

Building new health system action to reduce obesity:

Audit findings of Integrated Care Board Forward Plans



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Executive summary

To assess the level of prioritisation and work of Integrated Care Boards (ICB) in tackling obesity, Future Health undertook an audit of ICB five year Forward Plans.

- Only five of the 42 ICBs in England included obesity or the importance of a healthy weight within their top priorities and in the case of two ICBs there were no references at all to obesity in their Forward Plans
- 50% did include an ambition or goal to reduce obesity but just 16% set a measurable target
- Data on obesity rates was included in only 40% of ICB plans
- Across all ICB plans there was a stronger focus on childhood obesity over adulthood obesity

The audit highlights significant variation in the level of prioritisation and approaches of ICBs to tackling obesity. As co-ordinating regional bodies with objectives for improving health outcomes, tackling inequalities and improving health system sustainability, ICBs could be a new platform for delivering a much needed multi-agency approach that can help reduce rising obesity rates in England.

To do so though will require prioritising a system-wide response to obesity that sets measurable goals and improves access to the cost effective interventions and health services that can reduce obesity rates.

Background

Rates of people who have obesity or overweight in England have tripled since 1975. Just under two-thirds of the population live with obesity or overweight today.ⁱ

Obesity is one of the top five causes of premature death in England alongside smoking, poor diet, high blood pressure, alcohol and drug use.ⁱⁱ Having obesity can cause a range of related health conditions including a range of cardiovascular conditions such as type 2 diabetes and stroke as well as increased risk of respiratory, musculoskeletal and liver diseases. There is also a growing body of evidence about the link between obesity and certain types of cancer.ⁱⁱⁱ

Obesity disproportionately impacts those living in deprived areas with 34% of people from the most deprived communities living with obesity compared with 20% in the least deprived.^{iv}

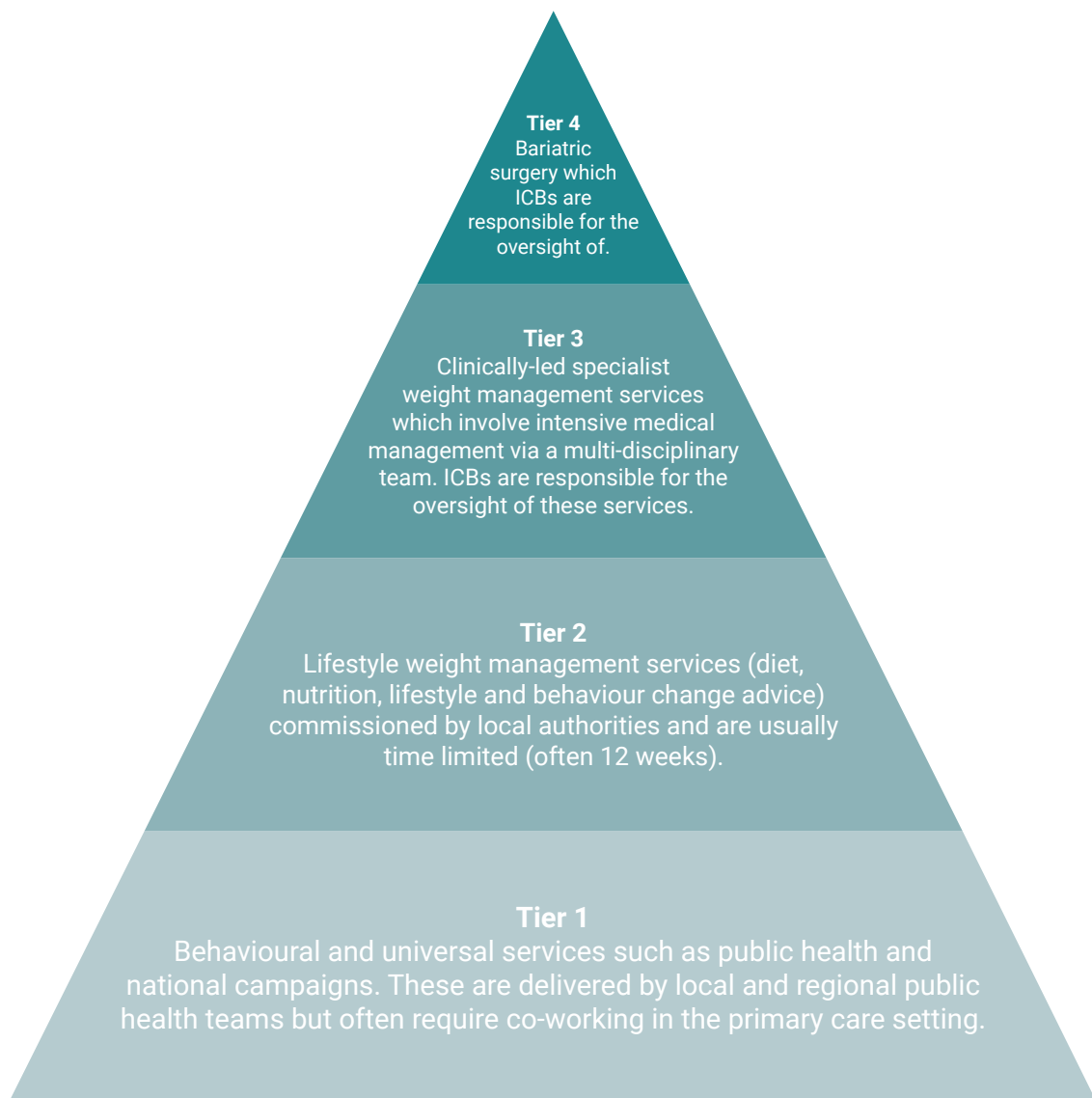
Studies have shown that obesity has a wider economic impact due to a loss of productivity, work absence and premature mortality.^v Obesity costs the UK £98 billion a year with NHS costs estimated to be £19 billion.^{vi} The total cost is equivalent to 4% of GDP per year and £63 billion of this total is directly attributable to shorter, unhealthy lives caused by weight-related conditions such as type 2 diabetes, cancer, stroke and musculoskeletal conditions.^{vii}

NHS services have seen an accelerated increase in the number of obesity related hospital admissions. In 2009/10 the number of admissions was 142,219 and in 2022/23 this has risen to 1.2 million, an eight fold increase.^{viii}

Given the scale of impact of obesity on the individual, NHS and wider economy – there is an urgent need for action from Government and the NHS – to help prevent, reduce and treat obesity.

About obesity services

Obesity services in England are separated into four tiers covering different types of activities. These can vary by area but are typically structured as follows^{ix}:



However the provision of these services varies across the country.

An All Party Parliamentary Group (APPG) on Obesity report from 2018 found variation in access to obesity services.¹ The audit found that:

- 52% of local authorities commissioned a Tier 1 service
- 82% commissioned a Tier 2 service
- 57% of clinical commissioning groups commissioned a Tier 3 service
- 73% of clinical commissioning groups commissioned a Tier 4 service^x

In a recent Westminster Food and Nutrition Event on obesity Professor Paul Gately stated that only 35,000 people have access to tier 3 services when 4 million people are eligible.²

Recently updated NICE obesity guidelines stated that the availability of Tier 3 services has historically been poor and up-to-date information on them is limited. The committee highlighted that limiting access to tier 4 services based on whether an individual had tried non-surgical interventions (i.e. tier 3 services) would exacerbate health inequalities.^{xi}

About ICB Forward Plans

Since July 2022 42 Integrated Care Boards (ICBs) have responsibility for planning health services across England. ICBs have four objectives, with obesity relevant to each:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development^{xii}

ICBs were expected to publish five year Forward Plans by the end of 2022 with seven failing to meet this deadline.^{xiii,xiv} All ICBs have now published a strategy.

ICBs were given the following areas to consider within their plan by the Department of Health and Social Care:^{xv}

- Personalised care
- Disparities in health and social care
- Population health and prevention
- Proactive care and integrated neighbourhood teams

1 It is worth noting that these results are over five years old and the state of services could have substantially changed since then

2 Westminster Food and Nutrition Forum event, Next steps for obesity policy, prevention and care in England, 27.03.24; 35,000 figure also cited here: <https://www.gov.uk/government/news/new-drugs-pilot-to-tackle-obesity-and-cut-nhs-waiting-lists>

- Health protection
- Babies, children, young people, their families and healthy ageing
- Workforce
- Research and innovation
- Health-related services
- Data and information sharing

It is worth noting that certain clinical conditions did appear within the guidance: mental health (16 mentions), cancer (2 mentions), CVD (1 mention), dementia (1 mention), but obesity was not specifically noted.

In addition many of these ICB Forward Plans were created before the latest update to obesity guidelines by NICE (July 2023) which present an opportunity to improve and increase access to services.^{xvi}

About the audit and methodology

The objective of the audit was to assess planned health system action on obesity. To carry out the assessment Future Health reviewed ICB Forward Plans against the following criteria:

1. ICB priorities and whether obesity featured within these
2. The amount of focus given to obesity within the overall plan
3. How the focus on obesity compared with references to CVD and diabetes as two major co-morbidities
4. How much focus was put on childhood versus adulthood obesity
5. Whether ICB plans included a focus on prevention and/or treatment
6. Whether the ICB plans included any specific targets or goals related to obesity
7. Whether the plans included any data about the obesity challenge in their local area

The audit took place between December 2023 and January 2024. In order to compare and contrast between ICBs, comparable metrics for each criteria were developed.

The methodological approach deployed is helpful for understanding and comparing how ICBs are approaching obesity. However it has a clear set of limitations, including:

- The documents reviewed are one longer term plan amongst many other documents ICBs have to complete and publish on a regular basis and may not be representative of more immediate or medium term Board level actions on obesity

- Whilst national guidance for developing the Forward Plans was issued, they vary greatly in their length and level of detail
- Subjective researcher judgement is needed in assigning metrics in certain cases

For certain questions the methodological approach is to count the relevant number of references. A greater number of mentions may not necessarily translate into greater prioritisation of obesity particularly given that ICB Forward Plans vary in length and level of detail.

AUDIT FINDINGS

Question 1: What were the priorities of ICBs in their Forward Plans and did obesity feature within these?

Only five ICBs include a focus on obesity or healthy weight within their top priorities:

- North Central London ICB (specifically lists obesity)
- Bath, North East Somerset and Swindon ICB (specifically lists obesity)
- Shropshire, Telford and Wrekin ICB (specifically lists healthy weight)
- Mid and South Essex ICB (specifically lists healthy weight)
- Bristol, North Somerset and Swindon ICB (specifically lists healthy weight)

Findings	Number of ICBs
ICB did not identify any clinical priorities with the plan focusing on structural / systemic changes	21 (50%)
ICB only identifies mental health as a clinical priority alongside structural / systemic issues	7 (16.7%)
ICB includes many long-term conditions but not obesity	7 (16.7%)
ICB includes healthy weight as part of overall priorities	3 (7.1%)
ICB specifically mentions obesity within top priorities	2 (4.8%)
ICB includes long-term conditions as a general priority alongside mental health and dementia	1 (2.4%)
ICB does not list priorities and instead only includes local plans	1 (2.4%)

Examples of references to obesity as ICB priorities

North Central London ICB

“Reduced early deaths from cancer, cardiovascular disease and respiratory disease. Reduced prevalence of key risk factors: smoking, alcohol, obesity”

Bath and North East Somerset, Swindon and Wiltshire ICB

“Prevention and early intervention (obesity, smoking, mental health, CVD, diabetes, cancer, respiratory)”

Question 2: What amount of focus was given to obesity in the overall ICB Forward Plan?

The audit found a large difference in the number of mentions of obesity ranging from no mentions in two ICB plans (Coventry and Warwickshire ICB; Herefordshire and Worcestershire ICB) to 84 mentions in South West London ICB.³ Almost 50% of ICBs mentioned obesity less than seven times.

The ICBs with the lowest obesity mentions within their Forward Plans were:

- Coventry and Warwickshire ICB (0)
- Herefordshire and Worcestershire ICB (0)
- Sussex ICB (1)
- Hampshire and the Isle of Wight ICB (1)
- Devon ICB (1)

The five ICBs with the highest number of obesity mentions in their Forward Plans were:

- South West London ICB (84)
- Bath and North East Somerset, Swindon and Wiltshire ICB (82)
- Dorset ICB (39)
- Black Country ICB (24)
- North West London ICB (21)

³ To assess the focus on obesity the audit counted the number of mentions of the following words: obesity, obese, weight, body mass index (BMI)

The average number of mentions was 13 and the median number was 8. The table below shows a summary grouping the results into quintiles:

Number of obesity mentions in ICB Forward Plans	Number of ICBs
0 to 3	11
4 to 7	9
8 to 14	11
15 to 24	8
39 to 84	3

Examples of prominent references to obesity in ICB Plans

South West London ICB

“Develop an obesity strategy with a particular emphasis on whole family approaches to reducing obesity and maintaining healthy weight.”

Bath and North East Somerset, Swindon and Wiltshire ICB

“There are strong links between levels of deprivation and rates of smoking, alcohol use and obesity. We therefore plan to prioritise action on each of the three areas to reduce health inequalities emerging over time.”

Question 3: What amount of focus was given to obesity in comparison to CVD and diabetes?

The audit sought to assess how references to obesity compared to other related conditions: diabetes and CVD. The audit found diabetes to be the most frequently mentioned condition out of all three, followed by obesity then CVD.

Condition	Number of mentions	Average number of mentions per ICB Forward Plan	Median number of mentions per ICB Forward Plan ⁴
Diabetes	682	16	9
Obesity (including obese, weight, BMI)	551	13	8
CVD	376	9	6

⁴ Median included due to the wide number of mentions for each condition within ICB Forward Plans

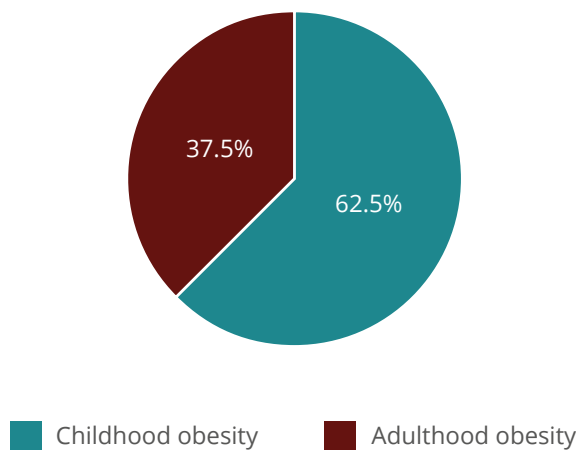
Question 4: Where is there greater focus: childhood obesity or adulthood obesity?

There were considerably more mentions of childhood obesity than adulthood obesity in ICB Forward Plans. 41% of mentions referred solely to children with 16% of mentions focusing solely on adults. 43% of mentions referred to both children and adults or did not define a specific population.

	Number of mentions	Mean number of mentions per ICB Plan	Median number of mentions per ICB Plan
Childhood obesity	218	5	2
Adulthood obesity	87	2	1
Undefined or referring to both children and adults	233	6	3

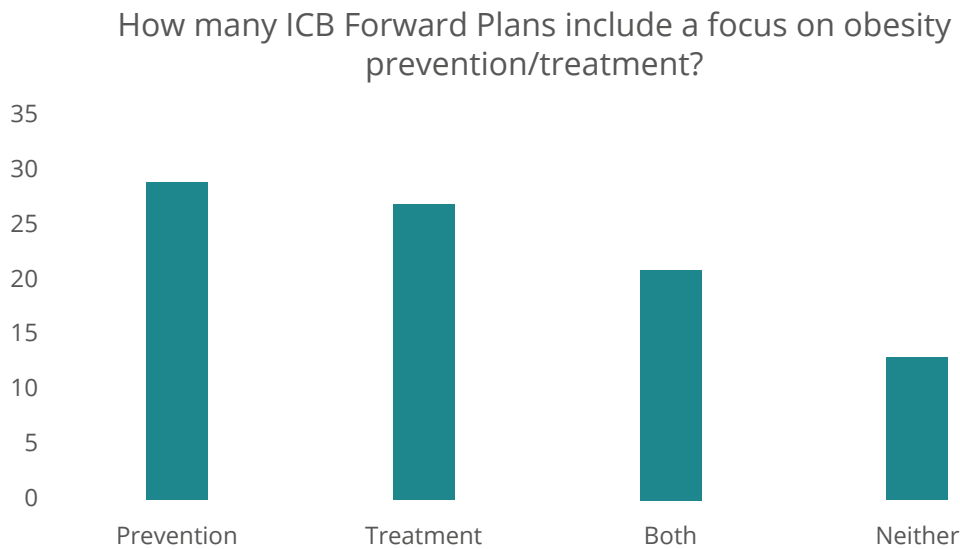
If undefined mentions or mentions referring to both children and adults are split equally then there are 62.5% of total references to childhood obesity and 37.5% of total references to adulthood obesity.

Childhood vs adulthood obesity mentions



Question 5: Do ICB Forward Plans focus on obesity prevention and/or treatment?⁵

69% of ICB Forward Plans included a focus on the prevention of obesity with 64% including obesity treatment. Eight ICBs included a sole focus on prevention (i.e. did not mention obesity treatment). The majority of Forward Plans including obesity treatment focus on Tier 2 and Tier 3 weight management services with very few referring to Tier 4 services.



Examples of references to obesity prevention and treatment in ICB Plans

Suffolk and North East Essex ICB

“Children, adults and older people are supported in reducing the serious health concerns relating to obesity including improving access to an integrated Tier 1-4 weight management service”

Staffordshire and Stoke on Trent ICB

“Supporting the delivery of a joined-up weight management approach. This would put in place both preventive and treatment strategies for people who are overweight or obese, or at risk of becoming so, and who may be at risk of developing LTCs.”

⁵ Prevention measures include lifestyle advice such as diet and exercise, whereas treatment includes weight management services and medical / surgical interventions.

Lincolnshire ICB

“Support more people who need help achieving a healthy weight by increasing uptake of our integrated lifestyle service and the NHS Digital Weight Management programme.”

Question 6: Do the Forward Plans include any specific targets or goals in relation to obesity?

50% of ICBs had included some sort of ambition in relation to obesity. The majority of these commitments were in relation to the reduction of childhood (6), adulthood (2) or overall obesity rates (11). Only three of these commitments had noted a detailed target.

There were eight commitments to increase referrals to weight management services, however only two of these had particular targets attached.

Three goals were to purely measure levels of childhood and/or adulthood obesity.

One ICB (Surrey) noted a metric to reduce obesity related hospital admissions.

Type of ambition	Number of goals
Reduce obesity rates	19
Weight management referrals	8
Measure obesity levels	3
Reduce obesity related hospital admissions	1

Examples of obesity targets within ICB plans

Hertfordshire and West Essex ICB

“KPI: Number of people referred to and accessing weight management services, and lost weight.”

Bristol, North Somerset and South Gloucestershire ICB

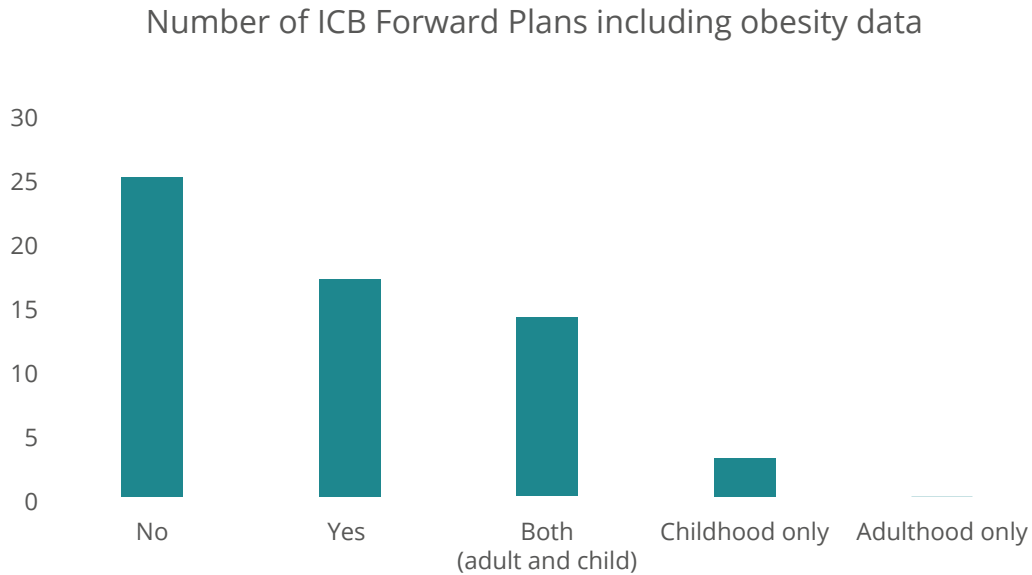
“Reduce the inequality in rates of obesity between most and least deprived areas of Bristol”

Surrey ICB

“Prevention and Keeping People Well [metric]: Obesity related hospital admissions”

Question 7: Did the plan include any data on obesity rates?

Only 40% of ICBs included obesity data in their Forward Plans. The majority of the data were focused on the prevalence of adult and childhood obesity. Three plans focused exclusively on childhood obesity prevalence.



Example of obesity data included in ICB Plan

Black Country ICB

Proportions of the population engaging in poor health behaviours

Behaviour	Number of goals	England	Date
Obesity	69% of adults are classified as overweight or obese	64%	2020/21
	28% women are obese in early pregnancy	22%	2018/19
	27% of Reception year are overweight or obese	23%	2019/20
	43% of year 6 children are overweight or obese	35%	2019/20

Discussion

National targets and ambitions for reducing obesity and its impact in recent years have been missed. As set out in the 2007 Foresight report, obesity is a complex public policy challenge involving multiple variables and requiring a sustained multi-agency response to succeed.^{xvii} ICBs – which bring together different organisations

across the health and care system – could be new platforms for such multi-agency work at the regional and local level. The APPG on Obesity argues that ICBs have a particular role in setting out a long term vision for obesity services and helping ensure partners are working together to deliver this.^{xviii}

However the findings from this audit of ICB Forward Plans show that whilst some ICBs are committing to reduce obesity rates, and highlighting the links between obesity and other major conditions, ambitions for success are unclear and obesity is not listed as a strategic priority. Some ICBs do not include any references to obesity in their Forwards Plans and 60% include no obesity related data.

Where ICBs are focusing on obesity, efforts are primarily on reducing rates of childhood obesity and wider efforts at obesity prevention. Where plans include obesity services, most attention is on tier 2 and tier 3 weight management services rather than surgery or pharmacological interventions – both of which have proven cost-effective for a certain subset of people living with obesity.^{xix}

With just under two thirds of the population living with obesity and overweight today, growing health system and economic costs, rising health inequalities and new treatment innovations entering the market, the opportunity exists for ICBs to take a lead in reducing obesity rates in their areas. As still relatively new organisations with multiple competing priorities the question for ICBs is how should this best be done and what good practice exists that can be built from? In particular, how can ICBs co-ordinate and work with partners across the health and care system to reduce obesity rates? How can such work support wider ICB objectives such as reducing health inequalities and improving health outcomes for the most disadvantaged? And what does success in the future look like?

A one-size fits all approach across the country will not work, but what principles and models should be considered that can help deliver a system-wide approach, covering both obesity prevention and treatment and across both childhood and adulthood obesity? How should the existing tier system of obesity services evolve to deliver this? Can the Government's planned Major Conditions Strategy aimed at reducing the impact of conditions such as cancer and cardiovascular disease help?^{xxi}

This audit has provided a snapshot of how ICBs are approaching obesity as part of their forward planning processes. Future Health looks forward to feedback on the findings and discussing with ICBs and others across the health and care system about how best to take forward an NHS agenda that can help reduce obesity rates in England.

About Future Health and this report

Future Health is a public policy research centre focused on creating healthier, wealthier people, communities and nations. Future Health publishes regular research papers across its three policy research programmes of health prevention, health technology and the links between improvements in health and economic growth.

This is a follow-up report to *Turning point: The case for new action in tackling obesity in England*. The report published in early 2023 called for a new cross government strategy to reduce obesity rates and for the NHS to address variations in access to weight management services.

The statements, findings and recommendations in the report are the views of Future Health alone. Primary research was undertaken between October 2023 and January 2024.

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