

Preventing overweight and obesity – NICE recommendations

Tool 15

This tool summarises the NICE recommendations for preventing overweight and obesity.¹

PART A: NICE recommendations for NHS health professionals

Overarching recommendations

- 1 Managers and health professionals in all primary care settings should ensure that preventing and managing obesity is a priority at both strategic and delivery levels. Dedicated resources should be allocated for action.
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Strategic recommendations for senior managers and budget holders

- 2 In their role as employers, NHS organisations should set an example in developing public health policies to prevent and manage obesity by following existing guidance and (in England) the local obesity strategy. In particular:
 - on-site catering should promote healthy food and drink choices (for example by signs, posters, pricing and positioning of products)
 - there should be policies, facilities and information that promote physical activity, for example, through travel plans, by providing showers and secure cycle parking and by using signposting and improved décor to encourage stair use.
 - 3 All primary care settings should ensure that systems are in place to implement the local obesity strategy. This should enable health professionals with specific training, including public health practitioners working singly and as part of multidisciplinary teams, to provide interventions to prevent and manage obesity.
 - 4 All primary care settings should:
 - address the training needs of staff involved in preventing and managing obesity
 - allocate adequate time and space for staff to take action
 - enhance opportunities for health professionals to engage with a range of organisations and to develop multidisciplinary teams.
 - 5 Local health agencies should identify appropriate health professionals and ensure that they receive training in:
 - the health benefits and the potential effectiveness of interventions to prevent obesity, increase activity levels and improve diet (and reduce energy intake)
 - the best practice approaches in delivering such interventions, including tailoring support to meet people's needs over the long term
 - the use of motivational and counselling techniques.

Training will need to address barriers to health professionals providing support and advice, particularly concerns about the effectiveness of interventions, people's receptiveness and ability to change and the impact of advice on relationships with patients.
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All health professionals

- 6 Interventions to increase physical activity should focus on activities that fit easily into people's everyday life (such as walking), should be tailored to people's individual preferences and circumstances and should aim to improve people's belief in their ability to change (for example, by verbal persuasion, modelling exercise behaviour and discussing positive effects). Ongoing support (including appropriate written materials) should be given in person or by phone, mail or internet.
 - 7 Interventions to improve diet (and reduce energy intake) should be multicomponent (for example, including dietary modification, targeted advice, family involvement and goal setting), be tailored to the individual and provide ongoing support.
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| 8 | Interventions may include promotional, awareness-raising activities, but these should be part of a long-term, multicomponent intervention rather than one-off activities (and should be accompanied by targeted follow-up with different population groups). |
| 9 | Health professionals should discuss weight, diet and activity with people at times when weight gain is more likely, such as during and after pregnancy, the menopause and while stopping smoking. |
| 10 | All actions aimed at preventing excess weight gain and improving diet (including reducing energy intake) and activity levels in children and young people should actively involve parents and carers. |
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Health professionals working in/with primary care settings

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| 11 | <p>All interventions to support smoking cessation should:</p> <ul style="list-style-type: none"> • ensure people are given information on services that provide advice on prevention and management of obesity if appropriate • give people who are concerned about their weight general advice on long-term weight management, in particular encouraging increased physical activity. |
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Health professionals working in or with broader community settings (including healthy living centres and Sure Start programmes)

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| 12 | All community programmes to prevent obesity, increase activity levels and improve diet (including reducing energy intake) should address the concerns of local people from the outset. Concerns might include the availability of services and the cost of changing behaviour, the expectation that healthier foods do not taste as good, dangers associated with walking and cycling and confusion over mixed messages in the media about weight, diet and activity. |
| 13 | Health professionals should work with shops, supermarkets, restaurants, cafés and voluntary community services to promote healthy eating choices that are consistent with existing good practice guidance and to provide supporting information. |
| 14 | Health professionals should support and promote community schemes and facilities that improve access to physical activity, such as walking or cycling routes, combined with tailored information, based on an audit of local needs. |
| 15 | Health professionals should support and promote behavioural change programmes along with tailored advice to help people who are motivated to change to become more active, for example by walking or cycling instead of driving or taking the bus. |
| 16 | Families of children and young people identified as being at high risk of obesity – such as children with at least one obese parent – should be offered ongoing support from an appropriately trained health professional. Individual as well as family-based interventions should be considered, depending on the age and maturity of the child. |
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Health professionals working in/with pre-school, childcare and family settings

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| 17 | <p>Any programme to prevent obesity in pre-school, childcare or family settings should incorporate a range of components (rather than focusing on parental education alone), such as:</p> <ul style="list-style-type: none"> • diet – interactive cookery demonstrations, videos and group discussions on practical issues such as meal planning and shopping for food and drink • physical activity – interactive demonstrations, videos and group discussions on practical issues such as ideas for activities, opportunities for active play, safety and local facilities. |
| 18 | Family programmes to prevent obesity, improve diet (and reduce energy intake) and/or increase physical activity levels should provide ongoing, tailored support and incorporate a range of behaviour change techniques ... Programmes should have a clear aim to improve weight management. |
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Health professionals working in/with workplace settings

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| 19 | Health professionals such as occupational health staff and public health practitioners should establish partnerships with local businesses and support the implementation of workplace programmes to prevent and manage obesity. |
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PART B: NICE recommendations for local authorities and partners in the local community

Overarching recommendation

- 1 As part of their roles in regulation, enforcement and promoting wellbeing, local authorities, primary care trusts (PCTs) or local health boards and local strategic partnerships should ensure that preventing and managing obesity is a priority for action – at both strategic and delivery levels – through community interventions, policies and objectives. Dedicated resources should be allocated for action.

Strategic recommendations for senior managers and budget holders

- 2 Local authorities should set an example in developing policies to prevent obesity in their role as employers, by following existing guidance and (in England) the local obesity strategy.
 - On-site catering should promote healthy food and drink choices (for example by signs, posters, pricing and positioning of products).
 - Physical activity should be promoted, for example through travel plans, by providing showers and secure cycle parking and using signposting and improved décor to encourage stair use.
- 3 Local authorities (including planning, transport and leisure services) should engage with the local community, to identify environmental barriers to physical activity and healthy eating. This should involve:
 - an audit, with the full range of partners including PCTs or local health boards, residents, businesses and institutions
 - assessing (ideally by doing a health impact assessment) the effect of their policies on the ability of their communities to be physically active and eat a healthy diet; the needs of subgroups should be considered because barriers may vary by, for example, age, gender, social status, ethnicity, religion and whether an individual has a disability.Barriers identified in this way should be addressed.
- 4 Local authorities should work with local partners, such as industry and voluntary organisations, to create and manage more safe spaces for incidental and planned physical activity, addressing as a priority any concerns about safety, crime and inclusion, by:
 - providing facilities such as cycling and walking routes, cycle parking, area maps and safe play areas
 - making streets cleaner and safer, through measures such as traffic calming, congestion charging, pedestrian crossings, cycle routes, lighting and walking schemes
 - ensuring buildings and spaces are designed to encourage people to be more physically active (for example, through positioning and signing of stairs, entrances and walkways)
 - considering in particular people who require tailored information and support, especially inactive, vulnerable groups.
- 5 Local authorities should facilitate links between health professionals and other organisations to ensure that local public policies improve access to healthy foods and opportunities for physical activity.

Recommendations focussing on specific interventions

- 6 Local authorities and transport authorities should provide tailored advice such as personalised travel plans to increase active travel among people who are motivated to change.
 - 7 Local authorities, through local strategic partnerships, should encourage all local shops, supermarkets and caterers to promote healthy food and drink, for example by signs, posters, pricing and positioning of products, in line with existing guidance and (in England) with the local obesity strategy.
 - 8 All community programmes to prevent obesity, increase activity levels and improve diet (and reduce energy intake) should address the concerns of local people. Concerns might include the availability of services and the cost of changing behaviour, the expectation that healthier foods do not taste as good, dangers associated with walking and cycling and confusion over mixed messages in the media about weight, diet and activity.
 - 9 Community-based interventions should include awareness-raising promotional activities, but these should be part of a longer-term, multicomponent intervention rather than one-off activities.
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Reference

- 1 National Institute for Health and Clinical Excellence (2006) *Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children*. London: NICE. www.nice.org.uk/guidance/CG43