

This is the scope for one of five pieces of NICE guidance for the prevention of obesity.

1. 'Preventing obesity: a whole-system approach'. The subject of this scope. It will be developed using the public health programme process. (Publication expected March 2012.)
2. 'Helping overweight and obese children achieve a healthy weight'. This will be developed using the public health intervention process. (Publication date and scope to be confirmed.)
3. 'Community interventions for overweight and obese children'. This will be developed using the public health intervention process. (Publication date and scope to be confirmed.)
4. 'Increasing fruit and vegetable provision for deprived communities'. This will be developed using the public health intervention process. (Publication date and scope to be confirmed.)
5. 'Using the media to promote healthy eating'. This will be developed using the public health intervention process. (Publication date and scope to be confirmed.)

PUBLIC HEALTH GUIDANCE

DRAFT SCOPE

1 Guidance title

Preventing obesity using a 'whole-system' approach at local and community level.

1.1 *Short title*

Preventing obesity: a whole-system approach.

2 Background

- a) The National Institute for Health and Clinical Excellence (NICE) has been asked by the Department of Health (DH) to develop guidance on a public health programme aimed at maintaining a healthy weight and preventing obesity.
- b) For the purpose of this guidance, a 'whole-system', sustainable approach to obesity involves a broad set of integrated policies combined with population-wide and targeted measures. This includes action by central and local government, industry, communities, families and society as a whole. It also involves shifting attention away from individual risk factors or isolated interventions and considering many influences simultaneously, in line with the obesity systems map developed by Foresight (2007). 'Systems' operate at different levels. This guidance will focus on local systems including action by primary care trusts (PCTs), local authorities, sports and recreational services, food retailers, the voluntary sector and the communities they serve. It will also focus on the impact of national policy on the effectiveness of local systems.

- c) NICE public health guidance supports the preventive aspects of relevant national service frameworks (NSFs), where they exist. If it is published after an NSF has been issued, the guidance effectively updates it. Specifically, in this case, the guidance will support NSFs on coronary heart disease and diabetes (DH 2000; 2001).
- d) This guidance will support a number of related policy documents including:
- ‘Commissioning framework for health and well-being’ (DH 2007)
 - ‘Delivering choosing health: making healthier choices easier’ (DH 2005)
 - ‘Every child matters: change for children’ (Department for Education and Skills 2004)
 - ‘Healthy lives brighter futures – the strategy for children and young people’s health’ (DH 2009)
 - ‘Healthy weight, healthy lives: a cross-government strategy for England’ (DH 2008a)
 - ‘Securing good health for the whole population’ (Wanless 2004)
 - ‘Tackling health inequalities: 2007 status report on the programme for action’ (DH 2008b)
 - ‘Tackling obesities: future choices – project report’ (Foresight 2007).
- e) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at commissioners, managers and practitioners working within the NHS, local authorities and the wider public, private, voluntary and community sectors. It will also be of interest to members of the public.
- f) The guidance will support NICE guidance on the prevention and management of obesity, physical activity and the environment, maternal and child nutrition, the prevention of cardiovascular

disease and the prevention of type 2 diabetes. It will also draw on recommendations made in NICE's guidance on community engagement (2008). For further details, see section 6.

This guidance will be developed using the NICE public health programme process.

3 The need for guidance

- a) In England, almost a quarter of adults and almost a sixth of children under the age of 11 are obese (The Information Centre 2009). (Adults with a body mass index [BMI] more than or equal to 30 kg/m² are classified as obese, as are children with a BMI over the 95th percentile – based on the 1990 UK reference population.) It is predicted that by 2050, 60% of adult men, 50% of adult women and 25% of children may be obese (Foresight 2007). Although differences in measurement methods make comparison with other countries difficult, the rate of obesity in England is at least as high, if not higher, than in other EU countries. While there is some suggestion that it may be starting to level off among children in England (McPherson et al. 2009), prevalence remains very high among this group.
- b) Obesity is related to social disadvantage among adults and children (Foresight 2007 and The Information Centre 2009, respectively). It is also linked to ethnicity: it is most prevalent among African-Caribbean and Irish men and least prevalent among Chinese women (The Information Centre 2006). Obesity rates in England also vary across local authorities (The Information Centre 2009).
- c) Around 58% of type 2 diabetes, 21% of heart disease and between 8% and 42% of certain cancers (endometrial, breast, and colon) are attributable to excess body fat. Obesity reduces life expectancy by an average 9 years and is responsible for 9000 premature

deaths a year in England. In addition, people who are obese can experience stigmatisation and bullying, which can lead to depression and low self-esteem (Foresight 2007).

- d) It costs the NHS an estimated £4.2 billion annually to treat people with health problems related to being overweight or obese. This figure is forecast to more than double by 2050. The current cost to the wider economy is £16 billion –this is predicted to rise to £50 billion a year by 2050 if left unchecked (Foresight 2007).
- e) The determinants of obesity are complex. Factors include: genetic disposition, individual lifestyle, the physical environment, food production and consumption, education and the influence of the media (Foresight 2007).
- f) NICE guidance (covering topics such as obesity, the built environment and physical activity) has tended to take a ‘downstream approach’. That is, it has tended to focus on improving the diet and physical activity levels of individuals in settings such as primary care, schools or workplaces. The synergy between discrete policies or interventions and ‘packages’ of interventions was not necessarily considered. Nor was the impact (including any unintentional consequences) of national policy on local action.
- g) Rates of obesity are rising worldwide and to date, no country has managed to reverse this trend. The Foresight report (2007) argued that policies and small-scale interventions aimed at individuals are inadequate and that a whole-system approach is critical. However, it remains unclear how a broad range of partners can best develop and implement consistent, cost-effective, community-wide approaches to tackling the determinants of obesity. Such programmes are notoriously difficult to evaluate and do not lend themselves to traditional research designs. Foresight (2007) noted that the evidence base will need to develop in tandem with novel

interventions which are informed by the available evidence and strengthened by expert advice.

4 The guidance

Public health guidance will be developed according to NICE processes and methods. For details see section 5.

This document defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

4.1 *Who is the focus?*

4.1.1 Groups that will be covered

Everyone except those undergoing clinical treatment for obesity.

4.1.2 Groups that will not be covered

Children and adults who are undergoing clinical treatment for obesity. This is covered by 'Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children'. NICE clinical guideline 43 (2006).

4.2 *Activities*

4.2.1 Activities/measures that will be covered

This guidance will consider how discrete policies and interventions (that is, 'packages' of interventions) interact to minimise the risk of obesity and to bring about population-wide changes in behaviour to reduce its prevalence. It will also consider the impact of national policy, including fiscal or regulatory change, on local efforts to prevent and manage obesity.

The following elements – and how they interact – may be considered:

- locally implemented strategies, plans and initiatives aimed at preventing obesity
- community or primary care-based services and delivery systems

- partnership working (between, for example, primary care, local authorities and local businesses)
- education systems
- the built environment
- transport systems
- wider influences, such as the media
- training and development for those involved in local efforts to prevent obesity.

The Programme Development Group (PDG) will take reasonable steps to identify ineffective measures and approaches.

4.2.2 Activities/measures that will not be covered

- Clinical management of children and adults who are overweight or obese. This is covered by existing NICE guidance on obesity (see section 6).
- Prevention or management of medical conditions associated with being overweight or obese (such as type 2 diabetes or cardiovascular disease).
- Discrete interventions in a particular location, such as schools or workplaces. This is covered by existing NICE guidance (see section 6).
- Complementary therapy methods to reduce or manage obesity.
- Assessment of the definitions of 'overweight' and 'obese' in relation to children and adults.

4.3 Key questions

Below are the overarching questions that will be addressed:

Question 1: What are the key societal, environmental and organisational factors operating at the local level that can lead to obesity? How do these factors interact with each other? Do they reflect social integration and connection with local or broader community and cultural institutions?

Question 2: How does national policy impact on the effectiveness, cost effectiveness and sustainability of local action to prevent or manage obesity? Are there any unintentional consequences?

Question 3: What ‘packages’ of actions and strategies may be effective and cost effective in bringing about population-wide improvements in weight management within a given community? How does effectiveness vary between different communities or population groups?

Question 4: What barriers and facilitators may influence the effectiveness of these ‘packages’ of actions and strategies among a given community? (This should include any barriers and facilitators for specific groups).

Question 5: What are the essential elements of a robust, community-based, whole-system approach to preventing obesity? Who are the essential partners (formal and informal)? How does such an approach avoid being dependent on highly motivated individuals?

Question 6: How can political, social, economic and environmental factors be tackled simultaneously as part of a whole-system approach to preventing obesity? What factors need to be considered to ensure the programme is robust and sustainable (for example, is public opinion important, is the sequence, phasing and timing of actions and strategies important)?

A broad range of literature will be considered to address the questions above. The evidence reviews may include natural experiments (such as studies on changing transport policies), local evaluation reports, community plans or strategy reports and local or national government reports, alongside more traditional quantitative and qualitative evidence. A framework which is consistent with the whole-system approach will be used to consider action at the social level (Kelly et al 2009).

The economic analysis will use a public sector perspective or, if required, a societal perspective. If a cost-effectiveness analysis proves to be insufficient to answer the key questions, cost-consequence or cost-benefit analysis may be carried out.

4.4 Status of this document

This is the draft scope, released for consultation on 15 January 2010 until 12 February 2010, to be discussed at a public meeting on 27 January 2010. Following consultation, the final version of the scope will be available at the NICE website in April 2010.

5 Further information

The public health guidance development process and methods are described in 'The NICE public health guidance development process: An overview for stakeholders including public health practitioners, policy makers and the public (second edition, 2009)' available at www.nice.org.uk/phprocess and 'Methods for development of NICE public health guidance (second edition, 2009)' available at www.nice.org.uk/phmethods

6 Related NICE guidance

Published

Promoting physical activity for children and young people. NICE public health guidance 17 (2009). Available from www.nice.org.uk/PH17

Antenatal care. NICE clinical guideline 62 (2008). Available from www.nice.org.uk/CG62

Promoting physical activity in the workplace. NICE public health guidance 13 (2008). Available from www.nice.org.uk/PH13

Maternal and child nutrition. NICE public health guidance 11 (2008). Available from www.nice.org.uk/PH11

Community engagement. NICE public health guidance 9 (2008). Available from www.nice.org.uk/PH9

Physical activity and the environment. NICE public health guidance 8 (2008). Available from www.nice.org.uk/PH8

Behaviour change. NICE public health guidance 6 (2007). Available from www.nice.org.uk/PH6

Four commonly used methods to increase physical activity. NICE public health guidance 2 (2006). Available from www.nice.org.uk/PH2

Obesity. NICE clinical guideline 43 (2006). Available from www.nice.org.uk/CG43

Fertility. NICE clinical guideline 11 (2004). Available from www.nice.org.uk/CG11

Under development

Alcohol-use disorders: preventing harmful drinking. NICE public health guidance (publication expected March 2010)

Cardiovascular disease. NICE public health guidance (publication expected April 2010)

Weight management in pregnancy. NICE public health guidance (publication expected June 2010)

Weight management after childbirth. NICE public health guidance (publication expected July 2010)

Prevention of type 2 diabetes: preventing pre-diabetes in adults. NICE public health guidance (publication expected June 2011)

Spatial planning for health. NICE public health guidance (publication expected December 2011)

Community interventions for overweight and obese children. NICE public health guidance (publication date to be confirmed)

Helping overweight and obese children achieve a healthy weight. NICE public health guidance (publication date to be confirmed)

Increasing fruit and vegetable provision for deprived communities. NICE public health guidance (publication date to be confirmed)

Preventing progression of pre-diabetes to type 2 diabetes. NICE public health guidance (publication date to be confirmed)

Transport policies that prioritise walking and cycling. NICE public health guidance (publication date to be confirmed)

Using the media to promote healthy eating. NICE public health guidance (publication date to be confirmed)

Appendix A Referral from the Department of Health

The Department of Health asked NICE to:

‘Produce public health programme guidance on the prevention of obesity for PCTs, local authorities, primary care, sports recreational services, food retailers and the voluntary sector on effective community-based approaches to maintaining a healthy weight and prevention of obesity, based on a whole-systems perspective, and considering research of a natural experimental/policies, including international work’.

Appendix B Potential considerations

This guidance is not concerned with demonstrating the effectiveness and cost effectiveness of discrete interventions. It aims to encourage new ways of working that takes a broad perspective across all settings. It is anticipated that the Programme Development Group (PDG) will consider the following issues:

- The range of local opportunities available to those involved in improving the public's health.
- Critical elements of a whole-systems approach to preventing obesity. For example, whether effectiveness and cost effectiveness varies according to:
 - the diversity of the population (for example, in terms of people's age, gender, socioeconomic status or ethnicity) and stage of life
 - the status or characteristics of the person (or organisation) delivering packages of interventions – and the way they are delivered
 - the setting and whether packages of interventions are transferable to other settings
 - scale of implementation
 - local area characteristics.
- How partnership working impacts on effectiveness, cost effectiveness and sustainability. In particular, which institutions and individuals are key players in a whole-systems approach.
- Any trade-offs between equity and efficiency. In particular, the relative effectiveness of a population-based approach compared to targeted action among vulnerable groups.
- Any factors that prevent – or support – effective implementation. This may include considering social structures which will impact on a whole-systems approach.

- Synergies between discrete policies or interventions and ‘packages’ of interventions.
- The role of national policies, including wider fiscal and regulatory action, on effectiveness and cost effectiveness (including any unintentional consequences).
- How primary care-based activities link to other activities being carried out as part of a whole-systems approach. (However, issues relating to the identification, treatment and referral of individuals will not be considered.)
- The relevance of international work including natural experiments, policy-level actions and strategies and community-wide, multiple risk factor programmes.
- Any adverse or unintended effects.

Appendix C References

Department for Education and Skills (2004) Every child matters: change for children. London: The Stationery Office

Department of Health (2000) National service framework for coronary heart disease. London: Department of Health

Department of Health (2001) Modern standards and service models – diabetes: national service framework standards. London: Department of Health

Department of Health (2005) Delivering choosing health: making healthier choices easier. London: Department of Health

Department of Health (2007) Commissioning framework for health and well-being. London: Department of Health

Department of Health (2008a) Healthy weight, healthy lives: a cross-government strategy for England. London: Department of Health

Department of Health (2008b) Tackling health inequalities: 2007 status report on the programme for action. London: Department of Health

Department of Health (2009) Healthy lives brighter futures – the strategy for children and young people's health. London: Department of Health

Foresight (2007) Tackling obesities: future choices – project report. Government Office for Science

Kelly MP, Stewart E, Morgan A et al. (2009) A conceptual framework for public health: NICE's emerging approach. Public Health 123: e14–e20.

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The Information Centre (2006) Health survey for England 2004. Leeds: The Information Centre for Health and Social Care

The Information Centre (2009) Statistics on obesity, physical activity and diet: England 2009. Leeds: The Information Centre for Health and Social Care

Wanless D (2004) Securing good health for the whole population. London: HM Treasury