

PUBLIC HEALTH GUIDANCE

SCOPE

1 Guidance title

Obesity: working with local communities

2 Background

- a) The National Institute for Health and Clinical Excellence (NICE) has been asked by the Department of Health (DH) to develop guidance on working with local communities to prevent obesity.
- b) Guidance to tackle obesity at a local level using community approaches was initiated by NICE in 2009. The work was put on hold in November 2010 and reviewed as part of the Government's obesity strategy work programme. This revised scope will progress the guidance, but with a stronger focus on local, community-wide best practice. It will address both process and outcomes.
- c) For the purposes of this guidance, a community is a geographical location, defined either by structural boundaries (for example, a ward or town) or environmental boundaries (for example, by roads or waterways). A 'sustainable, community-wide approach' to obesity involves a broad set of integrated local and community services and delivery processes and a range of organisations.
- d) This guidance will support a number of related policy documents including:
 - 'Change4Life' (DH 2010a)
 - 'Fair society, healthy lives. Strategic review of health inequalities in England post 2010' (The Marmot Review 2010)
 - 'Healthy lives, healthy people: our strategy for public health in England' (DH 2010b).

- e) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at local decision makers. This includes commissioners, policy makers, managers and practitioners working within the NHS, local authorities and the wider public, private, voluntary and community sectors. It will also be of interest to members of the public.
- f) The guidance will support NICE guidance on: the prevention and management of obesity, physical activity and the environment, maternal and child nutrition, the prevention of cardiovascular disease and the prevention of type 2 diabetes. In addition, it will draw on NICE's guidance on community engagement (2008) and behaviour change (2007). For further details, see section 6.

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

3 The need for guidance

- a) In England, almost a quarter of adults and almost a sixth of children under the age of 11 are obese (The Information Centre 2009). (Adults with a body mass index [BMI] more than or equal to 30 kg/m² are classified as obese, as are children with a BMI over the 95th percentile – based on the 1990 UK reference population.) It is predicted that by 2050, 60% of adult men, 50% of adult women and 25% of children may be obese (Foresight 2007). Differences in measurement methods make comparison with other countries difficult. However, the rate of obesity in England is at least as high, if not higher, than in other EU countries. While there is some suggestion that it may be starting to level off among children in England (McPherson et al. 2009), prevalence remains very high among this group.

- b) Obesity is related to social disadvantage among adults and children (The Marmot Review 2010). It is also linked to ethnicity: it is most prevalent among African-Caribbean women and Irish men and least prevalent among Chinese women (The Information Centre 2006).
- c) Around 58% of the incidences of type 2 diabetes, 21% of cases of heart disease and between 8% and 42% of certain cancers (endometrial, breast, and colon) are attributable to excess body fat. Obesity reduces life expectancy by an average 9 years and is responsible for 9000 premature deaths a year in England. In addition, people who are obese can experience stigmatisation and bullying, which can lead to depression and low self-esteem (Foresight 2007).
- d) It costs the NHS an estimated £4.2 billion annually to treat people with health problems related to being overweight or obese. This figure is forecast to more than double by 2050. The current cost to the wider economy is £16 billion – this is predicted to rise to £50 billion a year by 2050 if left unchecked (Foresight 2007).
- e) The determinants of obesity are complex. Factors include: genetic disposition, individual lifestyle, psychological issues, the physical and cultural environment, food production and consumption, education and the influence of the media (Foresight 2007).
- f) Existing NICE guidance indicates the type of national and local interventions that can be used to tackle obesity and improve people's diet and physical activity levels. (Existing guidance covers settings such as primary care, schools and workplaces.) However, none of this guidance has considered the synergy between discrete policies or 'packages' of interventions and the complex issues involved in local delivery.
- g) Rates of obesity are rising worldwide and, to date, no country has managed to reverse this trend. The Foresight report (2007) argued

that a wide range of partners should work together to develop and implement community-wide approaches to tackle the determinants. However, it remains unclear how such an approach can best be implemented. (Such programmes are notoriously difficult to evaluate and do not lend themselves to traditional research designs.) Foresight (2007) noted that the evidence base will need to develop in tandem with novel interventions which are informed by the available evidence and strengthened by expert advice. Innovative approaches to modelling are also needed.

4 The guidance

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

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

4.1 *Who is the focus?*

4.1.1 Groups that will be covered

Everyone except those undergoing clinical treatment for obesity.

4.1.2 Groups that will not be covered

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

4.2 *Activities*

4.2.1 Activities/measures that will be covered

The guidance will consider how local policy and decision makers can work with different communities to reverse the obesogenic tendencies associated with contemporary living. These decision makers include public health

commissioners and managers, and those working in local authorities, sports, physical activity and recreational services, the food industry and retailers, the voluntary sector and people living or working in local communities.

It is clear from existing guidance what the main national policy levers are for preventing or managing obesity. However, translating this knowledge into effective local action has proved challenging. The aim of this guidance is to recommend effective 'packages' of policies and interventions.

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

- locally implemented strategies, plans and initiatives, including initiatives run by community and NHS services
- partnership working (between, for example, primary care, local authorities, local community organisations and local businesses)
- local services and other local factors such as food, transport, education, planning and media
- training and development for those involved in local efforts to prevent obesity.

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

4.2.2 Activities/measures that will not be covered

- National policy.
- Clinical management of children and adults who are overweight or obese.
- Prevention or management of medical conditions associated with being overweight or obese (such as type 2 diabetes or cardiovascular disease).
- Discrete interventions in a particular location, such as a school or workplace, that does not involve the wider community and wider partnership working. This is covered by existing NICE guidance (see section 6).
- Complementary therapy methods to reduce or manage obesity.

- Assessment of the definitions of ‘overweight’ and ‘obese’ in relation to children and adults.

4.3 Key questions

Below are the overarching questions that will be addressed:

Question 1: What are the essential elements of a local, community-wide approach to preventing obesity that is sustainable, effective and cost effective?

Question 2: What barriers and facilitators may influence the delivery and effectiveness of a local, community-wide approach (including for specific groups)?

Question 3: Who are the key leaders, actors and partners and how do they work with each other?

Question 2: What factors need to be considered to ensure local, community-wide approaches are robust and sustainable?

Question 5: What does effective monitoring and evaluation look like?

Question 6: Can the cost effectiveness of local, community-wide obesity interventions be established and, if so, what is the best method to use?

A broad range of literature will be considered alongside more traditional quantitative and qualitative evidence. For example, the evidence reviews may include natural experiments (such as studies on changing transport policies), local evaluation reports, community plans or strategy reports and local or national government reports.

Where evidence on obesity is limited, reviews may cover other public health issues (such as smoking), depending on the resources available.

A broad range of outcome measures will be considered and a framework consistent with the community-wide approach will be used to consider action at the social level (Kelly et al. 2009).

The economic analysis will use a public sector perspective or, if required, a societal perspective. If a cost–effectiveness analysis cannot answer the key questions, cost–consequence or cost–benefit analysis may be carried out.

4.4 Status of this document

This is the final scope, incorporating revisions made in May 2011.

5 Further information

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

6 Related NICE guidance

Published

Preventing type 2 diabetes: population and community-level interventions. NICE public health guidance 35 (2011). Available from www.nice.org.uk/guidance/PH35

Weight management before, during and after pregnancy. NICE public health guidance 27 (2010). Available from www.nice.org.uk/guidance/PH27

Cardiovascular disease. NICE public health guidance 25 (2010). Available from www.nice.org.uk/guidance/PH25

Alcohol-use disorders: preventing harmful drinking. NICE public health guidance 24 (2010). Available from www.nice.org.uk/guidance/PH24

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

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

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

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

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

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

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

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

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

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

Under development

Preventing progression of pre-diabetes to type 2 diabetes. NICE public health guidance (publication expected May 2012).

Walking and cycling. NICE public health guidance (publication expected October 2012).

Appendix A Referral from the Department of Health

The Department of Health asked NICE to:

‘Produce public health programme guidance on working with local communities to prevent obesity’.

Appendix B Potential considerations

Work to date

Work to develop guidance to tackle obesity at a local level using community-wide approaches was initiated by NICE in 2009. The Programme Development Group (PDG) for this work met on four occasions and commissioned evidence reviews were completed.

The current guidance will progress this work with a stronger focus on local communities. The PDG discussions and evidence considered to date will provide an important foundation for this work. The completed evidence reviews have considered the effectiveness of community-wide approaches and the views and experience of local people involved in this work.

The PDG has also considered factors that might cause local strategies to fail – and the processes and issues that require upfront planning and coordination to establish an effective local community-wide approach. Analogies with tobacco control have been considered, for example, in relation to: social norms, and the role of voluntary sector organisations and others in fulfilling a strong advocacy role by establishing common goals and raising obesity on the agenda of a range of organisations. In addition, international examples of best practice have been examined.

Future activities

Additional work will include:

- Evidence reviews on the key features of a local, community-wide approach. These will be edited to ensure they are as clear as possible and will be published on NICE's website. Stakeholders will be asked to comment and to provide any additional relevant evidence or experience for consideration. They will also be asked for their views on how a local community-wide approach might best be fostered and sustained.

- Local expert workshops. People with experience of implementing local, community-wide initiatives to prevent obesity (or to prevent other health conditions) will be invited to provide expert testimony.
- Collating evidence from local health initiatives such as Cycling Cities, Healthy Towns and the Child Obesity National Support Team.

The cost-effectiveness analysis for this guidance will consider the added value of strong local partnerships and the active involvement of key, local actors to prevent obesity. A review of the literature has highlighted that there has been little economic modelling for local community approaches to complex public health problems. However, with input from a range of UK and international experts, as well as data obtained from local case studies, useful models may be developed.

General issues

The PDG will consider the following issues:

- The range of local opportunities available to those involved in preventing obesity.
- Critical elements of a local, community-wide approach to preventing obesity. For example, whether effectiveness and cost effectiveness varies according to:
 - the diversity of the population (for example, in terms of people's age, gender, socioeconomic status or ethnicity) and stage in the lifecourse
 - the status or characteristics of the person (or organisation) delivering packages of interventions – and the way they are delivered
 - the setting and whether packages of interventions are transferable to other settings
 - the scale of implementation
 - local area characteristics.

- How partnership working impacts on effectiveness, cost effectiveness and sustainability. In particular, which institutions and individuals are key players in a local, community-wide approach.
- Any trade-offs between equity and efficiency. In particular, the relative effectiveness of a population-based approach compared to targeted action among vulnerable groups.
- Any factors that prevent – or support – effective implementation. This may include considering social structures which will impact on a local, community-wide approach.
- Synergies between discrete policies or interventions and ‘packages’ of interventions.
- How primary care-based activities link to other activities being carried out as part of a local, community-wide approach. (However, issues relating to the identification, treatment and referral of individuals will not be considered.)
- The relevance of international work including natural experiments, policy-level actions and strategies and community-wide, multiple risk factor programmes (such as those addressing a number of the risk factors for heart disease).
- Any adverse or unintended effects.

Appendix C References

Department of Health (2010a) Change4Life [online]. Available from www.nhs.uk/change4life/Pages/partners-supporters.aspx

Department of Health (2010b) Healthy lives, healthy people: our strategy for public health in England. London: Department of Health

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

Kelly MP, Stewart E, Morgan A et al. (2009) A conceptual framework for public health: NICE's emerging approach. Public Health 123: e14–e20. Available from www.sciencedirect.com/science?_ob=MIimg&_imagekey=B73H6-4V5NT10-3-3&_cdi=11546&_user=10&_orig=browse&_coverDate=01%2F31%2F2009&_sk=998769998&_view=c&_wchp=dGLzVlz-zSkWz&_md5=390c0efa1befbc3c9df71f10fc6e4b2a&_ie=/sdarticle.pdf

McPherson K, Brown M, Marsh T et al. (2009) Obesity: recent trends in children aged 2–11y and 12–19y. Analysis from the health survey for England 1993–2007. London: National Heart Forum

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

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

The Marmot Review (2010) Fair society, healthy lives. Strategic review of health inequalities in England post 2010. London: The Marmot Review