

## Insight Report for Leeds Weight Management service (adults)

Understanding the experiences, needs and preferences of people referring to, working within and using, the Leeds Weight Management service; what we already know.

The report also includes wider insight on what matters most to people using weight management services in other areas, beyond Leeds.

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### 1. What is the purpose of this report?

This paper summarises what we already know about the experiences of people relating to this service. This includes the experiences, needs and preferences of:

- Members of staff referring people into the Leeds Tier 3 service
- Staff working within the Leeds Tier 3 service
- People using, or who have used, adult weight management services

Specifically, this report:

- Sets out sources of insight relating to the service
- Summarises the key experience themes for the service
- Highlights gaps in our understanding

This report provides a baseline of key themes and priorities relating to people's experiences of adult weight management services, which can feed into the current service review, options appraisal and redesign. It is a review of existing insight and is not an academic research study.

### 2. The Leeds Tier 3 Weight Management Service

While obesity has increased almost everywhere ... its rise in the UK has been particularly steep. It is now heavily concentrated in the poorest areas and is increasingly prevalent among children, building on existing inequalities.

Obesity is linked with health impacts including diabetes, heart disease and cancer. It can lead to reduced life chances and contribute to mental ill health due to stigma.

In Leeds, the Tier 3 service is delivered by Leeds Community Healthcare (LCH) (lead provider), Leeds Teaching Hospitals Trust (LTHT) and Leeds and York Partnership Trust (LYPFT).

The service is a 12-18 month programme for adults with a BMI of above 35, run by experienced healthcare professionals including a consultant physician, physiotherapists, dieticians and mental health specialists. The team works to support adults with severe and complex obesity to make sustainable diet and lifestyle changes to improve their health.

Due to lengthy waiting lists, and the resulting impact on staff morale, referrals into the service were paused on 15 July 2023 to enable a service review and redesign to take place. A decision on the future of the service and its redesign is due during 2024.

This insight report is intended to contribute to the review and redesign.

### 3. Main themes relating to people's experiences of care for long-term conditions in Leeds

As the weight management service comes under the remit of the Long-term conditions population board, the main themes from the board's insight report are relevant here:

- People tell us how important it is to have **information** about what services are available to them in relation to their health and care, for example, NHS Health Checks.
- Many people who had attended NHS Health Checks tell us it was generally a positive experience – **satisfaction**.
- People with long-term conditions tell us they value regular contact with the service providing their care. They tell us it is important to be kept up to date with their care and what to expect at their appointments – **information / communication**.
- People tell us how important it is to note or flag people's individual communication needs to ensure they are getting the right support and information in the right way for them. For example, patients who are blind or hard-of-hearing may require additional support in busy waiting areas – **health inequality / person-centred care**.
- People tell us how important it is to know who to contact about their care, especially if they use a number of different services – **communication / information**.
- People tell us that **information** and guidance for families and carers to support people with long-term conditions coming home from hospital is important.
- People tell us that language can be important in how they feel about their care. For example, being 'discharged' when they are leaving hospital but continuing to receive care at home can make people feel they are being "abandoned" – **communication / person-centred care**.
- People tell us that expectations around self-management need to consider people with low health literacy, a lack of digital skills / access, and people who have different communication needs – **health inequality**.
- People tell us how important it is for staff to be culturally aware of the differing needs of diverse communities. For example, for some there is a 'cultural pressure' to care for loved ones at home rather than in a hospital or rehab setting – **health inequality**.

### 4. Main themes relating to weight management services

Main themes from the insight reviewed, and listed below, relating to people's experiences of weight management services (in Leeds and farther afield) include the following:

- **Good information and communication is key** to people's experience of weight management services. This includes:
  - A clear description of the service and referral criteria,
  - Communication between referrers and the service and vice versa,

- Regular communication with people who are referred, and may be on a waiting list, and
- Information on outcomes, both back to referrers and also to staff within the service.
- A high value is placed, by people using the service, on **staff being caring, non-judgemental and professional**.
- The **multi-disciplinary team approach** is valued by staff and by people using the service.
- People using services value **person-centred approaches** which acknowledge the **psychological and emotional aspects** of dealing with weight management issues.
- Some feedback prioritises an **holistic approach to treatment**, where there is less emphasis on weight alone, and more attention given to health and wellbeing.
- People mention being **signposted to additional support** and / or **peer support** opportunities as being helpful.

This insight should be considered alongside city-wide cross-cutting themes available on the Leeds Health and Care Partnership website. It is important to note that the quality of the insight in Leeds is variable. While we work as a city to address this variation we may include relevant national data on people's experiences of care.

## 5. Insight review

We are committed to starting with what we already know about people’s experience, needs and preferences. This section of the report outlines insight work undertaken over the last few years and highlights key themes, including some main involvement themes – Appendix A.

Source	Publication	Participants	Date	Key themes relating to weight management services
West Yorkshire Integrated Care Board (Leeds)	<b>Leeds Tier 3 Specialist Weight Management Service Survey Report</b> on staff and referrer responses to an online survey (Oct-Dec 2023) <a href="https://www.healthcareleeds.org/wp-content/uploads/2024/01/Weight_Management_Service_survey_report_V1.1.pdf">https://www.healthcareleeds.org/wp-content/uploads/2024/01/Weight_Management_Service_survey_report_V1.1.pdf</a>	Survey responses from 34 staff members	2024	<p>This report provides a summary of the responses received from staff, contributing to a review and redesign of the service in Leeds.</p> <p>Whilst acknowledging the challenges long waiting times and a lack of capacity bring, staff working within the service value:</p> <ul style="list-style-type: none"> <li>the multi-disciplinary team approach,</li> <li>the team’s caring approach to patients, and</li> <li>the benefits of some virtual / online ways of working.</li> </ul> <p>Staff felt that more work to improve referral processes and information and communications with patients, and wider stakeholders, would benefit staff and patient experiences.</p> <p>Staff referring into the service reported some challenges with the referral process, with information and communication, and also noted a lack of follow up about patients who had begun the programme.</p> <p>Several referring staff, mostly GPs or other practice staff, stated how important they felt the programme is, knowing how many of their own patients need this support.</p>

<p>West Yorkshire Integrated Care Board (Leeds)</p>	<p><b>Summary report on analysis of Friends and Family Test (FFT) responses (2019-23)</b>  <a href="https://www.healthandcareleeds.org/wp-content/uploads/2024/01/Friends_and_Family_Test_Summary_Report_V1.1.pdf">https://www.healthandcareleeds.org/wp-content/uploads/2024/01/Friends_and_Family_Test_Summary_Report_V1.1.pdf</a></p>	<p>267 FFT responses about the weight management service were received by Leeds Community Healthcare</p>	<p>2023</p>	<p>74% of respondents scored the service as ‘good’ or ‘very good’.          Many respondents provided positive feedback about the service they had received, with a high value being placed on the friendly, non-judgemental and knowledgeable staff.          Additional comments on what could be improved included:</p> <ul style="list-style-type: none"> <li>• Appointments being changed / cancelled / rearranged or conflicting messaging, confusion re processes.</li> <li>• Not being able to be seen face-to-face, or wanting more interaction with others (inc. online).</li> <li>• Several respondents mention that a one-size-fits-all approach doesn’t work, and talk about the need to be person-centred.</li> <li>• Wanting more support, contact between appointments, better communication – not just a voice mail.</li> <li>• Waiting times.</li> <li>• Better communication / information.</li> <li>• Wanting more support (including psychological support).</li> <li>• People mention staff turnover, and say they value seeing the same staff – consistency.</li> <li>• People want to speak to someone when they call – not just an answer phone.</li> </ul>
<p>Leeds City Council Public Health + University of Leeds</p>	<p><b>Weight Stigma in Leeds:</b> The consequences of weight stigma and implications for policy and practice.</p>	<p>Survey responses from 169 tier 2 and tier 3 weight management service participants in Leeds</p>	<p>2022</p>	<p>Findings underline the importance of person-centred care and workforce:</p> <ul style="list-style-type: none"> <li>• the survey emphasised the prominence of weight related bias and discrimination.</li> <li>• individuals experience weight related bias and discrimination early in life.</li> <li>• the portrayal of weight stigma in the form of teasing, unfair treatment and verbal abuse can have a long-lasting impact causing preventable mental hardships such as anxiety and depression.</li> <li>• family members, teachers and healthcare professionals are responsible for much of the weight related bias and discrimination people experience.</li> </ul>

	<a href="#">2022 Weight-Stigma-in-Leeds.pdf</a>			<ul style="list-style-type: none"> <li>• individuals do not trust help from others as they believe they think their battle with weight and size is solely their fault.</li> <li>• healthcare professionals must acknowledge the emotional trauma caused by weight stigma throughout an individual's lifetime and empathise and support solutions when prescribing beneficial weight management pathways.</li> </ul>
Doncaster Council	<p><b>Doncaster talks about weight and health</b></p> <p><a href="#">Doncaster+talk+s+about+weight+and+health.pdf</a></p>	<p>417 Doncaster residents responded to this survey to give their opinions on weight and obesity and its relationship with health and wellbeing.</p>	2022	<p>Respondents were asked about their opinion on the purpose and accessibility of weight management services:</p> <ul style="list-style-type: none"> <li>• 55% of participants said weight management services should not be focused on weight loss as the primary outcome.</li> <li>• 95% said they thought weight management services should focus on improving health and wellbeing.</li> <li>• 95% thought weight management services should be accessible to people of all body weights.</li> <li>• 95% thought weight management services should support people to address emotional eating.</li> <li>• 73% believe weight management services should always be accessible to people (no time limit).</li> </ul>
National Library of Medicine	<p><b>“Everything is revolved around me being heavy ... it’s always, always spoken about.”</b></p> <p>Qualitative</p>	<p>13 women with a BMI≥40kg/m<sup>2</sup> undertook semi-structured interviews around weight</p>	2022	<p>The study was conducted in a region within Yorkshire and Humber with high rates of maternal obesity and deprivation compared to the rest of England.</p> <p>Four themes emerged:</p> <ol style="list-style-type: none"> <li>1). "Understanding where I am at" showed current readiness and motivation of women varied, from being avoidant to being motivated to make changes.</li> <li>2). "Getting information" revealed inconsistent information provision during pregnancy. Women particularly wanted practical advice. Some attempted to find this for themselves from friends or the internet, however this left some women feeling confused when different sources provided inconsistent advice.</li> </ol>

	<p>experiences of weight management during pregnancy in women with a BMI of 40kg/m<sup>2</sup> or above</p> <p><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9231696/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9231696/</a></p>	<p>management experiences during pregnancy.</p>		<p>3). "Difficulties I face" identified physical, emotional and financial barriers and the strategies some women used to overcome these.</p> <p>4). "Encountering professionals—a mixed experience" demonstrated women wanted to be treated with respect and sensitivity and that how weight management information was addressed was more important than who provided it. The fine line professionals tread was demonstrated by women thinking that they had received inadequate information and yet too much focus was placed on their weight and the associated risks during pregnancy without practical solutions to their weight management challenges.</p>
<p>BMJ Open online</p>	<p><b>Changing the narrative around obesity in the UK:</b> a survey of people with obesity and healthcare professionals from the ACTION-IO study</p> <p><a href="#">ACTION UK published</a></p>	<p>In the UK, 1500 People with Obesity and 306 Healthcare Professionals completed the survey</p>	<p>2021</p>	<p>Findings from the survey highlighted that:</p> <ul style="list-style-type: none"> <li>the current narrative around obesity requires a paradigm shift in the UK to address the delay between people with obesity struggling with their weight and discussing weight with their healthcare professional.</li> <li>perceptions of a lack of patient interest and motivation in weight management must be challenged along with the blame culture of individual responsibility that is prevalent throughout society.</li> <li>while people with obesity may welcome weight-related conversations with a healthcare professional, they evoke complex feelings, demonstrating the need for sensitivity and respect in these conversations.</li> </ul>



	<a href="#">2021.pdf (whiterose.ac.uk)</a>			
VCSE Health and Wellbeing Alliance (Centre for Mental Health)	<b>More than a number - Experiences of weight management among people with severe mental illness</b> <a href="#">hwa-smi-weight-management-report-2020.pdf (rethink.org)</a>	Project stakeholders included over 50 people with lived experience of severe mental illness.	2020	Findings include what people with severe mental illness want from weight management services: <ul style="list-style-type: none"> <li>• more holistic services</li> <li>• trusted and culturally competent support</li> <li>• options for engagement</li> <li>• less emphasis on weight, more emphasis on enjoyment</li> <li>• proactive support to take the first step.</li> </ul>
Leeds Clinical Commissioning Group	<b>Weight Management Service Engagement Report</b> <a href="#">[ARCHIVED CONTENT] Tier 3 Specialist Weight Management Service - NHS</a>	Survey responses from 39 people (including 20 service users)	2018	People were asked for feedback on their experiences of the current service, tools to support treatment and appointment preferences. The following main themes were highlighted: <ul style="list-style-type: none"> <li>• The majority of service users are satisfied with the service - satisfaction</li> <li>• Service users spoke about the importance of having knowledgeable health professionals that are supportive, understanding and motivational.</li> <li>• People told us that they would like to have access to a range of tools that support them in monitoring their journey, including smartphone apps, peer support and diaries.</li> </ul>

	<a href="https://nationalarchives.gov.uk">Leeds Clinical Commissioning Group (nationalarchives.gov.uk)</a>			<ul style="list-style-type: none"> <li>• People told us that they would like to access a mixture of appointments, with a preference for face-to-face appointments.</li> <li>• More than half of the people we spoke to prefer appointments at a local health venue. However, tier 3 weight management service users want hospital appointments as well.</li> <li>• The majority of people we spoke to would like to access the service at different times and on different days, with a slight preference towards appointments in the evening during weekdays or on a Saturday.</li> <li>• In addition to doctors, nurses and dieticians, service users of weight management services would like to receive support from other health professionals, inc. psychologist, exercise specialist and peer support worker.</li> </ul>

## 6. Inequalities Review

We are committed to tackling health inequalities in Leeds. Understanding the experiences, needs and preferences of people with protected characteristics is essential in our work. This section of the report outlines our understanding of how weight management services are experienced by people with protected characteristics (as outlined in the Equality Act 2010 – Appendix B).

Please note that we are aware that the terminology used in relation to the recognition of a person’s identity may depend on the context of its use. Some people may define some terms differently to us. We have tried to use terminology that is generally accepted. Please do get in touch if you would like to discuss this further.

Protected Characteristic	Insight
Age	We have been unable to source any local evidence relating to age.
Disability	<p>“People with severe mental illness are more likely than the general population to encounter a combination of factors that contribute to weight gain. These factors may interact with one another and they are often related to severe mental illness by more than one pathway.”</p> <p>More than a number - Experiences of weight management among people with severe mental illness.” (p8)</p> <p>“Certain groups of people with severe mental illness have a higher risk of weight gain than others. These are:</p> <ul style="list-style-type: none"> <li>• Young people with first episode psychosis</li> <li>• People with limited previous exposure to psychiatric medication (drug naïve patients)</li> <li>• People taking olanzapine or clozapine</li> <li>• People who rapidly gain weight in the first six weeks of treatment with antipsychotic medication</li> <li>• People with depression</li> <li>• Women” (p10)</li> </ul> <p><a href="https://www.rethink.org/hwa-smi-weight-management-report-2020.pdf">hwa-smi-weight-management-report-2020.pdf (rethink.org)</a></p>
Gender (sex)	We have been unable to source any local information relating to gender.
Gender reassignment	We have been able to source any local information relating to gender reassignment.
Marriage and civil partnership	N/A - The Equality Act provides protection in the area of employment only.
Pregnancy and maternity	“Alongside increased overweight and obesity in the general population over recent decades, maternal obesity during pregnancy has significantly increased. Within England a recent cohort has shown 1.6% of pregnant women to have a BMI≥40kg/m <sup>2</sup> . Furthermore, childbearing itself has been

Protected Characteristic	Insight
	<p>acknowledged to contribute to the rise of overweight and obesity in women.”</p> <p><a href="#">“Everything is revolved around me being heavy ... it’s always, always spoken about.” Qualitative experiences of weight management during pregnancy in women with a BMI of 40kg/m2 or above - PMC (nih.gov)</a></p>
Race	<p>“BMI is one of the criteria considered when assessing appropriate care and treatment... referral criteria are adjusted for ethnicity... for people of black African, African-Caribbean and Asian (including South Asian and Chinese) family origin, as they are at an increased risk of conditions such as type 2 diabetes and cardiovascular disease (NICE, 2013).”</p> <p>More than a number - Experiences of weight management among people with severe mental illness (p6).</p> <p><a href="#">hwa-smi-weight-management-report-2020.pdf (rethink.org)</a></p>
Religion or belief	<p>We have been unable to source any local evidence relating to religion or belief.</p>
Sexual orientation	<p>We have been unable to source any local evidence relating to sexual orientation. However, a study, published in the Journal of Public Health in 2019, “clearly shows the link between sexual orientation and unhealthy weight in lesbian and bisexual women and in gay and bisexual men leading us to conclude that sexual minorities have an increased risk of several conditions, including coronary heart disease, stroke, cancer and early death.”</p> <p><a href="#">Why body mass index and sexual orientation study raises health concerns for lesbian and gay people (theconversation.com)</a></p>
Homelessness	<p>We have been unable to source any local evidence relating to the experience of people who are homeless.</p>
Deprivation	<p>We have been unable to source any local information relating to deprivation. However, a NICE Health Inequalities Briefing, published in 2023 found that “deprivation is the major underlying inequality underpinning differences in obesity levels, due to the dietary risk factors and wider determinants associated with deprivation.”</p> <p><a href="#">health-inequalities-briefing-2 (nice.org.uk)</a></p>
Carers	<p>We have been unable to source any local information relating to carers.</p>
Access to digital	<p>We have been unable to source any local evidence relating to access to digital resources.</p>
Served in the forces	<p>We have been unable to source any local evidence relating to the experience of people who have served in the forces.</p>

## 7. Gaps and considerations

### **Gaps identified in the report:**

- This review found there is a gap in equality monitoring information relating to weight management services. This means it is difficult to understand how different communities find weight management services and also how well the services are doing in addressing health inequalities.
- Although this review found some examples of patient and public feedback relating to weight management services, there weren't many. It is also possible that not all services are routinely collecting patient feedback which, along with equality monitoring data, can and should be contributing to ongoing service improvement.

## Appendix A - Involvement themes

The table below outlines key themes used in our involvement and insight work. The list is not exhaustive and additional themes may be identified in specific populations.

Theme	Description	Examples
<b>Choice</b>	Being able to choose how, where and when people access care. Being able to choose whether to access services in person or digitally	People report wanting to access the service as a walk-in patient. People report not being able to see the GP of their choice
<b>Clinical treatment</b>	Services provide high quality clinical care	People told us their pain was managed well
<b>Communication</b>	Clear communication and explanation from professionals about services, conditions and treatment.	People report that they're treatment was explained in a way that they understood
<b>Covid-19</b>	Services that are mindful of the impact of Covid-19	People report the service not being accessible during the pandemic
<b>Environment</b>	Services are provided in a place that is easy to access, private, clean and safe and is a way that is environmentally friendly and reduces pollution	People report that the waiting area was dirty
<b>Health inequality</b>	Services are provided in a way that meet the needs of communities who experience the greatest health inequalities.	Older people report not being able to access the service digitally
<b>Information</b>	Provision of accessible information about conditions and services (leaflets, posters, digital)	People report that the leaflet about their service was complicated and used terms they did not understand
<b>Involvement in care</b>	Involvement of people in individual care planning and decision-making.	People told us they were not asked about their needs and preferences
<b>Involvement in service development</b>	Involvement of people in service development. Having the opportunity to share views about services and staff.	People told us that they were given an opportunity to feedback about the service using the friends and family test
<b>Joint working</b>	Care is coordinated and delivered within and between services in a seamless and integrated way	People report that their GP was not aware that they had been admitted to hospital
<b>Person centred</b>	Receiving individual care that doesn't make assumptions about people's needs. Being treated with dignity,	People report that their relative died in the place they wanted

	respect, care, empathy and compassion. Respecting people's choices, views and decisions	
<b>Resources</b>	Staff, patients and their carers/family/friends have the resources and support they need	Family reported that adaptations to the house took a long time to be made
<b>Satisfaction</b>	Services are generally satisfactory	Most people told us that they were very happy with the service.
<b>Timely care</b>	Provision of care and appointments in a timely manner	People report waiting a long time to get an appointment
<b>Workforce</b>	Confidence that there are enough of the right staff to deliver high quality, timely care	People raised concerns that the ward was busy because there were not enough staff
<b>Transport and travel</b>	Services are provided in a place that is easy to access by car and public transport. Services are located in a place where it is easy to park.	<p>People report poor local transport links</p> <p>People report good access to parking</p>
<b>Wider determinants</b>	Services and professionals are sensitive to the wider determinants of health such as housing	People told us that their housing had a negative impact on their breathing

## Appendix B: Protected characteristics (Equality and Human Rights Commission 2016)

1. **Age** - Where this is referred to, it refers to a person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).
2. **Disability** - A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
3. **Gender (Sex)** - A man or a woman.
4. **Gender reassignment** - The process of transitioning from one gender to another.
5. **Marriage and civil partnership** - Marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. [1] Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).
6. **Pregnancy and maternity** - Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
7. **Race** - Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
8. **Religion or belief** - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
9. **Sexual orientation** - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

### Other characteristics

Other protected characteristics identified by the ICB in Leeds include:

- **Homelessness** – anyone without their own home
- **Deprivation** – anyone lacking material benefits considered to be basic necessities in a society
- **Carers** - anyone who cares, unpaid, for a family member or friend who due to illness, disability, a mental health problem or an addiction
- **Access to digital** – anyone lacking the digital access and skills which are essential to enabling people to fully participate in an increasingly digital society
- **Served in the forces** – anyone who has served in the UK armed forces