

Obesity: prevention and lifestyle weight management in children and young people

NICE quality standard

Draft for consultation

July 2014

Introduction

This quality standard covers public health strategies to prevent overweight and obesity, and interventions for lifestyle weight management, in children and young people aged under 18 years.

The standard does not cover the clinical assessment and management of obesity in children and young people. This will be covered in a separate quality standard.

For more information see the [topic overview](#).

Why this quality standard is needed

In 2012/13 in England, over a fifth (22.2%) of children measured through the National Child Measurement Programme (NCMP) in Reception (children aged 4 to 5 years) were either overweight or obese. For children in Year 6 (aged 10 to 11 years), this proportion increased to 1 in 3 (33.3%). More specifically, the percentage of children who were obese in Year 6 (18.9%) was more than double that of Reception children (9.3%)¹.

Although the prevalence of obesity and overweight in children and young people increased between 1995 and 2004, since 2004 the rate has levelled off for 2–10 year olds and 11–15 year olds². Despite this, in 2011 in England, around 3 out of 10 boys and girls aged 2 to 15 years were either overweight or obese (31% and 28%

¹ Health and Social Care Information Centre (2013) [National Child Measurement Programme](#)

² Health and Social Care Information Centre (2013) [Health survey for England – 2012](#)

respectively). In this group, mean BMI was higher overall among girls than boys. BMI generally increased with age in both sexes³.

Obesity prevalence varies across the country and between urban and rural areas. The South East Coast, South Central and East of England had the lowest obesity prevalence in 2012/13 in Reception, and South East Coast, South Central and South West had the lowest obesity prevalence in Year 6. London reported the highest obesity prevalence for both years⁴.

Obesity prevalence is higher in urban areas than in rural areas. Data from NCMP show that the prevalence of obesity among Reception year children living in urban areas in 2012/13 was 9.6%, compared with 8.1% and 7.5% living in town and village areas respectively. Similarly, obesity prevalence among Year 6 children living in urban areas was 19.6%, compared with 16.0% and 15.4% living in town and village areas respectively⁵.

A strong positive relationship exists between deprivation (as measured by the 2010 Index of Multiple Deprivation [IMD] score) and obesity prevalence for children in each age group. In the least deprived decile, the obesity prevalence was 6.4% among Reception children compared with 12.1% among those in the most deprived decile. Similarly, obesity prevalence among Year 6 children schools in the least deprived decile was 13.0% compared with 24.2% among those in the most deprived decile⁶.

It is well recognised that children who are obese are likely to have obese parents. Many cases in which obesity runs in families may be due to environmental factors, such as poor eating habits learned during childhood, or due to relational and behavioural factors such as poor boundary setting. Therefore, family involvement in interventions is important to ensure improvements in outcomes are maintained.

³ Health and Social Care Information Centre (2013) [Statistics on obesity, physical activity and diet: England 2013](#)

⁴ Health and Social Care Information Centre (2013) [National Child Measurement Programme](#)

⁵ Health and Social Care Information Centre (2013) [National Child Measurement Programme](#)

⁶ Health and Social Care Information Centre (2013) [National Child Measurement Programme](#)

If a child is overweight or obese, they may grow up to be overweight as an adult, which can lead to health problems such as type 2 diabetes, heart disease and certain cancers.

The quality standard is expected to contribute to improvements in the following outcomes:

- diet
- excess weight in children and young people under 18 years
- self-esteem
- mental wellbeing
- prevalence of type 2 diabetes in children and young people
- use of children and adolescent mental health services (CAMHS)
- physical activity levels
- time spent being inactive or sedentary.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following outcomes framework published by the Department of Health:

- Improving outcomes and supporting transparency: a public health outcomes framework for England 2013–2016, [Part 1 and Part 1A](#).

Table 1 shows the outcomes, overarching indicators and improvement areas from the framework that the quality standard could contribute to achieving.

Table 1 [Public health outcomes framework for England, 2013–2016](#)

Domain	Objectives and indicators
1 Improving the wider determinants of health	<p>Objective</p> <p>Improvements against wider factors that affect health and wellbeing, and health inequalities</p> <p>Indicators</p> <p>1.3 Pupil absence</p> <p>1.16 Utilisation of outdoor space for exercise/health reasons</p>
2 Health improvement	<p>Objective</p> <p>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p> <p>Indicators</p> <p>2.6 Excess weight in 4–5 and 10–11 year olds</p> <p>2.11 Diet</p>

Coordinated services

The quality standard for overweight and obesity prevention and lifestyle weight management in children and young people specifies that services should be commissioned from and coordinated across all relevant agencies. An integrated approach to providing services is fundamental to overweight and obesity prevention and lifestyle weight management services in children and young people.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality.

Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality overweight and obesity prevention and management service in children and young people are listed in Related quality standards.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All professionals involved in preventing overweight and obesity and providing lifestyle weight management services for children and young people should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting children and young people who are overweight or obese. If appropriate, professionals should ensure that family members and carers are involved in the decision-making process about initiatives to help children maintain a healthy weight or prevent excess weight gain and the provision of lifestyle weight management services for children and young people who are overweight or obese.

List of quality statements

[Statement 1](#). Local authorities and their partners in the community provide and promote healthier food and drink choices at local authority venues used by children and young people.

[Statement 2](#). Head teachers and chairs of governors, in collaboration with parents and pupils, assess the school environment and ensure that the school's policies encourage children and young people to maintain a healthy weight, eat a healthy diet and be physically active.

[Statement 3](#). Local authorities and their partners in the community develop a coordinated local physical activity strategy to promote the benefits of physical activity, highlight the risks of sedentary behaviour and increase the opportunities for children and young people (and their families and/or carers, as appropriate) to be physically active.

[Statement 4](#). Local authorities and their partners in the community raise awareness of lifestyle weight management programmes among the public, healthcare professionals and other professionals who work with children and young people.

[Statement 5](#). Lifestyle weight management programme providers encourage family members to be involved.

[Statement 6](#). Commissioners and providers of lifestyle weight management programmes monitor and evaluate the programme and use the information to amend and improve it.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

Question 3 For each quality statement what do you think could be done to support improvement and help overcome barriers?

Quality statement 1: Providing and promoting healthier food and drink choices at local authority venues

Quality statement

Local authorities and their partners in the community provide and promote healthier food and drink choices at local authority venues used by children and young people.

Rationale

The environment in which people live may influence their ability to achieve and maintain a healthy weight. Local authorities can set an example by providing and promoting healthier food and drink choices at their venues, especially those at which children and young people can take part in physical activity.

Quality measures

Structure

Evidence that local authorities and their partners in the community provide and promote healthier food and drink choices at local authority venues used by children and young people.

Data source: Local data collection.

What the quality statement means for local authority venues, local authorities and their partners in the community

Local authorities and their partners in the community ensure that they provide and promote healthier food and drink choices at local authority venues used by children and young people. Local authorities may wish to include this in local programmes and initiatives to prevent and address obesity. Local authorities should consider appointing an obesity prevention and management lead to ensure an integrated, whole-system commissioning approach.

What the quality statement means for patients, service users and carers

Children and young people have access to healthier food and drink choices at local authority venues.

Source guidance

- [Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children](#) (NICE clinical guideline 43), recommendation 1.1.3.2.
- [Obesity: working with local communities](#) (NICE public health guideline 42), recommendations 8 and 9.

Definitions of terms used in this quality statement

Promotion of healthier food and drink choices

Examples of promotion include signs, posters, pricing and positioning of products. [[NICE clinical guideline 43](#), recommendation 1.1.3.2]

Equality and diversity considerations

Promotional material used by local authorities needs to be available in a variety of languages and formats to ensure the information is accessible to people of all ages and meets the needs of the community. Nutritional information should be available in a variety of formats appropriate to the target audience.

Quality statement 2: Assessing the school environment with the involvement of parents and pupils

Quality statement

Head teachers and chairs of governors, in collaboration with parents and pupils, assess the school environment and ensure that the school's policies encourage children and young people to maintain a healthy weight, eat a healthy diet and be physically active.

Rationale

During school years, children and young people develop life-long patterns of behaviour that can affect their ability to eat a healthy diet, maintain a healthy weight and be more physically active. Schools, led by head teachers and chairs of governors, have an important role to play by providing opportunities for children and young people to be physically active, develop healthy eating habits, and also by providing role models. A school's approach to assessing the environment and developing its policies will be more effective if the whole school community is involved, for example, by encouraging collaboration between head teachers, governors, school council members, pupils and parents. Involvement from pupils and their parents may produce more effective outcomes.

Quality measures

Structure

a) Evidence that head teachers and chairs of governors, are assessing the whole school environment in collaboration with parents and pupils.

Data source: Local data collection.

b) Evidence that head teachers and chairs of governors have developed school policies that help children and young people to maintain a healthy weight, eat a healthy diet and be physically active.

Data source: Local data collection.

Process

- a) Proportion of schools that have assessed the school environment and school policies.

Numerator – the number in the denominator that have assessed the school environment and school policies.

Denominator – the number of schools.

- b) Proportion of schools that have assessed the school environment and the school policies that involved the parents and pupils in the assessment.

Numerator – the number in the denominator that included parents and pupils in the assessment.

Denominator – the number of schools that have assessed the school environment and school policies

Outcome

- a) Number of children and young people walking and cycling to school.

Data source: [Health survey for England](#) from Health and Social Care Information Centre.

- b) Uptake of school meals that adhere to national standards.

Data source: [Annual survey of take-up of school lunches in England from School Food Trust](#).

- c) Participation in PE lessons.

Data source: Local data collection.

What the quality statement means for head teachers and chairs of governors

Head teachers and chairs of governors work in collaboration with parents and pupils to assess the school environment and ensure that school policies help

children and young people to maintain a healthy weight, eat a healthy diet and be physically active.

What the quality statement means for parents and pupils

Parents and pupils are involved in assessing the school's policies, discussing the policies, and ensuring that they help children and young people to maintain a healthy weight, eat a healthy diet and be physically active.

Source guidance

- [Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children](#) (NICE clinical guideline 43), recommendation 1.1.5.2.

Definitions of terms used in this quality statement

Policies

Policies included should cover:

- building layout and recreational spaces
- catering, including vending machines (food and drink provided by the schools) and the food and drink children bring to school
- the taught curriculum (including PE)
- school travel plans and provision for cycling. [[NICE clinical guideline 43](#), recommendation 1.1.5.2]

Equality and diversity considerations

Policies should take into account specific considerations for children and young people with mental and physical disabilities as well as their ethnic and religious backgrounds.

Quality statement 3: Physical activity

Quality statement

Local authorities and their partners in the community develop a coordinated local physical activity strategy to promote the benefits of physical activity, highlight the risks of sedentary behaviour and increase the opportunities for children and young people (and their families and/or carers, as appropriate) to be physically active.

Rationale

There are well-documented links between a sedentary lifestyle, lack of physical activity and childhood obesity. An increase in a sedentary lifestyle with a decrease in physical activity can lead to a higher prevalence of childhood obesity. Developing local strategies that increase the opportunities for children and young people (and their families and/or carers, as appropriate) to participate in physical activity, both formally and as part of their daily lives, may increase the amount of physical activity undertaken and may therefore decrease the prevalence of obesity and maintain a healthy weight.

Quality measures

Structure

a) Evidence that local authorities and their partners in the community have developed a coordinated local physical activity strategy.

Data source: Local data collection.

b) Evidence that local authorities and their partners in the community have increased the opportunities for children and young people and their families and/or carers (as appropriate) to be physically active.

Data source: Local data collection.

c) Evidence that local authorities and their partners in the community are promoting the benefits of physical activity and the risks of sedentary behaviour to children and young people (and their families and/or carers, as appropriate).

Data source: Local data collection.

Outcome

a) Amount of physical activity undertaken by children and young people.

Data source: Local data collection.

b) Amount of time spent doing sedentary activities by children and young people.

Data source: Local data collection.

What the quality statement means for local authorities and their partners in the community

Local authorities and their partners in the community (including charities, private and voluntary organisations) ensure that they develop a coordinated local physical activity strategy that promotes the benefits of physical activity, highlights the risks of sedentary behaviour and increases the opportunities for children and young people (and their families and/or carers, as appropriate) to participate in physical activity. Local authorities should implement and monitor local programmes to address inactivity and other interventions to promote physical activity.

What the quality statement means for children and young people (and their families and/or carers, as appropriate)

Children and young people (and their families and/or carers) are encouraged to be more physically active and to be less sedentary (for example, watching TV or playing computer games).

Source guidance

- [Promoting physical activity for children and young people](#) (NICE public health guidance 17), recommendation 2.

Definitions of terms used in this quality statement

Coordinated local physical activity strategy

The strategy should ensure:

- there are local indoor and outdoor opportunities for physical activity where children and young people feel safe
- individuals responsible for increasing physical activity are aware of national and local government strategies as well as local plans for increasing physical activity
- partnership working is developed and supported within local physical activity networks
- physical activity partnerships establish and deliver multi-component interventions involving schools, families and communities. (Partners may include: schools, colleges, out-of-school services, children's centres and play services, youth services, further education institutions, community clubs and groups and private sector providers)
- local factors that help children and young people to be (or which prevent them from being) physically active are identified and acted upon
- local transport and school travel plans are coordinated so that all local journeys can be carried out using a physically active mode of travel. [[NICE public health guideline 17](#), recommendation 2]

Equality and diversity considerations

Local strategies need to take account of children and young people (and their families and/or carers) who have mental or physical disabilities. Any intervention to increase physical activity also needs to be culturally-appropriate and age-appropriate.

Quality statement 4: Raising awareness of lifestyle weight management programmes

Quality statement

Local authorities and their partners in the community raise awareness of lifestyle weight management programmes among the public, healthcare professionals and other professionals who work with children and young people.

Rationale

Effective lifestyle weight management programmes can be delivered by a range of organisations, in different locations, covering different age groups. Raising awareness of these programmes provided locally is important to ensure that the public, healthcare professionals and other professionals who work with children and young people are aware of the programmes that exist in their area and how to access them. Increased public awareness may lead to more self-referrals to the programmes, and raised awareness among healthcare professionals such as GPs, school nurses, health visitors and staff involved in the National Child Measurement Programme (NCMP) and the Healthy Child Programme may lead to more direct referrals.

Quality measures

Structure

a) Evidence of local arrangements to ensure that local authorities maintain an up-to-date list of local evidence-based lifestyle weight management programmes for children and young people.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that local authorities disseminate the list of local evidence-based lifestyle weight management programmes to their partners in the community (public, community and voluntary sector, including children centres, libraries, local media, schools, and health and public health practitioners) whenever the list is updated.

Data source: Local data collection.

c) Evidence of local arrangements to ensure that organisations in the public, community and voluntary sector use publicity material that clearly describes who the programme is for, programme aims, how to enrol, types of activities and the time, location and length of each session and number of sessions.

Data source: Local data collection.

Outcome

a) Number of self-referrals to lifestyle weight management programmes.

Data source: Local data collection.

b) Number of referrals from healthcare professionals and other professionals who work with children and young people to lifestyle weight management programmes

Data source: Local data collection.

c) Uptake of lifestyle weight management programmes.

Data source: Local data collection.

What the quality statement means for providers of lifestyle weight management programmes, healthcare professionals, other professionals who work with children and young people, and local authorities

Providers of lifestyle weight management programmes ensure that they provide local authorities with up-to-date lists of local evidence-based lifestyle weight management programmes for children and young people.

Healthcare professionals (such as GPs, dietitians, health visitors, school nurses and staff involved in the NCMP) and other professionals who work with children and young people (such as youth workers, social workers and pastoral care workers, and those who work in schools, colleges, early years organisations, children's centres and looked-after children's teams) ensure that

they are aware of the lifestyle weight management programmes in their area and how to enrol people on them.

Local authorities ensure that they raise awareness of lifestyle weight management programmes among the public, healthcare professionals and other professionals who work with children and young people.

What the quality statement means for children and young people (and their families and/or carers)

Children and young people (and their families and/or carers, as appropriate) are aware of the lifestyle weight management programmes in their area and how they can enrol on them.

Source guidance

- [Managing overweight and obesity among children and young people: lifestyle weight management services](#) (NICE public health guidance 47), recommendations 6 and 7.

Definitions of terms used in this quality statement

Lifestyle weight management programme

Lifestyle weight management programmes focus on diet, physical activity and/or behaviour change to help people who are overweight or obese. They are usually based in the community and may be run by the public, private or voluntary sector. [[NICE public health guidance 47](#)]

Other professionals who work with children and young people

These professionals include youth workers, social workers and pastoral care workers, as well as those who work in schools, colleges, early years organisations, children's centres and looked-after children's teams. [[NICE public health guidance 47](#), recommendation 7]

Equality and diversity considerations

Any publicity material used to raise awareness of lifestyle weight management programmes needs to be available in a variety of languages and formats to ensure

the information is accessible to people of all ages and meets the needs of the local community.

Quality statement 5: Family involvement in lifestyle weight management programmes

Quality statement

Lifestyle weight management programme providers encourage family members to be involved.

Rationale

Family involvement in the programme is important to ensure that children and young people receive positive reinforcement and support away from the programme. Involving the family may also make the programme more successful, change behaviour and improve BMI over time in children and young people. It may also benefit family members because they may have the same genetic and/or lifestyle risk factors for weight as their child.

Quality measures

Structure

Evidence that lifestyle weight management programmes contain the core components on family involvement.

Data source: Local data collection.

Process

Proportion of children and young people who attend lifestyle weight management programmes whose families participate.

Numerator – the number in the denominator whose families participate.

Denominator – the number of children and young people who attend lifestyle weight management programmes.

Outcome

- a) Family members feel they have taken an active role in their children's lifestyle weight management programme.

Data source: Local data collection.

b) Family members feel they understand the aims and objectives of the programme.

Data source: Local data collection.

What the quality statement means for providers of lifestyle weight management programmes, health and public health practitioners, and commissioners

Providers of lifestyle weight management programmes ensure that they encourage family members to be involved in the programme and provide services that include the appropriate core components.

Health and public health practitioners who deliver lifestyle weight management programmes ensure that they actively involve family members.

Commissioners (local authorities) ensure that they commission lifestyle weight management programmes that encourage family members to be actively involved and contain the core components to involve family members. Weight management programmes should emphasise the importance, and highlight the benefit, of family member involvement and encouragement.

What the quality statement means for family members

Family members are encouraged to be involved in their children's lifestyle weight management programmes, for example, by receiving training and resources to support changes in behaviour or, if this is not possible, being provided with information on the aims of the programmes.

Source guidance

- [Managing overweight and obesity among children and young people: lifestyle weight management services](#) (NICE public health guidance 47), recommendation 3.

Definitions of terms used in this quality statement

Lifestyle weight management programme

Lifestyle weight management programmes focus on diet, physical activity and/or behaviour change to help people who are overweight or obese. They are usually based in the community and may be run by the public, private or voluntary sector.

[\[NICE public health guidance 47\]](#)

Lifestyle weight management programmes core components

The following core components are those that relate to the involvement of families and should focus on:

- behaviour change techniques to increase motivation and confidence in the ability to change. This includes strategies to help the family identify how changes can be implemented and sustained at home.
- positive parenting training, including problem–solving skills to support change in behaviour
- an emphasis on the importance of encouraging all family members to eat healthily and to be physically active, regardless of their weight
- a tailored plan to meet individual needs, appropriate to the child or young person’s age, gender, ethnicity, cultural background, economic and family circumstances, any special needs and how obese or overweight they are. This should include helping them and their family to set goals, monitor progress against them and provide feedback. They should also find out whether the family recognises that their child is overweight or obese and should discuss the family’s history of attempts to manage their weight, and their existing knowledge of, and attitudes towards, food, physical activity and the amount of time spent being sedentary.
- information and help to master skills in, for example, how to interpret nutritional labelling and how to modify culturally appropriate recipes on a budget.

Equality and diversity considerations

Particular consideration needs to be given when engaging adult men in the programmes because they are often harder to involve than other family members.

Quality statement 6: Evaluating lifestyle weight management programmes

Quality statement

Commissioners and providers of lifestyle weight management programmes monitor and evaluate the programme and use the information to amend and improve it.

Rationale

Lifestyle weight management programmes should be monitored and regularly evaluated to assess whether they are meeting their objectives and providing value for money. This ensures that any issues with the programmes are identified as early as possible, so that the programmes can be improved, leading to better outcomes for children and young people using the programmes.

Quality measures

Structure

a) Evidence that commissioners and providers of lifestyle weight management programmes jointly agree the key performance indicators to be collected for monitoring and evaluation.

Data source: Local data collection.

b) Evidence that commissioners and providers of lifestyle weight management programmes have used data from monitoring and evaluation to amend and improve programmes,.

Data source: Local data collection.

Process

a) Proportion of lifestyle weight management programmes that are monitored and evaluated.

Numerator – the number in the denominator that are monitored and evaluated.

Denominator – the number of lifestyle weight management programmes.

Data source: Local data collection.

b) Proportion of children and young people attending lifestyle weight management programmes who have their outcomes measured at recruitment.

Numerator – the number in the denominator who have their outcomes measured at recruitment.

Denominator – the number of children and young people attending lifestyle weight management programmes.

c) Proportion of children and young people completing lifestyle weight management programmes who have their outcomes measured at completion, 6 months and 1 year.

Numerator – the number in the denominator who have their outcomes measured at completion, 6 months and 1 year.

Denominator – the number of children and young people who complete lifestyle weight management programmes.

What the quality statement means for providers of lifestyle weight management programmes, and commissioners

Providers of lifestyle weight management programmes ensure that they collect and report data to monitor and evaluate the programme.

Commissioners (including directors of public health, public health teams and local authority commissioners) ensure that sufficient resources are dedicated to monitoring and evaluation, that they evaluate lifestyle weight management programmes using data on outcomes, and use the data to amend and improve the programme.

What the quality statement means for children and young people

Children and young people attend lifestyle weight management programmes (focussing on diet and physical activity), that are regularly monitored and evaluated so that the programmes can be improved.

Source guidance

- [Managing overweight and obesity among children and young people: lifestyle weight management services](#) (NICE public health guidance 47), recommendations 2 and 15.

Definitions of terms used in this quality statement

Lifestyle weight management programme

Lifestyle weight management programmes focus on diet, physical activity and/or behaviour change to help people who are overweight or obese. They are usually based in the community and may be run by the public, private or voluntary sector.

[\[NICE public health guidance 47\]](#)

Data to be collected

The data to be collected includes:

- numbers recruited, percentage completing the programme and percentage followed up at 6 months and at 1 year after completing the programme
- BMI and BMI z score measured at
 - recruitment
 - completion of the programme
 - 6 months after completing the programme
 - 1 year after completing the programme

Other data that may be collected includes

- referral routes
- outcomes related to the aim of the programme and relate to factors that can support or contribute to a reduction in BMI for example
 - improvements in diet
 - improvements in physical activity
 - reduction in sedentary behaviour
 - improvements in self esteem
- variations in outcomes, according to age, gender, ethnicity and socioeconomic status

- views of participants
- views of staff delivering the programme. [[NICE public health guidance 47](#), recommendations 2 and 15]

Monitoring

Monitoring involves routine collection, analysis and reporting of a set of data to assess the performance of a weight management programme according to the service specification and intended health outcomes. [[NICE public health guidance 47](#)]

Evaluation

Evaluation involves assessing whether an intervention is meeting its objectives. This might include outcomes (for example, effectiveness in terms of BMI z score reduction or value for money). It might also include evaluation of processes (for example, how successful recruitment is or how acceptable the intervention is to participants). [[NICE public health guidance 47](#)]

Equality and diversity considerations

When monitoring and evaluating lifestyle weight management programmes, information also needs to be captured to ensure that the programmes are suitable for minority groups, for example, by family origin, religion and disability, and that reasonable adaptations are being made to the programmes to make them accessible to these groups.

Status of this quality standard

This is the draft quality standard released for consultation from 10 July to 9 August 2014. It is not NICE's final quality standard on obesity: prevention and lifestyle weight management in children and young people. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 9 August 2014. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the [NICE website](#) from December 2014.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [What makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in 'Development sources'.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between professionals and children and young people (and their parents and/or carers, if appropriate), is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Children and young people (and their parents and/or carers, if appropriate) should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards [Process guide](#) on the NICE website.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Managing overweight and obesity among children and young people: lifestyle weight management services](#). NICE public health guidance 47 (2013).
- [Obesity: working with local communities](#). NICE public health guideline 42 (2012).
- [Promoting physical activity for children and young people](#). NICE public health guidance 17 (2009).
- [Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children](#) (public health recommendations only). NICE clinical guideline 43 (2006).

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Department of Health (2013) [Reducing obesity and improving diet](#).
- Department of Health (2013) [Giving all children a healthy start in life](#).
- Department of Health (2011) [Healthy Lives, Healthy People: a call to action on obesity in England](#).

Definitions and data sources for the quality measures

- Health and Social Care Information Centre (2014) [National Child Measurement Programme](#).
- Health and Social Care Information Centre (2013) [Health survey for England](#).

Related NICE quality standards

Published

- [Postnatal care](#). NICE quality standard 37 (2013).

In development

- [Physical activity: encouraging activity in all people in contact with the NHS \(staff, patients and carers\)](#). Publication expected January 2015.

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Childhood obesity.
- Obesity (adults).
- Obesity: prevention and management in adults.

Quality Standards Advisory Committee and NICE project team***Quality Standards Advisory Committee***

This quality standard has been developed by Quality Standards Advisory Committee 2. Membership of this committee is as follows:

Mr Barry Attwood

Lay member

Professor Gillian Baird

Consultant Developmental Paediatrician, Guys and St Thomas NHS Foundation Trust

Mrs Belinda Black

Chief Executive Officer, Sheffcare, Sheffield

Dr Ashok Bohra

Consultant Surgeon, Dudley Group of Hospitals NHS Foundation Trust

Mrs Julie Clatworthy

Governing Body Nurse, Gloucester Clinical Commissioning Group

Mr Derek Cruickshank

Consultant Gynaecological Oncologist/Chief of Service, South Tees NHS Foundation Trust

Miss Parul Desai

Consultant in Public Health and Ophthalmology, Moorfields Eye Hospital NHS Foundation Trust. London

Mrs Jean Gaffin

Lay member

Dr Joanne Greenhalgh

Principal Research Fellow, University of Leeds

Dr John Harley

GP, Woodlands Family Medical Centre, Cleveland

Dr Ulrike Harrower

Consultant in Public Health Medicine, NHS Somerset

Professor Richard Langford

Consultant in Anaesthesia and Pain Medicine, Barts Health NHS Trust, London

Mr Gavin Lavery

Clinical Director, Public Health Agency

Dr Tessa Lewis

GP and Chair of the All Wales Prescribing Advisory Group, Carreg Wen Surgery

Miss Ruth Liley

Assistant Director of Quality Assurance, Marie Curie Cancer Care

Ms Kay Mackay

Director of Improvement, Kent Surrey and Sussex Academic Health Science Network

Dr Michael Rudolf (Chair)

Consultant Physician, Ealing Hospital NHS Trust

Mr David Minto

Adult Social Care Operations Manager, Northumbria Healthcare Foundation Trust

Dr Lindsay Smith

GP, West Coker, Somerset

The following specialist members joined the committee to develop this quality standard:

Miss Paige Ataou

Lay member

Ms Julie Burrows

Consultant in Public Health, City of Bradford Metropolitan District Council

Professor Julian Hamilton-Shield

Paediatrician, University of Bristol and Bristol Royal Hospital for Children

Dr Hilda Mulrooney

Senior Lecturer in Nutrition, Kingston University, and Committee member of Dietitians in obesity management UK (DOM UK) and British Dietetic Association (BDA)

Professor Gareth Stratton

Director of Applied Sports Technology Exercise and Medicine Research Centre, Swansea University

Dr Jenny Turner

Clinical Psychologist, Activ8, Tower Hamlets Children and Postnatal Weight Management Service

NICE project team

Dylan Jones

Associate Director

Shirley Crawshaw

Consultant Clinical Adviser

Rachel Neary

Programme Manager

Craig Grime

Technical Adviser

Nicola Greenway

Lead Technical Analyst

Natalie Boileau

Project Manager

Jenny Harrison

Coordinator

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

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