



Accelerating NHS Innovation: North of England Summit



UKHLS
UK Healthcare and
Life Sciences Innovation

Reframing Obesity:

**Building Skills,
Building Britain**

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**

