

Obesity: Prevention and Lifestyle Weight Management in Children and Young People

Introduction

On 10 July 2014, NICE published a draft quality standard for the "Prevention and Lifestyle Weight Management in Children and Young People". It has been released for consultation from 10 July to 9 August 2014.

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 aims to prevent overweight and obesity, and help interventions for lifestyle weight management, in children and young people aged under 18 years.

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.

Key statistics

- 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 olds.
- 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%).

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

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 years.
- 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 respectively.

A strong positive relationship exists between deprivation 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 decile.

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.

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 standards

There are 6 quality statements, which are the following:

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:

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.

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.
- 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.

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.

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).

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.

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.

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.