

# National Institute for Health and Care Excellence

## Public Health and Social Care Centre

### Surveillance programme

#### Surveillance review consultation document

#### 4-year surveillance review of PH42: 'Obesity: working with local communities'

#### Background information

Guideline issue date: November 2012

#### Surveillance proposal for consultation

- We will place PH42 on the [static list](#) because the guideline is implementation-focussed and no longer aligns with NICE's priority to develop intervention-focussed guidelines; this is an area being taken forward by Public Health England.

#### *Reason for proposal*

##### Background

- [Obesity: working with local communities](#) (2012) NICE guideline PH42 provides recommendations on how local communities, with support from local organisations and networks, can help prevent people from becoming overweight or obese or help them lose weight. It aims to support sustainable and community-wide action to achieve this.
- The guideline was intended to improve the implementation of existing guidance on obesity, including the [Obesity prevention](#) (2006) NICE guideline CG43 and to reflect the recommendations of the [Foresight report](#) on obesity (2007). Further work to improve implementation of NICE obesity guidance has now been taken forward by Public Health England. PH42 drew extensively on the principles detailed in 2 other NICE guidelines: [Behaviour change: general approaches](#) (2007) NICE guideline PH6 and [Community engagement](#) (2008) NICE guideline PH9 (now updated and replaced with [Community engagement](#)

(2016) NICE guideline NG44). It also heavily cross-refers to other NICE guidelines in its recommendations. Twelve other NICE guidelines including those related to physical activity, type 2 diabetes and the prevention of cardiovascular disease are listed as sources of specific interventions to prevent obesity.

- PH42 provides implementation-focussed recommendations only. This guideline does not align with the current focus of NICE guideline recommendations to be intervention-based (as opposed to recommendations focusing on commissioning and implementation issues).

### **Evidence base**

- The original evidence base for PH42 was sparse and many of the recommendations were based on expert testimony (19 expert papers).
- A key piece of UK based work that was hoped to be included at the time of development of PH42 was on the Department of Health's 'Healthy Towns' initiative, which remains unpublished.
- No evidence has been identified that indicates that this guideline requires updating: the initial intelligence gathering searches undertaken as part of the surveillance review process identified little new evidence that may impact on the recommendations in PH42, but did highlight the following on-going work: [Whole systems approach to obesity: pilot programme invitation](#) (2015).
- Public Health England (PHE) is currently undertaking a major 3 year programme of work around whole systems approaches (WSA) to tackling obesity. This work draws on the key principles of community working identified in PH42 and is being led by a multidisciplinary advisory group whose composition is similar to a NICE advisory committee. Four local authorities (LAs) have been selected to act as pilot sites for the programme; they will explore how obesity can be tackled in the short, medium and long term within a sustained whole systems approach. The programme seeks to understand what is working well and what the opportunities and realities are for LAs in tackling obesity. The primary aim of the programme is to produce a 'roadmap' that can guide LAs through the process of implementing and embedding a

whole systems approach to addressing obesity. As such, we would expect this work to supersede PH42.

- As part of this work, Leeds Beckett University (LBU) are undertaking a systematic review that is likely to at least partially update the evidence reviews undertaken for PH42. Colleagues at PHE have advised that the LBU review is likely to be broader in scope than the reviews for PH42 given that the programme is seeking out examples of effective systems working beyond the field of obesity.

### **Surveillance decision considerations**

- Because PH42 is an implementation-focused guideline and work is being undertaken by PHE that will supersede the guideline, a decision was taken not to proceed with literature searches for newly published evidence for this guideline.
- Options concerning the most appropriate surveillance review decision included: i) withdrawing the guideline, ii) 're-branding' it as an implementation resource, or iii) placing it on the static list. These options were discussed at a meeting between the Surveillance and Methods team and the Centre Director on 13<sup>th</sup> April 2016 and then further refined following a meeting with PHE colleagues on 27<sup>th</sup> May 2016. Colleagues at PHE advised that PH42 was not critical to their WSA work programme but expressed concern about the impact of withdrawing the guideline altogether. Colleagues in the Implementation Support team advised against re-branding the guideline as an implementation resource and stated their preference for placing the guideline on the static list.

### **Overall decision**

After considering the guideline content, on-going work being undertaken for/by PHE on a whole systems approach to obesity, the views of Public Health England and of internal teams within NICE, we decided not to update this guideline, and place PH42 on the static list

### ***Further information***

For details of the process and update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in 'Developing NICE guidelines: the manual'.

For details of the static list see [Static public health guidelines](#).