



Weight Management Services Report

healthwatch
Wakefield

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March 2025

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Executive summary

"I'm not ashamed of my weight, but I do find it emotional."

For many people their weight is a deeply personal matter that affects both their mental and physical health. Obesity stigma has been, and continues to be, common, and recent high profile discussions around weight loss medications only add further complexity to the conversation.

Any support aimed at helping with weight needs to be sensitive to different cultures so that it can be delivered in a way that reaches people at the right time, with the right message, and in the right way, to be most helpful.

This report uses the experiences of people from the district to help illustrate the following:

- What are people's relationships with weight?
- What are people's experiences of seeking support, and what leads them to seek support?
- What are the obstacles for engaging with support offers available in the district? What makes it easier for people?

We then used the insights gathered to formulate our recommendations which we believe will help to increase awareness and uptake of the available Public Health funded services. You will find these recommendations in the final section of the report.

Relationships with weight

"I want to feel healthier, and I want to have more energy."

People told us that they seek support services for weight management not only for weight loss but also for health, energy, mood, and habit improvements. People told us that services focused on health and wellbeing were more likely to engage, they also felt that they would be more likely to stick to new habits even after they met their target weight.

"Diets often feel like a punishment."

People recognised that managing food intake is key to controlling weight, but they found it restrictive and negative. When the focus is only on food, it misses the opportunity to also increase physical activity, which was more effective and led to lasting changes. Support framed positively, focusing on building new habits rather than just stopping old ones, was also better received and sustained.

"I guess I feel like it's my fault I'm overweight... it's on me to sort it out myself."

Participants felt alone in managing their weight, making it harder to change habits and build new relationships with food. A social aspect was key to effective services, with programmes like Slimming World and exercise activities where people could connect with others facing similar challenges being particularly popular.

Experiences of seeking support

“There’s not really time for myself, so I never think about my health. I feel like I am just living to get through each week.”

People told us they felt that addressing their weight would require too much time, focus, and energy, and they were also concerned about the cost of making changes. It’s important that support services emphasise that weight management doesn’t have to be a big, time consuming task.

“I didn’t bother to ask as I didn’t feel big enough.”

Many participants had never considered discussing their weight with healthcare professionals, and when they did, the clinician often didn’t bring it up unless it was directly related to another health issue. There was also confusion about what support was available and who could access it, with some being turned away after referrals. People are more likely to seek help if they understand the process and what to expect, so unclear information can delay help seeking.

Blockers and enablers

“If someone told me what I could do, I’d probably give it a try.”

Some people were unsure about what they should be doing and valued having a trusted person to guide them. For those with additional health issues they may also be unsure about what is safe for them to do. Many people also turned to social media and video sites for health and weight content, presenting an opportunity to explore new ways to present and develop local services.

“I don’t use it because I don’t enjoy it.”

Many people highlighted what made them disengage. Several talked about needing a sense of enjoyment. Others talked about needing services to be dynamic. Some cited the need for positive challenge, to feel like they are making progress, for example by having achievements and ways to mark success.

Several of the most highly rated support offers made use of these aspects. For example, coordinated events outside and Slimming World sessions which were holding to account and praising progress were key to driving initial and follow up attendances.

"90% of people there have the same desire to lose weight as you, everyone is supportive."

Culture also plays a key role. When people feel supported and encouraged by the group, they are more likely to keep attending. However, a negative focus can lead to disengagement. Services should emphasise celebrating positive changes in weight, as people prefer praise over criticism.

Final thoughts

People in Wakefield District, like elsewhere, are concerned about their weight and seek effective support to manage it. Wakefield Council offers a range of Public Health services that have helped people achieve lasting success. However, challenges remain, such as people accessing services too late or being referred to the wrong one.

This report explores the reasons behind these issues and provides three practical, achievable recommendations within a limited budget and timeframe.

Lewis Smith-Connell
Chief Officer
Healthwatch Wakefield



Background

Healthwatch Wakefield is your local health and social care champion for Wakefield District. From Airedale to South Kirkby, Overton to Knottingley, and everywhere in between. We make sure NHS and social care leaders hear your voice and use your feedback to improve care.

After speaking with colleagues in Public Health, we wanted to support them to understand more about the barriers and enablers there may be to people accessing support with their weight. There are currently four tiers of support available to Wakefield District residents with regards to losing weight and maintaining a healthy lifestyle.

These are as follows:

- Tier 1: includes information and awareness campaigns delivered via local services such as GPs and pharmacies.
- Tier 2: includes local community-based support with diet, nutrition and exercise as part of a programme.
- Tier 3: specialist clinics that provide non-surgical support such as bariatric doctors, specialist dietitians, exercise therapists and psychologists.
- Tier 4: surgical intervention such as bariatric surgery.

Aspire Health and Wellbeing is a service run by Wakefield Council that supports residents over the age of 18. They offer group programmes and online support to adults aiming to move towards a healthier lifestyle, as Tier 2 support outlined above. People can refer themselves or be referred by health professionals to access these services.

Colleagues in Public Health had said that people did not seem to be accessing the support available in Tiers 1 and 2, where there is opportunity to make lifestyle improvements before Tiers 3 and 4 support becomes necessary. While there seem to be plenty of referrals made to the Aspire range of services, not all of these referrals were appropriate.

If people weren't accessing the support made available by the council, we wanted to understand more about why this might be.

We wanted to know whether people knew what was available, whether there were barriers in place that prevented them accessing services, or whether people would prefer different types of support to what is currently available.

In 2021 we carried out public engagement to inform the refresh of the Health and Wellbeing Strategy. The findings of this piece of work allowed a better understanding of the barriers to people making healthy choices, as well as what people felt they needed in order to achieve better health.

Although the focus of this current work is access to support with losing weight, we wanted to explore whether the barriers identified in 2021 remain, or whether they have changed.

In addition, given that the latest JSNA (Joint Strategic Needs Assessment) Wakefield District Population Health Survey¹ identified mental health as a key contributor to weight and maintaining a healthy lifestyle, we wanted to explore links between mental health and accessing services designed to support with weight loss.

Aim

The aim of the project was to find out if people know about the services that are available to them, including those that are provided by the council. We also wanted to understand people's experience of accessing support to reach a healthy weight.

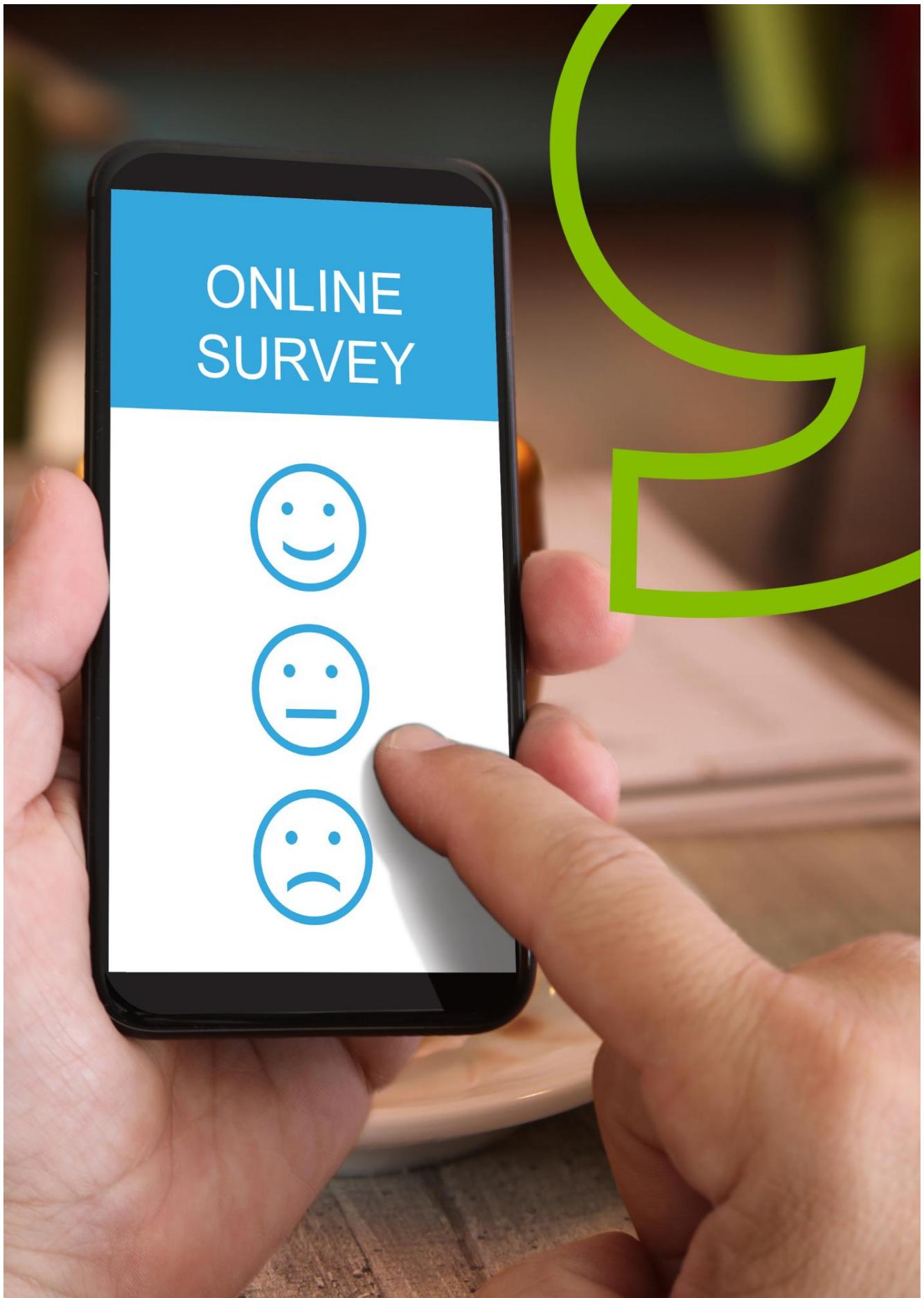
Key objectives and activities

To do this we:

- Produced and promote a survey for local people to find out about their experiences when accessing or trying to access services.
- Carried out face-to-face or telephone interviews with up to ten individuals to get some more in-depth feedback about their experiences.
- Analysed the information gathered and produce a report with survey findings, and to use local voices to highlight any key areas for improvement.

¹ JSNA Wakefield District Population Health Survey

<https://www.wakefieldjsna.co.uk/site/wp-content/uploads/2023/07/Wakefield-District-Population-Health-Survey-2023-Final-Report.pdf>



What we did

Survey and interviews

We created a survey online along with paper copies. The survey was regularly promoted through our communication channels such as our website and social media.

It was also shared through the mailing lists of the Health and Wellbeing Team of Pontefract and Knottingley Primary Care Network, Wakefield Recovery College, and West Yorkshire Voice. It was shared at our Mental Health Community Panel, and a text message with the survey link was sent directly to current and former service users of the Aspire programme.

Our engagement officers also attended local community venues and activity groups to share paper copies of the survey. They shared the opportunity at local libraries, the Well Women Centre, and spoke to people attending community pantries at St Catherine's Church in Agbrigg and Belle Vue, and St. George's Centre in Lupset.

Posters were also displayed in local venues that hosted Slimming World groups.

Seventy-six surveys were completed either online, on paper or in person with one of our engagement officers.

Eight case study interviews were also completed by engagement officers.

The interviewees had each completed a survey and identified that they would be happy to talk to one of the team in more depth. Seven women and one man were interviewed.

Where we have included quotes from these people, their names have been changed.

Surveys completed and demographics

Of the 76 surveys completed, fifty-three were completed by women, thirteen by men and ten people preferred not to say or declined to answer.

Responses came from a varied range of ages from 18 to 79 years.

- 27 people said they had a long-term health condition.
- 19 have a mental health condition.
- 17 have a physical or mobility impairment.
- 11 are neurodivergent.
- 8 are carers.
- 6 are members of the LGBTQ+ community.
- 6 are currently unemployed.

Some people noted they fit into more than one of the above groups.

76

Surveys completed

53 were women, 13 were men, 10 didn't want to say

People ranged in age from 18 up to 79 years old

27 people said they had a long term health condition



19 said they had a long term health condition



17 said they had a physical or mobility impairment



11 are neurodivergent



8 are carers



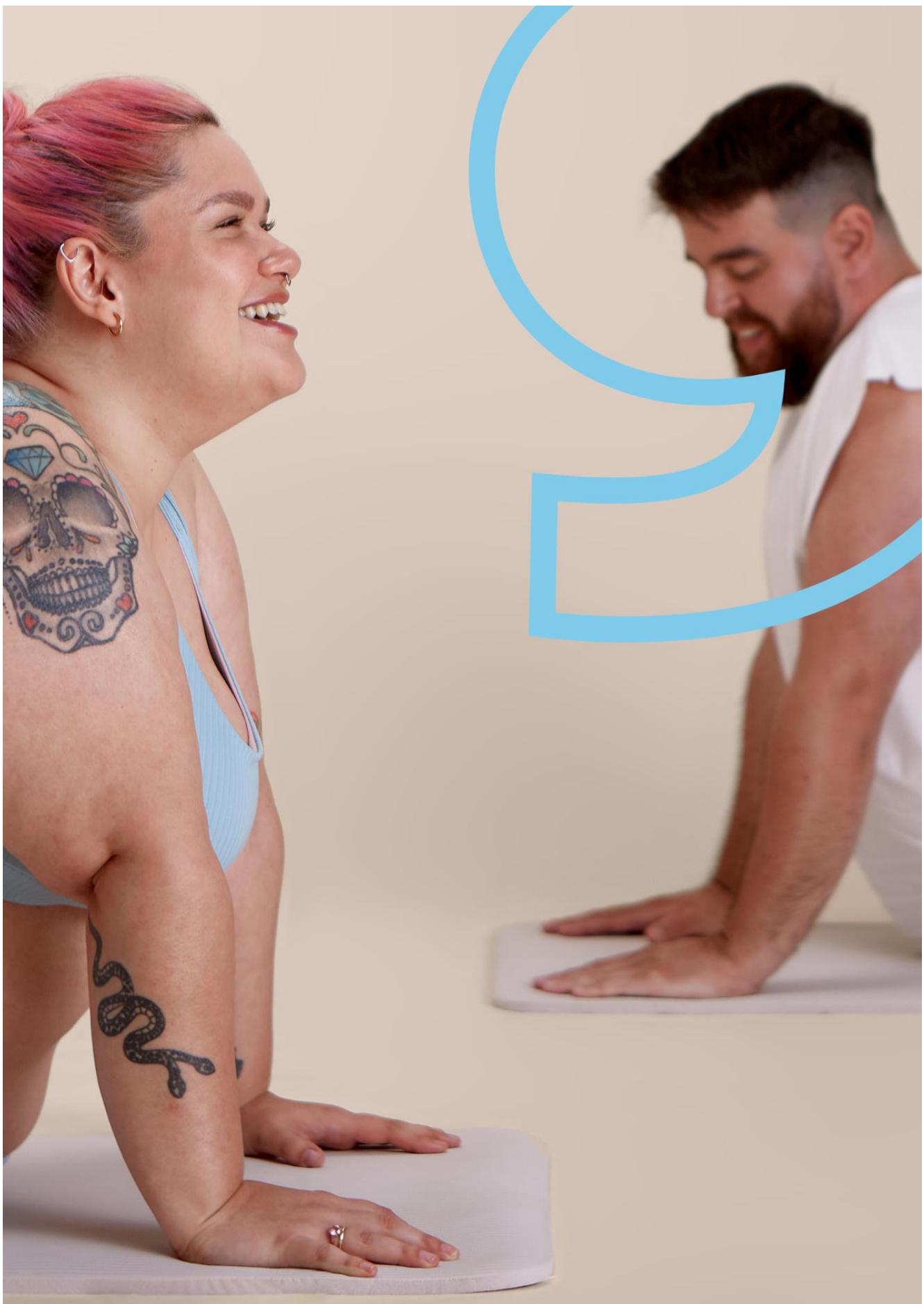
6 are members of the LGBTQ+ community



6 are currently unemployed



Seven percent of those who responded said their standard of living was 'very comfortable.' Most people described their standard of living as either 'quite comfortable' (43%) or 'just getting by' (33%). Fifteen percent told us they were 'really struggling', with not enough money for living expenses.

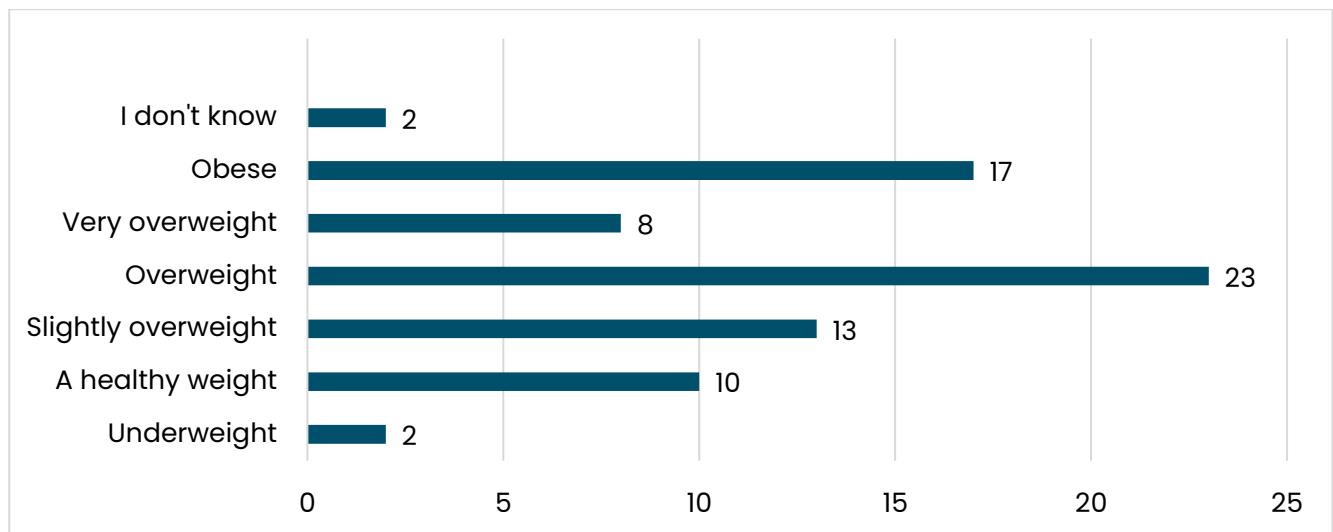


Survey and interview results

How would you describe your weight?

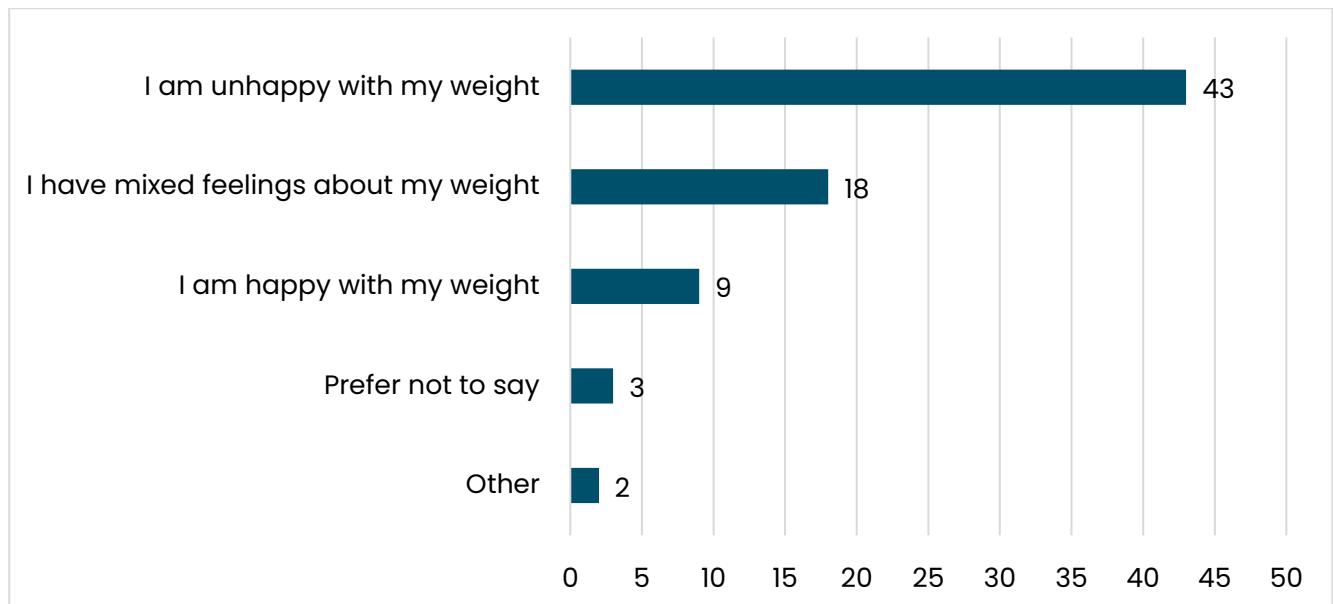
We asked people to tell us how they would describe their weight, and how they felt about this. Seventy-five people gave responses which are represented in the two charts below.

Chart 1: I would class myself as...



People mostly put themselves as 'overweight' (31% of responses), closely followed by 'obese' (22% of responses), which accounted for more than half of people in total. There were only ten people (13%) who regarded themselves as being a healthy weight.

Chart 2: How do you feel about your weight at the moment?



The majority of people – 58% – said they were unhappy with their weight at the moment, with a further quarter saying they had mixed feelings. Only nine people – 12% – said they were happy with their weight. Those who selected ‘other’ told us that they were unhappy at the moment but that they were feeling more positive as they moved closer to their desired weight.

Thirty-seven of the forty-three people who told us they were unhappy about their weight were overweight, very overweight or obese. In particular, all the people who had classed themselves as ‘obese’ said they were unhappy with their weight.

Those who said they classed themselves as having a healthy weight or being slightly overweight presented a more mixed picture. Those with a healthy weight were divided between feeling happy or having mixed feelings.

The responses demonstrate with this group of people that the higher someone’s weight is, the more likely they are to report they are feeling unhappy about it.

“I’m not ashamed of my weight, but I do find it emotional. It’s generational, I think.”

How would you describe your mental health?

We asked people to tell us about their mental health. We wanted to know if people had a diagnosed condition or conditions, if they were accessing support for these or not, and how they would describe their mental health at the moment.

Seventy-five people answered and what they said can be seen in the following charts.

Chart 3: Which of the following best describes your mental health at the moment?

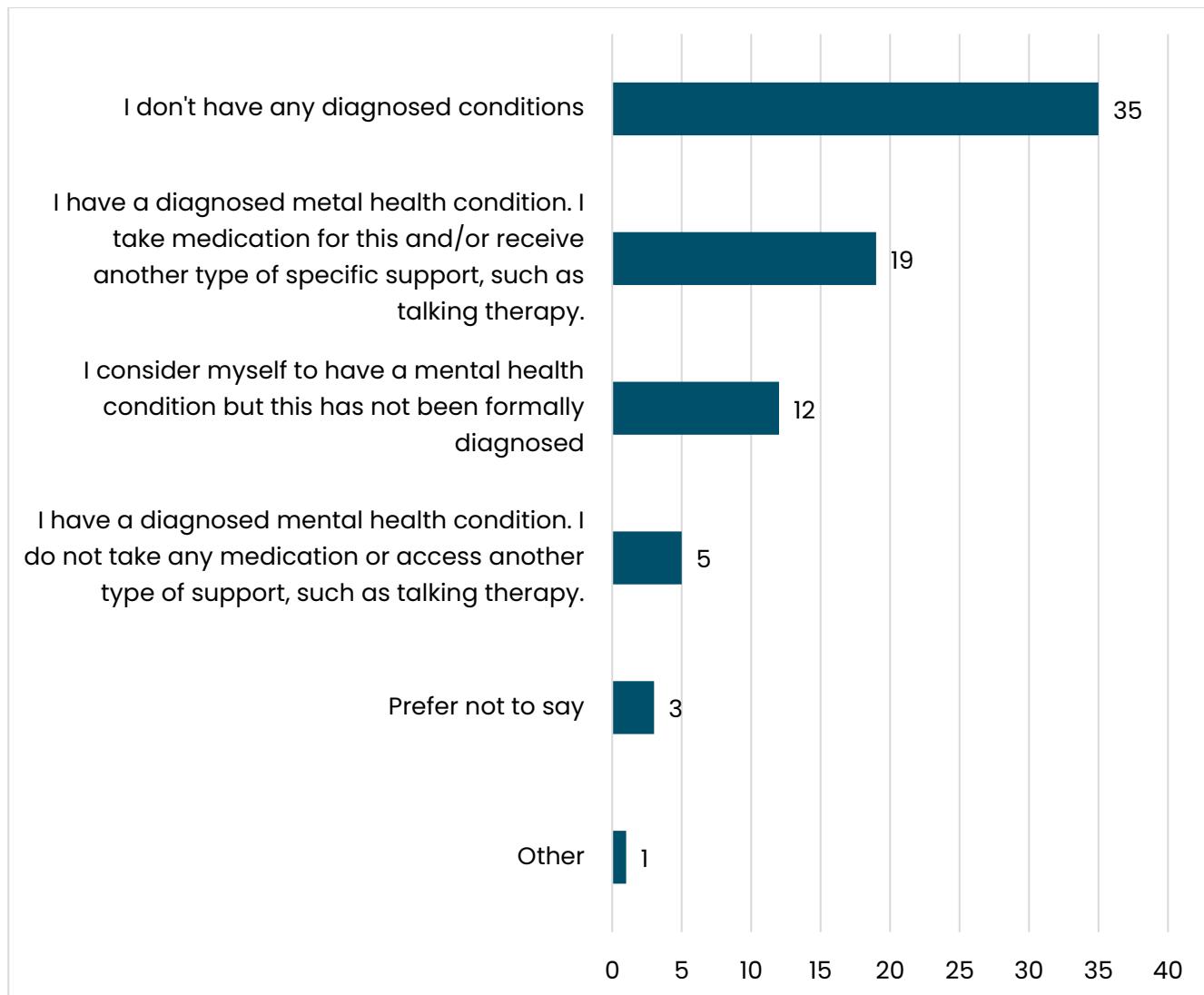
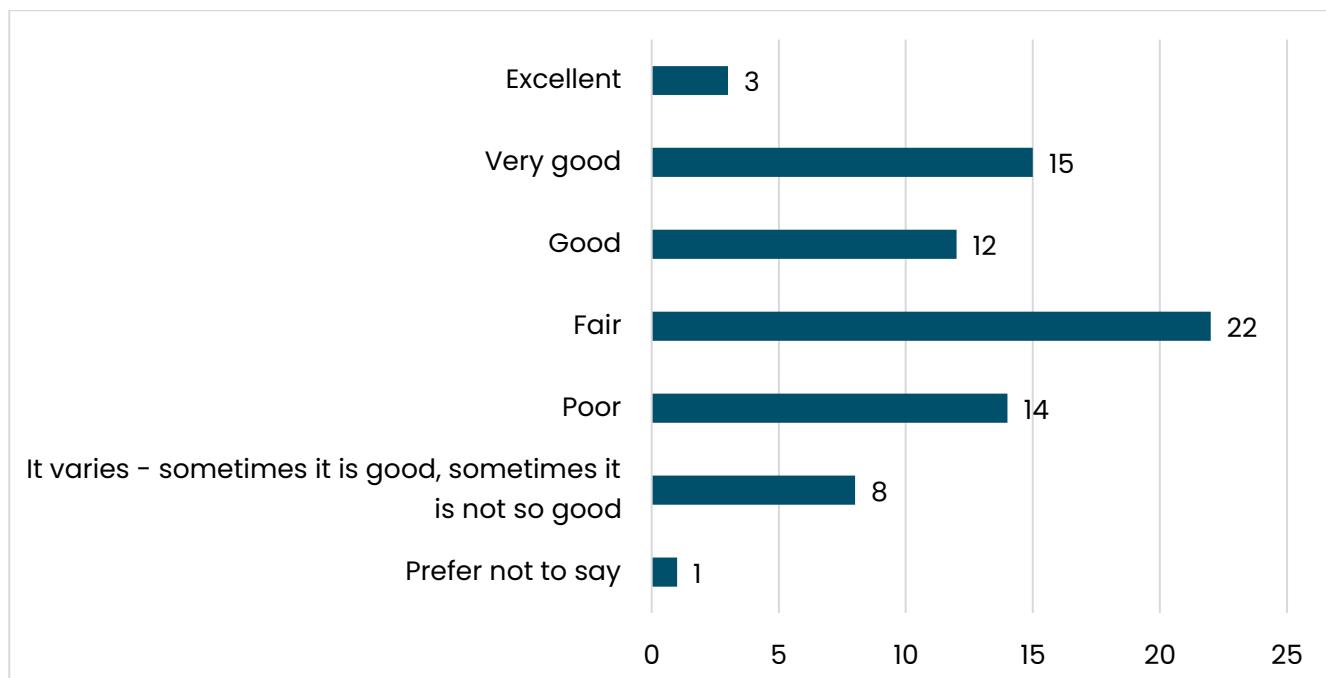


Chart 4: How would you describe your mental health in general?



Just under half of the people who took part in our survey reported that they don't have any diagnosed mental health conditions, while about a quarter – 19 people – have diagnosed conditions which they get support and treatment for.

Of these 19 people, 11 of them identified their mental health as a specific barrier to accessing local services for support with their weight. Of the eight who did not say that their mental health was a barrier, only two described being a healthy weight.

Of the 24 people who said they have diagnosed conditions, whether they were accessing support or not, 12 (50%) described themselves as obese. This was compared to 11% of those who had no diagnosed conditions.

According to national research carried out by Ipsos, there is a significant connection between obesity and poor mental health, with studies showing that people classified as obese are more likely to experience depression and other mental health issues.

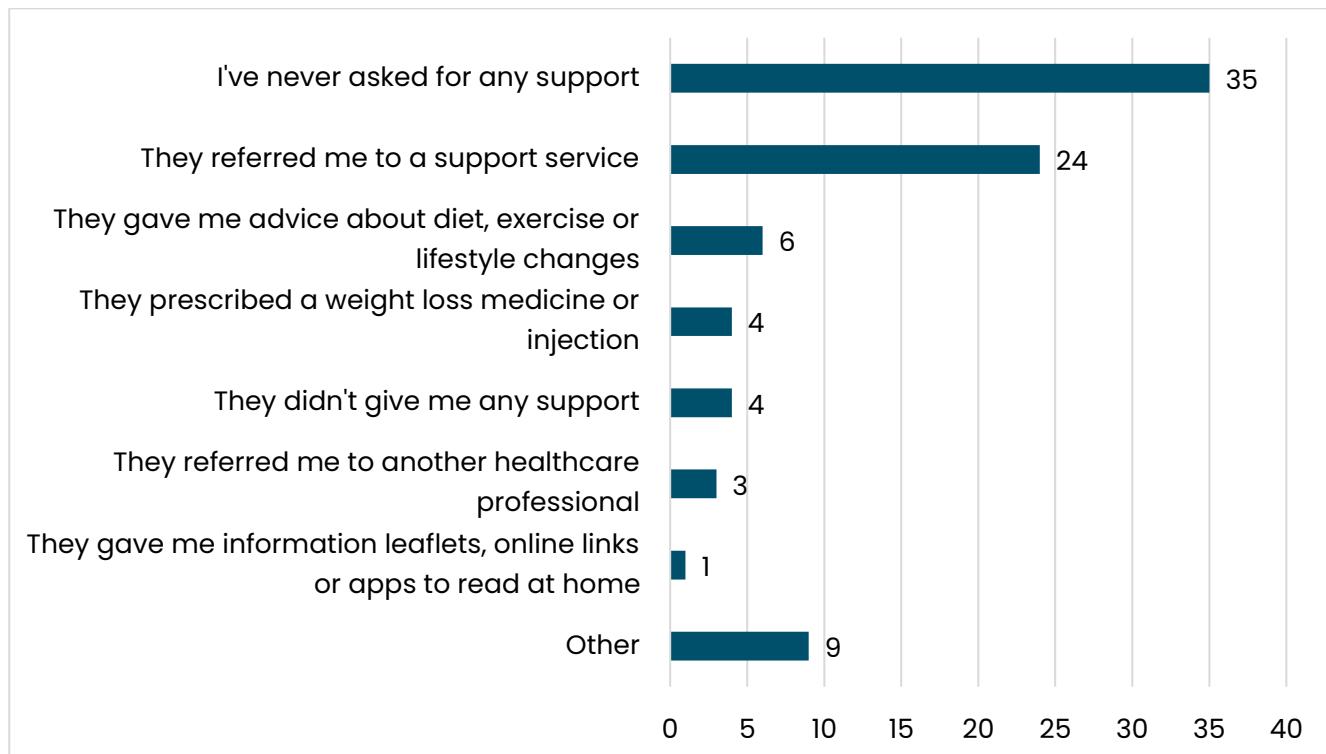
Some reports show that those living with obesity may be nearly twice as likely to report poor mental health compared to people with a healthy weight.

“I just don’t want to cook if I’m feeling low, so I just snack instead. It’s also so hard to get out the house to exercise if you’re feeling low.”

“There’s not really time for myself, so I never think about my health. I feel like I am just living to get through each week.”

Asking for support

Chart 5: If you have asked for support from a healthcare professional to lose weight, what did they do?



Thirty-five people (47%) told us they had never asked a healthcare professional for support with losing weight.

The following groups of people were more likely to say they had never asked for support:

- 23 out of the 35 people were above a healthy weight.
- People under 50 years of age. 17 out of the 35 were under 50.
- Men were less likely to ask for support than women. Half of the men who responded had never asked for support, compared to a third of women.
- People with no diagnosed mental health conditions (49%).
- 18 people cited not knowing what was available as a barrier to accessing support. Ten said that cost was a barrier, and 8 said needing childcare was a barrier to accessing local services.

"I didn't bother to ask as I thought I wasn't big enough."

About a third of all people (24 people) told us they were referred to a support service when they asked for help. In the comments five people told us that they were referred to Slimming World, and four told us they were referred to one of the Aspire programmes. One person told us they were offered Slimming World but would have preferred Aspire.

A perceived lack of choice was a theme in people's experience. One person told us that they were "unhappy being referred to Slimming World" because they knew "from past experience that it does not suit [them] as a vegan". Despite this, they were advised there was nothing else available at that time.

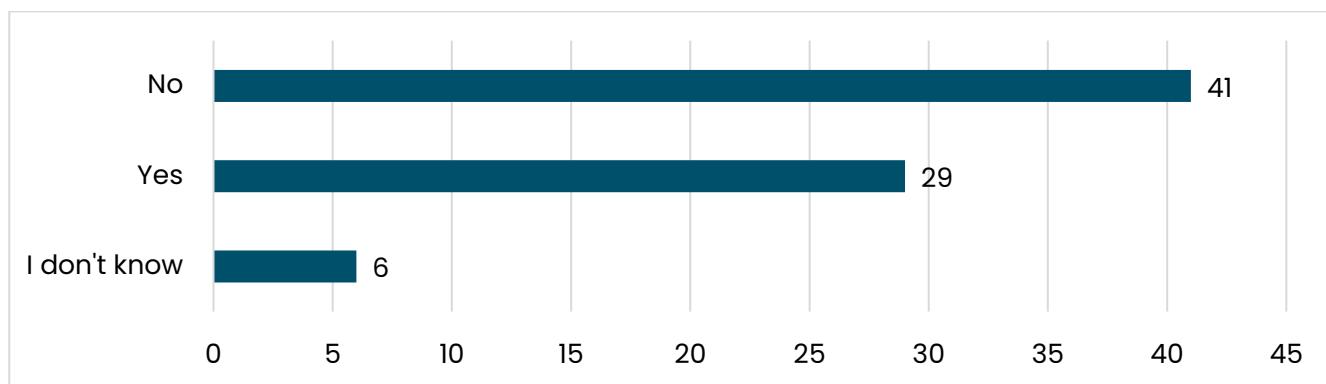
George, 52, told us that a GP referred him for the Aspire 12 Week Exercise on Referral Programme. He went to look round and was excited to get started, feeling that this was the right course of action for him.

However, following his application he received a letter in the post that rejected his referral and instead transferred him to Weight Watchers. The letter did not include a reason, and he was left feeling demotivated.

"I felt like I was just another number in the system, it makes no sense at all.... They must have sped through my application, without reading the reasons why I wanted to join. And if it's happened to me, it must have happened to others as well."

There is opportunity to make sure that the criteria for Aspire services is clear to those referring people into the service.

Chart 5a: Has a healthcare professional, such as a GP, nurse, specialist or midwife, mentioned weight or healthy lifestyle during an appointment you had about something else?



Just over a third of the people said that a healthcare professional had mentioned their weight or lifestyle in an appointment about something else.

People told us it was raised as part of conversations about preparing for specific treatments, such as the diagnosis of endometriosis, knee replacements, IVF, other surgeries, or as part of their advice to improve their health conditions, in particular diabetes, but also mental health, or managing HRT.

All of the people who answered 'yes' were women.

Jessica, 32, described how she would find it helpful to have been signposted to available local support options. Instead, when experiencing issues with her blood pressure.

“...nobody ever mentioned my weight or exercise or anything. They told me to have some blood tests, and they gave me medication. I just do what they tell me to do.”

In some instances, people told us the conversations lacked sensitivity, with one person sharing that their GP had:

“...told me that all I needed to do was cut out carbs, as he could 'tell from my face' that I liked carbs. He had told his wife to do this and she lost weight.”

Joanne, 65, told us how she went to the GP about her weight a few years ago. She stated that the GP acted in a kind and sensitive way and suggested that she tried taking Orlistat. She tried this but didn't continue taking it due to side effects. She said that the GP did not mention lifestyle advice such as exercise or diet, and did not signpost her to other services.

“I didn't go back to the GP after the medication didn't work. I guess I feel like it's my fault I'm overweight – it's on me to sort it out myself.”

Emily, in her 30s, describes her GP as “amazing” but felt when it comes to weight loss support “they haven't got a clue” because she doesn't think they know what services are available. She feels like there is no pathway of care for people who don't have diabetes or high blood pressure.

“Why do I have to wait to get even heavier and cause problems to then access care?”

This was echoed by Georgia, also in her 30s, who also feels that her need for support has been dismissed because she is still able to work and care for her children.

“They look at me and I think they think I'm not big enough to need support as it's not affecting my daily life.”

People also talked to us about how a lack of continuity can be discouraging when seeking support. Georgia told us that:

“I've asked about my weight multiple times, but the GPs don't write it down on their records. I see a different GP each time, so there's no record or knowledge of how hard I'm trying to access support. The

GPs don't really say much when I ask for help and don't take it seriously."

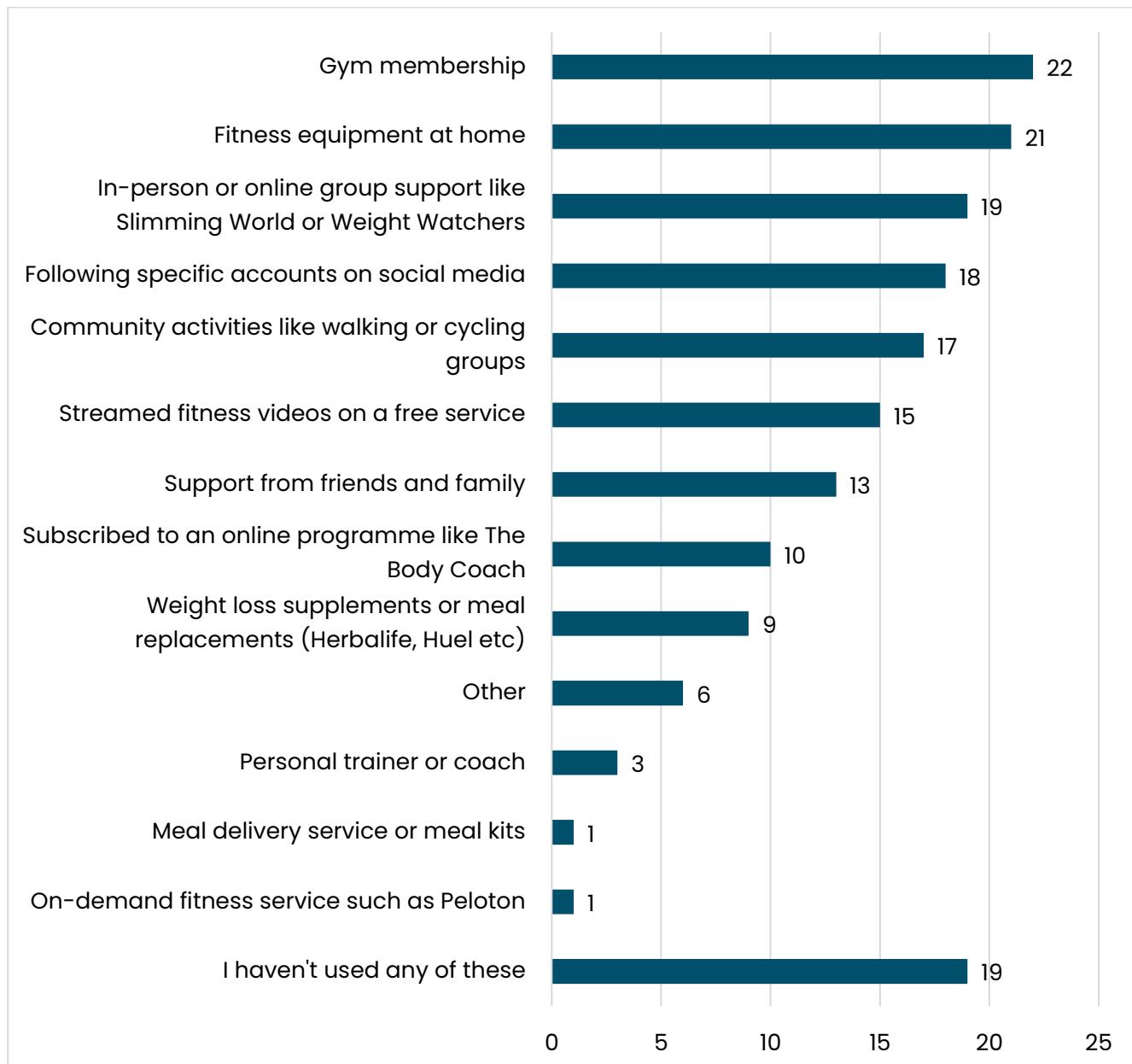
Louise, also in her 30s, feels like GPs "only know me through notes" and this makes it impossible to build the sort of personal relationship she felt necessary to ask for support with what she feels is a sensitive and personal topic. She said she is "not ashamed of [her] weight but does find it emotional to talk about."

Lynda, who has arthritis and is in her 60s, told us about her concerns about increasing her physical activity without guidance: "the only exercise I do is walk. I go out with my walker so I feel more steady. I'm scared to do anything else as I don't know if it's going to make my arthritis worse. If someone told me what I could do, I'd probably give it a try." Some people don't engage because they don't know what they can do safely and are fearful of risking injury or worsening any conditions they have. And while some turn to online resources or groups for that support, this doesn't work for everyone – Lynda told us that she found online programmes less motivating, but also that that online sources of help did not allay her worries about making her arthritis worse.

What support are people choosing and why?

We asked people what they have used in the last year for information and support with their weight and lifestyle. A range of responses were given, see chart 6.

Chart 6: Now, or in the last year, which of the following have you used for information and support with your weight? Choose as many as you like.



Facilities that helped people to take part in physical activity, such as gym memberships, fitness equipment at home, streaming fitness videos and local walking or cycling groups, were the most popular choices. What we didn't hear was how successful these solo exercise activities were, but we did hear that activities in a group or more social setting had more lasting impact.

The Couch to 5K app, swimming, and fitness classes were also mentioned by people in the comments.

People also make use of support groups, such as Slimming World. Online versions seemed less popular (13% compared to 25%) suggesting that people value in-person support. Slimming World was most popular with women. More than half of the women who responded had used Slimming World, compared to just one man.

Twelve percent of people had used a weight loss supplement or meal replacement.

Following specific accounts on social media was also one of the most popular choices, with almost a quarter of people saying they did this. There could be opportunity here for bespoke, local content that residents can access on social media.

Many of the people who spoke to us said that Slimming World had been an effective support service for them. One person told us that they: "like getting weighed each week and being held accountable", while another said they liked that: "it wasn't judgmental", and they found it to be: "helpful with recipes including how to eat out and mindfully eat."

However, for some, the group approach does not work as well. Louise told us that going to Slimming World "sparked a lot of anxiety" and that she "didn't enjoy the whole group focusing on me and my weight every week." She instead preferred the individualised support that she was able to access as part of the NHS Type 2 Diabetes Path to Remission Programme, where the conversations she had about her weight were one-to-one instead of taking place in a large group.

Personalised support was a key theme when we asked people what could have been better about the support they accessed.

Individual support, availability beyond 9-5, support that was "tailored to each person", help with the emotional side of eating and support with self-esteem were all suggested.

Lack of personalisation was also a barrier for Emily, who is autistic, who shared that she felt unable to engage with the support options offered to her as she struggles with food textures, and being in overstimulating environments like gyms and waiting rooms. She felt that there was a lack of modification for her sensory needs to enable her to access support, which she described as a "huge gap."

A number of people who had tried Slimming World also talked about how it was effective for losing weight at the time, but that they regained the weight they'd lost once they had finished attending the groups.

"It worked for a while, but then I put it all back on."

A quarter of people (19 people) told us they had not tried any of the options suggested in the last year. This affected men more than women – half of men chose this option, compared to 18% of women. 13 of these people also described their mental health as 'poor' or 'fair'. 12 of them had also never asked for support from a healthcare professional. Those who said they had not used any of the options were most likely to cite cost and knowing about services as a barrier to accessing support. It is perhaps rather unsurprising, then, that 40% of this group also identified that they are really struggling financially – whereas

those who have more disposable income were more likely to choose paid options such as gym memberships, support groups and subscriptions.

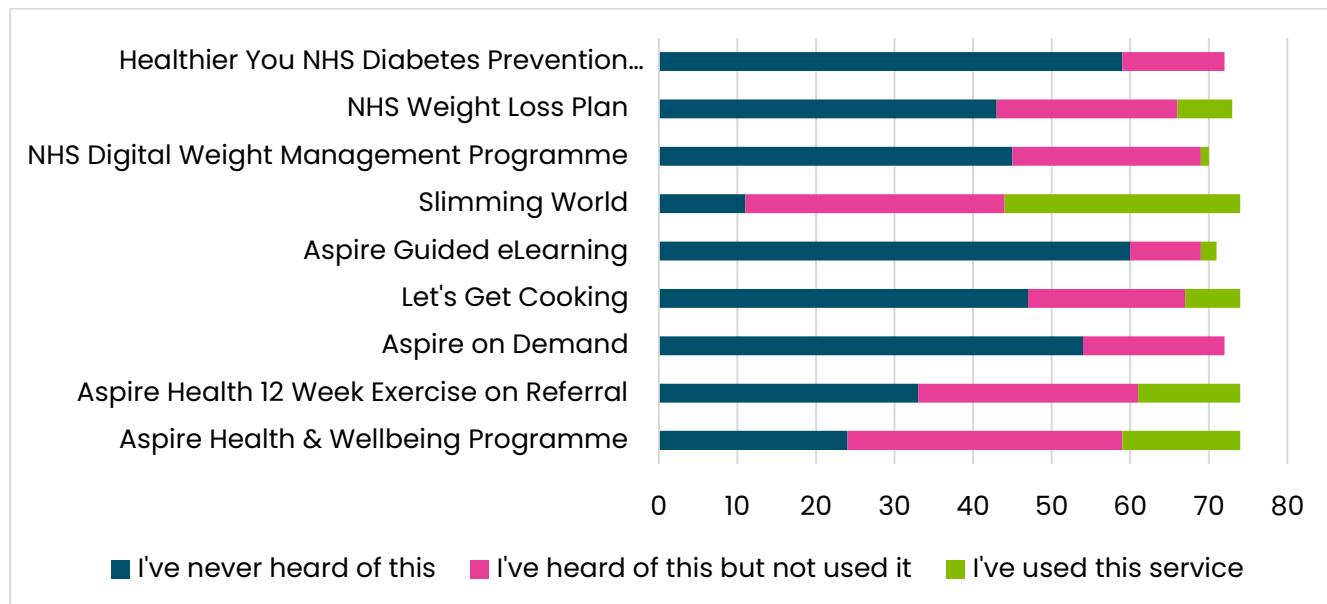
One person we spoke to at a local community pantry told us that their financial situation definitely made a difference to their approach to their weight and lifestyle:

“If you’re like me and you’re struggling for money, you worry about surviving from day to day. It takes weeks or months to lose weight – you can’t think in weeks if you’re worrying about paying for your bills and food tomorrow.”

Access to services

We asked people whether they knew about some of the local and national services that are available to support them with their weight and lifestyle.

Chart 7: Have you heard of, or used, the following services?



There were high levels of people saying they hadn't heard of a number of both local and national services, and there is opportunity for better signposting and outreach to make sure people are aware of what is already available with no cost to service users.

In the comments a number of people mentioned the running and walking groups run by Evergreen Active CIC², praising the support not only with physical activity, but for their wellbeing:

² <https://evergreenactive.co.uk/>

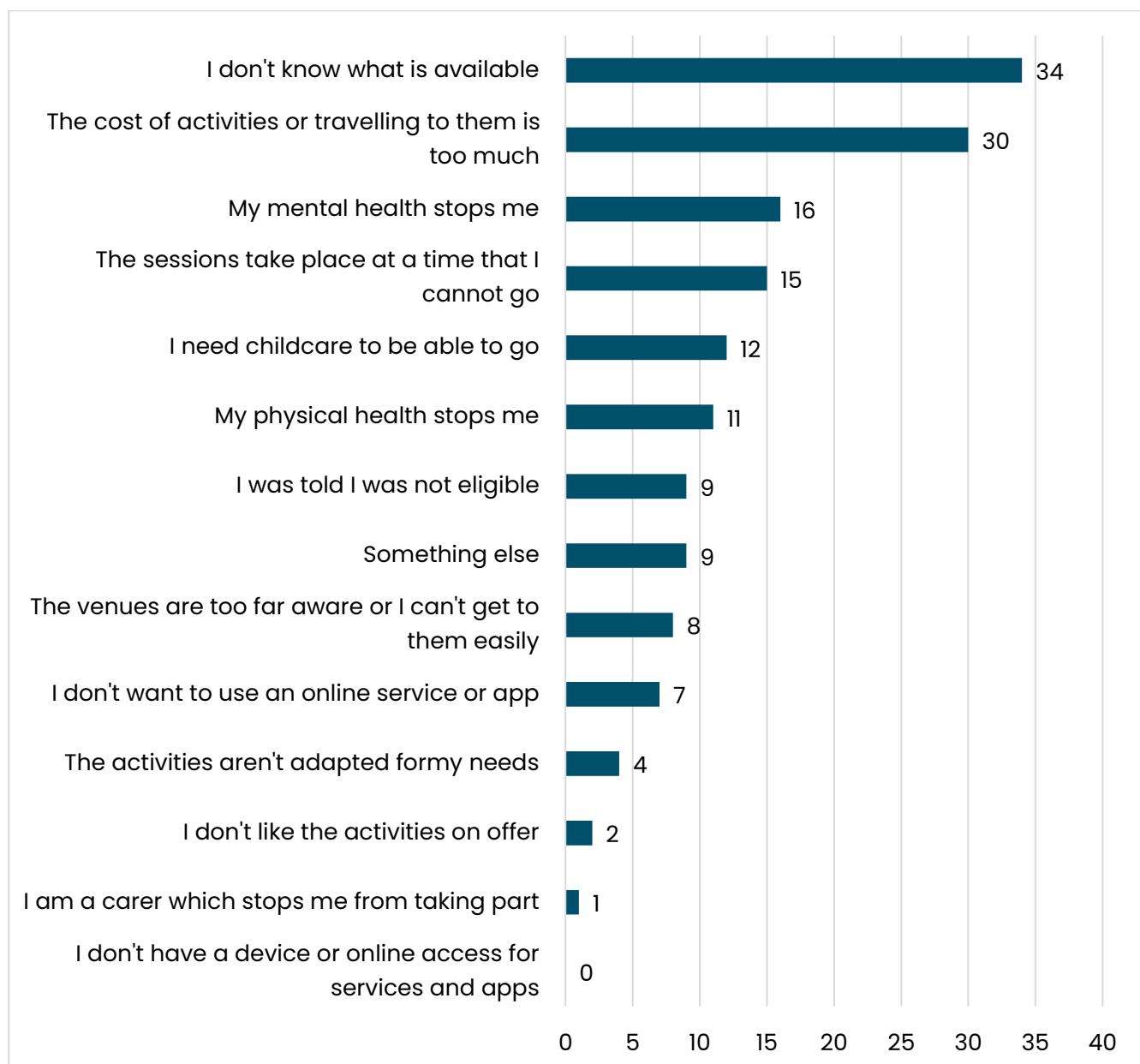
"They were really kind and helped me to lose weight [and it] supported my mental health."

Activities such as this, as well as being free to access, may be a less daunting option than something like joining a gym. The focus on social interaction, support and mental wellbeing rather than purely on weight loss feels more accessible to many.

Barriers

We also asked about the barriers that prevent people from accessing these services, see Chart 7a.

Chart 7a: Has anything ever stopped you, or been a barrier to accessing local services for support with your weight?



Not knowing what was available was the most common barrier stopping people from accessing support with their weight, with almost half of people choosing this. This was closely followed by the cost of activities or getting to them. Those with the lowest disposable incomes were most affected by this.

“It’s hard to afford things now. All the bills are so expensive. I try to prioritise my children’s health so one of them goes to football club and one has a swimming lesson once a week. There’s no money left over for me to go to a gym or use a swimming pool. I rely on a food bank to top up what I can afford to buy at the supermarket.”

Twelve people told us that childcare needs were a barrier for them – 11 of these were women.

Finally, Louise told us how she wished that some of the support options were more “fun and positive” so that they were more engaging, rather than feeling like it was a chore.

She feels that:

“While accountability is important, it’s also important to do this in a positive way.”



Summary and recommendations

Having listened intently to the voice of people from across Wakefield District we found that:

1. Weight management is an emotionally charged issue, but generally people do want to change their habits to address weight.
2. Restrictive initiatives do not seem to appeal or last as well as positive, additive and reinforcing ones.
 - A social aspect was highlighted as being important to break through the isolation of feeling overweight.
 - Support can feel like an additional pressure, when money and time resources are already stretched, but some initiatives can feel like they release time or make better use of existing resources.
 - There is uncertainty about who to ask, what they will say and what they can access even once they have been sent to a service. This ambiguity saps willingness and enthusiasm to engage.
 - There are trusted people who can make or break perceptions about the services available, and if the right people encourage the service this will drive engagement and increase uptake.
 - Some people have additional needs and concerns and having trustworthy guidance on what is and isn't appropriate or safe is vital.
 - Enjoyment and positive challenge are important for driving uptake and ongoing engagement.
 - Culture eats strategy – the best service in the world will only succeed if the culture is right, and this is true for weight management services.

Our simple recommendations, based on the above insights are:

1. Deliver a campaign to drive understanding of the available offers, in particular highlighting how they are quick, easy, social and support health and wellbeing. Make it clear what people can expect and who is eligible from the beginning. A good tool to consider using is the [EAST approach developed by the Behavioural Insights Team](#).
2. Focus on consistency of messaging and how referrers and sign posters to your service can simply inform and advise potential clients. This may be adding the services to the shared referral pathway for Primary Care, or a short script that can be given to referrers.
3. Build up positive peer networks across funded weight management services and consider opportunities to develop positive culture and practice that drives increased engagement and improved outcomes for clients.

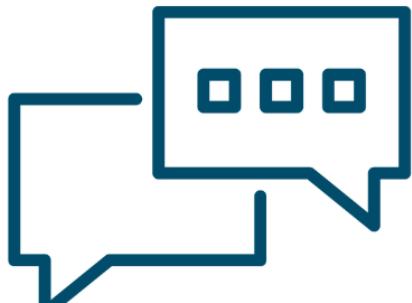
Healthwatch Wakefield is committed to being a partner in addressing health and social care challenges in the district. We hope this report offers useful insights and supports the development of solutions. We also look forward to being involved in future service changes, whether as a partner, critical friend, or a route to gather feedback from clients and the public. If you'd like to discuss how Healthwatch Wakefield can support your next initiative, please reach out — we'd love to collaborate!

Thank you

As your local health and social care champion, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care.

We would like to say a big thank you to everyone who took part and shared their experiences with us.

Your voices will be used to suggest change and improve things for local people.



**Thank you for using
your voice and making
a difference.**





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