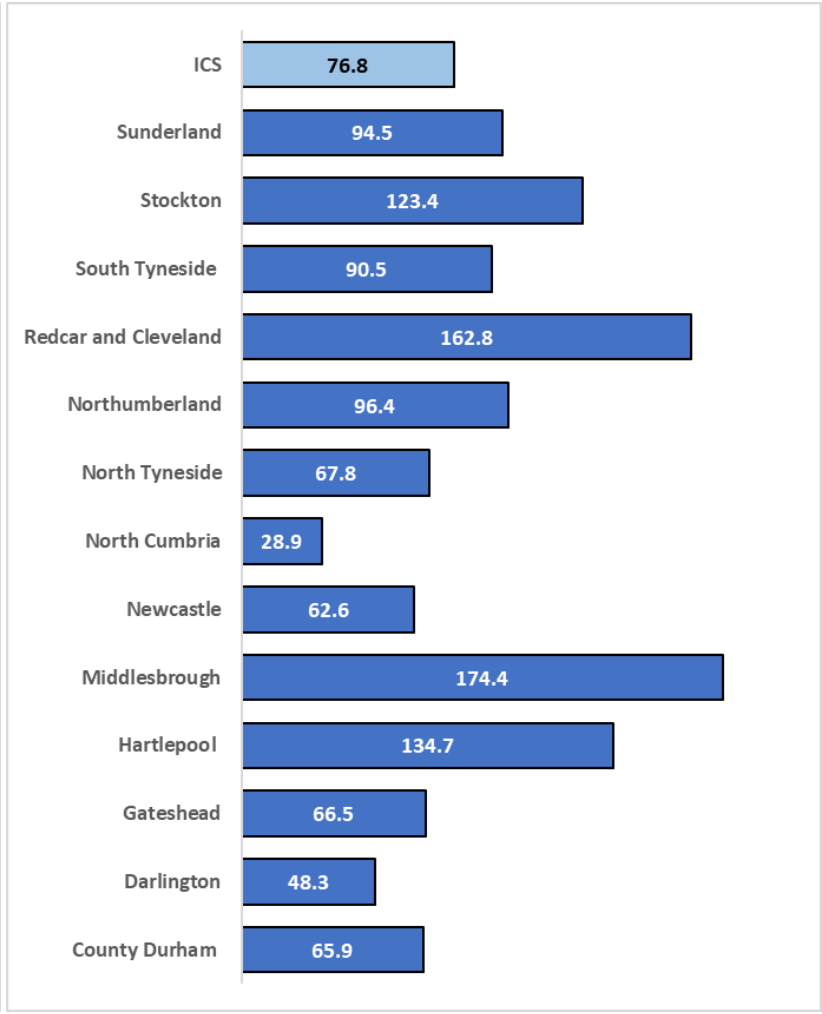


Figure 20 - Crude rate meeting the criteria for DWMP per 1,000 adult population by Local Authority



Data Source - NHSE digital weight management monthly referral figures, 2021 to 2023

Tier 3 Weight Assessment and Management Clinics

NHS
North East and North Cumbria

Tier 3 is a specialised weight management service and is expected to be more medical. At this stage of the obesity journey, the patients need medical attention to address the health consequences of obesity and on the multiple comorbidities with an increased clinical effort. Services will be provided by a multi disciplinary team including bariatric physicians, dietitians, psychologist, physiotherapists and healthcare wellbeing professionals. This will include providing mental health support, motivational and behavioural support resulting in a sustainable lifestyle change. The weight management physicians are mostly diabetes, endocrinology consultants with a special interest in obesity as these physicians are trained in management of obesity during the specialty training as a mandatory part of their curriculum. The support from psychologists in helping with people's mental health is extremely important when we treat obesity.

There are pharmacological agents available now and the research world is now focusing on finding newer therapies to help people to lose weight and there licensing agreement highlight that they need support for diet, physical activity and psychology to be eligible to be prescribed.

NICE Technology Appraisal TA664, published on 9th December 2020, approved **liraglutide 3 mg once a day (Saxenda)** to be used for a period of 2 years. This was approved for patients with the body mass index of more than 35 (or at least 32.5 kg/m^2 for members of minority ethnic groups known to be at equivalent risk of the consequences of obesity at a lower BMI than the white population) and if they have nondiabetic hyperglycaemia as defined by a HbA1c of 42-47. This was mandated that it is prescribed in the secondary care by a specialist multidisciplinary tier 3 weight management service and a commercial arrangement with the manufacturer was made for a special price for NHS

Another GLP-1 analogue drug namely **Semaglutide 2.4 mg once weekly (Wegovy)**, was approved by NICE Technology Appraisal TA875, published on 8th March 2023. This drug was found to be even more effective and was shown to achieve significant weight reduction and is licensed to use for a period of 2 years. The NICE guideline approved this drug to be used in patients who are working with a multi disciplinary specialist weight management service, though it did not mandate that it must be prescribed by the secondary care team.

Both these drugs have been proven to be effective in achieving a significant weight reduction which has motivated patients to work towards achieving a long-term weight reduction. The data on what will happen when we stop the medication after 2 years is still pending and we need to watch the space. It is expected that motivated patients will continue to sustain the lifestyle changes and will continue to sustained weight reduction

There is a new drug namely **Terzapatide**, a weekly injection, has shown to be effective in providing his significant weight reduction in studies, and this is being now evaluated by the NICE technology committee

Tier 3

NHS
North East and North Cumbria

Key findings

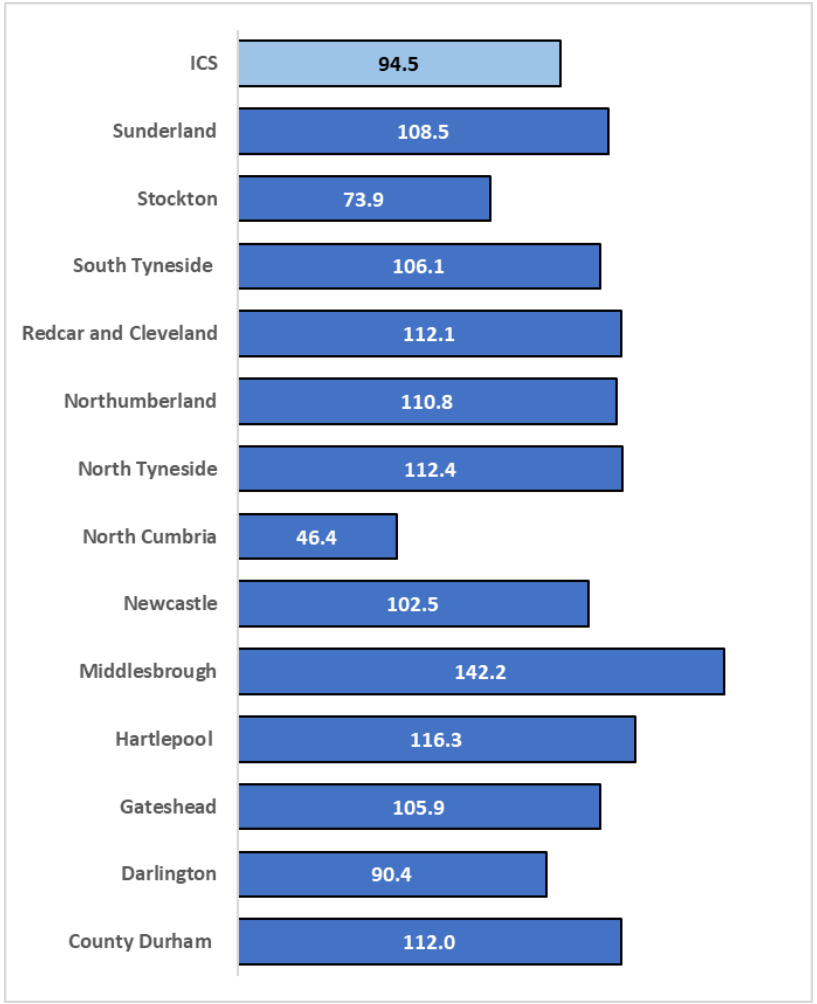
Consistent data relating to the delivery of tier 3 services is currently work in progress. It is intended that this will be captured within the National Obesity Audit but at present, it is only possible for the National data to reflect information relating to bariatric procedures. The T3 data will be submitted via 'Community Service Dataset' but definitions, codes and methods of submission remain unfinalized. Once OHID and NHS Digital complete this work, a recommendation for this ICS could be establish a short term working group to progress this in partnership.

A snap shot of information volunteered by a number of trusts for the HCNA indicate the majority of referrals made to T3 services are made by GPs and generally consist of 70% females and 30% males with approximately three quarters aged 30 to 60.

The ICS modelling work estimated that approximately 280,000 individuals met the criteria for tier 3 or 4 services, a rate of 94.5 people per 1,000 population.

It was also estimated that 126,000 (45%) potential reside within the most deprived areas of the NENC. This varies by Local Authority from 60% in South Tyneside to 24% in North Cumbria.

Figure 21 - Crude rate meeting the criteria for Tier 3 or 4 services per 1,000 adult population by Local Authority



Data Source - – NECS Obesity Modelling 2021

Tier 4

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- Tier 4 services are with bariatric surgery. Patients who fulfil specific requirements, including demonstration of motivation towards lifestyle changes are referred for bariatric surgery.
- The NICE Clinical Guidance (CG189) published in 2014 and the NICE Quality Standards (QS127) published in 2016 set out who is eligible to receive Tier 4 services, Bariatric surgery is recommended as a treatment option for people with obesity if all of the following criteria are fulfilled:
  - They have a BMI of 40 kg/m^2 or more, or between 35 and 40 kg/m^2 and other significant disease (for example, type 2 diabetes or high blood pressure) that could be improved if they lost weight.
  - All appropriate non-surgical measures have been tried but the person has not achieved or maintained adequate, clinically beneficial weight loss.
  - The person has been receiving or will receive intensive management in a tier 3 service.
  - The person is generally fit for anaesthesia and surgery
  - The person commits to long-term follow-up

- In the North East, 5 trusts provide bariatric surgery to appropriate patients. Currently 2 procedures namely sleeve gastrectomy and Roux Y gastric bypass surgery are offered. These procedures are known to result in up to 70% excess body weight reduction for patients with obesity.

Tier 4

NHS North East and North Cumbria

Key findings

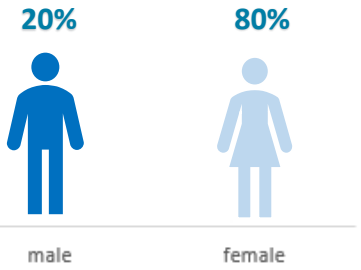
Between April 2018 and December 2021, there were 1941 bariatric procedures undertaken for individuals registered with a GP in NENC. Across NENC, there are estimated to be over 84,500 individuals with a BMI of 40 or more.

COVID:19 is shown to have impacted upon the delivery of bariatric surgery with a considerable reduction in procedures during peak infection times. However, the level of delivery does not appear to have returned to the same level as prior to this.

Females were 4 times more likely than males to receive a procedure but this doesn't necessarily reflect the level of need. Key age groups are 30 to 60 years.

7 times more people from the most deprived areas received procedures than the more affluent areas.

Figure 22 - Rate of bariatric procedures by age and gender per 1,000 registered population, 2018 to 2022, NENC



	male	female
<29	18	150
30-44	45	584
45-64	219	738
65+	22	52

Figure 23 - Rate of bariatric procedures per 1,000 registered population by IMD, 2018 to 2022, NENC

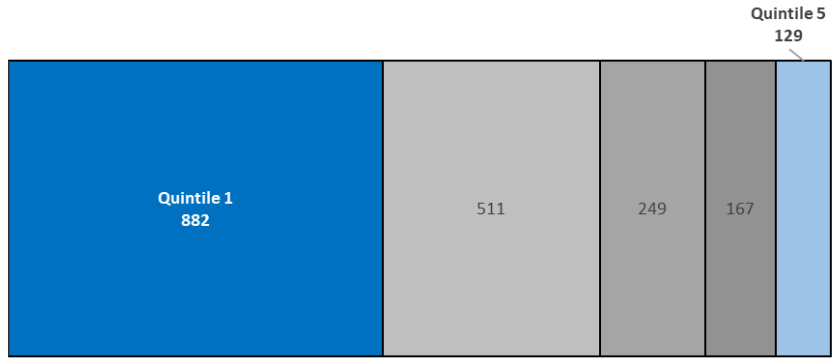
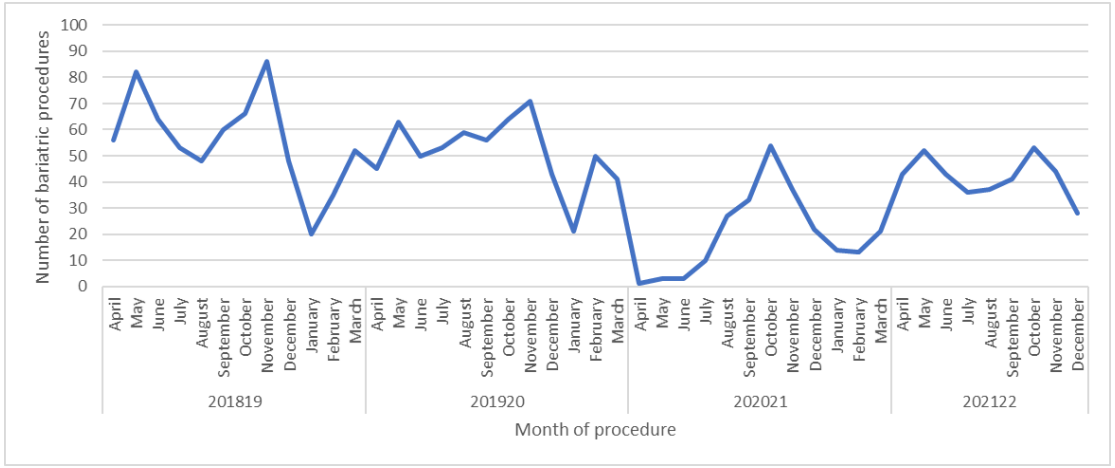


Figure 24 - Number of Bariatric Procedures in NENC, 2018 to 2022



Data Source – Secondary Uses Service data, 2018 – 2022, NENC

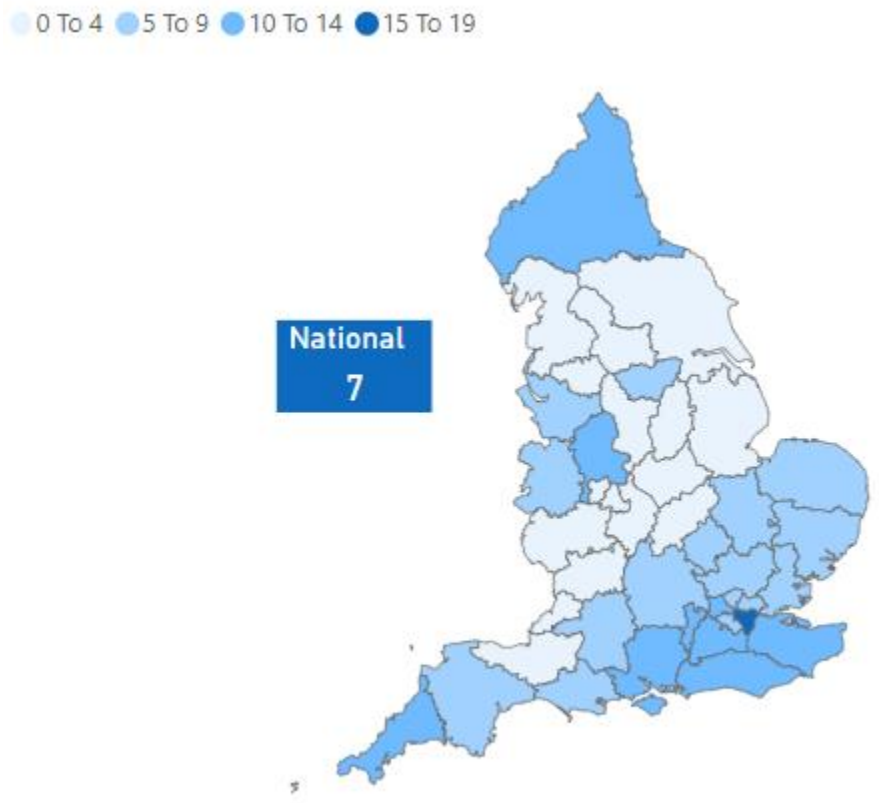
Tier 4

NHS
North East and North Cumbria

Key findings

- Nationally the rate of Bariatric procedure per 100,000 ICB resident population is 7. In NENC this is 13
- In 2020/21 380 Individuals received bariatric procedures. This occurred within the ICB area with an additional 15 outside of the area.
- A lower percentage of individuals aged 35-44 in NENC received procedures than national and a greater % aged 45-74

Figure 25 – Primary bariatric procedure rate per 100,000 in each ICB of residence for 2021-2022



Data Source – NHSE Weight management data

Unplanned care - Admissions

NHS
North East and North Cumbria

Hospital data between November 2019 and October 2022 reports 210,018 unplanned admissions for individuals with a BMI equal to or over 30 compared with 353,529 for those with a reported healthy weight.

As a rate, this indicates that for every 1,000 patients with an increased BMI, 282 were admitted at least once during this period. This is higher than the rate for those with a healthy weight (222 per 1,000 population).

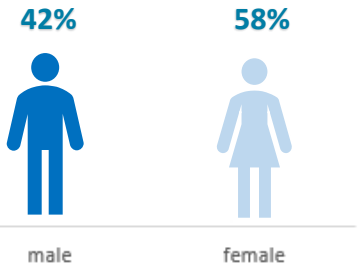
Those with an increased BMI were shown to have a greater odds of admission for diseases of the skin and subcutaneous tissue (abscesses and cellulitis), codes for special purposes (COVID) and diseases of the musculoskeletal system and connective tissue compared with those classified as being of healthy weight.

The average length of stay was equal for both those with an increased BMI and those with a reported healthy weight.

Those with a BMI >30 within the most deprived areas of NENC are 5 times more likely to be admitted than those within the least deprived.

Females aged 16 – 44 with an increased BMI have an unplanned admission rate 6 times that of those with a reported healthy weight. Males with an increased BMI aged 24 – 44 had a rate 4 times that of males of a healthy weight

Figure 26 - Rate of Unplanned Hospital admissions with BMI >30 by age and gender per 1,000 registered population, 2018 to 2022, NENC



	male	female
16-24	47.9	302.5
25-44	275.1	581.7
45-64	242.0	286.2
65+	437.6	429.1

Figure 28 - Percentage of unplanned admission by IMD and weight category, 2018 to 2022

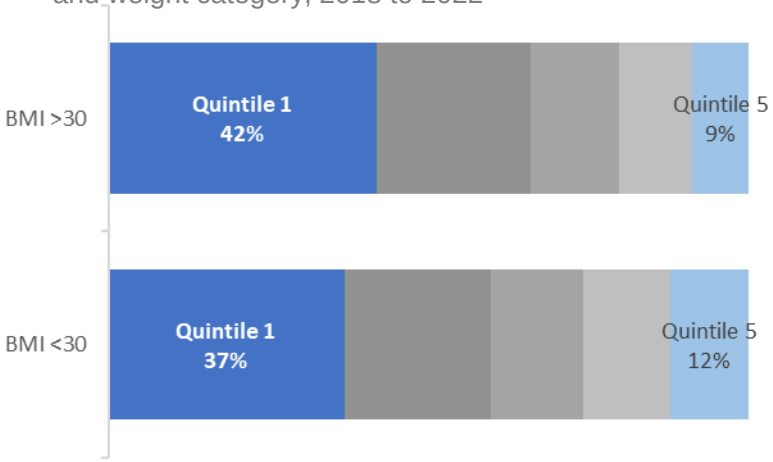
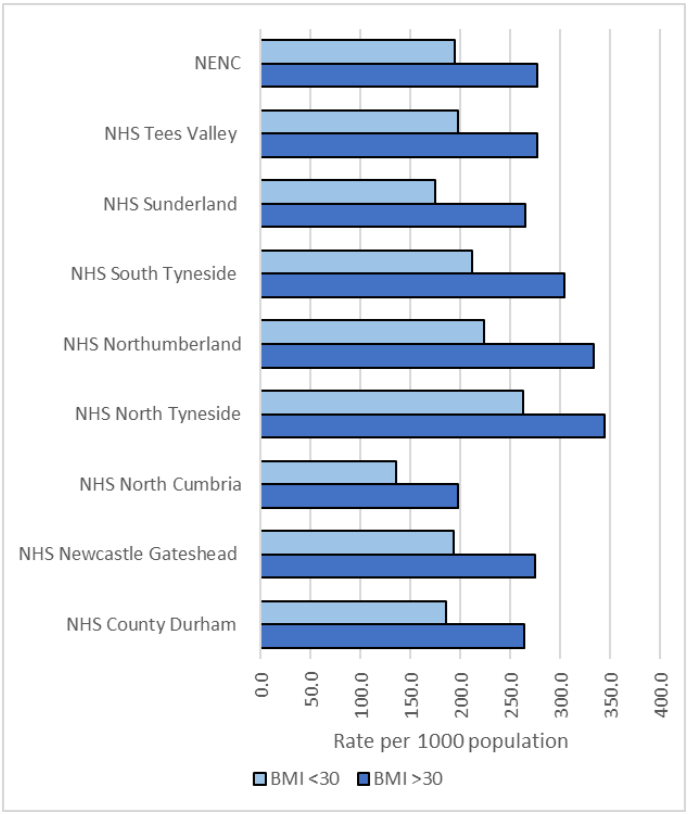


Figure 27 - Rate of Unplanned Hospital admissions by locality and weight category per 1,000 registered population, 2018 to 2022, NENC



Data Source – Secondary Uses Service data, 2018 – 2022, NENC

Elective Waiting List

As of February 2023, there were 240,000 individuals across the NENC awaiting a planned clinical procedure. 59,000 (24%) of these individuals were reported as having a BMI greater than 30.

12% (28,500) Individuals on the waiting list meet the criteria for Digital Weight Management having both increased weight and a diagnosis of hypertension or diabetes.

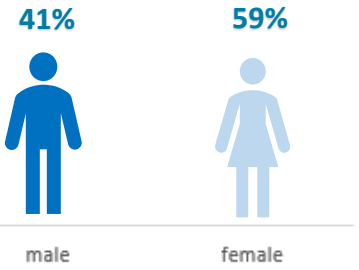
59% of those with increased weight were female and 41% male, however when adjusting for the overall population of the waiting list, the variation was not as great (54% v 46%).

The key age group for both males and females was 45 – 64 where for every 1000 people on the waiting list, more than 300 have a BMI over 30.

There were 50% more individuals residing withing the most deprived areas of NENC on the waiting list with increased weight than those within the least deprived areas.

The most prevalent procedures waited for were hip and knee replacements.

Figure 29 - Rate of Increased weight by age and gender per 1,000 waiting list population, Feb 2023, NENC



16-24	30.5	69.8
25-44	165.4	271.0
45-64	316.7	336.6
65+	277.6	273.5

Figure 31 - Rate of increased weight by IMD per 1,000 waiting list population Feb 2023, NENC

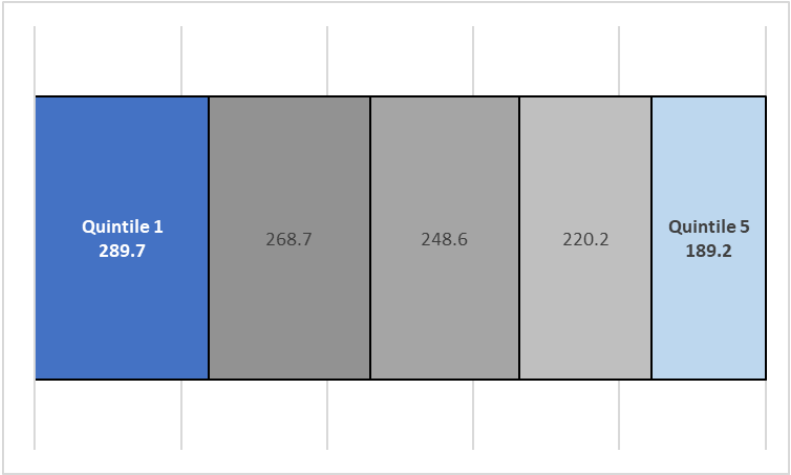


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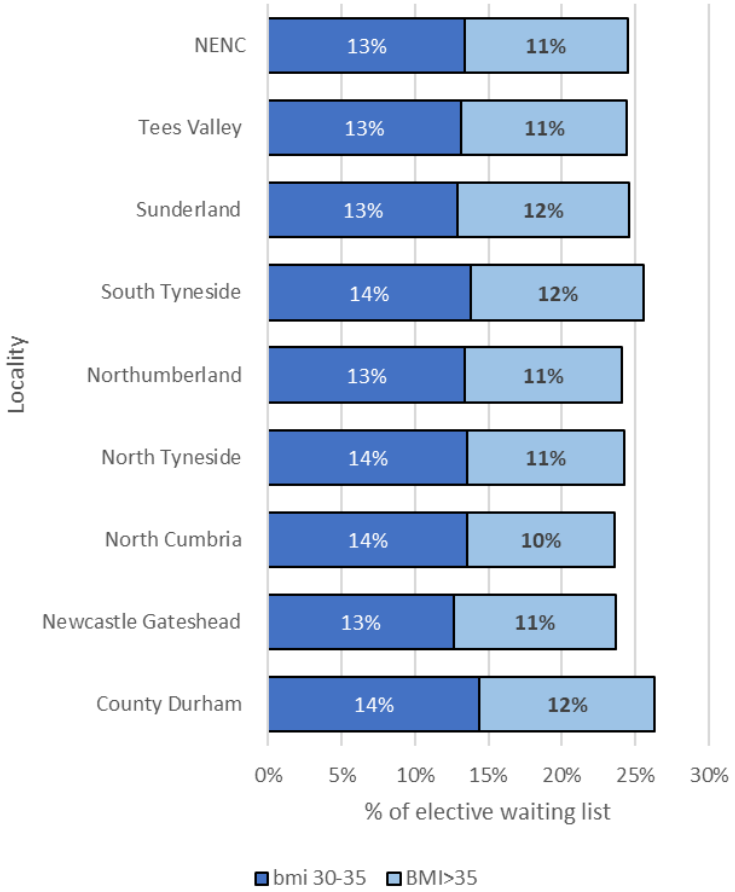
Figure 30 - Proportion of waiting list with increased weight by Locality, Feb 2023, NENC



Patient Experience findings

NHS
North East and North Cumbria

BARRIERS TO WEIGHT MANAGEMENT– Patient Experience

Psychological capabilities:

- A lack of awareness that there is an issue with their weight
- Reliant on the HCP for signposting

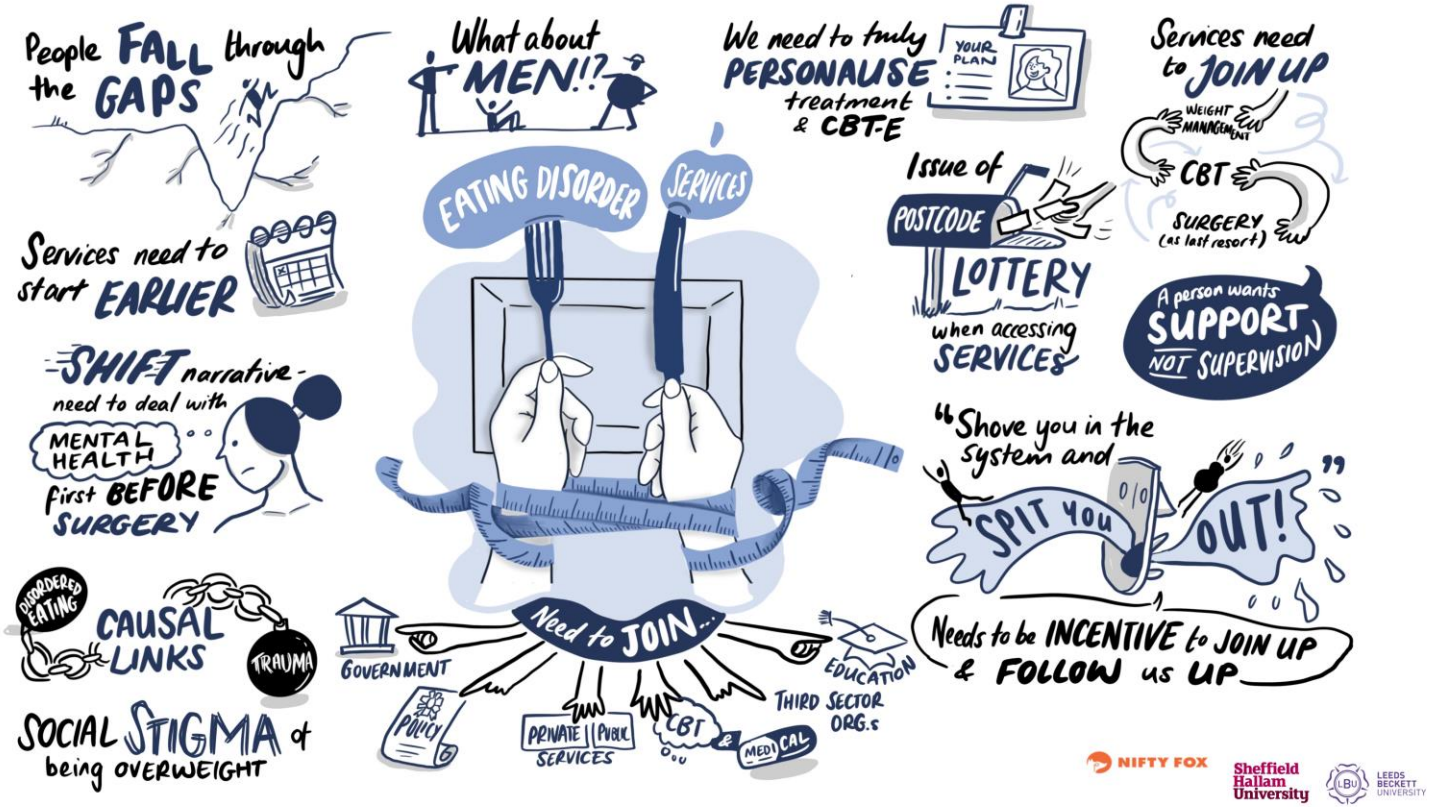
Physical opportunities:

- Do not visit the doctor
- Cannot get a doctor's appointment
- Do not have sufficient time with the doctor to have the conversation

Reflective motivation:

- Previous weight conversations have left them with low self esteem
- Belief that they may jeopardise eligibility for other medication
- Belief that they are not sufficiently obese

Figure 32 – Leeds Beckett University Obesity Institute Patient and Public Involvement & Engagement (PPIE) focus group findings for patients experiences living with obesity.



Source: Drummond Central – DWMP Behavioural insights work

Patient Experience findings

North East and North Cumbria

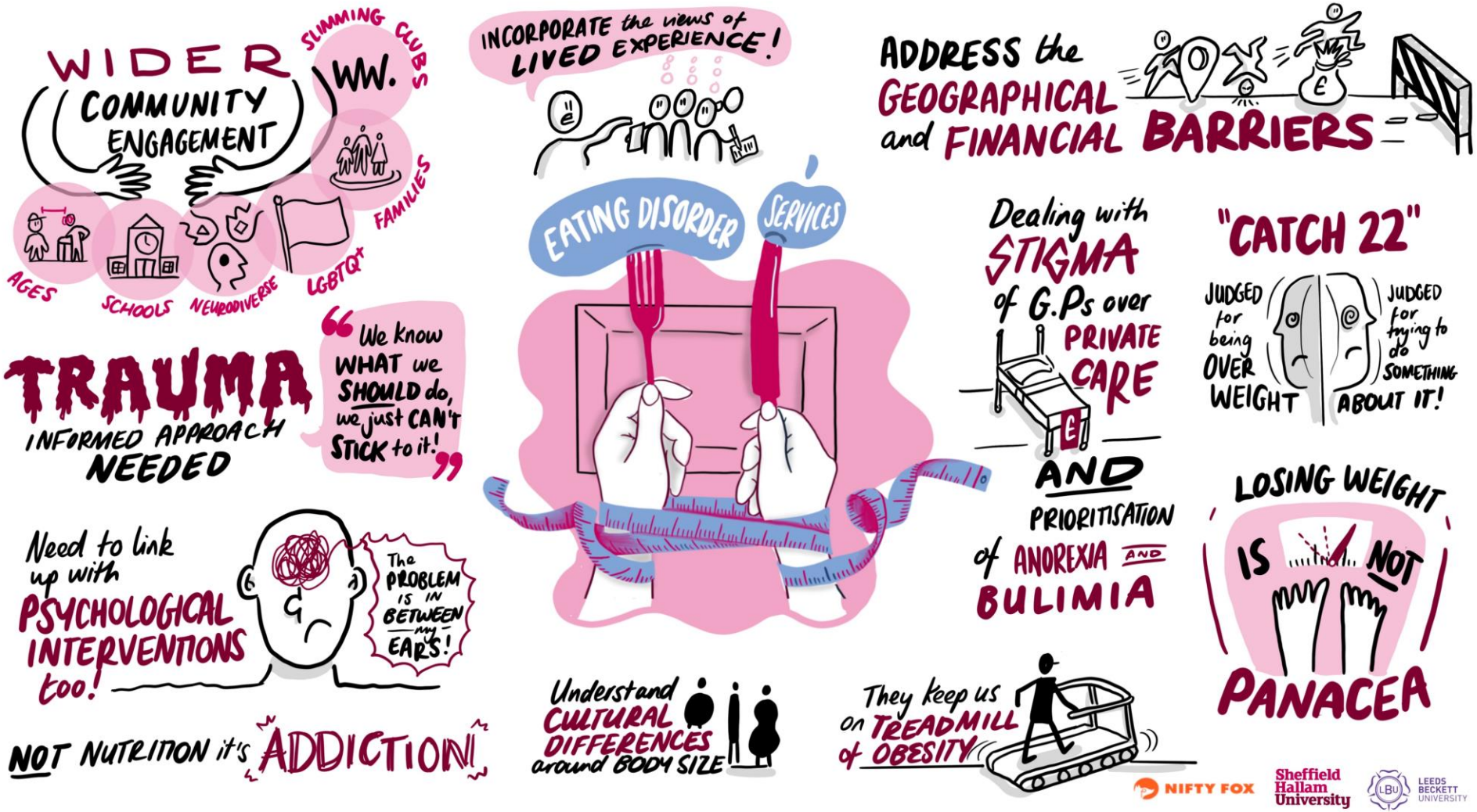


Figure 33 – Leeds Beckett University Obesity Institute Patient and Public Involvement & Engagement (PPIE) focus group findings in relation to the support needs of people living with obesity and emotional and disordered eating.

Recommendations

NHS
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Workforce

- **Recommendation 1** - Develop a regional training programme on obesity for delivery to key staff in healthcare settings (i.e. Physicians, GP's, Psychologists, Dieticians, Nurses and Physiotherapists) and relevant social care settings. The programme should include the prevention and management of obesity and related health harms, include the role health inequalities within this, and equip professionals with the necessary knowledge and skills to empower them to support individuals, their families, and the wider population. The content and delivery should be shaped by experts across the system, including those with lived experience to promote the development of long term sustainable staffing model underpinned by recurrent investment
- **Recommendation 2** – Healthcare organisations should ensure that key staff groups are supported to access the relevant elements of the training programme, including prevention, brief interventions, and the management of obesity
- **Recommendation 3** – Work with primary care and secondary care to present the need appoint an obesity leads with a keen interest in prevention and treatment to support people with weight related problems.
- **Recommendation 4** - The ICS Healthy Weight & Treating Obesity Programme should continue to maintain a comprehensive directory of weight management support across the NENC and ensure that it is accessible to all professionals working with people who may need support, as well as being accessible for members of the public
- **Recommendation 5** – The ICS Healthy Weight & Treating Obesity Programme should develop and implement a communication and engagement strategy to support a culture change among NHS staff and empower staff to have effective conversations about Healthy Weight and treating obesity when people want to discuss the issue

Recommendations

NHS
North East and North Cumbria

Data

- **Recommendation 6** – All trusts with specialist weight management services should take steps to improve reporting pathways for their Tier 3 Specialist Weight Management Services in line with the NHSE/I National Obesity Audit and local requirements
- **Recommendation 7** - The ICS Healthy Weight & Treating Obesity Programme should develop an Obesity data dashboard to provide consistent and up to date insight on Healthy Weight and Treating Obesity
- **Recommendation 8** – Acute trusts and primary care organisations trusts should take steps to improve data quality and recording in relation to height, weight, BMI, HbA1c and lipid profiles. This should be a priority for patients with co-occurring conditions
- **Recommendation 9** – All healthcare providers, including acute trusts, mental health trusts and primary care, should utilise a population health management approach to understand and respond to the of their population, including understanding the health inequalities associated with obesity.

Recommendations

NHS
North East and North Cumbria

Service Delivery

- **Recommendation 10** – Commissioners and providers should strengthen the role of those with experience of living with obesity. This should go beyond consultation so that people with lived experience play a key role in supporting commissioning and driving pathway design, planning and education, thereby addressing inequalities in access, service use, outcomes and experience.
- **Recommendation 11** – The NENC ICB should consider investment to support the development of Tier Specialist Weight Management services that meet the regionally agreed minimum standards in every trust to provide services for at least 5% of the eligible population and increase on an annual basis in a cost effective manner.
- **Recommendation 12** - Support Primary Care to identify patients at all tiers of service requirement with case finding, data dashboard, behavioural insights and population health management packs to refer patients appropriately to increase uptake of DWMP and other programmes using the MECC approach. This includes the targeting of specific groups such as males aged 30 to 55 that would benefit from earlier intervention programmes, advice and guidance.
- **Recommendation 13** - Work Closely with OHID/Tier 3/Dieticians to provide consistent advice and guidance on preventative and weight loss diets
- **Recommendation 14** - Support the importance of Tier 4 bariatric surgery within Elective Recovery programme to ensure eligible patients not waiting longer than 12 months for surgery
- **Recommendation 15** – Develop Tier 4 bariatric surgery further using data and intelligence to support the need for increase in activity levels as part of the Health Weight and Treating Obesity regional approach
- **Recommendation 16** - Work closely with Secondary Care Elective Recovery Programme to facilitate access to weight management interventions based on the data that over a third of patients on the programme are classified as having a BMI >30)

Recommendations

NHS
North East and North Cumbria

Strategic Leadership from the healthcare system

- **Recommendation 17** - Continued promotion of prevention and early intervention for obesity via communication and engagement of key themes i.e. disease risk, benefits of physical activity, exercise and healthy eating/evidence based diets
- **Recommendation 18** – There is a need to have a comprehensive public health approach to address the needs of children and young people for overweight and obesity. This would including primary prevention (e.g. education), secondary prevention (i.e. interventions for children and young people accessing services with co morbidities linked to overweight and obesity) and tertiary prevention (i.e. access to specialist services), with a specific focus on more deprived areas.
- **Recommendation 19** - Plan prescribing guidance for current and future pharmaceutical weight loss available for patients to ensure equality of access
- **Recommendation 20** – The NENC ICB should consider access to Specialist Weight Management in their ongoing work to address inequity in access to healthcare as part of the Core20PLUS5 programme

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