

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

Quality standard

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OBSOLETE: REPLACED BY QS212

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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, QS41 and QS196.

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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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 different audiences

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.

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 prevention. NICE guideline CG43 (2006, updated 2015), recommendations 1.1.2.2 and 1.1.3.2
- Obesity: working with local communities. NICE guideline PH42 (2012, updated 2017), recommendation 9

Definitions of terms used in this quality statement

Healthy food and drink

Food and drink that helps people to meet the [Public Health England 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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 different audiences

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

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 prevention. NICE guideline CG43](#) (2006, updated 2015), recommendation 1.1.6.5
- [Obesity: working with local communities. NICE guideline PH42](#) (2012, updated 2017), recommendation 9
- [Type 2 diabetes prevention: population and community-level interventions. NICE guideline PH35](#) (2011), 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's guideline on type 2 diabetes prevention](#), 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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 different audiences

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

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 prevention. NICE guideline CG43](#) (2006, updated 2015), recommendations 1.1.2.2 and 1.1.3.2
- [Obesity: working with local communities. NICE guideline PH42](#) (2012, updated 2017), recommendation 9

Definitions of terms used in this quality statement

Healthy food and drink choices

Food and drink that helps people to meet the [Public Health England 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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 different audiences

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.

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

Weight management: lifestyle services for overweight or obese children and young people. NICE guideline PH47 (2013), 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's guideline on weight management]

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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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 different audiences

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 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).

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

Weight management: lifestyle services for overweight or obese children and young people. NICE guideline PH47 (2013), 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's guideline on weight management, 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's guideline on weight management]

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's guideline on weight management, 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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.

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 different audiences

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

Weight management: lifestyle services for overweight or obese children and young people. NICE guideline PH47 (2013), 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's guideline on weight management]

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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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 different audiences

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 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.

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

Weight management: lifestyle services for overweight or obese children and young people. NICE guideline PH47 (2013), 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's guideline on weight management](#), 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's guideline on weight management](#)]

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 UK 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.

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.

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, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standards advisory committees](#) for details about our standing committees. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the

quality statements are highlighted in each statement.

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.

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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 \(RCGP\)](#)
- [Royal College of Nursing \(RCN\)](#)
- [Royal College of Paediatrics and Child Health](#)