Minutes of the APPG on Obesity
16:00-17:30, 7th February 2018

Minutes

Attendees

The roundtable discussion was attended by over 20 individuals, representing patient groups, STP leads and Directors of Public Health. The discussion was chaired by Eleanor Smith MP.

Welcome

Eleanor Smith MP welcomed attendees and asked attendees to give a brief introduction of who they are and their role within the STP or local council public health team.

Background

Sara Petela, secretariat of the APPG, began the discussion by explaining the background of the APPG and the purpose of the meeting. The APPG exists to encourage the Government to take a new approach to tackling obesity through prevention and treatment. The meeting was organised in order to facilitate a discussion between STPs, to look at how obesity can be dealt with across the whole pathway – including prevention and treatment – and in order to understand how to support STPs in the development and delivery of obesity services within each footprint.

A recent STP audit carried out by the APPG provided and overview of the level of provision for obesity services made within each plan. The audit found that 91% of STP plans specifically recognise that obesity is a key healthcare driver within their footprint, but only 59% of plans provide some level of information on how obesity will be tackled. The aim of the Group is to ensure that every footprint recognises obesity as an important issue and makes provision to support people with obesity from prevention through to appropriate treatment, and to use this meeting as a platform to work together to achieve this.

Presentations

The discussion began with short introductory speeches from four attendees.

Professor John Wass, a Consultant Physician and Professor of Endocrinology at Oxford University, began the introductory speeches. John noted that this was a wonderful opportunity to talk to STPs and to change our understanding of obesity. Although the focus so far as primarily been on either prevention or treatment, John made the point that these two must be done together.

John cited the work of the Obesity Health Alliance, of which he is a member, which is calling for greater regulation around food advertising. The sugar tax is a good example of the type of action the OHA supports and has campaigned for. The OHA is now calling for the Government to ban junk food advertisements before the 9.00pm watershed.

In terms of obesity treatment, John explained how some of the tier 3 and tier 4 services work. Tier 3 services largely revolve around district hospitals and clinics and currently only cover around 55% of the country. This highlights a problem of regional variation in access to obesity services. With regards to tier 4 treatment, the number of operations is falling.

John argued that we need clear leadership, both politically and in the health service, and used the example of Amsterdam's obesity programme as a model to aspire towards. This would involve the joining up of both healthcare services and education, with serious long-term planning, which Public Health England has traditionally not had prioritised.

Finally, John raised the question of obesity being described as a disease. This is a difficult question that not everyone agrees with but it is surely worth considering.

Dr Rachel Batterham, a Professor and Consultant in Obesity, Diabetes and Endocrinology at UCLH, began her speech by echoing what John had said, and raising the point of opportunity cost. Obesity services (and perhaps healthcare services generally) face a question of whether to spend money now in order to save money in perhaps five years' time. Rachel also highlighted that obesity is seen as a lifestyle issue and that doctors are not talking to patients about their obesity. For example, doctors regularly weigh patients but will rarely ask them about their weight or offer them support.

Rachel gave a few examples and ideas on how to deal with issues in the obesity pathway, such as the Diabetes Prevention Programme and bringing services together.

Sarah Le Brocq, Director of HOOP UK, spoke on behalf of patients and especially HOOP UK's members. There is a serious problem around patchy access to services across the country, and Sarah made the point that gaining more equality in service provision would make a significant difference in helping people overcome their obesity.

Sarah explained that seeking help for obesity can often be a very difficult first step for patients. There is so much stigma that often people are embarrassed to even bring it up. Once they make the step to open up, in many areas there is no support for patients. Sarah argued that whilst we spend money looking at people's diets and exercise, we do not focus on why people become obese in the first place; for example by looking at parenting and education, and most importantly, people's mental health.

Sarah finished her remarks by mentioning the role of the media and how they can play a key part in tackling the stigma surrounding obesity.

Professor Jonathan Valabhji, National Clinical Director for Obesity and Diabetes at NHS England, and Consultant Diabetologist at Imperial, gave some background on the work of NHS England with regards to STPs and obesity. He explained some of the pertinent healthcare changes that have occurred in the last 5 years, starting with the Health and Social Care Act, when public health was moved from health to Local Authority provision.

Jonathan explained the types of services that are available:

- Tier 1 – population level interventions.
- Tier 2 – brief interventions lasting around 3 months, such as the commercial weight loss programmes.
- Tier 3 – a multidisciplinary team intervention, usually physician led. NHS England and a cross-system working group considered where this should sit and who should commission tier 3 services, and the output made clear that CCGs are responsible for commissioning tier 3 services.
- Tier 4 – bariatric surgery. Initially post-2013 under NHS England's specialised commissioning portfolio, which permitted a clinical reference group to mandate a service specification, but more latterly commissioning responsibility was devolved to CCGs, facilitating integration with tier 3 services.

Next, Jonathan gave some context with regard the 'Five Year Forward View'. Integrated systems have evolved throughout the NHS and were strongly promoted by the Five Year Forward View (and have taken a number of different names), and has led to the introduction to STPs. Integration, thanks to STPs, has generally been strong with Local Authorities and CCGs, providers and commissioners, primary and secondary care, and mental and physical healthcare providers all now discussing future strategy together.

The other focus Jonathan outlined is prevention. The NHS, via the Five Year Forward View, wanted to change the culture of healthcare provision from being mainly reactive, to aligning a more proactive approach. The NHS Diabetes Prevention Programme is the flagship example of the push to become more proactive, also serving to win the hearts and minds of both healthcare professionals and the wider population around the prevention agenda. Roll out of this programme has gone well since it launched 21 months ago, with 75% of England now being covered by the programme and 100% forecast next financial year. This amounts to over 128,000 referrals into the programme to date. Conversion of referrals to attendance now stands at around 60%, higher than anticipated, and equality of access is good along lines of access by sex, socioeconomic status and ethnicity.

The NHS Diabetes Prevention Programme does what the NHS does well – it delivers interventions to individuals, in this case to individuals at high risk of developing Type 2 diabetes in order to reduce that risk. However, this needs to be complemented by population level interventions, and the Childhood Obesity Plan brings such complementary population level interventions, most notably the sugar tax and reformulation – initially reformulation to reduce sugar content, but now Public Health England are shifting attention to total calorie reduction.

Finally, obesity is not just about healthcare, it also involves approaches to education, transport, agriculture, the built environment, the food environment – it's a societal issue. 2/3 of us are either obese or overweight. We need an integrated societal solution.

Group discussion

Sara Petela thanked the speakers for their introductions and invited attendees to put themselves forward to speak about where they are now with obesity services and what they are planning to do. What have been the challenges in this and what have STPs found easier?

Rachel Flowers, Director of Public Health for Croydon, began the conversation by pointing out that a clinician approach is not enough to deal with obesity. The solution needs to go beyond just the NHS or Social Care. Rachel was keen to talk about how funding to local authorities has been cut, and asked if the APPG can acknowledge the significant work of local authorities and understand their pushback against these cuts. Rachel alluded to the fact that Public Health England has made comparisons with the Scottish and Welsh models for tackling obesity, which are more effective. In England, there is less of a focus on both the easy and the difficult aspects of treating obesity. A good question would be: how do we support overweight people?

James Williams, Director of Public Health for Medway, reinforced Rachel's words. He pointed out that since the STP audit was done, STP plans had moved on. But the key point is that obesity is a whole system issue and certain aspects of obesity prevention and treatment are occurring. For example local authorities delivering tier 3 services. STPs are designed to save the system as a whole, not just money.

What should the NHS do about its own house? The NHS is cutting the funding that is meant to be providing the resources to do this work. You can go into a hospital and see the challenges the system faces. If the NHS can't work it out, how can we expect the public to?

Jenn Smith, Senior Public Health Lead for Surrey, asked about the perception of what a "normal weight" is. Individuals need to be motivated and supported to lose weight. Currently it is almost seen as a social norm to be larger. Parents can also be unreceptive to the idea that their children are overweight.

Rachel Flowers reiterated that food is an area where people feel most uncomfortable opening up and talking about. There needs to be a shift towards open discourse about weight, and moving away from making people feel uncomfortable talking about weight.

Sarah Le Brocq added that there is a real lack of understanding about the battle that people with obesity go through on a daily basis; it is deeper and more of a psychological battle than many imagine.

Jenn Smith pointed out the dichotomy between the stigma that exists around obesity given the fact that over 2/3 of the country is overweight.

Susannah Howard, STP Programme Director for Suffolk and North East Essex STP, congratulated this point and encouraged attendees to think about what it means to people when they think about their weight? The language at the moment is centered along the lines of people being overweight because they do not care. The language used to discuss obesity is very important.

Susannah noted that STPs are on a journey and that they are working hard. But as the system matures more organisations at the top will begin discussing a more integrated system moving forward. It is a mistake to think that the issues lie with the NHS and that STPs are all the same.

Finally, Susannah liked that the APPG looks at the whole prevention to treatment pathway. It is important to recognise the entire spectrum and engage with the whole system in a fully rounded debate. In Suffolk, for example, there is no local specialty on bariatric surgery, but this is highly desired.

Dawn Jenkin, Consultant in Public Health at Nottingham and Nottinghamshire STP, wanted to see integrated thinking. Dawn asked if the stigma on obesity is connected to the language used around obesity. She cited the 'This Girl Can' campaign, which started to look at the positive aspects of activity and was focused on a wide range of women. The campaign proved that anybody, from any background, can enjoy exercise and lose weight. A lot of talk is around the problem of obesity, very little reflection is centred on the joy of physical activity and good nutrition. She posed the question of how do we take pride and joy in good healthy affordable food?

Rachel Batterham added that she did not like the term 'tackling obesity, as this portrays a negative image. It is important to think about the words used in relation to obesity.

Mubasshir Ajaz, STP Programme Manager for the North London STP reiterated the point that STPs are on a journey. Although their STP is well integrated, the issue is that the STP cannot fund prevention because there it is difficult to demonstrate return on investment (ROI), which is required by commissioners. Only when ROI on prevention and treatment can be demonstrated can a case be made for funding.

James Williams added that although there may be several different workstreams, funding and finance is always a challenge. For example, STPs must always think about what services will be cut if they want to increase, for example, tier 3 services. There is a clear opportunity cost. STPs are looking for short term gains. They will not last forever and there will be a new system.

Training requirements are a good example of how people can talk to parents who have children with obesity. Obesity is a long term, societal issue and must be considered within this context, but it is clearly also about resources.

Bimpe Oki, Consultant in Public Health for Lambeth Council, echoed the previous comments, especially about the approach taken towards food. Bimpe pointed out that there is a cultural aspect to food. The importance of early years must be a focus with regards to obesity, as these years are critical for a whole range of things, including establishing eating behaviours.

South East London is well documented in the STP audit, but things have indeed moved on since then. James talked about frustration and the fact that prevention and treatment are dealt with separately, which makes it difficult to pull these things together. People tend to look at clinical outcomes rather than risk factors.

Bimpe asked what are the things that would engage the NHS? Comorbidities are key here. They also provide the short term gains as it is relatively simple to demonstrate clear significant clinical differences in people with comorbidities.

Sara Petela asked whether, although we all realise prevention through to treatment is important, do the STPs all have representation across the whole pathway – in particular when developing and delivering the plans?

Susannah Howard recognised that the event had someone in the room from a patient perspective, as this is crucial to any planning and discussion. She noted that not enough discussion is had about the mental health side of obesity, which is brought out through the patient voice. There is a huge difference between struggling with an extra stone or two and being obese. Being obese affects every

aspect of life, from relationships to employment. STPs and commissioners must have better access to and engagement with experts and clinicians.

Rachel Flowers agreed that it is good to have patients talking about their experiences. Rachel added that the NHS is not good at finishing projects; it begins an initiative then quickly moves on to the next one. There is a need to look long term (even beyond 5 years); the APPG can take a leading role in this, looking at decade long work.

Genevieve Ileris, Head of Communications & Engagement for North London STP, noted that STPs are limited in terms of long term thinking. North Central London is looking at this way of working, but has struggled to involve other groups such as the Community Sector.
The NHS places importance on the new projects that come along and distract it, which moves focus away from the real health and social care priorities. The pace at which healthcare services – including STPs - are expected to deliver change is often unrealistic, but can be incredibly frustrating for people working on the front line.

John Wass added that a whole system approach must be taken. He posed a number of questions, including: How can we work with STPs going forward? How can we evolve systems that help and treat people with obesity? John would be happy to visit some of the STPs and talk to people there from a clinical perspective.

Gwenda Scott, Public Health Strategist at Lewisham Council, explained some of the pilots that have come from Lewisham that have proved obesity can be tackled. Gwenda noted that obesity is not just an issue of public health, or public health representatives, but that it is broader than this. More than just asking for more money or funding, environmental and transport representative must also be involved in the conversation.

On the points on early years – Lewisham is developing programmes for pregnant women to have conversations with midwives around their weight.

Eleanor Smith MP asks who we contact from STPs and what is the best way to get in touch with them?

Susannah Howard – all STPs have a programme director.

Sara Petela – there were a number of STP leads who were incredibly difficult to get hold of and some STPs did not demonstrate any interest in this issue.

Genevieve Ileris – some STPs have merged with CCGs so the accountable officers have become confused. Gen's contract was complicated with arrangements across organisations. Communications people are very involved.

Eleanor Smith MP asked if HOOP has ambassadors who go out into the community and speak to people? Is there a voice of the people?

Sarah Le Brocq – Sarah explained that HOOP has 15,000 members and that she often represents HOOP at external events. She states that HOOP does have people across the country who would be willing to talk about their experiences. This could be coordinated by HOOP.

Rachel Batterham – there is a postcode lottery in access to and quality of obesity services across the country.

Eleanor Smith MP asked a final question on what the APPG can be doing as an organisation to help?

Answers included increasing investment and funding; changing the language used to talk about obesity; tackling stigma; attitudes and improving the quality of conversations; improving education and training of healthcare professionals and the public; tackling the fragmented system and achieving a system-wide approach; making the obesity pathway more visible; using the media to generate support for campaigns on junk food advertising and promoting good health and tackling those outlets that increase stigma; increasing parity of coverage and encouraging GPs to offer help to patients and offering multidiscipline support to patients.

Chris Brooks spoke briefly from an industry perspective, asking what the role of industry should be in helping prevent obesity. **John Wass** pointed out that there is a significant opportunity to work with industry to improve services.

Jonathan Valabhji said that clinicians, in particular bariatric physicians and surgeons, would be keen to meet with STP leads to discuss treatment strategies. The emphasis has been on personal responsibility for 2.5/3 decades, which needs to change moving forward if we are to address the associated stigma.

Meeting Ends

Feedback on the minutes – please send to the group's secretariat at ObesityAPPG@mailpbconsulting.com