B Tackling overweight and obesity

This section of the toolkit looks at ways of tackling overweight and obesity. It focuses on the five key themes highlighted in *Healthy Weight, Healthy Lives: A cross-government strategy for England*[1] as the basis of tackling excess weight:

- **Children: healthy growth and healthy weight** focuses on the importance of prevention of obesity from childhood. It looks at recommended government action during the following life stages – pre-conception and antenatal care, breastfeeding and infant nutrition, early years and schools. Importantly, it also discusses the psychological issues that impact on overweight and obesity.

- **Promoting healthier food choices** details the government recommendations for promoting a healthy, balanced diet to prevent overweight and obesity. It provides standard population dietary recommendations and *The eatwell plate* recommendations for individuals over the age of five years.

- **Building physical activity into our lives** provides details of government recommendations for active living throughout the life course. It focuses on action to prevent overweight and obesity by everyday participation in physical activity, the promotion of a supportive built environment and the provision of advice to decrease sedentary behaviour.

- **Creating incentives for better health** focuses on action to maintain a healthy weight in the workplace by the provision of healthy eating choices and opportunities for physical activity. It provides details of recommendations from the National Institute for Health and Clinical Excellence (NICE) guidance.[6]

- **Personalised support for overweight and obese individuals** focuses on recommended government action to manage overweight and obesity through weight management services (NHS and non-NHS based). It provides clinical guidance and examples of appropriate services for children and adults.

Government action on overweight and obesity

Tackling overweight and obesity is a national government priority. In 2007, a new ambition was announced for England to be *the first major country to reverse the rising tide of obesity and overweight in the population by ensuring that all individuals are able to maintain a healthy weight. Our initial focus is on children: by 2020 we will have reduced the proportion of overweight and obese children to 2000 levels*. This new ambition forms part of the Government's new public service agreement (PSA) on Child Health – PSA 12: to improve the health and wellbeing of children and young people under 11.[87] The Department of Health is responsible for the overall ambition on healthy weight and is jointly responsible with the Department for Children, Schools and Families for delivering the PSA on Child Health.

Setting out the Government's immediate plans towards the new ambition, a comprehensive strategy on obesity, *Healthy Weight, Healthy Lives: A cross-government strategy for England* [1] has been developed. Based on the evidence provided by the Government Office for Science's Foresight report,[5] the strategy highlights five key themes for tackling excess weight:

1 **Children: healthy growth and healthy weight** – early prevention of weight problems to avoid the 'conveyor-belt' effect into adulthood
2 **Promoting healthier food choices** – reducing the consumption of foods that are high in fat, sugar and salt and increasing the consumption of fruit and vegetables
3 **Building physical activity into our lives** – getting people moving as a normal part of their day
4 **Creating incentives for better health** – increasing the understanding and value people place on the long-term impact of decisions
5 **Personalised support for overweight and obese individuals** – complementing preventive care with treatment for those who already have weight problems.

(See pages 37–52 for further discussion of these themes.)

Although the ambition covers a period of 12 years, progress for the first three years (2008/09 to 2010/2011) will focus on delivering the PSA on Child Health,[87] and so actions within the first theme, the healthy growth and healthy weight of children, are particularly important. These include:

- identification of at-risk families as early as possible and promotion of breastfeeding as the norm for mothers
- investment to ensure all schools are healthy schools
- investing £75 million in an evidence-based social marketing programme that will inform, support and empower parents in making changes to their children's diet and levels of physical activity.

The initial focus will be on children, however the strategy emphasises that any preventive action to tackle overweight and obesity needs to take a life course approach. The evidence to date indicates a number of points in the life course where there may be specific opportunities to influence behaviour (see Table 6 on the next page). These relate to critical periods of metabolic change (eg early life, pregnancy and menopause), times linked to spontaneous changes in behaviour (eg leaving home, or becoming a parent), or periods of significant shifts in attitudes (eg peer group influences, or diagnosis of ill health).[5]

Table 6 Critical opportunities in the life course to influence behaviour

Age	Stage	Issue
	Preconception In utero	Maternal nutrition programmes foetus
0–6 months	Post-natal	Breast versus bottle-feeding to programme later health
6–24 months	Weaning	Growth acceleration hypothesis (slower pattern of growth in breastfed compared with formula-fed infants)
2–5 years	Pre–school	Adiposity rebound hypothesis (period of time in early childhood when the amount of fat in the body falls and then rises again, which causes BMI to do the same)
5–11 years	1st school	Development of physical skills Development of food preferences
11–16 years	2nd school	Development of independent behaviours
16–20 years	Leaving home	Exposure to alternative cultures/behaviour/lifestyle patterns (eg work patterns, living with friends etc)
16+ years	Smoking cessation	Health awareness prompting development of new behaviours
16–40 years	Pregnancy	Maternal nutrition
16–40 years	Parenting	Development of new behaviours associated with child-rearing
45–55 years	Menopause	Biological changes Growing importance of physical health prompted by diagnosis or disease in self or others
60+ years	Ageing	Lifestyle change prompted by changes in time availability, budget, work-life balance Occurrence of ill health

Source: Foresight, 2007[5]

Children: healthy growth and healthy weight

The best long-term approach to tackling overweight and obesity is prevention from childhood. Preventing overweight and obesity in children is critical, particularly through improving diet and increasing physical activity levels. The National Heart Forum's *young@heart* initiative highlighted the links between overweight and obesity in children and the subsequent development of diabetes and coronary heart disease.[88] It emphasised the importance of a life course approach which focuses on ensuring good infant feeding (breastfed babies may be less likely to develop obesity later in childhood[89]) and nutrition during pregnancy, as well as working with adolescents to support the healthy physical development of future mothers.[88]

Pre-conception and antenatal care

Up to 50% of pregnancies are likely to be unplanned,[90] so all women of childbearing age need to be aware of the importance of a healthy diet. Nutritional interventions for women who are – or who plan to become – pregnant are likely to have the greatest effect if delivered before conception and during the first 12 weeks. A healthy diet is important for both the baby and mother throughout pregnancy and after the birth.[90] Action should therefore include providing women with information on the benefits of a healthy diet.

Women who are overweight or obese before they conceive have an increased risk of complications during pregnancy and birth. This poses health risks for both mother and baby in the longer term.[91] There is also evidence that maternal obesity is related to health inequalities, particularly socioeconomic deprivation, inequalities within minority ethnic groups and poor access to maternity services.[92] Action should therefore include promoting, to women who are trying to conceive, the benefits of a healthy weight, informing them about the risks associated with obesity during pregnancy, and signposting women to services where appropriate.

To help support overweight/obese pregnant women, the Child Health Promotion Programme (CHPP) includes measures for the early identification of risk factors and prevention of obesity in pregnancy and the first years of life. In addition, the Family Nurse Partnership offers advice, to parents who are most at risk of excess weight, on how to adopt a healthier lifestyle.

Breastfeeding and infant nutrition

The World Health Organization and the Department of Health recommend exclusive breastfeeding for the first six months of an infant's life.[93] Evidence suggests that mothers who breastfeed provide their child with protection against excess weight in later life,[94] and that their children are less likely to develop type 1 diabetes, and gastric, respiratory and urinary tract infections, and are less likely to suffer from allergies such as eczema, or asthma.[95-97] For the mother, there is evidence to suggest that breastfeeding increases the likelihood of returning to their pre-pregnancy weight.[98] Action should therefore include the encouragement of exclusive breastfeeding for six months of an infant's life and the provision of breastfeeding information and support for new mothers. To improve the UK's breastfeeding rate, the Department of Health has set up the National Breastfeeding Helpline which offers support for breastfeeding mothers, and through extra funding is helping to support hospitals in disadvantaged areas to achieve Unicef Baby Friendly Status, a set of best practice standards for maternity units and community services on improving practice to promote, protect and support breastfeeding.

Six months is the recommended age for the introduction of solid foods because by that age infants need more iron and other nutrients than milk alone can provide.[99] Guidance from NICE[90] makes the following recommendations for health professionals on how to help parents and carers provide a healthy, balanced diet for babies and young children.

- Support mothers to continue breastfeeding for as long as they choose.
- Encourage parents and carers to offer infants aged six months and over home-prepared foods, without adding salt, sugar or honey, and snacks free of salt and added sugar between meals.
- Encourage parents and carers to set a good example by the food choices they make for themselves. Also encourage families to eat together. Advise parents and carers not to leave infants alone when they are eating or drinking.
- Discourage parents and carers from adding sugar or any solid food to bottle feeds. Discourage them from offering baby juices or sugary drinks at bedtime.
- Provide parents and carers with practical support and advice on how to introduce the infant to a variety of nutritious foods (in addition to milk) as part of a progressively varied diet, when they are six months and over.

Early years

The pre-school years are an ideal time to establish the foundation for a healthy lifestyle. Parents are primarily responsible for their child's nutrition and activity during these years, but childcare providers also play an important role.

General dietary guidelines for adults do not apply to children under 2 years. Between 2 and 5 years the timing and extent of dietary change is flexible. By 5 years, children should be consuming a diet consistent with the general recommendations for adults (except for portion sizes). (See Table 7 on page 40.)

Providing healthy, balanced and nutritious meals, controlling portion sizes and limiting snacking on foods high in fat and sugar in the early years can all help to prevent children becoming overweight or obese. The Caroline Walker Trust provides guidelines for food provision in childcare settings (such as day-care centres, crèches, childminders and nursery schools) to encourage healthy eating from an early age.[100] The Early Years Foundation Stage (EYFS)[101] sets down a requirement that, where children are provided with meals, snacks and drinks, these must be healthy, balanced and nutritious. In addition, NICE guidance[90] sets out the following recommendations for healthy eating in childcare and pre-school settings.

- Offer breastfeeding mothers the opportunity to breastfeed and encourage them to bring in expressed breast milk.
- Ensure food and drink made available during the day reinforces teaching about healthy eating. Between meals offer snacks that are low in added sugar, honey and salt (for example, fruit, milk, bread, and sandwiches with savoury fillings).
- Encourage children to handle and taste a wide range of foods making up a healthy diet.
- Ensure carers eat with children whenever possible.

There are no government guidelines for the provision of physical activity in pre-schools. However, recommendations have been made by the Department of Health[1] and NICE[6] to encourage regular opportunities for enjoyable active play and structured physical activity sessions within nurseries and other childcare facilities to help prevent overweight and obesity. Furthermore, the EYFS includes a requirement that children must be supported in developing an understanding of the importance of physical activity and making healthy choices in relation to food.[101]

Schools

During their school years, people often develop life-long patterns of behaviour that affect their ability to keep to a healthy weight. Schools play an important role in this by providing opportunities for children to be active and to develop healthy eating habits. NICE recommends that overweight and obesity can be tackled in schools by assessing the whole-school environment and ensuring 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.[6] In promoting healthy weight through a whole-school approach, all schools are expected to offer access to extended schools by 2010, providing a core range of activities from 8am to 6pm, all year round. This can include breakfast clubs, parenting classes, cookery classes, food co-ops, sports clubs and use of leisure facilities.

Psychological issues

A number of psychological issues impact on overweight and obesity. These can include low self-esteem and poor self-concept and body image. It is important to tackle the behaviour which increases overweight and obesity, and programme designers should be very careful not to inadvertently stigmatise individuals.[18] Studies have shown that overweight and obesity are frequently stigmatised in industrialised societies, and they emphasise the importance of family and peer attitudes in the generation of psychological distress in overweight and obese children.[102] When working with children, it is particularly important to work with the whole family, not just the child.[102] Children often do not make their own decisions about what and how much they eat. Their parents will influence what they eat and any of the parents' own food issues (such as over-eating, anorexia or body image) can impact on the food available to the child and on the child's subsequent relationship with food. In many cases children may be quite happy being overweight and not experiencing any psychological ill effects from it, until they are taken by their parents to seek treatment, when they may begin to feel that there is something wrong with them, triggering emotional problems.[103]

Promoting healthier food choices

The recommendations for promoting a healthy, balanced diet are presented in *Choosing a better diet: A food and health action plan*[89] and also in the NICE guideline *Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children*.[6] They are based on the recommendations of the Committee on Medical Aspects of Food and Nutrition Policy (COMA), the Scientific Advisory Committee on Nutrition (SACN), and the World Health Organization (WHO). (See Table 7 below.)

Table 7 Standard population dietary recommendations

	Recommendation	Current levels	
Total fat[89]	Reduce to no more than 35% of food energy	38.5%[104]	
Saturated fat[89]	Reduce to no more than 11% of food energy	14.7%[104]	
Total carbohydrate[89]	Increase to more than 50% of food energy	47.2%[104]	
Sugars (added)[89]	Reduce to more than 11% of food energy (no more than 10% of total dietary energy)	14.2% of food energy[104]	
Dietary fibre[89]	Increase the average intake of dietary fibre to 18g per day	15.6g per day[104]	
Salt[105]	*Adults:* No more than 6g of salt per day	8.6g per day[106]	
	Infants and children: Daily recommended maximum salt intakes:	*Boys*	*Girls*
	0-6 months – less than 1g per day	Breast milk will provide all the sodium necessary[107]	
	7-12 months – maximum of 1g per day	0.8g per day[107]	
	1-3 years – maximum of 2g per day	1.4g per day[108]	
	4-6 years – maximum of 3g per day	5.3g per day[109]	4.7g per day[109]
	7-10 years – maximum of 5g per day	6.1g per day[109]	5.5g per day[109]
	11-14 years – maximum of 6g per day	6.9g per day[109]	5.8g per day[109]
Fruit and vegetables[89]	Increase to at least 5 portions of a variety of fruit and vegetables per day	***Adults:*** 3.8 portions per day[10] *Men*: 3.6 portions per day *Women*: 3.9 portions per day ***Children*** *(5-15 years):* 3.3 portions per day[11] *Boys*: 3.2 portions a day *Girls:* 3.4 portions a day	
Alcohol[110, 111]	*Men:* A maximum of between 3 and 4 units of alcohol a day *Women:* A maximum of between 2 and 3 units of alcohol a day	*Men:* 18.1 mean units per week[9] *Women:* 7.4 mean units per week[9]	

Note: With the exception of alcohol, standard UK population recommendations on healthy eating are based on the recommendations of the Committee on Medical Aspects of Food Policy (COMA), the Scientific Advisory Committee on Nutrition (SACN) and the World Health Organization (WHO).

Action to prevent overweight and obesity should include the promotion of lower-calorie alternatives (ie reducing total fat and sugar consumption), and the consumption of more fruit and vegetables, as this not only offers a way of stoking up on less energy-dense food but also has important health benefits particularly in terms of helping to prevent some of the main co-morbidities of obesity – namely cardiovascular disease and cancer. A reduction in salt is also important. Salt is often used to make fatty foods more palatable, so cutting back on salt will help people to cut back on fats, and will also contribute to lowering high blood pressure, which is another co-morbidity of obesity. This advice on healthy eating is reflected in the national food guide, in *The eatwell plate* (see Figure 7 below).

The Government recommends that all healthy individuals over the age of five years eat a healthy, balanced diet that is rich in fruits, vegetables and starchy foods. *The eatwell plate* shown in Figure 7 is a pictorial representation of the recommended balance of the different food groups in the diet. It aims to encourage people to choose the right balance and variety of foods to help them obtain the wide range of nutrients they need to stay healthy. A healthy, balanced diet should:

- include plenty of fruit and vegetables – aim for at least 5 portions a day of a variety of different types
- include meals based on starchy foods, such as bread, pasta, rice and potatoes (including high-fibre varieties where possible)
- include moderate amounts of milk and dairy products – choosing low-fat options where possible
- include moderate amounts of foods that are good sources of protein – such as meat, fish, eggs, beans and lentils, and
- be low in foods that are high in fat, especially saturated fat, high in sugar and high in salt.

Figure 7 The eatwell plate

Source: Food Standards Agency

National action

Examples of current national action include the 5 A DAY programme which aims to increase access to and consumption of fruit and vegetables; the Food in Schools programme which promotes a whole-school approach and encourages greater access to healthier choices within schools; and work with industry to address the amount of fat, salt and added sugar in the diet (eg through food labelling, and signposting the nutrient content of food on packaging labels).

For further information, see *Healthy Weight, Healthy Lives: Guidance for local areas.*[2]

Local action

There is a wide range of potentially effective population-based interventions in a variety of settings, from promoting breastfeeding by new mothers to campaigns to persuade shopkeepers to stock fruit and vegetables in areas where access would otherwise be difficult (so-called 'food deserts').

Tool D8 provides details of interventions to promote healthier food choices in a variety of different settings.

Building physical activity into our lives

The recommendations for active living throughout the life course are presented in *Choosing activity: A physical activity action plan*,[112] which aims to promote activity for all, in accordance with the evidence and recommendations set out in the Chief Medical Officer's report, *At least five a week*.[113] (See Table 8 below.)

Table 8 Physical activity government recommendations

Recommendation	Percentage meeting current recommendations
Children and young people[113]	
For general health benefits from a physically active lifestyle, children and young people should achieve a total of at least 60 minutes of at least moderate intensity physical activity each day. At least twice a week this should include activities to improve bone health (activities that produce high physical stresses on the bones), muscle strength and flexibility. The PSA target for the Department for Culture, Media and Sport and the Department for Education and Skills (now the Department for Children, Schools and Families) to increase the percentage of schoolchildren doing 2 hours' high-quality PE each week to 85% by 2008 has been met.[114] The Government is now aiming to offer every child and young person (aged 5-19) an extra 3 hours per week of sporting activities provided through schools, colleges, clubs and community providers, by 2011.[115]	**Children (2-15 years)**[11] All children: 65% Boys: 70% Girls: 59%
Adults[113]	
For cardiovascular health, adults should achieve a total of at least 30 minutes of at least moderate intensity physical activity a day, on five or more days a week. More specific activity recommendations for adults are made for beneficial effects for individual diseases and conditions. All movement contributes to energy expenditure and is important for weight management. **To prevent obesity, in the absence of an energy intake reduction, 45-60 minutes of moderate intensity physical activity on at least five days of the week may be needed.** For bone health, activities that produce high physical stresses on the bones are necessary. The Legacy Action Plan set a goal of seeing two million people more active by 2012 through focused investment in sporting infrastructure and better support and information for people wanting to be more active.[116]	**Adults (16-75+ years)**[10] All adults: 34% Men: 40% Women: 28%
Older people[113]	
The recommendations given above for adults are also appropriate for older adults. Older people should take particular care to keep moving and retain their mobility through daily activity. Additionally, specific activities that promote improved strength, coordination and balance are particularly beneficial for older people.	**Adults aged 65-74 years**[11] All adults: 19% Men: 21% Women: 16% **Adults aged 75+ years**[11] All adults: 6% Men: 9% Women: 4%
The recommended levels of activity can be achieved either by doing all the daily activity in one session, or through several shorter bouts of activity of 10 minutes or more. The activity can be lifestyle activity (activities that are performed as part of everyday life), or structured exercise or sport, or a combination of these.[113]	

Action to prevent overweight and obesity should include promoting everyday participation in physical activity such as brisk walking, stair-climbing or active travel (building in a walk, cycling to work, or getting off a bus or train a stop earlier). Other activities such as active conservation, gardening and activities that take place in the natural environment have psychological as well as physical health benefits.

Action should also include the promotion of a supportive built environment to encourage active travel such as cycling and walking, to encourage the use of parks and green spaces, and to encourage opportunities for active and unstructured play. Guidance from NICE sets out recommendations on how to improve the physical environment in order to encourage and support physical activity.[117] The guidance emphasises that environmental factors need to be tackled in order to make it easier for people to be active in their daily lives. The recommendations include ensuring that:

- planning applications for new developments always prioritise the need for people (including those whose mobility is impaired) to be physically active as a routine part of their daily life
- pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads (this includes people whose mobility is impaired)
- open spaces and public paths can be reached on foot or by bicycle, and are maintained to a high standard
- new workplaces are linked to walking and cycling networks
- staircases are attractive to use and clearly signposted to encourage people to use them, and
- playgrounds are designed to encourage varied and physically active play.

Other important action includes advice to decrease sedentary behaviour such as watching television or playing computer games and to consider alternatives such as dance, football or walking.

Recommendations to support practitioners in delivering effective interventions to increase physical activity, including brief advice in primary care, have been developed by NICE.[6] Action already underway in primary care includes the following.

- Patients who lead inactive lifestyles and are at risk of cardiovascular disease can receive advice and support on physical activity during visits to their local GP, as part of a new approach that is being piloted in London surgeries.
- The Department of Health is developing a *Let's get moving* support pack for patients which relies on collaborative work between local authorities and PCTs to meet the needs of people in the community. This pack supports behaviour change and signposts people to both outdoor and indoor opportunities for physical activity, in an effort to encourage those most at risk of inactive lifestyles to become more active. Based on evidence from the NICE guidance on brief interventions to increase physical activity, and using the General Practitioners' Physical Activity Questionnaire and motivational interviewing techniques, the *Let's get moving* physical activity care pathway model is being evaluated in terms of cost and feasibility. This is with a view to adopting the care pathway in GP practices throughout England from early 2009.

National action

Examples of current national action include the National Step-o-Meter Programme which aims to increase levels of walking in sedentary, hard-to-reach and 'at-risk' groups, and the free swimming initiative which is designed to extend opportunities to swim and to maximise the health benefits of wider participation in swimming.[116] In addition, the Government is promoting active play through the Play Strategy.[118]

For further information, see *Healthy Weight, Healthy Lives: Guidance for local areas.*[2]

Local action

Population-based approaches at local level range from targeting children at home and school by promoting active play and building more physical education and sports sessions into the curriculum and after school, to targeting adults in the workplace by providing facilities such as showers and bike parks to encourage walking or cycling to work.

Cycle training is an important life skill. The Government wants parents, schools and local authorities to play their part in helping as many children as possible to get their Bikeability award. Cycling England grants have been given to local authorities and school sports partnerships to support Level 2 Bikeability training for some 46,000 children. A key part of the next phase of Cycling England's programme will be to work with more local authorities to increase Bikeability training across England.

Local Exercise Action Pilots (LEAPs) were locally run pilot programmes to test and evaluate new ways of encouraging people to take up more physical activity. Useful evaluation information on the different pilots is available at www.dh.gov.uk

Tool D8 provides details of interventions to increase physical activity in a variety of different settings.

Creating incentives for better health

The workplace may have an impact on a person's ability to maintain a healthy weight both directly, by providing healthy eating choices and opportunities for physical activity (such as the option to use stairs instead of lifts, staff gym, cycle parking and changing and shower facilities), and indirectly, through the overall culture of the organisation (for example, through policies and incentive schemes). Taking action may result in significant benefit for employers as well as employees.[6]

Guidance from NICE sets out recommendations on how workplaces can 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.[6]

NICE recommended that incentive schemes (such as policies on travel expenses, the price of food and drinks sold in the workplace and contributions to gym membership) that are used in a workplace should be sustained and be part of a wider programme to support staff in managing weight, improving diet and increasing activity levels.[6]

National action

Well@Work pilots have been set up to test ways of making workplaces healthier and more active. Also, the Department for Transport is promoting travel planning which encourages schools, workplaces and communities to consider sustainable travel options which also increase physical activity.

Personalised support for overweight and obese individuals

As well as preventive measures, the situation of those who are already overweight or obese also needs to be considered as a crucial element of any strategy. The number of overweight and obese individuals is forecast to continue rising, so it is imperative that effective services are available to help these people to meet the personal challenge of reducing their BMI and maintaining a healthy weight.[2]

Many people currently choose to face the challenge of losing or maintaining weight alone or with the assistance of commercial weight management organisations. However, the NHS is perfectly placed to identify overweight and obesity, provide advice on healthy lifestyles and refer individuals to weight management services (NHS and non-NHS based). In addition, the third sector, social enterprises (businesses with primarily social objectives) and other providers are increasingly playing an important role in ensuring that more individuals can access effective weight management services.

However, primary care trusts and local authorities need to commission more weight management services in order to support overweight and obese individuals, particularly children, in moving towards a healthy weight. This will ensure that a greater number of children and their families have access to appropriate support.[2]

Identification of overweight and obesity

Assessing whether an individual is overweight or obese is undertaken primarily by primary care practitioners such as GPs, practice nurses, health visitors, community nurses, community dietitians, midwives and community pharmacists. To ensure that there is a systematic approach to the assessment and management of overweight and obesity, clinical guidance has been established.

Clinical guidance

Examples of guidance available are shown in Table 9 on the next page. However, two to note in England are from the National Institute for Health and Clinical Excellence (NICE) and the Department of Health:

- NICE has developed evidence-based guidance for the prevention, identification, assessment and management of overweight and obesity in children and adults.[6] The guidance is broad, focusing on clinical and non-clinical management with the following aims: a) to stem the rising prevalence of obesity and diseases associated with it; b) to increase the effectiveness of interventions to prevent overweight and obesity; and c) to improve the care provided to obese adults and children, particularly in primary care. The NICE guideline on obesity also provides guidance on the use of the anti-obesity drugs orlistat and sibutramine, and on the place of surgical treatment for children and adults. (Drug treatment is generally not recommended for children under 12 years.)[6] Guidance on the anti-obesity drug rimonabant for adults only is also available in a separate document.[119]
- The Department of Health has also developed evidence-based guidance for use in England. This has been produced to support primary care clinicians to identify and treat children, young people and adults who are overweight or obese.[120]

Clinical care pathways are included within these sets of guidance. They direct healthcare professionals to appropriate measures for assessing and managing overweight and obesity. The Department of Health's care pathways are targeted exclusively at primary care clinicians in England. There is one for use with children and young people and one for use with adults.[120] NICE has developed much broader clinical care pathways, one for use with children and one for use

with adults.[6] These pathways focus on the assessment and management of overweight and obesity in primary, secondary and tertiary care. NICE has also taken into account the prevention and management of overweight and obesity in non-NHS settings such as schools, workplaces and the broader environment.

Refer healthcare professionals to **Tool E1** *Clinical care pathways*

Table 9 Clinical guidance for managing overweight and obesity in adults, children and young people

	Adults	Children and young people
England	National Institute for Health and Clinical Excellence (NICE) (2006)[6] www.nice.org.uk Department of Health (2006)[120] www.dh.gov.uk	National Institute for Health and Clinical Excellence (NICE) (2006)[6] www.nice.org.uk Department of Health (2006)[120] www.dh.gov.uk
United Kingdom	Prodigy Knowlege (2001)[121] www.prodigy.nhs.uk/obesity National Obesity Forum (2004)[123] www.nationalobesityforum.org.uk National Obesity Forum (2005)[124] www.nationalobesityforum.org.uk	Royal College of Paediatrics and Child Health and National Obesity Forum (2004)[122] www.rcpch.ac.uk
Scotland	Scottish Intercollegiate Guidelines Network (SIGN) (1996)[66] www.sign.ac.uk Note: This guidance is currently under review.	Scottish Intercollegiate Guidelines Network (SIGN) (2003)[23] www.sign.ac.uk
United States	National Heart, Lung and Blood Institute (1998)[125] www.nhlbi.nih.gov	
Australia	National Health and Medical Research Council (2003)[126] www.health.gov.au	National Health and Medical Research Council (2003)[127] www.health.gov.au

Assessment

The important aspect of assessment is that people with greatest clinical need are prioritised and offered systematic weight management. This can be in both NHS and non-NHS settings. This is a substantial task and practices will need appropriate support from PCTs and strategic health authorities.

It is essential that practices not only record patients' weight details as outlined in clinical guidance, but also maintain a register of these patients including their risk factors. As an incentive to record and store this information, participating practices can use the Quality Management and Analysis System (QMAS) central database. This can also be used for local epidemiological analysis. Furthermore, the addition of obesity to the Quality and Outcomes Framework (QOF) is another incentive for GP surgeries to maintain a register of patients who are obese. Eight points are offered to those surgeries who do record adults' weight details.

Refer healthcare professionals to:

Tool E2 *Early identification of patients*

Tool E3 *Measurement and assessment of overweight and obesity – ADULTS*

Tool E4 *Measurement and assessment of overweight and obesity – CHILDREN*

Provision of advice

The Government is looking to provide general healthcare advice to the population through updating the NHS Choices website (see www.nhs.uk), and also through the national social marketing campaign (see page 142). However, healthcare professionals clearly have an extremely important role to play in the provision of advice on healthier lifestyles, and commissioners will want to be assured that this advice is being given.

NICE has identified that healthcare professionals play an important and highly cost-effective role in providing brief advice on physical activity in primary care. They recommend that primary care practitioners should take the opportunity, whenever possible, to identify inactive adults and to advise them to aim for 30 minutes of moderate activity on five days of the week (or more).[128]

It is not only GPs who can provide advice to overweight or obese individuals. Healthcare professionals in a range of settings play an important role. Examples may include: practice nurses; dentists who provide support relating to oral health; health trainers who work within communities promoting healthy lifestyles; and pharmacists who come into contact with patients who may not seek advice from their GP. The Royal Pharmaceutical Society of Great Britain[129] has produced guidance for community pharmacists who provide advice on overweight and obesity.
See www.rpsgb.org.uk

The Government has recognised the importance of developing the advice-giving role of health professionals, in order to improve local services to patients. Research undertaken for the *Choosing health*[8] consultation found that some healthcare professionals, including GPs, were uncomfortable about raising the issue of weight with patients. They lacked confidence when it came to giving patients advice and also they were unaware of what weight loss services were available. Improving the training of front-line primary care staff – in terms of nutrition, physical activity and helping patients to change lifestyles – is an important requirement. In addition, knowing where to access resources for patients, supplying useful literature and providing correct information are crucial for an effective and efficient advice service.

Refer healthcare professionals to:

Tool E5 *Raising the issue of weight – Department of Health advice*

Tool E6 *Raising the issue of weight – perceptions of overweight healthcare professionals and overweight people*

Tool E7 *Leaflets and booklets for patients*

Tool E8 *FAQs on childhood obesity*

Tool E9 *The National Child Measurement Programme (NCMP)*

Note: Dietitians in Obesity Management UK (DOM UK)[130] have produced a directory providing details of a range of training. The directory specifically targets obesity management and provides contact details of trainers. This directory is currently being updated. The new version will be available by Spring 2009.

Referral to services

A range of practitioners are required to refer overweight and obese children and adults to appropriate services, such as weight management programmes. Three examples of programmes and schemes to which practitioners might refer overweight or obese children and adults are given below, followed by the relevant NICE guidance about them.

1 Exercise referral schemes

Following on from assessment, some patients may benefit from an exercise referral. The Department of Health has published a National Quality Assurance Framework for exercise referral schemes.[131] This provides guidelines with the aim of improving standards among existing exercise referral schemes, and helping the development of new ones. The Framework focuses primarily on the most common model of exercise referral system, where the GP or practice nurse refers patients to facilities such as leisure centres or gyms for supervised exercise programmes. The National Quality Assurance Framework provides a range of tools for use in both primary and secondary prevention. See www.dh.gov.uk

Note: NICE guidance on exercise referral schemes[128] – The Public Health Independent Advisory Committee (PHIAC) determined that there was insufficient evidence to recommend the use of exercise referral schemes to promote physical activity other than as part of research studies where their effectiveness can be evaluated. NICE recommends that practitioners, policy makers and commissioners should only endorse exercise referral schemes to promote physical activity if they are part of a properly designed and controlled research study to determine effectiveness. Measures should include intermediate outcomes such as knowledge, attitudes and skills, as well as measures of physical activity levels. Individuals should only be referred to schemes that are part of such a study.[128]

2 Walking and cycling schemes

Primary care teams may also consider referring patients directly to walking or cycling programmes.

The Walking the Way to Health Initiative (WHI) of the British Heart Foundation and the Countryside Agency aims to improve the health and fitness of people who do little exercise or who live in areas of poor health. The scheme offers local walks in a wide variety of areas. The National Step-O-Meter Programme (NSP), managed by the Countryside Agency, aims to make it possible for NHS patients (especially those who take little exercise) to have the use of a step-o-meter (pedometer) free of charge for a limited loan period. Step-o-meters are being made available to patients through health professionals. For more information about WHI and NSP see www.whi.org.uk

Cycling referral programmes are a relatively new innovation, but can be useful for people who prefer cycling to walking or gym-based exercise. For more information, *Health on wheels: A guide to developing cycling referral projects*[132] is available from Cycling England. See www.cyclingengland.co.uk

Note: NICE guidance on pedometers, walking and cycling schemes[128] – PHIAC determined that there was insufficient evidence to recommend the use of pedometers and walking and cycling schemes to promote physical activity, other than as part of research studies where effectiveness

can be evaluated. However, they concluded that professionals should continue to promote walking and cycling (along with other forms of physical activity such as gardening, household activities and recreational activities), as a means of incorporating regular physical activity into people's daily lives.

NICE recommends that practitioners, policy makers and commissioners should only endorse pedometer schemes and walking and cycling schemes to promote physical activity if they are part of a properly designed and controlled research study to determine effectiveness. Measures should include intermediate outcomes such as knowledge, attitudes and skills, as well as measures of physical activity levels.

3 Weight control groups and 'weight management on referral' (or 'slimming on referral')

Other examples of interventions to manage overweight and obesity are weight control groups and, more recently, weight management on referral schemes. Many weight control groups have been set up as part of PCT local obesity programmes. Following an assessment of the patient and if appropriate, the GP refers the patient to a local group.

A number of PCTs are also working with commercial slimming organisations to implement weight management on referral schemes for adults.

Note: NICE guidance on weight management on referral schemes[6] – NICE suggests that 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 by:

- helping people assess their weight and decide on a realistic healthy target weight (people should usually aim to lose 5-10% of their original weight)
- aiming for a maximum weekly weight loss of 0.5-1kg
- focusing on long-term lifestyle changes rather than a short-term, quick-fix approach
- being multi-component, addressing both diet and activity, and offering a variety of approaches using a balanced, healthy-eating approach
- recommending regular physical activity (particularly activities that can be part of daily life, such as brisk walking and gardening) and offering practical, safe advice about being more active
- including some behaviour-change techniques, such as keeping a diary, and advice on how to cope with 'lapses' and 'high-risk' situations
- recommending and/or providing ongoing support.

Commissioning and delivery of interventions

The Government is supporting the commissioning of more weight management services in local areas. More services are needed to support overweight and obese individuals, particularly children, in moving towards a healthier weight. NICE provides guidance on the types of services to be commissioned. It states that interventions for children should be multi-component – covering healthy eating, increased physical activity and behaviour change – and should also involve parents and carers.[6] These guidelines should be followed. Some examples of services that practitioners can refer children and adults to are given on page 50.

Refer to **Tool D12** *Commissioning weight management services for children, young people and families.*

The challenge and the opportunities

- One of the greatest challenges is to make therapeutic weight management in everyday primary care practicable, effective and sustainable. Research into primary care management in the UK[133] found that, although 55% of respondents believed that obesity was one of their top priorities, fewer than half had been involved in setting up weight management clinics, and the majority of general practices (69%) had not established such clinics.
- The Quality and Outcomes Framework (QOF) for the GP contract[134, 135] provides incentives for assessing BMI and associated risk factors.
- *Choosing health through pharmacy: A programme for pharmaceutical public health 2005-2015*[136] lists 10 key public health roles for pharmacy, one of which is to reduce obesity among children and the population as a whole. Community pharmacists and their staff can play an important role in providing targeted information and advice on diet and physical activity and offering weight reduction programmes. Pharmacies will also be able to refer people directly on to 'exercise on referral schemes' rather than indirectly through GPs.[129] Overweight and obesity are issues related to inequalities, and community pharmacies are particularly well located to assist with weight management, as many of them are based close to residential areas and have few physical and psychological barriers related to access.
- The role of health trainers, as outlined in *Choosing health: Making healthy choices easier*[8] is to provide personalised healthy lifestyle plans for individuals to improve their health and prevent disease. Health trainers will be either lay people drawn from the more disadvantaged communities, or health and other professionals specially trained in offering basic advice on healthy lifestyles, and motivational counselling.
- The Government also recognises the vital role played by the commercial sector, the third sector, social enterprises and other providers in ensuring that more people can access effective services and in increasing national understanding of what works.