

Ending the obesity epidemic

Harnessing opportunities to
reverse obesity rates in the UK

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Foreword

By Sokratis Papafloratos
CEO & Founder of Numan

When we set out to commission this research, it was not because the scale of the obesity crisis was unclear. The data is clear: one in four adults in England, Wales and Northern Ireland – and one in three in Scotland – now lives with obesity. The cost to our health system, economy and society is staggering, and the personal toll on individual and family health even greater.

We believe the UK stands at a pivotal moment. After decades of rising prevalence, obesity rates have finally slowed. For the first time in a generation, we have the tools and knowledge to not simply manage obesity but to begin to reverse it. Advances in science, new generations of medicines, digital health technologies, and a deeper understanding of obesity as a complex, chronic and relapsing condition that should be recognised as a disease, rather than a question of willpower all point towards a genuine opportunity for change.

But this opportunity will only be realised if we act collectively. Tackling obesity cannot be left to individuals alone; nor can it sit solely with the NHS. It requires joined-up thinking across government departments, collaboration between the public and private sectors, and the courage to implement policies that address stigma, embrace innovation and widen access to effective care for every community.

The societal dividend of reversing obesity is immense. Millions of people could live longer, healthier lives. The NHS could be relieved of enormous pressures, freeing resources for other priorities. Productivity could be boosted, and inequalities reduced. And perhaps most importantly, we could shift the narrative – from treating sickness to proactive prevention, and from inevitability to hope.

That is why we commissioned this white paper: to set out the evidence, highlight the urgency, and make the case for decisive, system-wide action. Our ambition is

that it serves as a call to policymakers, innovators and leaders across society to believe – and act on – the possibility of an obesity-free future. The UK can lead the way. We have all the ingredients to show what is possible – the trusted reach of the NHS, world-class scientific expertise, new treatments, and a thriving digital health ecosystem.

Of course, reversing the prevalence of obesity, particularly if we want to bring it back to pre-Millennium levels, will take sustained effort over a decade or longer. But the benefits of bold action need not be distant. With the right approach, we could see meaningful economic and health gains within three to five years – from reduced pressure on the NHS to higher productivity and better quality of life for people with obesity. Even as we work towards long-term reversal, early wins are both realistic and essential.

If we choose boldness in 2025, we can bend the curve of this epidemic, relieve pressure on future generations, and leave a legacy of better health, greater opportunity and renewed confidence in the UK as a global leader in public health.

Executive summary

Obesity remains one of the most pressing public health challenges in the UK.

Despite signs of plateauing, prevalence is alarmingly high: one in four adults in England, Wales and Northern Ireland – and one in three in Scotland – is classified as obese.¹ The economic burden is enormous, costing an estimated £126 billion annually, including £12.6 billion in direct National Health Service (NHS) costs and £30.8 billion in lost productivity.² Beyond economics, obesity drives chronic conditions such as type 2 diabetes, cardiovascular disease and certain cancers, while exacerbating mental health issues.³⁻⁵

Reversing obesity rates to pre-2000 levels could deliver enormous benefits. If 5% of people living with obesity in the UK were successfully supported to achieve a healthier weight (and 0.5% of those who are overweight did the same), this would generate £82.8 billion in productivity gains and £30.9 billion in NHS savings over ten years.² On an individual level, someone with obesity who reduces their weight could benefit from improved quality of life, reduce their reliance on informal care and extend life expectancy.⁶⁻⁹

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But persistent barriers are limiting access to equitable and effective obesity care. Specialist obesity services are in high demand but are unevenly distributed across the UK,^{10,11} often leading to long wait times.^{10 12 13} This, combined with strict NHS eligibility criteria for innovative treatments, has led many people to seek care via the private sector, which may be contributing to widening inequalities.^{12 14–17} Complex regulatory processes are delaying the roll-out of digital and AI-based tools for weight management.^{18–20} Local obesity policy is variable and the commitment to a whole-system approach to tackling obesity may be wavering.^{10,21} And significant gaps in data – on outcomes, utilisation and productivity – are obstructing evidence-based decision-making.^{22,23} Additionally, pervasive social stigma is deterring some people with obesity from seeking the care they need.²⁴ Taken together, these factors are limiting access to best-practice weight management services, and constraining the ability of the UK health system to deliver population-level reductions in obesity.

The UK stands at a critical juncture in tackling the obesity crisis. By harnessing four key opportunities, policy- and decision-makers could achieve a reversal in obesity trends:

- 1. A new generation of weight-loss medications** which, when provided as part of a comprehensive multidisciplinary approach, can support significant weight loss and may prevent chronic diseases.^{25–28}
- 2. Advances in digital health and AI tools** for obesity that could work alongside the NHS to deliver best-practice, personalised obesity care at scale.^{29–32}
- 3. Improved understanding of the role of genetics in obesity**, which could support more targeted treatment and prevention strategies.^{33–37}
- 4. Political momentum** with a renewed focus on reducing levels of obesity.^{38–40}

To turn opportunity into action, policy- and decision-makers must lay the foundations for meaningful change by focusing on the following priority actions:

- **Scale up innovative public-private partnerships:** urgently assess the potential for public-private partnership models to deliver end-to-end obesity services.
- **Tackle stigma:** recognise obesity as a disease to reduce widespread stigma.
- **Collaborate for regulatory efficiency:** work collaboratively with innovators to ensure that the digital tools available on the future HealthStore platform provide timely and effective support to people with obesity.
- **Adopt a cross-departmental policy assessment framework:** allow obesity-related policies to be evaluated in a way which ensures that spending decisions reflect benefits across all relevant departments.
- **Strengthen data collection:** establish a national obesity management registry to systematically collect data from both NHS and private digital weight management services.
- **Reinvigorate a whole-system approach:** implement a whole-system model for obesity management at a local level throughout the UK.

It is time for bold, coordinated policy leadership, with government departments working together rather than in siloes. The urgency and opportunity are clear: **the next step is a commitment to act.**

1. The state of obesity in the UK

Although obesity rates are levelling off, they remain alarmingly high. The UK has one of the highest rates of obesity in Europe.⁴¹ Approximately one in four adults in England, Wales and Northern Ireland is categorised as obese; this figure rises to one in three in Scotland.¹ Prevalence has risen sharply since the end of the 20th century; from 1993 to 2022, adult obesity levels in England almost doubled, increasing from 15% to 29%.¹ Although obesity rates appear to have plateaued in recent years,¹ the ongoing scale of the crisis highlights the need for urgent action to reduce the number of people affected.

Obesity and overweight cost the UK an estimated £126 billion per year; (...) of this, £30.8 billion is due to the role of obesity in unemployment, sick days or reduced in-work productivity.²

The economic impact of obesity on the health system and wider society is substantial, and continues to grow. Obesity and overweight cost the UK an estimated £126 billion per year; this reflects the costs on the health and social care system, individuals with obesity and their carers.² Of this, £30.8 billion is due to the role obesity plays in unemployment, sick days or reduced in-work productivity.² Furthermore, these productivity costs are not evenly distributed across the UK; for example, the North of England has both higher rates of obesity and a significant productivity gap compared to the South, contributing to entrenched regional health inequalities.^{2,42} Around 10% of the total cost (£12.6 billion) falls directly on the National Health Service (NHS) due to the cost of treating obesity – and

overweight-related illnesses, such as cardiovascular disease (CVD), stroke and diabetes. Without action, these figures are projected to rise.²

Obesity has profound and multifaceted effects on people with the condition and their loved ones. It increases a person's risk of developing type 2 diabetes, CVD, musculoskeletal conditions and at least 13 types of cancer.^{3,4} Globally, obesity contributes to around 43% of people living with type 2 diabetes and 78% of those with hypertension.⁴ It can also affect a person's ability to work, which can have a significant impact on their quality of life.² People living with obesity are also up to a third more likely to experience depression.⁵ This is often compounded by persistent societal stigma based on the common misconception that obesity is a result of individual choice.^{2,4} Additionally, some people with obesity struggle to access adequate social care, meaning they rely on their family or loved ones for care; this can affect the quality of life of family members, and lead to some people with obesity feeling like a burden.⁹

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There are significant health inequalities associated with obesity, with the condition disproportionately affecting underserved communities. In the UK, people who live in deprived areas, live with disabilities or have lower levels of education are more likely to develop obesity or be classified as overweight.¹ Prevalence also varies across ethnicities, with Black people having the highest rate of excess weight (75%), while people of Chinese ethnicity have the lowest (31%).¹

Why has obesity increased in the 21st century?

We now live in what has been called an ‘obesogenic environment’: our surroundings influence both energy intake and expenditure, contributing to obesity. Factors that have contributed to high levels of obesity in recent years include:

Food and drink access and affordability

Modern food systems promote convenient, high-fat and high-sugar options.^{43,44} Recent findings indicate that around half of children’s energy intake comes from ultra-processed foods, which are associated with obesity.⁴⁵ While food has become cheaper overall, healthy options remain less affordable than unhealthier ones.⁴⁶ Additionally, over 10 million people in the UK live in ‘food deserts’ – areas that are poorly served by food shops – meaning that disabled people or those without a car may struggle to access a wide range of healthy food.⁴⁷ Marketing strategies such as special offers, product positioning and advertising further drive the purchase and consumption of poor-quality foods.⁴⁶

Physical activity

People in the UK are living more sedentary lifestyles; the population in England, for example, is 20% less active than it was in the 1960s (this number is expected to rise to 35% by 2030).⁴⁸ For adults, this is a result of the reduced need for manual labour as well as increased car use, while children are walking to school less and spending more time on screens.⁴⁶ Lower rates of physical activity are also more common among people living in deprived areas.⁴¹ This is partly driven by the urban environment, with deprived areas typically having less green space, which means fewer areas for exercise.⁴⁹

Biology

Genetics play a significant role in obesity (see the section ‘Scientific advances in our understanding of obesity’).^{50,51} In environments abundant with unhealthy food, people with certain genes may gain weight more easily and struggle to regulate their food intake.⁵¹ There is also an intergenerational risk of obesity; children of people with obesity are nearly twice as likely to be affected, due to inherited habits and genetic factors.⁵²

The case for urgent action

2.

The economic argument for bringing obesity rates down to pre-Millennium levels is compelling and extends far beyond the health system. If 5% of people living with obesity in the UK were successfully supported to achieve a healthier weight (and 0.5% of those who are overweight did the same), this would generate £23.7 billion in productivity gains within five years, and more than £82.8 billion over ten years, of which £30.9 billion would be savings in the NHS.² Additionally, if 20% fewer people developed CVD or musculoskeletal conditions (which are strongly associated with obesity), the UK could see a 0.3% boost in GDP (£8.1 billion) within five years.⁵³ A reduction in obesity rates would also likely lead to savings for mental health services, as there is a link between obesity and mental health challenges.^{5,20}

Reducing obesity would bring significant benefits to people with the condition, and to their carers. Bringing rates of obesity down to pre-Millennium levels would contribute to improvements in quality of life and mental wellbeing, and increased life expectancy for millions of people in the UK.^{6,7,54} It is likely fewer people would be living with other preventable conditions, including type 2 diabetes and heart disease.^{4,7} It would also allow for greater personal independence by minimising reliance on informal care and alleviating pressure on carers.^{8,9}

The UK stands at a critical juncture; it must harness innovation in its efforts to tackle the obesity crisis. Emerging approaches to obesity reduction — including next-generation pharmaceuticals and digital health solutions — are converging with a deeper and more nuanced understanding of obesity as a complex, chronic condition. The alignment of innovation, scientific and political momentum presents a genuine and timely opportunity to reverse obesity trends. With strong leadership, efficient resource allocation and system-wide reform, reducing obesity could become a reality — with lasting benefits to population health and economic prosperity.

3. Understanding obesity: new developments

Novel medicines for treating obesity

A number of innovative and highly effective medicines are now available to people with obesity in the UK, and many more are being developed.

The glucagon-like peptide-1 (GLP-1) agonists semaglutide and tirzepatide have been licensed for managing weight loss since 2023 and 2024, respectively, although off-label use occurred before this, when semaglutide was specifically licensed for people with type 2 diabetes.⁵⁵⁻⁵⁷ GLP-1 medicines offer meaningful weight-loss benefits through appetite suppression and improved insulin regulation; evidence suggests that these medications can help people with obesity reduce their weight by 15–20% in one year.^{25,26} Evidence from the US – where GLP-1s have been available since 2014⁵⁸ – suggests that their use may be beginning to reduce historically rising rates of obesity across the population.^{59,60} There are more than 100 weight-loss medications in development, suggesting many more options will be available in the coming years.⁶¹

The new generation of medications has the potential to bring wide-scale health benefits beyond weight loss. A growing evidence base suggests that GLP-1s have the potential to delay or prevent chronic conditions such as type 2 diabetes and CVD.^{27,28} Recent findings also indicate that semaglutide can significantly reduce the risk of death from cardiovascular causes among people with type 2 diabetes.⁶²

Advances in digital health technologies and AI

Digital health technologies offer a crucial pathway to enhancing both access to and the quality of obesity care across the UK. Many services are becoming increasingly digitised in an effort to manage the rise in demand and costs within a context of reduced funding, and healthcare is no exception.⁶³ Digital health technologies are a scalable and cost-effective way of improving obesity care at every stage of the pathway, from assessment to best-practice treatment and management.^{29,30} These innovations can make it easier for people to access virtual specialist and multidisciplinary care, which is particularly valuable for those living in rural areas, people with mobility challenges or people who need more flexible care.³¹ Digital self-monitoring apps allowing people to track their body weight, dietary habits and physical activity have also been shown to support weight loss – especially when healthcare professionals can also access the data to provide tailored interventions.^{32,64}

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A suite of digital weight-management programs has been recommended by the National Institute for Health and Care Excellence (NICE) to help the NHS deliver these services to more people across the UK.²⁹ Some of these programs provide professional support with weight-loss medications, mental health support and education on diet and exercise.⁶⁵ Using digital tools to simplify access to these services could help the NHS overcome economic and logistical barriers, while broadening the reach of effective care.⁶⁵

The pace of innovation in the private sector can enhance the efficiency and reach of national obesity care and treatment programmes. So far, the most rapid adoption of digital innovation is taking place in the private sector; the vast majority of people currently using GLP-1s in the UK are accessing them privately,

often with digital wraparound services.^{17,66} This demonstrates that it is feasible to deliver weight-loss services at scale and digitally, but it also highlights a gap in provision through the NHS. NICE estimated that their approved digital weight-management services could provide specialist care to up to 48,000 people and save as many as 145,000 clinician hours,⁶⁵ though the time frame needed to achieve this remains unclear. Private provision is reaching far greater numbers and so is already relieving the NHS of significant pressure.¹⁷

AI is transforming obesity care by enabling more personalised, scalable and effective interventions to people who might otherwise go without any treatment. By analysing large data sets from electronic health records, AI tools can provide a more granular understanding of the complexity of obesity. This leads to improved patient assessment and a more precise and tailored approach to treatment,^{67,68} which ultimately can enhance weight-loss outcomes and result in sustained lifestyle changes.^{69,70} For example, AI is being used to develop highly personalised nutrition plans that can support better adherence, improved metabolism and weight management.^{67,71}

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Virtual coaching can also utilise AI, with personal health data to deliver tailored guidance and motivational support, helping individuals achieve health goals and maintain long-term engagement. With limited access to nutritional support in the UK and dietitians under increasing pressure, these technologies can play a vital role in bridging the gap.^{20,72}

AI can also enhance the prediction of obesity, allowing for more targeted prevention efforts. AI models have demonstrated high accuracy in predicting future obesity among adolescents by analysing physical attributes, eating habits and activity levels.^{69,73} Integrating these tools into primary care could enable the routine identification of people at high risk of developing obesity, allowing

for timely preventive measures such as lifestyle modifications. Additionally, this approach could help address limitations within the NHS's analytical workforce, which is considered to be underutilised and lacking sufficient capacity for population health analysis.^{20,74}

Scientific advances in our understanding of obesity

A new understanding of the genetics of obesity can support more targeted treatments. It is now recognised that 40–70% of the variability in people's weight is driven by their genetic predisposition, underscoring obesity as a biological condition, rather than exclusively a lifestyle condition.^{33,34,75} Over 1,000 genetic variants are associated with body weight;⁵⁰ they can affect metabolism and appetite, and cause insulin resistance, which can contribute to obesity.^{75,76} These insights have advanced the development of effective targeted therapies for obesity caused by gene-specific mutations, the first of which was approved in the UK by NICE in 2022.^{35,36}

Genetic testing in obesity management can predict future risk and establish who may benefit from tailored interventions. The emergence of gene-specific obesity treatments underscores the clinical relevance of genetic testing in guiding therapeutic decisions. The approach can also play a role in predicting the risk of developing obesity. This is particularly valuable for children and adolescents, as early identification of genetic risk allows targeted prevention – such as lifestyle interventions – before obesity becomes entrenched in adulthood.³⁷ Genetic testing for obesity management is available in the UK,⁷⁷ but access is currently limited to people with severe obesity (BMI of above 40)⁷⁸ and further investment is needed to integrate genomic tools into routine obesity care. Bridging this gap would enable a more precise and forward-looking approach to personalised obesity management, reframing it as a condition that can be predicted and prevented.

New categories of obesity may provide additional options to deliver more personalised treatment. There is a growing consensus that obesity can be divided into a number of different conditions based on a combination of biological factors, body composition, metabolism and behaviour. For example, obesity can be categorised by body fat distribution, with the location and type of fat linked to varying risk of certain health conditions, for instance CVD.⁷⁹ Diagnostic tests to establish fat location can support healthcare professionals with understanding

a person's risk of developing one or more comorbidities, and subsequently with tailoring interventions to lower this risk.

Studies suggest that altering the composition of gut microbiota may be effective for achieving weight loss; this could open up a range of interventions aimed at restoring a balanced gut.^{80–82}

The emerging association between the gut microbiome and obesity may expand the range of treatments available. In recent years, new evidence has suggested that an imbalance in gut microbiota may be linked to obesity; it can be associated with increased appetite and metabolic disorders, both of which are influential factors in the development of the condition.^{80,81} Studies suggest that altering the composition of gut microbiota may be effective for achieving weight loss; this could open up a range of interventions aimed at restoring a balanced gut.^{80–82} Other strategies that seek to address gut microbiota imbalance include more standard approaches to weight management, such as dietary interventions and regular physical activity.⁸⁰ Evidence remains at an early stage, but the possible association between the gut and obesity may pave the way for cutting-edge, microbiome-targeted therapies that can contribute to reducing obesity levels.⁸³

Political momentum to tackle obesity

Obesity is being increasingly recognised as a political priority. In July 2025, the Department of Health and Social Care (DHSC) published *Fit for the Future: 10 Year Health Plan for England*.³⁸ To end the obesity epidemic, the plan commits to launching a ‘moonshot’ that focuses largely on food and drink reforms – for example, restricting unhealthy food advertising targeted at children.³⁸ The plan also recognises the transformative potential of weight-loss treatments, and the role of AI and genomics in bolstering prevention efforts. These aims are positioned within a strategic framework that prioritises three ‘shifts’ that could also bring significant opportunities to improve access to best-practice obesity care: the shift from hospital to community, from analogue to digital, and from sickness to prevention.³⁸

Since 1992, successive UK governments have published 14 strategies and implemented almost 700 policies to tackle obesity – despite that, prevalence of the condition doubled during that time.^{1,84}

There is political momentum to address obesity in other nations of the UK too. In June 2025, the Scottish Government published *Scotland’s Population Health Framework 2025–2035*, which lists ‘improving healthy weight’ as one of two priorities, and commits to improving the food environment.⁴⁰ Meanwhile, Public Health Wales’s *Long-Term Strategy 2023–2035* cites obesity in its strategic priority to promote healthy behaviours, including a target to increase the proportion of the population who are at a healthy weight to at least 36.7%.³⁹ Neither strategy makes reference to increasing access to weight-loss treatments, however.^{39,40}

Digital health has been recognised as a core part of the future approach to equitable obesity care. The UK government has committed to building the HealthStore, a platform where people can access NICE-recommended apps,³⁸ including weight-management apps.⁶⁵ In another effort to combat the challenges experienced by people in accessing new weight-loss services and treatments, the NHS is seeking to test new models of delivering them, including digital-only models of care.³⁸

While political will to address obesity has yielded limited results in recent decades, the government's recognition of the importance of innovation is a reason to remain optimistic. Since 1992, successive UK governments have published 14 strategies and implemented almost 700 policies to tackle obesity — despite that, prevalence of the condition doubled during that time.^{1,84} The impact of the 2020 obesity strategy was limited, with many of the policy measures delayed or ultimately dropped.⁸⁵ Nonetheless, the government's newfound focus on expanding access to revolutionary treatments, digital tools and AI algorithms in a wider context of NHS transformation gives hope that obesity in the UK can be reversed.

How the UK can leverage new opportunities to reverse obesity rates

4.

Reform NHS obesity services

What is the challenge?

Access to specialist obesity services remains inadequate, with significant regional disparities and overwhelming demand leading to limited uptake and long waiting times. In England, specialist obesity services are commissioned and organised locally, by integrated care boards (ICBs); these are NHS organisations responsible for budgeting and planning health services for the local population.⁸⁶ As a result, these obesity services vary in terms of availability and comprehensiveness.¹⁰ As of July 2025, 5 out of 42 of England's ICBs did not offer any specialist obesity services.¹¹ Among those that did provide them, several failed to meet the recommended national guidelines for comprehensive obesity care.¹¹

As of July 2025, 5 out of 42 of England's ICBs did not offer any specialist obesity services.¹¹

Data from 2022 and 2023 showed that typically only around 1% of eligible individuals were referred to specialist obesity services, while this figure was even lower in deprived areas.¹¹ This is possibly exacerbated by the fact that high demand and limited healthcare resources can lead to long waiting times.^{10,12,13} Currently in Wales, people may be forced to wait five years before accessing specialist care.⁸⁷ In July 2023, the specialist obesity management service in Leeds was forced to close to new referrals as a result of overwhelming demand.¹³ The service was commissioned to treat 250 people per year; as of February 2024, it had 660 people on its waiting list.¹³

Strict eligibility criteria for obesity medication through the NHS are leaving many people who would benefit without access. When tirzepatide was approved in 2024, NICE estimated 3.4 million people in England met the criteria — those with a BMI over 35 and one weight-related condition such as diabetes or cardiovascular disease.^{14–16} However, to manage costs and service capacity, the roll-out was limited to just 220,000 people over three years.^{12,16} Analysis from August 2025 found that only eight ICBs were providing tirzepatide to eligible populations, despite the aim to open up access two months earlier.⁸⁸ Today, if eligibility extended to everyone with obesity (defined as a BMI over 30) in England, over 13 million people would qualify, demonstrating that only a fraction of people with obesity are currently able to access this treatment.^{1,89}

Today, if eligibility [for treatment with tirzepatide] extended to everyone with obesity (a BMI over 30), over 13 million people would qualify, demonstrating that only a fraction of people with obesity are currently able to access this treatment.^{1,89}

These challenges have led to a widespread reliance on the private sector to fulfil the unmet needs of people with obesity. Private healthcare providers can prescribe semaglutide and tirzepatide in line with the eligibility criteria of the UK's regulatory body, the Medicines and Healthcare products Regulatory Agency (MHRA) (which includes adults with BMI of 30 or more, or a BMI of 27–30 with at least one weight-related condition), rather than NHS eligibility criteria.^{16,90} This wider eligibility has led to 1.5 million people every month accessing treatments through private healthcare providers in the UK.¹⁷ This may be exacerbated by out-of-date NICE commissioning frameworks — the guidelines for planning and funding NHS services — which have not kept pace with the speed of pharmaceutical innovation, making new obesity medicines more difficult to integrate into care.⁹¹

If not managed carefully, however, the growing reliance on private healthcare providers for weight-loss treatment risks deepening existing health inequalities.

While private providers offering weight-loss treatments may help some people avoid more severe obesity and reduce pressure on the NHS, access remains largely limited to those who can afford to pay out-of-pocket.¹² Consequently, people with low income – who are often at greater risk of obesity – may be left behind, exacerbating disparities in health outcomes.

A UK survey found that 88% of people with obesity reported being stigmatised as a result of their weight, contributing to an increased risk of mental health conditions.^{5,24,92}

Despite our understanding of the biological drivers of obesity, stigma remains pervasive and is a barrier to accessing care. There is strong evidence of an association between genetics and body weight. Yet there is still a common misconception that a person's body weight is a result of their individual choices and lifestyle, and could be changed easily by using willpower to eat less and exercise more.^{3,24} A UK survey found that 88% of people with obesity reported being stigmatised because of their weight, contributing to an increased risk of mental health conditions.^{5,24,92} Stigma can cause people to feel uncomfortable speaking to healthcare professionals about their weight. Evidence suggests, in people with co-existing illnesses, that this can lead to avoidance of, for example, cancer screening, resulting in delayed diagnosis and worse health outcomes.^{92,93}

What can be done?

Greater government collaboration with the private sector could boost capacity to meet demand for obesity management services, minimising health inequalities. There is an opportunity for UK governments to explore robust strategic partnerships with the private sector to leverage established digital infrastructure for the roll-out of obesity care, including weight-loss medicines and the necessary wraparound services.²² This collaboration could expand on mechanisms already in place, such as digital weight-management services recommended by NICE, and help scale up the delivery of medications in an efficient and cost-effective way.²² By working collaboratively, the public and private healthcare sectors can help ensure that care is not determined by income, but by need – creating a more equitable and efficient system that benefits the entire population.

A more integrated, cross-departmental approach to obesity-related spending decisions is essential to unlock broader economic and societal benefits. Currently, government departments operate within siloed budgets, making investment decisions primarily based on outcomes that affect their own financial remit.^{20,94} This limits coordinated policymaking on issues like obesity, which have a wide-reaching impact beyond the DHSC. For example, effective obesity interventions can boost workforce productivity and reduce unemployment – outcomes that benefit the Department for Work and Pensions and Treasury.^{20,91} Adopting a new framework for assessing policy impact that considers cross-departmental gains, rather than restricting analysis to the initiating department, would enable more strategic investment and deliver greater value across the public sector.

Expanding the role of primary care in delivering specialist obesity services could also help improve access and reduce pressures on services provided by hospitals.

At present, specialist obesity services are largely delivered through hospitals, although a phased NHS roll-out is allowing people with the highest clinical need to access some weight-loss medications via their general practitioner.^{95,96} Primary care teams already manage a wide range of long-term conditions and possess the clinical expertise to support people with obesity.⁹⁷ With the right tools, training and resources, primary care could play a more central role in delivering accessible, ongoing obesity care – helping reduce pressure on hospitals while also **improving** continuity of care.⁹⁷

Formally recognising obesity as a disease could contribute to greater investment and reduced stigmatisation.

The World Health Organization, along with the governments of Canada, Germany, Italy, Japan, Portugal and the US, has recognised obesity as a disease. In the UK, the Royal College of Physicians took the step of recognising obesity as a disease and called on the UK government and wider healthcare sector to follow.⁹⁸ Doing so in the UK could encourage government action to prioritise the creation and implementation of strategies for obesity reduction, and increase funding to tackle the condition – which would ultimately lead to significant long-term cost savings.² Categorising obesity as a disease could also reduce stigma and discrimination by shifting the focus away from individual choices towards an understanding of obesity as a biological condition. In turn, this could contribute to improving access to treatment and uptake of services.^{99,100} However, more evidence is required to understand how any such redefinition might affect outcomes; this process must involve hearing directly from people with obesity to ensure future decision-making reflects lived experience.

Improve access to digital and AI-powered obesity services through collaborative regulation

What is the challenge?

Regulations for digital health and AI-powered technologies that could benefit people with obesity are complex and inconsistent, hampering the development and adoption of innovation. Effective regulation of these technologies has the potential to affect the pace, scale and appropriateness of adoption. Companies involved in developing digital health technologies have reported confusion around regulatory rules and accreditation processes.¹⁸ Navigating the requirements can incur significant time, cost and expertise; this can be challenging for small- and medium-sized companies as well as start-ups, who are often important drivers of innovation.¹⁸ Oversight from multiple regulatory bodies often compounds confusion; innovators face unclear messaging around requirements and subsequently can experience delays in gaining approval to bring technologies to market.¹⁹ In 2023, the NHS launched the AI and Digital Regulation Service to simplify and streamline standards,¹⁰¹ but it is too early to evaluate its full impact and whether challenges remain.

Innovation is outpacing regulation; this can lead to people accessing some digital health technologies that do not deliver appropriate or effective support. In 2012, there were an estimated 40,000 medical and health-related apps available online; by 2021, this had increased to almost 100,000, and their number continues to grow.^{102,103} The pace of development, combined with a lack of standardised evaluation, means that there are many digital health technologies but little evidence of their effectiveness.¹⁰⁴ It should be noted that the majority of innovators are keen to demonstrate the effectiveness of their technologies, but may lack the guidance and expertise to do so. For this reason, NICE published the *Evidence Standards Framework for Digital Health Technologies* in 2021 (updated in 2022 to include AI technologies) to provide guidance for innovators on the evidence needed for assessment based on intended use and level of risk.¹⁰⁵ The aim of the framework is to educate innovators and evaluators about the type and quality of evidence needed to support a technology being commissioned by the NHS.¹⁰⁴ While the framework has been positively received by innovators and commissioners alike, concerns remain as to whether NICE has the capacity to evaluate the number of technologies being developed.¹⁰⁴

What can be done?

Steps are being taken to increase capacity in regulatory and health technology assessment, and to accelerate the speed of adoption. The MHRA is taking steps to increase capacity and streamline its approach to digital health regulation in the face of an explosion of innovation.^{106–108} In 2025, Innovate UK, in partnership with the MHRA, announced that seven Centres of Excellence for Regulatory Science and Innovation would be established with the aim of leveraging AI and digital health to tackle regulatory challenges that delay patient access to beneficial technologies.¹⁰⁷ Meanwhile, NICE, which evaluates the cost-effectiveness of technologies, is taking similar action to streamline processes with a view to increasing capacity.¹⁰⁹ Establishing a joint taskforce between the MHRA and NICE, as well as NHS England/DHSC, could be a way to improve efforts to increase capacity, thus accelerating approvals and guaranteeing rapid and equitable adoption.

Ongoing collaboration between innovators and NICE can support rapid access to effective, evidence-based apps through the planned HealthStore platform. The platform will aim to help people with obesity access effective technologies.⁴⁵ However, questions remain about: how it will be developed and implemented; the time frame needed to set it up; and the speed at which appraisals can be conducted, given the volume of weight-loss apps available. Throughout the implementation of the HealthStore, it is crucial that there is regular discussion and ongoing engagement between innovators and NICE. This is key to ensuring inclusion criteria are clear and aligned with the capabilities of innovators, including small- and medium-sized enterprises (SMEs) as well as start-ups with limited capacity and expertise. This clarity over necessary criteria would also provide organisations such as ICBs with the information they need to easily tender for and commission providers.

Generate the data needed for agile policy– and decision–making

What is the challenge?

The UK is not collecting sufficient data to inform effective local and national policymaking and service planning. While there are substantial clinical and economic data that demonstrate the benefits of treating obesity,²³ there are significant gaps in real-world data, especially at local levels, exploring the long-term impact of obesity, and obesity reduction and prevention efforts. For instance, there are limited data on: the link between obesity and healthcare resource utilisation, including hospital stays; obesity's link to rates of related conditions, such as type 2 diabetes; and the impact of obesity on key productivity indicators.²² More evidence is also needed on the cost-effectiveness of treating specific populations with obesity.²³

The UK is failing to leverage its significant research and development potential, limiting opportunities to improve obesity care. The NHS holds an unparalleled wealth of health data, with immense untapped potential to accelerate treatment discovery and improve care.^{20,110} Across the UK, millions of individuals are represented in a wide array of databases, registries and electronic health records.¹¹⁰ However, these data sources are not integrated or used in a coordinated manner, particularly when identifying and recruiting participants for clinical trials.¹¹⁰ As a result, researchers, academic institutions and industry partners are unable to fully harness this valuable resource to generate robust evidence for new treatments and innovations.

What can be done?

The right types of data must be collected to demonstrate the impact of obesity reduction on wider society. This would help engage policymakers and support them in making data-driven decisions that promote effective planning and resource prioritisation.²² Clear evidence about which population groups might benefit the most from treatment would allow health decision-makers to effectively prioritise treatment for maximum impact.²³ In August 2025, NICE published a quality standard calling for people with long-term conditions to receive annual BMI and waist-to-height measurements, with a view to identifying people at risk of developing obesity and related health complications.¹¹¹ The new standard holds significant potential for evidence generation and comprehensive data specific to obesity.

Strengthening collaboration between public and private obesity care services could significantly improve obesity data collection. NHS programmes offer valuable opportunities to collect real-world data on obesity interventions. The NHS Digital Weight Management Programme, which provides 12 weeks of online support for people with obesity and comorbidities such as diabetes or hypertension, is being scaled up to reach 125,000 participants annually.^{112,113} This expansion could enable the NHS to generate high-quality evidence on the impact of digital tools in reducing obesity, strengthening the overall case for their broader use across the health system. However, the programme's short duration and lack of direct access to weight-loss medications may limit the depth and applicability of the data collected. Meanwhile, private providers are delivering weight-loss medicines to 1.5 million people every month in the UK, often alongside wider support for lifestyle and behaviour change.¹⁷ This presents a major opportunity to collect data on treatment outcomes, an advantage that also enhances the UK's appeal as a launchpad for new treatments and health technologies. Boosting connectivity between public and private data frameworks on weight-loss medicines could illuminate the role of GLP-1s and digital wraparound services in improving healthcare resource utilisation. This could be achieved through establishing a national obesity management registry, which would enable systematic data collection across public and private services and provide a stronger foundation for future evidence-based policy.

The UK is uniquely positioned to lead global efforts to generate high-quality evidence for digital health and AI technologies targeting obesity and weight management. With the publication of NICE's *Evidence Standards Framework*, the UK offers a clear and structured approach that guides innovators on which data are needed, why they matter, and how to generate them in proportion to the complexity of their technology.¹⁰⁵ By explicitly endorsing the use of real-world data to demonstrate clinical and economic impact, NICE equips health technology developers with the clarity and confidence to produce robust evidence that resonates with regulators, payers and healthcare leaders, turning the UK into a launchpad for rigorous, scalable digital health innovation.

The UK is uniquely positioned to lead global efforts to generate high-quality evidence for digital health and AI technologies targeting obesity and weight management.

Expand and embed a whole-system approach to obesity reduction

What is the challenge?

The UK government's approach to tackling obesity has been characterised by fragmented policy and service delivery that focuses on individuals' behaviour rather than a holistic prevention and treatment effort. Historically, policy efforts have prioritised behavioural change through expanding access to information rather than implementing more robust environmental interventions, such as regulation or taxation; this was largely due to political sensitivities around perceptions of 'nanny state' governance.¹¹⁴ In parallel, lobbying by the food and drink industry has helped shape this approach, reinforcing a focus on individual responsibility and educational initiatives over structural measures like advertising restrictions or fiscal policies.^{115,116} At government level, however, there has also been some recognition of the need to address the environments that contribute to obesity. In 2019, Public Health England published a guide to support local

authorities with implementing a whole-system approach to obesity, and some local areas have followed through.¹¹⁷ However, because implementation is carried out locally, variability in the application of the approach is likely.

In 2024, only 5 out of 42 of England’s ICBs included obesity as a top priority in their strategies, suggesting that momentum for the approach had slowed at a local level.

In 2024, only 5 out of 42 of England’s ICBs included obesity as a top priority in their strategies, suggesting that momentum for the approach had slowed at a local level. The DHSC’s *10 Year Health Plan* has outlined some measures that indicate a recognition of the importance of engaging non-health sectors via the obesity moonshot. These proposed measures are still heavily focused on the food system, and more must be done to build a coordinated, fully multisectoral and outcomes-focused approach to tackling obesity.

What can be done?

A truly whole-system approach to obesity prevention and treatment could deliver substantive improvements to care and reduce health inequalities. Such an approach must include policy and regulation that support systemic changes, such as changing policies to create a healthier food environment alongside scaling up the roll-out of therapeutic and digital innovation.²²

A successful obesity moonshot – aimed at the food system – cannot exist in a vacuum, and addressing the root causes of obesity cannot come at the expense of the people currently living with the condition.³⁸

The NHS has a vital role to play by: leveraging local insights to direct services toward the communities most in need; equipping its workforce to provide guidance on diet and nutrition; encouraging referrals to specialist weight-loss programmes; and delivering appropriate treatment.⁴¹ Recent analysis indicates that combining preventive policies with increased access to innovative treatment is both economically viable and achievable.¹¹⁸ A successful obesity moonshot – aimed at the food system – cannot exist in a vacuum, and addressing the root causes of obesity cannot come at the expense of the people currently living with the condition.³⁸ A whole-system approach can provide the framework for delivering the moonshot in a way that includes underserved populations, who are disproportionately affected by obesity.

Unlocking the potential of innovative obesity care through collaboration

5.

Obesity has placed a profound and unsustainable burden on individuals, families, the health system and society at large. Yet today we stand at a pivotal moment. A convergence of promising opportunities — if strategically harnessed — could reverse national obesity trends.

Innovative treatments are now available and delivering transformative outcomes for many people. But limited NHS provision is hampering access, particularly to underserved populations who cannot afford to pay for private healthcare. Treatment alone is not a silver bullet, however. To achieve meaningful, population-wide reductions in obesity, medical interventions must be embedded in a comprehensive, long-term framework of support — one that is equitable, inclusive and accessible to everyone who needs it.

Treatment alone is not a silver bullet (...)
To achieve meaningful, population-wide reductions in obesity, medical interventions must be embedded in a comprehensive, long-term framework of support.

As the NHS continues to face challenges in scaling obesity services to meet demand, digital health tools offer a powerful complement. These technologies can extend the reach of provider-led care and empower people to manage their weight more effectively and sustainably. Private healthcare providers have demonstrated the ability to deliver obesity services where the NHS cannot; working in partnership with this sector could allow the public health system to scale up widespread access to vital care.

The government has rightly identified obesity as a priority for securing the sustainability of the NHS. But without a clear and actionable delivery plan, the ambitions set out in the *10 Year Health Plan* may fade as previous obesity strategies have done.

To deliver true change, policy- and decision-makers should consider the following actions:

- **Scale up innovative public-private partnerships:** urgently assess the potential for public-private partnership models to deliver end-to-end obesity services.
- **Tackle stigma:** recognise obesity as a disease to reduce widespread stigma.
- **Collaborate for regulatory efficiency:** work collaboratively with innovators to ensure that the digital tools available on the future HealthStore platform provide timely and effective support to people with obesity.
- **Adopt a cross-departmental policy assessment framework:** allow obesity-related policies to be evaluated in a way which ensures that spending decisions reflect benefits across all relevant departments.
- **Strengthen data collection:** establish a national obesity management registry to systematically collect data from both NHS and private digital weight management services.
- **Reinvigorate a whole-system approach:** implement a whole-system model for obesity management at a local level throughout the UK.

It is time for bold, coordinated policy leadership, with government departments working together rather than in siloes. The urgency and opportunity are clear: **the next step is a commitment to act.**

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