

## **NHS Health Scotland**

### **Commentary on Public Health aspects of NICE Clinical Guideline 43:**

#### ***Obesity: guidance on the prevention, identification, assessment and management of obesity in adults and children***

### **Summary**

**9 May 2007**

### **Introduction**

The National Institute for Health and Clinical Excellence (NICE) in England produces two types of guidance on public health topics: Public Health Intervention Guidance (interventions being defined as involving single measures, eg GP advice to patients to be more active) and Public Health Programme Guidance (on broader activities, eg strategies for smoking cessation). In Scotland, such Guidance has no formal status but attracts interest and provides a useful source of reviewed evidence.

As part of its role in promoting and supporting evidence-informed action for health improvement in Scotland, NHS Health Scotland (HS) produces Commentaries on NICE Public Health Guidance. Each Commentary, with Comments/Conclusions on the Recommendations set out in the NICE Guidance, is produced in collaboration with an appropriately constituted specialist Reference Group with members from within and beyond HS. The process involves consideration of the evidence cited and the Recommendations presented in the NICE Guidance, in the context of policy and practice in Scotland.

In the subject area of obesity, NICE published in December 2006 Guidance in the form of a Clinical Guideline containing both Public Health and Clinical Recommendations. HS has produced a Commentary on the Public Health aspects of that Guideline (referred to here as NICECG43(PH)), and this Summary extracts from that Commentary the Comments/Conclusions on the NICE Recommendations. These Comments/Conclusions are intended to help organisations, professionals and others make use of the NICE Guidance in a Scottish context.

The Commentary does not in itself constitute formal Guidance or Guidelines, nor should it be seen as a full action plan or full basis for a health improvement strategy on the subject area concerned. Rather, it is intended as one evidence-informed contribution to such an action plan or strategy. By not only addressing the NICE Recommendations but also presenting in an accessible way the cited evidence statements on which these are based, the full Commentary gives decision makers the opportunity to formulate their own action points informed by the evidence statements, combining these with evidence from other sources and taking account of other relevant considerations.

The full Commentary and this Summary will be made available on the Health Scotland website ([www.healthscotland.com](http://www.healthscotland.com)).

## **NICECG43(PH) Recommendations and HS Comments/Conclusions**

*Note: The numbering system used here for audiences/settings and recommendations was devised for the HS Commentary.*

### **Audience/setting 1 – Public**

#### **1a. – Public: All**

##### **Recommendation 1.1**

Everyone should aim to maintain or achieve a healthy weight, to improve their health and reduce the risk of diseases associated with overweight and obesity, such as coronary heart disease, type 2 diabetes, osteoarthritis and some cancers.

##### **HS Comments/Conclusions**

Recommendation endorsed.

##### **Recommendation 1.2**

People should follow the strategies listed in box 1, which may make it easier to maintain a healthy weight by balancing 'calories in' (from food and drink) and 'calories out' (from being physically active).

##### **HS Comments/Conclusions**

Recommendation endorsed, with amendments to box 1 (see Appendix).

##### **Recommendation 1.3**

All adults should be encouraged to periodically check their weight, waist measurement or a simple alternative, such as the fit of their clothes.

##### **HS Comments/Conclusions**

Recommendation endorsed.

##### **Recommendation 1.4**

People who have any queries or concerns about their – or their family's – diet, activity levels or weight should discuss these with a health professional such as a nurse, GP, pharmacist, health visitor or school nurse. They could also consult reliable sources of information.

##### **HS Comments/Conclusions**

Recommendation endorsed subject to the following points. People who have queries or concerns about their/their family's diet, activity levels or weight might not necessarily choose to discuss these with a health professional in the first instance – they might usefully refer to reliable other resources of information as a first course of action. Also, it is important to consider and address appropriate health professionals' training needs to ensure that they are able to respond appropriately when patients raise these matters, and therefore to link this Recommendation with Recommendation 2.5.

## **1b. Public – Adults considering dieting to lose weight**

### **Recommendation 1.5**

Weight loss programmes (including commercial or self-help groups, slimming books or websites) are recommended only if they:

- are based on a balanced healthy diet
- encourage regular physical activity
- expect people to lose no more than 0.5–1 kg (1–2 lb) a week.

Programmes that do not meet these criteria are unlikely to help people maintain a healthy weight in the long term.

People with certain medical conditions – such as type 2 diabetes, heart failure or uncontrolled hypertension or angina – should check with their general practice or hospital specialist before starting a weight loss programme.

### **HS Comments/Conclusions**

Recommendation endorsed subject to adaptation as applicable to meet the needs of people with disabilities that preclude, or limit, significantly energy-expending physical activity.

## **1c – Public: Parents and carers**

### **Recommendation 1.6**

In addition to the recommendations in box 1 (*see Appendix for revised version*), parents and carers should consider following the advice in box 2 (*also shown in Appendix*) to help children establish healthy behaviours and maintain or work towards a healthy weight. These strategies may have other benefits – for example, monitoring the amount of time children spend watching television may help reduce their exposure to inappropriate programmes or advertisements.

### **HS Comments/Conclusions**

Recommendation endorsed, with amendments to box 1 (*see Appendix*).

## **Audience/setting 2 – NHS**

*Note: NICE CG43(PH) indicates that Recommendations in other sections may also be relevant to health professionals.*

### **2a. NHS – Overarching Recommendation**

#### **Recommendation 2.1**

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.

#### **HS Comments/Conclusions**

Recommendation endorsed with the following addition –

**Service planning, priority setting and delivery should also take account of the roles of secondary and tertiary care settings in relation to the prevention and management of obesity, within a context of integrated care.**

### **2b. NHS – Strategy: for senior managers and budget holders**

#### **Recommendation 2.2**

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.

#### **HS Comments/Conclusions**

Recommendation considered endorsed with the following Scottish contextual addition –

**Work currently underway to establish nutritional standards for NHS catering services should be completed, and NHSScotland should demonstrate exemplar practice in the provision of food and drink and in respect of food- and drink-related promotion, marketing and sponsorship activity in all its premises.**

Additional Scottish contextual point – In Scotland, local obesity strategies are not currently mandatory but have been developed in some areas.

See also Recommendation 6.5.

**Recommendation 2.3**

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.

**HS Comments/Conclusions**

Recommendation endorsed where local obesity strategies exist.

**Recommendation 2.4**

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.

**HS Comments/Conclusions**

Recommendation endorsed.

**Recommendation 2.5**

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.

**HS Comments/Conclusions**

Recommendation endorsed with the following additional clarifying point –

**In identifying which staff are the most appropriate, consideration should be given to their attitudes, enthusiasm and opportunities to contribute in a local context, not just their jobs.**

## **2c. NHS – Delivery: for all health professionals**

### **Recommendation 2.6**

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.

#### **HS Comments/Conclusions**

Recommendation endorsed.

### **Recommendation 2.7**

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.

#### **HS Comments/Conclusions**

Recommendation endorsed.

### **Recommendation 2.8**

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).

#### **HS Comments/Conclusions**

Recommendation endorsed.

### **Recommendation 2.9**

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.

#### **HS Comments/Conclusions**

Recommendation endorsed.

**Recommendation 2.10**

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.

**HS Comments/Conclusions**

Recommendation endorsed.

**2d. NHS – Delivery: for health professionals working in/with primary care settings****Recommendation 2.11**

All interventions to support smoking cessation should:

- 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.

**HS Comments/Conclusions**

Recommendation endorsed.

**2e. NHS – Delivery: for health professionals working in/with broader community settings****Recommendation 2.12**

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.

**HS Comments/Conclusions**

Recommendation endorsed.

**Recommendation 2.13**

Health professionals should work with shops, supermarkets, restaurants, cafes and voluntary community services to promote healthy eating choices that are consistent with existing good practice guidance and to provide supporting information.

**HS Comments/Conclusions**

Recommendation not endorsed in Scottish context. In Scotland, national level agencies and programmes are engaged in developing point of sale schemes supported by education, information and promotion, namely the healthliving award (for caterers) and the Scottish Grocers Federation (SGF) Healthy Living Programme (for retailers). While health professionals may have parts to play within this overall picture, it is considered that implementation of Recommendation 2.13 as worded might run the risk of over-extending their role at the expense of other, more effective contributions within the overall picture of local multicomponent interventions and partnerships. Taking account of these points, **the following Conclusion is offered as an alternative to Recommendation 2.13** –

**Consideration should be given to possible roles for health professionals in working with local partners to promote healthy eating choices, consistent with existing good practice guidance, and to provide supporting information – taking account of relevant national and local schemes. However, any such involvement should be considered in the wider context of how health professionals can best contribute to the overall picture of local multicomponent efforts and partnerships.**

**Recommendation 2.14**

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.

**HS Comments/Conclusions**

Recommendation endorsed, subject to the clarifying points that such efforts should be based on an audit or assessment of local needs where available, and such audit/assessments will not necessarily be conducted by health professionals.

**Recommendation 2.15**

Health professionals should support and promote behavioural change programmes along with tailored advice to help people who are motivated to change become more active, for example by walking or cycling instead of driving or taking the bus.

**HS Comments/Conclusions**

Recommendation endorsed.

**Recommendation 2.16**

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.

**HS Comments/Conclusions**

Recommendation endorsed with the following additional point. It is important to take account of health professionals' training needs (including in respect of what are appropriate interventions at different ages), and thus to link with Recommendation 2.5.

**2f. NHS – Delivery: for health professionals working in/with preschool, childcare and family settings****Recommendation 2.17**

Any programme to prevent obesity in preschool, childcare or family settings should incorporate a range of components (rather than focusing on parental education alone), such as:

- 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.

**HS Comments/Conclusions**

Recommendation endorsed.

**Recommendation 2.18**

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 (see Clinical Recommendations, Lifestyle interventions). Programmes should have a clear aim to improve weight management.

**HS Comments/Conclusions**

Recommendation endorsed.

**2g. NHS – Delivery: for health professionals working in/with workplace settings**

**Recommendation 2.19**

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.

**HS Comments/Conclusions**

Scottish contextual points – In Scotland, the potential contributions of health professionals in this regard should be considered in the context of local partnership work linking with the activities of the Scottish Centre for Healthy Working Lives (including the Healthy Working Lives Award scheme), and with due regard to appropriateness of involvement and the need to avoid over-extending roles at the expense of other, more effective contributions within the overall picture of local multicomponent interventions and partnerships. Taking account of these points, **the following Conclusion is offered as an alternative to Recommendation 2.19** –

**Consideration should be given to possible roles for certain health professionals in supporting the establishment of partnerships involving local businesses, and in supporting the implementation of workplace programmes for the promotion of healthy weight management – taking account of relevant national and local schemes. However, any such involvement should be considered in the wider context of how health professionals can best contribute to the overall picture of local multicomponent efforts and partnerships.**

### ***Audience/setting 3 – Local authorities (LAs) and partners in the local community***

#### **3a. LAs & partners – Overarching Recommendation**

##### **Recommendation 3.1**

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.

##### **HS Comments/Conclusions**

Recommendation endorsed subject to adaptation to fit the context of community planning in Scotland and the structure and working relationships of the NHS in Scotland.

#### **3b. LAs & partners – Strategy: for senior managers and budget holders**

##### **Recommendation 3.2**

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.

##### **HS Comments/Conclusions**

Recommendation endorsed, and should be extended to other community planning partners.

Scottish contextual points – In Scotland, local obesity strategies are not currently mandatory but have been developed in some areas. The Healthy Working Lives (HWL) Award Programme provides an important context for local authorities and other organisations to contribute to improving health through action relating to the workplace.

**Recommendation 3.3**

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.

**HS Comments/Conclusions**

Recommendation endorsed in principle, subject to adaptation to fit the context of community planning in Scotland, the structure and working relationships of the NHS in Scotland, and other Scottish contextual considerations in relation to community audits and health impact assessment.

**Recommendation 3.4**

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.

**HS Comments/Conclusions**

Recommendation endorsed subject to adaptation to fit the context of community planning in Scotland. Additional Scottish contextual point – Action of these sorts by community planning partnerships is already encouraged by the National Physical Activity Strategy Let's Make Scotland More Active (Physical Activity Task Force, 2003).

**Recommendation 3.5**

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.

**HS Comments/Conclusions**

Taking account of considerations reflected in Conclusion on Recommendation 2.13 and of the Scottish community planning context, **the following Conclusion is offered as an alternative to Recommendation 3.5 –**

**Community planning partnerships and partners should aim to enhance local access and opportunities for healthy eating and physical activity.**

**3c. LAs & partners – Delivery: specific interventions****Recommendation 3.6**

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.

**HS Comments/Conclusions**

The provision of advice tailored to the specific commuting/travel circumstances of individuals and communities is supported. Personalised travel plans are but one approach, and their possible use and targeting should be considered as part of the bigger picture of how best to help people shift modes of travel and live more actively as a result. Taking account of these points, **the following Conclusion is offered as an alternative to Recommendation 3.6 –**

**Community planning partnerships and strategic transport bodies should consider how best to make tailored advice about more active travel available to those who would wish it.**

**Recommendation 3.7**

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.

**HS Comments/Conclusions**

Scottish contextual points – In Scotland, national level agencies and programmes are engaged in developing point of sale schemes supported by education, information and promotion, namely the healthliving award (for caterers) and the Scottish Grocers Federation (SGF) Healthy Living Programme (for retailers). The potential role of local authorities in this area of effort should be considered in the context of how they can best contribute to local multicomponent interventions and partnerships.

Recommendation endorsed subject to adaptation to fit the above context and that of community planning in Scotland.

**Recommendation 3.8**

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.

**HS Comments/Conclusions**

Recommendation endorsed.

**Recommendation 3.9**

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.

**HS Comments/Conclusions**

Recommendation endorsed.

## **Audience/setting 4 – Early years settings**

### **Recommendation 4.1**

All nurseries and childcare facilities should ensure that preventing excess weight gain and improving children's diet and activity levels are priorities.

### **HS Comments/Conclusions**

Recommendation endorsed subject to widening of 'childcare facilities' to 'childcare providers', thereby covering eg childcare provided by registered childminders in domestic environments as well as care in more formal facilities.

### **Recommendation 4.2**

All action aimed at preventing excess weight gain, improving diet (and reducing energy intake) and increasing activity levels in children should involve parents and carers.

### **HS Comments/Conclusions**

Recommendation endorsed.

### **Recommendation 4.3**

Nurseries and other childcare facilities should:

- minimise sedentary activities during play time, and provide regular opportunities for enjoyable active play and structured physical activity sessions
- implement Department for Education and Skills, Food Standards Agency and Caroline Walker Trust guidance on food procurement and healthy catering.

### **HS Comments/Conclusions**

Recommendation endorsed subject to: widening of 'childcare facilities' to 'childcare providers', thereby covering eg childcare provided by registered childminders in domestic environments as well as care in more formal facilities; and adaptation to fit the following Scottish context. In Scotland, *Nutritional Guidance for Early Years* applies to all early years childcare providers. It provides information and guidance on the provision of healthy meals and snacks for children from 1 to 5 years of age, as well as emphasising the importance of physical activity and attention to dental/oral health. Training has been supported across Scotland to facilitate its implementation.

### **Recommendation 4.4**

Staff should ensure that children eat regular, healthy meals in a pleasant, sociable environment free from other distractions (such as television). Children should be supervised at mealtimes and, if possible, staff should eat with children.

### **HS Comments/Conclusions**

Recommendation endorsed subject to adaptation to fit the following Scottish context. In Scotland, *Nutritional Guidance for Early Years* recommends that children be offered regular, healthy meals and snacks in a pleasant sociable environment with adequate supervision and staff involvement in meal times whenever possible.

## ***Audience/setting 5 – Schools***

### **5a. Schools – Overarching Recommendation**

#### **Recommendation 5.1**

All schools should ensure that improving the diet and activity levels of children and young people is a priority for action to help prevent excess weight gain. A whole-school approach should be used to develop life-long healthy eating and physical activity practices.

#### **HS Comments/Conclusions**

Recommendation endorsed. Scottish contextual points – In Scotland, action consistent with this Recommendation and others will be promoted by the Schools (Health Promotion and Nutrition) (Scotland) Bill on enactment, and by the Curriculum for Excellence. The Scottish Schools Parental Involvement Act is also important here.

### **5b. Schools – Strategy: for head teachers and chairs of governors**

#### **Recommendation 5.2**

Head teachers and chairs of governors, in collaboration with parents and pupils, should assess the whole school environment and ensure 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.

#### **HS Comments/Conclusions**

Recommendation endorsed subject to adaptation to fit Scottish schools organisational context. Additional Scottish contextual points – In Scotland, action consistent with this Recommendation will be promoted by impacts of the Schools (Health Promotion and Nutrition) (Scotland) Bill on its enactment. The Bill seeks to improve child health by: requiring local authority schools to be health promoting schools; enabling local authorities to provide free snacks; requiring local authorities to meet statutory nutritional standards; and ensuring the anonymity of children entitled to free school meals. The Bill builds on the implementation of Hungry for Success, which introduced nutritional standards for Scottish schools within a whole school approach in 2003, and takes forward the health promoting school concept promoted internationally by the World Health Organization and in Scotland by NHS Health Scotland, Learning and Teaching Scotland and the Scottish Health Promoting Schools Unit. The Scottish Schools Parental Involvement Act is also of relevance to this Recommendation.

**Recommendation 5.3**

Head teachers and chairs of governors should ensure that teaching, support and catering staff receive training on the importance of healthy-school policies and how to support their implementation.

**HS Comments/Conclusions**

Recommendation endorsed subject to adaptation to fit Scottish schools organisational context. Additional Scottish contextual point – The Schools (Health Promotion and Nutrition) (Scotland) Bill is of relevance here.

**Recommendation 5.4**

Schools should establish links with relevant organisations and professionals, including health professionals and those involved in local strategies and partnerships to promote sports for children and young people.

**HS Comments/Conclusions**

Recommendation endorsed. Scottish contextual points – Active Schools Coordinators have a key role here. The Schools (Health Promotion and Nutrition) (Scotland) Bill emphasises, as a cross-cutting theme, the importance of partnership working. The Scottish Schools Parental Involvement Act is also of relevance to this Recommendation.

**Recommendation 5.5**

Interventions should be sustained, multicomponent and address the whole school, including after-school clubs and other activities. Short-term interventions and one-off events are insufficient on their own and should be part of a long-term integrated programme.

**HS Comments/Conclusions**

Recommendation endorsed. Scottish contextual point – The Schools (Health Promotion and Nutrition) (Scotland) Bill is of relevance here.

**5c. Schools – Delivery: for teachers and other professionals****Recommendation 5.6**

Staff delivering physical education, sport and physical activity should promote activities that children and young people find enjoyable and can take part in outside school, through into adulthood. Children's confidence and understanding of why they need to continue physical activity throughout life (physical literacy) should be developed as early as possible.

**HS Comments/Conclusions**

Recommendation endorsed. Scottish contextual point – The Schools (Health Promotion and Nutrition) (Scotland) Bill is of relevance here.

**Recommendation 5.7**

Children and young people should eat meals (including packed lunches) in school in a pleasant, sociable environment. Younger children should be supervised at mealtimes and, if possible, staff should eat with children.

**HS Comments/Conclusions**

Recommendation endorsed. Scottish contextual point – The Schools (Health Promotion and Nutrition) (Scotland) Bill is of relevance here.

**Recommendation 5.8**

Staff planning interventions should consider the views of children and young people, any differences in preferences between boys and girls, and potential barriers (such as cost or the expectation that healthier foods do not taste as good).

**HS Comments/Conclusions**

Recommendation endorsed. Scottish contextual point – The Schools (Health Promotion and Nutrition) (Scotland) Bill is of relevance here.

**Recommendation 5.9**

Where possible, parents should be involved in school-based interventions through, for example, special events, newsletters and information about lunch menus and after-school activities.

**HS Comments/Conclusions**

Recommendation endorsed. Scottish contextual points – The Scottish Schools Parental Involvement Act is important in relation to this Recommendation. The Schools (Health Promotion and Nutrition) (Scotland) Bill is also of relevance here.

## ***Audience/setting 6 – Workplaces***

### **6a. Workplaces – Overarching Recommendation**

#### **Recommendation 6.1**

All workplaces, particularly large organisations such as the NHS and local authorities, should address the prevention and management of obesity, because of the considerable impact on the health of the workforce and associated costs to industry. Workplaces are encouraged to collaborate with local strategic partnerships and to ensure that action is in line with the local obesity strategy (in England).

#### **HS Comments/Conclusions**

Recommendation endorsed subject to appropriateness when set against workplaces' capacity to deliver. Scottish contextual points – In Scotland, local obesity strategies are not currently mandatory but have been developed in some areas. The Healthy Working Lives (HWL) Award Programme provides an important context for policies, strategies and activities to improve health through the workplace.

### **6b. Workplaces – For all workplaces**

#### **Recommendation 6.2**

Workplaces should provide opportunities for staff to eat a healthy diet and be more 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.

#### **HS Comments/Conclusions**

Recommendation endorsed. Scottish contextual point – The Healthy Working Lives (HWL) Award Programme provides an important context for such action.

#### **Recommendation 6.3**

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 part of a wider programme to support staff in managing weight, improving diet and increasing activity levels.

#### **HS Comments/Conclusions**

Recommendation endorsed.

**6c. Workplaces – For NHS, public organisations and large commercial organisations**

**Recommendation 6.4**

Workplaces providing health checks for staff should ensure that they address weight, diet and activity, and provide ongoing support.

**HS Comments/Conclusions**

Recommendation endorsed. Scottish contextual point – The Healthy Working Lives (HWL) Award Programme provides an important context for such action.

**Recommendation 6.5**

Action to improve food and drink provision in the workplace, including restaurants, hospitality and vending machines, should be supported by tailored educational and promotional programmes, such as a behavioural intervention or environmental changes (for example, food labelling or changes to availability).

For this to be effective, commitment from senior management, enthusiastic catering management, a strong occupational health lead, links to other on-site health initiatives, supportive pricing policies and heavy promotion and advertisement at point of purchase are likely to be needed.

**HS Comments/Conclusions**

Recommendation endorsed. Scottish contextual point – The Healthy Working Lives (HWL) Award Programme provides an important context for such action.

## ***Audience/setting 7 – Self-help, commercial and community programmes***

### **7a. Self-help, commercial and community programmes – Strategy: for health agencies and local authorities**

#### **Recommendation 7.1**

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 0.5–1 kg
- focusing on long-term lifestyle changes rather than a short-term, quick-fix approach
- being multicomponent, 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.

#### **HS Comments/Conclusions**

Recommendation endorsed subject to adaptation as applicable to meet the needs of people with disabilities that preclude, or limit, significantly energy-expending physical activity.

### **7a. Self-help, commercial and community programmes – Delivery: for health professionals in primary and secondary care and community settings**

#### **Recommendation 7.2**

Health professionals should discuss the range of weight management options with people who want to lose or maintain their weight, or are at risk of weight gain, and help them decide what best suits their circumstances and what they will be able to sustain in the long term.

#### **HS Comments/Conclusions**

Recommendation endorsed.

#### **Recommendation 7.3**

General practices and other primary or secondary care settings recommending commercial, community and/or self-help weight management programmes should continue to monitor patients and provide support and care.

#### **HS Comments/Conclusions**

Recommendation endorsed.

**Recommendation 7.4**

Health professionals should check that any commercial, community or self-help weight management programmes they recommend to patients meet best-practice standards.

**HS Comments/Conclusions**

Recommendation endorsed. For 'best-practice standards', see Recommendation 7.1.

## **Recommendations for Research**

### **Research questions**

1. What are the most effective interventions to prevent or manage obesity in children and adults in the UK?
2. How does the effectiveness of interventions to prevent or manage obesity vary by population group, setting and source of delivery?
3. What is the cost effectiveness of interventions to prevent or manage obesity in children and adults in the UK?
4. What elements make an intervention that increase effective and sustainable, and what training do staff need?

### **HS Comments/Conclusions**

Research questions endorsed with addition of the following Scottish contextual point: need to determine how best to identify and meet Scotland's research needs in this subject area, taking account of Scottish, UK and international opportunities and funding sources, and existing/planned research evaluation within and beyond Scotland. In addition, it should be recognised that research questions 1-4 do not reflect all of the important Public Health evidence gaps in relation to healthy weight. For example, there is a need for a better understanding in relation to obesogenic environmental influences and the effectiveness of 'upstream' to counter these and foster environments conducive to the achievement and maintenance of healthy weight.

### **Evaluation and monitoring recommendations:**

#### **1. Population trends in overweight and obesity**

1.1 The continued collection of data on the prevalence of overweight and obesity at national and regional levels (with subgroup analysis by age, gender and social status) is strongly recommended.

1.2 More frequent\* collection of data among children, black and minority ethnic groups and other vulnerable groups at national and local levels is encouraged, to allow full analysis of trends. (*\*As compared with the Health Survey for England's provision of detailed data on children and on black and minority ethnic groups about every 5 years.*)

### **HS Comments/Conclusions**

Recommendations endorsed. Scottish contextual points – Data for adults are collected through the Scottish Health Survey and, from the 2008 survey, will be reported annually for Scotland and not less than 4-yearly for NHS Boards. Data for children are collected in the Scottish Health Survey and through the Child Health Surveillance Programme (CHSP), though not all NHS Boards participate in the latter. Data for black and minority ethnic and 'other vulnerable groups' are seldom available, and this should be addressed through the inclusion of appropriate classification questions in existing surveys where this is viable, and consideration should be given to boost samples and special surveys. Increased coverage of CHSP is considered desirable.

**Evaluation and monitoring recommendations:****2. Local and national action**

2.1 All local action – including action in childcare settings, schools and workplaces – should be monitored and evaluated with the potential impact on health in mind.

2.2 An audit of health impact should also be undertaken after each change has taken place.

2.3 The need to evaluate projects should be taken into account when planning funding for those projects.

2.4 The evaluation of local initiatives should be carried out in partnership with local centres that have expertise in evaluation methods, such as health authorities, public health observatories and universities.

2.5 All current and future actions should be rigorously monitored and evaluated with their potential health impact in mind.

2.6 Evaluation of campaigns (including social marketing campaigns) should go beyond the 'reach' of the campaigns and more fully explore their effectiveness in changing behaviour.

**HS Comments/Conclusions**

Recommendations endorsed in principle, but it is considered neither feasible nor desirable to evaluate every single relevant initiative 'to the nth degree'. A coordinated research strategy is desirable to answer key research questions relating to effectiveness, including those concerning inequalities dimensions, and with attention to intended/unintended psychological outcomes.

### **Health Scotland named officers for the Commentary on NICECG43(PH)**

- Dr Andrew Tannahill, Head of Evidence for Action (Lead Officer – drafting, and collaboration with Reference Group)
- Dr Laurence Gruer, Director of Public Health Science (Sign-off Officer – sign-off on behalf of Health Scotland)

### **Members of the Reference Group for the Commentary on NICECG43(PH)**

- Ms Mary Allison, Head of Topics, NHS Health Scotland
- Ms Fiona Clarke, Health Promotion Specialist – Food and Nutrition, NHS Highland
- Dr Cathy Higginson, Health Improvement Programme Manager (Food and Health), NHS Health Scotland
- Ms Maureen Kidd, Acting Health Improvement Programme Manager (Physical Activity), NHS Health Scotland
- Ms Gillian Kynoch, Scottish Food & Health Coordinator, Scottish Executive
- Dr Matt Lowther, National Physical Activity Policy Coordinator, Scottish Executive Health Department
- Dr David Ogilvie, MRC Fellow, MRC Social and Public Health Sciences Unit, Glasgow
- Dr Graeme Scobie, Public Health Adviser (Evidence for Action – Physical Activity), NHS Health Scotland

In addition, thanks are due to the following Health Scotland staff for commenting on particular parts of draft versions of the Commentary:

- Dr David Gordon, Head of Public Health Observatory Division
- Ms Ann Kerr, Health Improvement Programme Manager (Substance Misuse – Tobacco)
- Ms Anne Lee, Health Improvement Programme Manager (Education)
- Ms Monica Merson, Acting Head of Healthy Settings Team
- Ms Nina Torbett, Health Promotion Development Manager, Scottish Centre for Healthy Working Lives

**Box 1 – revised from box 1 in NICECG43(PH):****Strategies to help people achieve and maintain a healthy weight*****Diet***

- Base meals on starchy foods such as potatoes, bread, rice and pasta, choosing wholegrain where possible.
- Eat plenty of fibre-rich foods – such as oats, beans, peas, lentils, grains, seeds, fruit and vegetables, as well as wholegrain bread and brown rice and pasta.
- Eat at least five portions of a variety of fruit and vegetables each day, in place of foods higher in fat and calories.
- Eat a low-fat diet and avoid increasing your fat and/or calorie intake.
- Eat as little as possible of:
  - fried foods
  - drinks and confectionery high in added sugars
  - other food and drinks high in fat and sugar, such as some take-away and fast foods.
- Eat breakfast.
- Watch the portion size of meals and snacks, and how often you are eating.
- Remember – alcoholic drinks can provide a lot of calories. If you drink alcohol, watch how much you drink, take a sensible approach, and choose lower calorie drinks.

***Activity***

- Make enjoyable activities – such as walking, cycling, swimming, aerobics and gardening – part of everyday life.
- Minimise sedentary activities, such as sitting for long periods watching television, at a computer or playing video games.
- Build activity into the working day – for example, take the stairs instead of the lift, take a walk at lunchtime.
- Plan to be active with friends and family, and maximize opportunities for wider social support – for example through involvement in local groups or setting up a 'buddy' system.

**Box 2 from NICECG43(PH):****Helping children and young people maintain or work towards a healthy weight*****Diet***

- Children and young adults should eat regular meals, including breakfast, in a pleasant, sociable environment without distractions (such as watching television).
- Parents and carers should eat with children – with all family members eating the same foods.

***Activity***

- Encourage active play – for example, dancing and skipping.
- Try to be more active as a family – for example, walking and cycling to school and shops, going to the park or swimming.
- Gradually reduce sedentary activities – such as watching television or playing video games – and consider active alternatives such as dance, football or walking.
- Encourage children to participate in sport or other active recreation, and make the most of opportunities for exercise at school.