

# Quick reference guide 1

For local authorities, schools and early years providers, workplaces and the public

Issue date: December 2006

# **Obesity**

Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children

#### **About this booklet**

This booklet summarises recommendations that NICE has made for local authorities, schools and early years providers, workplaces and the public in 'Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children' (NICE clinical guideline 43).

NICE's recommendations for the NHS about obesity are summarised in another booklet (see inside back cover for details).

#### Who should read this booklet?

The booklet is for staff and managers in local authorities, schools and early years providers, workplaces, and for the public. It contains what you need to know to put the guideline's recommendations into practice.

### Who wrote the guideline?

The guideline was developed by the Centre for Public Health Excellence at NICE, and the National Collaborating Centre for Primary Care, which is based at the Royal College of General Practitioners and the Department of Health Sciences, University of Leicester. The Centres worked with a group of professionals from local authorities, education, employers and the NHS, consumer representatives, and technical staff, to review the evidence and draft the recommendations. The recommendations were finalised after public consultation.

For information on how NICE clinical guidelines are developed, go to www.nice.org.uk/guidelinesmanual

## Where can I get more information about the guideline on obesity?

The NICE website has the recommendations in full, summaries of the evidence they are based on, summaries of the guideline for the public, patients and carers, and tools to support implementation (see inside back cover for more details).

### National Institute for Health and Clinical Excellence

MidCity Place 71 High Holborn London WC1V 6NA

www.nice.org.uk

ISBN 1-84629-318-9

© National Institute for Health and Clinical Excellence, December 2006. All rights reserved. This material may be freely reproduced for educational and not-for-profit purposes. No reproduction by or for commercial organisations, or for commercial purposes, is allowed without the express written permission of the Institute.

#### This guidance is written in the following context

This guidance represents the view of the Institute, which was arrived at after careful consideration of the evidence available. Public health professionals, local government officials and elected members, school governors, head teachers, those with responsibility for early years services, and employers in the public, private and voluntary sectors should take it into account when carrying out their professional, voluntary or managerial duties.

## **Contents**

| Key priorities for implementation                     | 4  |
|---|----|
| Local authorities and their partners in the community | 6  |
| Early years settings                                  | 8  |
| Schools   | 9  |
| Workplaces  | 10 |
| Recommendations for the public                        | 11 |
| Summary of recommendations for the NHS                | 12 |
| Implementation  | 14 |
| Further information                                   |    |

#### Introduction

This is the first national guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children in England and Wales. The guidance aims to:

- stem the rising prevalence of obesity and diseases associated with it
- increase the effectiveness of interventions to prevent overweight and obesity
- improve the care provided to adults and children with obesity, particularly in primary care.

# Key priorities for implementation

The prevention and management of obesity should be a priority for all, because of the considerable health benefits of maintaining a healthy weight and the health risks associated with overweight and obesity.

### **Local authorities and partners**

- Local authorities should work with local partners, such as industry and voluntary organisations, to create and manage more safe spaces for incidental and planned physical activity, addressing as a priority any concerns about safety, crime and inclusion, by:
  - providing facilities and schemes such as cycling and walking routes, cycle parking, area maps and safe play areas
  - making streets cleaner and safer, through measures such as traffic calming, congestion charging, pedestrian crossings, cycle routes, lighting and walking schemes
  - ensuring buildings and spaces are designed to encourage people to be more physically active (for example, through positioning and signing of stairs, entrances and walkways)
  - considering in particular people who require tailored information and support, especially inactive, vulnerable groups.

### Early years settings

- Nurseries and other childcare facilities should:
  - minimise sedentary activities during play time, and provide regular opportunities for enjoyable active play and structured physical activity sessions
  - implement Department for Education and Skills, Food Standards Agency and Caroline Walker Trust (see www.cwt.org.uk) guidance on food procurement and healthy catering.

#### **Schools**

• Head teachers and chairs of governors, in collaboration with parents and pupils, should assess the whole school environment and ensure that the ethos of all school policies helps children and young people to maintain a healthy weight, eat a healthy diet and be physically active, in line with existing standards and guidance. This includes policies relating to building layout and recreational spaces, catering (including vending machines) and the food and drink children bring into school, the taught curriculum (including PE), school travel plans and provision for cycling, and policies relating to the National Healthy Schools Programme and extended schools.

### Workplaces

- Workplaces should provide opportunities for staff to eat a healthy diet and be physically active, through:
  - active and continuous promotion of healthy choices in restaurants, hospitality, vending machines and shops for staff and clients, in line with existing Food Standards Agency guidance
  - working practices and policies, such as active travel policies for staff and visitors
  - a supportive physical environment, such as improvements to stairwells and providing showers and secure cycle parking
  - recreational opportunities, such as supporting out-of-hours social activities, lunchtime walks and use of local leisure facilities.

### Self-help, commercial and community settings

 Primary care organisations and local authorities should recommend to patients, or consider endorsing, self-help, commercial and community weight management programmes only if they follow best practice (see page 7 for details of best practice standards).

# Local authorities and their partners in the community

Concerns about safety, transport links and services have a huge impact on people's ability to eat healthily and take exercise. Effective interventions often require multidisciplinary teams and the support of a range of organisations. Local authorities, with primary care trusts (PCTs) or local health boards, and local strategic partnerships should ensure preventing and managing obesity is a priority through community interventions and policies.

- senior managers and budget holders in local authorities and community partnerships who
  manage, plan and commission services such as transport, sports and leisure and open spaces
  (not just those with an explicit public health role)
- staff providing specific community-based interventions.

| Target   | Suggested action   |
|--|--|
| Prevent and manage obesity in local authority workplaces | <ul> <li>All relevant workplace policies should support the local obesity strategy: <ul> <li>onsite catering should promote healthy food and drink choices</li> <li>physical activity should be promoted through active travel plans, encouraging staff to use stairs, and providing showers and secure bike parking.</li> </ul> </li> <li>See also recommendations for workplaces on page 10.</li> </ul>  |
| Policy and planning                                      | <ul> <li>Work with the local community to identify environmental barriers to eating healthily and being physically active through:</li> <li>an audit, involving PCTs, residents, businesses and institutions</li> <li>assessing (ideally by health impact assessments) the impact of policies on people's ability to eat healthily and be physically active, and considering subgroups such as people of different ages, from different socioeconomic and ethnic groups, and people with disabilities.</li> <li>Address concerns about safety, crime and inclusion.</li> <li>Consider particularly people who need tailored information and support, especially</li> </ul> |
|  | inactive, vulnerable groups.  Facilitate links between health professionals and others to ensure local policies improve access to healthy food and opportunities for physical activity.  |
| Encourage active travel in the community                 | Provide facilities and information such as:  - tailored active travel plans for motivated people  - cycle lanes and cycle parking  - walking routes, including area maps and pedestrian crossings  - traffic calming measures  - improved street lighting.   |
| Promote and support physical activity                    | Ensure building designs encourage the use of stairs and walkways.  Provide safe play areas.  Support local physical activity schemes.  |
| Promote healthy foods                                    | Encourage local shops and caterers to promote healthy food and drink choices via signs, posters and pricing.   |

| Target   | Suggested action   |
|--|--|
| Community programmes to prevent obesity and improve diet and activity levels | Address people's concerns about the availability of services, costs of making changes, the taste of healthy foods, dangers of walking and cycling, and mixed messages in the media about weight, diet and activity.  Include awareness-raising promotional activities, but as part of longer-term, multicomponent interventions, not on their own.   |
| Self-help, commercial and<br>community weight-loss<br>programmes             | <ul> <li>Endorse such programmes only if they meet best-practice standards by:</li> <li>helping people decide on a realistic healthy target weight (usually to lose 5–10% of their weight)</li> <li>aiming for a maximum weekly weight loss of 0.5–1 kg</li> <li>focusing on long-term lifestyle changes</li> <li>addressing both diet and activity, and offering a variety of approaches</li> <li>using a balanced, healthy-eating approach</li> <li>offering practical, safe advice about being more active</li> <li>including some behaviour-change techniques, such as keeping a diary and advice on how to cope with 'lapses' and 'high-risk' situations</li> <li>recommending and/or providing ongoing support.</li> </ul> |

# **Early years settings**

The pre-school years are a key time for shaping attitudes and behaviours. Childcare providers should provide opportunities for children to be active and to develop healthy eating habits.

- directors of children's services
- children and young people's strategic partnerships
- staff, including senior management, in childcare and other early years settings, children's trusts and centres, Healthy Start and Sure Start teams
- trainers working with childcare staff, including home-based childminders and nannies.

| Target                           | Suggested action  |
|----------------------------------|---|
| Improve physical activity levels | Provide regular opportunities for enjoyable active play.  Provide regular opportunities for structured physical-activity sessions.  |
| Provide a healthy balanced diet  | Implement Department for Education and Skills, Food Standards Agency and Caroline Walker Trust (see www.cwt.org.uk) guidance on food procurement and catering.  Ensure children eat regular, healthy meals in a supervised, pleasant, sociable environment, free from distractions. |
| Involve parents and carers       | Involve parents in any activities aimed at preventing excess weight gain and improving children's diet and activity levels.   |

# **Schools**

Improving diet and physical activity levels should be a priority for schools, because it helps children develop a healthy lifestyle that will prevent them becoming overweight or obese in adulthood. Other benefits include higher motivation and achievement at school, and better health in childhood and later life.

- directors of children's services
- school staff, including senior management
- school governors
- health professionals working in or with schools
- children and young people's strategic partnerships
- children's trusts.

| Target  | Suggested action  |
|---|---|
| School policies and school environment              | Ensure school policies and the school's environment encourage physical activity and a healthy diet. Consider:  • building layout  • provision of recreational spaces  • catering, including vending machines  • food brought into school by children  • the curriculum, including PE  • school travel plans, including provision for cycling  • extended schools. |
| Staff training                                      | Teaching, support and catering staff should have training on how to implement healthy school policies.  |
| Links with relevant organisations and professionals | Establish links with health professionals and those involved in local strategies and partnerships to promote sports for children and young people.  |
| Interventions                                       | Introduce sustained interventions to encourage pupils to develop life-long healthy habits. Short term, 'one-off' events are not effective on their own.   |
|   | Take pupils' views into account – including differences between boys and girls, and barriers such as cost or concerns about the taste of healthy food.  |
|   | PE/sport staff should promote activities that children enjoy and can take part in outside school and continue into adulthood.   |
|   | Children should eat meals in a pleasant sociable environment free from distractions.<br>Younger ones should be supervised; if possible, staff should eat with them.   |
|   | Involve parents where possible; for example through special events, newsletters and information about lunch menus.  |

# Workplaces

An organisation's policies and incentive schemes can help to create a culture that supports healthy eating and physical exercise. Action will have an impact, not only on the health of the workforce but also in savings to industry. That is why all workplaces, particularly large organisations, should address the prevention and management of obesity.

- senior managers
- health and safety managers
- occupational health staff
- employers' organisations and chambers of commerce
- unions and staff representatives
- health professionals working with businesses.

| Target                         | Suggested action  |
|--------------------------------|---|
| Policies and working practices | Ensure policies encourage activity and healthy eating; for example, travel expenses should encourage walking and cycling to work and between work sites.  |
| Building design                | Provide showers and secure cycle parking to encourage active travel.  Improve stairwells to encourage use of stairs.  |
| Physical activity              | Support out-of-hours activities such as lunchtime walks and the use of local leisure facilities.  |
| Workplace food provision       | Actively promote healthy choices in restaurants, hospitality, vending machines and shops for staff and clients, in line with Food Standards Agency advice.  For example, use signs, posters, pricing and positioning of products to encourage healthy choices   |
| Education and promotion        | Any incentive schemes should be sustained and part of a wider programme to encourage healthy eating, weight management and physical activity. Examples of schemes include:  - travel expenses policies - policies on pricing food and drink - contributions to gym membership.  |
|                                | Public sector and large commercial organisations: offer tailored education and promotion programmes to support any action to improve food and drink in the workplaces (including restaurants, hospitality and vending machines). To be effective, schemes need:  - commitment from senior management - an enthusiastic catering department - a strong occupational health lead - supportive pricing policies and heavy promotion. |
| Health checks                  | <b>Public sector and large commercial organisations</b> : if employee health checks are offered, they should address weight, diet and activity, and provide ongoing support.  |

# Recommendations for the public

Staying a healthy weight improves health and reduces the risk of diseases associated with being overweight or obese, such as coronary heart disease, type 2 diabetes, osteoarthritis and some cancers. Health and other professionals should reinforce the messages in this section.

#### General advice

- Check your weight or waist measurement every now and then, or keep track of the 'fit' of your clothes, to make sure you are not gaining weight.
- Discuss any concerns about your (or your family's) diet, activity levels or weight with a GP or practice nurse, health visitor, school nurse or pharmacist.
- Adults: use a weight loss programme (such as a commercial or self-help group, book or website) only if it is based on a balanced diet, encourages regular exercise, and expects weight loss of no more than 0.5–1 kg per week. People with certain medical conditions such as type 2 diabetes, heart failure or uncontrolled hypertension or angina should check with their GP's surgery or hospital specialist before starting a weight loss programme.

#### How to have a healthy balanced diet

- Base meals on starchy foods such as potatoes, bread, rice and pasta, choosing wholegrain where possible.
- Eat plenty of fibre-rich foods such as oats, beans, peas, lentils, grains, seeds, fruit and vegetables, as well as wholegrain bread, brown rice and pasta.
- Eat at least five portions of fruit and vegetables a day in place of foods higher in fat and calories.
- Eat a low-fat diet, and avoid increasing your fat and/or calorie intake.
- Eat as little as possible of: fried foods; drinks and confectionery high in added sugars; and other food and drinks high in fat and sugar, such as some take away and fast foods.
- Eat breakfast.
- Watch the portion size of meals and snacks, and how often you are eating.
- Avoid taking in too many calories in the form of alcohol.
- **Children and young people**: should have regular meals in a pleasant, sociable environment with no distractions (such as television); parents and carers should join them as often as possible.

#### How to keep physically active

- Make activities you enjoy such as walking, cycling, swimming, aerobics or gardening part of your everyday life. Small everyday changes can make a difference.
- At work, take the stairs instead of the lift, or go for a walk at lunchtime.
- Avoid sitting too long in front of the television, computer or playing video games.
- For children:
  - gradually reduce the time they are sitting in front of a screen
  - encourage games that involve running around, such as skipping, dancing or ball games
  - be more active as a family, by walking or cycling to school, going to the park, or swimming
  - encourage children to take part in sport inside and outside school.

# **Summary of recommendations for the NHS**

There is more information on recommendations for the NHS on preventing and managing overweight and obesity in the quick reference guide for the NHS (see www.nice.org.uk/CG043).

#### Prevention

### Organisation and strategy

- Ensure obesity is a priority at strategic and delivery levels.
- Implement the local obesity strategy, encourage partnership working with other organisations, and train staff.

#### Programmes to prevent obesity and improve diet and activity levels

- Programmes should:
  - give tailored advice and provide ongoing support
  - target people at times when they may gain weight (such as when giving up smoking, during and after pregnancy and at the menopause)
  - involve parents and carers if aimed at children and young people.

#### Additional action in primary care

Offer support on weight management to people giving up smoking.

#### Work with other organisations

- Address people's concerns about improving diet and the safety of exercise.
- Promote schemes to improve diet and activity levels, such as schemes involving shops, supermarkets, restaurants, cafes and voluntary community services, and cycling and walking routes.
- Work with preschool and childcare, and workplaces.

### Managing obesity

#### Identifying and assessing overweight and obesity

- Use body mass index and waist circumference to assess degree of obesity and risk of future health problems.
- Check for related health problems as needed and discuss possible causes and willingness to change.
- Refer people with complex problems to a specialist.

#### Lifestyle advice

- Provide advice on both diet and exercise, agree targets and offer ongoing support.
- Recommend self-help, commercial or community programmes only if they can show they meet best-practice standards (see page 7 for details).

**For children**: dietary change should not be the only action.

#### Drugs

• Prescribe drugs only if diet and exercise have been tried, after discussion of risks and benefits, and with continued support for lifestyle change.

**For children**: prescribe drugs only if their health is at serious risk; for children under 12, prescribe only if there are life-threatening problems such as sleep apnoea.

#### Surgery

 Generally, consider surgery only for people who are severely obese and have tried all other options. But for people with body mass index over 50 kg/m<sup>2</sup> surgery can be a first-line treatment.

Surgery should be done by a specialist team providing assessment and long-term follow up.

**For children**: consider only in exceptional cases and if the child is physiologically mature (or nearly so).

# **Implementation**

NICE has developed tools to help organisations implement this guidance (listed below). These are available on our website (www.nice.org.uk/CG043).

- Slides highlighting key messages for local discussion.
- A signposting document on how to put the guidance into practice and national initiatives that support this locally.

- Costing tools:
  - costing report to estimate the national savings and costs associated with implementation
  - costing template to estimate the local costs and savings involved.
- Audit criteria to monitor local practice.

# **Further information**

## **Ordering information**

You can download the following versions of the NICE guidance on obesity from www.nice.org.uk/CG043

- Two quick reference guides summaries of the recommendations for professionals:
  - Quick reference guide 1, for local authorities, schools and early years providers, workplaces and the public (this document)
  - Quick reference guide 2, for the NHS.
- Two booklets of information for the public 'Understanding NICE guidance':
  - Preventing obesity and staying a healthy weight
  - Treatment for people who are overweight or obese.
- The NICE guideline all the recommendations.
- The full guideline all the recommendations, details of how they were developed, and summaries of the evidence they were based on.

For printed copies of the quick reference guides or information for the public, phone the NHS Response Line on 0870 1555 455 and quote:

- N1152 (quick reference quide 1)
- N1154 (quick reference guide 2.)
- N1153 (information for the public: 'Preventing obesity and staying a healthy weight')
- N1155 (information for the public: 'Treatment for people who are overweight or obese')

## **Related NICE guidance**

This guidance has updated, and replaces, the NICE technology appraisals on:

- orlistat for obesity in adults (NICE technology appraisal guidance no. 22)
- sibutramine for obesity in adults (NICE technology appraisal guidance no. 31)
- surgery to aid weight reduction for people with morbid obesity (NICE technology appraisal guidance no. 46)

NICE has published related guidance on:

- four commonly used methods to increase physical activity (NICE public health intervention guidance no. 2)
- eating disorders (NICE clinical guideline no. 9)
- managing blood pressure and blood lipids in type 2 diabetes (NICE guideline H)
- nutrition support in adults (*NICE clinical guideline* no. 32)

NICE is developing guidance on:

- the nutrition of pregnant and breastfeeding mothers and children in low income households
- the promotion and creation of physical environments that support increased levels of physical activity
- the promotion of physical activity in children.

For details of all related NICE guidance, see the website (www.nice.org.uk).

### **Updating the guideline**

This guideline will be updated as needed, and information about the progress of any update will be posted on the NICE website (www.nice.org/CG043).

# National Institute for Health and Clinical Excellence

MidCity Place 71 High Holborn London WC1V 6NA

www.nice.org.uk

N1152 1P 60k Dec 06

ISBN 1-84629-318-9