



All-Party
Parliamentary
Group on
Obesity

The Future of Obesity Services

A policy paper produced by the All-Party
Parliamentary Group on Obesity

This inquiry and policy paper have been developed by the secretariat of the APPG on Obesity and finalised with the officers of the APPG. The secretariat of the APPG on Obesity is provided by Healthcomms Consulting and is funded by financial support provided by Johnson & Johnson, Medtronic and Novo Nordisk. These companies have no influence over the work of the secretariat of the APPG on Obesity and they have had no influence over the development of this inquiry or the content of this policy paper. Full editorial control remains the sole responsibility of the officers of the APPG. Further details of the APPG can be found on the APPG register and on the Obesity APPG website.

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- Mr Ashley McDougall, Director, Local services value for money studies, National Audit Office
- Mr Andrew Radford, CEO, Beat Eating Disorders
- Professor David Kerrigan, President, British Obesity & Metabolic Surgery Society
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25 November 2020

Executive Summary

Obesity has been thrown into focus by the outbreak of COVID-19. People with excess weight and obesity are at much greater risk of hospitalisation, admission to intensive care and even death from COVID-19¹.

The need to address and reduce obesity through both prevention and also treatment has never been more urgent. Overweight and obesity currently affects over two thirds of adults in England and the rate continues to increase year on year², whilst obesity in children in reception and year 6 has never been higher. The risks to people's health both now and in the future are at crisis level and of serious concern.

That is why the All-Party Parliamentary Group on Obesity has been calling for a national obesity strategy for both adults and children for over two and a half years and was delighted to see the Government address this issue with a new strategy published in July 2020. The strategy promised a number of policies which have been supported by the APPG on Obesity, not least the introduction of a 9pm watershed for products high in fat, salt and sugar (HFSS) being shown on TV and online, restricting the volume and placement promotion of HFSS products and plans to expand current weight management services in England.

Hopefully the strategy will be the start of a journey towards reducing the level of overweight and obesity, but there is a lot more work to be done. We need to implement these proposals as a matter of urgency and measure their success, along with proposals made in the Childhood Obesity Strategies, to ensure we change the trajectory of obesity and its consequent ill health in the future. We need to build upon these proposals by doing more to empower people with obesity to live and age healthily for the long term.

This inquiry and policy paper aims to do just that. In this paper we set out the actions the Government should undertake to build on its strategy. We also set out principles with which weight management services should be developed to ensure those who would like support to manage their weight can access it. This will require a significant expansion in the provision of services and a rethink about the way they are delivered.

We want to thank everyone who submitted written evidence to the inquiry and also to those who gave oral evidence. We have been encouraged by the volume of submissions and the clear enthusiasm from all to address this important issue. Thank you for your continued support of the APPG on Obesity.

Mary Glendon MP, Chair, All-Party Parliamentary Group on Obesity

Baroness Walmsley, Co-Chair, All-Party Parliamentary Group on Obesity



All-Party
Parliamentary
Group on
Obesity

Summary of recommendations

- The Government should continue to promote its 'Better Health' campaign and should build on this with a public information campaign about the range of support options, including treatment, available for people with obesity with a focus on overall health both in the short and long term.
- The Government should establish a cross-Departmental delivery panel to oversee the implementation of obesity policy, including a 'whole-systems' approach, and to measure and report on the success of these policies on obesity outcomes.
- The Government should commission research into the links between socioeconomic deprivation, ethnicity and obesity, consulting with experts and designing tailored strategies to reduce obesity in underserved communities based on its findings.
- Integrated Care Systems should be mandated to develop an obesity prevention and treatment strategy for their population, strengthening existing services and sharing best practice across the network.
- The Government should provide clear national guidance on obesity treatment pathways and commissioning responsibilities and set a minimum standard for treatment at a local level. Furthermore, key incentives should be developed and put in place for implementation of the local obesity strategy and execution of services to change overall population health.

About the inquiry

The All-Party Parliamentary Group on Obesity launched this inquiry in October 2020. An online and written survey was published, which received 104 written responses from a range of stakeholders including professional organisations and charities, psychologists, dietitians, bariatric surgeons, weight loss providers, public health campaigners, academic researchers and people living with obesity. An expert oral evidence session was also convened on 21st October with experts in public health, Government obesity policy and NHS treatment pathways for obesity.

The inquiry asked for insights on the steps which could be taken to swiftly implement the Government's obesity strategy, on any perceived gaps to be addressed in the future and finally on the barriers to the expansion of weight management services. This paper seeks to present solutions to these issues and to support the Government and NHS' efforts in preventing and treating obesity.



Introduction

Obesity is increasing in the UK and is associated with significant secondary illnesses, reduced quality of life and costs to the NHS. The APPG on Obesity calls for the Government to reduce obesity through both robust prevention and effective treatment, with a focus across the whole prevention and treatment pathway.

Successive Governments have published strategies to reduce obesity given its increasing prevalence and increasing recognition of its impact. The Obesity Health Alliance's submission to this inquiry highlighted that over 30 different strategies have been published by Governments and arm's length bodies across the UK Since 1993. However, at least over the past 10 years, none of the targets set by Governments in England have been met and addressing obesity rates remains a serious public health challenge.

- The UK has the highest rates of obesity in Western Europe and one of the highest amongst OECD countries³.
- The prevalence of obesity increases by age group. The prevalence of overweight and obesity is above 70% among all age groups from 45 upwards⁴.
- The Health Survey for England 2018 found that adults in the most deprived areas had the highest mean body mass index (BMI) and highest prevalence of obesity⁵.
- Obesity is believed to account for 80-85% of the risk of developing type 2 diabetes⁶.
- The wider costs to society caused by obesity have been predicted to reach £49.9bn by 2050, even before inflation is taken into account⁷.

Having recognised concerning links between obesity and COVID-19, the Government in July 2020 published a new strategy to reduce obesity and support healthy living in both adults and children. The APPG on Obesity first called for a national obesity strategy in May 2018 and wishes to see the newly announced proposals implemented at scale with no delay. Proposals announced included⁸:

- "Introducing a new campaign – a call to action for everyone who is overweight to take steps to move towards a healthier weight, with evidence-based tools and apps with advice on how to lose weight and keep it off.
- Working to expand weight management services available through the NHS, so more people get the support they need to lose weight.
- Publishing a 4-nation public consultation to gather views and evidence on our current 'traffic light' label to help people make healthy food choices.
- Introducing legislation to require large out-of-home food businesses, including restaurants, cafes and takeaways with more than 250 employees, to add calorie labels to the food they sell.
- Consulting on our intention to make companies provide calorie labelling on alcohol.
- Legislating to end the promotion of foods high in fat, sugar or salt (HFSS) by restricting volume promotions such as buy one get one free, and the placement of these foods in prominent locations intended to encourage purchasing, both online and in physical stores in England.
- Banning the advertising of HFSS products being shown on TV and online before 9pm and holding a short consultation as soon as possible on how we introduce a total HFSS advertising restriction online."

Obesity policy: implementation and tracking

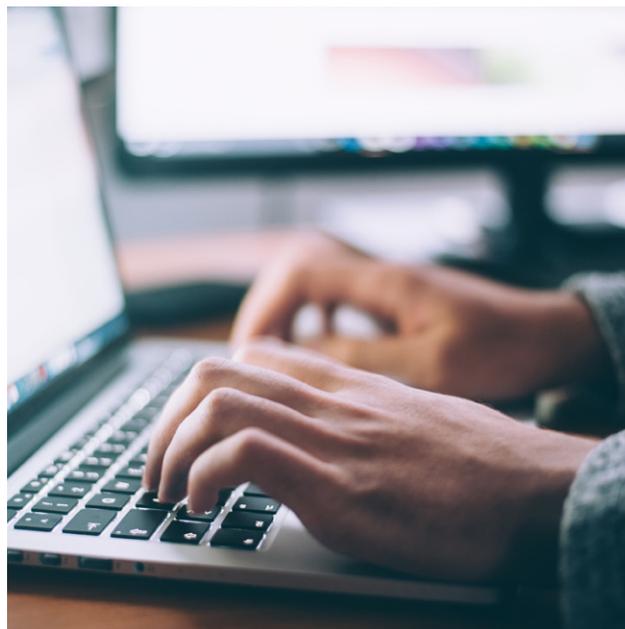
The APPG on Obesity was encouraged that the Government plans to develop legislation to support their strategy, in particular:

- To require large out-of-home food businesses, including restaurants, cafes and takeaways with more than 250 employees, to add calorie labels to the food they sell and;
- To end the promotion of foods high in fat, sugar or salt (HFSS) by restricting placement and volume promotions such as buy one get one free both online and in physical stores.

This legislation needs to be brought forward swiftly with no delays. Evidence submitted to this inquiry highlighted that results from the Government's sugar programme from 2015-19 showed that voluntary programmes deliver a limited impact on sugar reduction when compared with mandatory programmes like the Soft Drinks Industry Levy. Tools such as legislation and fiscal measures should therefore be used to reduce the impact of unhealthy products and to increase the level of information provided to the public about what is contained in these products. Whilst no new specific proposals on reformulation were provided in the strategy, it is clear that the Government should continue to push this forward, using levers and drivers as necessary to ensure that sugar and salt content across the board is lowered.

Three further proposals in the Government's strategy have already been consulted on, which should enable the Government to push these forward swiftly. The public, campaigners and Parliamentarians have an important role to play in maintaining pressure on the Government to ensure that these proposals are brought forward and implemented in full.

These proposals have been supported by the APPG on Obesity for some time along with experts in the field, are backed by good evidence and will make a positive contribution to the environments in which we live, providing information to people about calories consumed and promoting healthier choices.



Evaluation

Once implemented, the Government should put in place a method of robust evaluation to measure the success of these policies. The Government has an opportunity with its latest strategy to monitor its success, with a range of metrics, in a way which has not been done before. Evaluation will enable the Government to learn which interventions are effective and prioritise actions for the future with confidence. Whilst measuring the impact of individual interventions on the prevalence of obesity may be difficult, measuring the cumulative impact of interventions may be more likely to highlight the important role Government can play in reducing obesity. Where possible individual interventions should be measured using proxy public health markers which measure changes in health as well as the nationally used body mass index (BMI).

As these policies are implemented and monitored the Government should retain a close dialogue with stakeholders in the public health and obesity community, including research charities and in particular people with obesity. The expertise which is available in Public Health England should continue to be drawn upon in the future as part of the design and delivery of public health interventions for obesity, and their focus on the condition should not be diluted.

“Obesity is a complex issue, and excess body weight is often accumulated over the course of decades. Many of the proposals put forward in the strategy to address obesity will be preventative, helping to avoid excess weight gain in the first place.”

Better Health

The second method of supporting these proposals is to ensure that environments support healthier living. Ensuring that environments are suited to healthy living will be vital to ensuring obesity strategies are successful. Living healthily has benefits for everyone, not just those living with obesity. However, this inquiry has received a significant body of evidence which suggests that a focus on improving health will have positive outcomes in reducing obesity.

Whilst this report will not go into detail about the various ways in which this can be achieved, it is clear that efforts should be made to address the modifiable underlying causes of obesity as well as individual behaviours. These should address social determinants of health with interventions to encourage healthy living in transport, culture, work, education and more.

“Reducing the burden of obesity will require a comprehensive approach that addresses the environmental causes of obesity, empowers people to make and maintain healthier habits and provides evidence-based treatment to those who need it.”

Recommendation: *The Government should continue to promote its ‘Better Health’ campaign and should build on this with a public information campaign about the range of support options, including treatment, available for people with obesity with a focus on overall health both in the short and long term.*

Costs of Inaction

Obesity is a risk factor for a number of secondary conditions, not limited to type 2 diabetes, hypertension, heart disease, liver disease and certain types of cancer. Not only does obesity directly lead to poorer outcomes in COVID-19, but it is also a risk factor for a number of conditions which themselves worsen outcomes in COVID-19. The risks of inaction have therefore never been greater.

Throughout the pandemic Government messaging has focused on the need to ‘protect the NHS’ and this is even more pertinent when it comes to obesity. If nothing is done to reduce levels of obesity, a significant proportion of the population will be at risk of severe illness from COVID-19, whilst obesity related ill health will continue to demand NHS resources at a time when NHS capacity is critically important.



Image from: World Obesity Federation

Local service delivery & tackling inequalities

Tackling inequalities is key to addressing obesity so interventions to both prevent and treat obesity should be strongly focused on this link. Data from the most recent National Childhood Measurement Programme, published in October 2020, found that children living in the most deprived areas were more than twice as likely to be classified as living with obesity as those living in the least deprived areas⁹.

It is likely that obesity is both caused by and a cause of inequality and more research to understand this link is required. Oral evidence submitted to this inquiry highlighted that inequality is the key issue to address if obesity is to be successfully reduced. A 2018 report from the Food Foundation found that households in the lowest income decile would have to spend 74% of their disposable income on food to meet Eatwell Guide costs, compared to just 6% in the highest income decile. The report also found that the poorest households would have to spend almost 30% of their income to meet Government dietary recommendations¹⁰. Addressing the food supply and the unequal proportions of income which is spent by households on food should therefore be an important consideration for the Government to ensure that all individuals and families have greater opportunities to live healthily and prevent obesity.

Many of the inequalities which exist and contribute to obesity have been heightened by COVID-19. The pandemic has had a disproportionate effect on people from lower socioeconomic backgrounds and also on BAME communities¹¹. Currently 74% of Black adults in England are either overweight or living with obesity, the highest of all ethnic groups. This paints a picture in which obesity is closely intertwined with poorer socioeconomic outcomes, poorer outcomes in COVID-19 and affects some groups of the population more than others. Addressing these imbalances should form a core part of the Government's levelling up agenda and obesity reduction should be at the heart of this.

Furthermore, local authorities, organisations and communities have a great deal of knowledge about the needs of the population and how positive healthy behaviour change can be embedded for the long term. National proposals should be implemented across the board to enable everyone to realise the health benefits no matter where they live, whilst local authorities should be supported to provide additional local services and to shape environments around local population need.

Recommendation: *The Government should establish a cross-Departmental delivery panel to oversee the implementation of obesity policy, including a 'whole-systems' approach, and to measure and report on the success of these policies on obesity outcomes.*

"Without local commissioned services, engaging with communities and embedding support within those communities, individuals will be left with generic interventions that are generally only effective in the short term."

The evolution of environments and services around local need will require time and the development of relationships within the local community, in particular to ensure community support and engagement and to build sustainability. A range of stakeholders should be involved in these discussions, covering planning, education, workplace and culture.

At a national level the implementation of the Government's proposals to reduce obesity should be overseen and monitored by a cross-Departmental delivery panel. Obesity is a matter of both environment and health, and expertise across the board will ensure that the 'whole system' is designed around healthy living and obesity management. The panel should measure proxy markers of population health over time as well as BMI to measure progress.

Recommendation: *The Government should commission research into the links between socioeconomic deprivation, ethnicity and obesity, consulting with experts and designing tailored strategies to reduce obesity in these communities based on its findings.*



Image from: World Obesity Federation

Expanding weight management services

As well as the measures outlined to prevent obesity, the APPG also welcomed the Government's focus on improving obesity treatment. The strategy proposed an expansion of NHS weight management services, with more information to be provided later this year. This section of the paper addresses some of the issues and barriers currently experienced in the weight management pathway and makes suggestions on principles and actions which should be developed to ensure the service expansion is effective.

The current obesity patient pathway is structured in tiers:

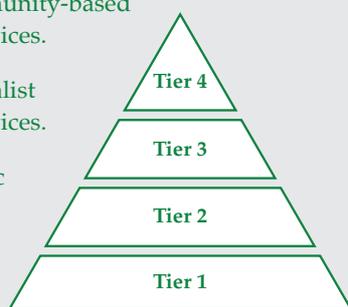
Tier 1 representing population level health and obesity prevention and brief interventions in primary care.

Tier 2 representing community-based weight management services.

Tier 3 representing specialist weight management services.

Tier 4 bariatric/metabolic surgery.

Under this system a patient progresses through the tiers of service to receive support to manage their weight.



The APPG has previously documented the regional variation in the provision of weight management services in England, finding in its 2018 report that¹²:

52% of Local Authorities commissioned tier 1 services

82% of Local Authorities commissioned tier 2 services

53% of CCGs commissioned tier 3 services

73% of CCGs commissioned tier 4 services

The Government's obesity strategy provides the opportunity to address this inequity and ensure that people living with obesity are able to access the appropriate level of support at the appropriate time. The urgency caused by the COVID-19 pandemic means that people should be provided with support to reduce their weight should they wish to access it. This should cover the range of options to support people worried about their weight or already living with obesity, from early stage prevention, to diet, psychological and exercise support, to multidisciplinary specialist care and finally metabolic surgery. These services should be supported by early risk assessment for secondary conditions such as type 2 diabetes or hypertension and patients should be able to access services at any level, at an appropriate time, to ensure the best outcomes. This would require a shift in the current tiered system to one that is more fluid and dynamic.

Providing Funding

In the current system, responsibility for providing funding for weight management services lies with a whole range of individuals. Local authorities and local Clinical Commissioning Groups make decisions about which weight management services they will fund and commission. Faced with short term budgets and funding constraints it is inevitable that there will be regional variation in the level of services provided by commissioners, as different commissioners will prioritise and commission services based on their local need and budgets.

The APPG on Obesity has made the case for some time that commissioning weight management services has the potential to save the NHS money in the longer term. This inquiry has heard that despite many commissioners recognising that treating obesity can save money in the long term through a reduction in secondary conditions, without the funding to set up new services commissioners cannot reach the stage of realising the long term benefits.

Long term funding will be required to set up new services for the length of time required to observe cost benefits from reduced weight related complications. Any weight loss is beneficial in terms of reducing the likelihood of secondary conditions, even if the benefits are not immediately accrued. The Government and NHS have precedent for increasing funding for obesity prevention and treatment, not least through the NHS Long Term Plan. This promised a targeted support offer and access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+kg/ m² and a doubling in the size of the Diabetes Prevention Programme.

Meanwhile, a fundamental rethink of the way that weight management services are structured and incentivised needs to be undertaken. The focus needs to progress to incentivising GPs for weight loss with payment coming when a patient has lowered their weight. The Very Brief Advice tool gives helpful support, but it is not a replacement for structured support through comprehensive service provision.

The Government's obesity strategy marks the first step towards achieving this, with the announcement that NICE will consult on a Quality and Outcomes Framework indicator that would incentivise GPs to promptly refer patients who are living with obesity to weight loss support. This would in principle help to avoid people missing out on treatment, but it must be supported by available local weight management services for GPs to refer patients onto, or it will be ineffective. The NHS should also consider how incentives can be adapted to establish 'milestone' payments. This would involve working with both GPs and weight management providers to incentivise measures of outcomes in terms of improved health and/or weight loss as well as referrals.

Reducing Rigidity in the pathway

An unintended consequence of the commissioning structure of weight management services is siloed working and a lack of flexibility in the patient pathway. By addressing these structural issues, the NHS will be able to provide support for more patients even before any additional resource is added. Commissioning budgets being split between Local Authorities and the NHS also means it is difficult for patients to flow seamlessly through the tiers of intervention.

In the current system, patients must often jump through unnecessary hoops before they can reach the appropriate level of support. For example, tier 4 services are currently only available to patients who have completed a tier 3 intervention beforehand. This rigidity leads to delays and patients being blocked access to treatment even when it is the best option for them. Given that tier 3 services are not comprehensively provided across the country, patients eligible for bariatric surgery may be denied treatment. This carries with it additional risk of obesity related ill-health.

A more flexible and simplified system is required which allows patients to enter and exit the pathway at the appropriate level, with minimum standards for the delivery of each level of service. Patients and GPs should be able to select the most appropriate level of support together based on the patients' medical and weight loss history and what options they are eligible for, so they can be referred directly to this service. Once in the system, patients should be able to move between the tiers of service more seamlessly, to access either more or less intensive support depending on their need.

“Weight management services have very rigid acceptance criteria. For example, my GP tried to get me onto a tier 3 rather than a tier 2 program, on the basis that I struggle with mental illness in addition to obesity. She felt that I needed something longer-term and more flexible. Tier 3 services were sympathetic to her position, but were bound by commissioning to acceptance criteria based solely on BMI and comorbidities such as diabetes or heart disease. I am guessing that if they had more money and a more flexible commissioning structure it would be easier for them to expand.”

Increasing Information

The inquiry has heard anecdotally that people with obesity often do not know what support might be available to them. Most people see GPs as the first port of call for information and advice. However, many GPs do not raise the issue of weight with their patients as they are not trained to raise this in an appropriate manner and do not always have services available to refer patients onto. Secondly, the fractured nature of the obesity pathway can create confusion amongst those trying to navigate the system.

“I cannot speak for anyone else but I found access to weight management services very difficult as information was not readily available and services were unable to be flexible. Information for patients should be delivered in a range of formats and a variety of depths. It should also be noted that weight loss is difficult and people usually require support and encouragement as well as information.”

Greater information should be provided to people at risk of developing excess weight about both formal and informal community and NHS services. Conversations between healthcare professionals and patients should be supported by training to understand and harness individuals' motivations, for example through motivational interviewing. Health Education England published a Healthier Weight Framework in March 2020¹³ which sets out the competencies needed by healthcare professionals to speak with patients about healthy weight and this framework should be promoted widely.

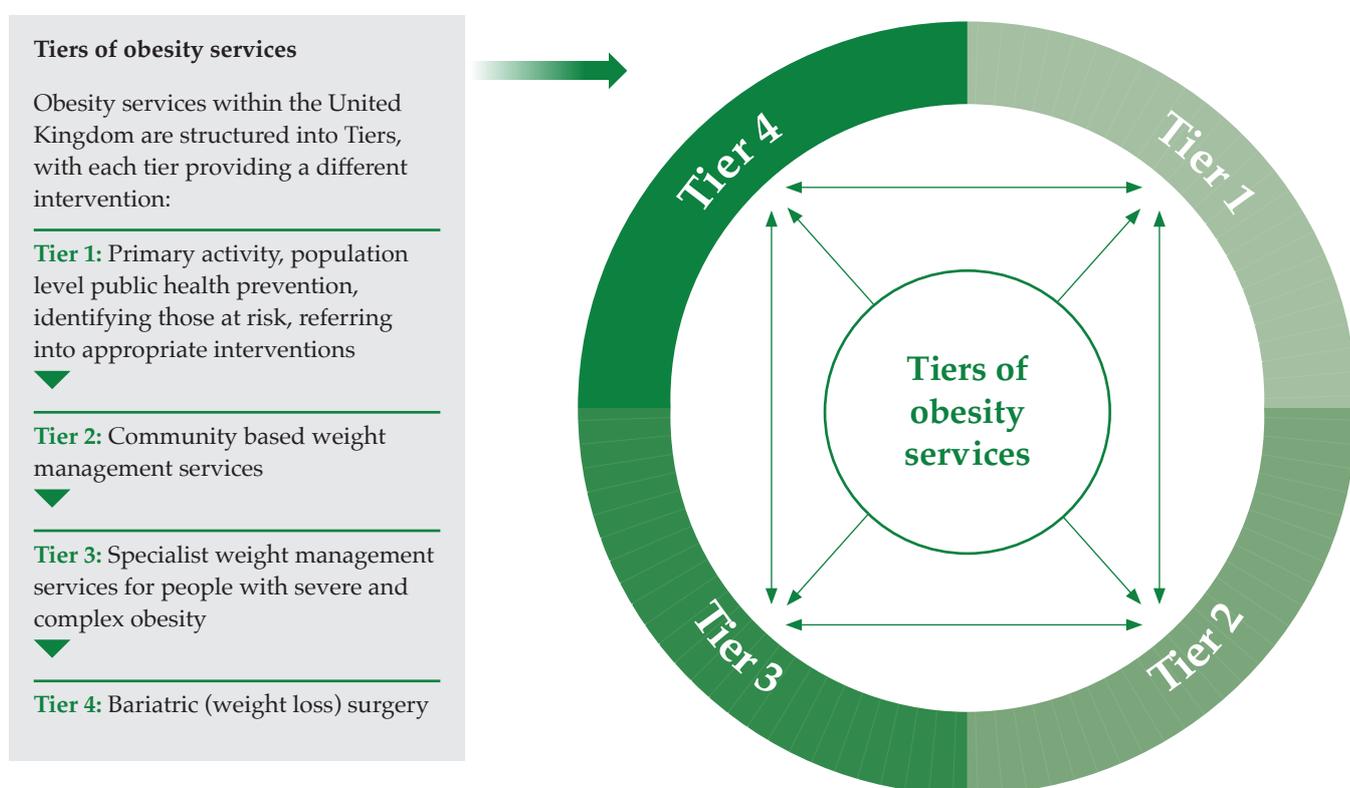
Furthermore, healthcare professionals should be supported to develop a knowledge of and promote the weight management options in their local area. Signposts should be provided to the various support options available to people who wish to access them.

“Many people are jaded and cynical when it comes to weight loss interventions. Very few obese people have not tried to change in the past. Many have had short term success but know that they do not work in the long term. Therefore, they are reluctant to invest the time in trying something else only to fail. People need services that are far more tailored to individuals and communities.”

The Future of Obesity Services

COVID-19 and the NHS restart offers the opportunity to make updates to improve the obesity patient pathway for the long term. Addressing obesity can often be a lifelong challenge for an individual so support should be long term and ultimately aimed at sustainable behaviour change. This inquiry suggests a more flexible and tailored system which allows patients in and out at the appropriate level. More information should be provided to people with obesity about the options available to them and what they should expect as they attempt to maintain their health and weight. This inquiry has also received unanimous support for the expansion of all treatment options to increase the availability of support for people with obesity and to tackle the inequity in access to services across the country. Capacity will need to increase across the pathway to enable patients to receive the right support at the right time.

Oral evidence submitted to this inquiry suggested that there is duplication in the obesity pathway, with different hoops for patients to jump through to access the appropriate level of support. A model which allows patients and HCPs to select their preferred treatment option and access that level of service would streamline the process and would avoid this duplication. Patients who may be reticent to speak to their GP should be provided with another access point, such as online platforms which inform patients about their options. This could be delivered through the NHS Better Health app.



A more circular system of care would not only enable patients to access the appropriate support more quickly, but would allow patients to move between the tiers of intervention more freely. Patients would be able to receive the appropriate support for as long as they need it. Evidence submitted to this inquiry called for the Government to consider provision of support beyond the 12-week programme proposed in the Better Health app, with longer term follow up interventions available for those for whom weight loss is harder or more complex. The circular model would enable longer term support and more appropriate support at the relevant moment in the patient's journey.

Minimum standards for the delivery of services should be set, with accreditation to ensure services meet these standards. Public Health England set out in September 2020 a set of guiding principles for weight management commissioners, providers and service users¹⁴ which should be adhered to.

This paper does not go into different people's motivations, be it to improve health, lose weight or any other reason. However, a patient centred approach is required which takes into account the individual's goals and provides them with the options to achieve this, setting out the challenges they will face over time and providing appropriate support with this. Patients and people who use weight management services should be involved in the design of any service expansion.

Recommendation: *The government should provide clear national guidance on obesity treatment pathways and commissioning responsibilities and set a minimum standard for treatment at a local level. Furthermore, key incentives should be developed and put in place for implementation of the local obesity strategy and execution of services to change overall population health.*

Integrated Care Systems provide a new vehicle in which a more flexible and integrated model can be delivered. For the first time, the NHS has a system which will enable collaboration with local authorities, public health and voluntary and community led sectors to deliver holistic weight management support which is tailored to their population. This opportunity should be seized and every Integrated Care System in England should be supported to design and deliver an integrated obesity model covering both prevention and treatment.

Establishing one commissioner across the system would also help to overcome short term and siloed commissioning decisions. Integrated Care Systems provide the opportunity to address issues with siloed budgeting, as it enables Local Government and NHS organisations to pool budgets and address priorities across the system. These organisations for the first time ever have the opportunity to come together to ring-fence budgets to deliver obesity prevention and treatment pathways in a joined up manner.

Recommendation: *Integrated Care Systems should be mandated to develop an obesity prevention and treatment strategy for their population, strengthening existing services and sharing best practice across the network.*

Maximising Digital

Digital services can play an important role in weight management and healthy living in the future. Given that face to face weight management services were recommended to cease during the pandemic, digital services have played an important role in providing support to people who would otherwise have had none. The Government and NHS now have an opportunity to make the most of the COVID-19 digital revolution to transform the way weight management services are delivered in the future.

The NHS Diabetes Prevention Programme is an excellent example of a scheme which includes an additional stream to offer support, assistance and guidance through digital interventions including:

- Wearable technologies that monitor levels of exercise
- Apps which allow users to access health coaches
- Online peer support groups
- The ability to set and monitor goals electronically

There is a clear opportunity for greater digital involvement in weight management, which would allow more remote monitoring of health data, access to advice and wellbeing support and even referrals. This could again be delivered through the Better Health app. Weight management services would benefit greatly from an increased digital offer, enabling:

- Improved patient knowledge of their health data and monitoring;
- Communication between patients, GPs, multidisciplinary teams and peer support groups;
- New referral mechanisms which alleviate pressure on GPs' time and resource.

This inquiry does not suggest that digital interventions act as a replacement for face to face services, however the evolution of digital has been accelerated by COVID-19 and the direction of travel is clear. As digital solutions develop in the future the NHS should be ready to pilot the most promising interventions aimed at the right patients and in the right communities. Digital exclusion and self-reported data are considerations which will need to be factored in to ensure.



Future Priorities

COVID-19 has had an enormous impact on the delivery of health and care services and will continue to do so in the future. The nation's finances and addressing the waiting list backlog is likely to mean that difficult decisions will need to be made about which health and care services should be prioritised. It is vital that the focus on obesity is not lost in the future and that progress made through this Government's strategy is not undone should funding be constrained.

The Government has the opportunity to ensure that both the prevention and treatment of obesity are safeguarded for the future by mandating its provision in the upcoming NHS Long Term Plan Bill. Mandating minimum service provision through Integrated Care Systems will ensure that obesity services are not cut when difficult commissioning decisions are made in the future.

Conclusion

Now is an opportunity to do more on obesity and the Government must capitalise on it. The COVID-19 pandemic has united everyone, from Parliamentarians, campaigners and the general public around reducing obesity and supporting everyone to live healthy lives through both prevention and treatment. The new strategy for both adults and children marks progress, but it must represent the start of this Government's ambitions on obesity rather than the end. Success is achievable if this issue is prioritised and both the prevention and treatment of obesity are comprehensively delivered.

This report has set out a number of priorities for the Government to address if it is to go further. It has set out how to make real progress in reducing obesity for the long term. Obesity is deeply ingrained in our society, from our lived environment, to our behaviours and learnings in early life, to our genetics. The APPG hopes the Government takes note of the recommendations made in this report and makes it a long-lasting priority to reduce obesity. We look forward to ongoing collaboration with the Government to ensure actions to reduce obesity are implemented and built upon in the future.

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