Appendix 4: Feel Good Suffolk weight management service data analysis

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Contents

Definitions

- **Case:** A single case as recorded in the Access Elemental system. A client can have multiple cases, and cases can be assigned to multiple services. All cases are assigned to a single client. Cases have status tracking which allows us to see both the current status of a case and its status history. Not all cases will result in a service being provided, for example if a case is found to be a duplicate, but all cases will usually be included in counts.
- **Client:** A client is anyone who has been recorded in the Access Elemental System. Clients will usually, but not always, have at least one case. Clients will appear in counts by service if any of their cases are assigned to that service.
- **Referral:** A single referral as recorded in the Access Elemental system. Referrals usually, but not always, result in cases being opened. Referrals can be assigned to multiple services. Referrals do not have status tracking.

Key findings

Service utilisation

From 1st October 2023, Feel Good Suffolk (FGS) launched, offering a completely new approach to health and wellbeing in Suffolk, providing advice and support for those looking manage **a healthy weight.** FGS is a unique partnership of local councils and health colleagues working together, building on their close links with communities to offer greater choice and flexibility of services to meet the needs of residents.

Weight management service data provides valuable insights into healthcare utilisation patterns and populations health needs. This data analyses the current utilisation of FGS and helps identify gaps in provision that might require attention.

Service utilisation and growth

- The service has handled 8,554 cases since launching in October 2023
- East Suffolk accounts for the highest proportion of cases (35.7%), followed by Ipswich (24.5%), West Suffolk (15.4%), and Mid Suffolk (15.0%), with Babergh having the lowest proportion of cases (8.8%).
- Monthly new open cases have increased, from 92 in October 2023 to consistently over 325 open cases in the first quarter of 2025, indicating successful service establishment and growing capacity.
- The highest concentration of clients is in Felixstowe West (295 clients), while the lowest concentration of clients is in Southwold, Reydon & Wrentham (21 clients).

Referral patterns

- The service has received 8,626 total referrals, nearly evenly split between healthcare referrals (4,061) and self-referrals (4,486).
- Self-referral proportions typically exceed healthcare referrals, with self-referrals peaking at 68.7% in March 2024 and reaching 61.7% in March 2025.
- Healthcare referrals dominated between July and December 2024, peaking at 63.9% in November 2024.
- District and borough variations exist: Babergh, East Suffolk and West Suffolk receive more self-referrals, while Ipswich receive more healthcare referrals, and Mid Suffolk shows a balanced referral source.

Intervention types

- There's been a transition in FGS weight management services during 2024-2025, as clients shifted from predominantly using Slimming World (declining from around 80% to 20% cases applied) to the services group support options, with face-to-face sessions showing the strongest

growth (increasing from around 9% to 40% cases applied) and online support also gaining traction (rising from around 12% to 30% cases applied).

Client demographics

- Age distribution shows the highest participation among 50-59 year-olds (23.5%), followed by 40-49 year-olds (19.6%) and 30-39 year-olds (19.0%).
- Gender breakdown reveals that over half of clients are female (52.6%), 16.9% are male, 16.6% have not disclosed their gender, 8.4% prefer not to disclose, and 5.2% are categorised as "other".
- Ethnicity data shows 79.8% of clients identify as White British, 18.3% belong to ethnic minority groups, and 1.9% prefer not to disclose their ethnicity.
- Socioeconomic analysis indicates that moderate deprivation areas (deciles 5-7) account for 37.8% of clients, with the highest concentration in decile 6 (15.8%). Both the most deprived (decile 1, 5.8%) and least deprived areas (decile 10, 6.6%) show lower representation.

Reasons for discharge

- The primary reasons for case discharge or closure are inability to contact clients (37.5%) and disengagement (over 25%), while only 13.1% of cases are closed because clients no longer require services.

Quality assurance outcomes

- The average body weight loss using weight management services in Suffolk is 5.7% (target: 3%)
- 53.2% of cases have lost at least 5% of body weight (target: 30%)
- 33.5% Suffolk cases are from the 40% most deprived areas (target of 50%)
- Weight loss outcomes for clients from the most deprived areas are positive:
    - Average weight loss in the 40% most deprived areas is 6.2%, exceeding the rest of the population (5.5%).
    - 59.4% of cases in the 40% most deprived areas lost at least 5% body weight, compared to 50.5% in less deprived areas.
- 12.1% of Suffolk cases are of participants from ethnic minority populations (target of 20%)
- Weight loss outcomes by ethnicity show mixed results:
    - Suffolk-wide, minority ethnic groups achieve similar average weight loss (4.0%) compared to White British participants (4.1%).
    - For the 5% weight loss threshold, 28.6% of minority ethnic participants achieve this target compared to 39.9% of White British participants across Suffolk.

Weight management service data

From 1st October 2023, Feel Good Suffolk (FGS) launched, offering a completely new approach to health and wellbeing in Suffolk, providing advice and support for those looking manage **a healthy weight.** FGS is a unique partnership of local councils and health colleagues working together, building on their close links with communities to offer greater choice and flexibility of services to meet the needs of residents.

Weight management service data provides valuable insights into healthcare utilisation patterns and populations health needs. This data analyses the current utilisation of FGS and helps identify gaps in provision that might require attention.

Weight management clients

Figure 1 shows the distribution of weight management clients across Suffolk by Middle layer Super Output Areas (MSOAs) between October 2023 and April 2025. The five MSOAs with the highest number of clients are:

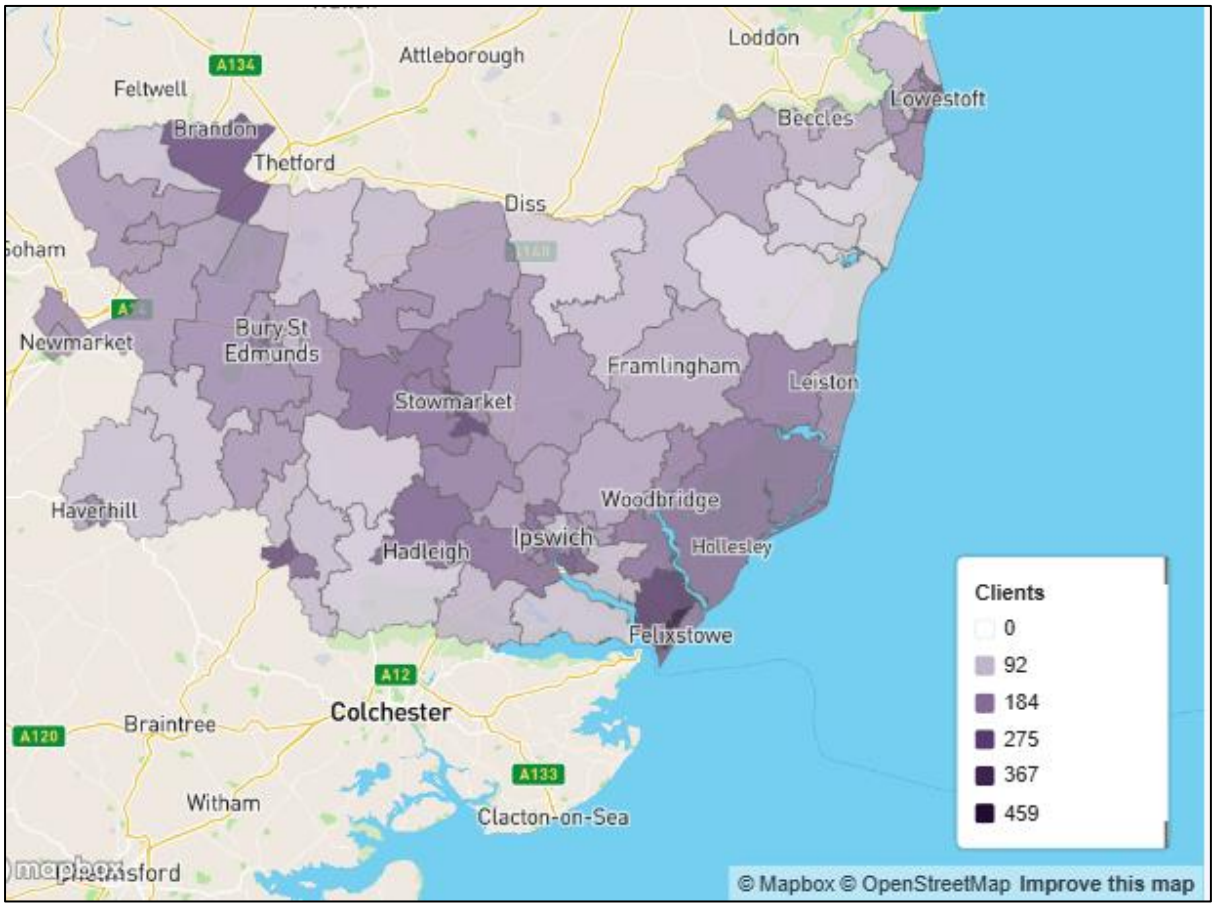
- Felixstowe West (295 clients)
- Trimley & Kirton (197 clients)

- Stowmarket East & Needham Market North (182 clients)
- Felixstowe Seafront (163 clients)
- Rendlesham, Orford & Hollesley (155 clients)

The five MSOAs with the smallest number of clients are:

- Southwold, Reydon & Wrentham (21 clients)
- Eye, Palgrave & Occold (27 clients)
- Lavenham, Bildeston & Brettenham (28 clients)
- Yoxford, Wenhaston & Walberswick (28 clients)
- Leavenheath, Nayland & Boxford (29 clients)

Figure 1: Weight management clients by MSOA in Suffolk between October 2023 and April 2025



Weight management cases

In Suffolk, the FGS healthy weight management service has proven to be a valuable service with high utilisation and demand. As of April 2025, FGS have had 8,554 cases.

Figure 2 shows the distribution of the weight management cases across Suffolk's districts and boroughs between October 2023 and April 2025. Results show that over 1 in 3 cases have been based in East Suffolk (35.7%). Ipswich has had just under 1 in 4 cases (24.5%). West Suffolk and Mid Suffolk have had a similar proportion of cases with 15.4% and 15.0% respectively. Babergh has the smallest proportion of cases with 8.8% between October 2023 and April 2025.

Figure 2: Distribution of weight management cases by Suffolk's districts and boroughs between October 2023 and April 2025

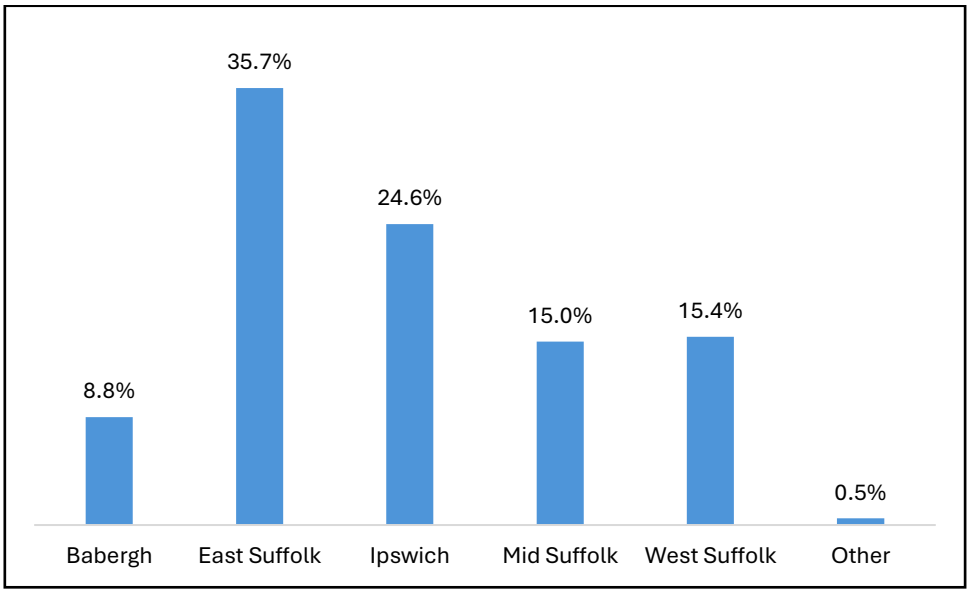
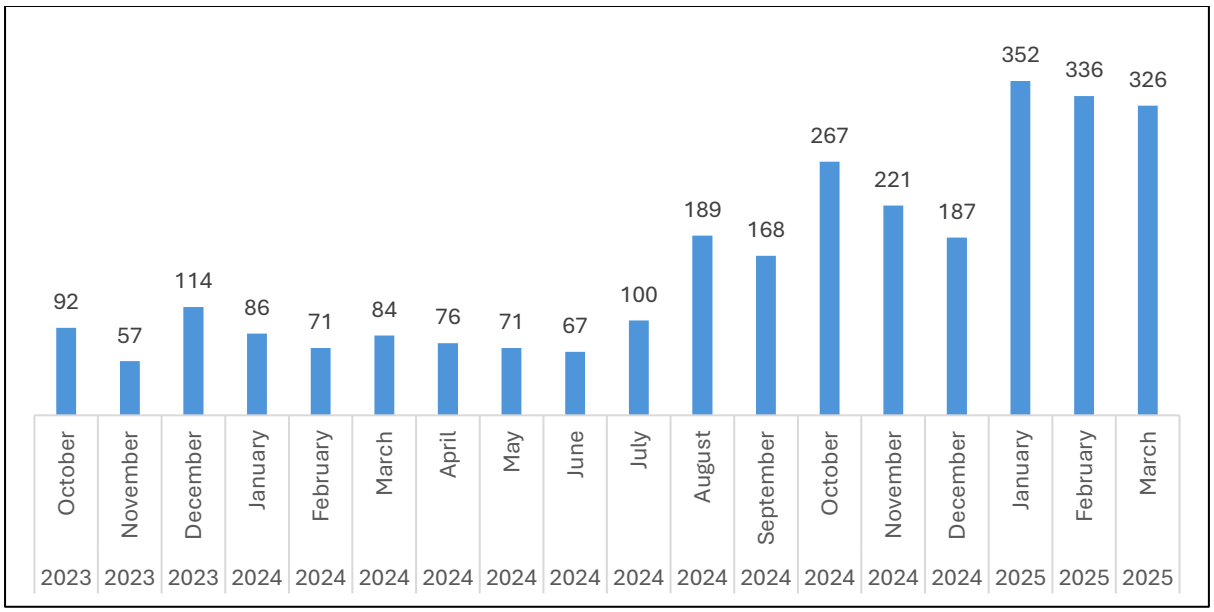


Figure 3 shows the new open weight management cases by month in Suffolk between October 2023 and March 2025. Starting at 92 in October 2023, the number of new open cases fluctuate through the end of 2023 and early 2024, generally staying below 100 until July 2024 (100). A significant upward trend begins in August 2024 (189), with October 2024 reaching 267 before a slight decline towards Christmas time. The highest value appears in January 2025 (352), followed by February (336) and March 2025 (326). While there are some monthly fluctuations, the overall pattern shows substantially higher values in the most recent six months compared to the earlier period, with the first quarter of 2025 maintaining consistently high levels above 325. This suggests that as the service has become more established there is further capacity to open more cases.

Figure 3: New open weight management cases by month, in Suffolk, between October 2023 to March 2025



Referrals

As of April 2025, FGS had a total of 8,626 referrals (4,061 healthcare referrals and 4,486 self-referrals). Figure 4 shows the distribution of weight management referrals across Suffolk's districts and boroughs

between October 2023 and April 2025, broken down by self-referral and healthcare referrals. Results show that Babergh, East Suffolk, and West Suffolk receive more self-referrals for their weight management service compared to Ipswich who receive more healthcare referrals and Mid Suffolk who receives a similar amount from both referral methods.

Figure 4: Distribution of weight management referrals via self-referral or healthcare referral, broken down by Suffolk's districts and boroughs between October 2023 and April 2025

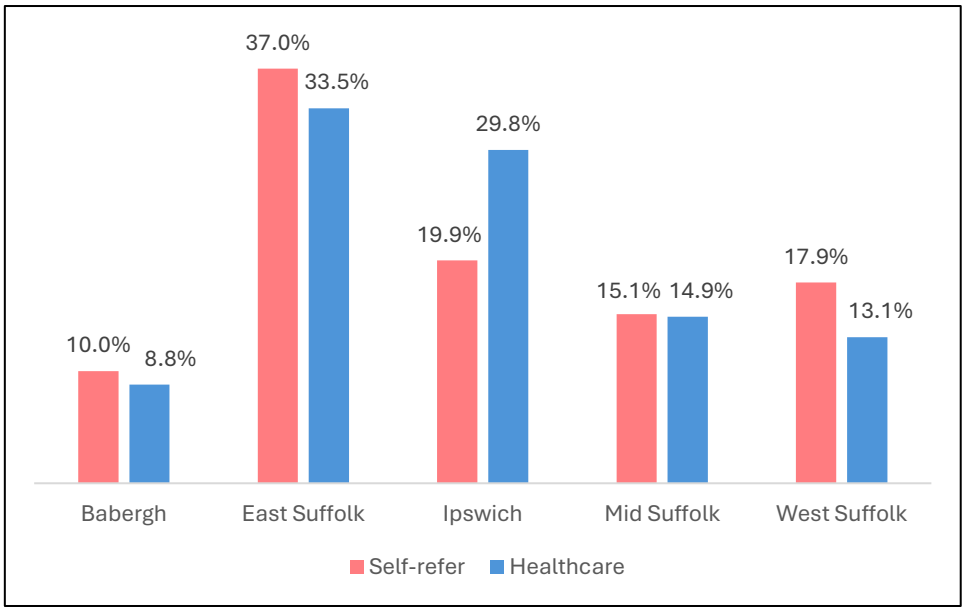
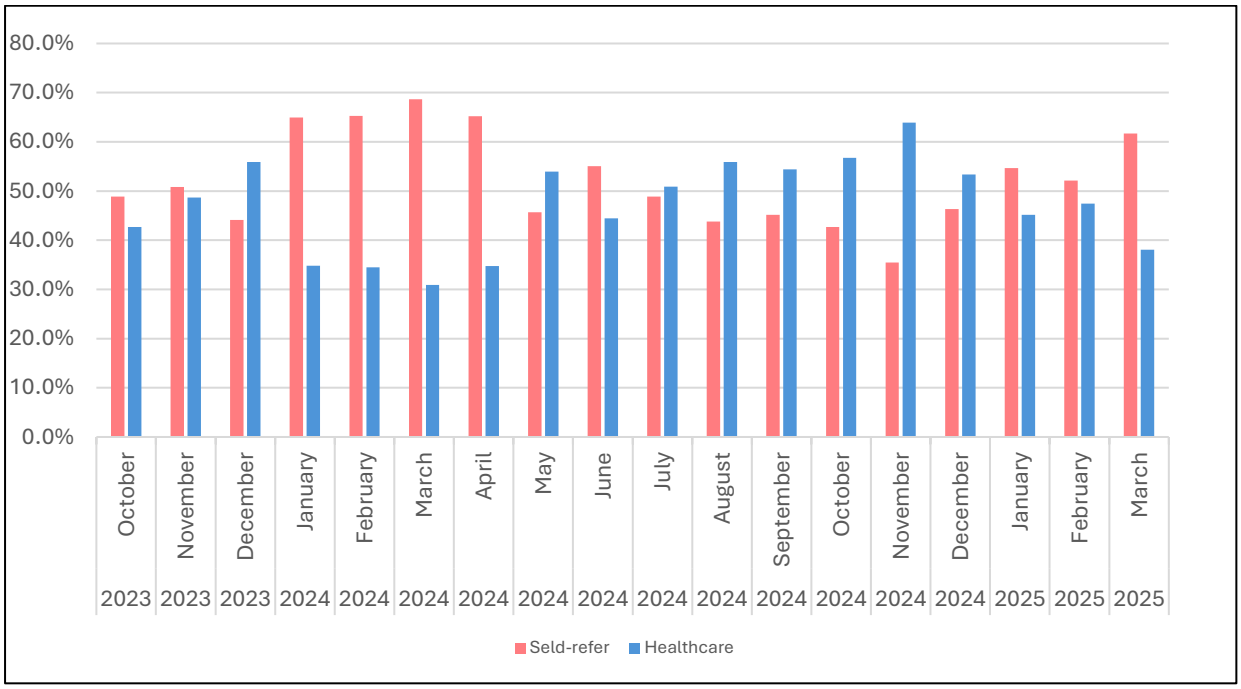


Figure 5 shows the percentage of new referrals by self-referral or healthcare referral for weight management services by month in Suffolk, between October 2023 and April 2025. Results show that the proportion of new self-referrals typically exceed new healthcare referral across most months. Self-refer values peak in March 2024 (68.7%) and maintain relatively high levels (60-65%) from January through to March 2024, before declining to around 45-50% mid-2024 and reaching its lowest in November 2024 at 35.4%. After November 2024, the proportion of self-referrals then rises again reaching a high of 61.7% in March 2025. In comparison healthcare referrals peak in November 2024 at 63.9%, with more healthcare referrals than self-referrals from July 2024 to December 2024. The lowest proportion of new healthcare referrals occurred in March 2024 at 30.9%. In most recent months the proportion of healthcare referrals was around 40-50%.

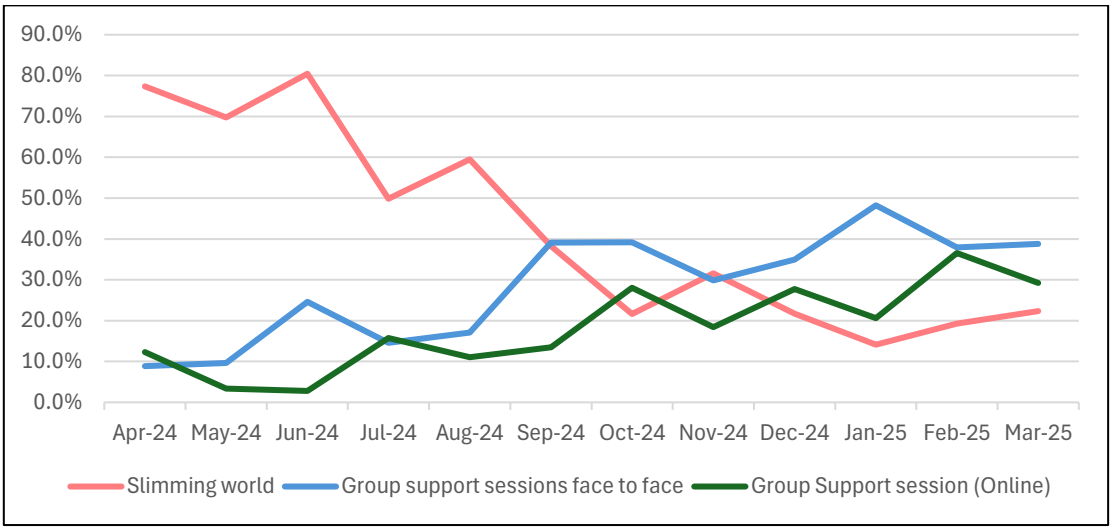
Figure 5: Percentage of new referrals by self-referral or healthcare referral for weight management service by month, in Suffolk, between October 2023 and March 2025



Interventions

From April 2024 FGS weight management services transitioned to promote the use of their behavioural group support services to clients. Figure 6 presents the proportion of Slimming world, group support sessions (face to face) and group support sessions (online) applied to weight management cases between April 2024 and March 2025. Results show that Group Support Face to Face sessions have been increasingly assigned from April 2025 to March 2025 with around 9% of cases applied in April 2024 to just under 40% of cases being applied in March 2025. Group Support Online sessions have followed a similar trend with just over 12% applied in April 2024 to just under 30% in March 2025. The application of slimming world has decreased over time, with just under 80% applied in April 2024 to just over 20% in March 2025.

Figure 6: The proportion of Slimming world, Group support sessions (face to face) and Group support sessions (online) applied to weight management cases between April 2024 and March 2025



Client demographics

An analysis of client demographics reveals diverse patterns across age, gender, ethnicity, and Index of Multiple Deprivation (IMD) decile distributions. Understanding these demographic factors may provide insight into service utilisation patterns and helps identify potential disparities in access.

Figure 7 provides a breakdown of weight management clients by age group for Suffolk between October 2023 and April 2025. It is important to note that a small number of clients are not included in age breakdowns as the date of birth of the client is believed to be incorrect. Results show that just under 1 in 4 clients (23.5%) are aged between 50 and 59 years. Just under 1 in 5 clients are aged between 40 to 49 years (19.6%) and 30 to 39 years (19.0%). 9.2% of clients are aged 20 to 29 years. Similarly, 9.0% are aged 70 to 79 years.

Figure 7: Percentage of weight management clients by age group for Suffolk between October 2023 and April 2025

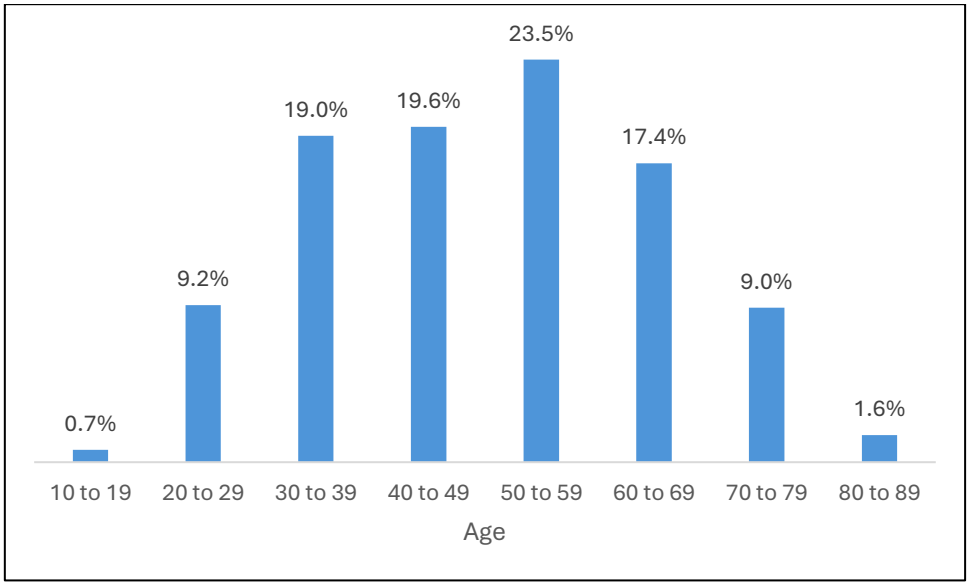


Figure 8 provides a breakdown of weight management clients by gender for Suffolk between October 2023 and April 2025. Results show that over half of weight management clients are female (52.6%), whilst just 1 in 6 clients are male (16.9%). Similarly, 16.6% of clients gender has not yet been disclosed. Just over 1 in 12 clients (8.4%) prefer not to disclose their gender and just over 1 in 20 clients (5.2%) fall into the 'other' classification.

Figure 8: Percentage of weight management clients by gender for Suffolk between October 2023 and April 2025

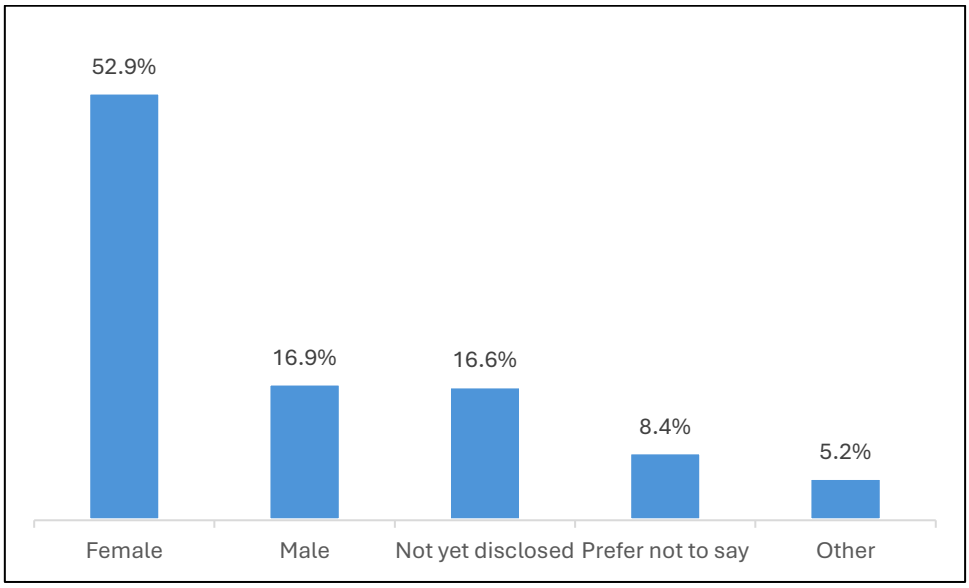


Figure 9 shows weight management clients broken down by ethnicity for Suffolk between October 2023 and April 2025. It is important to note that ethnicity information was not fully recorded for clients in the opening months of the service, so data may be incomplete. Results show that just under 4 in 5 clients (79.8%) identify as White British, whilst 18.3% of clients identify within an ethnic minority group. Just under 2% of clients (1.9%) prefer not to disclose their ethnicity.

Figure 9: Percentage of weight management clients by ethnicity for Suffolk between October 2023 and April 2025

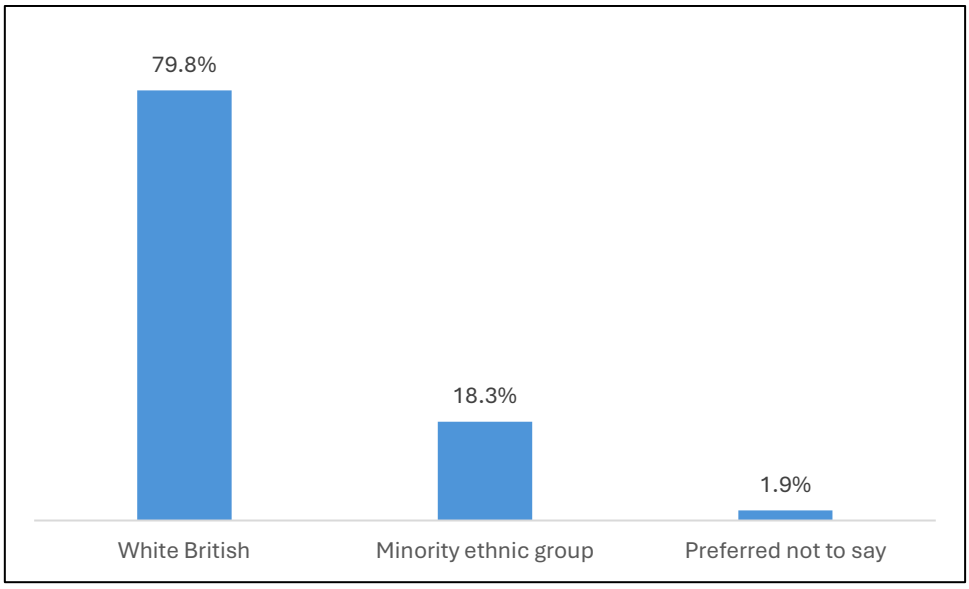
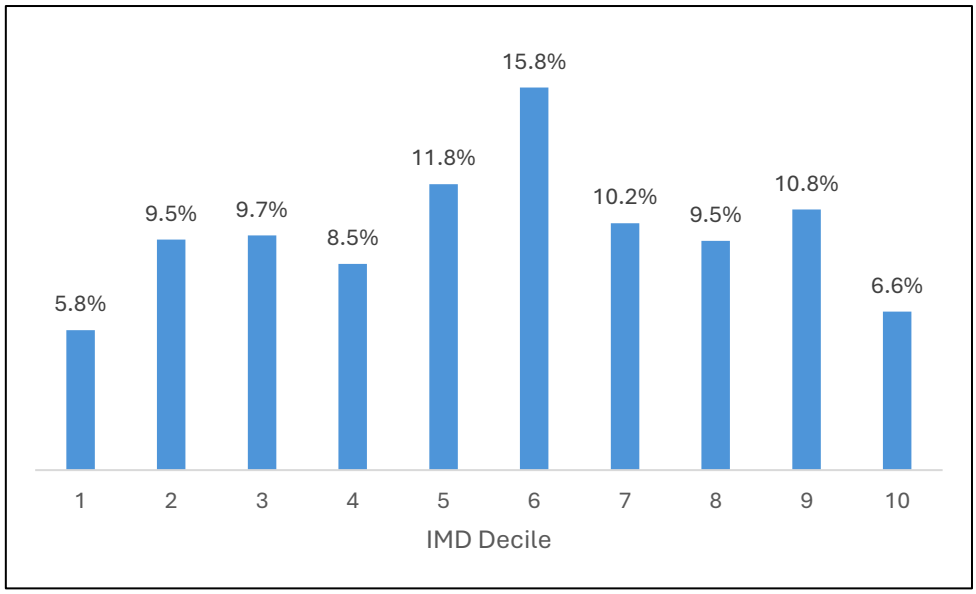


Figure 10 presents a breakdown of weight management clients by IMD decile across Suffolk between October 2023 and April 2025. The IMD identifies the level of deprivation of an area. Lower IMD deciles indicate higher levels of deprivation. Decile 1 includes the 10% most deprived areas nationally and decile 10 includes the least deprived 10% areas. The latest publication was in 2019, and the next update is scheduled for autumn 2025. Results show that the highest proportion of clients (15.8%) comes from decile 6, representing areas of mid range deprivation. There's a notable concentration in deciles 5-7 (37.8% combined), indicating significant service utilisation among middle-range IMD areas. While there is representation across all deciles, the most affluent areas (decile 10) show the second-lowest percentage

at 6.6%, and the most deprived areas (decile 1) have the lowest representation at 5.8%. This pattern suggests that the service may be more effectively reaching clients from moderate affluent to moderately deprived areas than those from either extreme of the socioeconomic spectrum, potentially highlighting access disparities.

Figure 10: Percentage of weight management clients by IMD decile for Suffolk between October 2023 and April 2025

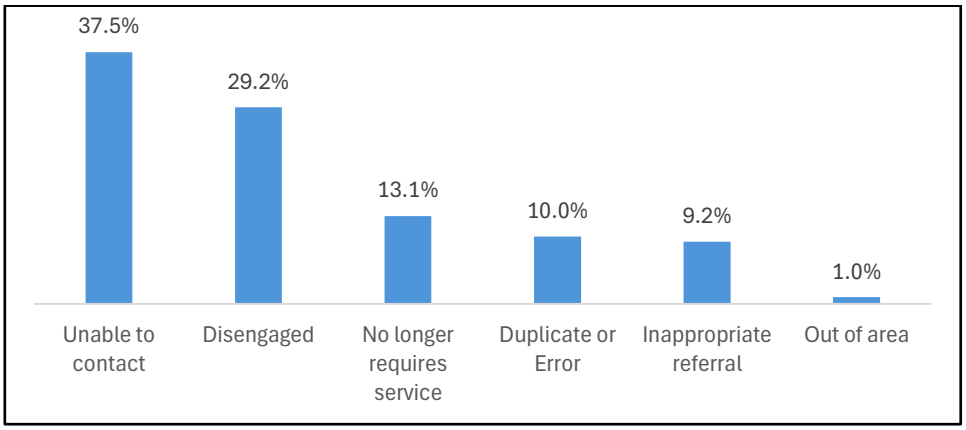


Reasons for discharge or closed cases

Reasons for discharge or closed cases in weight management cases may highlight challenges in client retention and service delivery which could support strategies to improve outreach and engagement practices.

Figure 11 shows the reason for case discharged or closed. Disengaged is defined as "Client used to engage with service (referral/phone calls/appointments or intervention) but no longer attends". Results show that over 1 in 3 cases (37.5%) that are discharged or closed are due to inability to contact client. Over 1 in 4 cases are discharged or closed due to disengagement. Over 1 in 10 cases (13.1%) are discharged or closed because they no longer require the service, and just under 1 in 10 cases (9.2%) are inappropriate referrals.

Figure 11: The reason for discharge or closed weight management cases as a proportion between October 2023 and April 2025 in Suffolk



Quality assurance indicators

Quality assurance indicators serve as measurable benchmarks that organisations use to evaluate, monitor, and improve the quality of their products, services, or processes. These indicators provide objective data that helps identify areas of strength and opportunities for improvement within quality management systems. The FGS service has several key quality indicators some identified by external best practice guidance and other locally defined specific to our local population.

Average proportion of body weight lost

The average proportion of body weight lost serves as a critical quality assurance indicator in weight management services. This indicator measures the mean percentage of initial body weight that participants lose during a structured weight management program.

This metric provides an objective assessment of service effectiveness by tracking actual patient outcomes rather than merely process compliance. FGS services utilise the Developing a specification for lifestyle weight management services guidance created by the Department of Health in 2013 to set the following target for the weight management service:

"Amongst all participants who have attended at least one session, there is a mean weight loss of at least 3% of baseline weight by the end of the intervention"

Since the FGS weight management service began in October 2023, the service has successfully met and exceeded targets set for average proportion of body weight lost. Since the start of data recording (06/10/2023) to the most recent record (07/04/2025), on average, a person utilising the weight management service with a weight management intervention in Suffolk loses 5.7% of their body weight, 2.7 percentage points higher than the targeted 3% the service aims for.

Proportion of cases losing at least 5% of body weight

The proportion of cases reaching body weight loss targets represents a critical quality assurance indicator that complements average weight loss measurements. FGS services utilise the Developing a specification for lifestyle weight management services guidance again, setting the following target for the weight management service:

"At least 30% of participants who have attended at least one session, lose at least 5% of their baseline weight by the end of the intervention"

Unlike the average proportion of body weight loss metric (3% mean weight loss), this indicator examines success at the individual level rather than relying on population averages. It employs a more stringent threshold (5% vs 3%) associated with greater health improvements and prevents programs from appearing effective based solely on averages that might be influenced by exceptional cases. Tracking both metrics in tandem provides service providers with comprehensive program evaluation—ensuring weight management interventions not only show positive overall outcomes but also deliver significant results for a meaningful percentage of individual participants.

Since the FGS weight management service began in October 2023, the service has exceeded targets set for proportion of cases losing at least 5% of body weight. Over half (53.2%) of all cases successfully lost 5% of body weight, 23.2 percentage points higher than the target 30% the service aims for.

Deprivation

Addressing health inequalities is a fundamental component of effective weight management services. While people living within areas of deprivation face the greatest health burden, they have historically experienced lower engagement rates and poorer outcomes from weight management services. Indicators have been designed to ensure equitable access and outcomes across socioeconomic populations and targets have been locally defined.

The first target: **"50% of engaged participants live in the 40% most deprived LSOAs"** establishes a clear benchmark for service reach into communities with the greatest need, helping to target resources where health disparities are most pronounced.

- In Suffolk, just over 1 in 3 cases (33.5%) are from the 40% most deprived areas, 16.5 percentage points off the 50% target.

The second target: **"Weight loss outcomes in people who live in the 40% most deprived LSOAs are at least the same as in the rest of the participants"** focuses on equity of results, ensuring that services not only reach but effectively serve disadvantaged populations.

- In Suffolk cases in the most 40% most deprived areas between October 2023 and April 2025 were shown to lose on average 6.2% of their body weight, 0.7 percentage points higher than the average proportion of weight lost across the rest of the Suffolk population.
- In Suffolk, 59.4% of cases in the 40% most deprived areas are losing at least 5% body weight, 8.9 percentage points higher than the rest of the population.

Ethnicity

Ensuring cultural inclusivity and equitable outcomes across ethnic populations remains essential for effective adult weight management services. These ethnicity indicators establish clear benchmarks for both access and effectiveness, and targets have been locally defined.

The first target: **"20% of engaged participants are in minority ethnic groups"** ensures the service addresses potential access barriers, reflects the diverse community it serves, and promotes equitable health outcomes across all populations, particularly for groups that historically experience health disparities and underrepresentation in service utilisation. It is important to note that ethnicity information was not fully recorded for clients in the opening months of the service, so data may be incomplete.

- Suffolk as a whole (shown in grey) is below the 20% target, reaching 12.1%.

The second target: **"Weight loss outcomes in people who are in minority ethnic groups are at least the same as in the rest of the participants"** ensures equity in service effectiveness, confirming that interventions produce comparable health benefits for minority ethnic participants and demonstrates the services ability to address diverse needs while preventing the continuation of health outcome disparities across different population groups. It is important to note that ethnicity information was not fully recorded for clients in the opening months of the service, so data may be incomplete.

- Suffolk shows similar outcomes with minority ethnic groups achieving 4.0% weight loss compared to 4.1% for White British participants
- Suffolk shows a disparity with 28.6% of minority ethnic participants achieving 5% weight loss compared to 39.9% of White British participants.