



Mid and South Essex
Integrated Care
System



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Thurrock Alliance Weight Management Provision in Thurrock

Thurrock Health and Wellbeing Board 31st August 2023

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www.midandsouthessex.ics.nhs.uk

Tier 2 Weight Management

- Tier 2 weight management provision takes the form of a 12 week programme which includes an exercise programme, healthy eating guidance, portion control and healthy lifestyle support.
- The SLH/ASOP Initiative is broadly based on tier 2 provision.
- Usually, to access tier 2 provision, the person would be referred by their GP. However, the programme is open to people who may self-refer
- The tier 2 provision is commissioned by the council's Public Health team in conjunction with partners across the borough and is delivered locally
- The rate of uptake (referrals that convert into a person on the programme) has seen an increase for men, up from 10% in 2022/23 to 14% in the first quarter of 2023/24

Tier 3 weight management

Tier 3 weight management is a more complex service. A person is referred by their GP and must have completed a tier 2 programme to be eligible.

The Tier 3 service incorporates psychological support for people and lasts for 12 months. The first 12 weeks is a curriculum-based programme of classes dealing with a wide range of weight-related issues (healthy cooking advice, portion control, etc) and is based on Cognitive Behavioural Therapy

The following 9 months are focussed on maintenance of healthy eating choices and monitored weight loss.

NICE has guidance and requirements set on weight management provision and the service in Thurrock fully meets these requirements.

Tier 3 provision is commissioned by health (previously CPR CCG on behalf of Thurrock, CPR, Basildon & Brentwood and Southend, now by a central ICB team).

Evidence of Benefits 1

2022/23 outturn figures.

Provided by MoreLife, the South Essex Tier 3 provider.

Target 75-100 completers. Outturn 111 completers

Group Data in Thurrock from April 2022 - March 2023	
Total number of referrals received	688
Total number of clients booked onto groups	219
Number of clients dropped out before starting group	28
Number of clients that started group and attended 1 or more out of 12 sessions	191
Number of clients that dropped out before completing 10 out of 12 sessions	80
Number of completers - clients that have attended 10 or more out of 12 sessions	101
Potential completers - clients that are still on programme	10
The number of completers who achieved a 5% weight loss during the programme	34
The number of completers who achieved a 3% weight loss during the programme	60

Evidence of Benefits 2.

	Score Values	Percentage Achieved	KPI Target
Percentage of completers achieving 5% weight loss at 12 weeks	34 out of 93 completers*	37%	30%
Percentage of completers achieving 3% weight loss at 12 weeks	60 out of 93 completers*	65%	60%
Percentage of clients that completed group including potential completers	111 out of 191	58%	60%

Other Weight management services in Thurrock 1.

Binge Eating Behaviour service

- In September 2021 an additional service was commissioned for South Essex (including Thurrock). This took the form of a binge eating behaviour (BEB) service.
- BEB has been identified as one of the main causes of people dropping out of weight management provision, with up to 30% of attendees not completing the courses on offer.
- The Tier 3 provider in Thurrock is accredited to provide this service by NHSE. The programme consists of a 12 week 'pre-tier 3' programme which addresses the underlying causes of the BEB.
- On completion of the BEB 12 week course the person is immediately enrolled on the Tier 3 programme. Evidence has shown that the drop out rate from tier 3 is significantly reduced and the weight loss experienced by people is proportionately greater and is maintained for longer
- This service remains in place in South Essex

Other weight management services in Thurrock 2.

Digital Weight Management

- NHS England has a national weight management programme which is a digital offer, using smart phones and PCs.
- It is a 12 week programme based on supported self-directed care. A person's GP may refer to this programme.
- It should be noted that there are limitations to this offer in that it is reliant on access to digital platforms. Whilst there has been a small percentage of uptake for this programme across MSE, the digital deprivation (for a number of reasons) has limited its effectiveness for residents in this part of greater Essex.


Other Weight Management services in Thurrock

Drug Therapies

- There is a drug therapy option for people who meet the eligibility criteria for tier 3 weight management provision.
- The drug is called Saxenda and is usually appropriate for iro 20% of people who meet the criteria for tier 3 services.
- A person who is eligible for Saxenda must be on a tier 3 programme and under the care of a consultant endocrinologist.
- The drug therapy programme is 2 years and is offered as an alternative to tier 4 bariatric surgery.
- NHS England is awaiting delivery into the UK of a later version of the drug therapy called Wegovy. It is estimated that approximately 80% of people eligible for tier 3 provision will be suitable for this drug.

Stanford le Hope PCN Weight Management Initiative

- The Thurrock Healthier Futures Clinic began seeing obese patients in June 2023 and has offered this extensive "health MOT around weight management and lifestyle " service to 2750 people from both SLH and ASOP PCNs.
- These are 2750 additional appointments focused on weight and lifestyle to reduce the personal and societal burden of obesity.
- Evaluation is underway, supported by Thurrock Population Health team, which started in June 2023 and will report after 6 months (November) and then a year (June 24) - it's too early to measure outcomes yet.
- The Obesity project in ASOP PCN has been paused temporarily to identify suitable venues in which to see patients.
- This is a supplementary primary care service which offers a holistic service that looks at all aspects of a person's medical health and lifestyle.

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- The health aspects including fully explaining all aspects of blood pressure management and issues if these aspects are not followed,. A full explanation of cardiac and diabetes risk and ways to minimise this. Also, a medication review if required etc.
 - These appointments are longer and more in-depth than primary care has time for, which is a big difference.
 - It then offers (with agreement of the patient) referral to the best existing services for them. The Health and Wellbeing coach follows the patient up regularly to encourage participation and completion of the interventions. As we move forward, we will adapt this based on the evaluation findings.

Evidence of benefits 1.

Cohort 1

Seen Care Coordinator 3 patients

Seen by Advanced Nurse Practitioner 3 patients +one of these were further followed up

Health and Wellbeing coach saw all three patients and then followed them up twice.

Referred to:

Exercise 1

WM 1

Cohort 2

Seen Care Coordinator - 9 patients - further 2 patients did not attend offered appointment

Seen by Advanced Nurse Practitioner 3 patients who also saw them for two further follow-ups and 2 did not attend (DNA)

Health and Wellbeing coach saw 5 patients, and followed up with six appointments - 2 patients did not attend offered appointment

Referred to:

ECG 1

24hr BP 1

Morelife 1

Digital Weight Managment 1

Evidence of benefits 2.

Cohort 3

Seen Care Coordinator 114 patients (with 15DNAs)

Seen by Advanced Nurse Practitioner 19 patients and he followed up 10 of these

Health and Wellbeing coach saw 68patients with 15 followed up further and 2 DNA

Referred to:

Gynae 1

Digital Weight Management 5

24hr BP monitoring 5

Started HTN treatment 3

Bloods requested 13

Exercise 11

Social prescriber 1

Weight management 18

Holter monitor (cardiac monitor) 1

We have recently started to trial calorie counting apps with some patients. They will send the diary at the end of the week so we can support them making better choices



Thank you

Any questions?

Margaret Allen
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