



# Surveillance report (2017) – Obesity: working with local communities (2012) NICE guideline PH42

Surveillance report

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## Surveillance decision

The guideline will be placed on the [static list](#).

## Reason for the decision

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

No evidence has been identified that indicates that this guideline requires updating.

## How we made the decision

We check our guidelines regularly to ensure they remain up to date. We based the decision on surveillance 4 years after the publication of [obesity: working with local communities \(2012\) NICE guideline PH42](#).

Because PH42 is an implementation-focused guideline and work is being undertaken by Public Health England (PHE) that will supersede the guideline (see below), a decision was taken not to proceed with literature searches for newly published evidence for this guideline.

Options concerning the most appropriate surveillance review decision included: i) withdrawing the guideline, ii) 'rebranding' it as an implementation resource, or iii) placing it on the static list. These options were discussed at a meeting between the Surveillance and Methods team and the Centre Director on 13 April 2016 and then further refined following a meeting with PHE colleagues on 27 May 2016. Colleagues at PHE advised that PH42 was not critical to their whole systems approaches work programme but expressed concern about the impact of withdrawing the guideline altogether. Colleagues in the NICE Implementation Support team advised against rebranding the guideline as an implementation resource and stated their preference for placing the guideline on the static list.

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

## New evidence

The original evidence base for PH42 was sparse and many of the recommendations were based on expert testimony (19 expert papers). And a key piece of UK-based work that was hoped to be included at the time of development of PH42 was on the Department of Health's 'Healthy Towns' initiative, which remains unpublished.

No evidence has been identified that indicates that this guideline requires updating: the initial intelligence gathering searches undertaken as part of the surveillance review process identified little new evidence that may impact on the recommendations in PH42, but did highlight the following ongoing work: [Whole systems approach to obesity: pilot](#)

programme invitation (2015).

PHE is currently undertaking a major 3 year programme of work around whole systems approaches to tackling obesity. This work draws on the key principles of community working identified in PH42 and is being led by a multidisciplinary advisory group whose composition is similar to a NICE advisory committee. Four local authorities (LAs) have been selected to act as pilot sites for the programme; they will explore how obesity can be tackled in the short, medium and long term within a sustained whole systems approach. The programme seeks to understand what is working well and what the opportunities and realities are for LAs in tackling obesity. The primary aim of the programme is to produce a 'roadmap' that can guide LAs through the process of implementing and embedding a whole systems approach to addressing obesity. As such, we would expect this work to supersede PH42.

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

## Implementation

Nothing identified through implementation feedback indicates a need to update the guideline.

## Anti-discrimination and equalities considerations

No evidence has been found to indicate that the guideline does not comply with anti-discrimination and equalities legislation.

It has been noted that a section of the guideline requires an editorial amendment to include 'people with a learning disability' and 'people with mental health problems'.

## Implications for other NICE programmes

None identified.

## Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline.

## Views of stakeholders

Stakeholders commented on the decision to place the guideline on the static list. See [appendix 1](#) for stakeholders' comments and our responses.

See [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual for more details on our consultation processes.

In April 2017, a proposal was made to stakeholders that the guideline should be placed on the static list. In all, 6 stakeholder organisations responded to the consultation on the review proposal: Leeds Beckett University, Obesity Group of the British Dietetic Association, PHE, Royal College of Nursing, University of East Anglia, 2gether NHS Foundation Trust for Gloucestershire and Herefordshire.

Four of the respondents were explicitly supportive of NICE's proposal to place the guideline on the static list. These included PHE.

Leeds Beckett University did not indicate whether or not it agreed with the proposal. They responded that some of the shared Learning examples relating to the guideline were still valid but have changed in their delivery however they did not specify what had changed and nothing was identified in the surveillance process to indicate that this would impact the guideline.

2gether NHS Foundation Trust for Gloucestershire and Herefordshire disagreed with the proposal to place the guideline on the static list, stating that while 'the recommendations are current and should be implemented' they felt that 'some of the finer points within the document need to be updated or amended'; these included requesting further examples of locally available services, factors influencing obesity, role of physiotherapists and ensuring access to leisure services. All these areas are currently covered within the guideline and no references to published evidence were provided to support any changes.

## Overall decision

Obesity: working with local communities (PH42) does not need an update at this time and should be placed on the static list.

## Date of next surveillance

The timing of the next check to decide whether the guideline should be transferred off the static list is to be confirmed.

## NICE Surveillance programme project team

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The NICE project team would like to thank the topic experts who participated in the surveillance process.

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