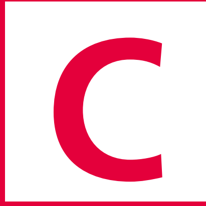


Developing a local overweight and obesity strategy

Understanding the problem in your area and setting local goals	58
Local leadership	61
Choosing interventions	63
Monitoring and evaluation	68
Building local capabilities	70
Tools for healthcare professionals	72

This section of the toolkit provides a practical guide to help commissioners in primary care trusts (PCTs) and local authorities develop a local strategy that fits into the framework for local action published in *Healthy Weight, Healthy Lives: Guidance for local areas*.[2]

The framework has five sections:

- **Understanding the problem in your area and setting local goals** outlines how to estimate local prevalence of obesity among children and adults, how to estimate the local cost of obesity and how to identify priority groups and set local goals.
- **Local leadership** outlines the importance of a multi-agency approach to tackling obesity. It also discusses the significance of a senior-level lead to coordinate activity and details how to bring partners together through a sub-committee or partnership board.
- **Choosing interventions** provides details on how to plan specific interventions to achieve local targets of reducing overweight and obesity by changing families' attitudes and behaviours. It also provides details on how to commission services.
- **Monitoring and evaluation** outlines the importance of monitoring and evaluation and details the key elements of a successful evaluation strategy.
- **Building local capabilities** provides details on how to commission training to support staff in promoting physical activity, good nutrition and the benefits of a healthy weight.

Figure 8 on page 56 indicates how the tools in section D can help commissioners to further develop each section.

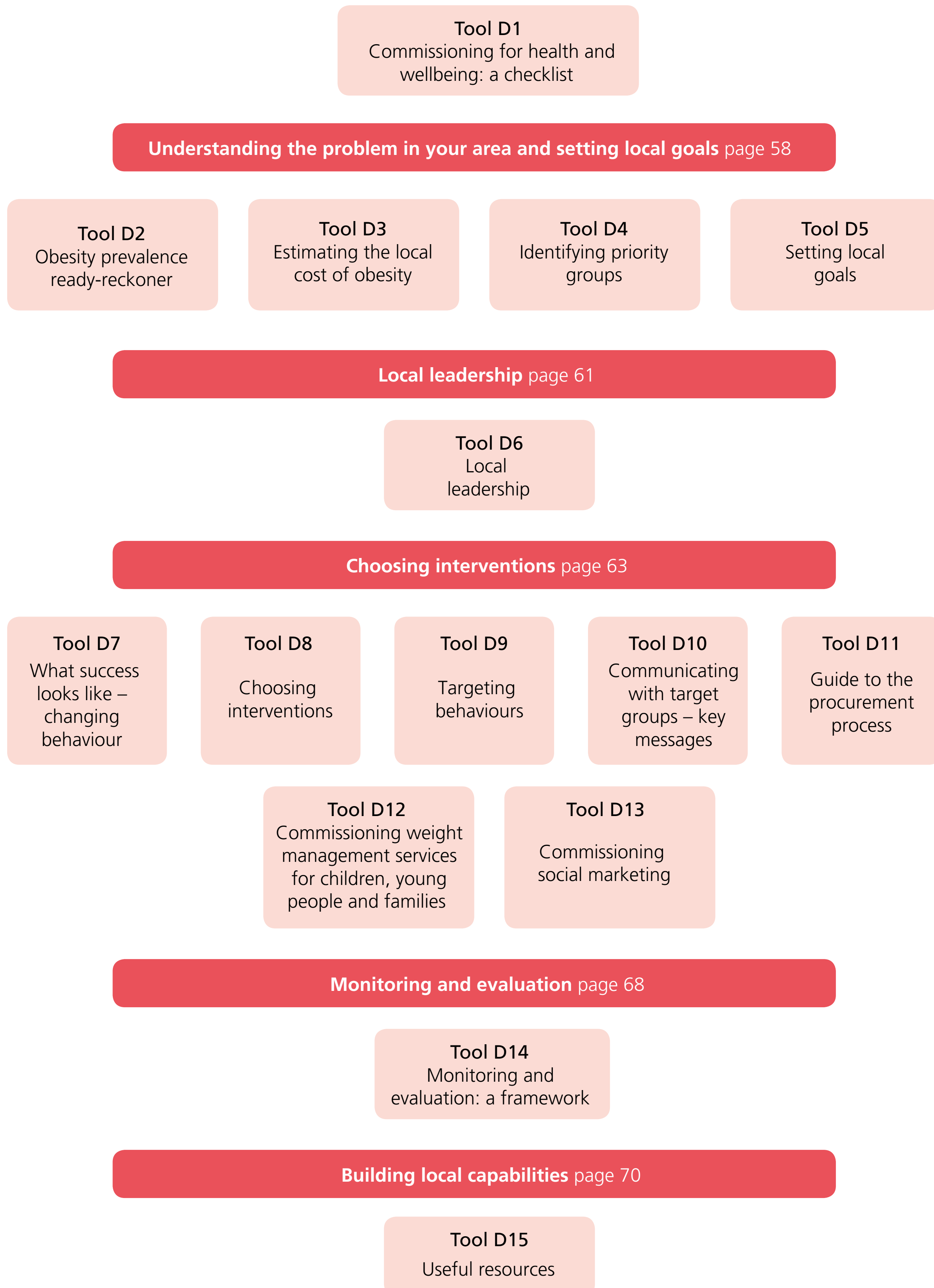
World Class Commissioning

This toolkit is aimed at commissioners and as such all the tools in section D are designed to support different stages of the commissioning process. Indeed the five steps that are set out in *Healthy Weight, Healthy Lives: Guidance for local areas*[2] represent a simplified version of the different stages of commissioning that the World Class Commissioning programme sets out.

Local areas will find it valuable to read this toolkit in conjunction with World Class Commissioning publications, which can be found at www.dh.gov.uk

Tool D1 is a checklist of steps to take to help ensure the World Class Commissioning of health and wellbeing services.

Figure 8 A 'road map' for developing a local overweight and obesity strategy



Child obesity: a local priority

The NHS Operating Framework requires all PCTs to develop plans to tackle child obesity, and to agree local plans with strategic health authorities (SHAs). In addition, within the Local Area Agreement (LAA) National Indicator Set (NIS),[137] there are two indicators specifically on child obesity:

- **NI 55** – obesity among primary school age children in Reception, and
- **NI 56** – obesity among primary school age children in Year 6.

These align with the Vital Signs[138] indicator on child obesity.

There are also other indicators within the NIS that are relevant to tackling child obesity and that work towards the national ambition. These include: breastfeeding (**NI 53**), take-up of school lunches (**NI 52**), the emotional health of children (**NI 50**), children and young people's participation in high-quality physical education and sport (**NI 57**), and travel to school (**NI 198**).

Several indicators within the NIS are relevant to adult weight issues, including adult participation in sport (**NI 8**). Indicators relating to a reduction in road traffic accidents (**NI 47** and **NI 48**) are relevant to producing a safe environment and thus to physical activity and weight management in both children and adults.

Tool D5 *Setting local goals* provides a list of national indicators relevant to tackling obesity.

Understanding the problem in your area and setting local goals

At the start of developing a local strategy to tackle overweight and obesity, local areas need to know what the problem is in terms of prevalence and costs, who the priority groups are and what reduction in prevalence they need to aim for.

An obesity strategy should be built on an understanding of the problem in your area. Local organisations should therefore seek to obtain insight on:

- the local prevalence of overweight and obesity
- the local cost of overweight and obesity now, and in the future if no further steps are taken, and
- the priority groups who drive the costs.

Completing these steps will help primary care trusts (PCTs) and local authorities to set clear local goals.

The local prevalence of overweight and obesity

Estimating the prevalence of overweight and obesity among children

Local (PCT and local authority) prevalence data for children in Reception and Year 6 can be obtained through the National Child Measurement Programme (NCMP). Established in 2005, the NCMP is one element of the Government's work programme on childhood obesity, and is operated jointly by the Department of Health and the Department for Children, Schools and Families. Every school year, children in Reception (4-5 year olds) and Year 6 (10-11 year olds) are weighed and measured to inform local planning and delivery services for children, and to gather population-level surveillance data to allow analysis of trends in growth patterns and obesity. The programme also seeks to raise awareness of the importance of healthy weight in children. The most recent results, which are broken down to PCT level, can be downloaded from www.ic.nhs.uk

Note: See www.dh.gov.uk for guidance to PCTs on arrangements for measuring the height and weight of primary and middle school children as part of the NCMP, and for advice on how to upload the information to the Information Centre for health and social care.[139] Guidance has been developed for schools[140] and is available at www.teachernet.gov.uk

The NCMP only provides data for children aged 4-5 and 10-11. To estimate the local prevalence of obesity across different age ranges, child overweight and obesity prevalence data for strategic health authorities/government office regions can be obtained through the Health Survey for England starting from 2006.[11]

Tool D2 is a ready-reckoner which will help you estimate the prevalence of obesity among children aged 1-15 years in your local area, using the UK National BMI Percentile Classification.

Estimating the prevalence of overweight and obesity among adults

The Health Survey for England provides data on the proportion of adults who are overweight and obese. Robust estimates of adult obesity at strategic health authority level are available based on three-year rolling averages. These data can be applied to the local demographic profile of a PCT to calculate an estimate of prevalence.

Tool D2 is a ready-reckoner to help you estimate the prevalence of obesity among adults in your local area.

Local cost of obesity

Estimating the local cost of obesity

As with all public health challenges, the majority of the costs of obesity (and also the benefits from tackling it) fall in the future. Therefore to make the case for investing now to achieve benefit in the future, it is necessary to estimate these future costs. However, estimating the costs of overweight and obesity at local level is difficult, and depends on:

- the degree of complexity used in modelling
- the validity of the various assumptions used in calculations
- the clinical guidelines and prescribing regimes followed, and
- the current costs of drugs.

Approximate values can be derived by applying national figures to the local estimates of prevalence, as calculated using the process described in **Tool D2**.

Tool D3 provides the costs of obesity and elevated BMI (overweight plus obesity) to primary care trusts, based on national estimates of costs calculated by Foresight (selected years 2007, 2010 and 2015) and the national resource allocation formula which is based on local needs.

Identifying priority groups

Prioritising families with children aged 2-11

Local priority should be given to children and young people under 11, as stated in the Child Health PSA (see page 35). Data from the National Child Measurement Programme (NCMP) will enable PCTs, local authorities and other partners to gain a better understanding of children's needs in their area. This will enable local organisations to target resources and interventions to those parts of their local area where resources and interventions are most needed, and ensure efforts are directed more effectively. The data will also allow for national analysis of trends in obesity. Go to www.dh.gov.uk for guidance on how to weigh and measure children, other NCMP resources, and for information on giving parents their child's results.

Another way of helping to prioritise groups locally is by using the Department of Health's research into family behaviour in relation to diet and activity. The purpose of this research is to better understand the behaviours that can lead to obesity, and so future ill-health, and to understand which behaviours are common within different groups or clusters in society. This 'segmentation' analysis showed that children aged 2-11 years and their families could be divided into six clusters based on their behaviours. Of these, three clusters were found to be most 'at risk' of developing obesity – and indeed these clusters had the highest rates of adult and child obesity – and have been prioritised for national action within the national social marketing programme (see page 142).

The three 'at risk' clusters can also be used by local areas to better target interventions to promote healthy weight, leading to more effective interventions and use of public resources. **Local authorities and PCTs can access a draft report that describes the six clusters in detail via the obesity lead in their Regional Public Health Group, or by emailing** healthyweight@dh.gsi.gov.uk. A final version of the report will be published in late 2008, informed by continuing research, and the Cross-Government Obesity Unit welcomes feedback on the draft report.

Tool D4 presents a step-by-step guide on how to use the national segmentation analysis at a local level, including information on who can assist in mapping high-risk groups.

Setting local goals

All local areas have already set their goals for tackling obesity over the period 2008/09 to 2010/11, either through PCT plans, or additionally in Local Area Agreements (LAAs). However, this toolkit summarises the Department of Health's guidance on setting local goals,[141] as it is useful to remember what underpins those targets.

Tool D5 provides guidance for PCTs and local authorities on how the goals for a local overweight and obesity strategy were set using NCMP local prevalence data.

It is also important to note that, although the guidance in Tool D5 sets out how PCTs and local authorities have set targets that are in line with the national 2020 goal to reduce the proportion of obese and overweight children to 2000 levels as set out in *Healthy Weight, Healthy Lives: A cross-government strategy for England*,[1] it does not include any details on how PCTs and local authorities can translate the 2020 goal down to a local level. This is because the 2020 goal is based on Health Survey for England data and, unless an area has access to data sources other than the NCMP, it will not have any data on the levels of child obesity and overweight for the year 2000. Therefore there is no national expectation that PCTs or local authorities should set their own targets to reduce levels of obesity and overweight to 2000 levels – the Government will instead continue to provide guidance to local areas that is consistent with achieving the national 2020 goal.

Setting objectives

Once the local goal has been set, local areas should think about intervention objectives using other relevant local information, such as prevalence of breastfeeding. The National Indicators of success relevant to obesity can help local areas set objectives which can then also be used in the evaluation of the programme.

Tool D5 provides details on setting objectives. It provides a list of National Indicators relevant to obesity which can help local areas set intervention objectives to reach their local goal.

See also **Tool D14** *Monitoring and evaluation: a framework* for further details on the importance of setting objectives for evaluation purposes.

Local leadership

Local areas need to identify and agree overall leadership and governance, the local leaders, their roles in promoting healthy weight and how to ensure strong and continuing communication across all parties.

A multi-agency approach is critical to tackling obesity. Primary care trusts (PCTs), local authorities and their partners in the private and third sector (the non-profit or voluntary sector) should work closely together through their Children's Trust partnership arrangements within their local strategic partnerships (LSPs) to determine how they will contribute to tackling the challenge of rising levels of overweight and obesity. Any strategy requires 'often and early' engagement with all stakeholders to ensure that the PCT Operational Plan, the Children and Young People's Plan (CYPP), and, where obesity has been identified as a priority, the Local Area Agreements (LAAs) are aligned. These should also align with plans that the local authority has on transport, community, play and planning. The local authority's Overview and Scrutiny Committee will have an important role to play.

Establishing a senior-level lead

The experience of multi-agency programmes in this country and others (eg the EPODE programme in Europe) is that it is critical to designate a senior-level officer to coordinate activity across all sectors – a person who has the 'clout' to bring partners together and drive forward implementation. The designated senior lead is likely to benefit from a joint appointment between the PCT and local authority as they will need to join up partners across the delivery chain.

Bringing partners together

Local areas will need to decide the most appropriate arrangements for bringing together all of the partners within the delivery chain, both to develop a local plan and to monitor its implementation. This will include ensuring that information, especially on good practice, flows both up and down the delivery chain.

One way of bringing together partners is to establish a sub-committee or partnership board, with senior-level representation from key partners, reporting regularly to a higher level strategic body such as the LSP or Children's Trust. This sub-committee does not need to be large and unwieldy. Core membership is likely to be drawn from:

- health promotion
- public health
- nutrition and dietetics
- leisure/physical activity
- school nursing, midwifery and health visiting
- education
- transport, and
- town planning.

It is essential to include in the sub-committee or partnership board someone with expertise in the evaluation of community interventions.

Other team members can be included as and when appropriate. For example, if the focus is on detection and management of existing cases, the team might also include:

- patient or carer
- GP and/or practice nurse
- primary care quality facilitator
- commissioner
- hospital specialist.

Another way of bringing partners together is by including obesity as a standing item on existing boards.

Financial considerations

It is imperative that the arrangements detailed above include financial considerations. This could involve establishing a pooled budget or agreeing service level agreements (SLAs) on the contributions of different partners.

Tool D6 provides details of potential local leaders and describes what their roles could be in tackling overweight and obesity. The tool also acts as a checklist to assess local leader commitment and engagement in the process. It is important to note that the roles set out in Tool D6 will not be appropriate for every area, but the tool may provide a helpful starting point for some local areas.

Choosing interventions

Local areas will need to plan specific interventions aimed at achieving their local targets to reduce levels of obesity and overweight among children. Ultimately, meeting these targets will require changing families' attitudes and behaviours.

When choosing interventions to change individuals' behaviour, local areas will need to know what changes in behaviour will help to achieve their targets, what interventions should be chosen to deliver the desired behaviour change (using NICE guidance), what difficulties may arise in achieving the desired behaviour, and so how to tailor interventions to ensure that they are effective for different target groups.

Local areas will then need to commission and procure services to deliver behaviour change – for example, weight management services and social marketing agencies.

Local areas should not feel constrained to implement only interventions with evidence of effectiveness. The evidence base to tackle this serious issue will only improve if areas try new interventions and then evaluate them.

What success looks like

Before choosing interventions, it is important for local areas to consider what changes in individual behaviour they will need to achieve in order to deliver the goals of their own obesity strategies. In *Healthy Weight, Healthy Lives: Guidance for local areas*,[2] the Department of Health outlined what the key successes would look like in terms of behaviour change, for each of the five themes. Some examples are provided below:

- Children: healthy growth and healthy weight – for example, as many mothers as possible breastfeeding up to 6 months and all schools are healthy schools
- Promoting healthier food choices – for example, less consumption of high-fat, high-sugar and high-salt foods
- Building physical activity into our lives – for example, reduced car use and more outdoor play
- Creating incentives for better health – for example, more workplaces that promote healthy eating and activity
- Personalised support for overweight and obese individuals – for example, everyone able to access appropriate advice and information on healthy weight.

Refer to National Indicators in **Tool D5**.

Tool D7 details 'what success looks like' for each of the five key themes detailed above.

Choosing interventions

Choosing the right interventions is critical to delivering behaviour change. So before interventions are chosen, local areas should conduct a full service review, a 'gap analysis' or audit of local services, initiatives and infrastructure including protocols, procedures, pathways and practice. This will help local areas find out what is currently happening, where the gaps are, what the priorities are and what the opportunities for development are. The following questions should be addressed:

- What action is being delivered?
- Is the action fully/partially/not in place?
- When is the action being delivered?
- Who is delivering the action?

Key Point

Each partner agency is usually best placed to undertake the mapping for its own sphere of influence and to feed its findings into the review.

Guided by good-quality local intelligence, local areas can then commission a range of interventions that prevent and manage excess weight, focused around the five themes set out in *Healthy Weight, Healthy Lives*[1] which are based on the evidence provided by Foresight. Decisions about specific interventions can be guided by:

- evidence of effectiveness
- outcomes of public health interventions
- appropriateness for the local community or local groups (eg black and minority ethnic communities) and cultural issues
- cost-effectiveness
- national guidance such as the NICE guideline on obesity[6]
- the balance between the preventive and management strands of the overall strategy
- the feasibility and probability of success
- available resources
- timeframes, and
- organisational and political pressures.

Estimating the potential cost-benefits of interventions

Ideally, decisions on which interventions to choose should take into account cost-benefit analyses, although these are extremely difficult to calculate. Theoretically, there are two components to analyse:

- the number of cases of overweight and obesity prevented by lifestyle changes in the population (and hence the cost-benefits of prevention), and
- the number of cases of coronary heart disease, diabetes, strokes, and obesity-related cancers prevented by effective identification and management of overweight and obesity (and hence the cost-benefits of screening for obesity).

In practice, however, it has proved difficult to model such analyses with any degree of accuracy.

Estimating the cost of taking action

NICE has produced a costing report and costing template to estimate the financial impact to the NHS of implementing the NICE clinical guideline on obesity.[142] The costing template provides health communities with the ability to assess the likely local impact of the principal recommendations in the clinical guideline based on local population, and other variables can be amended to reflect local circumstances. The costing report focuses on the financial impact of implementing, in England, the recommendations that require the biggest changes in resources. Go to www.nice.org.uk to download the costing report and template.

Notes:

Tool D8 can help local areas choose interventions. It is based on the evidence of effectiveness and cost-effectiveness adapted from the NICE guideline on obesity.[6] It also acts as a checklist for local areas to assess whether an intervention is already in place.

Healthy Weight, Healthy Lives: Guidance for local areas[2] also provides detailed information regarding potential interventions. Go to www.dh.gov.uk

Quick reference guide 1 – For local authorities, schools and early years providers, workplaces and the public[143] provides examples of suggested action to tackle overweight and obesity in these settings. The guide can be downloaded from www.nice.org.uk

Targeting behaviours

Qualitative research conducted by the Department of Health into the behaviours of families with children aged 2-11 years – both mainstream and black and minority ethnic (BME) families (Pakistani, Bangladeshi and Black African [Ghanaian and Nigerian]) – can be used to inform the selection of interventions. The research can also be used to provide a sense of the difficulties that can arise when delivering interventions which aim to achieve desired behaviours.

Families with children aged 2-11 years

The research found that the key to designing effective interventions is to engage the whole family, presenting healthy behaviours as enjoyable family experiences, positioning change as a positive choice, and focusing in particular on the beneficial impact of a better diet and increased physical activity levels at the same time as making it clear that children's happiness is the first priority.

Based on the research, the Department of Health suggests that local areas should look to develop interventions in the following areas:

- structured mealtimes – creating awareness among parents of the importance of limiting unhealthy and excessive snacking between meals
- shopping and cooking – giving parents and their children the knowledge and skills they need to shop for and prepare healthy meals. This will include challenging the belief that 'kids' foods' and 'convenience foods' offer better value than fresh, healthy foods
- portion size – working in partnership with the Food Standards Agency to help parents understand how much food their children should be eating
- improving food literacy – giving parents a better understanding of the components of a healthy diet
- sedentary activity – encouraging parents to limit their children's screen time and replace it with family activity
- outdoor play – increasing levels of family activity, in particular outdoor play, and reducing levels of sedentary behaviour. This will include providing safe, family-friendly environments where children can play, helping families understand the value of structured exercise and making exercise more inclusive and accessible; and active travel – encouraging families to use their cars less for short, walkable journeys.

Black and minority ethnic (BME) communities

While there is considerable overlap between attitudes to diet and physical activity across all parts of the community, there are also significant differences. As a result, the research recommended that the following factors need to be taken into account:

- **Cultural appropriateness:** Families could be encouraged to be more active by providing opportunities to take part in culturally appropriate and acceptable activities, for example dancing (for the Black African community in particular), walking, cricket and football. Adults may respond positively to opportunities to take part in activities with other people from the same ethnic background. Linking children's physical activity to school (for example, by setting up more after-school clubs) could help parents – who tend to prioritise their children's education over exercise – to see physical activity as more culturally acceptable.
- **Adapting existing eating habits:** Interventions should focus on ways of making traditional ethnic meals healthier, for example by using slow cookers or pressure cookers (rather than frying food) and swapping ghee, butter and palm oil for alternatives such as olive oil. Guidelines should also be provided on 'translating' current health messages into specific changes to traditional meals, and on healthier snacks and treats for children.
- **Engaging community leaders and workers:** Getting key community influencers to promote the value of physical activity for both male and female children could help parents feel they have been given cultural and religious 'licence' to encourage their children to be more active. For Bangladeshi and Pakistani women brought up abroad, key influencers such as GPs, health visitors, community health promotion workers and practice nurses are also trusted sources of information.
- **Engaging the extended family:** Extended family members tend to have a significant influence over children's food intake and family eating habits in general, especially in Bangladeshi and Pakistani families. Interventions must therefore target extended family members, in particular grandmothers. Engaging with these older members of the community could also be a step towards breaking down the widely held perception that an overweight child is a healthy child.
- **Using children to reach parents with limited English:** For Bangladeshi and Pakistani women brought up abroad, children are the most important source of information about health issues and guidelines. Children are already feeding back to their parents about health issues covered during lessons and their school's healthy eating policies.
- **Using one-to-one, community-based interventions:** These are crucial for those with limited English and whose engagement with mainstream media channels is therefore likely to be restricted. These interventions will need to be targeted at specific communities in order to overcome cultural and religious barriers.

Tool D9 provides details of the key behavioural insights from the qualitative research conducted among families with children aged 2-11 years in both mainstream families and BME families.

For further information, see *Insights into child obesity: A summary*. A draft of this report is available to PCTs and LAs through their Regional Public Health Group. A final report will be published in late 2008.

Communicating with target groups – key messages

To help overcome the complexities set out above, and thus change behaviours, effective communication with the target group is extremely important. The Department of Health carried out national research with the clusters with the greatest 'at-risk' behaviours (clusters 1, 2 and 3) to find out what communications would be effective in changing behaviour. (See page 59 for more on clusters.) The national research identified the following communications issues that should be borne in mind when structuring local programmes.

- Concepts such as 'health' and 'healthy lifestyles' can be alienating terms to families most at risk of problems.
- Parents need to be provided with simple, clear expressions of what risk and positive behaviour look like – outlining the risks attached to 'unhealthy' behaviour and the benefits attached to 'healthy behaviour'.
- A new language needs to be used to talk about the issues. Talking directly about 'obesity' and 'weight' may alienate parents and cause them to reject or deselect themselves as the target audience.
- Parents exert a powerful indirect influence over children's behaviour through role-modelling and thus 'whole-family' solutions need to be focused upon. Parents are focused on their child's happiness so it is important to express 'success' in terms which are relevant to parental priorities.
- It is important to acknowledge the value parents place on choice for both themselves and their children. Therefore a dictatorial approach should be avoided and ways to encourage positive choices should be found.

The breadth of these recommendations means that commissioning successful interventions will be a complex task, but a necessary one.

Tool D10 provides details on how local areas can communicate with the priority clusters.

Commissioning services

World Class Commissioning sets out the broad steps for commissioning services (see page 55 and **Tool D1**). These are supplemented below in three specific areas that feedback from PCTs has suggested would be helpful:

Procurement

When commissioning services, it is important that local areas know the key processes involved in procuring services to undertake the necessary work. Thus, the Department of Health has produced a guide to the procurement process which will help local areas develop plans that will effectively and efficiently secure services to undertake intervention work.

Tool D11 provides a guide to the procurement process.

Weight management services

The Department of Health has produced a framework for commissioning weight management services. It reflects the principles of World Class Commissioning (see **Tool D1**), focusing on how commissioners achieve the greatest health gains and reduction in inequalities, at best value, through 'commissioning for improved outcomes'.

Tool D12 presents a framework for commissioning weight management services for children, young people and families.

Social marketing agencies

In commissioning social marketing agencies, the National Social Marketing Centre (NSMC) has developed an evaluation checklist and some sample interview questions for assessing agencies. It is important that local areas put the correct procurement procedure in place when approaching social marketing agencies.

Tool D13 contains the evaluation checklist and interview questions for commissioning social marketing.

Monitoring and evaluation

Once interventions have been chosen, local areas need to develop a monitoring and evaluation framework in order to assess the effectiveness and cost-effectiveness of the interventions. It is important that an evaluation of an intervention is planned and organised and that it has clear objectives and methods for achieving them.

Evaluation of local strategies and programmes for overweight and obesity is essential for:

- clinical governance
- audit and quality improvement
- providing information to the public
- strategy and performance development
- assessing value for money
- assessing sustainability, and
- increasing the evidence base.

There are two basic rules for successful evaluation:

- The evaluation process must be thought through from the start, at the same time as you develop the strategy's aims, objectives and targets.
- Adequate funding should be set aside for the evaluation. A good guide is 10% of the total budget. Evaluation of community projects is not easy and not everything can be evaluated.

The rationale for evaluation can include:

- to inform the day-to-day running of the project, to try to improve interventions and possibly to develop new ones
- to demonstrate worth and value for money to the commissioner or funder, in order to support requests for continued or additional funding
- to define and examine successes and failures with all stakeholders, and to know how and why something works, as well as attempting to understand why it may not
- to assess behavioural change and environmental improvements
- to develop models of good practice that are then disseminated to others
- to contribute to the debate on obesity, and
- to assist with performance improvement.

The key areas to evaluate must be agreed among the partners, including the participants, to reflect their different agendas. Evaluation will include:

- measuring indicators of progress, including progress towards any local targets
- assessing how well various aspects of the strategy were perceived to work from the viewpoint of professionals from all sectors and by communities, and
- assessing whether the changes were a result of the intervention.

It is essential to include in the sub-committee or partnership board (see *Local leadership* on page 61) someone with expertise in the evaluation of community projects. This could be someone from the health or environment departments of a local university or further education college, a local dietitian, or someone from the nutrition department of a hospital or the community.

Tool D14 provides a framework for monitoring and evaluation.

Audit criteria for NICE guideline on obesity

NICE has developed audit criteria for the clinical guideline on obesity. The aim of the audit is to help health services and local authorities to determine whether they are implementing the guidance. The implementation of the audit will help organisations meet developmental standard D13 of *Standards for better health* set by the Department of Health. Standard C5(d) states that "Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services."[144] To download the NICE audit criteria, go to www.nice.org.uk

Building local capabilities

Local areas need to ensure that all partners are aware of their roles in promoting the benefits of a healthy weight. Therefore it is important that both health and non-health professionals are trained in order to deal sensitively with the issue of overweight and obesity.

A whole systems approach is necessary so that all those working at a local level in all organisations are aware of their role in promoting physical activity, good nutrition, and the benefits of a healthy weight. In many cases, local partners will want to commission training to support their staff in this role. To maximise coverage of the training, a system of cascade training (or training trainers) is an effective way of capturing the whole workforce quickly.[2]

When commissioning training, local areas should take into account the different needs of health and non-health professionals. For example, health professionals may need a detailed understanding of nutrition and the promotion of healthy lifestyles, while non-health professionals, such as teachers (especially those with pastoral duties and those teaching Personal, Social and Health Education [PSHE]), may need to be aware of the role they can play, and be able to provide basic advice and signposting to appropriate local services.[2]

In addition, training will need to recognise the sensitivity around the issue of weight and build the confidence of staff to be able to raise the issue and know how to influence behaviour change. This will be particularly important when routine feedback to parents, as part of the NCMP, is introduced. As members of the general public, many staff will themselves have weight issues: they may be overweight, obese or underweight, and they are likely to feel particularly unconfident in raising issues of weight. Training packages must take account of this and build in tools for staff to raise the issue, taking into account the staff's own weight status.[2]

Obesity training directory

The *Obesity training directory*[130] produced by DOM UK provides PCTs with information on training courses for obesity prevention and management available across the country. The Directory does not represent a list of approved training providers; it is merely a list of what is available. It is intended to act as a guide for PCTs who need or wish to take a more strategic approach by commissioning obesity training from a wider pool beyond the training programmes that they can access locally. PCTs may wish to use this resource as a starting point and seek further guidance from local training officers and experts in obesity management, such as physical activity specialists and registered dietitians. To access the directory, go to www.domuk.org. The directory is currently being updated. The new version will be available by Spring 2009.

Training to deliver NICE guidance

NICE commissioned BMJ Learning to produce an online training package for GPs and other health professionals. To access this learning module, users must register with the BMJ Learning website, which is free, and the module is then free to access. Learners who successfully complete the module, which takes about an hour, will receive a personal certificate of completion. The module incorporates training on:

- BMI and other measures of adiposity
- what level of advice or intervention to use with a patient, depending on their BMI, waist circumference and co-morbidities
- how to explore a patient's readiness to change

- advice to patients on diet, physical activity, and community-based interventions
- when to refer to a specialist.

This training module complements the care pathways and documents referenced in the tools for healthcare professionals found in section E of this toolkit. To access the module, go to learning.bmj.com

The Expert Patients Programme

The Expert Patients Programme (EPP) is a national NHS-based self-management training programme which provides opportunities for people who live with long-term conditions to develop new skills to manage their condition better on a day-to-day basis. For example, in terms of tackling overweight and obesity, patients with diabetes or heart disease can learn how to start and maintain an appropriate exercise or physical activity programme. Set up in 2002, the Expert Patients Programme is based on research from the US and UK over the last two decades which shows that people living with long-term conditions are often in the best position to know what they need to manage their own condition. Provided with the necessary 'self-management' skills, people with long-term conditions can make a tangible impact on their own condition and on their quality of life more generally. EPP courses are being run by primary care trusts throughout England. To find training courses, go to www.expertpatients.co.uk

Tool D15 *Useful resources* gives further sources of information relevant to building local capabilities.

Tools for healthcare professionals

Local areas will need to provide appropriate support to healthcare professionals so that a greater number of individuals, particularly children and their families, have access to weight management services in order to move towards a healthy weight.

The NHS is perfectly placed to identify overweight and obesity, provide advice on healthy lifestyles and refer individuals to weight management services. This is a substantial task, so healthcare professionals will need appropriate support from PCTs and strategic health authorities. The nine tools in section E have been provided to help commissioners of PCTs and local authorities further support their local healthcare professionals. There are:

- tools to help healthcare professionals assess weight problems
- tools to help healthcare professionals raise the issue of weight with their patients, and
- tools to help them gain access to further resources.

Assessment 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. The important aspect of assessment is that people with greatest clinical need are prioritised and offered efficient weight management. This can be in both NHS and non-NHS settings. To ensure that there is a systematic approach to the assessment and management of overweight and obesity, clinical guidance has been established. Within these sets of guidance are clinical care pathways that direct healthcare professionals to appropriate measures for assessing and managing overweight and obesity.

Examples of guidance available are detailed in section B on page 47. However, the two most important sets of guidance that health professionals should be referred to are:

- *Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children*,[6] and
- *Care pathway for the management of overweight and obesity*.[120]

More information about these sets of guidance, the early identification of patients who are most at risk of becoming obese later in life, and measuring and assessing overweight and obesity are provided in the following tools.

Tool E1 *Clinical care pathways*

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*

Raising the issue of weight with patients – assessing readiness to change

Healthcare professionals 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. 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 recognises the importance of developing the advice-giving role of health professionals, in order to improve local services to patients. However, 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. Furthermore, anecdotal evidence revealed that some overweight health professionals found it difficult to give advice on healthy living. To support healthcare professionals with these issues, the Department of Health has produced guidance on raising the issue of weight with children and adults, and commissioned research into the attitudes of overweight health professionals and patients.

The Department of Health guidance and the main findings from the research are provided in the following tools:

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*

Resources for healthcare professionals

Knowing where to access resources for patients, supplying useful literature and providing correct information are crucial for an effective and efficient advice service. To support healthcare professionals in accessing the most appropriate information and resources, the following tools provide: details of literature for patients on healthy living and losing weight and maintaining a healthy weight; suggested responses to frequently asked questions regarding obesity; and information on the National Child Measurement Programme (NCMP).

Tool E7 *Leaflets and booklets for patients*

Tool E8 *FAQs on childhood obesity*

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

See also the NHS Choices website at www.nhs.uk