



APPG on Obesity STP Development Report

Introduction

The APPG on Obesity exists to encourage government to take a new approach to tackling obesity through prevention and treatment. In this past year, the APPG has been chairing events and writing reports in efforts to examine the state of obesity services in the UK and to promote positive change. The report launched in May titled *'the current landscape of obesity services'* sought to highlight the complexity of the obesity issue, and to examine where obesity services have been successful and where they are lacking. STP roundtable events tried to make sense of the complex structural inhibitors that contribute to the varying levels obesity provision across the country. The APPG also coordinated an audit that tried to assess whether STPs were featuring obesity in their provision of services.

In February, the APPG on Obesity brought together STP representatives and public health leads from across the UK and discussed the findings of that audit. They attempted to gauge the level of obesity service in certain catchment areas, the barriers that limited services for those with obesity and what steps needed to be considered to improve obesity services. The meeting this December looked to follow on from that discussion. It assessed the progress that had been made since February and also looked at some of the broader issues around providing a national obesity strategy for adults and children. The event looked at what would be needed to implement a national obesity strategy and how the APPG could best support STPs and ICSs in their wider efforts to tackle obesity.

With the year drawing to a close, this report will assess the developments of STP obesity provision, looking at what progress has been made since the publication of STP plans, and as the system moves into integrated care. In truth, development has been inconsistent. In certain areas, progress has been substantial. In other aspects, however, development has been insignificant – most notably obesity provision still suffers from a postcode lottery.

Where we were in February

Prior to the meeting in February, an audit of the 44 STPs had been carried out by the APPG in order to determine the level of provision made for people with obesity. It found that the majority of STPs acknowledged the challenges that obesity presented to the population. However, whilst the overwhelming majority of STPs recognised the severity of obesity (91%), plans varied on how best to confront the matter. The event in February sought to discuss the findings, and opened up a discussion a wider discussion. The most significant topics were as follows:

- While the STPs were clearly working hard, **structural and economic roadblocks** meant that their work was inhibited.
- **The Amsterdam Healthy Weight Programme** was put on a pedestal as a shining example of an effective obesity strategy. It was also suggested the APPG and STPs could learn from the NHS Diabetes Prevention Programme which also been subject to relative success.
- Various CCG and STP **mergers have confused people** rather than give clarity to the structural make-up of the system.
- **A postcode lottery** was alarmingly apparent. This meant that for some people, seeking initial help for obesity was an incredibly difficult process.
- Obesity was too often seen as a **lifestyle choice** and there was too little discussion about what actually causes obesity.



- There was a general consensus that there was not enough discussion about the **mental health** side of obesity and patient representation should be more regular to help this problem.
- It was agreed **childhood obesity** should be a focus for the APPG.

From this discussion three standout recommendations emerged for the APPG moving forward:

1. It was suggested the NHS should take a long-term view towards planning and investment in obesity services
2. The APPG must try to tackle the language and stigma that is surrounding the obesity issue to improve the quality of the discourse.
3. The APPG could use the media to generate support for campaigns on junk food advertising and promoting good health.

Where are we now?

The meeting that took place this December was designed to follow up on the progress made since February. Yet, it was not just set up as a sequel in which the same questions would be addressed. It also sought to develop ideas to improve the mechanics of STPs while also asking broader questions on the subject of obesity as a whole. Results have been a mixed bag. While some areas have progressed, we've seen little change regarding the structural specificities of STPs. The results show to the APPG that current problems are going to require a whole systems approach; with a national strategy that regards prevention and treatment in equal measure.

Structural Roadblocks

CCG and STP structures continue to inhibit the development of these partnerships. Generally speaking, the problem is about money. Funding is just not available and as a result, Tier 3 and Tier 4 treatments are falling by the way side. Despite these services proving to be more cost effective in the long run, initial investment is hard to find. Furthermore, this economic insufficiency means that STPs are unable to collect data valuable enough for them to effectively use. What is more, the stakeholders seemed to suggest that the much heralded success of the STP in South East London had been achieved *in spite* of the structural and monetary roadblocks.

The Amsterdam Healthy Weight Programme

Unsurprisingly, the initiative in Amsterdam is still regarded as the pinnacle of excellence when it comes to prevention campaigns. While the introduction of the Soft Drinks Industry Levy and the impending junk food advertising ban resemble a vague likeness to the kind of policy we are seeing in the Netherlands, the UK are still some way off. It would appear this is down to an inability to generate a whole systems approach to the obesity issue.

CCG Mergers

One of the key issues brought up in the February meeting was how numerous CCG mergers had caused confusion rather than created clarity. The impact of these mergers did not really feature in the December meeting.

Postcode Lottery

The issue of obesity services being a postcode lottery clearly still remains a problem. Numerous attendees spoke on how a severe postcode lottery remained. This is especially true in regards to Tier 3 and Tier 4 services. This issue was highlighted in the disparity of treatments available to those living



in Southwark, where crowd-funding means that a whole host of treatment and prevention services are readily available and Northamptonshire, where money is especially tight.

Mental Health

This was a subject that was unsurprisingly given plenty of airtime during the event, given the high volumes of public discourse on this topic over the past year. It focussed on how mental health problems can be caused by obesity. It was thought the APPG could be doing more in getting people to recognise this and while the May report had highlighted the issue, many attendees felt the APPG could use successful mental health campaigns as an example and follow suit.

Childhood Obesity

Childhood obesity had been a central focus of the February event and had featured prominently in the APPG's report in May. The Soft Drink Industry Levy and the impending ban on junk food advertising pre-watershed are good examples of the development of this issue. Considering this progression, it was suggested that we should not just focus on a) childhood obesity and b) solely prevention.

Other Key Talking Points

The roundtable event tabled several other talking points that looked to discuss issues beyond the itinerary of the previous meeting. The idea of a national obesity strategy was generally warmly received with most in the calling for a whole system's approach on obesity. Prevention and treatment were required in equal measures – prevention has tended to dominate the obesity narrative this past year but a growing discourse on treatments is promising. The APPG was asked to look at bigger picture questions – issues that are beyond the jurisdiction of individual STPs.

Development onwards from May publication, 'The current landscape of obesity services'

Recommendation from the publication...	...the current situation
A national obesity strategy for both adult and childhood obesity should be developed and implemented by the Government.	There is a great deal of support for a national obesity strategy for a wide variety of stakeholders. There must be political will to make this a reality. So far there has been no government commitment.
Obesity/weight management training should be introduced into medical school syllabuses teaching professionals to speaking without stigma or discrimination.	Unfortunately, the most recent STP event discussed how doctors were still not well versed in speaking comfortably about a person's weight. The APPG is supporting the development of guidelines for addressing and talking about obesity.
The Government should implement a 9pm watershed on advertising of food and drinks high in fat, sugar and salt to protect children.	Thanks to celebrity endorsed campaigns like <i>#AdEnough</i> and efforts by many stakeholders, including the APPG, there has been significant progress on this issue. It is thought that an official change in legislation is inevitable. It is just a question of when...
The Government should lead efforts by the clinical community to investigate whether obesity should be classified as a disease .	The APPG on Obesity is leading the way, hosting an international conference, with speakers from countries where it is already recognised as a



	disease, in January with this question as its primary focus.
The Government should commission or support the development of a thorough, peer-reviewed cost benefit analysis of earlier intervention and treatment of patients with obesity.	During the most recent event, APPG co-chair, Andrew Selous MP, called on STP leads to provide detailed statistics of the cost-effectiveness of prevention and treatment solutions. Since then, such figures have started to trickle through but an official report needs to be commissioned to assist in this endeavour. The APPG is also developing a briefing consolidating top line facts and figures.

Conclusion

It is clear that obesity is being more and more talked about – within the media, NHS and public amongst others. The APPG’s inquiry in May 2018, along with initiatives such as celebrity-endorsed campaigns and new legislation like the Soft Drink Industry Levy, have shone a spotlight on this chronic condition. How this translates to service provision is the subject of review and discussion; particularly when the rhetoric is negative, with a common belief that obesity is a life-style choice, which ignores the complexity of this condition.

Large strides have been made on certain issues like childhood obesity at a national level, with significant steps towards previously little-discussed subjects such as mental health. In certain areas, STPs are leading the way in developing systems which puts prevention and treatment of obesity at the centre. However, access and quality of services remains a postcode lottery and more can be done in large swathes of the country. Growing discourse around access to Tier 3 and Tier 4 treatment demonstrates the dichotomy between the growing obesity epidemic and need for treatment and the commitment of the NHS to fund required – and often cost-effective – preventive and treatment options. A national obesity strategy would serve to tackle issues around variation in access and quality of services and should be supported.