Accelerating NHS Innovation: North of England Summit

UKHLSi
UK Healthcare and Life Sciences Innovation

Reframing Obesity:

Building Skills, Building Britain

System Partner:

West Yorkshire Health and Care Partnership

Contents

Forewords 2

Reframing Obesity as a National Health Priority 2
Turning Local Insight Into System Change 4

Context of the Sprint 6

Case Study 7

More Than Weight 2025: Reframing Obesity Through Lived Experience 7

Attendees 11

Executive Summary 12

Key conclusions included 15

Recommendations 16

Understanding the Complexity of Obesity 18

The Dual Conversation 18
System Fragmentation 19
Stigma, Language, and Cultural Reform 19
Prevention and Treatment – Two Distinct Pathways 21
Legislative and Policy Levers 23
GLP-1 and Metabolic Medicines 25
Strategic Enablers – What Must Change Nationally 26

Draft Implementation Strategy 27

Strengthening the West Yorkshire Obesity Commissioning Pathway: Insights From the Sprint 28

Conclusion 36

About Us 38

References 39

The sprint was facilitated by Curia's Health, Care, and Life Sciences Research Group Chair, Rt Hon Andrew Stephenson CBE.

Forewords

Reframing Obesity as a National Health Priority

Obesity is one of the defining public health challenges of our time, yet it remains one of the least effectively addressed.

For all the policy attention it has received over recent decades, prevalence continues to rise. The consequences are now visible across the system – in growing rates of chronic disease, widening health inequalities, and increasing pressure on an already stretched NHS. But the issue is not simply one of scale – it is one of approach.

We have not, as a system, fully come to terms with what obesity is.

Too often, it is still framed as a question of individual responsibility – a matter of lifestyle, willpower, or personal choice. That framing is not only incomplete, but also actively unhelpful. The evidence is clear and longstanding – obesity is a complex, chronic, and relapsing condition, shaped by biology, environment, psychology, and wider social determinants. Until our policy response reflects that reality, we will continue to fall short.

This was the main theme discussed during the Obesity Sprint held as part of the Accelerating NHS Innovation North of England Summit. The Sprint demonstrated that there are dozens of ideas, and huge amounts of expertise within the NHS, but there is a shared frustration that the system is not set up to act on what we already know.

There is no shortage of committed professionals working across healthcare, public health, and local government. Yet their efforts are too often constrained by fragmentation – between national and local priorities, between prevention and treatment, and between the different parts of the system responsible for delivery. Integrated care systems (ICS) have an important role to play, but they cannot, on their own, address the wider structural drivers of obesity without clearer national direction.

Stigma also remains a profound barrier. Obesity is still treated differently from other long-term relapsing conditions, despite comparable biological drivers. That difference shapes how services are designed, how patients are treated, and how policy is prioritised. If we are serious about improving outcomes, we must move beyond narratives that blame individuals and instead build a system supported by evidence, compassion, and realism.

One of the most important distinctions emerging from the Sprint was the need to separate prevention from treatment. Both are essential, but they are not the same. Supporting a healthier population requires action on the environments in which people live – from food systems to urban planning. Supporting those already living with obesity requires structured, long-term clinical care. Conflating the two does risk delivering neither effectively.

At the same time, we are entering a period of significant change in treatment. The emergence of metabolic medicines, including GLP-1 therapies, has the potential to transform obesity care. But these treatments are not a solution in isolation. Without the right pathways, workforce capability, and support structures in place, their impact will be limited and uneven.

This brings us to the central issue: leadership.

In other areas of public health – tobacco control, dementia, cancer – we have seen what is possible when there is clear national leadership, cross-government coordination, and sustained focus over time. Obesity has not yet benefited from that same level of strategic attention. Given its scale and impact, that is no longer tenable.

This report does not attempt to restate the problem. It seeks to move the conversation forward – to translate insight into action, and to set out what a more coherent, system-wide response could look like.

The expertise exists. The evidence exists. The innovation exists.

What is required now is alignment – across policy, across systems, and across society.

If we are willing to make that shift, there is a real opportunity to move from a fragmented and often ineffective approach to one that is grounded in science, shaped by lived experience and capable of delivering meaningful change.

The challenge is significant. But so too is the opportunity.

Rt Hon Andrew Stephenson CBE
Chair, Curia, Health, Care, and
Life Sciences Research Group

Head of Population Health at West Yorkshire Health and Care Partnership, Emmerline Irving supported Andrew in leading the sprint.

Turning Local Insight Into System Change

The key message from the Obesity Sprint is that we are still not fully aligned on what obesity is, or how we should respond to it.

Too often, we continue to approach obesity as a single issue when, in reality, there are two distinct challenges that require different responses. There is the prevention agenda – supporting people to maintain a healthy weight and addressing the environments in which we live. And there is the treatment agenda – supporting people who are already living with obesity, where biology, psychology, and lived experience all play a significant role.

Both matter. But they are not the same, and treating them as though they are is continuing to limit our effectiveness.

What also came through strongly is that stigma remains one of the biggest barriers to progress. It shapes how people experience services, how professionals approach conversations, and how policy is prioritised. If we do not address that stigma, we risk designing systems that people are reluctant to engage with, no matter how well-intentioned they may be.

Language is fundamental. We need to move beyond narratives that frame obesity as a consequence of individual behaviour alone, and recognise it as a chronic, relapsing condition influenced by a wide range of factors. Until we do that consistently – across clinical settings, policy, and public discourse – it will be difficult to create meaningful change.

There are also clear opportunities to strengthen how we support people in practice. Workforce capability is one of them. This is not simply about training, but about building confidence, consistency, and accountability across all sectors. Conversations about obesity do not only happen in clinical environments. They happen in schools, workplaces, and communities. We need to ensure that the people having those conversations are equipped to do so in a way that is informed, compassionate, and effective.

At a system level, the challenge is one of coordination. Local systems are already trying to take a more integrated approach, but many of the levers required to address obesity sit at a national level. Planning, food environments, media, and economic policy all play a role, yet they are not always aligned. Without greater coordination across these areas, local progress will continue to be constrained.

At the same time, we are entering a period of change in how obesity can be treated. The emergence of metabolic medicines offers new opportunities but also raises important questions. These treatments are not a solution in isolation. They need to be part of structured pathways that include support before, during, and after treatment. If we do not prepare for that now, there is a risk that we will repeat patterns seen elsewhere in the system, where treatment is introduced without the infrastructure needed to support it effectively.

There is also a broader point about how we frame health more generally. Interventions such as physical activity are often positioned primarily in relation to weight, when their benefits are far wider. Reframing these as protective factors for overall health may help shift both public understanding and engagement.

What this Sprint has shown is that there is no shortage of insight, experience, or commitment across the system. What is less clear is how we bring that together in a way that creates consistent, sustained change.

If we continue to approach obesity through fragmented initiatives, we are unlikely to see different outcomes. If, however, we can align our understanding, our language, and our actions, there is an opportunity to build a more coherent and effective response.

The challenge now is not to generate more discussion, but to translate what we already know into action – and to ensure that the people who shape policy and allocate resources are part of that conversation.

Emmerline Irving
Head of Improving Population Health,
West Yorkshire Health and Care Partnership

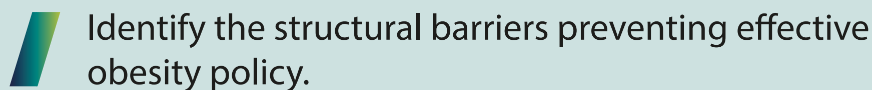
Context of the Sprint

The Sprint was convened to examine how the UK can move from fragmented obesity interventions to a coherent system approach capable of delivering meaningful change.

Participants recognised that obesity is not simply a clinical issue but a complex system challenge involving healthcare, education, employment, food environments, planning policy, and social determinants of health. The economic impact alone demonstrates the scale of the issue, with estimates suggesting the total societal cost of obesity may reach £126 billion annually.[1]

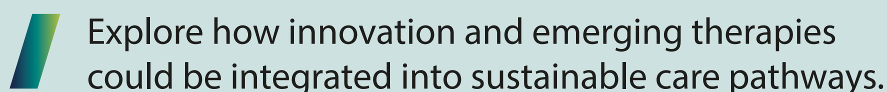
Despite this scale, obesity policy has historically lacked the mission-led leadership applied to other major health challenges, such as dementia or tobacco control. Participants highlighted that while those areas have benefitted from coordinated national strategies, research investment, and cross-government action, obesity policy has remained comparatively fragmented.

The Sprint aimed to



- Identify the structural barriers preventing effective obesity policy.

- Develop recommendations for system reform.



- Explore how innovation and emerging therapies could be integrated into sustainable care pathways.

The discussion emphasised that obesity must be addressed through coordinated system reform spanning prevention, treatment, and societal change.

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www.ukhlsi.co.uk

References

1 https://media.nesta.org.uk/documents/The_economic_and_productivity_costs_of_obesity_and_overweight_in_the_UK_.pdf

2 Shaping a Healthier Future: The Power of Policy in Addressing the Obesity Crisis, Curia, 2025:
https://chamberuk.com/publications/

3 Ibid

4 Secretary of State for Health and Social Care, Wes Streeting has supported expanding access to GLP-1 weight-loss drugs and community access pilots, including government funding and NHS pilots to expand access to obesity treatment services:
https://www.gov.uk/government/news/new-help-for-patients-battling-obesity-through-pharmacies-and-community-access

5 https://www.wypartnership.co.uk/our-priorities/population-health-management/targeted-prevention/obesity/obesity-strategy/more-than-weight-costs-of-obesity-infographics

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