NICE National Institute for Health and Care Excellence

Preventing obesity and helping people to manage their weight

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Introduction

This briefing summarises NICE's recommendations for local authorities and partner organisations on preventing people becoming overweight and obese and helping them to manage their weight. It is particularly relevant to health and wellbeing boards.

Adults with a body mass index or BMI (weight in kg/height in m^2) of over 30 are classified as obese and those with a BMI of 25–29.9 are classified as overweight. See Public Health England's Measuring and interpreting BMI in children to determine when children are overweight or obese.

Key messages

Obesity is a factor in many serious illnesses including type 2 diabetes, heart disease and certain cancers.

In 2007, the cost to the economy (including the NHS) of people being overweight or obese was an estimated £16 billion. This was predicted to rise to £50 billion a year by 2050, if the conditions were left unchecked (Foresight tackling obesities: Future choices).

In recent years, the previous upward trend in obesity appears to have flattened out for both adults and children (A call to action on obesity in England). Despite this, in England in 2011, 24% men, 26% women and around 16% of children aged 2–15 years were obese. In addition, 41% of

men, 33% of women and around 14% of children aged 2–15 years were overweight (Statistics on obesity, physical activity and diet: England 2013).

A range of actions are needed to reduce the current levels of obesity. Some issues, such as food labelling, may only be addressed at the national level. But local authorities are well placed to take action on important local issues such as commissioning weight management services. They can also improve the environments where people live to help them manage their weight. For example, they can:

- encourage 'active travel' by ensuring routes are provided for cyclists and pedestrians

- encourage local retailers to offer and promote affordable fruit and vegetables

- provide and promote the use of affordable leisure facilities

- develop and promote local policies on healthy eating and responsible alcohol consumption.

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>
> For further information on how to use this briefing and how it was developed, see About this briefing.

What can local authorities achieve by taking action to prevent obesity and help people who are overweight?

Boost the local economy

An estimated 16 million days of sickness absence a year are attributable to obesity. Obese people are less likely to be in employment than people of a healthy weight. The associated welfare costs are estimated to be between £1 billion and £6 billion (An update on the government's approach to tackling obesity).

Meet new public health responsibilities

Action on obesity will have an impact on a range of indicators identified in the Public health outcomes framework, including:

- excess weight among adults and children aged 4–5 and 10–11

- diet

- physical activity among adults

- diabetes

- mortality from cardiovascular disease, cancer and other preventable causes.

In addition, action on obesity and overweight issues will help the government achieve 'a downward trend in the level of excess weight in all adults and children by 2020' (A call to action on obesity in England).

Reduce demand on health and social care services

Around 44% of the incidence of diabetes, 23% of heart disease and between 7% and 41% of certain cancers (for example, breast, colon and endometrial) are attributable to excess body fat (Obesity and overweight).

The cost of providing social care services for people who are housebound or have limited mobility as a consequence of these conditions is likely to rise.

Over the past decade, an increasing number of children have developed type 2 diabetes (Diabetes in the UK 2012).

Reduce health inequalities

Preventing obesity can help address health inequalities, as the condition is more prevalent among people from deprived communities and from some minority ethnic groups.

For example, in 2011/12 in the most deprived areas, just over 12% of children aged 4–5 years, and just over 24% of those aged 10–11 years, were obese. This compared with just under 7% and 14% respectively in the least deprived areas. Obesity is also more prevalent among children from black, Asian, 'mixed' and 'other' minority ethnic groups than among their white counterparts (National child measurement programme: England 2011/12 school year).

Obesity is related to social disadvantage (Fair society healthy lives. The Marmot review). For example, the proportion of women who are obese increases as household income decreases. Prevalence ranges from 17% among women in the least deprived income groups to 28% among those in more deprived groups (Statistics on obesity, physical activity and diet: England 2013).

Reduce school bullying

Overweight and obese children are likely to experience bullying and stigma (Obesity and bullying: different effects for boys and girls). This can affect their self-esteem and may, in turn, affect their performance at school (Childhood obesity and educational attainment: a systematic review).

What NICE says

NICE recommendations

This section highlights and summarises some of NICE's recommendations on obesity published up to May 2013. (For relevant guidance published since May 2013 see New NICE guidance.) Those with responsibility for directly commissioning, managing or providing services are advised to read the recommendations in full by following the hyperlinks.

Following NICE's recommendations on preventing obesity and helping people to manage their weight will help you make the best and most efficient use of resources to improve the health of people in your area.

Basic principles

Obesity is a complex problem for which there is no simple solution. It cannot be addressed through single interventions undertaken in isolation.

NICE recommendations on preventing obesity and helping people to manage their weight should be undertaken in parallel, wherever possible. They should also:

- be implemented as part of a broad approach, which involves a variety of organisations, community services and networks operating at a range of levels

- be implemented as part of integrated programmes that address the whole population, but also address local health inequalities, for example, within specific neighbourhoods

- be underpinned by a robust, community-wide approach that includes monitoring and evaluation

- comprise specific actions commissioned to meet local needs and priorities, for example, to encourage healthy eating and physical activity and to develop community programmes to combat obesity.

Specific actions to meet local needs

Encouraging healthy eating

- Make people aware of their eligibility for welfare benefits and other schemes that supplement the family food budget.

- Use existing powers to control the number of take-aways and other food outlets in a given area, particularly near schools.

- Local authority and NHS commissioners could make a difference by ensuring healthier choices are included in catering contracts and are promoted through pricing and educational initiatives.

For details see: services offering dietary advice for children, standards for take-aways and other food outlets, and local authorities and the NHS as exemplars of good practice on NICE's 'Diet' pathway.

Encouraging physical activity

- Work in partnership to create and manage more safe spaces for incidental and planned physical activity, addressing any concerns about safety, crime and inclusion. Audit and

amend bye laws that prohibit games. For details see public open spaces and children and young people on NICE's 'Physical activity' pathway.

- Plan local facilities and services to ensure they are accessible on foot or by bicycle. For details see environment and physical activity on NICE's 'Physical activity' pathway.

- Ensure leisure services are affordable, culturally acceptable and accessible by public transport or by safe 'active travel' routes. Ensure provision is made for women who wish to breastfeed. For details see local strategy, policy and commissioning for physical activity and women before, during and after pregnancy on NICE's 'Physical activity' pathway.

- Consider pedestrians and cyclists when designing, developing or maintaining streets or roads, for example, by introducing traffic calming measures. For details see developing cross sector walking and cycling programmes and transport provision outside the NHS on NICE's 'Physical activity' pathway.

Developing community programmes to combat obesity

- Ensure obesity prevention programmes are highly visible and easily recognisable. Consider adapting a widely known brand for use locally (such as the Department of Health's Change4Life). For details see branding on NICE's 'Obesity: working with local communities' pathway.

- Consider the type of language and media used to communicate about obesity, tailoring language to the situation or intended audience. Ensure messages are consistent and clear. For details see language on NICE's 'Obesity: working with local communities' pathway and conveying healthy lifestyle messages to the local community on NICE's 'Preventing type 2 diabetes' pathway.

- Address local people's concerns about issues such as the cost of eating more healthily or being more physically active and the perceived dangers of children playing outside. For details see recommendations for local authorities about community programmes to improve diet on NICE's 'Diet' pathway.

- Train lay or peer workers from black and minority ethnic communities and lower socioeconomic groups to promote physical activity and healthy eating. For details see using community resources and lay and peer workers to tailor interventions and target communities at high risk of type 2 diabetes on NICE's 'Preventing type 2 diabetes' pathway.

Commissioning community weight management programmes

- Commission lifestyle weight management services from either NHS or non-NHS providers. Ensure they meet the needs of high risk groups . For details see using community resources and lay and peer workers to tailor interventions and target communities at high risk of type 2 diabetes on NICE's 'Preventing type 2 diabetes' pathway.

- Ensure lifestyle weight management services meet current best practice guidance.

- Work in partnership with NHS colleagues, leisure services and providers of weight management services to support women who wish to lose weight after childbirth.

For details see: recommendations for health professionals and local authorities about weight management programmes (including commercial programmes) and leisure and weight management services for women before, during and after pregnancy including commercial services on NICE's 'Diet' pathway.

Ensuring local authorities and their NHS partners are exemplary employers

- Set an example by ensuring on-site catering offers healthier choices.

- Encourage physical activity by improving the décor and signposting of stairs, and by providing showers and secure cycle parking to encourage active travel.

- Offer lifestyle weight management services for overweight or obese staff who would like support to manage their weight.

For details see: local authorities and NHS as exemplars of good practice on NICE's 'Obesity: working with local communities' pathway; workplaces, including the NHS and local authorities on NICE's 'Diet' pathway; non NHS workplaces on NICE's 'Physical activity' pathway and public sector catering on NICE's 'Diet' pathway.

Involving local businesses and social enterprises

- Encourage local organisations and businesses to recognise their corporate social responsibilities in relation to health and wellbeing. For example, they should ensure the range and content of the food and drink sold does not create an incentive to over-eat and gives people the opportunity to eat healthily.

For details see underlined involving local businesses and social enterprises on NICE's 'Obesity: working with local communities' pathway.

- Encourage local organisations to provide information, such as the calorie content of meals, on menus. For details see promoting a healthy diet – local action on NICE's 'Preventing type 2 diabetes' pathway.

- Encourage venues frequented by children and young people to resist sponsorship and product placement from companies associated with foods high in fat, sugar and salt. For details see strategy for local authorities and partners in the community on NICE's 'Diet' pathway.

Community-wide actions to prevent obesity

Developing a sustainable, community-wide approach

- Adopt a coherent multi-agency approach. Ensure activities on obesity are integrated within the joint health and wellbeing strategy, the joint strategic needs assessment (JSNA) and broader regeneration and environmental strategies.

- Make action on obesity prevention and management a strategic priority and align it with other disease-specific prevention strategies.

- Work in partnership. This includes working with local clinical commissioning groups.

For details see: integrated commissioning, integrating action, joint strategic needs assessment and joint health and wellbeing strategy and strategic partnerships on NICE's 'Obesity: working with local communities' pathway.

Providing and supporting leadership

- Ensure the needs and priorities of the local community, as outlined by the JSNA, are understood by all those who may take action on obesity.

- Ensure elected members are briefed on the local picture and help them ensure obesity prevention is integrated within all council strategies and plans.

- Ensure all management, staff and partners working with local communities are aware of the importance of preventing and managing obesity.

- Support senior and middle management and frontline staff of partnerships involved in local action on obesity.

- Provide opportunities for partners to meet to share learning and to enhance cooperation and joint working.

- Identify and work with 'champions' within local authorities, NHS groups and public, private, community and voluntary sector bodies.

For details see: strategic leadership, identifying and supporting local champions and supporting leadership at all levels on NICE's 'Obesity: working with local communities' pathway.

Coordinating local action

Ensure the public health team includes:

- a director of public health or lead public health consultant who, as part of their role, provides strategic direction on obesity

- a senior coordinator with expertise in obesity prevention and community engagement and with dedicated time to oversee the local programme

- community 'health champions' and others who work directly with the community.

For details see public health team on NICE's 'Obesity: working with local communities' pathway.

Involving the community

- Work with local people, groups and organisations to decide what action to take.

- Use community engagement and capacity-building methods to identify networks of local people, champions and advocates who can help.

- Work with local clinical commissioning groups to ensure GP practices are aware of local obesity prevention and treatment initiatives.

- Council leaders and elected members should raise the profile of obesity prevention initiatives through informal and formal meetings with local people.

For details see: NICEs guidance on community engagement, and identifying local issues and actions, identifying and supporting local champions and local advocacy on NICE's 'Obesity: working with local communities' pathway.

Integrated commissioning

- Foster an integrated approach to commissioning which supports a long-term (beyond 5 years) health and wellbeing strategy It should involve a variety of organisations, community services and networks operating at a range of levels

- Focus on the most effective 'packages' of interventions to meet local needs. This includes awareness-raising and environmental interventions that support changes in behaviour and lifestyle weight management services for adults, children and families.

- Allocate resources to local community engagement activities and to innovative approaches which are likely to be effective and which have the support of the local community.

- Ensure flexibility in contracts to allow programmes or services to be adapted and improved. Consider extending effective programmes and services, or commissioning effective small-scale projects or prototypes.

For details see integrated commissioning on NICE's 'Obesity: working with local communities' pathway.

Monitoring and evaluation

- Ensure all strategies, policies and activities that may impact on obesity are monitored in a proportionate manner. This includes taking into account their impact on inequalities.

- Build monitoring into all contracts and simple tests used to assess value for money.

- Set aside sufficient time and resources to thoroughly evaluate new or innovative pieces of work (for example, 10% of project budgets).

- Ensure the results of monitoring and evaluation are easy to use and made available to all those who could benefit. For example, log evaluation reports in the Obesity Learning Centre database or the NICE shared learning database.

For details see planning systems for monitoring and evaluation and advocacy on NICE's 'Obesity: working with local communities' pathway.

Scrutiny and accountability

Health overview and scrutiny committees and others with a scrutiny responsibility should assess local action on preventing obesity. This includes:

- assessing the priority given to obesity

- ensuring the local community's views have been taken into account

- ensuring local obesity strategies have been implemented by local health and wellbeing boards.

For details see scrutiny and accountability on NICE's 'Obesity: working with local communities' pathway.

Organisational development and training

- Ensure all partners have an opportunity to increase their awareness of, and develop their skills in, obesity prevention.

- Ensure all relevant professionals are trained to be aware of the health risks of being overweight and obese and the benefits of preventing and managing obesity.

- Ensure all relevant staff who are not specialists in weight management or behaviour change can give people details of local services that can help them maintain a healthy weight.

For examples, see training and development on NICE's 'Obesity: working with local communities' pathway.

- Ensure the links between nutrition and health are an integral part of training for catering managers. For details see training for public sector catering staff on NICE's 'Diet' pathway.

Other relevant NICE recommendations

Other NICE recommendations will also help support effective action on obesity. See NICE guidance on community engagement and behaviour change. See also cultural appropriateness on NICE's 'Preventing type 2 diabetes' pathway.

Details of new guidance that NICE is developing on obesity and weight management are on our website. This includes: Overweight and obese children and young people – lifestyle weight management services and Overweight and obese adults – lifestyle weight management.

NICE is also developing quality standards on strategies to prevent obesity in adults and in children.

Examples of practice

Examples of how NICE's advice on preventing obesity and overweight has been put into practice can be found in our shared learning database. These include:

- Engaging non NHS partners in implementing NICE guidance to tackle obesity.

- Implementing evidence-based practice into a local authority setting.

- Rotherham obesity model and healthy weight commissioning framework.

Note that the examples of practice included in this database aim to share learning among local organisations. They do not replace the guidance.

Economic impact

Preventing people from becoming overweight or obese can lead to the following costs and savings.

In 2007, the direct cost of obesity to the NHS was £2.3 billion and the direct cost of being overweight, but not obese, was £1.9 billion (Foresight tackling obesities: Future choices).

A more recent estimate of the direct cost to the NHS in 2006/07 of people being overweight and obese was £5.1 billion. (See The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs.)

These costs are dwarfed by the cost to society as a whole – which includes those resulting from unemployment, early retirement and associated welfare benefits. In 2007 these were estimated at an additional £11.6 billion (Foresight tackling obesities: Future choices).

In 2007, the direct costs to the NHS were forecast to increase to £7.1 billion (obesity) and £2.6 billion (overweight) respectively by 2050. By then, the cost to society was predicted to rise to £50 billion – including NHS costs, but not including the provision of social care by local authorities (Foresight tackling obesities: Future choices).

Generally, the upfront costs of most preventive interventions will not be repaid for a number of years. However, these costs will usually be small in comparison with the future health benefits and the long-term cost savings from reductions in type 2 diabetes, cardiovascular disease and some cancers.

Facts and figures

Below are other facts and figures on preventing obesity:

- Twenty-five per cent of African-Caribbean and Irish men are obese, compared with only 6% of Chinese and Bangladeshi men. Among the general population, 23% of men are obese. Among women, obesity is most prevalent among black African women (38%): it affects 32% of black Caribbean and 28% Pakistani women, compared to 23% of white women (Statistics on obesity, physical activity and diet, England 2006).

- Women and men who are obese are 12.7 and 5.2 times (respectively) more likely to develop diabetes than people who are a healthy weight. They are also more likely to have a heart attack or stroke (Tackling obesity in England).

Support for planning, review and scrutiny

A range of support tools are available via Into practice on NICE's website. They can help you identify local needs. They can also help with planning and scrutiny activities.

Other useful resources and advice

The following resources produced by other organisations may also be useful:

- Healthy Places This website explains the law on local government and community activities that could affect people's health in a given area. It is published by UK Health Forum.

- Public Health England website (local authorities pages) These provide a single point of contact for data, evaluation evidence and research on obesity.

- Obesity Learning Centre This website contains e-learning modules on how to gain and achieve a healthy weight. It is published by the UK Health Forum.

New NICE guidance

Since this briefing was published in May 2013, NICE has published the following relevant guidance:

- Managing overweight and obesity in adults – lifestyle weight management services NICE public health guidance 53 (2014).

- Managing overweight and obesity among children and young people. NICE public health guidance 47 (2013).

- BMI and waist circumference - black, Asian and minority ethnic groups. NICE public health guidance 46 (2013).

The recommendations from the above will be incorporated into this briefing when it is updated.

Details of new guidance that NICE is developing on obesity are on our website.

About this briefing

This briefing is based on NICE guidance on obesity published up to May 2013 (see the NICE website for details of published briefings and briefings in development). It was written with advice from NICE's Local Government Reference Group and using feedback from council officers, councillors and directors of public health.

It is for local authorities and their partner organisations in the health and voluntary sectors, in particular, those involved with health and wellbeing boards. This includes local authority officers and councillors, directors of public health and commissioners and directors of adult social care and children's services. It will also be relevant to members of local authority scrutiny committees.

This briefing may be used alongside the local joint strategic needs assessment to support the development of the joint health and wellbeing strategy.

This briefing is intended to be used online and it includes hyperlinks to sources of data and further information.

NICE guidance offers:

- recommendations based on the best available evidence to help you plan, deliver and evaluate successful programmes

- an objective and authoritative summary of the research and evidence, reviewed by independent experts from a range of backgrounds and disciplines

- an assessment of the effectiveness and cost effectiveness of public health interventions.

Changes after publication

June 2013: minor modifications.

September 2013: minor modifications.

October 2013: PH47 added to 'New NICE guidance' section.

May 2014: PH53 added to 'New NICE guidance' section.

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