

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

Quality standard

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This standard is based on PH35, PH42, PH47 and CG43.

This standard should be read in conjunction with QS22, QS37, QS84, QS102, QS111, QS125, QS127, QS139, QS152 and QS41.

Introduction

This quality standard covers a range of approaches at a population level to prevent children and young people aged under 18 years from becoming overweight or obese. It includes interventions for lifestyle weight management. These statements are particularly relevant to local authorities, NHS organisations, schools and providers of lifestyle weight management programmes.

The standard does not cover the clinical assessment and clinical management of obesity in children and young people, nor does it cover the prevention, assessment or management of obesity in adults. These topics will be covered by separate quality standards.

This standard does not cover encouraging physical activity in people in contact with the NHS, including staff, patients and carers. This is covered in NICE quality standard 84 ([Physical activity: encouraging activity in all people in contact with the NHS \[2015\]](#)).

For more information see the [obesity: prevention and lifestyle weight management in children and young people overview](#).

NICE quality standards focus on aspects of health and social care that are commissioned locally. Areas of national policy, such as legislative changes, are therefore not covered by this quality standard.

Why this quality standard is needed

In 2013/14 in England, over a fifth (22.5%) of children measured through the [National Child Measurement Programme – England, 2013–14](#) 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 over a third (33.5%). More specifically, the percentage of children who were obese in Year 6 (19.1%) was more than double that of children in Reception (9.5%).

The [Health Survey for England 2012](#) found that although the prevalence of obese and overweight children and young people increased between 1995 and 2004, since 2004 the rate has levelled off

for children aged 2 to 15 years. 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% respectively). In this group, mean BMI was higher overall in girls than boys. BMI generally increased with age in both sexes ([Statistics on obesity, physical activity and diet – England, 2013](#), Health and Social Care Information Centre 2013).

Obesity prevalence varies across the country and between urban and rural areas. The south east, east midlands and east of England had the lowest obesity prevalence in 2013/14 in Reception, and the south east, east of England and south west had the lowest obesity prevalence in Year 6. London reported the highest obesity prevalence for both age groups ([National Child Measurement Programme – England, 2013–14](#), Health and Social Care Information Centre 2014).

Obesity prevalence is higher in urban areas than in rural areas. Data from the [National Child Measurement Programme – England, 2013–14](#) show that the prevalence of obesity in Reception year children living in urban areas in 2013/14 was 9.8%, compared with 8.2% and 7.8% living in town and village areas respectively. Similarly, obesity prevalence in Year 6 children living in urban areas was 19.9%, compared with 16.1% and 15.0% living in town and village areas respectively.

A strong positive correlation 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 6.6% among Reception children compared with 12.0% in those in the most deprived decile. Similarly, obesity prevalence in Year 6 children in the least deprived decile was 13.1% compared with 24.7% in those in the most deprived decile ([National Child Measurement Programme – England, 2013–14](#), Health and Social Care Information Centre 2014).

It is well recognised that children who are obese are likely to have obese parents. Obesity that runs in families can 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), as well as certain genetic traits being inherited from parents. Therefore, family involvement in interventions is important to ensure improvements in outcomes benefit the whole family and can be maintained.

Up to 79% of children who are obese in their teens are likely to remain obese as adults, according to NICE's guideline on [managing overweight and obesity among children and young people](#). This can lead to health problems in adulthood such as type 2 diabetes, heart disease and certain cancers. Various diseases or conditions may be associated with obesity in children. Type 2 diabetes, a condition previously found almost entirely in adults, is now being diagnosed in children and young people. Being overweight as a child can also impact on self-esteem and quality of life, and cause

depression.

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

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

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for 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:

- [Public Health Outcomes Framework 2013–16](#)

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, 2013–16

| 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>1.16 Utilisation of outdoor space for exercise/health reasons</p> |

| | |
|---|---|
| <p>2 Health improvement</p> | <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> <p>2.12 Excess weight in adults</p> <p>2.13 Proportion of physically active and inactive adults</p> <p>2.17 Recorded diabetes</p> <p>2.23 Self-reported well-being</p> |
| <p>4 Healthcare public health and preventing premature mortality</p> | <p>Objective</p> <p>Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities</p> <p>Indicators</p> <p>4.3 Mortality rate from causes considered preventable** (NHSOF 1a)</p> <p>4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)* (NHSOF 1.1)</p> <p>4.5 Under 75 mortality rate from cancer* (NHSOF 1.4i)</p> <p>4.6 Under 75 mortality rate from liver disease* (NHSOF 1.3)</p> <p>4.11 Emergency readmissions within 30 days of discharge from hospital* (NHSOF 3b)</p> |
| <p>* Indicator shared with the NHS Outcomes Framework.</p> <p>** Complementary to indicators in the NHS Outcomes Framework.</p> | |

Service user experience and safety issues

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to children and young people who are overweight or obese.

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. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to children and young people who are overweight or obese.

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](#).

The Health and Social Care Act 2012 also references the legal duties on commissioning organisations to have regard to reducing health inequalities and to provide integrated services where these will reduce inequalities with respect to access to services and outcomes achieved. Given the strong relationship that exists between obesity and deprivation, reducing inequalities is of particular importance for obesity prevention and lifestyle weight management in children and young people. Therefore it may be important to consider focusing interventions in deprived areas when implementing the quality standard.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All health, public health and social care practitioners involved in assessing and caring for children and young people who are overweight or obese should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source(s) on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

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 and young people maintain a healthy weight or prevent excess weight gain and actively participate in lifestyle weight management services for children and young people who are overweight or obese.

List of quality statements

Statement 1. Children and young people, and their parents or carers, using vending machines in local authority and NHS venues can buy healthy food and drink options.

Statement 2. Children and young people, and their parents or carers, see details of nutritional information on menus at local authority and NHS venues.

Statement 3. Children and young people, and their parents or carers, see healthy food and drink choices displayed prominently in local authority and NHS venues.

Statement 4. Children and young people, and their parents or carers, have access to a publicly available up-to-date list of local lifestyle weight management programmes.

Statement 5. Children and young people identified as being overweight or obese, and their parents or carers as appropriate, are given information about local lifestyle weight management programmes.

Statement 6. Family members or carers of children and young people are invited to attend lifestyle weight management programmes, regardless of their weight.

Statement 7. Children and young people, and their parents or carers, can access data on attendance, outcomes and the views of participants and staff from lifestyle weight management programmes.

Statement 8. (placeholder) Reducing sedentary behaviour.

Quality statement 1: Vending machines

Quality statement

Children and young people, and their parents or carers, using vending machines in local authority and NHS venues can buy healthy food and drink options.

Rationale

The environment in which people live influences their ability to achieve and maintain a healthy weight. Local authorities and NHS organisations can set an example by providing healthy food and drink choices at their venues. They can influence venues in the community (such as leisure centres) and services provided by commercial organisations to have a positive impact on the diet of children and young people using them. Legal requirements govern the provision of food in local authority-maintained schools (see the Department of Education's [Standards for school food in England](#) for further details). Schools are therefore not covered by this quality statement.

Quality measures

Structure

Evidence that local authorities and NHS organisations provide, or make contractual arrangements for the provision of, healthy food and drink options in any vending machines in their venues that are used by children and young people.

Data source: Local data collection.

Process

Proportion of local authority and NHS venues used by children and young people with vending machines that have vending machines that contain healthy food and drink options.

Numerator – the number in the denominator that have vending machines that contain healthy food and drink options.

Denominator – the number of local authority and NHS venues used by children and young people with vending machines.

Data source: Local data collection.

What the quality statement means for local authorities and NHS organisations

Local authorities and NHS organisations ensure that any vending machines in their venues that are used by children and young people offer healthy food and drink options.

What the quality statement means for children and young people and their parents or carers

Children and young people (and their parents or carers) have a choice of healthy food and drink options available from vending machines in local authority and NHS venues (for example hospitals, clinics and leisure centres).

Source guidance

- [Obesity](#) (2006) NICE guideline CG43, recommendations 1.1.2.2 and 1.1.3.2
- [Obesity: working with local communities](#) (2012) NICE guideline PH42, recommendation 9

Definitions of terms used in this quality statement

Healthy food and drink

Food and drink that helps people to meet [the eatwell plate](#) guidance recommendations, and which does not contain high levels of salt, fat, saturated fat or sugar. Public Health England's [Healthier, more sustainable catering: information for those involved in purchasing food and drink](#) provides definitions for low, medium and high levels of fat, saturates, sugars and salt per portion/serving size for food and drink. The [Change4Life](#) website gives suggestions for healthy food and drink alternatives. [Expert consensus]

Quality statement 2: Nutritional information at the point of choosing food and drink options

Quality statement

Children and young people, and their parents or carers, see details of nutritional information on menus at local authority and NHS venues.

Rationale

Providing details about the nutritional content of food will allow children and young people (and their parents or carers) to make an informed choice when choosing meals. This information will help people achieve or maintain a healthy weight by enabling them to manage their daily nutritional intake.

Quality measures

Structure

Evidence that local authorities and NHS organisations ensure that information on the nutritional content of meals is included on menus at venues that are used by children and young people.

Data source: Local data collection.

What the quality statement means for local authorities and NHS organisations

Local authorities and NHS organisations ensure that their venues used by children and young people provide details about the nutritional content of menu items.

What the quality statement means for children and young people and their parents or carers

Children and young people (and their parents or carers) selecting meals in catering facilities in local authority and NHS venues have information on the nutritional content of meals to help them choose.

Source guidance

- [Obesity](#) (2006) NICE guideline CG43, recommendation 1.1.6.5
- [Obesity: working with local communities](#) (2012) NICE guideline PH42, recommendation 9
- [Preventing type 2 diabetes: population and community-level interventions](#) (2011) NICE guideline PH35, recommendation 8

Definitions of terms used in this quality statement

Nutritional information

This includes details on the calorie content of meals as well as information on the fat, saturated fat, salt and sugar content. If the nutritional value of recipes is not known, ingredients should be listed and cooking methods described. [Adapted from expert consensus and [NICE guideline PH35](#), recommendation 8]

Equality and diversity considerations

Information needs to be available in a variety of languages and formats to ensure that it 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. The format of this information should be suitable for children and young people with sensory impairment.

Quality statement 3: Prominent placement of healthy options

Quality statement

Children and young people, and their parents or carers, see healthy food and drink choices displayed prominently in local authority and NHS venues.

Rationale

Local authorities and NHS organisations can set an example by ensuring that healthy food and drink choices are promoted in their venues. Prominent positioning will help to ensure that children and young people (and their parents or carers) will consider healthier options when they are choosing food and drink.

Quality measures

Structure

Evidence that local authority and NHS venues used by children and young people make arrangements to display healthy food and drink options in prominent positions.

Data source: Local data collection.

Outcome

Sales of healthy food and drink options.

Data source: Local data collection.

What the quality statement means for local authorities and NHS organisations

Local authorities and NHS organisations ensure that healthy food and drink choices are displayed in prominent positions in their venues.

What the quality statement means for children and young people and their parents or carers

Children and young people (and their parents or carers) can easily find healthy foods and drinks

when using catering facilities in local authority or NHS venues.

Source guidance

- [Obesity](#) (2006) NICE guideline CG43, recommendations 1.1.2.2 and 1.1.3.2
- [Obesity: working with local communities](#) (2012) NICE guideline PH42, recommendation 9

Definitions of terms used in this quality statement

Healthy food and drink choices

Food and drink that helps people to meet [the eatwell plate](#) guidance recommendations, and which does not contain high levels of salt, fat, saturated fat or sugar. Public Health England's [Healthier, more sustainable catering: information for those involved in purchasing food and drink](#) provides definitions for low, medium and high levels of fat, saturates, sugars and salt per portion/serving size for food and drink. The [Change4Life](#) website gives suggestions for healthy food and drink alternatives. [Expert consensus]

Quality statement 4: Maintaining details of local lifestyle weight management programmes

Quality statement

Children and young people, and their parents or carers, have access to a publicly available up-to-date list of local lifestyle weight management programmes.

Rationale

Effective lifestyle weight management programmes for children and young people can be delivered by a range of organisations, in different locations, covering different age groups. The local authority should maintain an up-to-date list of local lifestyle weight management programmes and make it available to the public. Raising awareness of these locally provided programmes 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, either by children and young people themselves or their parents or carers. In addition, raised awareness among healthcare professionals such as GPs, school nurses, health visitors and staff involved in the National Child Measurement Programme and the Healthy Child Programme may lead to more direct referrals.

Quality measures

Structure

Evidence that an up-to-date list of local lifestyle weight management programmes for children and young people is made publically available by the local authority.

Data source: Local data collection.

Outcome

Number of referrals (including self-referrals, by children and young people or their parents or carers) to 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 lifestyle weight management programmes for children and young people.

Healthcare professionals (such as GPs, dietitians, pharmacists, health visitors, school nurses and staff involved in the National Child Measurement Programme) 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 for children and young people in their area and how to enrol people on them.

Local authorities ensure that they maintain a publicly available up-to-date list of local lifestyle weight management programmes for children and young people.

What the quality statement means for children and young people and their parents or carers

Children and young people (and their parents or carers) 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](#) (2013) NICE guideline PH47, recommendation 6

Definitions of terms used in this quality statement

Lifestyle weight management programme

Lifestyle weight management programmes focus on diet, physical activity and 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. [Adapted from [NICE guideline PH47](#)]

Quality statement 5: Raising awareness of lifestyle weight management programmes

Quality statement

Children and young people identified as being overweight or obese, and their parents or carers as appropriate, are given information about local lifestyle weight management programmes.

Rationale

Actively raising the possibility of participation in a local lifestyle weight management programme will help to increase the use of these programmes by children and young people identified as being overweight or obese.

Quality measures

Structure

Evidence of written protocols and local arrangements for healthcare professionals and other professionals to give information about local lifestyle weight management programmes to children and young people identified as being overweight or obese, and their parents or carers (as appropriate).

Data source: Local data collection.

Process

Proportion of children and young people identified as being overweight or obese, and their parents or carers as appropriate, who are given information about local lifestyle weight management programmes.

Numerator – the number in the denominator who are given information about local lifestyle weight management programmes.

Denominator – the number of children and young people identified as being overweight or obese, and their parents or carers as appropriate.

Data source: Local data collection.

Outcome

Number of children and young people enrolling in lifestyle weight management programmes.

Data source: Local data collection.

What the quality statement means for healthcare professionals, other professionals who work with children and young people, and commissioners

Healthcare professionals (such as GPs, dietitians, pharmacists, health visitors, school nurses and staff involved in the National Child Measurement Programme) 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 provide information about local lifestyle weight management programmes to children and young people identified as being overweight or obese, and their parents or carers (as appropriate).

Commissioners (such as NHS England, clinical commissioning groups and local authorities) ensure that healthcare professionals, and other professionals who work with children and young people, provide information about local lifestyle weight management programmes to children and young people identified as being overweight or obese, and their parents or carers (as appropriate).

What the quality statement means for children and young people and their parents or carers

Children and young people identified as being overweight or obese (and their parents or carers, as appropriate) are given information about local lifestyle weight management programmes, including an explanation of what the programmes involve and how to take part.

Source guidance

- [Managing overweight and obesity among children and young people: lifestyle weight management services](#) (2013) NICE guideline PH47, recommendation 7

Definitions of terms used in this quality statement

Information about local lifestyle weight management programmes

This information should explain what these programmes involve and how people can take part

(including whether or not they can self-refer). [Adapted from [NICE guideline PH47](#), recommendation 7]

Lifestyle weight management programme

Lifestyle weight management programmes focus on diet, physical activity and 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. [Adapted from [NICE guideline PH47](#)]

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 guideline PH47](#), recommendation 7]

Quality statement 6: Family involvement in lifestyle weight management programmes

Quality statement

Family members or carers of children and young people are invited to attend lifestyle weight management programmes, regardless of their weight.

Rationale

Family members and carers have an important role and responsibility in influencing the environment in which children and young people live. Therefore, actively involving family members and carers in the programme is important to ensure that children and young people receive positive reinforcement and support away from the programme. Involving the family and carers is also likely to make the programme more successful, change behaviour and lifestyle choices 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.

Quality measures

Structure

Evidence that providers of lifestyle weight management programmes for children and young people invite family members or carers to attend, regardless of their weight.

Data source: Local data collection.

Process

Proportion of children and young people who attend a lifestyle weight management programme whose family members or carers have been invited to attend.

Numerator – the number in the denominator whose family members or carers have been invited to attend.

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

Data source: Local data collection.

Outcome

Family member attendance and involvement in lifestyle weight management programmes.

Data source: Local data collection.

What the quality statement means for providers of lifestyle weight management programmes, healthcare professionals and public health practitioners, and local authorities

Providers of lifestyle weight management programmes for children and young people ensure that they involve family members and carers in the programme and provide services that include the appropriate core components. Weight management programmes should emphasise the importance, and highlight the benefit, of family member involvement and encouragement.

Healthcare professionals and public health practitioners who deliver lifestyle weight management programmes for children and young people encourage the involvement of family members or carers.

Local authorities ensure that they commission lifestyle weight management programmes for children and young people that encourage family members and carers to be actively involved and contain the core components to involve family members. Local authorities require providers to report on how they have engaged family members and carers in the programme as part of their performance management and contract monitoring.

What the quality statement means for families or carers

Family members or carers of children and young people identified as being overweight or obese are encouraged to be involved in the child's lifestyle weight management programme, regardless of their own weight. This may include receiving training and resources to support changes in behaviour or, if this is not possible, being provided with information on the aims of the programme. Family members are also encouraged to eat healthily and to be physically active, regardless of their weight.

Source guidance

- [Managing overweight and obesity among children and young people: lifestyle weight management services](#) (2013) NICE guideline PH47, recommendation 3

Definitions of terms used in this quality statement

Lifestyle weight management programme

Lifestyle weight management programmes focus on diet, physical activity and 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. [Adapted from [NICE guideline PH47](#)]

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. Consideration also needs to be given to the language needs of the child or young person accessing the programme, as well as their family members or carers. For some families, the child or young person may be the only English speaker in the family.

Quality statement 7: Evaluating lifestyle weight management programmes

Quality statement

Children and young people, and their parents or carers, can access data on attendance, outcomes and the views of participants and staff from lifestyle weight management programmes.

Rationale

It's important that providers of lifestyle weight management programmes for children and young people measure outcomes of the programmes and make the results available. This will allow commissioners and the general public to monitor and evaluate particular programmes 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. It will also help children and young people, and their parents or carers, to select lifestyle weight management programmes.

Quality measures

Structure

a) Evidence that commissioners and providers of lifestyle weight management programmes for children and young people 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 for children and young people have used data from monitoring and evaluation to amend and improve programmes.

Data source: Local data collection.

Process

a) Proportion of children and young people recruited to a lifestyle weight management programme

that has data on attendance, outcomes and the views of participants and staff collected at recruitment and completion.

Numerator – the number in the denominator that has data on attendance, outcomes and the views of participants and staff collected at recruitment and completion.

Denominator – the number of children and young people recruited to a lifestyle weight management programme.

Data source: Local data collection.

b) Proportion of children and young people who complete a lifestyle weight management programme that has data on outcomes collected at 6 months after completion of the programme.

Numerator – the number in the denominator that has data on outcomes collected at 6 months after completion of the programme.

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

Data source: Local data collection.

c) Proportion of children and young people who complete a lifestyle weight management programme that has data on outcomes collected at 1 year after completion of the programme.

Numerator – the number in the denominator that has data on outcomes collected at 1 year after completion of the programme.

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

Data source: Local data collection.

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

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

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

What the quality statement means for children and young people and their parents or carers

Children and young people (and their parents or carers) attend lifestyle weight management programmes 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](#) (2013) NICE guideline PH47, recommendations 2 and 15

Definitions of terms used in this quality statement

Data on attendance, outcomes and the views of participants and staff

The data to be collected include:

- Numbers recruited, percentage completing the programme and percentage followed up at 6 months and at 1 year after completing the programme.
- For all those recruited, BMI and BMI z score measured at:
 - recruitment
 - completion of the programme
 - 6 months after completing the programme
 - 1 year after completing the programme.
- referral routes
- outcomes related to the aim of the programme and related 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 (including children, young people and their families and/or carers who have participated in the programme, as well as those who did not complete the programme)
- views of staff delivering the programme. [Adapted from [NICE guideline PH47](#), recommendations 2 and 15]

(See Public Health England's [Standard evaluation framework for weight management interventions](#) for examples of other possible outcome measures.)

Lifestyle weight management programme

Lifestyle weight management programmes focus on diet, physical activity and 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. [Adapted from [NICE guideline PH47](#)]

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 and to assess their impact on health inequalities.

Quality statement 8 (placeholder): Reducing sedentary behaviour

What is a placeholder statement?

A placeholder statement is an area of care that has been prioritised by the Quality Standards Advisory Committee but for which no source guidance is currently available. A placeholder statement indicates the need for evidence-based guidance to be developed in this area.

Rationale

Decreasing the levels of sedentary behaviour in children and young people is a different issue to increasing physical activity in this group, as noted in [Start active, stay active: a report on physical activity from the four home countries' Chief Medical Officers](#). There is a need to specify interventions and actions that can be carried out to achieve a reduction in sedentary behaviour in children and young people and also methods that can be used to easily and successfully measure sedentary activity.

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](#).

Information for the public

NICE has produced [information for the public](#) about this quality standard. People can use it to find out about the quality of services they should expect to receive and as a basis for asking questions about services.

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, as 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 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](#).

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](#) (2013) NICE guideline PH47
- [Obesity: working with local communities](#) (2012) NICE guideline PH42
- [Preventing type 2 diabetes: population and community-level interventions](#) (2011) NICE guideline PH35
- [Obesity](#) (public health recommendations only) (2006) NICE guideline CG43

Policy context

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

- Department of Health (2015) [2010 to 2015 government policy: children's health](#)
- Department of Health (2015) [Living well for longer: progress 1 year on](#)
- Cabinet Office (2014) [Moving more, living more: the physical activity Olympic and Paralympic legacy for the nation](#)
- School Food Plan (2013) [The plan](#)
- Department of Health (2013) [Living Well for Longer: a Call to Action to Reduce Avoidable Premature Mortality](#)
- Department of Health (2011) [Healthy Lives, Healthy People: a call to action on obesity in England](#)
- Department of Health (2010) [Sedentary behaviour and obesity: review of the current scientific evidence](#)

Definitions and data sources for the quality measures

- Health and Social Care Information Centre (2014) National Child Measurement Programme - England, 2013-14

Related NICE quality standards

Published

- [Physical activity: encouraging activity in all people in contact with the NHS \(2015\) NICE quality standard 84](#)
- [Postnatal care \(2013\) NICE quality standard 37](#)
- [Antenatal care \(2012\) NICE quality standard 22](#)

In development

- [Maternal and child nutrition – improving nutritional status](#). Publication expected July 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

The full list of quality standard topics referred to NICE is available from the [quality standards topic library](#) on the NICE website.

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 Ben Anderson

Consultant in Public Health, Public Health England

Mr Barry Attwood

Lay member

Professor Gillian Baird

Consultant Developmental Paediatrician, Guys and St Thomas NHS Foundation Trust, London

Mrs Belinda Black

Chief Executive Officer, Sheffcare, Sheffield

Dr Ashok Bohra

Consultant Surgeon, Dudley Group of Hospitals NHS Foundation Trust

Dr Guy Bradley-Smith

Freelance GP and Clinical Commissioning Lead for Learning Disability, North, East and West (NEW) Devon Clinical Commissioning Group

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 Anjan Ghosh

Consultant in Public Health, Public Health Merton, London

Mr Jim Greer

Principal Lecturer, Teesside University

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 Medical Adviser in Therapeutics, Carreg Wen Surgery

Ms Robyn Noonan

Lead Commissioner Adults, Oxfordshire County Council

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 Julia Burrows

Consultant in Public Health, City of Bradford Metropolitan District Council

Professor Rajeev Gupta

Professor and Consultant Paediatrician, Barnsley Hospital Foundation Trust and Sir John Hicks College of Economics and Management

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

Nick Baillie

Associate Director

Karen Slade

Consultant Clinical Adviser

Rachel Neary-Jones

Programme Manager

Craig Grime

Technical Adviser

Nicola Greenway

Lead Technical Analyst

Thomas Walker

Technical Analyst

Esther Clifford
Project Manager

Jenny Mills
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](#).

This quality standard has been incorporated into the NICE pathways for [obesity](#), [obesity: working with local communities](#) and [physical activity](#).

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Public Health England](#)
- [Royal College of General Practitioners](#)
- [Royal College of Nursing](#)
- [Royal College of Paediatrics and Child Health](#)