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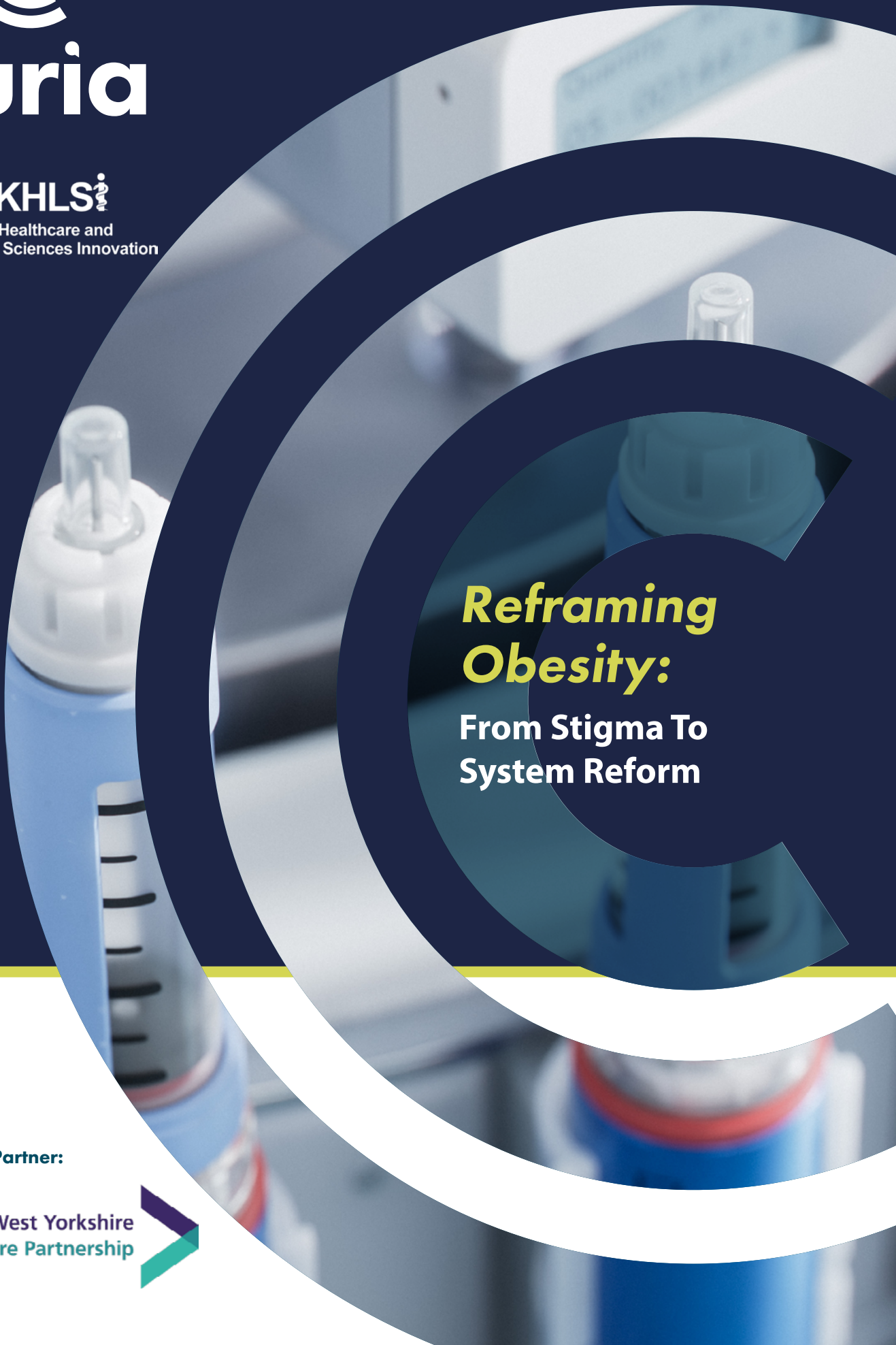

Reframing Obesity:

From Stigma To System Reform

System Partner:

West Yorkshire
Health and Care Partnership

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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.

Case Study

More Than Weight 2025: Reframing Obesity Through Lived Experience

One of the most influential regional initiatives informing current obesity policy thinking in the UK is the *More Than Weight 2025* project. Commissioned by West Yorkshire Health and Care Partnership and Humber and North Yorkshire Centre for Excellence to better understand the human, social, and economic impact of obesity, the project represents an important shift away from viewing obesity purely through clinical metrics and toward recognising it as a complex, lived experience shaped by trauma, stigma, and social inequality.

The independent study, led by Katie Simpson of Brightsparks Insights, combined qualitative research, surveys, and focus groups with people living with obesity and healthcare professionals across the region. It built on the foundational work done by City of Doncaster Council's Public Health Team on the compassionate approach to obesity. The aim of the report was to provide policymakers and commissioners with a deeper understanding of obesity not only as a medical condition, but also as a social and emotional experience that affects people's relationships, employment, mental health, and everyday participation in society.

Participants in the research described how obesity frequently shapes daily life in ways that are often invisible within traditional healthcare models. Many reported avoiding social situations, travel, or family activities due to fear of stigma or exclusion. Others described experiences of shame or judgment in healthcare settings, highlighting the importance of compassionate and respectful engagement from professionals.

The findings reinforced a recurrent theme in this report – obesity is not simply about weight. It is deeply connected to trauma, mental health, social disadvantage, and life experiences. As the *More Than Weight 2025* report suggests, addressing obesity effectively requires recognising the full context of people's lives and moving beyond approaches that focus solely on individual behaviour change.

A key insight emerging from the research was the prevalence of stigma within healthcare systems themselves. Surveys of healthcare professionals revealed that many staff felt underprepared to support patients living with obesity and lacked the tools or confidence to have constructive conversations about weight management. At the same time, people living with obesity frequently reported feeling misunderstood or blamed when seeking support.

To address these challenges, the *More Than Weight 2025* project called for the adoption of trauma-informed and person-centred approaches across obesity services. This model emphasises compassionate care, holistic assessment, and the integration of psychological, social, and medical support. By recognising the complex drivers of obesity, such approaches aim to reduce stigma, improve patient engagement and deliver more effective long-term outcomes.

The project also highlighted the importance of integrated care pathways that combine primary care, community services, and specialist treatment within a coherent system. Participants noted that current services can often feel fragmented, with patients being referred between programmes without clear continuity of care. A unified model that integrates medical, psychological, and social support was therefore identified as essential for improving patient experience and clinical outcomes.

From a policy perspective, *More Than Weight 2025* has helped shift the regional conversation on obesity toward a more compassionate and evidence-based framework. By foregrounding lived experience alongside clinical data, the project provides commissioners with valuable insights into how services can be designed to better reflect the realities faced by individuals living with obesity.

For health systems around the UK, the project represents an important foundation for system reform. Its findings reinforce the need for trauma-informed care, workforce development, and integrated treatment pathways – principles that align closely with the implementation strategy developed through the Obesity Sprint in Barnsley.

Ultimately, *More Than Weight 2025* demonstrates how engaging directly with people affected by obesity can reshape policy thinking. By placing lived experience at the centre of service design, the project offers a model for how regional health systems can develop more compassionate, effective, and sustainable approaches to obesity care.

To find out more about this report, visit:
https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2025/10/More-Than-Weight-report-2025.pdf

Human cost of obesity

Living with obesity is about far more than weight

- **73.5%** of participants reported avoiding social events because of their weight
- **Over 70%** of participants experienced social isolation
- **66%** of participants reported frequent emotional eating
- **78%** of participants reported at least one mental health or neurodevelopmental condition, often linked to past trauma
- **74%** of participants living with obesity said they felt misunderstood by healthcare professionals
- Many participants described being unable to sustain employment due to obesity-related health problems
- Participants were fearful of exercising in public. They avoided green spaces, and were reluctant to join classes

Human toll:

Obesity is deeply connected with trauma and a gateway to multiple long-term conditions. It is a chronic, relapsing medical condition that affects both physical health and emotional wellbeing. Responding requires trauma-informed care that addresses both the emotional and physical impacts of obesity.

Source: *More Than Weight: Exploring the human, social and economic cost of obesity. (West Yorkshire ICB and Humber and North Yorkshire ICB, 2025). Findings based on 119 lived experience survey responses, 190 workforce survey responses, and 5 focus groups.*

Economic cost of obesity

Obesity costs West Yorkshire, Humber and North Yorkshire more than £6.1 billion every year

- £ **£683 million –** the annual NHS cost of treating obesity and related conditions such as diabetes, cardiovascular disease, and cancer
- £ **£2.84 billion –** productivity losses through absenteeism, presenteeism and early retirement
- £ **£1.58 billion –** adult social care costs

£ **£1.05 billion –** wider economic impacts such as welfare dependency and unpaid care

£ Rising levels of obesity are driving increasing demand on already stretched health and care services, adding further financial pressure year on year

What are the next steps?

1. Address trauma and inequality as core drivers of obesity
2. Centre lived experience in service design and delivery
3. Provide professionals with the time, tools and skills to offer psychological support
4. Ensure equitable access to care across all parts of the region

Economic burden:

Obesity directly contributes to reduced workforce productivity, increased sickness absence, long-term disability, rising demand on health and social care services, and growing pressure on unpaid carers.

Source: *More Than Weight: Exploring the human, social and economic cost of obesity. (West Yorkshire ICB and Humber and North Yorkshire ICB, 2025). Estimates based on national datasets applied to local populations. Important note: These figures are estimates based on national datasets applied to local populations. They should be interpreted as indicative, not exact.*

Economic cost of obesity

Obesity costs West Yorkshire, Humber and North Yorkshire more than £6.1 billion every year

73.5% of participants said they avoid social events due to shame or exclusion

Over one-third described negative effects on intimacy and relationships

11.8% of participants reported eating disorders linked to social judgement and shame

Participants reported inaccessible environments such as transport, theatres, seating and cafés

Many participants described healthcare harm: symptoms routinely dismissed and being told to "just lose weight"

Many participants recall being mocked as children for their weight

Societal toll:

Stigma and exclusion strip away dignity and belonging. Environments that are not designed for larger bodies create daily barriers, while shame and discrimination undermine trust and participation.

Source: *More Than Weight: Exploring the human, social and economic cost of obesity. (West Yorkshire ICB and Humber and North Yorkshire ICB, 2025). Findings based on 119 lived experience survey responses, 190 workforce survey responses, and 5 focus groups.*

Attendees

Name	Company
Amanda Lilley-Kelly	Humber & North Yorkshire Health & Care Partnership Innovation, Research and Improvement System (IRIS)
Chris Marriott	City of Doncaster Council
Lisa Buchanan	West Yorkshire Health and Care Partnership
Megan Nippers	Leeds Community Healthcare NHS Trust
Daniel Fitzgerald	NHS South Yorkshire Integrated Care Board
Adele Bunch	Health Innovation Yorkshire & Humber
Louise Weatherley	NHS South Yorkshire Integrated Care Board
Emm Irving	NHS South Yorkshire Integrated Care Board
Rt Hon Andrew Stephenson CBE	University Hospitals of Morecambe Bay NHS Foundation Trust
Ben Howlett	Curia
Lisa Rickers	Ultra BiOmics
Paul Gately	Obesity UK and Morelife UK Ltd
Dr Jonathan Andrews	NHS / Ted's Health / HeliosX / Shoorah / Evida
Mitul Gandhi	ORA
Niamh Sullivan	Parachute MH Ltd
Michael Wakeman	Vitmedics Ltd
Andrew Tasker	Viveca Biomed
Sara Shirali	Boehringer Ingelheim

Health leaders from across the North of England participated in the workshop.

Executive Summary

The Obesity Sprint brought together clinicians, public health leaders, researchers, industry experts, innovation organisations, and policymakers to examine one of the most pressing and complex public health challenges facing the UK and health systems around the world. Despite decades of policy attention, obesity prevalence continues to rise, placing increasing pressure on health services, widening health inequalities, and contributing to a growing burden of chronic disease.

The findings from the Obesity Sprint will be submitted to the Number 10 Policy Labs as part of the Government's broader effort to explore innovative approaches to complex policy challenges. Given the cross-cutting nature of obesity – spanning health, food systems, planning, education, and economic policy – the Sprint participants recognised that many of the solutions identified require coordinated action across multiple departments. Submitting the insights and recommendations from the Sprint to the Policy Lab provides an opportunity to inform future cross-government policy development and ensure that the evidence, ideas, and practical recommendations generated through this process contribute to national decision-making. This step reflects the intention that the Sprint's outputs should not remain a standalone discussion but instead help shape the next generation of obesity policy at the centre of government.

At the Sprint, participants agreed that the current approach to obesity is failing to address the scale and complexity of the challenge. While there are many committed individuals and initiatives working across the system, obesity policy remains fragmented, inconsistent, and insufficiently coordinated. The Sprint, therefore, focused on identifying the structural barriers preventing progress, and on exploring how the UK could move toward a more coherent and effective system response.

Participants were clear that this challenge is not due to a lack of effort or activity across the system. Rather, it reflects a more fundamental issue for public service delivery in the UK – in this country, policies are not yet fully aligned with clinical delivery, and public health responses are not fully aligned with the true nature of obesity as a chronic, relapsing condition. As a result, activity across the system is high, but overall impact remains limited.

The main theme that emerged from the discussion was the need to fundamentally reframe how obesity is understood. Participants emphasised that obesity should be recognised as a chronic, relapsing disease influenced by a complex interaction of biological, psychological, and environmental factors. While lifestyle behaviours can contribute to obesity, they are not the sole cause, and framing the condition primarily through the lens of individual responsibility risks reinforcing stigma and undermining effective intervention.

The persistence of stigma was identified as one of the most significant barriers to progress. Participants highlighted that obesity continues to be treated differently from other chronic conditions with comparable biological drivers, such as cancer or cardiovascular disease. This stigma manifests across healthcare, media narratives, and public discourse, discouraging individuals from seeking support and preventing the development of compassionate, evidence-based services. Addressing stigma, therefore, requires both cultural change and greater consistency in the language used across policy, healthcare, and public communication.

Participants also noted that stigma is not only experienced at an individual level but can be embedded within systems and institutions. It can influence how services are commissioned, how professionals are trained, and how policy priorities are set, which in turn affects the development of services and the willingness of individuals to seek support.

The discussion also highlighted the importance of distinguishing clearly between two related but distinct policy challenges: preventing obesity across the population and supporting individuals already living with the condition. Prevention efforts must focus on the wider environments in which people live, including food systems, planning policy, education, and opportunities for physical activity. These structural determinants shape behaviour at a population level and require coordinated action across public services.

Based on experience of delivery and commissioning, participants stressed that prevention and treatment require different policy tools, service models, and funding approaches. Conflating the two does risk delivering neither effectively. Recognising this distinction is therefore critical to designing a system that can respond appropriately across the full spectrum of need, from population-level prevention to long-term clinical management.

At the same time, participants emphasised that individuals already living with obesity require structured clinical support and long-term management pathways. Treating obesity solely through lifestyle advice fails to recognise the biological complexity of the condition and risks leaving many individuals without effective care. Multidisciplinary approaches incorporating medical treatment, behavioural support, peer support, and trauma-informed care were therefore identified as essential components of a modern obesity care pathway.

Another major theme emerging from the Sprint was the fragmentation of responsibility across institutions and sectors. ICBs, local authorities, healthcare providers, and national government all play important roles in addressing obesity, yet participants noted that these actors often operate within separate frameworks and priorities. Without stronger national coordination and clearer policy leadership, local systems will continue to struggle to address the structural drivers of obesity.

This fragmentation contributes to a system in which responsibility is widely distributed but strategic accountability is limited. Participants noted that without clearer national leadership and stronger alignment between national policy and local delivery, it will remain difficult to address the structural drivers of obesity in a consistent and sustained way.

Participants also discussed the economic implications of obesity and the need for broader cross-government engagement. While the health service bears much of the immediate cost, the wider economic consequences of obesity extend far beyond healthcare, affecting workforce participation, productivity, and long-term public spending. According to Curia's assessment in 2025, obesity is

estimated to cost the NHS over £6.5 billion per year, while wider societal costs reach approximately £98 billion annually – around four per cent of GDP – driven by long-term sickness, labour market dropout, presenteeism, and reduced productivity.[2]

In Greater Manchester alone, obesity is estimated to cost £3.2 billion annually, of which £1.7 billion relates to lost productivity, illustrating the scale of the economic impact at a regional level.[3] Participants emphasised that obesity should therefore be understood not only as a public health issue but as a major economic and workforce challenge, requiring engagement from HM Treasury and a more explicit cross-government strategy focused on economic participation, prevention, and early intervention.

This reinforces the need for obesity policy to be considered not only as a health issue but also as a wider economic and societal challenge.

The Sprint also examined the implications of emerging treatments, particularly GLP-1 medicines and other metabolic therapies. These treatments represent a potentially transformative development in obesity care and may significantly expand the range of clinical tools available to support patients.

The sprint was solutions-led, and inspired by real-world patient insight.

However, participants were clear that these medicines should not be viewed as standalone solutions. Instead, they must be integrated into holistic care pathways that include behavioural support, psychological care, and long-term follow-up.

Participants cautioned that there is a risk of repeating patterns seen elsewhere in the health system, where new treatments are introduced without the necessary behavioural, psychological, and clinical support infrastructure. Without integrated care pathways, workforce training, and long-term follow-up, the full benefits of these treatments are unlikely to be realised.

There was also concern that access to these treatments could exacerbate existing health inequalities if availability is largely limited to private provision. Participants therefore stressed the importance of preparing the health system for wider adoption of metabolic medicines, ensuring that future access is equitable and supported by appropriate clinical infrastructure.

Finally, the Sprint highlighted the need for stronger national leadership and strategic coordination. Participants noted that other major public health challenges, such as tobacco control and dementia, have benefitted from mission-led approaches that combine national strategy, cross-government coordination, and sustained investment. With limited action from the current Secretary of State for Health and Social Care, obesity has not yet received the same level of strategic focus, despite its substantial health and economic impact.[4]

At the same time, participants noted that the current moment presents a significant opportunity. Advances in scientific understanding, the emergence of metabolic treatments, and growing recognition of obesity as a chronic condition provide a strong foundation for a more effective and compassionate policy response. The challenge now is to align policy, services, and investment with this understanding.

Addressing obesity effectively will require coordinated action across prevention, treatment, workforce development, public messaging, and policy frameworks. The insights generated during the Sprint highlight both the complexity of the challenge and the opportunities for meaningful reform. By reframing obesity as a chronic relapsing condition, strengthening national coordination, and embedding evidence-based approaches across the system, there is a clear opportunity to move beyond fragmented interventions toward a more coherent and effective national strategy.

Key conclusions included

- Obesity policy currently suffers from system fragmentation, inconsistent messaging, and unclear accountability.
- Stigma remains one of the most significant barriers preventing effective prevention, treatment, and public engagement.
- Prevention and treatment require distinct but coordinated approaches, with different biological and service responses.
- Workforce capability across health and social sectors must be strengthened to support compassionate and evidence-based care.
- Legislative and national policy interventions are essential, as many determinants of obesity sit beyond the control of local systems.
- The emergence of GLP-1 medicines represents a major shift in treatment, but these therapies must be integrated into holistic care pathways rather than treated as standalone solutions.

Recommendations

Participants also emphasised the need for stronger national leadership and coordination, proposing the creation of a cross-sector expert body to support coherent policy development.

These recommendations aim to support a shift from fragmented interventions toward a coordinated national approach to obesity prevention and treatment.

1. Establish a national obesity strategy framed around chronic disease management

Participants strongly emphasised the need for a coherent national strategy that reframes obesity as a chronic, relapsing disease rather than a lifestyle issue. Current policy approaches are often fragmented across departments and programmes, with prevention, treatment, and public messaging addressed through separate initiatives.

A national obesity strategy should provide a unified framework that integrates prevention, treatment, and long-term management. This strategy should recognise the biological, psychological, and environmental drivers of obesity and ensure that national policy reflects the complexity of the condition.

Such a strategy should also adopt a mission-led approach similar to those applied in areas such as tobacco control and dementia policy, combining national leadership with cross-government coordination and sustained investment. The strategy should involve collaboration between the Department of Health and Social Care, education, planning, employment, and economic policy stakeholders to address the full range of determinants influencing obesity outcomes.

2. Develop a national language framework to reduce stigma and improve public understanding

Stigma surrounding obesity remains one of the most significant barriers to effective prevention and treatment. Participants highlighted that inconsistent and often stigmatising language continues to shape both public discourse and clinical practice.

A national language framework should therefore be developed to establish consistent terminology and messaging across government, healthcare, media, and public communications. This framework should emphasise the recognition of obesity as a chronic relapsing medical condition and move away from narratives that frame it primarily as a consequence of individual behaviour.

The framework could draw on lessons from other public health areas where language reform has successfully reduced stigma, such as mental health and suicide prevention. Clear guidance for government, media organisations, healthcare providers, and public institutions could help ensure that obesity is discussed in a more evidence-based and compassionate manner.

By aligning messaging across sectors, such a framework would help shift public understanding, improve patient engagement with services and support more constructive policy debates.

3. Create a cross-sector obesity think tank to support policy coordination and evidence-based strategy

Participants identified the need for a dedicated expert body capable of bringing together the diverse expertise required to address obesity effectively. Obesity policy currently involves multiple sectors, including healthcare, public health, academia, industry, local government, and community organisations. However, these perspectives are often not brought together within a single forum.

A cross-sector obesity think tank could provide a mechanism for aligning policy thinking, clinical practice, and public messaging. This body should include experts in clinical obesity management, public health, behavioural science, health economics, and population health, alongside representatives with lived experience of obesity.

The think tank could support government by providing independent advice, identifying emerging evidence, and coordinating policy insights across sectors. It could also help develop practical tools, guidance, and case studies to support local systems implementing obesity prevention and treatment programmes.

Importantly, such an organisation would help maintain strategic continuity in an area where policy leadership and institutional responsibilities can frequently change.

4. Embed obesity education and workforce development across healthcare and public services

Participants highlighted that workforce capability remains a significant barrier to improving obesity care. Many healthcare professionals report feeling underprepared to discuss obesity with patients, and training on the biological and psychological dimensions of obesity is often limited within professional education programmes.

A coordinated workforce development programme should therefore be established to improve knowledge, skills, and confidence across healthcare and public sector roles. This should include training on the physiological drivers of obesity, the role of trauma and social determinants, and effective approaches to compassionate, patient-centred care.

Training should not be limited to clinicians. Professionals across education, social care, local government, and community services frequently interact with individuals living with obesity and can play a critical role in prevention and early support.

Embedding this knowledge within undergraduate education, professional development programmes, and workforce training frameworks would help ensure that obesity is addressed consistently and effectively across the system.

5. Prepare the health system for expanded access to metabolic medicines within holistic care pathways

Emerging metabolic therapies, including GLP-1 medicines, represent a significant development in the treatment of obesity and related metabolic conditions. However, participants emphasised that these treatments should not be viewed as standalone solutions.

As access to these medicines expands and costs potentially decrease over time, the health system must ensure that they are integrated into comprehensive care pathways. This includes multidisciplinary support incorporating behavioural interventions, psychological support, and long-term follow up.

There is also a need to ensure that access to these therapies is equitable and does not widen health inequalities. At present, many patients access these medicines privately, which risks creating a two-tier system of treatment availability.

Preparing the system for broader adoption will require workforce training, service redesign, and clear clinical guidance to ensure that metabolic medicines are used appropriately within structured obesity care pathways.

The sprint outlined the complexity of obesity – not just a health issue, but a system-wide challenge requiring integrated solutions.

Understanding the Complexity of Obesity

The Dual Conversation

A central insight from the Sprint was the existence of two overlapping but distinct conversations in obesity policy.

The first focuses on early prevention and healthy weight support – aimed at preventing individuals from developing obesity, and supporting the population to maintain good metabolic health. The second addresses treatment for people already living with obesity, where biological, psychological, and clinical factors play a significant role.

Participants emphasised that while these conversations are often conflated in policy and public discourse, they require fundamentally different approaches. Prevention strategies typically focus on population-level determinants such as food environments, physical activity, education, and broader social determinants of health. By contrast, supporting people already living with obesity requires a clinical response that recognises the physiological drivers of obesity and provides structured medical and psychological support.

Healthy lifestyle messaging may support individuals experiencing moderate weight gain, but participants stressed that it is insufficient for those living with more advanced obesity. In these cases, medical intervention, behavioural support, and long-term clinical management may be required. Without recognising this distinction, policy risks oversimplifying obesity and failing to provide appropriate support to those most affected.

Participants also noted that while prevention and treatment require different interventions, they exist within the same wider environment. Individuals across the population are exposed to the same obesogenic conditions, yet lived experience and biological responses differ significantly between those at risk of obesity and those already living with the condition.

Recognising and clearly articulating this distinction was therefore seen as critical to designing effective policy, services, and public messaging.

System Fragmentation

Participants identified fragmentation across the health and care systems as a major barrier to progress.

While many organisations and professionals are working to address obesity, their efforts are often disconnected from one another, operating within different policy frameworks, professional priorities, and institutional structures. This fragmentation manifests through

- Disjointed policy frameworks across government departments.
- Inconsistent clinical messaging about obesity and its causes.
- Competing professional perspectives on prevention and treatment.
- A lack of coordinated national leadership and accountability.

Participants also highlighted the structural challenges faced by local systems attempting to implement change. ICSs are increasingly responsible for coordinating population health initiatives, yet they often operate within national policy frameworks that do not fully reflect the complexity of obesity.

Local leaders described the difficulty of implementing innovative approaches when national guidance, commissioning frameworks, and funding structures remain focused on narrow clinical interventions rather than whole-system responses.

This disconnect can result in initiatives emerging in isolation rather than as part of a coherent national strategy. Participants noted that different regions may develop innovative programmes, yet these lessons are not always shared or scaled across the system.

Without stronger national coordination, shared messaging, and clearer strategic leadership, fragmentation is likely to continue limiting the effectiveness of obesity policy.

Stigma, Language, and Cultural Reform

Obesity as a Chronic, Relapsing Condition

Participants strongly agreed that obesity must be reframed as a chronic, relapsing disease influenced by biological, environmental, and social factors.

Despite growing scientific evidence demonstrating the complex metabolic mechanisms underlying obesity, public narratives often continue to frame the condition primarily as a consequence of individual lifestyle choices. Participants highlighted that this framing perpetuates stigma and undermines effective policy responses.

Research evidence demonstrates that genetic predisposition, metabolic processes, environmental conditions, and psychological factors all contribute to the development and persistence of obesity. However, when policy and public discourse focus primarily on individual responsibility, this complexity is often overlooked.

This stigma affects individuals living with obesity across multiple settings, including healthcare services, workplaces, and media representation. Participants noted that people living with obesity are frequently portrayed negatively in public discourse, reinforcing harmful stereotypes and discouraging individuals from seeking support.

Changing the language used in healthcare, policy, and media reporting was therefore seen as a critical step in addressing stigma and improving engagement with treatment services.

Participants highlighted parallels with other areas of public health where changes to the use of language have played an important role in shifting societal attitudes, such as mental health and suicide prevention.

Workforce Development

Participants emphasised that cultural change must also be reflected in workforce capability and education.

Many healthcare professionals currently report limited confidence in discussing obesity with patients. This reflects both the complexity of the condition and the limited attention historically given to obesity education within professional training programmes.

Participants noted that improving workforce capability requires a combination of knowledge, skills, and cultural change.

Key priorities included

- Embedding obesity education within professional training programmes.
- Improving workforce confidence in discussing weight sensitively and constructively.
- Recognising the role of trauma and mental health in obesity by making trauma-informed practice a core part of training programmes.
- Expanding training beyond clinical roles to include educators, public sector staff, and employers.
- Ensuring training is accompanied by accountability for implementation in practice.

Workforce development should also recognise the importance of trauma-informed approaches, which were highlighted during the Sprint as an important framework for supporting individuals living with obesity. Understanding the role of trauma, social disadvantage, and life experiences can help professionals provide more compassionate and effective care.

Participants stressed that training alone will not be sufficient. Organisational cultures and incentives must also evolve to support consistent, compassionate practice across health and social systems.

Prevention and Treatment – Two Distinct Pathways

Addressing obesity requires a whole-system, cross-sector approach, with prevention and treatment pathways spanning healthcare, education, local government, housing, employers, and the wider community.

Attendees highlighted prevention and treatment as distinct pathways.

Prevention

Prevention strategies must address the broader obesogenic environment in which individuals live.

Participants emphasised that prevention cannot rely solely on individual behaviour change. Instead, effective prevention requires structural interventions that shape the environments influencing daily choices and opportunities for health.

Key areas discussed during the Sprint included

- Planning and urban design that supports physical activity.
- Improving food environments and access to healthier food options.
- Early years interventions and school-based initiatives.
- Expanding opportunities for physical activity across communities.
- Policy measures such as improving school meal standards and access to nutritious food.

Wrap around care support services for people living with obesity featured strongly in the recommendations.

Participants also stressed the importance of reframing how prevention messages are communicated. Physical activity, for example, should not be promoted solely as a weight loss intervention but rather as a protective health behaviour that improves mental health, cardiovascular health, and overall wellbeing.

Shifting the narrative in this way can help reduce stigma while encouraging healthier lifestyles across the population.

Treatment

For individuals already living with obesity, participants considered the need to move beyond simple lifestyle advice toward structured clinical care pathways.

Obesity is a chronic relapsing condition that often requires long-term management, and many individuals living with obesity require multidisciplinary support to achieve meaningful improvements in health.

Participants highlighted the importance of

- Recognising obesity as a disease within clinical practice.
- Providing multidisciplinary care, including psychological and behavioural support.
- Integrating peer support and community-based interventions.
- Offering long-term management pathways rather than short-term interventions.

Current weight management services were described as outdated and poorly aligned with modern clinical understanding of obesity. Participants noted that services often focus on short-term behavioural programmes rather than sustained support for individuals living with a chronic condition.

Reforming treatment pathways to reflect contemporary clinical evidence was therefore identified as a key priority for improving obesity care across the UK.

Legislative and Policy Levers

Participants identified a range of areas where national policy and legislative action could play a decisive role in improving obesity outcomes. While local systems are increasingly responsible for implementing prevention and treatment programmes, many of the underlying drivers of obesity sit beyond the control of individual health systems or local authorities. As a result, participants stressed that meaningful progress will require stronger national coordination across government and the public services. Several attendees highlighted the need to use policy levers that shape the environments in which people live.

Several priority areas for national action were identified during the discussions. These included

- Workforce education and professional training standards.
- Regulation of advertising and media portrayals related to food and weight.
- Planning policy and the design of healthier food and activity environments.
- Fiscal incentives that support healthier behaviours and prevention.
- Cross-government coordination across health, education, planning, employment, and economic policy.
- Ensuring national policy incorporates trauma-informed approaches – recognising the links between adverse experiences, mental health, and obesity.

Participants emphasised that obesity cannot be addressed through healthcare policy alone. The drivers of obesity span multiple sectors, including the commercial determinants of health, food production, and marketing; urban design; and transport systems. Effective policy responses must therefore extend beyond the health system and involve coordinated action across government departments and all public services.

The importance of national leadership in aligning these policy areas was discussed. While local systems such as ICS and local authorities are well-positioned to implement community-level interventions, they often lack the authority to influence wider structural factors, such as food marketing, national education standards, or fiscal policy. Without national frameworks that support healthier environments, local efforts can only achieve limited impact.

Participants also drew comparisons with other areas of public health where legislative action has been instrumental in driving progress. Tobacco control was cited as an example of a successful, coordinated policy approach that combined legislation, public health messaging, and healthcare interventions to achieve sustained behavioural change across the population. Policies such as advertising restrictions, taxation, and smoke-free legislation created an environment in which healthier choices became easier and more socially supported.

Similar mission-led approaches have also been seen in areas such as suicide prevention and dementia policy, where national leadership has helped coordinate action across healthcare, research, public awareness, and service delivery. Participants suggested that obesity has not yet benefited from the same level of strategic attention, despite its significant health and economic consequences.

Participants also noted that legislative approaches should not be viewed as overly restrictive or paternalistic. Instead, they can play an important role in creating supportive environments that enable healthier choices while reducing stigma and blame placed on individuals. Policies that improve food environments, support healthier urban design or regulate misleading advertising can shift population health outcomes without relying solely on individual behaviour change.

Ultimately, the discussion highlighted that obesity is a systems challenge requiring systems solutions. Without coordinated national policy action across multiple sectors, local systems will continue to face structural barriers when attempting to address the root causes of obesity.

Strengthening national leadership and policy coordination was therefore seen as essential to enabling more effective prevention strategies, improving treatment pathways, and creating environments that support healthier lives across the population.

GLP-1 and Metabolic Medicines

GLP-1 medicines were recognised as one of the most significant recent developments in the treatment of obesity and related metabolic conditions. Sprint participants noted that these therapies represent an important shift in how obesity can be treated clinically, offering new opportunities to support individuals living with the condition. However, there was agreement that these medicines should not be viewed as a standalone solution to obesity, nor as a replacement for wider systemic reform.

Participants emphasised that GLP-1 medicines must be integrated within comprehensive care pathways that include behavioural support, psychological care, and long-term clinical management. While these therapies can support metabolic regulation and weight reduction, they do not address many of the underlying factors contributing to obesity, including trauma, social determinants, mental health, and environmental influences. As such, effective treatment requires a multidisciplinary approach that combines pharmacological treatment with sustained clinical and community support.

Several contributors stressed that if metabolic medicines are introduced into the system without appropriate clinical pathways and follow-up support, there is a risk that they could be prescribed in isolation rather than as part of a holistic treatment model. Participants warned that this could mirror patterns seen in other areas of healthcare, where medicines are prescribed without the wraparound support necessary to achieve long-term outcomes. Ensuring that patients receive support before, during, and after treatment was therefore identified as essential to maximising the benefits of these therapies.

The discussion also highlighted the importance of language and public messaging. Participants expressed concern that the widespread media description of GLP-1 medicines as "weight loss jabs" or "skinny jabs" reinforces stigma and trivialises the clinical role of these treatments. In reality, these medicines are used to treat a range of metabolic conditions, including type 2 diabetes, liver disease, renal disease, and cardiometabolic risk factors. Reframing these therapies as metabolic medicines rather than weight-loss interventions was seen as an important step in improving public understanding and reducing stigma for individuals receiving treatment.

Access and equity were also significant concerns. At present, many individuals access GLP-1 medicines privately, raising the possibility that treatment may increasingly become available primarily to those who can afford it. Participants warned that this could widen existing health inequalities if the NHS is not prepared to provide equitable access as these medicines become more widely used.

At the same time, participants acknowledged that the cost of these medicines is likely to decline over time as the market evolves and competition increases. This raises an important strategic question for the health system – will it be prepared to integrate metabolic medicines into mainstream care when demand increases and prices fall?

Preparing for this future will require proactive planning across workforce training, service design, and commissioning frameworks. The health system will need to ensure that clinicians are equipped to prescribe and manage these treatments appropriately, that multidisciplinary support services are available, and that clinical guidance reflects the latest evidence on long-term management.

Ultimately, the emergence of GLP-1 medicines presents both an opportunity and a challenge for obesity care. If integrated within comprehensive care pathways and supported by appropriate policy frameworks, these therapies could significantly improve outcomes for people living with obesity. However, without careful planning and coordination, there is a risk that their potential benefits may not be fully realised or equitably distributed.

Strategic Enablers – What Must Change Nationally

Participants identified several structural changes required to enable meaningful progress.

These included

- National reframing of obesity as a chronic disease.
- Consistent public messaging across government and media.
- Cross-government coordination involving health, education, planning, and economic policy.
- The creation of an expert obesity advisory body.
- Long-term investment in prevention and treatment.
- Stronger integration of obesity metrics into population health strategies.

Without these structural enablers, obesity policy will remain fragmented and reactive.

Draft Implementation Strategy

Building System Readiness for Obesity Care

Vision

To develop a compassionate, evidence-based obesity system that treats the condition as a chronic disease while embedding prevention across society.

Strategic Objectives

- *Reduce Stigma & Transform Understanding*
- *Align National Messaging*
- *Integrate Metabolic Medicine*
- *Strengthen Workforce Capability*

Implementation Actions

National

- Establish Expert Obesity Think Tank
- Create National Language Framework
- Integrate Obesity in Health Policy
- Develop Metabolic Medicine Frameworks

Regional / ICS

- Embed Obesity Metrics in Dashboards
- Develop Integrated Care Pathways
- Standardise Workforce Training
- Shift Local Media Narratives

Local

- Embed Trauma-Informed Approaches
- Link Public Health & Planning
- Engage Employers & Communities
- Establish Lived Experience Groups

Metrics for Success

Success should be measured through a combination of health outcomes, system capability, and cultural change.

- *Reduced Stigma*
- *Access to Treatment*
- *Confident Workforce*
- *Reduced Admissions*
- *Equitable Access*
- *Improved Patient Access*
- *Improved Patient-Reported Outcomes*

West Yorkshire Health and Care Partnership's pathway was presented to the group as a case study.

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

Based on the More Than Weight report findings (see the earlier case study (page 8), the West Yorkshire Health and Care Partnership has already developed a structured obesity commissioning pathway that reflects the NHS tiered model of care, spanning prevention, behavioural support, specialist services, pharmacotherapy, and, where appropriate, bariatric surgery.[5] This pathway provides an important clinical framework for delivering obesity care across the region.

However, discussions during the Obesity Sprint highlighted that commissioning pathways alone are not sufficient to drive meaningful system change. Many of the barriers to effective obesity care lie not within the clinical pathway itself, but within the wider system in which it operates. These include fragmented policy frameworks, inconsistent messaging about obesity, workforce capability gaps, and the absence of coordinated national leadership.

The implementation strategy developed through the Sprint should therefore be understood as a system readiness and change management framework that sits above and strengthens the existing pathway. Rather than replacing the West Yorkshire commissioning model, it provides a set of enabling conditions designed to improve how the pathway functions in practice and how it can be scaled sustainably across the system.

Supporting Earlier Intervention and Prevention

The current pathway includes population-level prevention and behavioural weight management programmes delivered through public health services and community providers. While these initiatives play an important role in supporting healthier lifestyles, participants noted that prevention efforts often remain fragmented and unevenly implemented across different localities.

The Sprint highlighted opportunities to strengthen the prevention layer by embedding obesity metrics within population health management dashboards and aligning public health initiatives with wider policies on planning, food environments, and community wellbeing. By linking prevention strategies with broader determinants of health, such as urban design, and access to physical activity, the system can move beyond isolated programmes toward a more coherent population health approach.

Importantly, participants emphasised the need to reframe prevention messaging. Physical activity and lifestyle interventions should be presented as protective health factors that improve overall wellbeing, rather than solely as mechanisms for weight loss. This shift in narrative may help reduce stigma and encourage broader engagement with preventative services.

Key opportunities identified through the Sprint included

- Embedding obesity indicators within population health dashboards to identify risk earlier and enable more targeted prevention strategies.

- Strengthening alignment between public health, planning, and community policy to address environmental drivers of obesity.

- Reframing prevention messaging around overall health and wellbeing, reducing stigma and increasing engagement with preventative programmes.

Improving Workforce Capability and Confidence

The role of workforce capability in determining whether obesity pathways function effectively was a theme that came up as part of multiple conversations at the Sprint. Many professionals across healthcare and public services report limited confidence in discussing obesity with patients, often due to gaps in training or uncertainty about appropriate language and clinical approaches.

Strengthening workforce education, therefore, represents a key opportunity to improve the implementation of the West Yorkshire commissioning pathway. Embedding obesity education within professional training programmes and continuing professional development would help clinicians and other frontline professionals better recognise obesity as a chronic condition and engage patients in supportive conversations.

Participants also highlighted the importance of trauma-informed approaches, which acknowledge the role that social experiences, adversity, and stigma can play in shaping health behaviours. Incorporating these approaches into workforce development programmes could help create more compassionate and effective interactions between services and individuals living with obesity.

Key opportunities identified through the Sprint included

- Embedding obesity education across professional training programmes to improve clinical understanding and patient engagement.
- Increasing workforce confidence in discussing obesity sensitively, supported by clearer language frameworks and guidance.
- Integrating trauma-informed approaches into workforce development to strengthen compassionate care and reduce stigma.

Integrating Emerging Metabolic Treatments

The emergence of metabolic medicines, including GLP-1 therapies, presents both an opportunity and a challenge for obesity care pathways. The West Yorkshire commissioning pathway already anticipates the integration of these treatments through specialist services, but participants noted that the rapid pace of clinical innovation requires proactive system planning.

The implementation framework developed through the Sprint supports this by emphasising the need for commissioning frameworks, workforce training, and multidisciplinary care models that integrate pharmacological treatment with behavioural and psychological support. This approach ensures that metabolic medicines are delivered as part of comprehensive care pathways rather than as isolated interventions.

Preparing the system for increased demand will also be essential as access to these medicines expands and prices decline over time. Planning for this transition now will help ensure that access remains equitable and that services are equipped to manage long-term treatment and follow-up care.

Key opportunities identified through the Sprint included

- Developing commissioning frameworks for metabolic medicines that integrate pharmacological treatment within multidisciplinary care pathways.
- Ensuring workforce readiness for prescribing and managing metabolic therapies through training and service redesign.
- Planning proactively for increased demand and equitable access as costs decline and eligibility expands.

Strengthening Governance and System Coordination

One of the most significant insights emerging from the Sprint was the need for stronger coordination across organisations involved in obesity policy and service delivery. While ICSs provide an important mechanism for regional collaboration, many structural drivers of obesity – such as food environments, advertising, and economic incentives – sit beyond the direct control of local health systems.

The Sprint therefore proposed mechanisms to improve policy coordination and strategic leadership. These include the development of a national language framework to reduce stigma, the creation of an expert obesity think tank to align policy thinking across sectors, and stronger cross-government collaboration on obesity prevention and treatment.

For West Yorkshire, these national-level developments could significantly strengthen the regional commissioning pathway by providing clearer strategic direction, consistent messaging, and improved alignment between local initiatives and national policy frameworks.

Key opportunities identified through the Sprint included

- Establishing stronger cross-government coordination on obesity policy to align health, planning, education, and economic policy.
- Creating an expert obesity advisory body or think tank to support evidence-based policy development.
- Developing consistent national messaging and language frameworks to support coherent policy implementation across systems.

Embedding Cultural and System Change

Perhaps the most important contribution of the Sprint is the recognition that effective obesity policy requires cultural as well as structural change. The West Yorkshire pathway provides the clinical architecture for delivering obesity services, but its success ultimately depends on the wider system environment in which those services operate.

The implementation strategy developed through the Sprint therefore focuses on reducing stigma, improving public understanding of obesity, and strengthening engagement with individuals who have lived experience of the condition. Embedding these principles within service design, workforce development, and public messaging can help create a system that is both more effective and more compassionate.

Participants emphasised that meaningful change will require sustained leadership and a shift in how obesity is perceived across society. Without addressing stigma and cultural barriers, even well-designed clinical pathways will struggle to achieve their full potential.

Key opportunities identified through the Sprint included

- Reducing stigma through consistent language, public messaging, and education.
- Embedding lived experience into policy and service design to ensure interventions reflect real patient needs.
- Promoting a system-wide shift toward compassionate, long-term management of obesity as a chronic condition.

A Platform for Regional Leadership

Taken together, the insights from the Sprint suggest that the West Yorkshire obesity commissioning pathway provides a strong foundation for regional progress. By complementing this pathway with a broader system readiness framework, the region has an opportunity to demonstrate how ICSs can lead the transition toward a more coordinated and evidence-based approach to obesity.

In doing so, West Yorkshire could play an important role in shaping the future national conversation on obesity policy, illustrating how clinical pathways, population health strategies, and system-wide change management can work together to address one of the most complex public health challenges of our time.

Key opportunities for regional leadership include

- Demonstrating how system readiness frameworks can strengthen existing commissioning pathways.
- Positioning West Yorkshire as a national test bed for integrated obesity care models.
- Informing future national obesity policy through regional innovation and implementation experience.

Strengthening the West Yorkshire Obesity Commissioning Pathway

"Changes from the Sprint that West Yorkshire Health and Care Partnership could embrace

West Yorkshire Neighbourhood Obesity Commissioning Pathway

1. Population Prevention and Early Support

- Healthy weight programmes, through primary care.
- NHS digital weight management programmes.

2. Behavioural and Lifestyle Support

- Dietitian-led weight management.
- Physical activity coaching.

3. Specialist Weight Management

- Intensive weight management support services.
- Tier 3 multidisciplinary services.

4. Pharmacotherapy (GLP-1 and Metabolic Medicines)

- Bariatric Surgery.

Enhanced System Model

System readiness and change management model

Current tiered weight management pathway

Cultural and System Change

National Leadership and Coordination

Workforce Capability and Support

Data, Insights and Population Health Intelligence

Integrated Prevention Strategy

Key Enhancements Generated From the Sprint

How ideas from the Sprint can enhance the West Yorkshire obesity commissioning pathway

Supporting Earlier Intervention and Prevention

- Embed obesity indicators within population health dashboards.
- Strengthen alignment between public health, planning and community policy.
- Reframe prevention messaging around overall health rather than weight loss.

Improving Workforce Capability and Confidence

- Embed obesity education across professional training programmes.
- Increase workforce confidence in discussing obesity sensitively.
- Integrate trauma informed approaches into workforce development.

Integrating Emerging Metabolic Medicines

- Develop commissioning frameworks for metabolic medicines.
- Ensure workforce readiness for prescribing and managing metabolic therapies.
- Plan proactively for increased demand and equitable access.

Strengthening Governance and Coordination

- Establish stronger cross-government coordination on obesity policy.
- Create an expert obesity advisory body or think tank.
- Develop consistent national messaging and language frameworks.

Representing the sprint participants, Emmerline Irving presented their findings back to the wider group.

Conclusion

The Obesity Sprint concluded that incremental policy adjustments will not be sufficient to address the scale, complexity, and long-term consequences of obesity in the UK. While many initiatives and programmes are already underway across the health system, participants agreed that these efforts often operate in isolation and lack the strategic coordination required to deliver sustained progress.

Obesity is a multifaceted condition shaped by biological, psychological, environmental, and social determinants. As such, addressing it effectively requires a shift away from fragmented interventions and toward a whole-system response that recognises obesity as a chronic disease and aligns prevention, treatment, and policy action across multiple sectors. Participants also emphasised that policy and services must be trauma-informed and responsive, recognising the role that adverse experiences, mental health, stigma, and inequality can play in shaping weight and health outcomes across the life course. A trauma-informed and responsive approach should therefore be considered a core principle underpinning both prevention and treatment policy.

Participants emphasised that meaningful progress will require several fundamental changes in how obesity is understood and addressed across the system. These included

- A structural reframing of obesity as a chronic, relapsing disease, ensuring that policy, clinical care, and public messaging reflect the biological complexity of the condition.
- Stronger national leadership and cross-government coordination to enable consistent policy direction and alignment across health, education, planning, and economic policy.

- Integrated and evidence-based clinical care pathways to ensure individuals living with obesity can access multidisciplinary support, including psychological support and emerging metabolic therapies where appropriate.
- Sustained investment in prevention to address the wider environmental and societal drivers of obesity while supporting healthier communities.
- A cultural shift to reduce stigma and improve public understanding to enable more compassionate, trauma-informed engagement with individuals living with obesity, and to improve access to care.

Without a unified national strategy that brings these elements together, fragmentation will continue to undermine progress. Local systems, including integrated care systems (ICSs) and local authorities, cannot address the structural drivers of obesity alone. National policy frameworks, legislative action, and coordinated leadership will be essential to enable meaningful change.

However, participants also emphasised that the current moment presents a significant opportunity. Advances in scientific understanding, new metabolic treatments, and growing recognition of obesity as a chronic condition provide a foundation for more effective, trauma-informed and compassionate policy responses.

With coordinated policy action, long-term investment, and sustained leadership, obesity policy in the UK can evolve beyond its current limitations. In doing so, the national approach can shift from blame to biology, from stigma to science, and from fragmented initiatives to coherent system reform, creating a health system better equipped to prevent and manage obesity in the decades ahead.

If the UK is serious about addressing obesity, policy must move beyond awareness and towards a whole-system, trauma-informed, and responsive approach that reflects the lived realities of the people it is designed to support.

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