Public Health Programme Guidance

Obesity working with Local communities - Consultation on Draft Guidance
Stakeholder Comments Table
8th May – 8th June

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Alliance Boots	General		Alliance Boots operates Boots, the largest chain of community pharmacies in the UK, and supplies medicines to all community pharmacies and hospitals though Alliance Healthcare (Distribution) Ltd. Community pharmacies are situated at the heart of the communities they serve. Pharmacy staff are largely drawn from their immediate vicinity and have strong connections to their customers. Pharmacies have large footfalls and, as well as supplying healthcare products and advice, they also serve many customers who do not consider themselves to be ill and who are not in regular contact with other healthcare professionals. This gives pharmacies great opportunities for delivering public health services and support for healthier lifestyles. As local businesses, pharmacies also play a vital part in maintaining the viability of the local shopping areas that lie at the centre of community activities. Alliance Boots supports the "whole-system" approach in the guidance on working with local communities on obesity. We also warmly welcome the advice that there should be a long-term commitment to service funding and development. We would like to see the guidance make reference to the important role that pharmacies can play in delivering better public health in relation to obesity in the communities that they serve.	Thank you for these comments. Pharmacist s/ pharmacies are mentioned in the revised guidance.
Alliance Boots	1	6	***Guiding principles*** As a healthcare business, we strongly support the principle that there should be "a commitment to long-term investment" [p6]. We know that it takes time for any initiative to make an impact, especially those that involve large-scale changes in population behaviour. The public needs to become aware of services that might be available to support them. Those delivering the service (such as pharmacy staff) need to become comfortable in delivering it. Services	Thank you for raising this issue. Pharmacists / pharmacies are mentioned in the revised guidance.

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			need to reach a point of sustainability, where personal recommendations take over from local marketing. None of this will happen when services can be arbitrarily terminated at short notice, as too often happens at the end of a financial year. This long-term funding commitment also gives business confidence to invest in staff training and premises and to put their own expertise behind raising public awareness.	
Alliance Boots	Recommendation 1	9	***Sustainable, community-wide approach*** Health & Wellbeing Boards are required to draw up pharmaceutical needs assessments (PNAs) for their areas. These feed into the joint strategic needs assessment (JSNA) [p9]. The guidance should emphasise that PNAs should be considered as part of the JSNA process in relation to obesity (and other key public health issues). Pharmacies can be a key location for delivering public health services, including brief interventions relating to weight management and raising community awareness of other sources of support and advice.	Thank you for these comments. The details of the PNA is outside the remit of this guidance. The wording of this recommendation does not exclude consideration of the PNA or other relevant local evidence. The role of community pharmacies is flagged elsewhere in the guidance.
Alliance Boots	Recommendation 4	14	***Co-ordinating local action*** The guidance should promote community pharmacy staff for consideration as health trainers or health champions [p14]. They already have extensive training in healthcare topics, including self-care and public health services. They also benefit from having standing within the local communities they serve. Customers respect messages that are delivered by people whom they already know socially, especially when this is backed by the trusted reputation of their local pharmacy.	Thank you for these comments.
Alliance Boots	Recommendation 6	16	***Involving the community*** As described above, we would like to see the guidance emphasise that community pharmacists and their staff should be closely involved in local networks to support action on obesity [p17]. They meet several of the stated criteria, including being active	Thank you for these comments. Pharmacist / pharmacies are mentioned throughout the revised guidance.

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			and trusted in local communities, having the potential to be health champions, championing this role as part of their usual role, being a link to local businesses, and having links to marginalised groups (who may be using pharmacies without being registered with other healthcare services).	
Alliance Boots	Recommendation 7	18	***Innovative commissioning*** If commissioners want to make a real impact on major public health issues, such as obesity, then they will need to roll out support services at scale across their communities [p18]. This requires a consistent approach that is easy to deliver and easy for communities to understand. While as a business we recognise the need for constant innovation, we also understand that customers are creatures of habit. While innovation is to be supported, this should not be used as an excuse for putting off large-scale investment in interventions that are proven to be effective.	Thank you for raising this issue. The guidance states that innovative approaches should be commissioned within a framework of action learning and evaluation.
Alliance Boots	Recommendation 8	21	***Involving local business*** As a healthcare business, we are very conscious of the need to support the health of our own workforce as well as the health needs of the populations we serve. This is reflected in our participation in the Government's Public Health Responsibility Deal, including work related to reducing the salt content of food and supporting health at work. Community pharmacies also play an important part in maintaining the viability of local shopping areas, which in turn underpin the whole neighbourhood. Having shops that people can walk to helps maintain an active population [p21].	Thank you for providing this information.
Alliance Boots	Recommendation 12	26	***Development and training*** On a typical day, community pharmacies across England will be dispensing around three million prescription items, as well as selling healthcare and related products to hundreds of thousands of customers. This huge interaction with customers gives endless potential for delivering public health messages, including those relating to obesity. As such, we wish to see the guidance specifically	Thank you for these comments. The wording of the recommendation on training is general to cover many groups (referring to 'local organisations, decision makers, partner and champions including those from public, private, community and

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			state that pharmacy staff should be among those receiving development and training on public health [p27].	voluntary sector bodies working in health…..') and therefore applies to pharmacists.
Cambridge Weight Plan	Recommendation 1	10	Cambridge Weight Plan (Cambridge) welcome NICE's work in this area and would like to thank NICE for the opportunity to comment on this guidance. Cambridge recognises that this guidance is mainly regarding prevention; we agree with NICE, however, that some of the recommendations contained within this guidance may help those who are already overweight and obese lose weight. The emphasis on multi-agency working to target obesity is a welcome example of joining up local services on a specific public health issue, which Cambridge considers important to ensuring problems are properly addressed. In particular, Cambridge agrees that Health and Wellbeing Boards (HWBs) must ensure that tackling obesity at local level is a key priority. Such local focus and prioritisation of tackling this issue will indeed ensure that overweight and obese individuals are able to lose weight and live healthier lives. It is absolutely crucial to the success of any public health strategy that HWBs work with their local clinical commissioning groups (CCGs), as this guidance recommends.	Thank you for these comments.
Cambridge Weight Plan	Recommendation 1	10	Such co-operation is essential to ensure a coherent approach both to prevention and treatment of obesity. Local government working closely with the NHS is crucial to ensure that obesity treatment in particular is	Thank you for these comments.

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			not lost in a division of responsibilities for public health.	
Cambridge Weight Plan	Recommendation 2	11 12	Strong leadership in the field of public health, and with obesity in particular, is essential for the success of any treatment option. As a result, Cambridge welcomes the idea of appointing an obesity lead in each area to drive change and provide strategic guidance. Cambridge also endorses the recommendation to regularly brief elected members on matters such as local prevalence of obesity, as this leads to better informed officials and adds democratic legitimacy to the (occasionally unpopular) decisions taken by public health officials. Cambridge welcomes the recommendation that there is "high-level commitment" to long-term, integrated action on obesity. Achieving a downward trend in obesity rates, at a local or national level, will obviously not happen overnight. As noted above, sometimes unpopular decisions are involved (e.g. over the siting of fast food outlets), so it is very important that local authorities adopt a long-term, evidence-based strategy that they stick to. Cambridge endorses the recommendation to ensure that "performance management focuses on processes that support effective partnership working" as this will reward those partners who can provide evidence of their effectiveness.	Thank you for these comments.
Cambridge Weight Plan	Recommendation 3	13	Cambridge fully endorses the recommendation for an individual to provide "strategic direction" in a local area on obesity for the reasons highlighted above. Cambridge particularly welcomes the recommendation that Directors of Public Health should seek "creative and diverse" solutions to local	Thank you for these comments.

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			issues. This will allow local authorities to experiment, trying out the best evidence-based solutions for their local area – as NICE recognise through their recommendation that a "learning culture" should be supported. Cambridge also agrees that there should be a visible figure tackling the issue of obesity in the local media because, as noted above, many people may not always welcome recommended ways of tackling or preventing obesity or understand the necessity for these steps to be taken.	
Cambridge Weight Plan	Recommendation 6	17	Partly for the reasons noted above, it will therefore be very important to involve the local community in the decision-making process regarding obesity treatment and prevention. Cambridge endorses the call for use of "networks of local people, champions and advocates" to help support action on obesity. Cambridge have such a network of Consultants across the UK, individuals who have lost considerable amounts of weight themselves and now help others to do the same. Cambridge considers that this draft guidance should perhaps refer to such networks offered by private weight management and weight loss companies as these are the individuals within a community that many overweight or obese people will turn to for help.	Thank you for these comments. Local weight management groups are flagged as a potential partner in the revised guidance.
Cambridge Weight Plan	Recommendation 8	21	Although Cambridge has no issues with the principle of involving local business in helping a local community lose weight, it is disappointing that this draft guidance does not identify local businesses that are already in the business of doing this: commercial weight management companies that operate in a local area.	Thank you for these comments. Local weight management groups are flagged as a potential partner in the revised guidance.

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			These seem to be obvious partners for local authorities to work with to provide the flexible, innovative solutions to obesity that this guidance recommends.	
DEPARTMENT OF HEALTH	**General**		We really welcome this guidance and in particular the holistic focus – it provides a very timely framework for action on obesity as local areas transition to the new public health system.	Thank you for these comments.
DEPARTMENT OF HEALTH	**General**		The guidance would benefit from more explicit reference to concrete examples of best practice.	Thank you for this comment. NICE guidance does not include case studies. Examples can be included as appropriate based on the evidence that the PDG has heard. Best practice can be included in the implementation tools for this guidance and the NICE shared learning database.
DEPARTMENT OF HEALTH	**General**		Some of the terminology and references, for example around JSNAs, do not entirely align with policy intentions or are slightly out of date. We feel the guidance could refer more to the new health system, for example how Public Health England will support local areas.	Thank you for this comment. We have endeavoured to ensure the guidance is up to date and reflects the latest publicly available information on eg Public Health England.
DEPARTMENT OF HEALTH	**General**		In some places we feel the guidance may come across as quite prescriptive on matters of process, for example specifying how often health and wellbeing boards should assess partners' work. It will be very important to be clear about the evidence for such recommendations.	Thank you for these comments. In relation to matters of process we heard from practitioners that they would like specific information. The timings are suggested and we have revised the wording of some recommendations to make this clear. The suggest wording is based on practitioner and PDG knowledge of what is practical and useful.
DEPARTMENT OF HEALTH	**General**		It would be helpful to see more evidence of input into the guidance by	Thank you for this comment. PDG

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			clinical commissioning group representatives.	members and several of those providing expert testimony had experience of working with clinical commissioning groups and were able to advise on this issue. CCGs are flagged throughout the guidance as appropriate (bearing in mind that the focus of the guidance is on prevention).
DEPARTMENT OF HEALTH	**General**		We feel a recommendation on addressing inequalities, supported by referenced to practical advice/tools/resources, would be helpful.	Thank you for this comment. The importance of addressing inequalities has been strengthened in the revised guidance. Resources can be flagged in the supporting implementation tools.
DEPARTMENT OF HEALTH	**General**		While we welcome the broad scope of the document, we note there are a number of references to commissioning of treatment services. As the main focus of the document is prevention, it would be helpful to define more clearly at the beginning what is and is not in scope.	Thank you for these comments. The introduction to the guidance notes that the focus is on prevention but that many of the recommendations will also be of relevance to individuals who are overweight or obese. The considerations section notes that the PDG assumed that the scope of the work included secondary prevention and that it was vital that there was consistency in commissioning of services on prevention and management.
DEPARTMENT OF HEALTH	**General**		We welcome the clear recommendations for working with local communicates. The recommendations generally reflect our understanding of best practice in health promotion. It is unclear if learning from research in delivering nutrition interventions in different settings has been specifically included – i.e. learning from the review of nutrition intervention reviews commissioned by FSA and published in	Thank you for these comments. Individual interventions in individual settings are outside the scope of this work. The guidance notes that these are covered by existing NICE guidance. In this particular case, your comments may be covered by

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			2010.	existing NICE guidance on obesity (2006) or behaviour change (2007). Please note that the latter is currently being updated.
DEPARTMENT OF HEALTH	Recommendation 3 supporting leadership – what action	13 second bullet (this section)	While we are supportive of the actions suggested, there is potential for 'reinventing wheels'. This section might benefit from a comment about ensuring that actions are informed by the evidence base.	Thank you for these comments. The need to ensure there is an on-going evaluative framework is flagged through the guidance.
DEPARTMENT OF HEALTH	Recommendation 4 – co-ordinating action – what action	14 first bullet (this section)	It is unclear what 'technical expertise' in obesity means; this could helpfully be clarified	Thank you for these comments. The wording of this recommendation has been revised for clarity.
DEPARTMENT OF HEALTH	Recommendation 7 – coordinated commissioning – what action	Page 20 - sub bullets at top of page	We welcome the range of issues/actions identified, which generally reflect our understanding of best practice in health promotion. It might could also be worth noting the importance of personal feedback within commissioned activity.	Thank you for these comments. Best practice in behaviour change is flagged in the introduction to the guidance. The specifics of changing behaviour are outside the remit of this guidance.
Dietitians in Obesity Management UK	General		We welcome the draft guidance and in particular the emphasis upon a community-wide coordinated approach, the active involvement of local communities and the incorporation of evaluation and monitoring as fundamental components of interventions.	Thank you for these comments.
Dietitians in Obesity Management UK	General		We welcome the adoption of a family approach when working with local communities.	Thank you for this comment.
Dietitians in Obesity Management UK	Recommendation 1. What action should they take?	10	We would like the addition of ...'in particular groups which may be at higher risk of developing obesity (eg African-Caribbean groups, those with learning disabilities or mental health problems), or of developing co-morbidities of obesity at lower BMI and/or waist circumference (eg South Asians)'.	Thank you for this comment. The wording of this section has been revised to specify at risk groups.
Dietitians in Obesity	Recommendation	10	We welcome the emphasis on high level support for obesity prevention	Thank you for this comment.

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Management UK	1. What action should they take?		and the need for sustainability of funding and resources.	
Dietitians in Obesity Management UK	Recommendation 2. What action should they take?	12	We suggest the addition of the following point: 'Ensuring that areas of the strategy are 'owned' by named individuals or teams with responsibility to act and report back on progress at agreed time-points'.	Thank you for this comment. This point is covered by recommendations 3 and 4.
Dietitians in Obesity Management UK	Recommendation 3. What action should they take?	13	We agree that dedicated time to support work on obesity and oversee local progress is required.	Thank you for this comment.
Dietitians in Obesity Management UK	Recommendation 4. Who should take action?	14	We suggest the addition of 'and community development workers' to health trainers.	Thank you for this comment. A standard term 'community engagement workers such as health trainers' is used throughout the guidance.
Dietitians in Obesity Management UK	Recommendation 4. What action should they take?	14	In addition to dedicated time, we welcome the recommendation that a senior individual with practical and technical expertise in obesity prevention should lead efforts to prevent obesity. We suggest that the skills and expertise to work across boundaries will also include a sound understanding of treatment strategies to further facilitate a system-wide approach.	Thank you for this comment. The guidance has been revised inline with your comments.
Dietitians in Obesity Management UK	Recommendation 5. What action should they take?	16	We would like to add the following text to coherent approach...'and are clearly identifiable to the local community'.	Thank you for this comment. The guidance has been revised inline with your comments.
Dietitians in Obesity Management UK	Recommendation 6. What action should they take?	17	We agree that networks of local people, champions & advocates should be identified and involved.	Thank you for this comment.
Dietitians in Obesity Management UK	Recommendation 7. What action should they take?	18	We suggest the following additional point: 'Commissioners and public health teams should strive to actively involve local users in the commissioning process'.	Thank you for this comment. This point is covered in the bullet as it stands.
Dietitians in Obesity Management UK	Recommendation 7. What action	20	We suggest the addition of the following text to...local community engagement activities 'and help ensure appropriate evaluation and	Thank you for this comment. This point is covered

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	should they take?		monitoring of such activities in order to develop the evidence base'.	elsewhere.
Dietitians in Obesity Management UK	Recommendation 7. What action should they take?	20	We welcome the recommendation that a longer term approach is needed by commissioners in recognition of the time needed to help people make sustained changes to their behaviour and would suggest the following addition..'and the time required for new or altered services to become established & accepted both by referring agents and service users'.	Thank you for this comment. The guidance has not been amended.
Dietitians in Obesity Management UK	Recommendation 7. What action should they take?	20	We agree that flexibility in contracts is required and would like the word 'agreed' added to the text between 'justified' and 'documented'.	Thank you for this comment. The wording of this recommendation has been revised.
Dietitians in Obesity Management UK	Recommendation 8. What action should they take?	22	We suggest replacing 'get involved with wider community action on health and wellbeing' with 'actively support wider community action on health and wellbeing'.	Thank you for this comment. The recommendation has been revised inline with your comments.
Dietitians in Obesity Management UK	Recommendation 9	22/23	We very much welcome the recognition of the importance of the NHS and local authority as role models of good practice.	Thank you for this comment.
Dietitians in Obesity Management UK	Recommendation 9. What action should they take?	23	We would like the addition of the following point: 'Local authorities and NHS organisations should consider and minimise how other local policies (such as health and safety) may negatively impact upon initiatives to improve activity levels of staff throughout the day'.	Thank you for this comment. This point is covered by the final bullet in this recommendation.
Dietitians in Obesity Management UK	Recommendation 9. What action should they take?	23	On the point relating to how decisions impact on the local community we would like the additional text:...'or work at these centres, and ensures a visible coordinated approach'.	Thank you for this comment. The revised guidance flags that the recommendation is for 'people who visit or work at these centres'.
Dietitians in Obesity Management UK	Recommendation 10. What action should they take?	24	We suggest the addition of the highlighted text : 'Encourage long-term monitoring and evaluation of both processes and outcomes to establish value for money'	Thank you for this comment. A recommendation has been added on assessing cost effectiveness.
Dietitians in Obesity Management UK	Recommendation 10. What action	24	We welcome the emphasis on the need for long term change and approaches.	Thank you for this comment.

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	should they take?			
Dietitians in Obesity Management UK	Recommendation 10. What action should they take?	24	Relating to the measurement of a range of intermediate outcomes, we would like the addition of ...'any changes to BMI or beneficial changes to diet and lifestyle (such as a reduction in sedentary behaviours, becoming more active, making healthy dietary choices such as eating more fruit and vegetables), may have come about'.	Thank you for this comment. The wording of this recommendation has been revised (inline with your comments).
Dietitians in Obesity Management UK	Recommendation 11. What action should they take?	25	We would like the point on setting aside a minimum percentage of project budgets strengthened and would suggest changing from 'Consider setting aside' to 'Set aside'.	Thank you for this comment. The wording of this recommendation has been amended (though not exactly the same wording as suggested).
Dietitians in Obesity Management UK	Recommendation 11. What action should they take?	26	We welcome the emphasis on a broad range of process indicators and would like added 'experience & views of those referring into obesity programmes and monitoring of drop out rates'.	Thank you for this comment. This point is covered in the recommendation as it stands.
Dietitians in Obesity Management UK	Recommendation 11. What action should they take?	26	We would like the addition of...'and how best they may help facilitate positive change in others' after 'contribute to preventing and managing the condition'.	Thank you for this comment. The wording has not been amended.
Dietitians in Obesity Management UK	Recommendation 12. What action should they take?	27	We would like added 'Addressing barriers to change and how to overcome them' after 'Being aware of strategies people can use to address their weight concerns'.	Thank you for this comment. This point is covered by the first sub bullet in this section: 'Understanding why it can be difficult for some people to avoid weight gain or to achieve and maintain weight loss. '
Dietitians in Obesity Management UK	Recommendation 13. Who should take action?	27	We agree that the Health overview and scrutiny committees should oversee local action.	Thank you for this comment.
Dietitians in Obesity Management UK	5	40	We agree with the research recommendations.	Thank you for this comment.
Fit for Sport	General		It is my personal belief that if we are serious about changing the	Thank you for raising these issues.

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			nation's health we must eliminate our "quick fix" mentality. It's all too often that we hear someone say they are on another diet or have started an intensive fitness regime. We have not woken one morning to find out our nation's fitness levels and obesity statistics are an alarming level! It has taken many years of families living an unhealthy lifestyle and schools not giving Physical Education the importance it deserves, on a par with core subjects like Maths and English. Therefore we must not expect to stop the decline or halt the raise on obesity overnight! It will take many years to correct the bad habits that our families have adopted. This is why I believe that our experience of over 20 years of working with families and schools has enabled us to come up with what we believe is the answer: our SAS approach (Simple, Achievable and Sustainable) incorporating daily lifestyle habit changes. The education of families, children and communities is vital in facilitating changes to the health of our nation.	
Fit for Sport			Through media and so-called 'expert' advice we have confused and over complicated what is needed to improve our nation's health. SAS advice on daily habit changes for both families and children is the first step, and the understanding of what is required to make a difference whether to lose weight or to just get fitter must be achievable and most importantly sustainable! We do not need to eat salads for the rest of our lives, or have to go to the gym 7 days a week, but educate all on the simple changes to daily activity levels and sensible eating habits. If we are serious about halting the rise of obesity and improving our statistics,	Thank you for raising these issues.

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			we need to go back to basics! We do not need to overcomplicate, but to assist in "keeping the future fit". We all have to start by adopting our SAS approach.	
Fitness Industry Association	General	1	The Fitness Industry Association (FIA) welcomes the opportunity to respond to the Public Health Draft Guidance "*Obesity – Working with Local Communities"* and is pleased to see the promotion of effective, sustainable and community-wide action to prevent obesity. The FIA is also pleased to see the recognition that the health care sector, communities, local authorities, business and the voluntary sector all have a role in the Public Health Service. The FIA is the non-profit making representative body of the UK physical activity sector. Its membership includes the full spectrum of the industry from multi-site to single-site facilities in the public, private and third sectors. The FIA also brings together suppliers of fitness equipment and training providers. Our primary mission is to improve the health and well-being of the UK population through encouraging **more people** to be **more active**, **more often**. The FIA promotes the use of physical activity in the maintenance of a healthy lifestyle and both in the prevention and management of disease. It welcomes the strong focus on local partnerships and endorses the heightened emphasis on preventative healthcare methods and sustainable care pathways, which are fundamental given the rising healthcare costs of an ageing population and the increasing prevalence of obesity.	Thank you for these comments.

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			The importance of physical activity in preventing obesity is well evidenced. The latest Chief Medical Officer report cites that levels of aerobic physical activity have a consistent effect on achieving weight maintenance and states that physical activity can reduce the prevalence of chronic conditions such as Type 2 Diabetes, Stroke and Obesity by between 30-50%. The cost to the NHS of inactivity and resulting overweight and obesity is projected to reach £50bn per year by 2050.	
Fitness Industry Association	General	1	The FIA works to establish exercise as a routine part of the prevention and management of chronic disease and in turn support FIA members to deliver these services. The FIA has sought to improve the links between the physical activity sector and medical profession, in order to ultimately improve the take up of these services. As such, we established the Joint Consultative Forum, an independent forum that promotes co-operation between fitness professionals and healthcare professionals. This includes the Chartered Society of Physiotherapy, College of Occupational Therapy, Faculty of Public Health, Faculty of Sport and Exercise Medicine, Fitness Industry Association, Royal College of General Practitioners, Royal College of Nursing, Royal College of Paediatrics and Child Health, Royal College of Physicians, Royal College of Psychiatrists. In the coming months, the forum will produce Professional and Operational Standards on Exercise Referral. The FIA Chairman, Fred Turok, co-chairs the Responsibility Deal Physical Activity Network alongside Minister of State for Health, Simon	Thank you for this information. Leisure providers are flagged as potentially important local partners within this guidance.

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			Burns MP. The network aims to create partnerships and pledges between business and physical activity providers in a bid to increase levels of physical activity. The network now includes over 210 organisations committed to developing programmes and projects that support the physical activity. The FIA supports an integrated delivery approach that involves all organisations, community services and networks that make up the 'local system'. We believe, however, that this guidance must also be specifically extended to include leisure providers. Leisure providers offer a range of exercise interventions and work with Primary Care Trusts around the country to deliver physical activity programmes at a local level to prevent obesity, generally in partnership with local authorities and others. Almost 90% of the population live within 2 miles of a leisure facility, therefore the physical activity sector and leisure providers play an integral role in tackling rising levels of obesity.	
Fitness Industry Association	General	1	The FIA advocates an integrated service right along the care pathway – from prevention, treatment and care, to recovery, rehabilitation and re-ablement. The physical activity sector is a significant resource for delivering exercise as a preventative method to obesity. There are currently over 2300 level 3 & 4 exercise professionals qualified to deliver exercise referral programmes. In general the physical activity sector is a local service that should be viewed as crucial to achieving the outcomes set out in the guidance, and which public health should work in partnership with. FIA members include local authority leisure operators such as DC Leisure and SLM that provide community weight management programmes and local exercise referral interventions. The FIA is pleased that responsibility for public health is being moved to	Thank you for this comment. In relation to the comment that 'consideration should be given for housing the responsibility for local authority for leisure provision within Directors of Public Health' this is a decision for the local authority and is outside the remit for this work.

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			local authorities and hopes that this will encourage improved cross disciplinary practice. However, the FIA suggests that public health responsibility and in particular Directors of Public Health are located at Board level within the local authority to encourage joint strategic planning with other sectors. Consideration should be given for housing the responsibility for local authority for leisure provision within Directors of Public Health given that access to facilities is a key determinant to physical activity. This could provide local authority leisure with a much more strategic position within leisure services, rather than being a service in danger of marginalisation as result of its non-statutory basis. It would also allow Public Health Teams to use an existing resource within the local authority structure.	
Fitness Industry Association	1 Community Engagement	6	The long-term commitment and continuing investment in preventing obesity that this draft guidance outlines is crucial. The current state of public health in the UK where almost a quarter of adults (22% of men and 24% of women) are obese means that the entire healthcare must recognise the importance of investing in preventative services. Physical activity is essential to this approach. Even relatively small increases in physical activity can help prevent obesity. It is important to note that physical activity is part of a longer, more holistic behaviour change process that must be developed. As mentioned, the FIA advocates an integrated service right along the care pathway – from prevention, treatment and care, to recovery, rehabilitation and re-ablement. This includes the integration of delivery services from both statutory and community organisations. There must be collaboration between CCGs and local authorities to ensure that individuals are signposted into healthy lifestyles as part of a care pathway.	Thank you for raising these issues.

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			We believe that in order to encourage a fully preventative approach both public health and commissioners may have to embrace the principle of "any willing provider" and innovative funding structures. For instance, a Health Premium could be implemented to reward local authorities for investing in successful preventative services which result in cost savings for the health service.	
Fitness Industry Association	1 Behaviour Change	9	The FIA supports the delivery of physical activity interventions and programmes aimed at changing behaviour. It is an important way to encourage a healthy and active lifestyle and an effective means to prevent obesity. We recently completed a physical activity behavioural intervention programme based on motivational interviewing called *Let's Get Moving.* This was commissioned by the Department of Health and rolled out to 5 Essex PCTs and 10 local GP surgeries. The programme incorporated a Physical Activity Care Pathway based on recommendations of the NICE Public Health Guidance 2 & 6 and was piloted and evaluated by the British Heart Foundation National Centre for Physical Activity and Health at Loughborough University. *Let's Get Moving* was a behaviour change programme that was designed to assist practitioners in guiding inactive adults aged 16-74 towards gradually become more active, for the prevention and management of chronic disease, including obesity. The FIA were able to contribute a detailed knowledge of physical activity science and the development and implementation of physical activity policy and interventions and a team of qualified exercise instructors from the FIA's membership were recruited to assume the role of Community Exercise Practitioners (CEPs).	Thank you for providing this information. You may be new public health guidance being developed by NICE on walking and cycling, due to be published October 2012 (see http://www.nice.org.uk/guidance/index.jsp?action=byID&o=13428).

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			Let's Get Moving showed that a physical activity motivational programme is an effective way to change behaviour, increase physical activity levels and prevent obesity. Results showed a combination of positive health outcomes, increased physical activity and a positive user experience. The FIA believe that they should be rolled out nationally and delivered into every local community through qualified CEPs as means to tackle sedentary behaviour and rising obesity.	
Fitness Industry Association	1 Behaviour Change	7	Further support for physical activity counselling was evidenced through the recent study carried out by the FIA Research Institute at the University of Greenwich. The study assessed the impact of Structured Exercise, Unstructured Exercise and Physical Activity Counselling, all delivered from within a leisure facility, upon markers of cardiovascular health and Psychological Wellbeing. It was a 12 week study that involved 105 participants, 97 of which completed the programme (a retention rate of 92%). In the study, each of the groups achieved significant physiological improvements. The physiological results of the average participant were as follows: • Decreased blood pressure from – 133/78 to 128/77 (millimetres of mercury) • Decreased LDL cholesterol (bad) and triglycerides, whilst improving HDL cholesterol (good) • Resting heart rate dropped from 75 to 70 (beats per minute) – 'Cardiovascular efficiency' • Lost 2 kilograms of fat mass whilst increasing muscle mass • Improved VO2 max (cardiorespiratory fitness) • Increased leg press one rep max by 45 kilograms Those that received Physical Activity Counselling showed particularly	Thank you for providing this information.

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			positive results: Body Mass decreased 2kg / 2% BMI down from 29.8-29.2 / 2% Fat mass decreased 2.3kg / 7.8% Body Fat % decreased 2% / 5.7% Resting Heart Rate decreased 9bpm / 9.57% Systolic Blood Pressure decreased 3mmHg	
Fitness Industry Association	1 Behaviour Change	7	The study was a success and proved the benefits of fitness centre based exercise and physical activity upon cardiovascular health and psychological wellbeing, and particularly highlighted the benefits of physical activity counselling delivered by trained Exercise Health and Wellbeing Champions. We hope that this programme will be expanded as a means of preventing obesity, in particular through the provision of physical activity counselling in primary care in partnership with local leisure providers.	Thank you for providing this information.
Fitness Industry Association	1 Cultural Appropriateness	7	The FIA continually seek to break down physical activity barriers and encourage all communities to become more healthy and active. For example, *Let's Get Moving* recognised that while some people just need information to become more active, many, particularly within the audience we were targeting (most deprived quintile in Essex), need help with self-efficacy and their belief that they can change aspects of their lives. We therefore carried out what became known as "emotional triage" where we used the Department of Health's Healthy Foundations segmentation. This maps the population on two axes (environment and motivation) and was extremely useful in determining those people who on the axis of motivation will find behaviour change more challenging for reasons of low self-efficacy. Based on some simple questions from	Thank you for providing this information.

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			this toolkit, participants were streamed into two separate pathways: 'light' (up to three interactions) or heavy' (up to five interactions) of which typically more emphasis was placed on addressing some of the other "root cause" factors that might have been preventing people becoming more physically active.	
Fitness Industry Association	Recommendation 1 – Developing a Sustainable, Community-Wide Approach to Obesity	10	As previously mentioned, the FIA is pleased to see the focus on delivering an integrated service right along the care pathway – from prevention, treatment and care, to recovery, rehabilitation and re-ablement. The physical activity sector is a significant resource for delivering exercise as a preventative method to obesity. There are currently over 2300 level 3 & 4 exercise professionals qualified to deliver exercise referral programmes. In general the physical activity sector is a local service that should be viewed as crucial to achieving the outcomes set out in the guidance, and which public health should work in partnership with. The FIA further encourages the greater integration of health professionals with alternative sectors, for example we have established a Joint Consultative Forum with the medical Royal Colleges and relevant Faculties of Medicine that will first develop standards for the practice of exercise referral. In time this document will likely replace the National Quality Assurance Framework and facilitate greater integration between health professionals. As mentioned in regard to Exercise Referral there are a number of services where PCT public health teams work very closely with local authority departments such as leisure and local NGOs and community groups, and local employers. They thus ensure that health promotion objectives are given due weight, right across local strategies and programmes. The public health system should encourage local	Thank you for these comments. The specific issue around exercise referral is outside the remit of this guidance.

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			authorities to adopt similar strategies and consider whether this commissioning behaviour can be rewarded by the health premium.	
Fitness Industry Association	Recommendation 1 – Developing a Sustainable, Community-Wide Approach to Obesity	10	As mentioned, the FIA is pleased that responsibility for public health is being moved to local authorities and hopes that this will encourage improved cross disciplinary practice. However, the FIA suggests that public health responsibility and in particular Directors of Public Health are located at Board level within the local authority to encourage joint strategic planning with other sectors. Consideration should be given for housing the responsibility for local authority for leisure provision within Directors of Public Health given that access to facilities is a key determinant to physical activity. This could provide local authority leisure with a much more strategic position within leisure services, rather than being a service in danger of marginalisation as result of its non-statutory basis. It would also allow Public Health Teams to use an existing resource within the local authority structure. GPs may well wish to commission a form of exercise referral intervention to prevent obesity, yet the GP consortium administrative staff may lack commissioning expertise in healthy lifestyle interventions. If GP consortia are likely to commission services of this kind, they will need to be well trained in public health evidence, NICE public health guidance, and the practicalities of this type of programme. There may be a need for new guidance to local commissioners on the types of public health intervention with which they may not be familiar – in the main, those delivered by voluntary or other non-health bodies. The Joint Consultative Forum, referred to earlier, is currently producing new Professional and Operational Standards for Exercise Referral which will supersede the 2001 National Quality Assurance Framework for Exercise Referral Systems. The document will outline the evidence	Thank you for these comments. In relation to the comment that consideration should be given for housing the responsibility for local authority for leisure provision within Directors of Public Health this is a decision for the local authority and is outside the remit for this work. Relevant training of health professionals is covered in recommendation 13 in the guidance. Specific issues relating to exercise referral are outside the remit of this guidance.

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			base for exercise referral and the minimum the standard of provision, commissioning bodies should recognise these standards and base commissioning decision on the standards.	
Fitness Industry Association	Recommendation 2 – Strategic Leadership	11	The FIA hopes that the new public health system enables and rewards inter-sectoral collaboration on health promotion activities relating to healthy lifestyles. There are a number of other local services which are crucial to achieving outcomes, and which public health will need to work in partnership with, such as leisure, therefore the system must encourage collaboration between these services. The management of the Health Premium maybe a practical means of encouraging such collaboration.	Thank you for raising these issues.
Fitness Industry Association	Recommendation 3 – Supporting Leadership at All Levels	12	The FIA supports the accountability of elected members and local authorities through transparency and in particular enabling the public to safely access data on national and local performance against the public health outcomes framework. This will enable democratic accountability for performance against those outcomes and at times allow the local community to contribute to the process of priority setting. Health and Wellbeing Boards will be an essential method of ensuring the accountability, as they should provide a forum in which elected representatives, such as local mayors or councillors, can co-ordinate commissioning in collaboration with GP Consortia.	Thank you for raising these issues.
Fitness Industry Association	Recommendation 4 – Coordinating Local Action	14	We promote, encourage and guide community exercise champions, as shown by both *Lets Get Moving* and the FIA Research Institute study. As previously mentioned, there are currently over 1600 level 3 & 4 exercise professionals qualified to deliver exercise referral programmes. Community exercise champions play an important role in instructing, informing and motivating communities to lead a healthier and more	Thank you for this information.

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			active life. Moving forward, we believe that such champions should extend their role to include other areas of society. For example, primary schools in which 9.8% of children enter as obese but twice as many (18.7%) leave primary school as obese. We want to ensure that children leave schools with "physical literacy". As such, we recently carried out a survey in which we asked sport coaches, personal trainers, gym instructors, group exercise instructors and gym managers and proprietors if they would be interested in volunteering in their local primary school to promote physical activity to young children and their parents; 65% of respondents said that they would.	
Fitness Industry Association	Recommendation 5 – Communication	15	The FIA support the importance of sensitive language to encourage healthier weight and a more active lifestyle. Good communication, positive engagement and relationship building are essential in promoting physical activity and preventing obesity and were an important feature of our motivational behaviour change programme *Lets Get Moving* and the FIA Research Institute's study, in which our qualified community exercise professionals are trained and well versed. The FIA CEO, Dave Stalker, recently gave evidence to the All Party Parliamentary Group on Body Image and the Government Equalities Minister, Lynne Featherstone, has invited the FIA to attend a Ministerial Roundtable event to discuss the promotion of a healthy body image within the physical activity sector. Through these discussions we are determining the best means of communication with sedentary and obese populations who may have sensitivities to body image.	Thank you for this information.
Fitness Industry Association	Recommendation 7 – Involving the	20	FIA members have frequently engaged with Primary Care Trusts, regarding the commissioning of physical activity services such as	Thank you for this information.

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	Community		Exercise Referral or Balance schemes. In certain instances the Primary Care Trust have commissioned a properly qualified Exercise Referral Instructor (qualified at Level 3 Exercise Referral on the Register of Exercise Professionals), to undertake referrals the local authority leisure centre. Therefore, there are already examples of where PCT public health teams work closely with other services to ensure that health promotion objectives are given due weight, right across local strategies and programmes. Following the reforms to the Public Health system, public health will now be the responsibility of Public Health England at the national level and Local Authorities and Health and Wellbeing Boards in local communities. Physical Activity has been included as an outcome within the Public Health Outcomes Framework, however further arrangements need to be made to ensure that physical activity is embedded as a key priority within Public Health England. Furthermore, every local authority should have a physical activity plan incorporating how the authority can use its existing infrastructure of parks, leisure centres, sports clubs, volunteers and professionals to support individual behaviour change. In order to increase participation in sport and physical activity, and as a means of preventing obesity, the FIA are developing a project 'spogo' which aims to leave a "Digital Legacy" from the Games by providing a new way to find sport and fitness, utilising technological innovation to positively influence behaviour. spogo aims to make it as easy to consume services from our industry online as it is to book a hotel room, train ticket, place a bet or complete your weekly shopping using the web. Statistics we have received from Google indicate there is a substantial level of interest in consuming our services online and over	

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			the course of 2012, working with leading operators and suppliers of technology services to the industry, the FIA plans to meet this need.	
Fitness Industry Association	Recommendation 8 – Involving Local Business	21	The major challenge of obesity cannot be addressed by Government action alone. Ultimately, a societal approach is needed in which local business, government and other actors all move forward in the same direction together. The FIA Chairman, Fred Turok, is co-chairing the Public Health Responsibility Deal Physical Activity Network (PAN) alongside Minister of State for Health, Simon Burns MP. This Department of Health initiative aims to encourage business to take greater responsibility in the health of their employees, customers and communities alike. The PAN now has over 210 businesses partners, which have all signed up to pledges to promote physical activity. We are seeking to expand the network to include all Local Government Authorities and the NHS in an effort to build further partnerships and prevent obesity through the promotion of a healthy and active lifestyle.	Thank you for this information.
Ki Performance Lifestyle Ltd.	General		Ki have considered the draft guidance on Obesity: working with local communities and are in agreement. However, we noted the omission of the benefit of the use of technology within this implementation. Technology can play many roles within the obesity management framework highlighted in this draft guidance, including enabling effective communication, engaging appropriate user groups, as well as delivering and evaluating behaviour change interventions. Moreover, the use of technology is beneficial and effective for the individual and the health practitioner. The internet has become widely accessible with internet-based interventions being shown to achieve weight loss outcomes comparable to those delivered face-to-face using similar tools (Harvey-Berino *et al*.,	Thank you for these comments. We did not identify any specific evidence on technology. Evidence on the effectiveness of technologies in individual settings is outside the remit of this guidance but is covered by associated NICE guidance eg Obesity (2006), behaviour change (2007, currently being updated) or forthcoming guidance on walking and cycling.

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			2010; Harvey-Berino *et al*., 2004). In 2007 Pozein *et al*. examined the efficacy of a technology-based system in a 12-week behavioural weight loss intervention comparing a standard behavioural weight-loss programme or a technology based programme utilising the Sensewear Pro Armband (same technology as the Ki Armband) together with access to an online programme (the Activity Manager, currently being used as part of the Ki System). The highest rate of weight loss was seen in the group who had access to individualised sessions and continuous access to the online programme (Pozein *et al*., 2007). Moreover, a clinical trial showed that people who used the Ki armband together with a group weight loss program or as part of their own self led program lost up to three times more weight over a 2-year period that people who strived to lose weight independently (Sui *et al*., 2010). Recently, a cost analysis of these interventions showed that use of the online-technology alone was the most cost-effective strategy per kilogram of weight loss (Archer et al, awaiting publication). Furthermore, the number of times people complete online food and exercise diaries and use online forums, like those in the Ki Activity Manager, is independently associated with weight loss (Johnson & Wardle, 2011). One study found that people who logged everything they ate and drank in a food diary lost twice as much weight as those who didn't (Hollis *et al*., 2008). Moreover, a greater number of log-ins, self-monitoring occasions, chat room attendances or bulletin board posts have also been associated with greater weight loss and maintenance (Neve *et al*., 2009). All these components increase the level of social support, which has previously been shown to result in greater weight	

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			loss (Parham, 1993). **References:** Archer, E, Groessl E.J., Sui, X., McClain, A., Wilcox, S., Hand, G.A., Meriwether, R.A. & Blair, S. (awaiting publication). An Economic Analysis of Traditional and Technology-Based Approaches to Weight Loss: LEAN Study Cost-Effectiveness. Harvey-Berino, J., Pintauro, S., Buzzell, P., & Gold, E.C. (2004) Effect of internet support on the long-term maintenance of weight loss. *Obesity Research*, **12**, 320-329. Harvey-Berino, J., West, D., Krukowski, R., Prewitt, E., VanBiervliet, A., Ashikaga, T., & Skelly, J. (2010) Internet delivered behavioural obesity treatment. *Preventive Medicine*, **51 (2)**, 123-128. Hollis, J.F., Gullion, C.M., Stevens, V.J., Brantley, P.J., Appel, L.J., Ard, J.D., Champagne, C.M., Dalcin, A., Erlinger, T.P., Funk, K., Laferriere, D., Lin, P-H., Loria, C.M., Samuel-Hodge, C., Vollmer, W.M., and Svetkey, L.P. (2008) Weight loss during the intensive intervention phase of the weight-loss maintenance trial. *American Journal of Preventive Medicine*, **35(2)**, 118-126. Johnson, F. and Wardle, J. (2011) The association between weight loss and engagement with a web-based food and exercise diary in a	

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			commercial weight loss programme: a retrospective analysis. *International Journal of Behavioural Nutrition and Physical Activity*, **8(1)**, 83-89. Neve, M., Morgan, P.J., Jones, P.R., and Collins, C.E. (2010) Effectiveness of web-based interventions in achieving weight loss and weight loss maintenance in overweight and obese adults: a systematic review with meta-analysis. Obesity Reviews, 11, 306-321 Parham, E.S. (1993) Enhancing social support in weight loss management groups. Journal of the American Dietetic Association, 93(10), 1152-1156. Polzien, KM., Jakicic, J.M., Tate, D.F., & Otto, A.D. (2007) The Efficacy of a Technology-Based System in a Short-Term Behavioral Weight Loss Intervention. *Obesity*, **15(4)**, 825-30, 2007 Sui, X., Meriweather, R., Hand, g., Wilcox, S., Dowda, M., & Blair, S. (2010) Electronic Feedback in a Diet and Physical Activity based Lifestyle Intervention for Weight loss: Randomised Control Trial. *American heart Association Annual Conference.*	
LighterLife	Recommendation 1	10	LighterLife would to thank NICE for allowing us to comment on this draft guidance. LighterLife strongly endorse the recommendation that Health and Wellbeing Boards (HWBs) ensure that tackling obesity is a priority. Local focus and prioritisation of obesity is key to ensuring that overweight and obese individuals get the help that they need.	Thank you for these comments.

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			LighterLife also agree with the recommendation that HWBs work with their local clinical commissioning groups (CCGs) to ensure a coherent approach both to prevention and treatment. We have expressed concern in the past that the distribution of responsibility for public health between local authorities and the NHS will lead to fragmentation and, in fact, nobody taking responsibility. Local government working closely with the NHS is crucial to ensure that this does not happen.	
LighterLife	Recommendation 2	11	Strong leadership in local areas will be needed to ensure the above does not happen, which is why LighterLife endorse the recommendation for a CCG to identify an "obesity lead". LighterLife also endorse the recommendation to regularly brief elected members on matters such as local prevalence of obesity, as this will enable such members to take better-informed decisions.	Thank you for these comments.
LighterLife	Recommendation 3	13	LighterLife welcome the recommendation that Directors of Public Health should seek "creative and diverse" solutions to local issues. Allowing local authorities to find their own ways of tackling public health problems in their area means that they must be given the freedom to try non-traditional solutions to such problems, including obesity.	Thank you for these comments.
LighterLife	Recommendation 6	17	LighterLife welcome the idea of involving the local community in making decisions about what action to take on obesity, including recognising local concerns on what programmes should be delivered, and how. LighterLife uses a network of counsellors throughout the UK to deliver their weight-management programmes. Such counsellors are not clinicians but are drawn from the communities which they help – often they are individuals who have already lost weight using a LighterLife programme. This gives LighterLife the ability to connect with local communities, including hard-to-reach ethnic minority communities.	Thank you for these comments. Local weight management groups are flagged as potential partners in the revised guidance.

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			LighterLife regret that there is little mention of networks such as ours – and LighterLife is not the only private company with such a reach – in the draft guidance.	
LighterLife	Recommendation 7	19	LighterLife strongly endorse the idea of local areas commissioning innovative approaches to tackling obesity. Local authorities around the country can act as laboratories for tackling obesity, sharing best practice with one another and ensuring that overweight and obese people in their area have access to all effective and cost-effective obesity treatments. LighterLife are confident that, given the chance to provide weight management services in a particular area, we will demonstrate the efficacy of LighterLife's programmes. In particular, LighterLife offer flexible, adaptable weight management programmes which can easily be scaled up – or down – as this guidance discusses.	Thank you for these comments.
Living Streets	Section 1 - Recommendation Four	15	We welcome the reference to the importance of mechanisms to co-ordinate local action. The Living Streets Community Street Audit scheme is one such potential mechanism. Living Streets' Fitter for Walking programme involved approximately 150 communities, across 12 local authority areas and 5 regions of England, selected based on low reported levels of physical activity and high levels of obesity. Each region had a Living Streets project coordinator who recruited local community groups to drive projects forward. Working with the community group, the local authority and	Thank you for providing this information.

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			other local stakeholders, the coordinator helped identify barriers to walking in the area. This was often done through a Community Street Audit – one of Living Streets' key approaches to community engagement and street assessment, where small groups of local residents, traders, councillors and council officers, including vulnerable street users, are involved to assess a route on foot and identify problems and potential improvements. Improvement activity varied widely between projects according to the key needs identified by communities, and fell into three main categories: community-led improvements such as litter picking, clean ups and planting; more in-depth improvements such as resurfacing or lighting improvements led by the local authority, and awareness-raising activities such as led walks, the design of maps and street parties….*cont. on next page*	

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Living Streets			An analysis of 'pledge cards' from across the various Living Streets Fitter for Walking projects was undertaken in 2011 (Sustrans, 2011). 82% of those responding to follow-up surveys, carried out at least 3 months after the original pledge was made, stated that they met their pledge to walk more either regularly (64%) or occasionally (18%). 78% of those responding reported that the amount of walking they did, for any reason, had increased since they made their pledge. Of these, 73% reported walking to the shops more, 37% reported walking to or from work more and 31% reported walking children to / from school more often. The Living Streets Fitter for Walking programme as a whole underwent a comprehensive independent evaluation in 2011(Adams *et al*, 2011). Where residents were surveyed, almost two thirds (64 per cent) reported having walked more in their local area in the last 18 months for a variety of reasons including to get fitter or healthier, in response to a change in income or increasing transport costs, or because of improved knowledge of the local area. More than half agreed that they had seen more people walking locally in the last 18 months. The evaluation 'recommended that the Living Streets Fitter for Walking model is	Thank you for providing this information.

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			expanded to other communities in the UK as an approach to community engagement, increasing social interaction and improving the environment to promote walking'. Sustrans Monitoring and Evaluation Unit. 2011. *Living Streets Fitter for Walking – Pledge Follow-up Summary* Adams, E., Goad, M. and Cavill, N. 2011. *Evaluation of Living Streets' Fitter for Walking Project*. Loughborough: BHF National Centre for Physical Activity and Health.	

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Living Streets	Section 1 - Recommendation Five	17	We would recommend that third sector organisations are also listed as an intermediary between local government and local communities .	Thank you for this comment. Voluntary and community organisations are flagged throughout the revised guidance.
Living Streets	Section 1 - Recommendation Seven	19	This section should also make reference to the forthcoming NICE guidance: *walking and cycling: local measures to promote walking and cycling as a form of travel or recreation.*	Thank you for this comment. Reference to this new guidance has been added throughout.
Living Streets	Section 1 - Recommendation Seven	20	We welcome the reference to the need to influence the wider determinants of health such as the built environment.	Thank you for this comment.
Living Streets	Section 1 - Recommendation Nine	23	We welcome the recommendation to introduce organisation-wide programmes that encourages and supports staff and, where appropriate, service users, to be physically active.	Thank you for providing this information.

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			Living Streets' Walking Works project engages with adults in employment to encourage more walking to, from and at work. Funded by BIG Lottery's Health and Wellbeing Fund as part of the Travel Actively consortium, the campaign has raised awareness of the benefits of walking more to over 28,000 individuals so far, through walking pledges, regular digital campaigns and the annual Walk to Work Week challenge. Walking Works includes a programme of more in-depth support for workplaces, including helping establish 'walking champions', running bespoke walking challenges and activities and helping workplaces to integrate walking activity with their workplace travel plan. Walk to Work Week is the aspect of the Walk to Work programme with the widest participation and the most significant evaluation data. The 2011 Walk to Work Week evaluation (Sustrans, 2011) found that: o Since participating in Walk to Work Week, 57% of respondents felt that their overall level of walking had increased. o All respondents were asked how they felt after taking part in the project. The top three responses were 'I feel fitter' (45%), 'I feel more healthy' (41%) and 'I am more active' (39%). o Individuals achieving 30 minutes or more physical activity on five or more days per week increased from 29% at registration to 50% at follow up. [1] Sustrans Monitoring and Evaluation Unit. 2011. *Living Streets – Walk to Work Week 2011 – Follow-up Survey Results*	

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Living Streets	Section 3.4	33	The Living Streets Fitter for Walking project and Community Street Audits are excellent examples of an effective community wide approach to tackling obesity. Further details are included above and we would be delighted to send further details to the project team.	Thank you for this information.
London Borough of Barking and Dagenham	General	n/a	The London Borough of Barking and Dagenham welcomes the opportunity to comment on the draft NICE guidance "Obesity – working with local communities". We note the comment (section 3.4) that there is a lack of evidence of effective community-wide approaches to obesity. Many of the recommendations contained within the report are already in place locally. The draft guidance is comprehensive, however we have two comments for consideration.	Thank you for these comments.
London Borough of Barking and Dagenham	General	n/a	Communities often unite around common issues, such as local planning issues. Given that obesity is impacted by the environment that people live in, local planning issues can be significant in tackling the issue. However currently national legislation governing local planning laws can mitigate against community concerns or objections, for instance in the siting of hot food takeaways. The NICE Guidance misses an opportunity to draw attention to this issue.	Thank you for these comments. Planning has been added as an example throughout the revised guidance.
London Borough of Barking and Dagenham	Recommendation 1	9	We suggest that School Governing Bodies be added to the "Who should take action" list. The rationale for this is that schools are often a focus for communities, and there is increasing autonomy of state schools, added to a growth in the number of academies. This suggestion if adopted, would also encompass the governing bodies of any independent or voluntary sector run schools.	Thank you for this comment. School governors are flagged in recommendation 6.
Lundbeck	General		Lundbeck do not believe that the relationship between above sensible levels of alcohol consumption has been appropriately considered in the draft guidance on obesity. The paragraphs below set out how appropriate consideration and emphasis on alcohol consumption can	Thank you for these comments. The revised guidance flags the need to align action on obesity with broader initiatives, such as those to prevent harmful drinking.

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			help achieve the objectives set out in the guidance, the evidence on the relationship between alcohol consumption and obesity and how alcohol consumption could be integrated within the guidance recommendations.	
Lundbeck			NICE's public health draft guidance on obesity aims to support effective, community-wide action to prevent obesity. The draft guidance presents a number of recommendations for creating a sustainable community approach to tackling obesity. However, the relationship between alcohol consumption and obesity has not been appropriately emphasised despite alcohol being a contributory factor that can lead to obesity. Appropriate emphasis on alcohol within this guidance would facilitate and strengthen certain key recommendations and ensure the aim of integrating action on obesity with other local agendas is achieved.	Thank you for these comments. The revised guidance flags the need to align action on obesity with broader initiatives, such as those to prevent harmful drinking.
Lundbeck			The relationship between alcohol and obesity is well established. The SUN project found that drinking beer and spirits (≥7 drinks a week) was associated with a 119 g per year higher average yearly weight gain after adjusting for confounders. Beer and spirit consumption was associated with a higher risk of being overweight or obese compared with non-drinkers.[i] Furthermore, a US study found that as consumption rose from one to ≥4 drinks per drinking day, BMI increased from 26.5 to 27.5 kg/m^2 in men and from 25.1 to 25.9 kg/m^2 in women. Overall, people who consumed the smallest quantity of alcohol were most frequently the leanest. Those who consumed the greatest quantity the least frequently showed the highest BMI.	Thank you for raising this issue.
Lundbeck			Emphasising this association between alcohol and an increased risk of obesity would support the community-wide approach to obesity	Thank you for these comments. The revised guidance flags the need to align

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			recommended in the draft guidance and ensure it is successful in creating an agenda that effectively addresses all aspects of obesity prevention. Health and Wellbeing Boards in particular should ensure that JSNAs consider alcohol as a factor which may influence weight so that they are effective guides for managing obesity.	action on obesity with broader initiatives, such as those to prevent harmful drinking.
Lundbeck			Consideration of alcohol would also facilitate the co-ordination of local action on obesity. The draft guidance recommends that co-ordinators and community engagement workers plan how they work with population groups with high levels of obesity by considering the motivations and characteristics of target groups in relation to obesity. Consideration of alcohol consumption would assist co-ordinators and community engagement workers in this task as the association between alcohol and an increased risk of obesity is heavily influenced by certain lifestyle, genetic and social factors,[ii] which could also provide an insight into the motivation and characteristics of those groups.	Thank you for these comments.
Lundbeck			Finally, the inclusion of alcohol in the draft guidance is essential if integrated action on obesity with other local agendas is to be achieved. Alcohol contributes to a number of illnesses which pose a growing public health concern including diabetes and cardiovascular disease, which were cited as example areas for integration on page 3 of the draft guidance. A study of alcohol consumption and type 2 diabetes found that alcohol consumption and binge drinking increased the risk of pre-diabetes and type 2 diabetes. Although women showed a reduced risk of pre-diabetes with high wine intake and of type 2 diabetes with medium intake of wine and spirits, the data indicated that where there is a high consumption of spirits there is an increased risk of pre-diabetes. iii Men showed a higher risk of pre-diabetes with high beer consumption and type 2 diabetes with high consumption of spirits. Women showed a	Thank you for providing this information. The revised guidance flags the need to align action on obesity with broader initiatives, such as those to prevent harmful drinking.

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			reduced risk of pre-diabetes with high wine intake and of type 2 diabetes with medium intake of wine and spirits, whereas high consumption of spirits increased pre-diabetes. iv Alcohol use is also one of eight risk factors that jointly account for 61% of loss of healthy life years from CVDs, 61% of cardiovascular deaths and more than three-quarters of deaths from ischaemic and hypertensive heart disease. v	
Lundbeck			In addition to these, alcohol contributes to the following illnesses: - **Cancer:** Each 10 g of pure alcohol per day increases the risk of breast cancer by 7%. Regularly consuming approximately 50 g of pure alcohol increases the relative risk of colorectal cancer by between 10% and 20%, and malignancies of the larynx, pharynx and oesophagus by more than 100%.[vi] - **Heart failure:** Long-term heavy alcohol consumption is the leading cause of a non-ischemic, dilated (alcoholic) cardiomyopathy (ACM). ACM causes 21-36% of all cases of non-ischemic dilated cardiomyopathy in Western Society and, without abstinence, the 4-year mortality for ACM is around 50%.[vii] - **Hypertension:** One drink a day increases the risk of developing hypertension by 26% and drinking more than one drink daily increases the risk hypertension by 29%.[viii] - **Stroke:** Drinking between 30 and 60 g of alcohol a day increases the risk of suffering and dying from a stroke by 15% and 10% respectively. Drinking more than 60g increases the risks by 62% and 44% respectively. [ix] - **Mental illness:** In the National Survey of Mental Health and Wellbeing, 1.4% of the population were alcohol dependent. Of this group, 53.6% met the criteria for an anxiety disorder and 34.0% for	Thank you for providing this information.

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			an affective or mood disorder. [x] - **Smoking:** 35% of smokers binge drink compared to only 23% of non-smokers and 31% of ex-smokers. [xi]	
Lundbeck			Sayon-Orea C, Bes-Rastrollo M, Nuñez-Cordoba JM, Basterra-Gortari FJ, Beunza JJ, Martinez-Gonzalez MA. Type of alcoholic beverage and incidence of overweight/obesity in a Mediterranean cohort: the SUN project.*Nutrition*.2011;27:802-8.	Thank you for this reference
Lundbeck			[1]National Obesity Observatory, Obesity and Alcohol: An Overview, February 2012	Thank you for this reference
Lundbeck			Cullmann M, Hilding A, Ostenson CG. Alcohol consumption and risk of pre-diabetes and type 2 diabetes development in a Swedish population. *Diabet Med*. 2011 doi: 10.1111/j.1464-5491.2011.03450.x.	Thank you for this reference
Lundbeck			Cullmann M, Hilding A, Ostenson CG. Alcohol consumption and risk of pre-diabetes and type 2 diabetes development in a Swedish population. *Diabet Med*. 2011 doi: 10.1111/j.1464-5491.2011.03450.x.	Thank you for this reference.
Lundbeck			Parry CD, Patra J, Rehm J Alcohol consumption and non-communicable diseases: epidemiology and policy implications *Addiction* 2011;106:1718–1724	Thank you for this reference
Lundbeck			Parry CD, Patra J, Rehm J Alcohol consumption and non-communicable diseases: epidemiology and policy implications *Addiction* 2011;106:1718–1724	Thank you for this reference
Lundbeck			Parry CD, Patra J, Rehm J Alcohol consumption and non-communicable diseases: epidemiology and policy implications *Addiction* 2011;106:1718–1724	Thank you for this reference
Lundbeck			Laonigro I, Correale M, Di Biase M, Altomare E. Alcohol abuse and	Thank you for this reference.

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			heart failure. *Eur J Heart Fail*. 2009;11:453-62	
Lundbeck			Sesso HD, Cook NR, Buring JE et al Alcohol consumption and the risk of hypertension in women and men *Hypertension* 2008;51;1080-1087	Thank you for this reference.
Lundbeck			Ronksley PE, Brien SE, Turner BJ et al Association of alcohol consumption with selected cardiovascular disease outcomes: a systematic review and meta-analysis *British Medical Journal* 2011;342:d671	Thank you for this reference.
Lundbeck			http://www.health.gov.au/internet/alcohol/publishing.nsf/Content/33F1F1299AD53EA3CA257693001776BE/$File/tre10.pdf	Thank you for this weblink.
Lundbeck			http://www.guardian.co.uk/society/2010/oct/11/smokers-drink-eat-mental-study	Thank you for this weblink.
National Heart Forum	Recommendation	9	The National Heart Forum (NHF) would suggest that the recommendation for 'Developing a sustainable, community-wide approach to obesity' should add local planning authorities, schools and religious organisations to their list of 'Who should take action?'	Thank you, the guidance has been amended to include 'executive directors of local authority services'
National Heart Forum	General (Rec. 2, 3 6 & 8)		NHF would like to stress the importance of the third, voluntary sector in the establishment of local obesity interventions. This sector provides valuable knowledge and resources regarding many aspects of local communities and should be included as part of the 'Who should take action?' in Recommendations 2, 3, 4, 6 and 8. As well as in general guidance regarding working with local communities.	Thank you for this comment. We agree that the community and voluntary sector should be flagged in recommendations 4 and 6 and have amended the text to ensure that this is the case.
National Heart Forum	3.2	32	NHF appreciates the Group's consideration of appropriate language to use in communities when discussing the prevention and treatment of obesity. Using only 'healthier weight', however, may not be completely appropriate given the diversity of audiences proposed in	Thank you for this comment. The wording of this section has been revised for clarity.

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			this guidance. NHF would suggest that 'healthier weight', 'overweight' and 'obesity' all be used by local communities in the appropriate context.	
National Heart Forum	3.13	35	NHF appreciates the Group's acknowledgement of the role that supportive national policies will play in local actions on obesity. We would encourage the PDG to expand upon this and encourage local communities to develop, implement and advocate for policies and guidance that they would also like to see operate at the national and supra-regional level, including transportation planning, hot food takeaways and alcohol licensing, and protection of green spaces.	Thank you for this comment. The revised guidance states that 'The PDG considered that if the findings from recommended local action on monitoring and evaluation were fed back to national or supra-regional policy teams and practitioners, it may foster a wider culture of 'action learning' and aid the development of supportive national policies'
National Obesity Forum	Recommendation 1	10	We welcome the recommendation that *Partners should be encouraged to provide funding and resources beyond one financial or political cycle and have clear plans for sustainability.* However, feel this could be strengthened to reflect the long term invest to save nature of prevention.	Thank you for these comments. The PDG were not able to be more prescriptive on this point but the revised guidance states that 'Partners should be encouraged to provide funding and resources beyond one financial or political cycle and have clear plans for sustainability'. The importance of longer term funding is raised throughout the guidance.
National Obesity Forum	Recommendation 5	15	The use of language may lead to a reduced priority for obesity, which is a serious medical condition. We would caution against removing the term obesity and 'de-medicalising' this condition. *For example, it might be better to refer to a 'healthier weight' rather than 'obesity' – and to talk more generally about health and wellbeing or specific community issues.*	Thank you for this comment. This guidance focuses on prevention (not a clinical situation) and argues that consideration is given towards language and what is appropriate for each local area; it is not prescriptive on the terms used. The PDG heard expert testimony on this issue

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				(please see evidence linked to this recommendation).
National Obesity Forum	Recommendation 7	19-20	Welcome the recommendation: *Commissioners should focus on all of the following areas (note: focusing on just one at the expense of others may reduce effectiveness)* However, would prefer more direction to be given with this recommendation about the need to focus on all areas listed.	Thank you for this comment.
National Obesity Forum	Recommendation 10		Welcome the recognition that *anthropometric measures, such as body mass index (BMI), will not capture the full or immediate health benefits of an intervention or strategy. They should also recognise that changes are unlikely to be observed on a population basis in the short term (less than 5 years).*	Thank you for this comment.
National Obesity Forum	General		More could have been said about the practicalities of implementing the guidance, what it looks like where it has been done, learning, experiences, etc. Conscious this is difficult but there is nothing tangible here, just about Health & wellbeing Boards, Public Health in Local Authorities and CCGs needing to prioritise obesity. Worthy, but where is the challenge to do it and where is the realistic understanding or expectation of what is involved?	Thank you raising these issue – these may be covered (in part) by the associated implementation materials for this guidance.
National Obesity Forum	General		More focus on joining up activities across local authorities and CCGs as there needs to be recognition that one is acting now to save the other money and that failure to act increases costs elsewhere in the health economy. Also needs to recognise the costs of intervention and return on investment are new and large amounts to local authorities but nothing compared ot costs to treat obesity and associated conditions. This is a difficult concept for some local authority structures to	Thank you for this comment. This point has been addressed in a new bullet in recommendation 5. A new recommendation on cost effectiveness has also been added to the revised guidance.

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			understand and CCGs can help councils to recognise this.	
NHS Gloucestershire	Section 1: Draft Recommendations	12 of 92	Under 'DsPH should ensure high-level commitment… would be useful to amend final bullet to read '*Ensuring action on obesity is reviewed every 3 to 5 years, based on needs identified in JSNA* ***and local assets'***	Thank you for this comment. The guidance has been amended in line with your comments.
NHS Gloucestershire	Section 1: Draft Recommendations	21 of 92	Under 3rd bullet point would be helpful to include link to a prioritisation tool e.g. p 25 of the consultation document http://www.instituteofhealthequity.org/projects/tackling-public-health-priorities-through-the-social-determinants-of-health	Thank you for this comment. The link may be included in associated implementation materials
NHS Gloucestershire	Section 2: Public Health Need and Practice	33 of 92	Para 3.4. Useful to mention EASO Spotlight Project launched in 2012 http://www.spotlightproject.eu/partner_11.html	Thank you for forwarding this link.
NHS Luton on behalf of the local Healthy Weight Strategic Group	**Recommendation 3:** Supporting leadership at all levels	13	Community 'health champions' (volunteering…). Should be clear that other staff include NHS staff (Health Trainers, community dietitians) and also local authority staff such as community development teams and active travel coordinators.	Thank you for this comment. The revised guidance uses the following terms consistently for clarity: • Community-based health workers, volunteers, groups or networks. • Community engagement workers such as health trainers.
NHS Luton on behalf of the local Healthy Weight Strategic Group	**Recommendation 3:** Supporting leadership at all	13	Mention the need for training and governance arrangements for community health champions to ensure information is evidenced based and meets local priorities.	Thank you for this comment. The guidance has been revised inline with your comments.

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	levels			
NHS Luton on behalf of the local Healthy Weight Strategic Group	**Recommendation 4:** Coordinating local action	14	Who should take action? 'Community engagement workers such as health trainers ***and community development teams'***.	Thank you for this comment. The revised guidance uses the following terms consistently for clarity: • Community-based health workers, volunteers, groups or networks. • Community engagement workers such as health trainers.
NHS Luton on behalf of the local Healthy Weight Strategic Group	**Recommendation 5: Communication**	15	Mention use of social marketing and insight to inform language and communications approaches with wider and sub communities.	Thank you for this comment. The revised guidance states that 'Local insight may be particularly important when developing communications to subgroups within a community or specific at-risk groups'.
NHS Luton on behalf of the local Healthy Weight Strategic Group	**Recommendation 6:** Involving the Community	17	If using residents of a community to identify priorities relating to weight management, this should include community institutions such as school staff and shop owners. If using views from the community, the guidance document needs to include further information on getting a reflective sample of the community.	Thank you, the guidance has been amended in line with your comments.
NHS Luton on behalf of the local Healthy Weight Strategic Group	**Recommendation 6:** Involving the Community	17	The use of advocates and community health champions to challenge social norms and beliefs of their respective community groups around issues like weight, car use, physical activity and diet.	Thank you for this comment.
NHS Luton on behalf of the	**Recommendatio**	18	If GP's are to make patients aware of healthy lifestyle and activity, the	Thank you for this comment. The

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local Healthy Weight Strategic Group	**n 6:** Involving the Community		guidance needs to state how this is going to happen within time constraints of appointments and with limited knowledge of what is available in the community. This has been a recommendation in other guidance and is still not being achieved. Basic advice could be uploaded onto the GP net including local initiatives so that GP's can access information quickly.	implementation of this guidance in differing local areas is outside the remit of the scope. However, the wording of this recommendation has been revised to state: Clinical commissioning groups should make their GP practices aware of local obesity prevention and treatment services. They should encourage GPs to: • make all their patients aware of the importance of a healthy diet and physical activity in helping to prevent obesity • signpost people to relevant community programmes.
NHS Luton on behalf of the local Healthy Weight Strategic Group	**Recommendation 6:** Involving the Community	18	'…ensure commissioners understand the demographics of their local area..' perhaps state the use of insight along side of traditional population health and demographic data as the means to understand motivation and how to obtain this.	Thank you for this comment, the guidance has been amended to flag the use of local insight.
NHS Luton on behalf of the local Healthy Weight Strategic Group	**Recommendation 8:** Involving local business	21	Add additional considerations for sponsorship for local activity and how to ensure that any sponsors are appropriate and promote healthy lifestyle messages. This responsibility should sit with the communications department.	Thank you for this comment. The guidance has been amended in line with your comments.
NHS Luton on behalf of the local Healthy Weight Strategic Group	**Recommendation 8:** Involving local businesses	21	If using private sector organisations, need to establish mechanism for governance to ensure information is evidenced based, cost effective and working towards local priorities.	Thank you for this comment. The guidance has been amended in line with your comments.

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			Provide further information on incentives for local businesses if asking to contribute to local priorities as these may not always be in their best interest. e.g using vending machines selling crisps, chocolate for income generation at local leisure centre. Provide further guidance on how public health teams/environmental should work with local businesses to offer healthier foods and avoid incentive to overeat.	
NHS Luton on behalf of the local Healthy Weight Strategic Group	**Recommendation 9:** Local authorities and the NHS as exemplars of good practice	23	If asking local authorities/NHS organisations to promote healthier food and drink choices in restaurants, vending machines, catering contracts need further information on how this would be implemented. This would require organisations with nutrition expertise and awareness of when catering contracts etc are due for tender. As mentioned in the guidance, further schemes should be commissioned to promote healthy weight within the workplace including staff in education, health care, councils, industry.	Thank you for this comment . Links are given in this recommendation to other, more detailed NICE guidance on this issue (See recommendation 20 in Prevention of cardiovascular disease (NICE public health guidance 25 [2010]) and recommendation 8 in Preventing type 2 diabetes – population and community interventions (NICE public health guidance 35 ([2011])).
NHS Luton on behalf of the local Healthy Weight Strategic Group	**Recommendation 10:** Monitoring and evaluation	24	As the guidance has recognised that capturing outcomes of health benefits of an intervention or strategy on a population basis can over 5 years, commissioners should consider length and flexibility within service level agreements with partner organisations.	Thank you for this comment. This issue is covered in recommendation 7.
NHS Luton on behalf of the local Healthy Weight Strategic Group	**Recommendation 10:** Monitoring and evaluation	24	If using academic institutions for evaluation, need to also incorporate partners who are delivering interventions as evaluations used by academic institutions are not always “community friendly”	Thank you for this comment. Thank you, this issue is addressed in revised recommendations 10 and 11 and in a research recommendation.
NHS Luton on behalf of the	**Recommendatio**	24	The guidance needs to include more examples on outcome measures	Thank you, the revised guidance includes

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local Healthy Weight Strategic Group	**n 10:** Monitoring and evaluation		for diet and physical activity. Which tools should be used and guidance on how often measures should be taken during an intervention e.g every week, before and after a programme	more examples of outcome measures. Relevant tools may be included in the associated implementation materials for this guidance.
NHS Manchester	General		We welcome these guidelines and concur with all parts set out in the draft guidance	Thank you for this comment.
NHS Manchester	General		That clarity of definition of 'Public Health Team' is inserted. As Public Health Manchester are commissioners of services but there also exists in Manchester a Public Health Development Team who are providers of services.	Thank you for this comment. The guidance has been checked throughout, and revised as appropriate, to be clear on who we are referring to.
NHS Manchester	Recommendation 7	20	We welcome the statement 'commissioners should aim, where possible, to fund longer term programmes..' However because of the present nature of much funding being 1 year or less and cuts to funding, feel that this statement needs to be strengthened and related to the evidence of the longer time needed to sustain healthy lifestyle changes and therefore affect positive health outcomes.	Thank you for this comment. A comment on funding and cost effectiveness has been added to the guidance.
NHS Manchester	3.10	34	We welcome NICE taking this opportunity to stress the integrated approach needed for successful weight management.	Thank you for this comment.
NHS Manchester	3.18	36	Can the 'very important' be replaced with the evidence shows?	Thank you for this comment. The PDG did not see evidence of effectiveness on this but did consider important. The wording must remain as it is.
NHS Manchester	3.24	37	Can the economic modelling have greater stress?	Thank you for this comment. An additional recommendation on cost effectiveness has been added to the guidance and the wording of the sections on cost effectiveness in 'considerations' has been revised.

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NHS North Yorkshire and York	GENERAL		The draft guidance recommends public health and wellbeing boards should ensure there is a senior person with dedicated time set aside to coordinate action on obesity. While this is very true and needs implementing I would strongly recommend that there needs to be staff available on the frontline in a position to carry out the work from the senior obesity coordinator. I have witnessed a number of great ideas in the community and a senior coordinator in place to support but there appears to be a distinct lack of dedicated skilled frontline staff actually delivering services to the population they serve.	Thank you for this comment. The revised guidance reflects this comment.
NHS North Yorkshire and York	GENERAL		I would recommend including some form of incentive to teams, organisations, and the population they serve in the way of an incentive to drive up performance.	Thank you for this comment. The PDG did not hear any evidence on incentives to teams.
NHS North Yorkshire and York	GENERAL		I would recommend some sort of recognition award for highly performing teams in the battle against obesity. I am aware that there used to be awards at a national level for 'inequalities in health' etc this could do with specific recognition for staff/teams that perform particularly well.	Thank you for this comment. The PDG did not hear any evidence on recognition awards.
Rotherham	General		Scrutiny members welcome the recommendations set out in the guidance and feel they offer a real opportunity for the local authority to drive this agenda forward and set a positive example within their local communities. It is a positive step forward in bringing the expertise of public health together with local government's expertise in relation to	Thank you for this comment.

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			community engagement and development to reduce the rise in obesity.	
Rotherham	General		Local authorities, along with NHS organisations, are amongst the biggest employers; therefore being exemplars in tackling obesity is seen as key to the wider prevention agenda. Elected members welcome the recommendations in relation to this, particularly around the choices of food available within council buildings and services, which has often been a difficult issue to tackle. It is felt this guidance will provide the evidence and power to change this locally. It is also felt the guidance will help ensure everyone within the local authority is able to see and understand their role in helping people choose healthier behaviours.	Thank you for this comment.
Royal College of General Practitioners	General points		There is insufficient focus on encouraging weight maintenance and avoidance of further weight gain in individuals that are not currently ready /interested in setting a weight reduction target. This would have significant benefits on a population scale but further evidence on promoting this concept is needed.	Thank you for this comment. This guidance has a focus on prevention. The guidance states that those who will benefit from the recommendations include 'Everyone in a locally defined community but, in particular, vulnerable groups and communities where there is a high percentage of people who are at risk of excess weight gain or who are already overweight or obese (this includes those from particular ethnic or socioeconomic groups, those who are less likely to access services or those with mental or physical disabilities.'
Royal College of General	Title	P1	An inappropriate title bearing in mind the scope is not guidance on	Thank you for this comment. We are

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Practitioners			management of obesity and applies to people who are not obese and whose health gain from the recommendations may relate to improved fitness, dietary quality, reduced falls risk etc. i.e. scope of title is too narrow. We would suggest something like: 'Maintaining a healthy Weight: - working with communities' or; 'Moving towards a healthy weight – working with communities'	unable to change the title of the guidance at this stage.
Royal College of General Practitioners	intro	P2	This is an opportunity to embed the concept that stabilising weight / prevention of further weight gain applies to all, regardless of current weight or intention to lose weight. Hence we would rephrase: 'This guidance focuses on obesity prevention and weight maintenance, and applies whether people are of normal or increased weight, to support avoidance of further weight gain. It does not cover clinical management of patients wishing to reduce weight.' This rephrasing should help to reduce perceived stigmatisation of obese patients which leads to inequality in service access, particularly those with a past history of failed weight loss attempts. It is important to normalise healthy behaviours and the concept of personal responsibility whatever one's current weight	Thank you for this comment. Specific guidance on weight maintenance or avoidance of weight gain among the obese are outside the scope for this work. We are of the view that the spirit of what the RCGP is stating is reflected in the original text.
Royal College of General Practitioners	Whose health will benefit?	P9	Sentence should be inclusive of those already overweight or obese: eg '...and communities where there is a high percentage of people at risk of or with existing overweight or obesity'.	Thank you for this comment. This guidance has a focus on prevention. The guidance states that those who will benefit from the recommendations include 'Everyone in a locally defined community but, in particular, vulnerable groups and communities where there is a high percentage of people who are at risk of excess weight gain or who are already overweight or obese (this includes those from particular ethnic or

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				socioeconomic groups, those who are less likely to access services or those with mental or physical disabilities.'
Royal College of General Practitioners		P18	Opportunity to highlight the specific roles of GPs – in addressing underlying low self esteem and depression risk, doing broad lifestyle risk assessment and helping with appropriate goal setting as well as to signpost to local services.	Thank you for this comment. Specific interventions are outside the remit of this guidance and covered by the 2006 clinical guideline on obesity (CG43). The revised guidance does state that: • Clinical commissioning groups should make their GP practices aware of local obesity prevention and treatment services. They should encourage GPs to: – make all their patients aware of the importance of a healthy diet and physical activity in helping to prevent obesity – signpost people to relevant community programmes.
Royal College of General Practitioners	flexibility of contracts	p18 and p 20 and 24	Commissioners should be guided to ensure that appropriate measures of obesity work are considered and that use of BMI alone to measure complex intervention or support is inadequate, particularly where emotional readiness for change is the prime focus of the intervention There is a need to spell out that health gain can happen without any impact on BMI and avoid the pitfall of people giving up with their adopted lifestyle change - despite health gain - because of the wrong measure used.	Thank you for this comment. Outcome measures are considered in recommendations 10 and 11. The focus of this guidance is on community wide / whole population approaches. Individual interventions are outside the remit of this guidance. However, please note that this issue may be considered in forthcoming NICE guidance on lifestyle management of obesity in children and adults.

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Royal College of General Practitioners	Recommendation 10 action	P24	Would it be possible - for any NHS purchased commercial weight management approach - to make the recommendation for long term monitoring and evaluation a compulsory component that must be factored into the costings? Long term data is required as obesity is a chronic problem, but many interventions offer only short term solutions.	Thank you for this comment. Specific services – such as weight management services – are outside the remit of this work but are covered by forthcoming NICE guidance on lifestyle weight management in adults.
Royal College of General Practitioners	Measuring outcomes	P24	We have reservations about the suggestion of measuring outcomes of awareness of a healthy weight – this is not here defined but may be used to set unachievable goals which would add further guilt and failure to those of high BMI. We would suggest an outcome of awareness of the benefits of weight stability, avoidance of weight gain and weight reduction where appropriate. Alternatively change 'healthy weight' to 'healthier weight'.	Thank you for this comment, the revised guidance includes a broader range of outcome measures.
Royal College of General Practitioners		P25	Does short version of NOO standard evaluation framework exist?	Thank you for this comment, the guidance has been revised on this point.
Royal College of General Practitioners	Attitudinal training – HP barriers	P27	This would be an ideal document to clarify that overweight professionals <u>are equally able to give health advice</u> as normal weight staff: Their understanding of the difficulties and knowledge of approaches that they may have tried personally is relevant to the conversations they have with patients, in the same way that a professional with any condition may bring that experience to their clinical practice – which is the whole principle of self-help groups. There is no reason to suggest patients would think 'who are you to tell me' if staff have the right training to begin conversations in a non-judgemental manner that is patient-focused. Personal experience will often help with empathy. The comment as it stands does not give enough clarity about NICE's viewpoint on this point: it could potentially be interpreted as licence for commissioners to push staff into health regimes.	Thank you for this comment. This recommendation reflects the evidence heard by the PDG. The wording has been revised for clarity.

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Royal College of General Practitioners	3.20	P37	We think it would be useful to put in here why NHS staff should stop worrying – it is not difficult to overcome prejudice and barriers with attitudinal and motivational interviewing training.	Thank you for this comment. This recommendation reflects the evidence heard by the PDG. The wording has been revised for clarity.
Royal College of General Practitioners	Appendix D point 1 And p 55 key questions point s	P89	When looking at research on commercial community programmes, there is a need to address whether the positive research findings – where patients have their programme funded by the research project – are equally valid in the community when patients have to pay themselves. This would have a potentially big impact on health budgets, if self funded programmes can be shown to be equally acceptable and effective as funded ones.	Thank you for this comment. This issue may be picked up by forthcoming NICE guidance on lifestyle weight management in adults.
Royal College of General Practitioners	Appendix D point 1	P89	There is a need for more research into what factors dictate long-term commitment and persistence with any approach. What factors can be improved to promote adherence? How can weight control steps in the community be 'normalised'?	Thank you for this comment. This issue may be picked up by forthcoming NICE guidance on lifestyle weight management in adults.
Royal College of General Practitioners	Appendix D ,point 6	P89	It is of slight concern that this document appears to be looking for time-limited interventions, despite knowing that obesity is a chronic relapsing state which requires ongoing effort and attention by any affected individual. Effectiveness – when considering the question of how many interventions should be offered – depends on when effectiveness is measured which is potentially meaningless if a 3, 6 or 12 month interval is chosen – this will miss the long term relapse rate that is typically but not exclusively high. It would be good to see some attempt at encouraging longer term data collection to see if any intervention can influence long-term behaviour. Are studies able to demonstrate longer-term -2 year + - knowledge retention, attitudinal change or health impact?	Thank you for this comment. We are of the view that the guidance does take the long view and recognises throughout that there is not a short term solution to this public health issue.
Royal College of Nursing	General	General	The Royal College of Nursing welcomes this draft guidance. It is timely and seems comprehensive.	Thank you for this comment.
Royal College of Paediatrics	General		The RCPCH believes that the draft guidance provides comprehensive	Thank you for this comment. The PDG did

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and Child Health			and coherent guidance for partners across local communities. We are particularly pleased that the guidance acknowledges obesity prevention and management as 'everybody's business', and the inclusion of recommendations for local business is vital considering the impact that the current 'obesogenic' environment has on obesity levels. Although families are mentioned, we would suggest that the role that parenting has in preventing and managing obesity should be further highlighted. A number of studies demonstrate a link between parents' diets, physical activity and their children's own relationship with food and exercise habits (Rudolf, M (2009), *Tackling obesity through the Healthy Child Programme)*, so recommendations addressed at providing support for positive parenting cultures would be very welcome. We also have a handful of comments on specific parts of the report..	not hear any specific evidence about parents in a community / system wide approach but they are flagged as important partners.
Royal College of Paediatrics and Child Health	2, Recommendation 7	P18	The section on public health teams ensuring commissioning teams understand the demographics of their local communities is essential, especially given the evidence cited later in the guidance around the impact of deprivation on obesity levels, and the particular challenges amongst some ethnic minority communities. Any local obesity strategy should be monitored in terms of its impact upon existing health inequalities, and particular attention should be paid to the socioeconomic gradient of childhood obesity levels, as illustrated by data from the National Child Measurement Programme.	Thank you for this comment. The guidance has been revised in line with your comments.
Royal College of Paediatrics and Child Health	2, Recommendations 10 and 11	P24-25	Both of the recommendations around monitoring and evaluation of weight management and obesity prevention programmes is essential. As is well documented throughout the draft guidance, evidence, particularly around obesity prevention, is relatively scant. A robust	Thank you for this comment.

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			auditing and evaluation process will help to contribute to developing this. In the absence of robust evidence for interventions and programmes, commissioning should be based on the principle of commissioning for co-benefits.	
Royal College of Psychiatrists	3.2		The emphasis on 'achieving a healthy weight' rather than 'combatting obesity' is to be welcomed, but the reasoning behind it seems to be just a desire not to offend or put off those in the BMI range above 30. We would ask that the population with eating disorders, and at risk of developing them, are also considered when the appropriateness of language is addressed.	Thank you for raising this issue. The paragraph referred to and the associated recommendation reflects the evidence considered by the PDG. No evidence of harm was identified in the reviews of whole system approaches.
Royal College of Psychiatrists	general		Linked to above. There are links throughout the document to other guidance on related topics such as Type II diabetes. However there are no links to any reference material about eating disorders. It does need to be recognised somewhere (perhaps as one of the responsibilities of Directors of Public Health) that the obesity prevention message does need to be given in a way that takes account of the risks of developing or perpetuating and eating disorder, in particular: • More emphasis on 'moderation in all things'. Too much exercise can be harmful as well as too little, and care needs to be taken that the healthy eating message cannot be interpreted as telling people to 'ban' 'bad' foods • There also needs to be reference somewhere to the effects on mood and wellbeing and self esteem of body image problems. It has been reported in the media this week that body image concerns are the largest single trigger for low mood and self esteem, found in children as young as 5, and leading to all	Thank you for this comment. Please see above. Links are given to the clinical guideline on obesity (CG43) which briefly discusses eating disorders and links to NICE guidance on eating disorders.

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			manner of other public health problems. Reinforcing a positive self image alongside healthy eating needs more attention	
Royal Town Planning Institute	General		The Royal Town Planning Institute supports the draft guidance – in particular the understanding reflected in the guidance that planning and transport are critical issues in health and wellbeing.	Thank you for this comment.
Royal Town Planning Institute	Recommendation 2: Strategic Leadership	11	More detailed thought needs to be given to the issues around the operation of the new public health responsibilities in two tier areas where only district councils have planning powers. The RTPI has successfully lobbied for the inclusion of a statutory duty to cooperate on strategic planning matters in the Localism Act 2011. However a mere duty needs to be backed up by enthusiastic cooperation. The reference to local authority chief executives and council leaders is fine, but needs to go further in setting out which kind of councils are involved and what exactly their recommended roles are, and how cooperation between tiers can be realised. The draft guidance in general appears not to get to grips with how two tier areas work. In the interests of actually getting effective links with the councils involved in planning, this omission should be addressed.	Thank you for this comment. The revised guidance includes reference to two tier areas.
Royal Town Planning Institute	Recommendation 2: Strategic Leadership	12	The recommendation says : Cross-sector coordination and communication between transport, planning and leisure services at strategic level and better involvement of local communities in all these policy areas. There is no “strategic” (ie greater than district) level in planning at present other than through cooperation under the terms of the duty to cooperate in the Localism Act 2011. The public health agenda provides an excellent opportunity to foster such cooperation, but further consideration needs to be given to how this could be effectively encouraged, using the leverage that NICE guidance could potentially	Thank you for raising this issue.

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			bring to the discussion.	
Royal Town Planning Institute	Recommendation 3: Supporting Leadership at all Levels	13	The "champions" proposal as it applies to planning and transport is supported	Thank you for this comment.
Royal Town Planning Institute	Para 3.11		The guidance refers to local authority representatives on health and well being boards. Care needs to be taken to ensure that lower tier authorities are properly represented on HWBs and that such representation includes a proper means of ensuring that the authorities' planning responsibilities are involved.	Thank you for raising this issue.
Shropshire Community Health NHS Trust	Recommendation 2		Refers to working collaboratively with all partners at a strategic level. Does this include current provider organisations both NHS and others? With the commissioning/ provider split in the NHS there is less collaborative working than previously and in the public health environment this is more so with the move to the Local Authority of the immediate PH commissioning team. Qualified and competent providers of weight management services have a lot to contribute at a strategic level and their explicit inclusion may be required to ensure this happens.	Thank you for raising this issue. We have checked the terminology for commissioners throughout to ensure clarity and consistency. Local weight management groups have been added to lists of potential partners in the revised guidance.
Shropshire Community Health NHS Trust	Recommendation 3		Refers to community 'health champions' and other staff who work directly with the community (such as health trainers). I cannot comment on the national picture although I suspect it will be similar to Telford and Wrekin where whilst health trainers work in community settings they are not community workers. The concept of health trainers (Choosing Health, 2004) did see them as	Thank you for this comment. The revised guidance uses the following term: Community engagement workers such as health trainers.

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			members of communities trained and developed to support healthier lifestyles in their communities. In reality, following equal opportunity legislation in the recruitment process, this could not happen. For example, of the 11 health trainers in Telford and Wrekin 5 do not even reside in the Telford area. Therefore they do not have the level of community credibility that Recommendation 3 implies. In the Telford and Wrekin Health Improvement Service we do have a Community Engagement Team that would be a more appropriate vehicle for encouraging local participation and supporting programme delivery.	
Shropshire Community Health NHS Trust	Recommendation 4		Also refers to 'community engagement workers such as health trainers' – see comments above.	Thank you for this comment (see above).
Shropshire Community Health NHS Trust	Recommendation 6		I very strongly support the action point that 'public health teams should use community engagement and capacity building methods to identify networks of local people, champions and advocates who have the potential to support action on obesity as part of an integrated health and wellbeing strategy.' Within the provider arm Health Improvement Service we have developed community health champions and volunteers to support healthy lifestyle changes. These individuals have received a significant investment in their skills and knowledge and have become strong advocates and exemplars. My concern is, and bearing in mind comments on recommendation 2,	Thank you for this comment. Leaders of local voluntary and community organisations are included in the list of 'who should take action' in revised recommendation 2.

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			that without the inclusion of provider organisations at a strategic level that this group could well be overlooked. It would not be the first time that Public Health working in silos re-invents the wheel.	
Shropshire Community Health NHS Trust	Recommendation 8		Whilst I support this recommendation in principle, I have severe reservations when social responsibility and food retailers are seen as compatible. Considering the emphasis on the need for an evidence base for inclusion in NICE Guidance I remain unable to find any evidence that responsibility agreements with the food industry have any effect.	Thank you for raising this issue.
Shropshire Community Health NHS Trust			The House of Lords Science and Technology Committee Behaviour Change Report, July 2011, concluded responsibility/ voluntary agreements do not work. *'We draw attention to our recommendation about the failures of all current pledges made by the Public Health Responsibility Deal. Moreover, obesity is a significant and urgent societal problem and the current Public Health Responsibility Deal pledge on obesity is not a proportionate response to the scale of the problem. If the Government intend to continue to use agreements with businesses as a way of changing the population's behaviour, we urge them to ensure that these are based on the best available evidence about the most effective measures to tackle obesity at a population level. In particular, they should consider the ways in which businesses themselves influence the behaviour of the population in unhealthy ways. If effective measures cannot be achieved through agreement, the Government must pursue them through other means.'*	Thank you for raising this issue. Policies at a national level are outside the remit of this guidance.
Shropshire Community			Furthermore the report considers the consequences of the food industry	Thank you for this comment. This issue is

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Health NHS Trust			spending over a billion Euros to bury traffic lights on the front of packaging in favour of GDA and asks that the Government explain its acceptance when evidence is clear that the Food Standards Agency's recommendations for front of package labeling represent best practice.	outside the remit of this guidance.
Shropshire Community Health NHS Trust			Overall, the food industry has to accept its role as a major player in creating the obesity epidemic. It is also a key player in supporting a solution. However, there remains the conflict of the duty they have to shareholders to maximize profit and the reality that it is the least healthy foods that are a prime component of generating this profit. Without legislation to support good intentions the food industry will remain unable to respond in the positive way required. As with the tobacco industry, it was only by legislation that corporate change happened. Similar action is required now applied to food manufacturers and retailers.	Thank you for this comment. National policy is outside the remit of this guidance.
Shropshire Community Health NHS Trust	In section 3 Considerations, 3.3		Evidence notes the revision from a whole system approach to this paper, a much watered down version. Yet, in 3.13 it acknowledges the effectiveness of a whole system approach when tobacco was challenged. That effectiveness and learning also needs to be applied to the food industry if there is to be any hope of significant and sustained change.	Thank you for this comment.
Shropshire Community Health NHS Trust	3.15		Passivity of (legislative?) response is seen as a significant contributor to obesity yet in 3.17 abdicates Government responsibility to a local level. How can that make sense?	Thank you for this comment. National policy is outside the remit of this guidance. The consideration section notes that effectiveness is likely to be increased by supportive national policies.
Shropshire Community Health NHS Trust			Finally, whilst this guidance provides important direction it remains only a *small step* and I do hope the whole system guidance will soon be	Thank you for this comment.

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			resurrected. Obesity is far too important a public health issue for it to have been put on the Government's long list. A *giant leap* in required.	
Slimming World	General		Slimming World welcomes this guidance and agrees that a coherent, joined up approach needs to be adopted across all communities to successfully tackle obesity.	Thank you for this comment.
Slimming World	General		While we welcome the guidance we have an overall concern that more may be needed to help local areas to implement the guidance. We feel more practical advice, case studies and sharing of best practice would be useful to help ensure that areas take forward what is expected of them.	Thank you for this comment. NICE guidance doesn't usually include case studies or examples of best practice but this may be included in the supporting implementation materials. Examples of practice are included in the expert testimony heard by the PDG and this is clearly linked to recommendations in the final guidance.
Slimming World	Recommendation 1. What action should they take? Bullet point 3.	10	We welcome that the guidance highlights the fact that tackling obesity should be seen as a strategic priority. However, it states that it should be a strategic priority only if a significant need is identified. Can significant need be defined? Levels of overweight and obesity are a problem in all areas and therefore we would expect that it is seen as a significant need across the board. Without further information there is a danger that some local areas will decide tackling obesity should not be a strategic priority.	Thank you, the guidance has been revised for clarity.
Slimming World	Recommendation 4. What action should they take?	14	When mapping local assets, the provision of weekly support groups run by responsible commercial weight management organisations should be included. These groups form an important part of a local community, already well placed and helping to tackle obesity in communities. They	Thank you for these comments. Local weight management groups have been added as potential partners to the revised guidance.

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	Bullet point 3.		also act as a hub for further community information. For example within local Slimming World groups information would be available on local physical activity options and organised walks, alongside discussions among members on where to purchase reasonably priced healthy foods, all of which complement the aims of the guidance. We therefore suggest that commercial community weight management organisations are added to the suggested list of local assets to be mapped. When mapping this information it is important to consider the fact that this information will need to be kept up to date. Group details might change and new groups may be added. In addition to the weekly groups, each year Slimming World run a community wide campaign aimed at raising awareness of obesity and supporting people to take action. This would be a valuable asset for the local areas to be aware of and get involved with as it already has a wide reach in local communities involving, Continued overleaf.	
Slimming World	Recommendation 4. What action should they take? Bullet point 3. Continued		for example, local MPs, councillors, health professionals, physical activity providers and the media alongside members of the public interested in managing their weight and their families.	Thank you for this comment.
Slimming World	Recommendation 4. What action should they take? Bullet point 4.	15	The guidance states that co-ordinators should map where organisations are already working in partnership to improve health. What is the aim of this map and how will information be kept up to date?	Thank you for this comment. The wording of this recommendation has been amended to stress coordinators and community engagement workers develop and maintain a map.

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			From past experience, when a similar suggestion was made to Health Boards by the Welsh Assembly, the response was very inconsistent (i.e. only a few actually contacted organisations such as Slimming World to conduct a thorough mapping exercise as requested). How will it be ensured that this is seen through by each area and how will the information collated be used? Again, if the mapping exercise was to be used to signpost to local services, it is vital that systems are put in place to ensure the details remain up to date, or signposting should be directed to a national resource e.g. NHS choices which lists local services and is regularly updated	
Slimming World	Recommendation 6. What action should they take? Bullet point 3.	17	People running groups from commercial weight management organisations should be included in this section. They represent the local community, are already well embedded within the local area and are already supporting many people to make changes and reduce their weight. In addition to the weekly groups throughout the year, Slimming World has a targeted campaign aimed at raising awareness of obesity amongst the local community and increasing engagement locally. Our group Consultants are experienced in running this community wide campaign which engages the wider community network including local MPs, health professionals, councillors, physical activity organisations and the media. It is also worth bearing in mind that the effect in a community runs wider than those accessing a local group. A survey of almost 3,000 people following Slimming World's programme highlighted significant changes	Thank you for this comment and supporting information. Local weight management groups have been added as potential partners.

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			towards healthier food choices. In addition, almost two thirds stated that the rest of their family were eating more healthily and over a third said this had resulted in improvements in their partner's and children's health. Respondents also reported increased physical activity levels and identified that other family members had increased their activity levels too. (Reference overleaf)	
Slimming World	Recommendation 6. What action should they take? Bullet point 3. (continued)		Pallister C et al. (2009) Influence of Slimming World's lifestyle programme on diet, activity behaviour and health of participants and their families. *Journal of Human Nutrition and Dietetics* 24(4): 351-358**.**	Thank you for this reference.
Slimming World	Recommendation 7. What action should they take? Bullet point 4.	20	'Providing lifestyle weight management services for adults children and families'. Can this be made clearer to explain what is expected of commissioners? Would these services be provided for a certain percentage of the population or everyone who it was felt would benefit from a service?	Thank you for this comment. Specific details are outside the remit of this guidance. Existing guidance on weight management services are included in existing NICE guidance on obesity and in forthcoming guidance on lifestyle weight management in adults.
Slimming World	Recommendation 7. What action should they take? Bullet point 7.	20	The guidance suggests that longer term programmes should be funded (beyond 5 years) in recognition of the time needed to help people make changes. Which programmes are being referred to here and what evidence is this based upon? While we agree that long term solutions are needed and people should be supported for the long term this statement is ambiguous.	Thank you for this comment, this recommendation has been revised for clarity, emphasising the strategy rather than specific programmes.
Slimming World	Recommendation 8.	22	We welcome the fact that local businesses have been highlighted as an area which needs to take action. It says that local businesses should	Thank you for this comment and supporting information. The wording of this

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	What action should they take? Bullet point 2.		recognise their corporate social responsibilities which could include encouraging their employees to adopt a healthier diet and be physically active. For effective behaviour change people would need to be more than just encouraged to make changes. In order to achieve effective, sustainable healthy lifestyle change people need on-going, positive and motivational support and this should be acknowledged. We also question how achievable this is for small businesses without support. The (formerly, East Midlands) Platform for Health and Well-being is a good example of a structure which encourages local businesses, voluntary and public sector to work together, share resources and case studies to help businesses support their workforce. This would be a useful example to highlight, possibly as a case study, how engagement of local business can be achieved to drive a regional health target.	recommendation has been revised for clarity.
Slimming World	Recommendation 9. What action should they take? Bullet point 4.	23	'Local authorities and NHS organisations should offer lifestyle weight management….' What is meant by 'offer'? We suggest that the recommendation and wording is made more specific. Without further guidance or clarity, organisations may perceive an occasional drop in weight management service, drop in weight check or simple leaflet for employees as being suitable. However, effective, sustained behaviour change requires far more guidance and regular support and we recommend that the guidance reflects this. Slimming World has recently conducted a workplace weight management trial as part of our commitment to the East Midlands Platform for Health and Well-being. This initiative provided support to help employees manage	Thank you for this comment. The term offer is considered self explanatory, but the whole sentence has been revised to state that 'Local authorities and NHS organisations should offer lifestyle weight management service(s) (in line with NICE guidance on best practice) for overweight or obese staff who would like support to manage their weight'.

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			their weight and was conducted within the NHS and a private sector organisation. We would be happy to share our experiences and findings from this project. From our experience, it is key that staff are given sufficient time to participate in weight management sessions for programmes to be effective.	
Slimming World	Recommendation 10. What action should they take? Bullet point 7.	24	Measure a range of intermediate outcomes (relating to diet and activity) to identify how changes in BMI might have come about. How many people and how often would be expected for this research? Could the guidance be more specific in this area? Is this practical without a huge resource investment and how would this be funded?	Thank you for these comments. The recommendations on evaluation have been extensively revised , clarifying to whom recommendations are directed.
Slimming World	Recommendation 12. What action should they take? Bullet point 3.	27	We welcome that this guidance suggests that training is needed for health professionals about raising the issue of weight. However, we feel more detail is needed in this section. In addition to addressing the barriers some professionals may face when raising the issue of weight, it is also key that the training helps them acknowledge the patients perspective and how they may be currently feeling about their weight. To be able to effectively encourage weight loss, clinicians must be aware of and understand a patients feelings towards their weight and impact on their emotional well-being, and be able to confidently raise the issue of weight in a way that is going to engage the patient and motivate them to make behaviour changes (not add to low self-esteem and shame, often felt by patients in relation to their weight). They must	Thank you for this raising this issue. Some of these issues are likely to be addressed in forthcoming NICE guidance on lifestyle weight management in adults.

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			also be able to offer compassionate and well-informed advice. We agree that once the issue of weight has been raised it is vital that they are able to refer or signpost to local services available.	
Sport and Recreation Alliance	Recommendation 4	14-15	Under Recommendation 4 explicit reference should be made to the role of County Sport and Physical Activity Partnerships (CSPAPs). CSPAPs bring together a range of stakeholders, including local authorities, clubs and national governing bodies of sport, with the aim of increasing participation in physical activity. They are uniquely placed to collaborate with a wide range of providers to deliver a range of interventions, activities and services to support the prevention of ill-health, and as such offer a straightforward, cost effective mechanism to deliver targeted health outcomes. CSPAPs are able to identify the physical activity needs of a population and develop solutions drawing upon the strength of their member organisations, whilst benefitting from being part of a national network. Coordinators with a responsibility for obesity will therefore need to work closely with CSPAPs, and we hope to see this reflected in the guidance.	Thank you for this comment. The CSPAPs are referenced in recommendation 4.
Sport and Recreation Alliance	Recommendation 7	18-19	County Sports and Physical Activity Partnerships should be referenced under Recommendation 7. They can offer valuable support in terms of understanding the needs of the local area and can provide a strategic vision for physical activity. The CSPAP network can also be utilised to support innovative and effective approaches by national bodies and voluntary organisations, ensuring that best practice is shared widely.	Thank you for this comment. The CSPAPs are referenced in recommendation 4.

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			CSPAP's can therefore provide valuable support to commissioners and public health teams and their role should be highlighted within the guidance.	
Weight Watchers	General		Overall – the language and tone of the guidance is highly academic and could alienate people in the community who will take the lead in preventing obesity in the future. Following the public health reforms there will be many more 'non public health specialists' (eg elected council and Local Authority members, local Health Watch members,) who will be involved in making decisions about the anti obesity interventions and services to be made available to local communities. It is vital that NICE's guidance is understandable to this group of local influencers and decision makers. Weight Watchers suggests the insertion of many more practical examples which will make the content of the guidance much more personally relevant and understandable. For example when the content talks about bottom up interventions, to give specific examples like allotment gardening projects started by local horticultural association.	Thank you for this comment. Examples have been added where possible. We have had considerable practitioner input throughout the development of this guidance, both through expert testimony and a commissioned report. NICE guidance does not usually include case studies or example of best practice but links are clearly given in the revised guidance between the evidence considered by the PDG and the recommendations. Practical examples may be included in the supporting implementation materials.
Weight Watchers	General		Weight Watchers is disappointed that the draft guidance makes no specific reference to providers of community based weight management programmes with proven effectiveness such as Weight Watchers. These interventions have potential to deliver tangible impact in the prevalence of overweight and obesity locally. They are one of the foundation stones of a co-ordinated sustainable community wide approach to obesity because: • They are an 'already embedded community asset'. In 2011 Weight Watchers hosted 1.9 million member visits in over 5,000 different familiar community locations. Commercial	Thank you for this comment. Local weight management groups are listed as potential partners in the revised guidance.

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			services such as Weight Watchers can deliver the scale of intervention to reach huge numbers of people within the heart of their communities. Based on current evidence this can make tangible impact on the prevalence of obesity and overweight within a relatively short timeframe. • As well as providing help for those who are already overweight and obese; Weight Watchers groups have a strong prevention function in: - Preventing adults from gaining further weight - Helping adults establish healthy home environments for their children • Protecting the next generation from obesity through postnatal interventions	
Weight Watchers			• Weight Watchers is the service of choice for many people who are overweight and obese • Weight Watchers is about social connections and using peer support peer support to help people build confidence, self empowerment and exert more control over their lives. • Weight Watchers leaders are an existing pool of 1,800 'local health champions'. Already trained and experienced in motivating and supporting behavioural change, they are employed by Weight Watchers and have joined the company because they want to help people with their weight. They live and work in local communities; they know the networks and represent a significant resource of local knowledge.	
Weight Watchers	General		Weight Watchers would suggest strengthening the emphasis on individualistic community interventions (i.e. those designed to empower individuals). In Weight Watchers view, the draft guidance has over	Thank you for this comment. This guidance focuses on prevention and takes a strong focus on implementing an obesity strategy.

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			emphasis on environmental and organisational interventions without due balance on interventions for individuals to help them change their lifestyles (physical activity and eating habits). Currently there is robust evidence that the latter achieves significant change both in weight related behaviours and weight loss outcomes. Without targeted individualistic community interventions; changes in food availability and physical activity environments will fail to make impact on overweight and obesity prevalence. If healthier weight is the desired outcome, then weight management interventions are a vital element of an effective strategy. Only focusing on a poor diet and physical inactivity does not, simply by virtue, address overweight and obesity. Obesity is complex, multifactorial and chronic in nature, but there are proven and cost effective solutions that can be delivered at the scale required by the size of the problem. These solutions include multicomponent behavioural modification programmes.	Consideration of individual interventions is outside the remit of this guidance and addressed by existing NICE guidance (such as obesity 2006, prevention CVD 2010) or forthcoming guidance (such as lifestyle weight management in adults). This guidance makes clear reference to other relevant NICE guidance.
Weight Watchers	Recommendation 6	17	Whilst community involvement is a laudable and theoretically sensible element of obesity strategy development; there is often a miss match between what people on the ground say they want and what is known to be effective. Weight Watchers suggests that the guidance should resolve this tension to make sure that local strategies are not driven by inappropriate demands by local communities	Thank you for this comment. The guidance is clear throughout that action should be based on what is known to be effective (for example referencing existing NICE guidance and stressing the importance of existing local evidence) and regular and reflective monitoring and evaluation.
Weight Watchers	Recommendation 7	18-21	Weight Watchers is concerned that the guidance currently gives commissioners licence to commission interventions and services with unknown effectiveness. This promotes 'opinion driven commissioning' rather than evidence based commissioning. In this climate of financial austerity and massive public sector cuts it is irresponsible to promote commissioning of interventions which have limited or no evidence that	Thank you for this comment. The guidance is clear throughout that action should be based on what is known to be effective (for example referencing existing NICE guidance and stressing the importance of existing local evidence) and regular and

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			they work – or worse, evidence exists that they are less effective than other services. Weight Watchers suggests that NICE reconsider the content of this recommendation so there is clear guidance on the proportion of commissioning budget which should be given over to procuring interventions considered effective (e.g. 80% of commission budget) and that NICE define for commissioners what is considered to be effective. Innovation is of course vital to learn about what works; but as part of a commissioning structure that relies on proven methodologies to deliver outcomes until more robust evaluation has been undertaken on new or unproven options. Please refer to the work currently underway by the DH Obesity team in this area, which aims to establish 'off the shelf' specifications, guidance and quality indicators to help commissioners understand the complexities of weight management, establishing a bar for good quality providers and setting out on the best available evidence on what outcomes (completion rates weight loss levels and % participants that may achieve ≥ 5% or more of initial weight) can realistically be achieved.	reflective monitoring and evaluation. Please note that the guidance is only able to consider published information and evidence and cannot hypothesise about potential future policy. The DH work is may be considered during the development of future NICE guidance on lifestyle weight management in adults.
Weight Watchers			Within this particular section Weight Watchers would encourage NICE to recommend that local commissioners consult with local expertise in weight management interventions and knowledge of the literature on effectiveness (eg Dietitian or public health official with experience in weight management). Increasingly Weight Watchers encounters commissioners who ask for unrealistic desired outcomes; 'intention to treat' completion rates and proportions of referrals who achieve a 5% weight loss never before been documented by any intervention. Aspirations are absolutely important, but a lack of realism can prevent effective providers from tendering for contracts and ultimately sets up the strategy to fail – perpetuating a cycle of a misperception that obesity	

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			care is ineffective and futile, leading to disinvestment and continued rising trends in unhealthy weight.	
Weight Watchers	Recommendation 7	21	There is surprisingly little consideration of the relative costs or cost effectiveness of obesity related interventions. In the present acute financial climate and the demand for cost efficiency savings, Weight Watchers would recommend that there is much more emphasis, priority, clarity on the economic aspects of interventions and that commissioners should be given guidance that the costs and cost effectiveness of interventions should be one of the first factors they consider to inform commissioning decisions.	Thank you for this comment. An additional recommendation has been added on cost effectiveness and the section on cost effectiveness in 'considerations' has been revised.
Weight Watchers	Recommendation 9	23	Weight Watchers suggests that the wording of the guidance on workplace should read ''Local Authorities and the NHS should offer lifestyle weight management services with proven effectiveness and demonstrable outcomes for overweight and obese staff who would like support to manage their weight." Additionally NICE should refer to DH guidance on the outcomes which can be reasonably expected from these types of lifestyle weight management programmes. There is huge diversity in lifestyle weight management programmes. Relatively few have demonstrable outcomes underpinned by published audit, evaluation and research. Local Authorities and the NHS should be encouraged to be exemplar in their commissioning decisions by procuring reputable lifestyle services which are underpinned with this sort of evidence for their staff	Thank you for this comment. The revised guidance states: Local authorities and NHS organisations should offer lifestyle weight management service(s) (in line with NICE guidance on best practice) for overweight or obese staff who would like support to manage their weight.
Weight Watchers	Recommendation 12	Page 27	Weight Watchers suggest that health professionals should only recommend services to people with known effectiveness and clear	Thank you for this comment. Please see above.

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			quantitative outcomes and suggest that NICE should recommend that local directories of such services which meet such evidence based standards should be drawn up to help local signposting to reputable services.	

[iii] Cullmann M, Hilding A, Ostenson CG. Alcohol consumption and risk of pre-diabetes and type 2 diabetes development in a Swedish population. *Diabet Med*. 2011 doi: 10.1111/j.1464-5491.2011.03450.x.

[iv] Cullmann M, Hilding A, Ostenson CG. Alcohol consumption and risk of pre-diabetes and type 2 diabetes development in a Swedish population. *Diabet Med*. 2011 doi: 10.1111/j.1464-5491.2011.03450.x.

[v] Parry CD, Patra J, Rehm J Alcohol consumption and non-communicable diseases: epidemiology and policy implications *Addiction* 2011;106:1718–1724

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