All-Party Parliamentary Group on Obesity

The role of Integrated Care Systems in supporting people living with obesity

Report of the All-Party Parliamentary Group on Obesity

Acknowledgements

The All-Party Parliamentary Group on Obesity would like to thank all those who submitted evidence to the APPG's inquiry and who disseminated the online survey through their networks.

The Group would specifically like to thank members of its Strategic Council for their ongoing support and input:

- **Professor Paul Gately**, Professor of Exercise and Obesity, Leeds Beckett University
- **Patrick McGinley**, Head of Costing and SLR, Maidstone & Tunbridge Wells NHS Trust
- **Susannah Howard**, Integrated Care Partnership (ICP) Programme Director, Suffolk & North East Essex ICS
- **Sarah Le Brocq**, Director, All About Obesity
- **Chris McEwan**, Councillor, Darlington Borough Council and Darlington Primary Care Network Lay Member
- **Shaw Somers**, Specialist Upper Gastrointestinal and Bariatric Surgeon, Portsmouth Hospitals NHS Trust
- **Dr Rishi Caleyachetty**, Assistant Professor, Warwick Medical School
- P**rofessor James Kingsland OBE**, President, National Association of Primary Care
- **Dr Adrian Brown**, Senior Research Fellow and Lecturer in Nutrition & Dietetics, Imperial College London
- **Dr Emma Frew**, Professor in Health Economics, University of Birmingham
- **Professor John Wass**, Professor of Endocrinology, University of Oxford
- **Nadya Isack**, Trustee and Patient Representative, Obesity Empowerment Network

The Group would also like to thank the individuals who gave oral evidence to the inquiry:

- **Emmerline Irving**, Senior Programme Manager for Improving Population Health, West Yorkshire Health and Care Partnership
- **Dr Peter Scolding**, Senior Clinical Fellow to ICS Executive Lead and Joint Accountable Officer, Mid and South Essex Health and Care Partnership

Contents

Foreword

Incidence of people living with obesity continue to grow across the UK[1]. It is expected that these have been further exacerbated by factors including the coronavirus (COVID-19) pandemic and increased cost of living[2]. There is growing awareness of the impact of obesity on society, regarding comorbidities, impact on workforce, and the additional pressure it places on the NHS. Recent government policy and legislation has recognised the potential role government should play in supporting people to achieve a healthy weight, yet there is much more that must be done. The passage of the Health and Care Act provides a significant opportunity to ensure that a cohesive strategy is put in place across Integrated Care Systems (ICSs) throughout the country.[3]

The All-Party Parliamentary Group (APPG) on Obesity launched an inquiry on 'Integrated Care Systems and Obesity' in order to gather responses from those involved in the design and delivery of ICS plans. The inquiry also sought input from health care professionals and those with lived experience of obesity to identify what best practice in ICSs could look like and develop a road map for ensuring pathways for people living with obesity are fully embedded within local health care settings.

The inquiry took the form of an online survey completed by 144 respondents including ICS leads, GPs, clinicians, patient advocates, and those with lived experience of obesity. The APPG on Obesity also held an oral evidence session in order to collect further information from three ICS representatives.

The APPG on obesity believes that the benefits of a well-structured pathway for obesity in ICSs include:

- Improved quality and length of life for those with obesity
- Reduced comorbidities, such as stroke, cancer, and type 2 diabetes
- Reduced financial impact on the NHS by reducing associated admissions
- Reduced weight stigma
- Improved productivity and resource within the national workforce

This report signifies the gathering of knowledge from across the obesity sector and has resulted in a series of recommendations that we believe can play an important role in ensuring the best outcomes possible for those living with obesity. We strongly encourage the government and health care services to take these recommendations forward and engage with the APPG on Obesity to further keep the obesity strategy a top priority going forward.

Mary Glindon MP – Co-Chair, All-Party Parliamentary Group on Obesity

Lord Bethell – Co-Chair, All-Party Parliamentary Group on Obesity

Dr James Davies MP – Vice-chair, All-Party Parliamentary Group on Obesity

Baroness Walmsley – Vice-chair, All-Party Parliamentary Group on Obesity

Baroness Jenkin – Vice-chair, All-Party Parliamentary Group on Obesity

Jim Shannon MP – Vice-chair, All-Party Parliamentary Group on Obesity

Baroness Masham – Vice-chair, All-Party Parliamentary Group on Obesity

Yasmin Qureshi MP – Vice-chair, All-Party Parliamentary Group on Obesity

appg All-Party Parliamentary Group on **Obesity**

Summary of recommendations

For Integrated Care Systems (ICSs):

1) Every ICS to have a clearly defined list of community resources and a stakeholder map detailing how each partner is engaged in the joint endeavour of supporting weight management services.

2) Individual ICSs to set out long term vision for obesity strategy in collaboration with all stakeholders, outlining a process for knowledge sharing, agreed milestones, and with a mechanism for monitoring progress.

3) Appropriate training for all healthcare professionals to ensure appropriate and correct usage of language regarding obesity, and broadening understanding of the causes and treatments for obesity.

4) A feedback loop must be created which allows improvement suggestions to flow up and down the obesity pathway, from people living with obesity and GPs up to ICS leads and policy makers, and back down the chain. Third sector organisations should be included in this process.

5) All ICSs to develop defined specialist teams to include professionals from across health and social care, embedded within communities and operating at a tertiary level.

For Policy Makers and Government:

1) The Government should look to align the work of weight management with the levelling up agenda and obesity strategies focused on prevention. This will allow those most in need to be supported first.

2) For patient involvement to be made a defined statutory requirement with a clearly defined role for patient engagement in every level of the ICS.

3) Long-term, ring fenced funding to be made available for collaborative delivery across the obesity pathway.

Chapter 1 – A Whole Systems Approach to Obesity

Key findings

An effective whole systems approach can encourage people to be and stay healthier, and supports people early on in the obesity pathway, as well as acknowledging the need for later interventions.

In order for a whole systems approach to be effective it must engage a wider task force than traditional NHS based weight management services. The system requires a local weight management workforce drawn from various agencies including local authority, voluntary sector, hospital, primary care, providers, education, local businesses, and local communities in a local area working in a joined-up way through a single local commissioning process.

There was consensus that best practice would be an integrated, whole systems approach that supports the needs of the individuals at multiple levels, for example early intervention, prevention, healthy communities / schools' approaches, community support systems, with referral to specialists based on clinical need. This should be co-produced with people with lived experience and adapted to meet local need. An innovative weight management service would also take full benefit of a community asset-based approach with an audit of local resources and a mechanism for connecting a wide range of stakeholders to the system. Communities should co-design the service and data should be recorded highlighting effective options.

Any service development and delivery should focus on population health and the impact of health inequalities. There is an imperative to initially focus on areas of greatest need, with health inequality data should be recorded to highlight effective options.

> "At the heart of the process should be an opportunity for people with obesity to make decisions about the right intervention for them."

At the heart of the process should be an opportunity for people with obesity to make decisions about the right intervention for them. It is important to move away from the feeling individuals often have of an intervention or treatment being 'done to' them and rather communities driving and informing decisions about their own health. This includes the opportunity for people living with obesity to choose how they engage with elements of the system, whether face to face or virtually. An example of this is providing an alternative to the calories-in-calories-out approach, as a significant number of people living with obesity struggle with this approach, through no fault of their own.

Obesity does not impact all demographics equally. Obesity rates for women in the most deprived groups in England are 39.5%, compared to 22.4% for the least deprived. The recent National Child Measurement Programme showed significantly higher obesity rates for children from Black African and Caribbean backgrounds, and Asian Pakistani and Bangladeshi backgrounds to those from White and Chinese backgrounds.[4] They stated that 'Any weight management service which does not consider how to tackle such inequality would be failing to live up to its potential'.

The Voluntary Community and Faith Sector (VCFS) will be important in order to engage communities that statutory services traditionally find it hard to reach. Respondents highlighted that ICSs can better serve hard to reach groups and those at greater risk, through utilising a whole systems approach.

Recommendation:
Every ICS to have a clearly defined list of community resources and a stakeholder map detailing how each partner is engaged in the joint endeavour of supporting weight management services.

Patient Pathways

It will be important to have a single point of entry for people living with obesity, where trained staff can work with a person or family to guide them to find the right range of support to meet their individual needs. For families, this may be via family hubs and for adults it could be via a range of health and wellbeing hubs, if available, or via a service that can connect a person with the wide range of commissioned and community / third sector supports across a locality. Further it was highlighted that ICSs need to ensure that effective specialist weight management services are accessible for all, including those at risk of type 2 diabetes, and those of working age or with caring responsibilities, and are adapted to ensure they are culturally appropriate.

It is imperative to make sure there is clear entry/exit criteria with an outline of expected timelines, and an expectation of when care is delivered and when follow ups will happen. Coherent pathways must be designed to prevent individuals getting 'lost in the pathway' and then remerging later with the same recurring problems as when they entered the pathway.

"This comprehensive front-end triage process would aim to understand personal drivers of obesity, levels of resilience, psychological complexity, and life circumstances."

This single-entry point could act as triage screening, based on need, behaviour and causes of obesity, rather than relying solely on the use of body mass index (BMI) measurements. This comprehensive front-end triage process would aim to understand personal drivers of obesity, levels of resilience, psychological complexity, and life circumstances recognising that many health determinants are socio economic[5]. A 'draft' care plan could then be developed with the patient.

There needs to be a referral pathway so that people living with obesity are not bounced in and out of services. All aspects of help for a patient should be found in one place. Further to this, the initial pathway from joining a service to treatment should be quick, ensuring retention and reducing an escalation of issues and comorbidities.

Recommendation:
The Government should look to align the work of weight management with the levelling up agenda and obesity strategies focused on prevention. This will allow those with most need to be supported first.

Chapter 2 – Collaboration

One of the key opportunities of ICSs is the collaborative approach to delivery, offering a chance to move from a competitive environment to one of shared resources and knowledge. Across the inquiry this was welcomed by respondents, and it was highlighted that all stakeholders need to work towards an agreed long-term vision with tangible milestones mapped out.

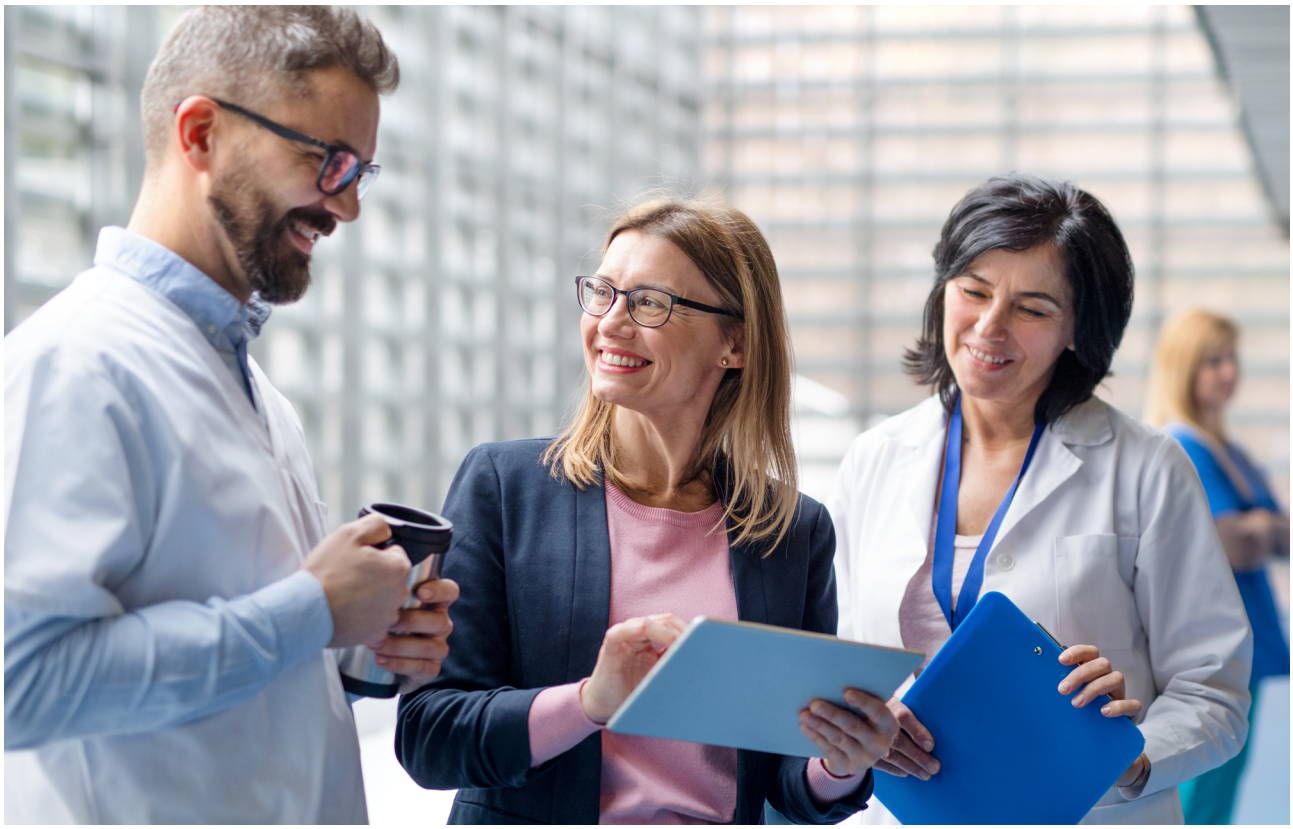
In order for this to happen each organisation must understand the role they play and be accountable for whatever they are required to do to achieve this. The mechanism of provider collaboratives can be used to do this.

"A coherent ICS strategy would provide the opportunity for specialist and generalist teams to work together."

During oral evidence sessions witnesses stated that ICSs can offer greater integration within the system, reducing bureaucracy. In particular, better communication between separately commissioned services such as tier two, which are local authority commissioned, and tier 3, which are NHS commissioned. Further to this, ICSs can act as a regional network, helping set expectations through a joined-up approach to care through local government, populations, and local healthcare services.

A coherent ICS strategy would provide the opportunity for specialist and generalist teams to work together, with tier one services more confidently highlighting appropriate next steps for people living with obesity, and with greater knowledge of the specialist services available.

Recommendation:
Individual ICSs to set out long term vision for obesity strategy in collaboration with all stakeholders, outlining a process for knowledge sharing, agreed milestones, and with a mechanism for monitoring progress.



Chapter 3 – Patient involvement

The development of ICSs can reset the level of patient involvement in setting a strategy and delivery mechanism to effectively support people living with obesity. However, the new health and social care legislation does not specifically highlight the parameters for this.

In order to develop an optimum pathway, the question should be posed to a focus group of people with lived experience and their social networks, working in partnership at a national level. This should be further supported at an individual ICS level, with lived experience a crucial factor in ensuring the obesity services meet local needs.

Although the NHS has more broadly signaled a move away from patient reported outcome measures, a modified approach could be considered as a better measure of whether a weight management service was meeting service users' needs more than the current 'numbers' focused reporting.

"It will be important to provide a mechanism for people living with obesity to report on the process of moving through the system."

As well as a patient reporting focus regarding the success of treatments, it will be important to provide a mechanism for people living with obesity to report on the process of moving through the system. This would allow individuals to highlight areas for improvement in areas such as appropriateness of advice, manner of HCP approach, availability of services, and length of time in the system.

Co-production and co-design of obesity services with ICS leads and people with lived experiences could optimise the development of a new system which genuinely meets patient needs. This should involve undertaking a collaborative design method across the life course including children and young people, and adults.

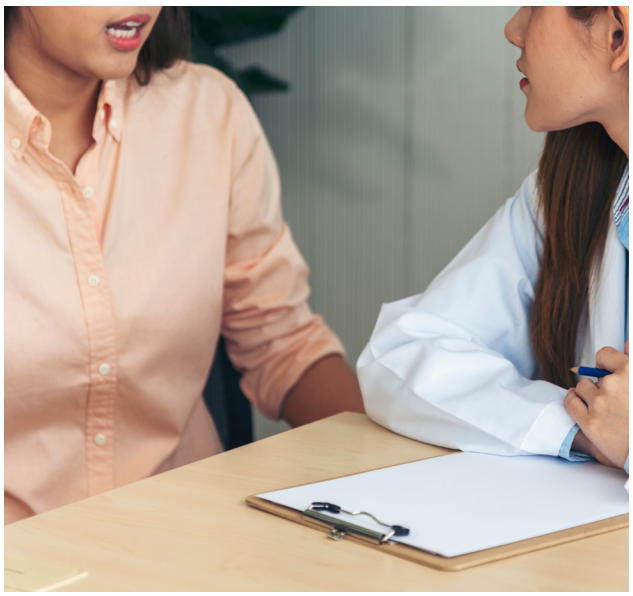
Recommendation:
For patient involvement to be made a defined statutory requirement with a clearly defined role for patient engagement in every level of the ICS.

Chapter 4 – Workforce

Regardless of how well a system is designed, it cannot succeed without an appropriately staffed and trained workforce. Concerningly, 72% of respondents were not confident that ICSs would prioritise the investment in training and education, which is necessary to establish effective pathways for support and treatment.

In order for a holistic approach to obesity to be successful it is crucial for ICSs to utilise a multidisciplinary approach, allowing people living with obesity to be supported in the appropriate setting, with their specific needs being met across both physical and mental health. The inquiry highlighted that specialist teams are required to be well resourced, embedded in communities, and operating at a tertiary level. Key roles include:

- Nurses
- Dietitians
- Mental health professionals
- Psychologists
- Physical activity specialists
- Physiotherapists
- Data managers
- Social workers



"It is crucial for ICSs to utilise a multidisciplinary approach, allowing people living with obesity to be supported in the appropriate setting."

Additionally, outside of the traditional health care system it will be important to link into a range of agencies, for example in Children's and Young Peoples services, youth workers, family support workers and social workers, who should be considered as part of the team.

In practice the workforce should comprise of trained weight management professionals, behavioural counsellors and people in local communities/volunteers supporting people regularly and over time to do what they know they need to do to adopt healthier behaviours. This process will be professionally led, but largely delivered by community and 'light-touch' trained delivery partners. However, for the system to learn and develop on a macro level, it will be important for people living with obesity to be able to record weight management progress centrally through a single joined up reporting process. This will allow ICSs to track trends and develop better strategies for delivering effective signposting and support.

The inquiry highlighted that Primary Care Networks (PCNs), as gateways for people living with obesity engaging with the system, are well situated to support the delivery of weight management services. An example of this is the Healthy Weight Coach elearning programme launched by the Office for Health Improvement and Disparities (OHID) as part of the obesity strategy 2020. This offered the opportunity for PCN staff to be trained to become healthy weight coaches. However, much more could be done in this area. For instance, healthy living pharmacies could provide an alternative source for some diet products. To do this, PCNs need budgets to employ the right staff at a local level.

Recommendation:
All ICSs to develop defined specialist teams to include professionals from across health and social care, embedded within communities and operating at a tertiary level.

Chapter 5 – Weight Stigma Awareness

The report found that weight stigma remains a significant issue for people with lived experience of obesity engaging with the system. A perception held by many within society is that obesity is a personal choice, rather than a complex, relapsing, progressive condition, leading to the system feeling like a 'hostile environment' for people living with obesity.

One person with lived experience stated, "obesity is more than eating too much food - there are usually underlying genetic, physical and mental conditions and issues involved, and just telling someone that they ought to lose weight is not helpful in any way".

It is crucial to eradicate weight stigma and discrimination towards people living with obesity to establish a pathway which genuinely supports people living with obesity. It will be important to educate all healthcare professionals, particularly those who have face to face engagement with people living with obesity to ensure the language and approach used is appropriate and non-stigmatising. The APPG on Obesity has produced guidelines to support this process and these can be found at the APPG website.

It was highlighted that all practitioners should be confident to have conversations about healthier weight, diet and physical activity in adults, young people and children. This can be achieved through:

- Making Every Contact Count (MECC) and Brief Intervention training
- Motivational interviewing
- Trauma informed approaches, seeking to understand and respond to the impact of trauma on people living with obesity

GPs should be equipped with sufficient knowledge to appropriately signpost people living with obesity in local services, including an understanding of community assets and opportunities. All healthcare professionals should have an understanding related to the age range they work with and also at a level/depth commensurate with the client group they are supporting. Additionally, a long-term goal for providers should be to ensure their workforce is representative of the communities they serve.

"Obesity is more than eating too much food - there are usually underlying genetic, physical and mental conditions and issues involved, and just telling someone that they ought to lose weight is not helpful in any way."

The inquiry highlighted that health care professionals should be equipped with knowledge about the causes and impacts of weight stigma, and learn to challenge stigmatising views in themselves and their colleagues. Peer to peer support, resources, and training courses would be beneficial to this. This is supported by research done by the British Psychological Society (2019) which stressed the importance of fully integrating a psychological approach into weight management services and programmes, to ensure that all healthcare professionals have an appropriate level of training in the underlying principles of how to change behaviour and reduce weight stigma.

Recommendation:

Appropriate training for all healthcare professionals to ensure appropriate use of language regarding obesity, and broadening understanding of the causes and treatments for obesity.

Chapter 6 – Data Collection and Outcomes Monitoring

For a system to be successful and develop efficiently it is important for the correct monitoring structures to be in place.

There needs to be less emphasis on targets and a greater emphasis on longer term success. This outcome focused approach must be tracked across the whole system, rather than the current siloed approach, with a sense of joint accountability at the heart of delivery.

"If monitoring is to be successful, data sharing across the whole system will be paramount."

If monitoring is to be successful, data sharing across the whole system will be paramount. This will encourage joint accountability, but also allow each part of the system to understand the net benefit of a joined-up approach. Standardised metrics for recording data must be used and made available in real time. Through joint data sharing it will be easier to provide visibility on geographical and demographic areas of concern. An intended outcome of this would be to quickly identify these areas and delivering a targeted approach to improving health.

Patient data should be collected over much longer periods of time, tracking people living with obesity regularly every 6 months for the first year and then yearly for at least 36 months and beyond. This is important to understand the longer-term impact of interventions. There are a number of programmes which secure quick results but may be inadequate in the medium to long term. Additionally, on a macro level, this data can be used to measure long-term changes in local culture and the conditions for these changes. One patient referred to a process of longer engagement as 'weight management services for life'. Weight management services must be supportive across a service users' life course and be adaptive to an individual's changing needs and priorities.

It is also crucial to embed successful monitoring in order to understand why people drop out of programmes, as well as understanding potential barriers to initial participation. More monitoring must be carried out to understand the role of trauma, Adverse Childhood Experiences (ACEs), and weight stigma in preventing patient sign-up, ensuring better engagement in the future.

Key data points were identified by respondents with weight loss being raised as a core measure, but with secondary measures to include BMI, waist circumference, blood tests (blood glucose levels, full lipid panel, and liver function tests), patient satisfaction, mental wellbeing, depression/anxiety symptoms, lung function, quality of life, resilience, long term conditions, lifestyle behaviour change (dietary intake, sleep quality, and physical activity levels), and changes to capability, opportunity, and motivation.

The system should collect patient reported outcomes showing the impact of treatment and evidencing clinical benefits. Patient Activation Measures (PAMs), which measure a participant's knowledge, skills, and engagement in managing their health and weight, were raised as a tool to achieve this. Additionally, patient advocacy groups could have a key role in reporting longer form feedback to shape strategy.

Service leads must 'walk the floor' of existing services, to better understand how weight management services are delivered on the ground. Clinicians working in these services should actively collect feedback on services from service users. They do not currently have a mechanism to share this feedback upwards.

Recommendation:

A feedback loop must be created which allows improvement suggestions to flow up and down the obesity pathway, from people living with obesity and GPs up to ICS leads and policy makers, and back down the chain. Third sector organisations should be included in this process.

Chapter 7 – Funding

During oral evidence sessions witnesses highlighted that there was a fundamental lack of money in the system to support obesity services. This was set against a backdrop of referral numbers increasing and incoming National Institute of Health and Care Excellence (NICE) guidance further complicating the environment. A specific need was highlighted for more funding for tier 3 and tier 4 services. This was further supported by GP survey respondents who raised that adequate funding is part of the solution to providing joined up obesity services.

An example was given of a CCG which had to bid for five funds from different government departments in order to support obesity work. This process was arduous and time consuming for staff. Grouping these pots of funding together would provide a more effective approach. In addition, funds should be recurrent on an annual basis to ensure sustained and embedded transformation, rather than the current piecemeal approach.

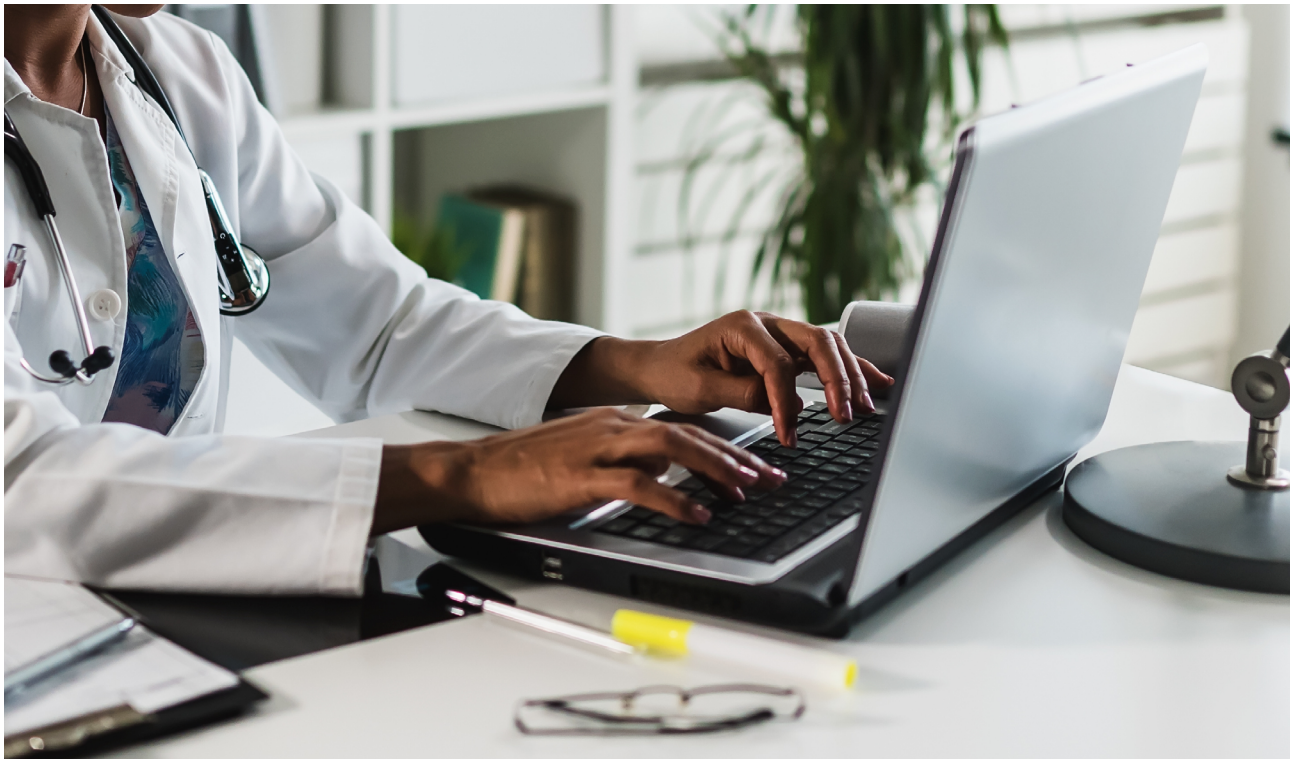
ICSs should be cautious of restrictive funding allocations and conditions which confine weight management interventions into siloed approaches, for instance separating adult and child intervention services. This goes against the 'collaborative' approach which ICSs must seek to embrace.

"During oral evidence sessions witnesses highlighted that there was a fundamental lack of money in the system to support obesity services."

A potential solution is the pooling of resources from existing obesity related services, including type 2 diabetes, alcohol, and smoking. In this way a more cohesive approach can be created to the full care cycle, and also allow a greater emphasis on preventative measures.

Policymakers must consider financial and procurement regulations at the earliest possible opportunity for commissioning work, to consider how this may impact engagement and participation from Voluntary Community and Social Enterprise (VCSE) organisations who are key partners at a community and neighbourhood level. The impact on the voluntary and community sectors is often ignored, and they need sufficient and consistent funding if they are to be expected to address the root causes of obesity.

Recommendation:
Long-term funding to be made available for collaborative delivery across the obesity pathway.



Conclusion

There is a significant opportunity to create a holistic approach to obesity across ICSs, allowing for ICSs to share common structures, whilst being flexible to the needs of their local populous. In order to do this ICSs must consider a whole systems approach to obesity, which brings together partners from across the NHS, local authority, social services and community organisations in a meaningful way. Staff must be equipped with the resources to act effectively and be confident to signpost people living with obesity to existing services.

It will also be important to consider the development of obesity strategy as a life-long process, with long-term planning, monitoring, and funding in place to support the growth and connectivity of services. Further to this, a new mindset should be fostered, firstly in the transition from 'competition' to 'collaboration', and secondly within the workforce themselves. This report highlights there are significant concerns regarding weight stigma within the existing healthcare system, which must be addressed in order for the system to engage effectively with the people living with obesity.

A process of meaningful patient involvement must be fostered within ICSs for the system to benefit from the integral experience of those who utilise the system. There are not currently enough specific policies in place to ensure that the patient voice is imbedded in strategy setting. For instance it could be mandatory for a person with lived experience of obesity to be represented at each level of the decision making process.

This report has set out a number of recommendations which the APPG on Obesity believes can make real change in how people engage across all elements of the obesity pathway, from prevention through to treatment. The APPG on Obesity hopes that local and regional NHS structures, as well as government, will proactively consider these recommendations and commit to ensuring the obesity strategy is a top priority going forward.

References

1. House of Commons Library, 2022. Obesity Statistics Research Briefing. [Online] Available at: Obesity Statistics - House of Commons Library (parliament.uk)
2. NHS Digital, 2021. Significant increase in obesity rates among primary-aged children, latest statistics show, press release. [Online] Available at: Significant increase in obesity rates among primary-aged children, latest statistics show - NHS Digital
3. UK Government, 2022. Health and care Act 2022. . [Online] Available at: https://www.legislation.gov.uk/ukpga/2022/31/schedule/18/enacted
4. NHS Digital, 2021. Table 6: Prevalence of underweight, healthy weight, overweight, obese and severely obese children in Year 6, by ethnic group.[Online] Available at: nat-chil-meas-prog-eng-2020-2021-tab.xlsx (live.com)
5. The Kings Fund, 2012. Broader determinants of health: Future trends. [Online] Available at: Broader determinants of health | The King's Fund (kingsfund.org.uk)