

## **OVIVA - WRITTEN EVIDENCE (FDO0084)**

### **The effectiveness of Government planning and policymaking processes in relation to food and drink policy and tackling obesity**

Though we fully understand the need for preventative measures in tackling obesity, we believe a key aspect in the discourse and subsequent policy on obesity has been missed. Almost 64% of the adult population in England are overweight or obese and little policy focuses on addressing the needs before us now. It is too late for prevention strategies alone and we would like the Committee and any recommendations to the Government include a full-circle, wraparound approach to tackling obesity to ensure people have the diagnostic and support services they need, as well as preventative management.

At present, weight management services in England are commissioned locally predominantly by individual ICBs. Tier 3 weight management services are generally for those living with a BMI of 30 with Type 2 diabetes, a BMI of 35 plus with comorbidities or a BMI of 40 +. Nationally, we see that the demand for Tier 3 weight management services (at least 4.2m people, ~7.5% of the population in England) outstrips supply (c. 35,000 places) by over 120 times. This population is at risk of developing serious related conditions as a result of delayed treatment.

Commissioning of Tier 3 Weight Management Services is patchy, with less than half of the population covered, resulting in a postcode lottery of care and exacerbating health inequalities. This is a clear example of where there remain anomalies in policy priorities for tackling obesity. The Oviva T3 WMP is an example of a vertically integrated care pathway that seeks to maximise patient access, retention and outcomes, and do this in a way which is significantly more cost-effective for the NHS than traditional in-person or video-call only services. Patients can, and should, benefit from a joined up approach that combines weight management expertise – either in a prevention or treatment capacity – along with interventions from dietitians or nutritionists, and with support from psychologists. GLP-1s have an important role to play, and we appreciate that it is outside of the Committee's scope, but programmes which combine dietary and behavioural change to ensure weight loss is safe, effective and durable should be a key focus in tackling obesity.

The cost to the NHS of treating obesity is astronomical, estimated at £19.2 billion annually. The wider economic costs are estimated to be upwards of 4% of GDP. We would recommend all future planning and policymaking view food, drink and health measures in a holistic, full circle manner, which incorporates NHS providers and community services. We believe that only then will we be able to tackle obesity in the full, lower the cost to the NHS and, improve patients' life chances.

## **The impact of recent policy tools and legislative measures intended to prevent obesity**

We understand that recent Government focus, and the likely future focus, will be on preventative measures around advertising, including ending the promotion of junk foods targeted at children, establishing healthier food in schools, and implementing the 9pm watershed for junk food advertising.

Oviva believes that preventative and holistic policy tools have a key role to play to prevent, and treat obesity. In particular, we would like to focus our answer on ensuring the UK provides a holistic, wraparound prevention and treatment service that is joined-up between NHS, community, and independent services. This should be a joint food policy and health treatment approach.

While childhood obesity is a key concern, and the aforementioned measures will play a crucial role in combatting this, we would urge the Committee to consider that, given the levels of adult obesity in the UK, there is an urgent need to increase supply of weight management services – including preventative care - as part of our policy arsenal. Such services can generate significant health gains for patients, medium and long-term return on investment for commissioners and reductions in elective waiting lists more broadly.

Oviva is a Care Quality Commission Regulated Provider of Tier 3 Weight Management Services to the NHS. Our Tier 3 Weight Management Programme (T3WMP) combines expert multidisciplinary healthcare professional (HCP) assessment, coaching and treatment, a standardised curriculum and learning content to support the patient. The Oviva T3 WMP is an example of a vertically integrated care pathway that seeks to maximise patient access, retention and outcomes, and do this in a way which is significantly more cost-effective for the NHS than traditional in-person or video-call only services. Patients can, and should, benefit from a joined up approach that combines weight management expertise – either in a prevention or treatment capacity – along with interventions from dietitians or nutritionists, and with support from psychologists. GLP-1s have an important role to play. We appreciate that this is outside of the Committee's scope, but programmes which combine dietary and behavioural change to ensure weight loss is safe, effective and durable should be a key focus in combatting obesity.

Nationally, we see that the demand for T3WM services (at least 4.2m people<sup>[1]</sup>, ~7.5% of the population in England) outstrips supply (c. 35,000 places<sup>[2]</sup>) by over 120 times. This population is at risk of developing

serious related conditions as a result of delayed treatment.

Commissioning of Tier 3 Weight Management Services is patchy, with less than half of the population covered, resulting in a postcode lottery of care and exacerbating health inequalities. We therefore believe that the recent policy tools and legislative measures have overlooked the need to combat and prevent adult obesity levels, which may not be so affected by measures such as the 9pm watershed and healthier food in schools, though we acknowledge these play a key role in combatting attitudes around.

### **Policy tools that could prove effective in preventing obesity amongst the general population, including those focused on the role of the food and drink industry in tackling obesity**

Oviva believes that taking a holistic policy approach is key to preventing and treating obesity. To undertake a holistic approach the UK must ensure that stakeholders and policies are joined-up. We recommend all future planning and policymaking regarding on food, drink and health measures are made in a holistic, full circle manner, which incorporates NHS providers and community services. We believe that only then will we be able to tackle obesity in the full, lower the cost to the NHS, and improve patients' life chances. Prevention is key to address the obesity crisis and that starts with building healthier lives across England, including for those who are already overweight or obese. One of the most important holistic policy tools to address obesity is ensuing access to weight loss and weight management services.

Our mission is to provide the most accessible and effective care to people living with weight-related conditions. Currently, only a small minority of patients have access to our service or one like it, owing to variable NHS ICB commissioning and accreditation practices. This makes no sense for patients or society and in turn puts immense pressure on our health system today and stores up problems for the future. The cost to the NHS of treating obesity is estimated at £19.2 billion annually with wider economic costs estimated at be upwards of 4% of GDP.

Oviva supports the fundamental right of patient choice in the NHS. All patients have a right to choose how and where their care is delivered. Many patients prefer digital care but often have to attend face-to-face appointments, reducing accessibility and negatively affecting outcomes. Our service ensures that people can access this much-needed care at scale, at a price set by the NHS.

We urge the Committee to support the right for patients to choose how they want to receive care and health services, and to ensure that approach is truly put into practice across England. To have patient choice is to provide more holistic services across England. By providing options

for obesity and weight loss services patient can receive more appropriate care across a range of factors to better meet their diverse needs.

*8 April 2024*