

Strategic Overview

Obesity Working Group

Policy Context and Strategic Alignment

The Obesity Working Group brings together senior experts, system leaders, commissioners, clinicians, public health specialists, industry partners, voluntary sector organisations, and people with lived experience to support practical system change on obesity, metabolic health, and multimorbidity. The group builds on Curia's [NHS Obesity Sprint report](#) and the Parliamentary Obesity Summit, translating the discussion into policy recommendations, commissioning options, Strategic Innovation Gateways and practical implementation support for local systems.

The Working Group promotes a [whole-person, whole-system understanding of obesity](#), moving beyond blame, stigma, and fragmented interventions. Its focus includes trauma-informed practice, the relationship between adversity, stigma, mental health, and obesity, safe and equitable implementation of GLP-1, and related metabolic medicines, and the development of integrated pathways that combine clinical care, behavioural support, community provision, pharmacy, digital tools and long-term relapse prevention. It will also support refinement and adoption of the Five Domain Model of Obesity as a practical framework for systems and organisations.

The group is delivery focused. Through main working group meetings, task and finish groups, and gateway activity, it will develop practical tools, training, policy briefings, commissioning models, workforce support and implementation plans. Its work will help members shape a national narrative on obesity that is evidence based, trauma informed, equity led, and focused on measurable outcomes for patients, communities, the NHS, and the wider economy.

Curia Chair, Professor Mike Bewick, former Deputy National Medical Director, NHS England

UKHLSI Chair: Open position

This creates both an opportunity and a challenge for implementation.

Name of the group	Obesity Working Group
Purpose	To establish a practical, action-focused national working group that brings together leading academics, clinicians, public health specialists, providers, commissioners, lived experience partners, VCSE, pharma, life sciences, digital, policy and system leaders to translate the obesity Parliamentary Summit and West Yorkshire Obesity Sprint recommendations into delivery. The group will move obesity policy and practice from fragmented discussion into coordinated action by supporting Strategic Innovation Gateways, pathway diagnostics, workforce development and trauma-informed obesity expertise.
Strategic ambition	The ambition of the Working Group is to support a new national and local approach to obesity that is: • whole-person and whole-system; • evidence-informed and clinically credible; • trauma-informed and stigma-aware; • equity-led and inclusive; • focused on prevention, treatment, recovery and long-term support; • grounded in lived experience; • capable of supporting system transformation, innovation adoption and improved outcomes. The group will champion obesity as a complex, chronic and relapsing condition shaped by biology, psychology, trauma, stigma, inequality, wider determinants, environment, treatment access and system design.
Lived experience	The Working Group will ensure lived experience is central, not tokenistic. This means: • involving people with lived experience from the beginning; • creating safe and accessible ways to contribute; • recognising the emotional labour involved; • paying people appropriately where possible; • avoiding extractive approaches; • ensuring lived experience influences decisions and outputs; • protecting confidentiality and psychological safety; • reflecting diverse experiences across ethnicity, deprivation, disability, gender, neurodiversity, age, geography and treatment access.
Objectives	The working group will: <u>Translate insight into action:</u> Turn the recommendations from the West Yorkshire Obesity Sprint and Parliamentary Obesity Summit into practical tools, policy outputs, pathway models, commissioning support and implementation plans. <u>Deliver Strategic Innovation Gateways:</u> Convene targeted gateway sessions with systems, providers, commissioners, industry, academia and policy partners to solve specific pathway, commissioning, workforce, data or innovation challenges. <u>Create pathway diagnostics and readiness tools:</u> Develop structured diagnostic products that help systems understand where their obesity pathways are safe, unsafe, fragmented, inequitable, under-resourced or not trauma informed. <u>Build trauma-informed obesity expertise:</u> Develop a specialist training and implementation offer on the trauma of obesity, weight stigma, shame, safety, trust, psychologically safe conversations and relational continuity. <u>Support safe implementation of GLP-1 and metabolic medicines:</u> Ensure medicines are not implemented as standalone interventions, but as part of holistic pathways that include triage, clinical governance, psychological support, behavioural support, equity, long-term maintenance and real-world outcomes.

	<u>Strengthen workforce capability and confidence:</u> Support clinical, commissioning, provider, VCSE, public health, community, pharmacy, primary care and neighbourhood workforces to understand obesity through biology, psychology, trauma, determinants, protective factors and treatment. <u>Influence policy and investment:</u> Build the case for obesity as a health, inequalities, workforce, productivity and economic issue, supporting policy briefings, parliamentary outputs, Treasury-facing arguments and national implementation asks. The summit briefing explicitly frames obesity as a major economic and workforce issue requiring whole-system action.
Scope	The Working Group will focus on: • adult obesity, while recognising life-course prevention; • metabolic health and multimorbidity; • obesity prevention, treatment, recovery and long-term support; • trauma, adversity, stigma, shame and psychological safety; • GLP-1 and related metabolic medicine implementation; • pathway redesign and pathway diagnostics; • commissioning and provider readiness; • Strategic Innovation Gateways; • workforce development and training; • public health, prevention and wider determinants; • health inequalities and equitable access; • neighbourhood, community, primary care and pharmacy models; • specialist weight management pathways; • lived experience and ethical engagement; • digital innovation, data and real-world evidence; • evaluation, outcomes and health economics; • policy, parliamentary and national implementation influence.
Out of scope	The Working Group will not: • provide individual clinical advice; • replace statutory clinical governance, prescribing guidance or local clinical decision-making; • act as a lobbying group for any single product, provider, pharmaceutical company or industry partner; • promote medication as a standalone solution; • duplicate existing clinical guideline development processes; • claim to represent all people living with obesity without appropriate lived experience involvement; • undertake research without appropriate governance, ethics, consent and data protection arrangements; • endorse commercial products without transparent governance and conflict of interest management.
Membership	The Working Group is seeking a focused and balanced membership of senior decision-makers, system leaders, recognised contributors and lived experience partners who can help turn obesity policy, evidence and insight into practical system change. Members are expected to bring senior expertise, strategic influence, delivery capability, innovation insight or lived experience leadership. This may include Directors, CEOs, senior clinicians, senior commissioners, public health leaders, provider leads, leading academics, innovation leads, charity and VCSE leaders, industry partners, policy partners, and lived experience partners with appropriate support and recognised influence.



	Membership will be selective and focused on people who can influence thinking, policy, commissioning, organisational delivery and wider system change. The group should include a strong mix of decision-making authority, subject expertise, lived experience, innovation insight and practical delivery capability. The group is intended to be a purposeful, action-focused forum rather than a general networking space. Members should be able to contribute expertise, support delivery, influence relevant partners, lead areas of work, or help progress agreed actions within their organisation or system. Where a member is not the final decision-maker, they should have a clear route to senior organisational sponsorship and be able to support the progression of agreed actions through the appropriate channels. Suggested membership categories include: • UKHSLI, Curia and representatives; • senior NHS, ICB, provider, primary care, pharmacy and neighbourhood health leaders; • clinical obesity, diabetes, endocrinology, metabolic health, psychology and trauma experts; • public health, local authority, VCSE, community and lived experience partners; • leading academics, health economists, evaluators, digital, data and AI partners; • pharmaceutical, life sciences, occupational health, employer, policy and parliamentary partners. • Membership will be reviewed regularly to ensure the group has the right balance of influence, credibility, diversity, contribution and delivery capability.
Membership Selection	Membership selection will be managed through an open expression of interest process. Applicants will be asked to set out their role, organisation, sector, relevant expertise, level of influence or decision-making authority, proposed contribution, commitment to attendance and any actual or perceived conflicts of interest. Expressions of interest will be reviewed by UKHSLI to ensure the final membership is balanced, credible, action-focused and aligned to the purpose of the Working Group. Consideration will be given to seniority, expertise, lived experience, sector representation, delivery capability and ability to support practical system change.
Member commitment and attendance	Members will be asked to commit to: • four Working Group meetings per year, one hour each; • minimum attendance of 2 meetings per year • active contribution to agreed roles, tasks and actions between meetings; • support for the shared vision and delivery priorities of the group; • leading or supporting subgroup and task and finish activity where relevant; • representing the Working Group in agreed forums where appropriate; • declaring conflicts of interest and working within agreed governance. Membership will be reviewed periodically to ensure the group continues to have the right balance of expertise, influence, lived experience, attendance and active contribution.
Roles and responsibilities of members	Members will be expected to: • attend meetings regularly and contribute actively; • bring expertise, challenge and constructive insight; • support delivery of agreed actions and products; • share relevant evidence, policy developments, system learning and implementation examples; • act as ambassadors for whole-person, trauma-informed and equity-led obesity work;



	• represent the Working Group in agreed forums, events, meetings or policy discussions where appropriate; • lead or contribute to subgroup and task and finish group activity, aligned to their expertise and capacity; • support the development of practical outputs, tools, briefings, training and implementation products; • identify opportunities for Strategic Innovation Gateways, pathway diagnostics and implementation support; • declare any actual, potential or perceived conflicts of interest; • respect confidentiality where required; • ensure lived experience is treated with dignity, respect and proper recognition; • avoid promoting any single product, organisation or commercial interest.
Chairing and secretariat	The group will be jointly supported by Curia and UKHLSI The Working Group will be chaired Curia Board Member Prof Mike Bewick, former Deputy National Medical Director, NHS England bring specialist expertise in trauma-informed systems, public health, obesity, workforce development and whole-system change. The Chair will be responsible for: • setting the tone and purpose of the group; • ensuring meetings remain focused, inclusive and action-oriented; • supporting balanced contribution from members across sectors; • maintaining the group's commitment to trauma-informed, equity-led and whole-person obesity practice; • overseeing agreed actions, outputs and subgroup activity; • representing the Working Group in agreed forums, events, meetings or policy discussions where appropriate. UKHLSI and Curia: • agenda planning; • action logs; • meeting notes; • forward planning; • membership records; • conflict of interest register; • document management; • coordination of specialist groups and task and finish groups.
Meeting frequency	The main Working Group will meet four times per year. Each meeting will last one hour. Meetings may be held online, in person or as hybrid sessions, depending on the purpose of the meeting and any accessibility requirements. Members are asked to attend a minimum of two meetings per year wherever possible and to contribute to agreed actions between meetings in line with their role, expertise and capacity. Membership will be reviewed periodically to ensure the group continues to have the right balance of expertise, influence, attendance and active contribution. Where an individual or organisation is no longer able to participate meaningfully, UKHLSI may discuss alternative representation or membership arrangements.

Decision-making	The Working Group will aim to operate by consensus. Where consensus cannot be reached, the Chair or Co-Chairs will summarise the range of views and agree a proportionate way forward with the founding partners. The group is advisory, developmental and implementation-focused. It does not replace statutory decision-making responsibilities held by NHS bodies, local authorities, providers, regulators, clinical governance structures or commissioning organisations												
Subgroups	Each subgroup will have a named lead, agreed scope, clear outputs and reporting route into the main Working Group. Specialist groups will meet as required, aligned to the annual workplan and agreed outputs. Members may be asked to lead or contribute to specialist group activity as part of their commitment to the Working Group. Meetings may be held online, in person or as hybrid sessions, depending on the purpose of the meeting and accessibility requirements. <u>Two golden threads</u> Trauma-informed and responsive practice: Every pathway, service, conversation and workforce interaction should reduce shame, threat and judgement, while increasing safety, dignity, choice, collaboration and trust. Equity and inclusion: Inequalities should be designed out from the start, ensuring pathways are accessible and fair across ethnicity, deprivation, disability, neurodiversity, gender, geography, digital access, trauma exposure and treatment need. <table border="1" data-bbox="373 1133 1474 1845"> <thead> <tr> <th>Domain</th><th>Focus of the working group</th></tr> </thead> <tbody> <tr> <td>Biology and metabolic health</td><td>Understanding obesity as a chronic, relapsing metabolic condition shaped by biology, genetics, neurobiology, appetite regulation, inflammation, functional health and multimorbidity.</td></tr> <tr> <td>Psychology, trauma and emotional regulation</td><td>Exploring how trauma, stress, shame, stigma, disordered eating, mental health, neurodiversity and coping responses shape obesity, engagement and recovery.</td></tr> <tr> <td>Wider determinants and obesogenic environments</td><td>Addressing the social, economic, environmental and commercial conditions that drive obesity, inequality, exclusion and unequal access to care.</td></tr> <tr> <td>Protective factors, resilience and recovery</td><td>Strengthening the assets, relationships, confidence, community connection, purpose, movement, hope and support that enable people to live well and recover.</td></tr> <tr> <td>Treatment, care and long-term support</td><td>Designing safe, personalised and joined-up pathways across GLP-1 medicines, specialist care, primary care, pharmacy, psychological support, digital tools and long-term maintenance.</td></tr> </tbody> </table>	Domain	Focus of the working group	Biology and metabolic health	Understanding obesity as a chronic, relapsing metabolic condition shaped by biology, genetics, neurobiology, appetite regulation, inflammation, functional health and multimorbidity.	Psychology, trauma and emotional regulation	Exploring how trauma, stress, shame, stigma, disordered eating, mental health, neurodiversity and coping responses shape obesity, engagement and recovery.	Wider determinants and obesogenic environments	Addressing the social, economic, environmental and commercial conditions that drive obesity, inequality, exclusion and unequal access to care.	Protective factors, resilience and recovery	Strengthening the assets, relationships, confidence, community connection, purpose, movement, hope and support that enable people to live well and recover.	Treatment, care and long-term support	Designing safe, personalised and joined-up pathways across GLP-1 medicines, specialist care, primary care, pharmacy, psychological support, digital tools and long-term maintenance.
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Task and finish groups	Additional task and finish groups may meet more frequently depending on agreed priorities and delivery timescales. Each task and finish group will have: • a clear purpose; • agreed membership; • a named lead; • timescale; • outputs;												

	• reporting route; • conflict of interest arrangements where relevant. Time-limited task and finish groups may be established around priority areas such as: • GLP-1 and metabolic medicine implementation; • trauma-informed obesity training; • pathway diagnostic tool development; • Strategic Innovation Gateway delivery; • lived experience and ethical engagement; • economic and productivity case; • outcomes, data and real-world evidence; • neighbourhood health and obesity pathways; • workforce capability and train-the-trainer models; • policy briefings and parliamentary outputs.
Key outputs	The Working Group will aim to develop practical outputs including, but not limited to: • a fuller framework guide; • pathway diagnostic tool; • commissioner readiness checklist; • provider readiness checklist; • trauma-informed obesity training offer; • train-the-trainer model; • GLP-1 implementation and equity prompt sheet; • lived experience and ethical engagement guide; • Strategic Innovation Gateway prospectus; • policy briefings; • economic and productivity case for investment; • outcomes and evaluation framework; • case studies from systems and providers; • implementation guides and 90-day action planning templates.
Governance: Industry and commercial involvement	The Working Group recognises that pharmaceutical, life sciences, digital and innovation partners have an important role in supporting responsible obesity and metabolic health innovation. Industry involvement will be managed through clear governance principles: • transparency of involvement; • declaration of conflicts of interest; • product-neutral discussion; • no single company dominance; • no promotion of medication as a standalone solution; • clear separation between policy development, evidence generation and commercial opportunity clinical safety and statutory governance retained by appropriate bodies; • lived experience and public trust protected; • all outputs reviewed for balance, independence and credibility.
Conflicts of interest	All members will be asked to declare actual, potential or perceived conflicts of interest. A conflict-of-interest register will be maintained and reviewed regularly. Conflicts may relate to: • commercial interests; • employment; • research funding; • consultancy roles; • product development;

	• policy advocacy; • personal or organisational financial benefit; • intellectual property; • public positioning. Where a conflict is identified, the Chair or Co-Chairs will agree how this should be managed. This may include recording the conflict, limiting involvement in a specific decision, or excluding a member from part of a discussion.	
Data, research and evaluation	The Working Group may support the development of research, evaluation, real-world evidence and health economic proposals. Any research or evaluation activity involving people, services, patient data, staff data or system data must follow appropriate governance, ethics, consent, information governance and data protection requirements. The Working Group will not approve research ethics or clinical governance in place of formal statutory or academic processes.	
Communications and external outputs	External communications, reports, briefings, publications and policy outputs will be agreed through the founding partners. Outputs should be: • evidence-informed; • accessible; • trauma-informed; • stigma-aware; • equity-led; • product-neutral where relevant; • clear about authorship, sponsorship, funding and conflicts of interest. Members should not present themselves as speaking on behalf of the Working Group unless agreed in advance.	
Accountability and reporting	The Working Group will report through agreed arrangements between UKHLSI and Curia. Reporting may include: • meeting notes; • action logs; • delivery plans; • gateway outputs; • policy briefings; • implementation products; • risk and issue logs; • progress reports; • summary reports for parliamentary, policy or system partners.	
Risks and mitigations	Risk	Mitigation
	Group becomes a discussion forum rather than an action group	Clear outputs, delivery plan, action log and task and finish groups
	Industry involvement affects perceived independence	Transparent conflict management, product-neutral framing and balanced membership
	Lived experience becomes tokenistic	Paid, safe and meaningful involvement with clear influence
	Scope becomes too broad	Prioritised workplan and phased delivery
	Clinical risk around pathway advice	Clear boundaries and clinical governance safeguards
	Duplication with existing groups	Map existing work and focus on implementation gaps

	Over-focus on medication	Framework requires whole-person, whole-system approach
	Insufficient capacity	Secretariat, subgroup leads and realistic delivery plan
	Inequalities are considered too late	Equity embedded as a golden thread from the start
Review	These Terms of Reference will be reviewed after the first six months and then annually, or sooner if required. The review will consider: • whether the group is achieving its purpose; • membership balance; • governance effectiveness; • delivery of outputs; • impact on policy, pathways and systems; • lived experience involvement; • conflict of interest management; • future priorities and sustainability.	

Express your interest in being part of the Obesity Working Group

[Obesity Working Group – Fill in form](#)